

RISING ABOVE

with Community Strength



South Riverdale
COMMUNITY
HEALTH CENTRE



Ontario's Community
Health Centres

2021 ANNUAL REPORT

Board Chair & CEO Message



Board of Directors

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The past year has been incredibly challenging for the clients, communities, and staff of SRCHC. The hope of leaving the pandemic behind was dashed by ongoing waves of COVID-19 infections. This required SRCHC and our partners to adapt as things changed so that we could continue to provide a sustained response to COVID-19 while also maintaining the high-quality and accessible services that the community needs and deserves.

Moving forward, we are also keenly aware of the opportunity for SRCHC to ensure that the lessons learned in the last two years were not forgotten as we pursued efforts to recover from the COVID-19 pandemic. In doing so, it is essential that transformations in policy and practices are pursued in a way that makes our communities healthier and more equitable. We will continue with our commitment to provide access and fill in the gaps when our system has failed those who are the most vulnerable and systemically excluded.

Despite these challenges, it has also been a year of incredible achievements, deepening relationships, and a re-affirmation and re-discovery of the values that drive the work of SRCHC. As never before, we have experienced the need for strong community governed and driven, value-based organizations with deep roots with partners and communities to lead our health-system responses.

As you read through the articles in this year's annual report you will see descriptions of inspiring work that action SRCHC's values of:

- Commitment to reconciliation and relationships;
- Health equity and social justice;
- Meaningful engagement;
- A holistic approach; and
- Evidence- and values-informed practice.

SRCHC's values and strategic directions were redeveloped over the last year through a process led by our Board of Directors in partnership with staff, clients, partners, clients, and community. The biggest changes we made to our strategic plan were to the definitions and articulation of our values. So much of what we do at SRCHC, and why we do it every day, is based on these values—and going forward, these values matter more than ever.

Our vision of “empowered, healthy, thriving communities where everyone belongs” can only be realized if we are focused on reconciliation, anti-racism, anti-oppression, equity, and justice in all of our relationships, work, and partnerships.

While this past year has not been easy, we have continued to nurture and grow our organization through our renewed values. We have championed the growth of interdisciplinary teams, new alliances, and partnerships, and we continue to step up and keep our doors open (both physically and virtually). This has led us to new accomplishments that foster spaces of health, healing, and community.

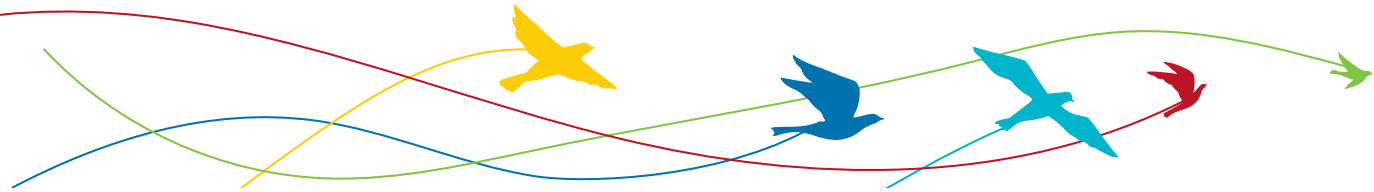
Although some of these achievements are reflected in the stories told in this annual report, there are far too many to tell here. Some of those achievements include expanding access to midwifery care, primary care, a safer opioid supply, harm reduction, decriminalization of drugs, climate justice, social work, trauma-informed care, food security, seniors' services, chronic-disease and diabetes care, anti-Black and anti-Indigenous racism, and so much more.

We look forward to another year being grounded by and growing from our values. This will give SRCHC the strength to work with our amazing staff, partners and communities to provide our programs and services to those who need them. It will also enable SRCHC to grow and support renewal and recovery from the COVID-19 pandemic.

Jason Altenberg
Chief Executive Officer

Mike Wilson
Board Chair

Year in Review



5 SITES



11,557
UNIQUE CLIENTS
SERVED



81,321
INTERACTIONS WITH
REGISTERED CLIENTS



87,620
INTERACTIONS WITH
ANONYMOUS CLIENTS



58%
OF ENCOUNTERS
WERE IN-PERSON



PROGRAMS

54
GROUP
PROGRAMS

884
GROUP
SESSIONS

18,017
GROUP
ATTENDANCE



FOOD

35,335
MEALS/SNACKS

413
CLIENTS RECEIVED
A GROCERY
GIFT CARD



VACCINES

189
VACCINE CLINICS

3,552
VACCINE DOSES
ADMINISTERED



STAFF

207
STAFF

67
NEW ONBOARDED
STAFF



COMMUNICATIONS

- MEDIA -

1.5
MILLION
REACH

- SOCIAL MEDIA -

1,173,866
REACH

83,762
MENTIONS



186 PHONES DISTRIBUTED



Mobile Vaccination Efforts to Promote Vaccine Access



Last year, SRCHC’s COVID-19 response work expanded to include mobile vaccination. Staff from SRCHC’s Toronto Community Hep C and harm reduction staff who had previously been supporting COVID-19 testing and outbreak management in shelters and group homes could now play a leadership role in bringing low-barrier mobile vaccine clinics to some of the highest-risk settings across Toronto’s east end.

