Health equity is a goal that takes the whole community, province and country to achieve. Achieving health equity can start with one organization and include many partners.

Health equity means that all people can reach their full potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstances. For example, the research strongly links poverty with chronic illness, acute illness, injuries and many other adverse health outcomes.

Health equity is concerned with creating equal opportunities for good health for all, and reducing avoidable and unjust differences in health among population groups. Equity is treating people differently based on their different needs in order to ensure their equality of access.

We have a responsibility to ensure our health system focuses on meeting individual and community needs to ensure everyone has the best possible opportunities to achieve their best health and wellness.

Therefore, it is important to:

- Assign priority to groups who have the greatest health needs and the least access to services
- Work with partners to ensure equity as an underlying goal of the health system.
- Address the social conditions that cause health inequities

At KDCHC, the Board of Directors has started a Health Equity and Social Justice Committee with Board, Staff and Community representation. Its plan will look internally to ensure that KDCHC is always thinking about services and programs from a health equity point of view. The plan also looks externally to see how we can impact change at the community level.

KDCGH is always thinking about services and programs from a health equity point of view.

With this in mind, KDCHC has worked with the Waterloo Wellington Local Health Integration Network to receive new investment to support Aboriginal Health and Wellness, in partnership with Aboriginal Communities and to increase the number of clients served by identifying and addressing barriers to increase access to the healthcare system.

KDCHC is also working with Health Links, which has the goal to make health care work better for residents, especially those who are vulnerable, who need a variety of different services, and who have multiple health care needs. The focus is on clients who often have access barriers and health inequities.

KDCHC continues to focus on a broad range of programs that have a health equity lens and are supported by a range of funders and community agencies. These include:

- Homelessness peer worker
- Breastfeeding Buddies
- Community Nutrition Worker
- Healthy Smiles Ontario
- Waterloo-Wellington Acquired Brain Injury Services
- providing outreach services to ROOF, Anselma House, St. John’s Kitchen, Mary’s Place and House of Friendship.

Every day KDCHC Staff, Board, Volunteers and clients are working to make a difference to create environments that will improve the health and wellness of our community. For that, we thank you.

Catherine Heal | Board Chairperson
Eric Goldberg | Executive Director

The focus is on clients who often have access barriers and health inequities.
Over the past year, KDCHC has focused on additional ways to support population groups who have the greatest needs and require improved access to service and supports.

We hope that these strategies will have a positive impact to improve health equity practices and health equity outcomes.

**Aboriginal Health and Wellness**

KDCHC received $100,000 of base funding from the WWLHIN to support Aboriginal Health and Wellness in Waterloo Wellington. The focus is on community engagement and development to support Aboriginal communities initiate strategies to address health inequities and social determinants of health. KDCHC has connected with Aboriginal groups and individuals to begin the process. An Aboriginal Health and Wellness Promoter is now part of the team.

**Access for Complex Clients**

KDCHC works with many primary care clients with significant and complex mental health and substance use issues. KDCHC received $200,000 from the WWLHIN to add specialized skills in mental health and substance use so that we can work more effectively internally with current clients, take on new clients and find ways to increase our ability to bridge those clients to community programs and services. The funding proposal was based on ongoing staff input, and input from the KDCHC Mental Health Advisory Group, whose membership is people with lived experience.

**Identification Clinic**

KDCHC provides services to support people in our community to access identification such as birth certificates and health cards. These services are provided at KDCHC and at outreach sites with our downtown community partners. KDCHC is working regionally to increase community capacity to support identification replacement for those experiencing homelessness or at-risk of housing loss. Increased supports were received by the Region of Waterloo to ensure that people have identification to access to health care and housing stability.

**Breastfeeding Buddies**

KDCHC is funded by Region of Waterloo Public Health to provide mom-to-mom support to promote successful breastfeeding. The goal is to increase opportunities for moms, their infants and young children to have access to breastfeeding support by trained volunteers who have breastfed. Buddies provide support for breastfeeding moms and help connect them with community supports and resources. This year, KDCHC received a Best Start grant to focus on areas of our community with low breastfeeding rates by taking a health equity approach to improve access for everyone in the community.

