

## A HEALTHY COMMUNITY WHERE EVERY ONE MATTERS

KDCHC believes that all aspects of health can be powerful resources for living well. Health is an asset that helps people achieve their potential and live fully within their own community. Working together, with our clients and their communities, this philosophy is at the heart of our model of care.

## Because in Community Health Centres: Every One Matters.

The province of Ontario has an action plan for health. The plan focuses on building healthy communities through primary care and a range of initiatives that support people, helping them be as healthy as they possible.

KDCHC is a leader in this model of service. In line with the province's plan, our Strategic plan for 2012-2016 includes goals that will increase the availability of services for people who have difficulty accessing the health care system. Supporting primary health care is also an important component of our health promotion, illness prevention and well-being.

KDCHC lives the social determinants of health. This is evidenced in our work to help with access to affordable housing, leisure and recreation opportunities, and finding new ways for all to participate in shaping a healthy community.

Our community capacity building goes hand-in-hand with our work to provide primary health care to individuals. This includes collaborating with others in the community to build the services and supports necessary to empower individuals to advocate for themselves and others.

To speak to our commitment and beliefs, we created a phrase that helps capture what is important to the people we work with and to support a healthy community: **Grow. Live. Be.**

This collective of words focuses on health in an inclusive way, recognizing the importance of many factors involved in determining the health of individuals, families and community. In the Annual report our work is reflected by **Grow Live Be.**

## Saying thank-you...

We would like to thank our Board of Directors. They are volunteers who provide leadership that is reflective of a diverse community. They set our direction and provide for our accountability. Their inspired work on the strategic plan demonstrated that their dedication spills out into their interactions with the community-at-large. Thank you for making a difference.

And of course, we thank our Staff members, who are all committed to the mission and values that target the needs of our community, enveloped in a client-centred, collaborative care and a commitment to health equity.

Lastly, thanks to our volunteers – all 227 of them, each of whom are committed to the work of KDCHC. They support many services and programs. They are an incredible asset to KDCHC and our community.

Sincerely, *Kim Wilson, Chairperson,*  
*Eric Goldberg, Executive Director*

## Grow.

**Engaged living includes active participation. A person's health is supported by getting involved in meaningful activities and being engaged with our community.**

**Advisory groups at KDCHC** connect people with common purpose. They support the work of KDCHC and focus on making a difference in the community. One example is the Homelessness Advisory Group. They developed the Kindred Spirit Award, which recognizes people who once experienced homelessness and are now supporting others who are homeless. The award honours the importance and value of individuals giving back to the community and their peers through experiences of "being there," opening the door to have impact on others.

**Volunteering at KDCHC contributes to the delivery of a lot of direct service programs.** Volunteers have shared many stories related about being respected and valued for what they brought to KDCHC. Volunteers have gained confidence and experience that supports their self-esteem, in turn helping them to find employment and other opportunities in the community.

**Community Coalition on Refugee & Immigrant Concerns** hosts community forums on current refugee and immigration issues. This year, they hosted an all candidates meeting with a focus on issues facing immigrants and refugees. Participants felt that a sense of belongingness.

## Live.

**My well-being depends on a healthy community. The well-being of individuals is linked to the well-being of the overall community. This includes access to health care, affordable and suitable housing; access to leisure and recreation opportunities and; a safe community in which to live.**

**Access to health care services** at KDCHC includes a coordinated approach to services with an interdisciplinary team of health providers focused on illness prevention, education and health promotion programs. A recent province-wide study of CHCs confirmed that KDCHC proactively connects services with populations that have traditionally faced barriers accessing primary care and whose living circumstances leave them vulnerable to poor health.

**Community Health Helpers (CHH)** engages and empowers newcomers and develops social networks among ethno-cultural communities. CHH supports members of these communities, who then connect members of their respective communities to health and community resources, and support healthcare providers in delivering culturally sensitive care. Participants also utilize their skills, community health knowledge and community networks to impact advocacy around healthy public policy.

**Participating in community planning and partnerships** impacts improvements in health for our clients and social change in our community. Partnerships include the School of Pharmacy and Public Health for the Healthy Smiles Program and to support a shared approach to ending homelessness with the Region of Waterloo, Social Services.

## Be.

**Everyone is valued and heard. This means that clients feel heard, acknowledged and validated. That everyone's voice is important and staff respects the others scope of practice and role.**

**Feedback from our client focus groups** identified clients are respected as human beings, that people are valued for who they are and that KDCHC meets the client where they are at in this moment of their lives.

**Client centred collaborative care** has been a key focus. Our staff listens, ask questions, and support decisions from our clients in directing their care. A number of initiatives are underway that will include enhanced client participation.

**Guiding principles** were adopted in our recent strategic plan. This will promote diversity and inclusion through an environment that welcomes all clients, visitors, employees and volunteers. We will provide culturally competent and responsive health care services and programs that are respectful of and responsive to the cultural and linguistic needs of our clients. This includes all aspects of KDCHC activity with clients, advisory groups, volunteers, board, staff and community partners.

## VOLUNTEER SERVICES REPORT

Volunteer Services are a vital and thriving part of KDCHC. Currently, we have 227 volunteers actively working in programs, advisory groups, committees and the Board of Directors.

Volunteer roles continue to grow and evolve as we develop new positions.