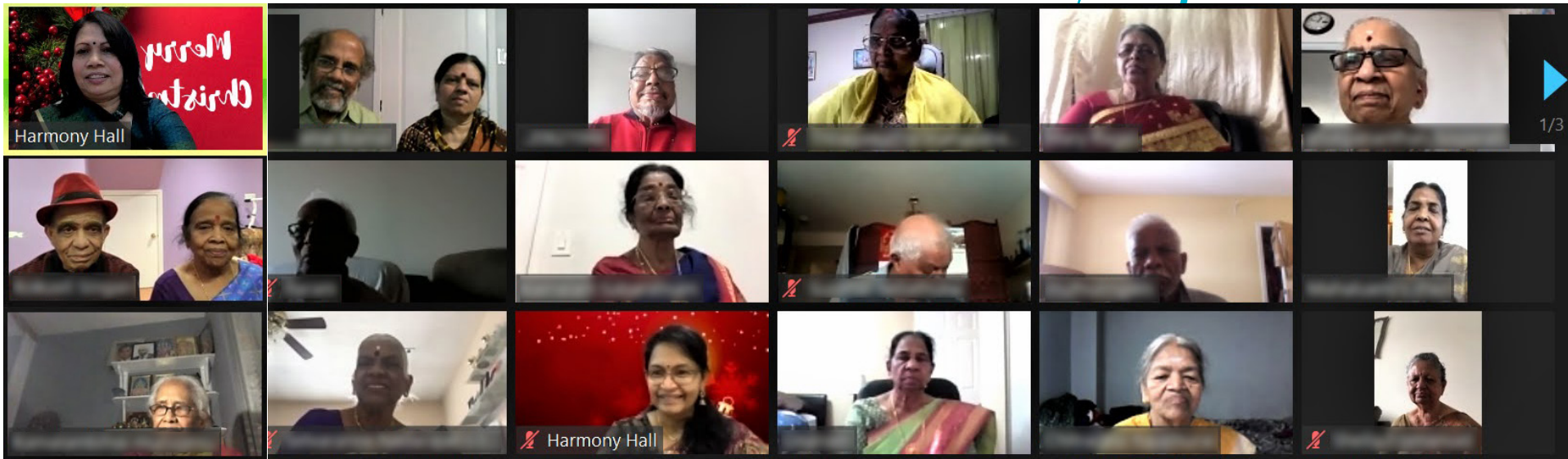
Through direct advocacy efforts, SRCHC and Michael Garron Hospital highlighted the disproportionate health impacts of COVID-19 on people living in congregate shelter conditions, as well as the multiple co-morbidities that collectively increase the risks associated with COVID-19 for people living in these settings. Vaccination efforts in shelters and congregate living centres in the east end began in early March 2021, weeks ahead of other areas in the city.

This mobile work took place in the rapidly changing environment of vaccination rollout. Supply chain and storage concerns were essential factors that had to be considered in the access and prioritization of vaccination efforts. A host of drivers and modes of transportation—from bicycles to motorcycles, camper vans, and cars—brought COVID-19 vaccines from hospital pharmacies to shelters, group homes, supervised consumption sites, encampments, and congregate living settings, and to those in need of home visits.

This mobile effort often involved returning to places where outbreaks had occurred so that workers could offer vaccinations to residents and staff, building on the trusting relationships borne of the shared experience of COVID-19. SRCHC staff focused on providing individuals with the opportunity to receive the vaccine in a way that was comfortable and convenient for them. There were constant adjustments during the process to figure out how to best provide services to those who are not well served by other vaccination options, including people without identification or access to the online platforms often needed to make appointments or obtain proof of vaccination.

SRCHC recognizes how effective a more fully vaccinated population is at minimizing COVID-19 outbreaks and the adverse outcomes associated with infection. We are working hard to put in place multiple avenues for people to get the vaccine as easily, quickly, and safely as possible.

This work would not have been possible without the relationships developed through close partnership and teamwork across the East Toronto Health Partners. Thanks to this collaborative work, our mobile vaccination team made 145 visits to 68 high-risk settings, providing more than 3,000 first, second, and third doses of COVID-19 vaccine to residents and staff. Respectful and trauma-informed care, built on trusting relationships, is central to high-quality health service delivery, and plays a key roll in vaccine uptake.



Striving for Community Connection: Togetherness, Healing and Sharing in a Virtual World



March 2020 ushered in a perfect pandemic storm, one that trickled down to affect every element of physical, mental, and community health. Our community was faced with shutdowns and limits on the availability of critical services and resources. We were forced to migrate from using conventional ways of providing services to ways that required a certain level of technological savvy. Recognizing that many community members and clients of SRCHC would be negatively affected by these reduced services, we worked to increase their accessibility.

