

Community Care is Built on COLLECTIVE KINDNESS

2022 Annual Report



South Riverdale
COMMUNITY
HEALTH CENTRE



Ontario's Community
Health Centres



Executive Message

Dear Members of the South Riverdale Community Health Centre,



Jason Altenberg
Chief Executive Officer



Mike Wilson
Board Chair

Board of Directors

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Matthew Yun-Chun Cheng
Shelley Darling
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Emily Hill
Rebecca Ho
Aparna Kajenthira
Khadija Nakhuda
(resigned, January 2023)
Rishma Pradhan
Jen Quito
Mike Wilson
Kristen Yee Joshi

As we reflect on the past year, we are reminded of the incredible challenges we have all faced in the wake of the COVID-19 pandemic, the toxic drug crisis, the social and health impacts of systemic racism, climate change and ever-increasing inequality in our city. Despite these challenges, our community has shown remarkable strength, and an inspiring commitment to partnership and collaboration. Over the past year, SRCHC has demonstrated its commitment to equity and social justice, and we have heard again and again how important these values, based on love and kindness, are for our communities.

At SRCHC, we are grateful for the opportunity to have been able to play a vital role in supporting our community through these difficult times. From providing essential harm reduction, mental health, health promotion, and primary health care services, our team has worked tirelessly to ensure that those most in need have access to the care and resources they need.

Looking back over the last year, we are proud of the accomplishments of our health centre. We have expanded our services to reach even more members of the community. We have also developed new and stronger collaborations with our Ontario Health Team partners, with grassroots groups, with our partner Community Health Centres in Toronto, and with organizations across the province and the country.

We remain grounded in our values of meaningful engagement, reconciliation and relationship – these values are at the heart of our work, and are necessary for our collective work of building and supporting healthy and thriving communities.

Reflecting on the last year, we are proud of the accomplishments of our Community Health Centre and strive to continue improving. We look forward to the year ahead, working to build equitable and just communities where everyone belongs.

Jason Altenberg
Chief Executive Officer

Mike Wilson
Board Chair



Partnerships

Cross organizational partnership to support care coordination

In March 2023, Health Standards Organization (HSO), recognized the Primary Care Response Teams (PCCRT), a program of the East Toronto Health Partners Ontario Health Team (ETHP OHT), as a leading practice in healthcare. (<https://healthstandards.org/leading-practice/primary-care-and-community-response-teams/>). The PCCRT was recognized for the capacity to enhance cross-organizational partnerships, leadership commitment and strong governance that supports accountability, planning, co-design, standardized operations, purposeful decision-making, and data collection for evaluation.

The PCCRT project was started in April 2020, at the beginning of the pandemic to offer neighbourhood and team-based health and social services care planning to help vulnerable adults in East Toronto. This project was led by SRCHC in partnership with East Toronto Community Health Centre Network, and was coordinated by Lori Sutton. Over the last 3 years, over 400 individuals have been referred to the program and over 600 connections have been made to a range of programs and services. To date, there have been over 700 virtual care-planning discussions, where health and social services providers from different organizations and sectors come together to connect clients to primary care, mental health, caregiving, mobility and other services.

As one provider noted, *“The PCCRT meetings are a collaborative approach to wrap around care and quality of service for our most vulnerable clients. The experience at the rounds is phenomenal and the responses to problem solving are always pretty quick, reliable, consistent and effective to providing clients with a very valuable service.”*

Since its inception, PCCRT has expanded, with 24 organizations now participating in program planning and 74 staff attending rounds to support care coordination. The teams include family physicians, home care coordinators, nurse practitioners, case managers, mental health practitioners, supportive housing workers, and others. This year, SRCHC worked with all our partners to ensure that this program aligns with systems transformation in home and community care. We conducted a review of the program, clarified the program purpose and developed a shared philosophy. The program has now been transitioned to be housed at VHA Home Healthcare. This will ensure that this program continues to align with other ETHP OHT integrated care initiatives that support a seamless care journey for adults, their caregivers, and the front-line providers supporting them, all while building a culture that supports sharing learning, experience, and resources to support adults, their caregivers, and front-line providers with cultural humility and a trauma-informed approach.