Volunteer time and talents were utilized this year to enhance our commitment to client-centered services. We saw the introduction of a new volunteer driven program, Befriender, which matches volunteers with clients who can benefit from friendly support. Lori Butler, the staff lead for this program is successfully guiding the pilot stage.

KDCHC is also well served by our Seniors, Homelessness, Mental Health and Volunteer advisory groups. These groups meet regularly and have been instrumental in planning programs and events. We value their expertise and commitment!

I am excited that the Board of Directors invited applications from KDCHC volunteers for a sponsored attendance at the 2012

AOHC conference. Congratulations to Joanne Oldershaw, who volunteers at the main floor information desk on her selection as a volunteer delegate.

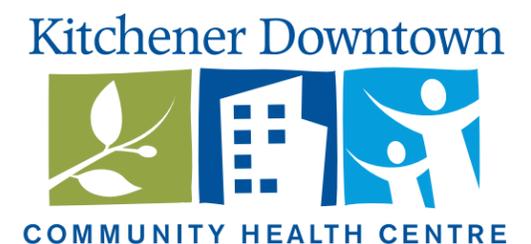
The Board of Directors is also congratulated on developing a new five-year new strategic plan, updating our mission statement and reflecting our focus on client centered collaborative care and community capacity building.

I am continually thankful and energized by the gifts of talents, experience and time that KDCHC volunteers bring to our work, year after year.

Their commitment is reflected in the almost 13,000 hours they contributed to the center this past year. Thank you to every volunteer – your work is valued and appreciated.

Respectfully submitted,

*Lorri Holmes*  
*Coordinator of Volunteers*



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

## STAFF LIST

Agata Sikora	Karla Kaphengst	Qudratullah Sherzad
Ann Nash	Kasey Steele	Rodica Cosma
Barby Butts	Kathy Dean	Ruby Chung
Carla Mitchell	Kimberly Pereira	Rula Abdel-Kader
Charla Adams	Laura Shantz	Sherry Rosa
Claudia Fitzgerald	Leanne Streppel	Sonia Poirier
Clarence Cachagee	Lelis Diaz	Souad Esadeg
Don Stewart	Lori Butler	Stacey Bricknell
Doug Rankin	Lorri Holmes	Stephen Gross
Dushara	Lynn Rubinstein	Suk Jeong
Kirishnakanthan	Margie French	Tara McTeer
Eric Goldberg	Mary Gang	Tracey Cockfield
Fauzia Mazhar	Michelle Buckner	Tracey Bryden
Gebre Berihun	Nancy Raymond	Uzma Memon
Iman Arab	Nathalie Leduc	Yvette Mullings
Joan Stadelmayer	Nicole Wazir	
Joanna Hathway	Norma Medina	
John Vanderzand	Penny Bedford	

Kim Wilson – Chairperson	Jennifer Lorette – Secretary*	Adam Lawrence
Linda Juodvalkis – Vice Chairperson	Scott Brady	Charles Nichols
Jane Reble – Treasurer	Karalee Clerk	Joseph Oywak *
	Catherine Heal	Jay Palani
		Marlene Pink

\*Resigned from Board

## BOARD OF DIRECTORS

## KITCHENER DOWNTOWN COMMUNITY HEALTH CENTRE SUMMARIZED FINANCIAL INFORMATION APRIL 2011 - MARCH 2012

	Operations (excluding TPA)	Capital Project	Total
<b>Revenues</b>			
Ministry of Health and Long Term Care	\$3,738,603	\$485,987	\$4,224,590
Deferred revenue from prior year	97,700	-	97,700
Grants	542,069	-	542,069
Other sources of revenue	51,265	-	51,265
	<b>4,429,637</b>	<b>485,987</b>	<b>4,915,624</b>
<b>Expenditures</b>			
Salaries, benefits and relief	3,259,133	-	3,259,133
Medical and surgical supplies and drugs	35,060	-	35,060
Supplies and sundries	490,672	39,448	530,120
Contracted out expenses	5,999	-	5,999
Buildings and grounds	559,892	-	559,892
Other (excluding amortization and loss on disposal)	326	-	326
	<b>4,351,082</b>	<b>39,448</b>	<b>4,390,530</b>
<b>Excess of revenues over expenditures before undernoted</b>	<b>78,555</b>	<b>446,539</b>	<b>525,094</b>
Capitalization of leasehold improvements and equipment	(12,562)	(22,531)	(35,093)
In-year recovery	(42,303)	-	(42,303)
<b>Surplus for the year</b>	<b>23,690</b>	<b>424,008</b>	<b>447,698</b>
Surplus due to MOHLTC	(5,031)	-	(5,031)
Surplus of the general fund and capital project	18,659	424,008	442,667
<b>Accumulated surplus (deficit), beginning of year</b>	<b>692,655</b>	<b>(598,380)</b>	<b>94,275</b>
Interfund transfer	(174,372)	174,372	-
<b>Accumulated surplus, end of year</b>	<b>\$536,942</b>	<b>-</b>	<b>\$536,942</b>

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

### KITCHENER DOWNTOWN COMMUNITY HEALTH CENTRE FUNDERS:

Waterloo Wellington Local Health Integration Network  
 Ontario Ministry of Health and Long Term Care  
 Region of Waterloo Public Health  
 Region of Waterloo, Social Services  
 Ontario Trillium Foundation of Waterloo  
 Lyle S. Hallman Foundation  
 The Kitchener and Waterloo Community Foundation



## ANNUAL REPORT APRIL 2011 - MARCH 2012