Many of SRCHC's services are essential, such as our safe-injection sites, Safer Opioid Supply program, food access services, primary care, and allied health care, so we needed to keep our doors open—with capacity limits—to maintain safety for everyone. With an “all-hands-on-deck” approach, these in-person visits meant that clients were getting needed access to care, thereby reducing harm from the COVID-19 pandemic on our community.

Although non-essential in-person services may have been limited, efforts were made to shift these services to various virtual platforms. With approximately 15 Zoom and GoToMeeting account subscriptions and using Ontario Health's Ontario Telemedicine Network's platform, SRCHC staff have been able to safely engage with clients in both one-on-one and group settings.

However, the pivot to pandemic mode encapsulated the need for clients to access devices and receive training/support on the use of them. The realization that many SRCHC clients did not have the technological resources or knowledge base to access these platforms was met with donations from community members and partner organizations, which helped provide devices to 186 clients who otherwise would not have had one. The combined effort to train, support, and provide devices to client populations, especially seniors and marginalized individuals, resulted in both group attendance and virtual individual direct encounters tripling compared with before the pandemic.

The critical nature of group programming and community sharing, especially amidst a pandemic, has allowed us to address and chip away at the wall built by the ever-prevalent and destructive issue of social isolation in a time when keeping safe called for being isolated. SRCHC was able to safely partner with community members to promote togetherness, healing and connectedness, sharing and healing by way of these virtual platforms and community initiatives.

The knowledge that we can still show up for our clients and community members in important, non-conventional ways has been well received by staff and clients alike and was matched with efforts across the organization to ensure that our community continues to grow stronger.



Addressing Food Insecurity in Toronto's East End

Over the course of the pandemic, we have seen a persistent and rising need for access to food across the communities we serve. The pandemic compounded the struggles of those already experiencing food insecurity and also affected many more residents for the first time. Daily Bread's *Who's Hungry 2021* report revealed that there were "1.45 million visits" to Toronto food banks last year, the highest number of visits ever recorded in Toronto. "This represents a 47% increase...compared to the year prior" and is 1.5 times higher than the previous record set in 2010, at the peak of the financial crisis.

The impacts of food insecurity are evident in higher rates of chronic disease, poor mental health, strained relationships, and barriers to social and employment opportunities. As summarized in Community Food Centres Canada's 2021 *Beyond Hunger* report, "the impacts of food insecurity go beyond a lack of food. Food insecurity makes people sick, breaks down relationships, makes it harder to get stable work, and to fully participate in society."

In response to this growing need, SRCHC took a cross-organizational and collaborative approach and formed a Food Security Working Group. This group engaged staff in a range of roles across the organization to strategically create new processes and share food-related funding sources and resources. A variety of strategies and interventions were also developed to meet the unique needs of clients, including takeaway snacks and meals, which were served at all sites and on street outreach; grocery gift cards; produce-box deliveries; and grocery deliveries to homebound clients and those isolating due to COVID-19. This multi-pronged approach allowed teams to connect clients to the emergency food support best suited to their needs.

With the growth and development of the Harmony Community Food Centre, we have also been able to provide a variety of programs to address food access as well as food-skill development, community engagement, and social connection. Examples include an affordable produce market, a food-focused program for youth, virtual cooking programs for all ages, and gardening programs. Being part of Community Food Centres Canada's nation-wide network also enabled SRCHC to participate in The Big Social fundraising campaign, access funding opportunities, engage in national conversations around policy change, be part of the knowledge swap with other food organizations, and co-design Mind Your Food, a food-focused youth program that helps strengthen mental health protective factors.

Other partnerships also continue to play a key role in our food work, including East Toronto Health Partners, the East End Food Advocacy Group, and the East York Don Valley Cluster. These partnerships, and others, provided funding opportunities, resource sharing, knowledge exchange, and a strengthened approach to providing dignified food access to those who need it in Toronto's east end.

Addressing ongoing food insecurity in the east end will take a determined, collaborative effort with our partners and the strength of our community. We will continue to make food a priority because we believe that food is power, and that everyone deserves that power.



Responding to and Preventing Overdoses Takes a Multi-pronged Approach

Overdoses and overdose-related deaths have been steadily increasing over the last decade. This was especially true during the last two years, during the COVID-19 pandemic. As a result, community organizers and substance users set up grassroots community-driven Consumption Sites in parks and began saving lives. Harm Reduction staff and community members banded together to teach each other how to better support people who use opioids during periods when the street opioid supply is extremely unreliable and poisonous. Education and skill sharing and building are some of the many strategies to address the current opioid overdose epidemic.

Offering Supervised Consumption Space (in Ontario, the program is known as Consumption and Treatment Services) is another strategy. The sites don't prevent overdoses, but they do respond to them. Overdose response in these spaces is not the same as community responses, though. For example, many overdoses at the sites are managed using oxygen only. Naloxone is an absolutely necessary life-saving tool and responders should never hesitate to use it when administering oxygen and monitoring vital signs are not possible.

