

A close-up photograph of a woman with dark hair and glasses, smiling warmly at a young child with dark hair. The woman is on the left, and the child is on the right. The background is a soft, out-of-focus mix of red and blue.

ANNUAL REPORT

2015-2016

Building thriving,
resilient communities



Sandy Hill
Community Health Centre

Centre de santé
communautaire Côte-de-Sable

Every One Matters.

221 Nelson Street • Ottawa (ON) • K1N 1C7
613.789.1500 • www.shchc.ca



Our vision

Every one in our community will have an equitable opportunity for health and wellbeing.

Our mission

To lead and innovate in person-centred primary health care and community wellbeing.

Our values

Integrity • Respect • Equity • Collaboration • Empathy

“ *My sincere hope is that our community development and engagement work encourages everyone to support the ways in which ‘we’ can make our City more inclusive and in the process create opportunities where we can all have lives that are worth living to their fullest extent.* ”
- David B. Gibson

A message from the President and the Executive Director

Communities today face a complex range of health, social, environmental, and economic challenges. Many communities are seeing that new ways of addressing these challenges are needed, approaches which acknowledge the inter-related nature of these issues.

Resilience is often taken to mean the ability to respond and build back quickly after a disaster or crisis like we have recently seen with the fires in Fort McMurray. Indeed it is this, but increasingly it is being recognized that for resilience to be effective, our thinking needs to include efforts to build stronger and more cohesive communities today, in ways that not only help us respond to crises but also ward off future threats.

This means a focus on community-building, addressing inequities that exist for vulnerable or marginalized groups, and strengthening social ties today, not just in response to emergencies.

For the Sandy Hill Community Health Centre (SHCHC), using a community resilience framework challenges us to look at our communities and neighborhoods holistically, and move beyond sector-specific strategies, which often attract a limited segment of the population. Instead, a resilience lens encourages us to consider the interconnections between community issues and systems, and to focus on long-term adaptive capacity that cuts across silos like health care, social services, education, employment and housing.

This lens can help expand participation as we work to activate local institutions and social capital in ways that appeal to a wide range of citizens from all walks of life. This kind of socially diverse cohesiveness helps meet challenges now, and in the future.

In fact, all of our programs and services that are highlighted in this year's Annual Report speak to these less tangible aspects of community life such as the connection between neighbors, residents' sense of belonging and identity, respect for diversity, equity, inclusion, and neighborhood attitudes.

At the heart of all we do is our vision of earning your complete confidence in the care we provide and making a lasting difference in your health and the health of your community. We know this vision means many things to the many clients, students, partners, donors and government funders to which we are accountable as a health and teaching organization. The stories you see here reflect our efforts to do all we can to sustain health and wellbeing today and create the Community Health Centre of tomorrow.

Please read our stories - including the 2015-2016 quality and financial results. We welcome your feedback on our performance over the past year and on our continued quest to earn your confidence in our health and wellbeing services.

Thank you for your interest and for helping us make a lasting difference.

Anthony Pizarro, Board President
David B. Gibson, Executive Director

Interdisciplinary teamwork supports clients with hypertension



Hypertension (high blood pressure) is the number one risk factor for stroke and a major risk factor for heart disease. Prevention, early identification and management of hypertension are priorities of the Health Services and Health Promotion Chronic Disease Management (HPCDM) teams.

Working together, Health Services and HPCDM provide a wide range of individual and group support for clients who are living with or at risk of developing hypertension. Health Services clients are routinely screened for hypertension and receive medical support from their primary care provider, including medication to help manage hypertension. Regular monitoring is provided by a Health Services nurse who has a special interest and expertise in hypertension. Individual support, coaching and health education is provided by our dietitian, smoking cessation counsellor and exercise physiologist, as needed.

Over the years, HPCDM has offered workshops on a number of topics related to hypertension, focusing on areas such as diet, exercise and stress management, all designed to help clients become more effective “self-managers”. These sessions have been well received by clients, and participants regularly request more groups to support them in developing self-management skills.