As Co-Chair of the Ontario Health Team for East Toronto’s, Community Advisory Council, I would like to sincerely thank the Primary and Community Care Response Teams for their invaluable services. The PCCRT has established a caring environment where our community’s most vulnerable individuals receive coordinated care and support from over 20 organizations within their own medical neighbourhood. We are profoundly grateful to the ETHP PCCRT for their innovative and transformative services, which bring hope, healing, and a brighter future to many lives in our community.

Arun Bala, Co-Chair Community Advisory Council, East Toronto Health Partners

Primary Integrated Care



Providing relief from symptoms and stress of illness

Mapping clinical care to disease progression, while making advance directives, care proxies, and involving authorized loved ones is a rare privilege that many do not get to witness. Our Integrated Primary Care team honours this privilege by promoting compassionate, collaborative and respectful primary palliative care as a way of delivering whole-person care.

Palliative care is a specialized service for people living with a serious, life-limiting or life-threatening illness which focuses on providing relief from the symptoms and stress of the illness. To better serve our clients, members of our clinical team have received focused training in palliative care. We have adapted this practice as an integral component of our clinical services and are moving towards it becoming a standard clinical practice. Our Clinic Nurses have taken on greater responsibility around facilitating advance care planning and providing compassionate palliative care to patients and their families. These have included planning and delivering targeted training sessions for family members on correctly completing essential tasks, such as wound care, changing bedsheets, as well as what to do when a patient dies. Family capacities, competencies, culture and beliefs/faith are taken into consideration when planning and providing such supports. These factors are also considered by our clinicians when deciding on appropriate interventions. Our clinicians are committed to honest, open and two-way communication to combine patient-family values, preferences and scientific evidence in medical screening, treatment and discussions.

As Canada's and Toronto's populations age, the number of people living with serious illnesses and preferring to live in homes is rapidly increasing, and so is demand for primary palliative care. This underscores the importance of our goal to increase equitable access to participatory, low-cost holistic care, and to continue providing care to patients who are medically uninsured. As we strive to integrate palliative care to primary care, we aim to facilitate well-coordinated, collaborative and continuous care across care settings. Our goal is to improve quality of life throughout the patient journey by promoting advance care planning earlier in the disease trajectory and creating a trusted setting where patients can receive the most of their care.

Our team works towards achieving these goals by prioritizing open communication between our care team, patients and their families. Our clinicians dismantle the hierarchical perception of medical staff as superior and instead operate respectfully in ways that make patients and families feel acknowledged and valued. This is achieved by applying empathy, compassion and non-judgement to all conversations and interventions, and using plain language and interpretation services when needed to remove communication barriers. We understand that communication is optimized when trust and safety are established between patients, their families and our staff. Our care team builds trust by being thoughtful and caring in conversations about serious illness and advanced care planning. Regularly scheduled meetings are used to understand patient health needs, as well as facilitate a safe space for families to voice their uncertainties or fears, discuss death and dying, and what to do if this happens at home. Our team respects client choice of who to include during these conversations and ensures that the client always remains the shared priority.

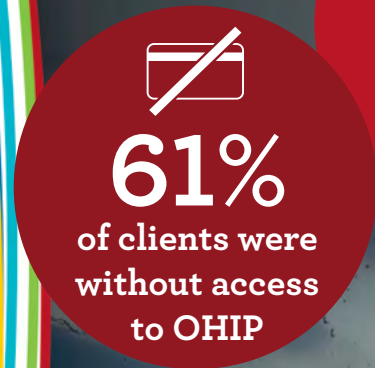


Accessible, low-barrier care for pregnant people

The MATCH (Midwifery and Toronto Community Health) Program was first funded by the Ministry of Health in 2018. Four midwives were embedded into South Riverdale CHC's primary care team with a goal of delivering midwifery services to patients who otherwise often face barriers to accessing high quality sexual and reproductive health care.