Drug checking has become another important tool to engage with substance users in conversations and education about how to reduce harm caused by the unpredictable nature of the street drug supply. Although drug-checking results don't necessarily prevent substance users from consuming their drugs, it helps responders understand why certain batches of drugs have particular effects. For example, drug checking routinely detects quantities of a variety of benzodiazepines, animal tranquilizers, and other chemicals and drugs that users do not intend to take.

Safe Opioid Supply (SOS) is an important strategy that aims to prevent people from overdosing in the first place by offering access to pharmaceutically prescribed opioids to those who are vulnerable to overdoses and who struggle significantly with substance use. There are currently limitations on which opioids are available and who can access the program, however pilot projects across Canada have successfully prescribed fentanyl, heroin, and other types of "potent" opioids to service users.

SRCHC believes that Canada needs a sensible national drug policy that reflects the reality of substances and substance use today. To this end, conversations are being had at the municipal levels in several cities across the country to strategize what Drug Decriminalization might look like. Without sensible drug policy and without ending the prohibition on drugs, we believe that all other efforts are merely bandages.



In Solidarity with Indigenous Peoples and Dedicated to Truth and Reconciliation

SRCHC in Solidarity with Indigenous Peoples and Dedicated to Truth and Reconciliation was this year's theme of Truth and Reconciliation Day, an event held to acknowledge the brutal history of residential schools in Canada and their impacts on survivors and family members. The legacy of colonization and its effects on current systems and policies are inextricably linked to the current health and well-being of Indigenous peoples.

SRCHC has been working to build trust with local Indigenous community members. Alongside Les Harper, Indigenous health promoter at SRCHC, and other providers who have been continuing to conduct outreach and provide in-person services throughout the pandemic, we have begun to monitor health outcomes to identify gaps and improve health care quality for the Indigenous community. With this information, we continue to call on government to seek opportunities and provide sustainable funding for Indigenous programs and services that address the physical, mental, emotional, and spiritual well-being of Indigenous peoples.

We recognize the value of Indigenous medicines and healing practices, and we will continue to work closely with Indigenous staff and the community to offer these in our programs and services. We will also continue to maintain our community partnerships with Indigenous health organizations to ensure that traditional healing in primary care models is being practised in a respectful, responsive manner, directed by Indigenous communities, knowledge keepers, and traditional healers.

Through the evolution of our organizational strategic directions and values, we were able to solidify our commitment to truth and reconciliation in a formal way. Over the past year, we have held a number of events focused on engaging local Indigenous community members, including National Indigenous Peoples' Day, Truth and Reconciliation Day, Treaty Day, and the Strawberry Ceremony to create awareness among staff, clients, and the community. This upcoming year we will be providing programming for Indigenous community members and will be documenting the process to illustrate what it means to participate in cultural programming at SRCHC.



Shifting Programs and Services to meet Mental Health Needs

The COVID-19 pandemic had profound, worldwide impacts on people's physical and mental health. In late 2021, Statistics Canada released findings from its Survey on COVID-19 and Mental Health. It found that one in four Canadians over the age of 18 screened positive for depression (19%), anxiety (15%), or post-traumatic stress disorder. As well, 83% of Canadians experienced a negative impact due to the pandemic, such as feelings of loneliness or an increase in physical health problems.

At SRCHC, within just the first year of the pandemic, the social services team at SRCHC had 25% more interactions with clients. Other programs were also affected by our clients' mental health needs, from harm reduction to food centre services to health promotion and more.

SRCHC responded to these increasing needs in a variety of ways including shifting services to a mixed on-site/virtual model and developing new programs to support community members.

Jay Baum, a registered dietician at SRCHC, says that the pandemic changed the way we work with clients on a day-to-day basis. Although some of the changes have been challenging, others have resulted in improvements to client care. Embracing virtual care, for example, has allowed allied health workers to stay more connected to some of their most vulnerable and isolated clients. With the addition of phone and video appointments, health workers at SRCHC can now provide shorter, more frequent check-ins for clients, many of whom have expressed gratitude for the regular touchpoints with their providers. Virtual care has opened up a whole new way of supporting our clients and helping them remain linked to their diabetes care community.

The centre also ran Mind Your Food, a hands-on program designed to promote positive mental health in youth. Participants explored the intersections of food, body, mind,

identity, and social belonging. Youth learned through building their cooking skills and nutrition knowledge, sharing food traditions, connecting with the land, and finding ways to create positive community impact. The program provided a safe, welcoming, and fun space for youth during the pandemic. As one enthusiastic participant said, "The biggest difference for me is more confidence talking to people, because adults are not scary. It's just that I was a really shy person, but now I feel a lot more confident in myself."

Continuing to provide on-site services community outreach was also another important way that SRCHC programs and providers supported the mental and physical health needs of their clients. Harm reduction workers, community health workers, nurses, health promoters, overdose response workers, and client support workers were involved in a range of outreach activities. For many of our clients who are struggling with mental health issues and substance use and who have lost the support of in-person group sessions and drop-in spaces, being able to access one on one support has been essential.