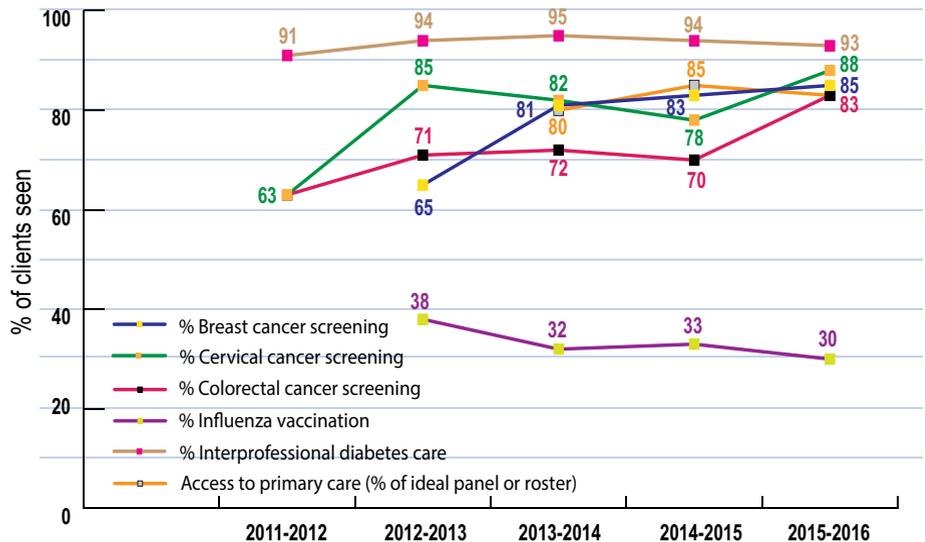
Building on client feedback and input from SHCHC primary care providers, the HPCDM and Health Services team collaborated to develop *Lifestyle Solutions for Hypertension*, a 3 session, interactive program that teaches best practices for managing hypertension. The group provides information and practical skills to help clients manage their high blood pressure, as well as opportunities for mutual support and learning. Facilitated by a registered nurse, dietitian and exercise physiologist, these sessions support participants to get moving more, eat better and calm their mind.

“ I have been coming here since 1995, I believe. My doctor has been nothing but kind and friendly toward me. I am very fortunate to belong with this clinic. Everyone, I mean everyone, has always treated me with respect and kindness. ”

Client feedback on this group was very positive, with most participants indicating that they were “very satisfied” with the overall program in anonymous group evaluations. Specific feedback indicated that this group made an impact on participants’ health behaviours. One survey respondent, for example, said that the group provided “advice, encouragement and an integrated, balanced approach”, and that they had started cycling to work. Overall, participants appreciated the breadth of expertise offered by the group facilitators, and indicated that having multiple perspectives created a well-rounded group.

Most importantly, participants reported making many lifestyle changes as a result of this program. From incorporating daily exercise into their routines, to taking more time reading labels while grocery shopping, *Lifestyle Solutions for Hypertension* teaches the practical skills people need to manage their health.

Quality primary care indicators



Yoga as self-management for chronic conditions

This January, the Health Promotion and Chronic Disease Management (HPCDM) team created Yoga for Chronic Conditions, a program led by yoga instructor and former SHCHC board member Christine Aubry.

The HPCDM team saw the potential of yoga and mindfulness-based exercise practices for folks living with chronic health conditions, as well as an opportunity to provide access to yoga for those who are underserved by mainstream classes, whether due to the high cost or fast pace of instruction at gyms and yoga studios.

In this program, Christine guides participants through gentle chair or mat poses. The postures Christine teaches are intended to restore and relax, and are modified to meet the individual needs of each participant. The skills practiced in this yoga class - deepening the breath, being in-tune with the body and learning to stay present - are mindfulness tools that are useful for everyone, and are especially helpful self-management practices for people living with chronic conditions.