**Advocating on Issues Impacting Health**

KDCHC, as an experienced health provider, has a role to initiate or respond to issues that impact health inequities. It is important to address barriers to health equity and give a voice to people working in the health sector who see, first hand, the impact of determinants of health. This has included: asking questions of political candidates regarding healthcare issues; advocating for changes in provincial policies to increase access to better housing and income and; recommending changes to ensure the most vulnerable people, who face imminent serious health complications, can access the health care services they need.
Client Satisfaction Surveys

based on client surveys for individual services from health care providers, results are positive!

- **98%*** I felt respected by the staff member I saw
- **95%** I was able to ask questions about my health or other concerns
- **97%** The staff member explained things in a way I was able to understand

* Percentage of those who responded “Yes” to the questions shown

based on surveys of clients receiving group programs, the results were very positive!

- **100%** The leader used simple and clear language
- **94%** The topic information was clear and easy to understand
- **100%** The leader listened to the group
- **97%** I can apply the program information to my life
- **86%** The staff member asked for my opinion about the care or advice suggested to me
- **94%** The staff person made it easy for me to talk about my health or other needs

board members
- Catherine Heal (Chairperson)
- Jennifer Bechtel (Vice Chairperson)
- Bruce Brubacher (Treasurer)
- Elif Gunce Eskikoy (Secretary)

board committee community representatives
- Dennis Watson
- Jane Reble
- Sheila Russek
- Priya Mehta
- Karalee Clerk

board committee staff representatives
- Eric Goldberg
- Stephen Gross
- Lynn Rubinstein
- Nicole Wazir

* On-Site Staff
  - Alex Muresan
  - Asil Al-Shaibani
  - Anna Center
  - Carla Mitchell
  - Charla Adams
  - Danielle Yantha
  - Don Stewart
  - Doug Rankin
  - Dushara
  - Kirishnanthan
  - Eric Goldberg
  - Fauzia Mazhar
  - Gebre Berihun
  - Heather Sutcliffe

  - Jannah Tudiver
  - Joan Stadelmayer
  - Joanna Hathway
  - Julie Gamble
  - Karla Kaphengst
  - Kasey Steele
  - Kathy Dean
  - Kimberly Pereira
  - Laura Bender
  - Leanne Strepple
  - Lana Brasher
  - Lelis Diaz
  - Lori Butler
  - Lorri Holmes
  - Lynn Rubinstein

  - Margie French
  - Michelle Buckner
  - Nancy Raymond
  - Nicole Wazir
  - Pamela Rafter
  - Penny Bedford
  - Qudratullah Sherzad
  - Rodica Cosma
  - Sherry Rosa
  - Souad Esadeg
  - Stacey Bricknell
  - Stephen Gross
  - Suk Jeong
  - Sunil Dwivedi
  - Tracy Bryden
  - Tracey Cockfield
  - Yvette Mullings

* Off-Site Staff
  - Ann Nash
  - Elisa McBride
  - John Vanderzand
  - Mariam Sam
  - Rula Abdel-Kader
  - Steve Gosselin

  - Scott Brady
  - Joanne Oldershaw
  - Lorie Fioze
  - Siddharth Joshi
  - Terri Wilkinson
  - Mark Rienstra
  - Julia Harrigan