Many of our Indigenous community members also depend on being able to connect with SRCHC's Indigenous staff members. For example, we continued to conduct ceremonies with Indigenous community members outdoors, so that we could celebrate and connect with each other during a difficult time.

The staff at SRCHC were able to pivot during the pandemic and provide in-person and virtual services to our most marginalized clients, many of whom struggle mental health challenges. Our isolated clients reported to staff that sometimes even the most informal interactions, for example with our drivers delivering hot meals, had positive impacts for people that would otherwise be disconnected completely. As we move towards covid recovery we expect to see continued need to plan and respond to the mental health of our clients and community.



Quality Improvement: Health Equity and Preventative Care

A Quality Improvement Plan (QIP) outlines change concepts and sets targets to improve health outcomes for clients and community. COVID-19 has worsened existing health inequities for racialized and vulnerable populations. Intentional and integrated planning is critical because the pandemic has significantly affected how people find and access care. Across the healthcare system, delays in care have resulted in missed routine preventative care, postponed surgeries, and inadequate management of complex and chronic diseases.

In 2021–2022 the Ontario Ministry of Health asked Ontario Health Teams (OHTs) to submit collaborative Quality Improvement Plans (cQIPs) outlining how they plan to deliver higher-quality, more integrated care to communities. The East Toronto Health Partners have worked over the past eight months with clients, community members, and provider organizations to create their cQIPs. The ministry has asked OHTs to focus their improvement work around a core set of priorities aligned to health system COVID-19 recovery and revitalization. The cQIPs identify barriers and improvement opportunities related to cancer screening, alternate levels of care, and mental health and substance use.

The East Toronto Community Health Centre (ETCHC) Network brings together SRCHC, East End Community Health Centre (EECHC), Flemingdon Health Centre (FHC), and Access Alliance. Community Health Centres in East Toronto have a long history of working

together in an integrated and collaborative way. The ETCHC Network shares a number of programs where staff are co-located to support fully integrated and comprehensive rehabilitation and chronic disease management. Examples include diabetes education, self-management programming, community-based pulmonary rehabilitation, and physiotherapy.

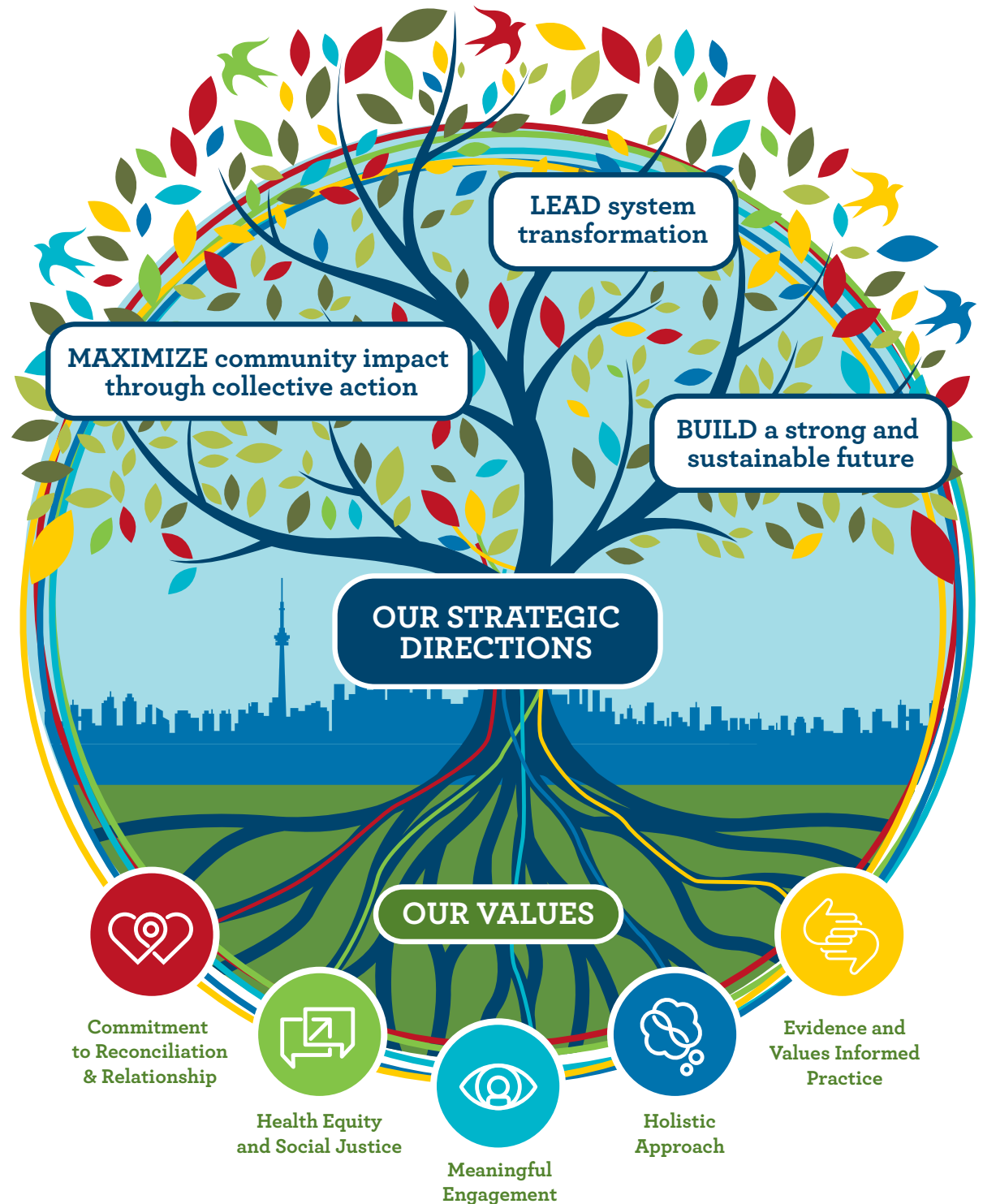
During the COVID-19 pandemic, ETCHC Network worked on a range of projects that responded to the crisis at a population level. We also continued to align our quality improvement work to focus on health equity, health promotion, and access to routine screening and preventative care. A key part of this work was continuing to provide access to in-person clinical visits—in East Toronto, approximately 12% of visits were in person, but at SRCHC, 47% of clinical encounters were in person.