In addition to pregnancy, labour, birth, and postpartum care, the MATCH team identified low-barrier abortion care and accessible miscarriage management care as service gaps for clients served. While abortion care and miscarriage management are included in the scope of practice for midwifery, as a part of "normal pregnancy care," there had never been a funding mechanism in Ontario's Midwifery Program (prior to the salaried staff midwives at South Riverdale) to allow midwives to offer this care. There are also ongoing regulatory barriers related to midwifery pharmacopeia. Our MD and NP colleagues enthusiastically partnered with us to provide this care, first in a team-based model, where all clients saw a midwife and an MD or NP. After three years of building this team-based practice, we now have a medical directive that allows midwives to dispense medications directly to clients who meet the criteria for medication abortion. For later gestations (9-11 weeks of pregnancy) and for miscarriage management, we continue to provide care in a team-based model, and all clients have access to contraceptive care with our MD or NP colleagues.

Abortion and miscarriage management represents care that is costly and difficult to access for uninsured clients. Our team provides extremely low-barrier access to this care. Working within a salaried model allows our midwifery team to take on clients for one-off visits or for the entire childbearing year. Clients are able to access free, sexual and reproductive healthcare with a dedicated team, and have access to ultrasound and diagnostic testing for free under midwifery care. Midwives provide comprehensive, client-centred care with counselling about issues like anemia, diagnosis and treatment of sexually transmitted infections, and 24/7 on-call access to a midwife. This model is unique in the system. Because of our existing partnerships with other CHC's to provide this care in the community, our team developed expertise and skill in this area, and as of 2022, we were funded to expand our program, adding a fifth midwife. With that additional funding, we have also assumed responsibility for Michael Garron Hospital's Early Pregnancy Outpatient Clinic. Our community and hospital partnership improves care for clients and moves us closer to a "system without discharges."



A PATH to Safety

srchc.ca/apathtosafety



Chronic Disease and Community Health



I was a part of something more. I wasn't isolated from the world and it made me want to go out and do something. The program really inspired me to realise that I am a human being too and I can do things that other people might do.

Mark, Harmony Community Food Centre participant



**19,400
Meals**

I am incredibly grateful to the Seniors Active Living Centre that has cared for my elderly parents for the past few years. As their son, it brings me immense relief to know that my parents are in capable hands. The staff at Harmony Hall is not only highly knowledgeable and skilled but also kind, compassionate, and patient. They have gone above and beyond to ensure my parents feel comfortable and safe, especially during the pandemic.

The centre offers a wide range of services, and my parents regularly participate in virtual Yoga and Tamil support group sessions. The staff also organizes events and activities to keep seniors active and connected, greatly benefiting my parents' well-being. Their exceptional commitment to providing outstanding care and support to seniors is truly remarkable, and my family is fortunate to have them as part of our community.

Arun Bala, East York



**800
Diabetes
Eye-Screens**



Community Health Is Built on Collective Kindness: Examples from the Community Health and Chronic Disease Portfolio

“Compassion is a complex process that is innate, determined in part by individual traits, and modulated by a myriad of conscious and unconscious factors, immediate context, social structures and expectations, and organizational “culture.” Compassion is an ethical foundation of healthcare and a widely shared value; it is not an optional luxury in the healing process. While the interrelations between individual motivation and social structure are complex, we can choose to act individually and collectively to remove barriers to the innate compassion that most healthcare professionals bring to their work,”
—Beth A. Lown

As health care professionals, compassion, along with individual and collective kindness are the foundations upon which we build therapeutic relationships, individual healing work, group-based personal development supports, and community-based health promotion and advocacy. Many come to work in community-based health care because they care. Sometimes caring for others can weigh very heavily on us after we have been in our roles for a while or when we are faced with difficult circumstances, like continuing to provide health services and supports during a pandemic. This is where we find ourselves at this moment in time. Over the past year, we have been revisiting new ways of engaging with the community-based health work we have been doing after 3 years of necessary but draining COVID-19 lockdowns and restrictions. Despite these challenges, our Community Health and Chronic Disease Teams have remained steadfast in their commitments to collective kindness.