We are pleased to announce that the Yoga for Chronic Conditions program is a great success. Participants tell us that they love the program, and experience tangible improvements in their physical fitness. Self-reported changes in health include improved balance, increased ease of movement and reduced stiffness. One participant summed it up, saying the class is “a good ‘relaxer’, good exercise and it helps relieve stress.”

We are currently running a second session at capacity, serving 14 clients. We have plans to offer this program again in the fall, with the possibility of adding this class to our schedule as an ongoing program.

““ *The physical activity is very suitable and is great for keeping fit. I suggest a second time a week. All the best to you! Thank you for everything!* ””



Harm reduction for the treatment of problematic substance use



Oasis is a substance use treatment program that is designed for people who experience significant barriers to recovery such as chronic homelessness, incarceration, severe and persistent mental illness and HIV and hepatitis C infection. We provide medical services, drop-in, case management and addictions treatment services for people who inject drugs, smoke crack and who work in the street level sex trade. In the past 20 years, Oasis has grown to be one of the largest and most comprehensive recovery-oriented harm reduction programs in Canada.

Harm reduction is an evidence-based approach to the treatment of problematic substance use which recognizes that, while it may take many years for people to stabilize and achieve optimal recovery from their disorder, there is still a lot we can do to treat people and minimize the impact associated with their substance use on themselves, their loved ones and in the community in which they use drugs.

This spring, our Centre was in the spotlight as we announced our plan to expand our services to include supervised injection. We see this as simply a natural extension to our ongoing commitment to provide in our Centre a full continuum of services for people with problematic substance use, and to deal with the most egregious aspects of injection drug use: overdose death and public injecting.

We had an opportunity to talk to our neighbours about the work we do at Oasis when we held our public consultations on our proposed supervised injection service. Afterward, we received a letter from one neighbour who said: "When I got there, there were two young men in the back who appeared to me to be homeless drug addict. I thought: what were these people doing here at our neighbourhood meeting? They are the problem!

Then, one of the young men, very articulately explained how the many programs at Sandy Hill Community Health Centre had helped him to begin to take control of his habit, lessen his drug use, find housing and obtain the medical help he needed. He finished, 'I still use drugs but I am doing a lot better and I don't want to die!'

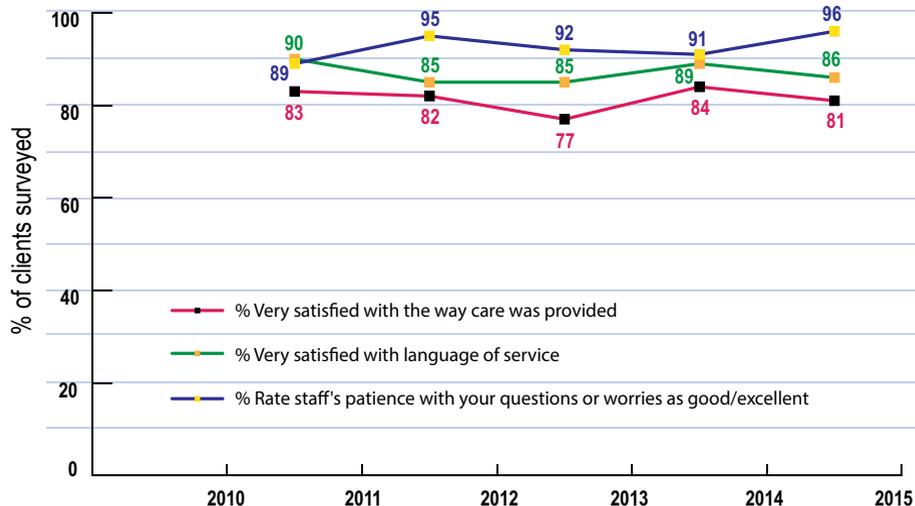
I began to understand: he lives here too, he is my neighbour, and we are part of the same neighbourhood!

On departing, I shook his hand and wished him well. I realized how hollow my wishes would be unless a supervised injection site is provided to keep him healthier and alive."