In 2022, the ETCHC Network will focus on increasing cancer screening rates, sharing data to support a Quality Improvement culture, and improving how it collects point-of-care socio-demographic data from clients and service users. This work will help the ETCHC Network identify health inequities and work to implement and evaluate solutions to reduce these inequities. It will also help inform planning and advocacy at a systems level. This quality improvement focus also aligns with Ontario Health's priorities of reducing health inequities, transforming care, and promoting service excellence.

The Evolution of Our Strategic Directions

SRCHC's values and strategic directions were reviewed through a process led by our board in partnership with staff, clients, partners and community. The biggest changes that we made to our strategic plan was the articulation of our values. Our vision of "empowered, healthy, thriving communities where everyone belongs" can only be realized if the centre's work is guided by:

- **Commitment to Reconciliation & Relationship** with Indigenous people, communities and organizations.
- Advocating for **Health Equity & Social Justice** by aiming to avoid differences in the social determinants of health.
- **Meaningful Engagement** that involves engaging stakeholders in ways that privilege and position does not dictate who contributes when planning, implementing, and evaluating our services.
- Taking a **Holistic Approach** that includes an understanding of the diversity of human experience that shapes health and importance of the individual's right to autonomy and choice.
- Embracing **Evidence & Values-Informed Practice**, responding to community experience and knowledge and championing approaches that inform practice, leadership, and transformative change



The Evolution of Our Values



OUR MINDS
*will balance
the multiple
ways to define
health.*

Holistic Approach

We recognize that attending to a holistic sense of health requires an understanding of the diversity of human experiences, the systems and environments that shape health and wellbeing and the importance of the individual's right to autonomy and choice.



OUR EYES
*will recognize
people where
they are at.*

Meaningful Engagement

We value the perspectives gained through lived experience, and engage in open dialogue that allows us to broaden our own knowledge & understanding of challenges.



OUR VOICES
*will rise
together for
equitable
systems.*

Health Equity and Social Justice

We believe in the dignity and self worth of all people and their right to be safe, to a healthy environment, to have access to an affordable place to call home, to food, to income, to responsive and high quality health care and more.



OUR HEARTS
*will beat in
harmony with
Indigenous
Peoples.*

Commitment to Reconciliation & Relationship

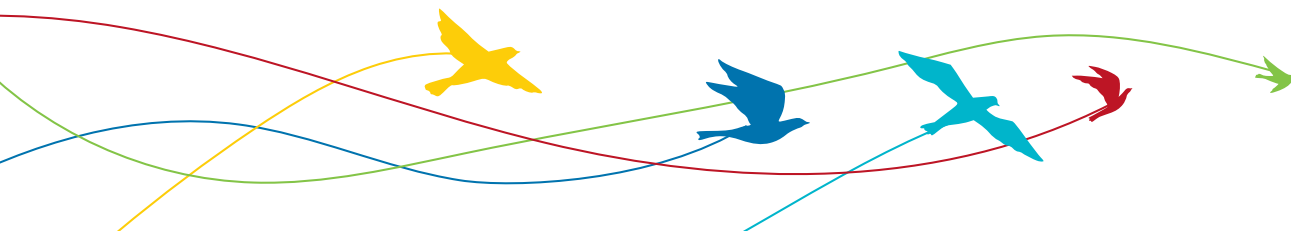
As part of the healthcare system, we are committed to Indigenous self determination, actioning reconciliation, building relationships, and learning from Indigenous people/communities/organizations.