At our Harmony Community Food Centre, we have been serving take-out meals for community members who are facing food access issues. The CFC staff are on a first-name basis with their clients and ensure to have a brief chat with each client to make sure that they feel welcomed, acknowledged and part of a community that cares about their well-being. Another example from our Senior’s Active Living Centres is that our staff always call

participants who miss programs or who have said that they were sick to check in with them, and sometimes, our clients also call each other to make sure they are okay. We see this as acts of collective kindness, which builds a circle of care around those in the programs.

We often have the opportunity to work with clients whose first language is not English. Providers are sure to learn clients’ given names in their own languages, greetings and other phrases in the clients’ first language to help make a stronger connection. For our physiotherapist who has a dedicated clinical space where he can play music during the appointments, clients choose the music for their sessions. This helps with client engagement during the treatment sessions.

Our Choose Health program uses service volunteers, who are people with lived experiences, to deliver self-management workshops for people living with chronic diseases and chronic pain. Once a year we hold an appreciation event for these volunteers. This year, rather than hold another Zoom event, we sent the volunteers a thank you of gift cards in the mail. Here was the response from one of them “I just wanted to reach out and thank you for the beautiful card and gesture, it caught me when I was having a bit of a tough day and brought some tears of joy and appreciation. Thank you for this token of appreciation and support. Wishing you all a meaningful week.”

These are just a few of the many examples of individual and collective kindness that are at the foundation of how we work with clients. Our collective kindness has recently been formally recognized – the accreditation team described SRCHC as “Professional, Passionate and Humble.”

References

Lown B. A. (2015). Compassion Is a Necessity and an Individual and Collective Responsibility Comment on “Why and How Is Compassion Necessary to Provide Good Quality Healthcare?”. *International journal of health policy and management*, 4(9), 613–614.

Harmony Hall gives me a sense of belonging to the community. When people are isolated seniors without family close by, this gives them a chance to socialise, as well as volunteer and give back for all the things that they might have enjoyed over time.

Linda, Harmony Community Food Centre and Seniors Active Living Centre participant

Substance Use and Mental Health

People are so quick to not accept people who are street-involved. They separate us into those that use and those that don't use. It's so unfair. Harm reduction is not about drugs ... it's about unconditional love and about being there on your own terms.

Elder Wanda Whitebird



Kindness and love are at the root of harm reduction

In the spring of 2022, SRCHC's Indigenous Health Promoter and the COUNTERfit Women's Health Promoter brought together a group of Indigenous women who use drugs for an 8-week program to create their own regalia (the traditional clothing and accessories worn by Indigenous people at dances and cultural events) and dance in a Circle on the lawn next to the health centre. The harm reduction philosophy of this unique program was articulated by Elder Wanda Whitebird, who provided guidance to the project: "Harm reduction is not about drugs ... it's about unconditional love and about being there on your own terms." This program is featured in Northern Features: love, culture, harm reduction, a documentary which has been submitted to a number of film festivals including imagineNATIVE, TIFF and others across Canada. Over the past year, other harm reduction programs at SRCHC were expanded or created that reflect the same spirit of love and self-determination that ran through the regalia project.

In 2022, our safer supply program, which provides prescribed medications as a safer alternative to the toxic illegal drug supply to people who are at high risk of overdose, began offering group-based programming to support clients navigating grief, and to provide a place for creative self-expression and social support. Because non-fatal overdoses can be painful and frightening, Consumption and Treatment Service staff developed a trauma-informed overdose response program and have trained dozens of other health and social service providers across the city and beyond.