Grow. Live. Be.
## Summarized Financial Information

### April 2013 – March 2014

**Operations (excluding TPA and capital fund)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
</tr>
<tr>
<td>Ministry of Health and Long Term Care</td>
<td>$ 3,885,705</td>
</tr>
<tr>
<td>Deferred revenue from prior year</td>
<td>28,076</td>
</tr>
<tr>
<td>Grants</td>
<td>741,630</td>
</tr>
<tr>
<td>Other sources of revenue</td>
<td>52,238</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>4,707,649</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPENDITURES</strong></td>
<td></td>
</tr>
<tr>
<td>Facility expenses</td>
<td>566,814</td>
</tr>
<tr>
<td>Information management expenses</td>
<td>191,487</td>
</tr>
<tr>
<td>Medical supplies</td>
<td>42,737</td>
</tr>
<tr>
<td>Purchased services</td>
<td>324,956</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>3,133,687</td>
</tr>
<tr>
<td>Supplies and sundries</td>
<td>245,357</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td>4,505,038</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXCESS OF REVENUES OVER EXPENDITURES BEFORE OPERATIONAL FUNDING REPAYABLE</strong></td>
<td>202,611</td>
</tr>
<tr>
<td>Operational funding repayable</td>
<td>(47,445)</td>
</tr>
<tr>
<td><strong>EXCESS OF REVENUES OVER EXPENDITURES FOR THE YEAR</strong></td>
<td>155,166</td>
</tr>
<tr>
<td>Fund Balance, beginning of year</td>
<td>626,691</td>
</tr>
<tr>
<td>Interfund transfer</td>
<td>(90,050)</td>
</tr>
<tr>
<td>Fund balance, end of year</td>
<td>691,807</td>
</tr>
</tbody>
</table>

*Note: Complete financial statements are available on request from the Kitchener Downtown Community Health Centre.*
Volunteer Services Report

volunteer engagement continues
to be an integral part of service delivery

The energetic pace and truly excellent work throughout the year by our volunteers is so appreciated – together they contributed 17,200 hours to the Centre!

I am amazed by our volunteer teams! Volunteer participation at KDCHC has increased almost 39% over 2012–2013.

A lot of credit for this should go to our staff members, who have really “caught the vision” of volunteer engagement over the past year, and have supported and trained volunteers in many expanded roles.

It is a joy and a privilege to work with these community members and facilitate the weaving of their stories into the fabric of the Kitchener Downtown Community Health Centre.

We currently have 278 volunteers who fill 384 volunteer positions at KDCHC. KDCHC volunteers work in over 35 different program and support roles, including:

- Breastfeeding Buddies
- Community Health Helpers
- Peer support in community programs
- Front desk reception
- Brochure inventory and ordering
- Advisory groups
- Our Board and Committees
- Facilitating our recycling program
- Administrative support

These volunteers together contributed over 17,200 volunteer hours to KDCHC over the past year.

Our volunteer team represents many different sectors of our downtown community – seniors, new Canadians, high school and university students, families, those looking to return or enter the workforce, and those who have recently retired.

All bring lived experiences, skills and perspectives that are as diverse and interesting as they are!

Respectfully submitted,

Lorri Holmes
Coordinator of Volunteers
Volunteer Appreciation Event

Donors List • 2013–2014

Elif Gunce Eskikoy
Ellie Allen
Elsie Millerd
Eric Goldberg
Fisun Tas
Helena Opps
Jane Reble
Joanne Oldershaw
John Weir
Leslie Benecki
Lisa Connolly
Margaret Henning
Mary Wicks
Medix College of Healthcare
Melisa Leaist
MF Property Management Ltd
Michelle Bishop
Pharmacy Students
Prestige Business Interiors
The City of Kitchener
Employees
The Cora Group Inc.
University of Waterloo
Violet & Coffee Umanetz
Wayne Ward
Anonymous Donations

Kitchener Downtown Community Health Centre Funders

Waterloo Wellington Local Health Integration Network
Waterloo Region Public Health and Social Services
Traverse Independence – Acquired Brain Injury Program
Langs – Regional Diabetes Education Program
St. Joseph’s Hospital – Clinical Telemedicine Program
Ministry of Health and Long Term Care – Midwifery Program

our tagline
Grow. Live. Be.
vision

A healthy community where Every One Matters

mission

Act as an agent of change to build community capacity and deliver client-centred primary health care, with emphasis on people experiencing barriers to access.

guiding principles

Client Centred Collaborative Care
A journey as defined by the individuals, groups and community (client) in partnership with KDCHC towards goals.

Health Equity
Addresses the distribution of health opportunities and resources within KDCHC and the community to reduce inequities in health status.

Anti-Oppression
Reviews and evaluates KDCHC operations to identify and remove any practices that perpetuate oppression on an individual or systemic basis.

our tagline
Grow. Live. Be.

Grow.
Engaged living includes active participation

Live.
My well-being depends on a healthy community

Be.
Everyone is valued and heard