OUR HANDS
*will reach
out to fully
engage our
communities.*

Evidence and Values Informed Practice

We will champion approaches that inform practice, leadership, and transformative change that align with our values and the lived experiences of communities, as well as what is known from research evidence.

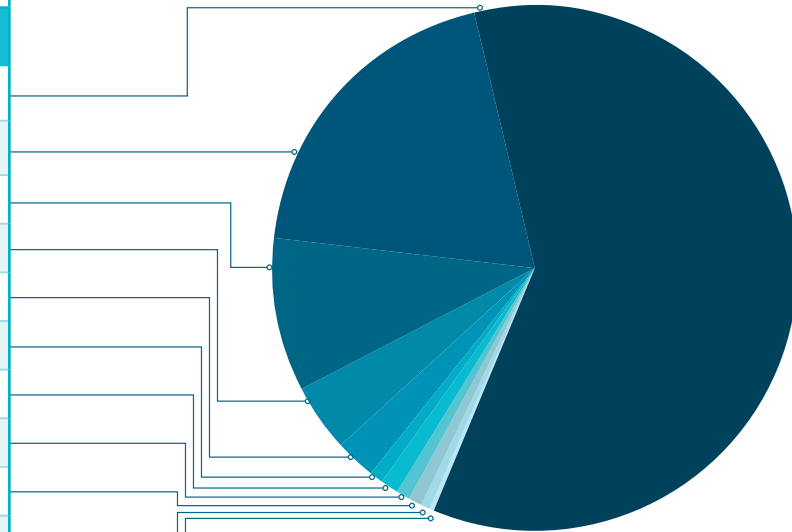


FINANCIAL HIGHLIGHTS

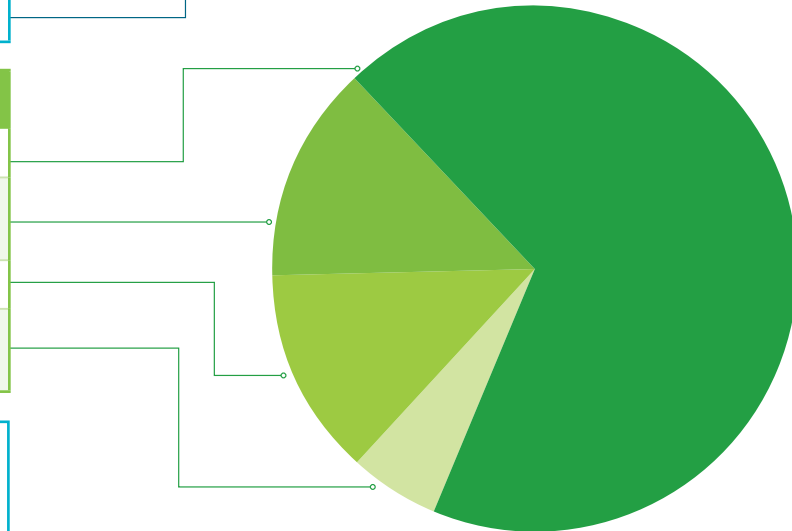
Operating Revenue & Expenses Year ended March 31, 2022



	2021-2022		2020-2021	
REVENUE	\$20,251,991		\$18,597,732	
Ontario Health	\$12,164,197	60.1%	\$11,440,435	
Ministry of Health	3,958,889	19.5%	3,956,212	
Health Canada	1,881,715	9.3%	1,000,000	
Other	866,553	4.3%	813,886	
City of Toronto	481,429	2.4%	400,812	
Toronto East Health Network	203,425	1.0%	237,906	
Ministry for Seniors and Accessibility	188,100	0.9%	162,043	
Community Food Centres of Canada	186,116	0.9%	171,631	
United Way of Greater Toronto	166,121	0.8%	260,029	
Public Health Agency of Canada	120,920	0.6%	120,920	
Interest & rent	34,526	0.2%	33,858	



	2021-2022		2020-2021	
EXPENSES	\$20,251,991		\$18,597,732	
Salaries and employee benefits	\$13,858,745	68.4%	\$13,237,044	
Medical supplies, program supplies & sundry expenses	2,690,065	13.3%	2,464,741	
Contracted out services	2,637,004	13.0%	1,652,322	
Building operations, furniture & equipment	1,066,177	5.3%	1,243,625	



SPECIAL PURPOSE FUND

This year South Riverdale Community Health Centre funded one grant from the Healthy Community Program.

HEALTHY COMMUNITY PROGRAM GRANTS:

Save Jimmie Simpson **\$1,500**

These summarized statements have been extracted from the South Riverdale Community Health Centre's audited financial statements for the year ended March 31, 2022. A copy of the complete financial statements prepared by Management and audited by Deloitte LLP, Chartered Professional Accountants is available to any member of the public upon request.