Responding to a shortage of harm reduction workers due to burn out and the challenges of these jobs, SRCHC launched a 16-week harm reduction worker training and apprenticeship program last fall to provide people with lived experience of drug use with comprehensive and supportive training so that they can find and succeed at work within the field. In addition to creating cohorts of well-trained harm reduction workers, it has also become a space of community care and collective kindness.





Kindness and love continued...

In 2022, SRCHC continued to build on and expand our mobile and outreach work to provide harm reduction services and health care throughout east Toronto. The East Toronto Outreach Program, Mobile Safer Supply Team, and the Hep C Program have all strengthened and developed new outreach partnerships to be able to remove barriers and provide accessible and client-centred care in areas of high and unmet need. Staff have also participated in efforts to create kinder systems for people who use drugs through work on the City of Toronto's drug decriminalization exemption application and on provincial Hep C elimination recommendations.

For SRCHC, harm reduction is part of a broader movement for social justice, one that is built on a respect for the rights and expertise of people who use drugs. All of the above programs have staff who are people with lived or living experience of drug use and who support clients to become harm reduction workers. Many of the staff who now work in harm reduction at SRCHC were once clients.

As we approach the 35th anniversary of our once-small program, we can stay hopeful in remembering that despite everything, community care, the fight for kindness and love are at the root of harm reduction and will continue.

keepSIX AT A GLANCE

keepSIX opened its doors on November 27, 2017



keepSIX, the name of one of SRCHC's consumption and treatment services at 955 Queen St. E, means "got your back" and is an homage to Raffi Balian, founder of SRCHC's COUNTERfit program and lifelong advocate for people who use drugs.



53 unique service users per month

868 visits per month for safe drug consumption



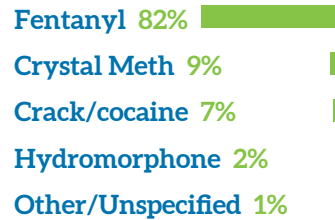
129 overdoses reversed in 2022

2 calls to EMS related to overdose



0 calls to police

Primary Drug Consumed



Hundreds of referrals to health and other services



on-site services provided:

Harm reduction education, primary care, counselling, vaccinations, reproductive health, foot care, crisis support, wound care and more.



keepSIX staff have hosted dozens of **Community Open Houses** and tours with over **1,000** visitors from all over **Canada and the world**



keepSIX and SRCHC Staff hold regular **Community Advisory Group Meetings** (with service users) and **Community Liaison Committee Meetings** (with broader community members)



keepSIX also offers:

- Sharing Circles and other Indigenous supports
- Drug checking
- Hep C testing and treatment
- Grief and loss support
- Prisoner support
- Peer training
- Community education and training