““ *At Oasis, success is not measured by how far you got, but by how far you have come and by your determination to overcome the obstacles along the way.* ””

Creating effective systems for coordination of care

Client experience

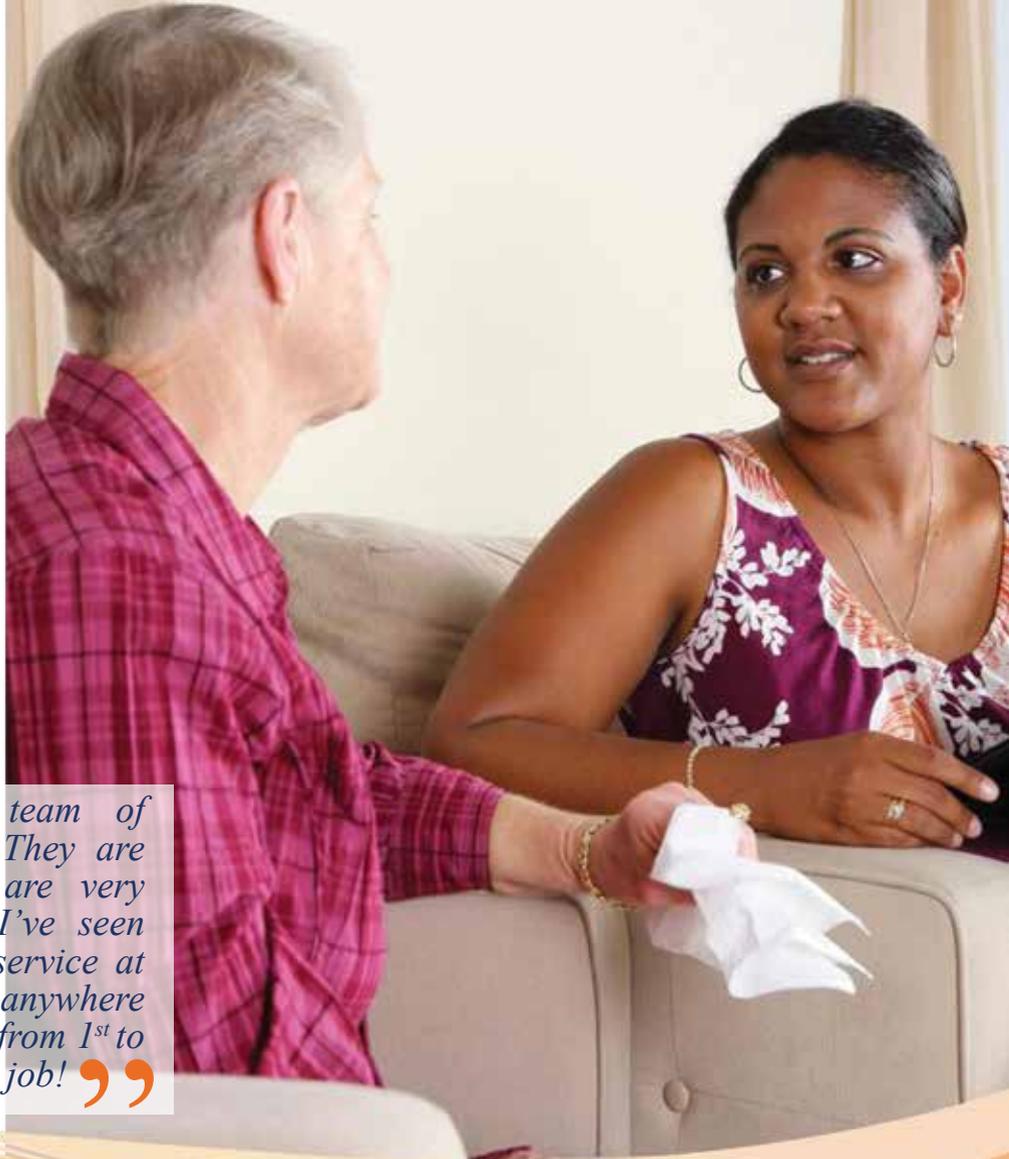


Two teams work very closely in the Centre to provide a broad range of general social services, intake and counseling for addictions and mental health issues. These teams are: Addictions and Mental Health Services (AMHS) and Client Access Team (CAT).