Thank You to Our Donors & Funders

From April 1, 2021 - March 31, 2022

ABYC Walking Lottery Ladies

Adam Wasserman
Adwoa K. Buahene
Afroz Imam
Alan Coulter
Alexandra Jamieson
Alison Kirby
Andrew Kay
Andy Levy
Angelina Law
Ann Peel
Anne Gray
Barbara Gosse
Barry Webster
Bob Wilson
Bryan Dollack
Cameron Gordon

Cate Creede
Catherine Longfield
Charles Gordon
Chris Marcos
Christian Petersen
Christopher Mendoza
Claudia Calabro
Connie Flagg
Courtney Siu
Darcy Martin
David Reville
Debbie Dockray
Declan Williams
Diane Schulman
Dorian Baldwin
Doris Butters
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Molly Shears
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Patrick Flynn
Paul Brennan
Per Erik Dullerud
Peter Duckworth-Pilkington
Rachel Breen
Rahul Bhardwaj
Ravi Joshi
Rexall Home Health Care
Richard Binsley
Rob Hollingsworth
Robert Guerra
Robert J Stevens

Samuel Schachar
Sarah Imrisek
Sheila Cram
Sheri Cohen
Stacey Petersen
Stefani Pandovski
Steven Little
Surkhab Peerzada
Susie Barnett
Thomas Dobronyi
William Jack
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Zoe Fitzgerald

Key Funders



YOUR SUPPORT MAKES A DIFFERENCE!

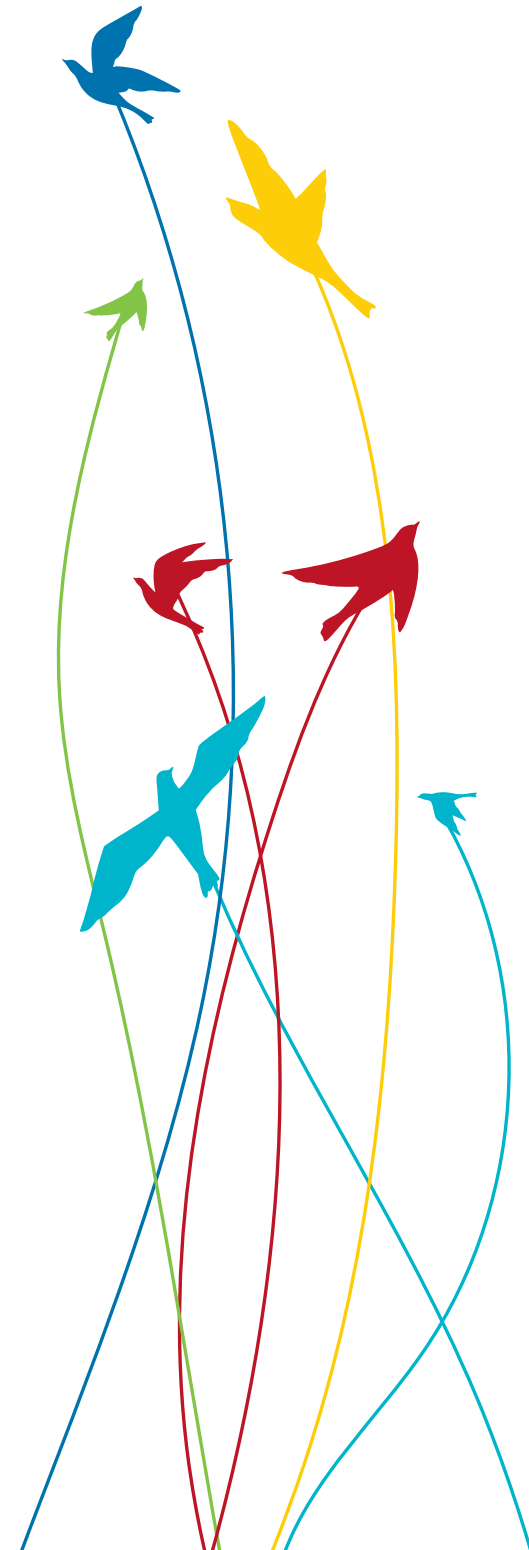
We now accept credit card or debit donations online at www.canadahelps.org

Then follow these steps:

- Search "South Riverdale Community Health Centre."
- Select "Give in honour or memory of someone special."
- Next, either write the person's name and save, or choose "Continue with my donation."

If you have questions or wish to donate in person, please contact

Rose Shang, *Manager of Finance*, at 416-461-1925, ext. 221 or rshang@srchc.com.



Empowered, healthy, and thriving communities WHERE EVERYONE BELONGS.



South Riverdale
COMMUNITY
HEALTH CENTRE

955 Queen St. E. • Toronto, Ontario • M4M 3P3

1245 Danforth Ave. • Toronto, Ontario • M4J 5B5

2 Gower St. • East York, Ontario • M4B 1E2

2-14 The Market Pl. • East York, Ontario • M4C 5M1

134 Sherbourne St. • Toronto, Ontario • M5A 1S4

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 South Riverdale Community
Health Centre

 @southriverdalechc