14,480

UNIQUE CLIENTS SERVED



103,980

CLIENTS ENCOUNTERS



76,701

ANONYMOUS ENCOUNTERS



PROGRAMS

88

GROUP PROGRAMS

1,592

GROUP SESSIONS

19,163

GROUP ATTENDANCE



FOOD

10,212

HARMONY COMMUNITY FOOD CENTRE (HCFC) MEALS SERVED

9,197

955 QUEEN MEALS SERVED

19,409

TOTAL MEALS SERVED



COMMUNICATIONS

- MEDIA -

171 BILLION

REACH

- SOCIAL MEDIA -

337,000

REACH

40,000+

INTERACTIONS

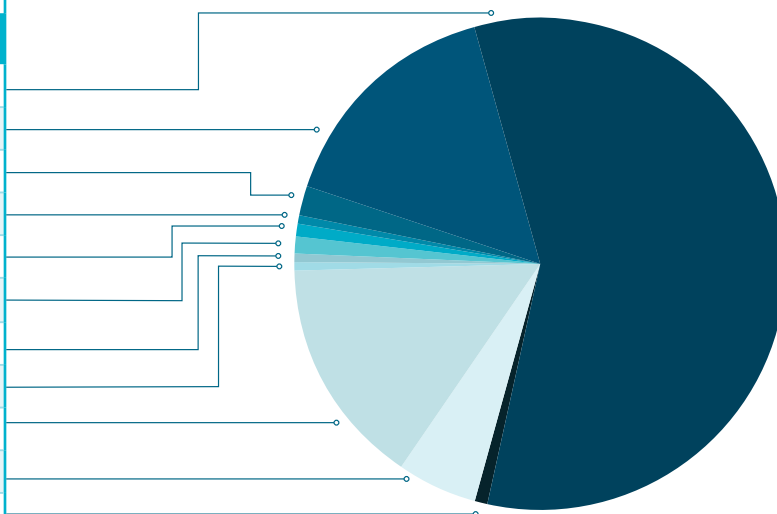


FINANCIAL HIGHLIGHTS

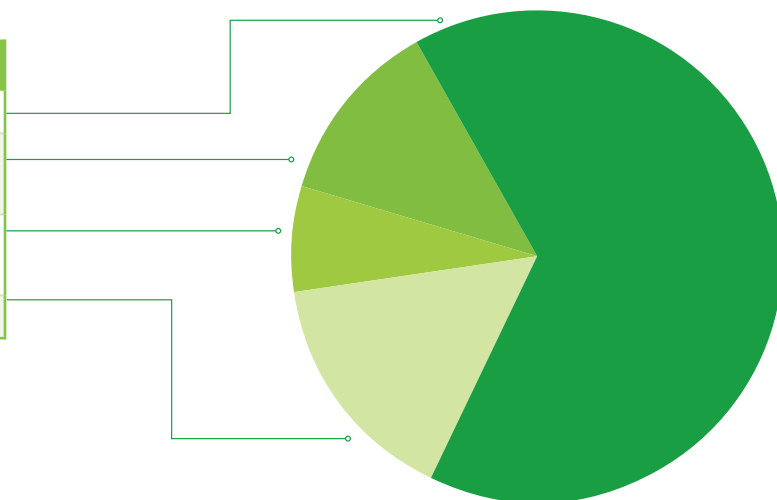
Operating Revenue & Expenses

Period ended March 31, 2023

	2022-2023		2021-2022
REVENUE	\$22,403,012		\$20,251,991
Ontario Health	\$12,996,044	58.0%	\$12,164,197
Ministry of Health	3,487,969	15.6%	3,958,889
City of Toronto	394,764	1.8%	481,429
United Way of Greater Toronto	166,121	0.7%	166,121
Ministry for Seniors and Accessibility	154,471	0.7%	188,100
Community Food Centres of Canada	255,308	1.1%	186,116
Public Health Agency of Canada	144,982	0.6%	120,920
Toronto East Health Network	115,191	0.5%	203,425
Health Canada	3,363,139	15.1%	1,881,715
Other	1,179,466	5.3%	866,553
Interest & rent	145,557	0.6%	34,526



EXPENSES	\$22,403,012		\$20,251,991
Salaries and employee benefits	\$14,667,513	65.5%	\$13,858,745
Medical supplies, program supplies & sundry expenses	3,464,555	15.5%	2,690,065
Building operations, furniture & equipment	1,581,865	7.0%	1,066,177
Contracted out services	2,689,079	12.0%	2,637,004



SPECIAL PURPOSE FUND

This year South Riverdale Community Health Centre funded two grants from the Healthy Community Program.

Imagine Summit.....	\$1,500
Arts Intersection Agincourt.....	1,500
	3,000

These summarized statements have been extracted from the South Riverdale Community Health Centre's audited financial statements for the year ended March 31, 2023. A copy of the complete financial statements prepared by Management and audited by Deloitte LLP, Chartered Professional Accountants is available on website.