2015-2016 has been a busy year!

Tobacco related illness is a serious health equity issue for people experiencing challenges related to substance use and mental health. People with addictions and mental health conditions are 2 – 4 times more likely to smoke, and smoke more heavily than the general population. They are disproportionately affected by smoking related illness and reduced life expectancy. This year, AMHS and CAT have worked intensely to increase access to specialized smoking cessation services and to develop treatment plans that coordinate treatment for smoking, use of other substances and mental health concerns.

The teams have also worked hard to create more effective systems for coordination of care. A formal Quality Improvement Initiative that aims to decrease the amount of time clients wait for counselling is underway. A structured consultation process has been implemented to ensure that clients seeking counselling are connected with the service and individual provider that best fit their particular circumstances, concerns and needs. We have increased our ability to support family members and youth. And, our new electronic medical record is allowing for greater and more effective communication related to internal referral, treatment planning and coordination of care.



“From experience, the team of SHCHC is exceptional! They are always listening. They are very respectful. Since 2012, I’ve seen lots of doctors, but the service at SHCHC is better than anywhere else. Outstanding service from 1st to 5th floor. Keep up the good job!”



Being representative and inclusive

A healthy community supports diversity and promotes equitable inclusion for all, throughout its social, economic, political and cultural dimensions. One of the cornerstones of healthy communities is wide participation in planning and decision-making.

People of all backgrounds and socioeconomic circumstances have concerns and ideas about creating healthy communities. Not only do they want to be heard and participate in processes that affect their lives, they also have a right to do so. Likewise, people feel valued when their particular gifts, abilities, and challenges are recognized, when they have opportunities for growth and development, when they are engaged in community activities, and when all of their basic needs are met. For SHCHC, this means the strength of our decision-making, planning and, above all else, the services we offer, lies in our ability to be representative and inclusive.

SHCHC believes in supporting and developing active, engaged communities. The communities in which we work can face many barriers to full and equal participation: financial, linguistic, cultural and physical

“ Our community is a garden, and we are the colourful flowers in it. The more colours, the more beautiful it is. No discrimination. ”

impediments can make healthy and engaged living difficult for many. From resident advocacy to food security and children's programming, the Community Development and Engagement (CDE) team works directly in neighbourhoods to reduce isolation, provide opportunities for residents to volunteer and build capacity and leadership to build stronger communities.

This year has seen a number of successes. The Market Mobile, a rolling grocery store selling fresh produce at low prices now visits Sandy Hill every Wednesday evening. Residents were supported to successfully make deputations at City Hall for the continuation of this important food security program.

The Making Votes Count initiative hosted public debates and spread the word, increasing voter turn-out for the recent federal election and helping residents to ensure their voices are valued, heard and counted! SHCHC has been supporting the Healthy Transportation Coalition's efforts to advocate with the City for a Low-Income Transit Pass. Over 2500 residents and 50 organizations have signed the petition in support of this pass.

Support from CDE to residents in Old Ottawa East has helped them engage with developers and influence the evolution of the new Greystone Village and 'complete street' Main Street development: ensuring residents are at the core of building developments in their neighbourhoods, and that communities are designed with affordability,

equity and diversity, and social connection in mind. The SHCHC supported initiative Innovative Housing for Older Adults has taken root in a newly incorporated non-profit called Convivium Co-housing for Seniors: a group seeking to create affordable co-housing options for Seniors to Age in Community in Old Ottawa East.