OUR VISION

Empowered, **healthy and thriving communities**
where **everyone belongs.**

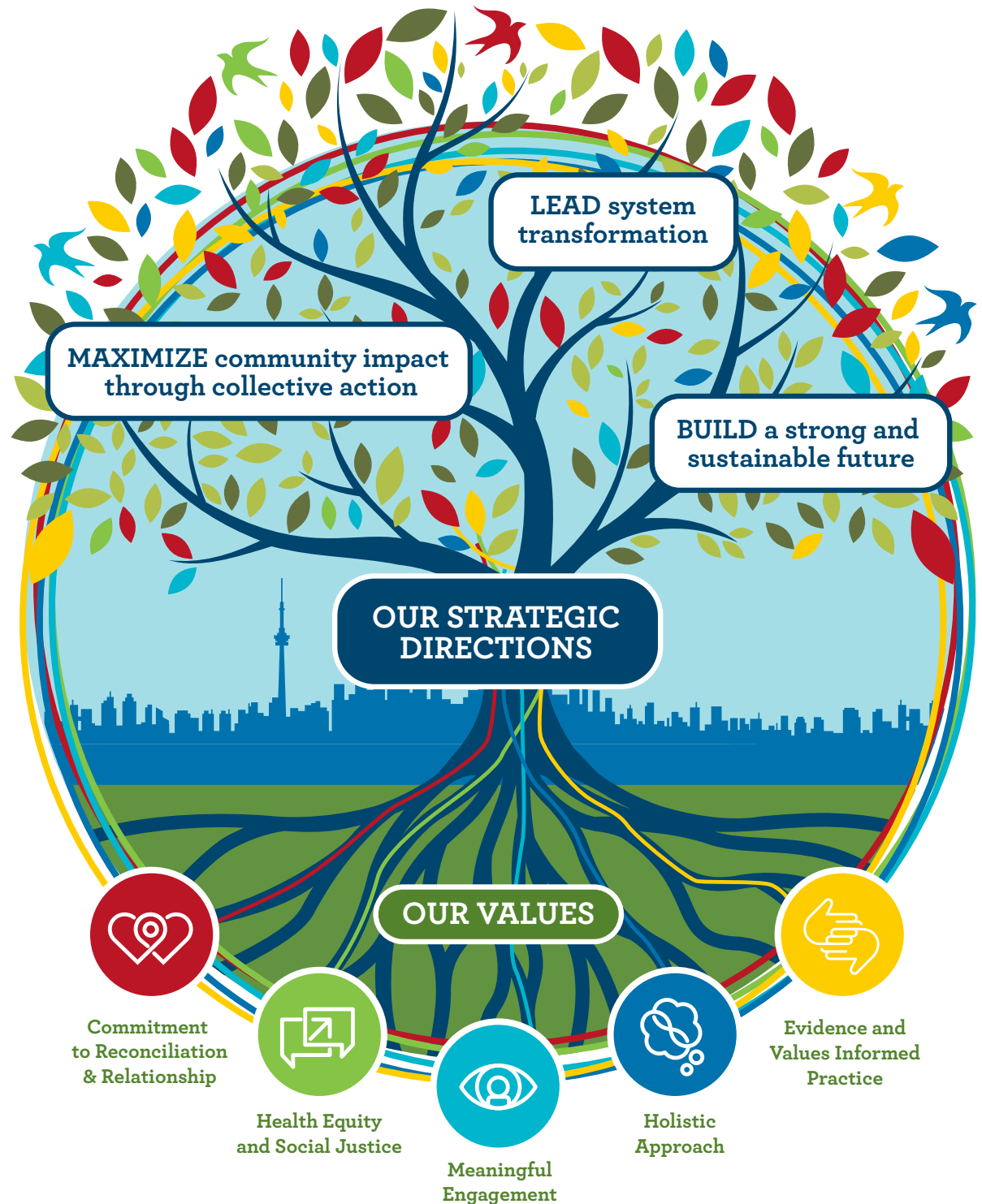
OUR MISSION

To improve the lives of people that face barriers
to physical, mental, spiritual and social well-being.

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.

Thank You to Our Donors & Funders



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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.





South Riverdale
COMMUNITY
HEALTH CENTRE

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