The Strathcona Heights Neighbourhood Circle: a group of residents from Sandy Hill meets to work towards social change on the issues that matter to them. They hosted the first Strathcona Heights Winter Carnival and Family Fun Day, which included activities from a baked-bean competition, arts and crafts for children, sleigh rides, community meal and outdoor soccer to Bingo, Henna painting and live music. Despite the cold, over 250 people from various linguistic and cultural groups came outdoors to get to know their neighbours.

This year saw ongoing projects such as the Viscount Alexander Homework club, children's programming including I Love to Play Soccer and I love to Dance, as well as women's aerobic exercise classes and multi-generational sewing classes. CDE has also supported Learn to Skate for Newcomers to Canada, community volunteer income tax clinics, Viscount Alexander bike skills rodeo, community clean-ups, neighbourhood BBQs, movies in the park, Arts and Crafts, ethno-cultural celebrations, and seen the development of numerous partnerships with organisations, school and charities in the area.

“ I like volunteering when I have time. It's good to give to other people. It's good for neighbours. ”



2015-2016 Financial Report

Report of the independent auditor on the Summary Financial Statements

To the Members of Sandy Hill Community Health Centre, Inc./Centre de santé communautaire Côte-de-Sable, Inc.

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2016, and the summary statement of operations for the year then ended and the related note, are derived from the complete audited financial statements of Sandy Hill Community Health Centre, Inc./Centre de santé communautaire Côte-de-Sable, Inc. for the year ended March 31, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated June 22, 2016.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the complete audited financial statements of Sandy Hill Community Health Centre, Inc./Centre de santé communautaire Côte-de-Sable, Inc.

Management's responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in Note 1 to the summarized financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

Opinion

In our opinion, the summarized financial statements derived from the complete audited financial statements of Sandy Hill Community Health Centre, Inc./Centre de santé communautaire Côte-de-Sable, Inc. for the year ended March 31, 2016, are a fair summary of those financial statements, on the basis described in Note 1 to the summary financial statements.

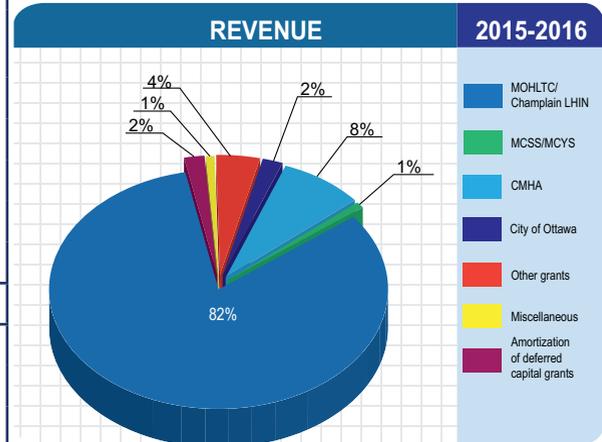
Welch LLP
Chartered Professional Accountants
Licensed Public Accountants
Ottawa, Ontario
June 22, 2016

We would like to gratefully acknowledge the continuous support of our funders, community partners and private donors.

Summary Statement of Operations

Year ended March 31, 2016

REVENUE	2016	2015
Ministry of Health and Long-Term Care / Champlain Local Health Integration Network	\$ 9,291,537	\$ 9,456,670
Ministry of Community and Social Services/ Ministry of Children and Youth Services	71,144	71,144
Canadian Mental Health Association	967,936	967,943
City of Ottawa	248,999	287,086
Other grants	461,065	399,584
Miscellaneous	125,402	111,458
Amortization of deferred capital grants	199,114	216,264
Total revenues	11,365,197	11,510,149
EXPENSES		
Salaries and benefits	9,282,678	9,285,163
Program related expenses	989,692	942,552
General and administrative expenses	864,763	839,330
Non-recurring expenses	51,458	141,265
Amortization	199,114	216,264
Total expenses	11,387,705	11,424,574
Net revenue (expense) before items below	(22,508)	85,575
Repayable to funders	0	(43,650)
Transferred from (to) deferred revenue	22,508	(36,786)
Net revenue	\$ 0	\$ 5,139



For complete details, please refer to the audited financial statements and notes available from the Centre.

**Note to the Summarized Financial Statements
for the year then ended March 31, 2016**

1. Basis of Preparation

These summarized financial statements are derived from the complete annual audited financial statements of Sandy Hill Community Health Centre, Inc./Centre de santé communautaire Côte-de-Sable, Inc. for the year ended March 31, 2016. The complete annual audited financial statements are prepared in conformity with Canadian accounting standards for not-for-profit organizations.

A copy of the complete audited financial statements is kept on file at Sandy Hill Community Health Centre, Inc./Centre de santé communautaire Côte-de-Sable, Inc. and can be provided upon request.

The criteria applied by management in preparing these financial statements is outlined in the paragraph below.

The figures presented in these summarized financial statements agree with or can be recalculated from the figures presented in the complete audited financial statements. Management believes that the summarized financial statements contain the necessary information and are at an appropriate level of aggregation so as not to be misleading to the users.

Summary Statement of Financial Position

March 31, 2016

	2016	2015
ASSETS		
Current Assets		
Cash	\$ 598,451	\$ 582,170
Grants and other amounts receivable	292,220	227,586
Prepaid expenses	177,547	105,994
	<u>1,068,218</u>	<u>915,750</u>
Capital Assets	<u>3,166,820</u>	3,330,034
	<u>\$ 4,235,038</u>	<u>\$ 4,245,784</u>

For complete details, please refer to the audited financial statements and notes available from the Centre.

	2016	2015
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 603,636	\$ 462,952
Repayable to funders	49,988	51,206
Deferred revenue	143,537	130,535
	<u>797,161</u>	<u>644,693</u>
Deferred Contributions related to Capital Assets	2,230,320	2,393,534
	<u>3,027,481</u>	<u>3,038,227</u>
Net Assets		
Unrestricted funds	264,252	264,252
Restricted funds	6,805	6,805
Invested in capital assets	936,500	936,500
	<u>1,207,557</u>	<u>1,207,557</u>
	<u>\$ 4,235,038</u>	<u>\$ 4,245,784</u>

Overall utilization data

	2015-16	2014-15
Number of active clients	10,789	10,608
Number of face-to-face visits with clients	40,695	40,573
Number of client and community member attendances to personal development group programs	8,953	9,277
Number of people seen for Addictions and Problem Gambling counselling or case management	1,408	1,532
Number of people seen in Primary Care services	5,919*	4,550
Number of people seen for visits related to chronic disease prevention and management	1,148	684

* includes chiropody

Note: the data does not include Intensive Case Management and Community Development and Engagement.

Board of Directors

Anthony Pizarro	- Board President
Ross Taylor	- Vice-President for Internal Issues
Dana Mersich	- Vice-President for External Issues
Lynn Marchildon	- Board Secretary
Lisa Julia Gorman	- Board Director
Edward Brian Legris	- Board Director
Karen McMullen	- Board Director
Aynsley Morris	- Board Director
Marguerite Nadeau	- Board Director
Francis Reardon	- Board Director
Herb Saravanamuttoo ^(R)	- Board Director
Edward Speicher	- Board Director
Sarah Stirling-Moffet	- Board Director
Louise Sweatman ^(R)	- Board Director
Filip Szadurski	- Board Director
Robert Walsh	- Board Director
Kenneth Workun	- Board Director
Brook Dodds	- Staff Representative

(R) - Resigned

Management Team

David Gibson	• Executive Director
Rob Boyd	• Director of Oasis Program
Patricia Eakins	• Director of Finance
Matthew Garrison	• Director of Administration, Human Resources and Information Technology
Nancy Knudsen	• Director of Health Services, Health Promotion and Chronic Disease Management
Allison Lampi	• Director of Planning and Evaluation
Robin McAndrew	• Director of Client Access and Director of Addictions and Mental Health Services

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Community Health and Resource Centres of Ottawa.



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