



# RESPONDING WITH ACTION TO A SYSTEM UNDER PRESSURE

ANNUAL REPORT | 2023 - 2024



**PARKDALE  
QUEEN WEST**  
Community  
Health Centre



## **VISION**

**Inclusive Communities.  
Responsive Healthcare.  
Healthier Lives.**



## **MISSION**

**Providing and leading equitable,  
accessible, comprehensive  
healthcare for people where, when,  
and how they need it.**



## **VALUES**

**Client-centered  
Community responsiveness  
Social justice, equity, and access  
Capacity building  
Humility and reconciliation  
Accountability**



Nicole Mihajlovic  
President



Angela Robertson  
Executive Director

## A MESSAGE FROM THE PRESIDENT AND EXECUTIVE DIRECTOR

The impact of the COVID-19 pandemic continues to stress our health and social care systems, but we are proud that our work over the past year has demonstrably alleviated pressures in the healthcare systems. Our vision is to work for Inclusive Communities, Responsive Healthcare and Healthier Lives, and we are catalyzing action to achieve this.

Through the committed work of our team, we have contributed to:

- The attachment of over 1,000 new clients to primary care,
- Expanding access to dental care for low-income seniors and adults,
- Taking care to people where and when they need it powered by the Mobile Health Clinic and our continued partnership with TELUS Health for Good,
- Continued delivery of action towards Reconciliation and healing through provision of Indigenous led supports for Indigenous Peoples through the Niiwin Wendaanimak (Four Winds) program,
- Provided counselling supports to almost 1,500 clients,


- Delivery of prenatal and infant feeding services to 329 PQW clients and 110 clients from partner agencies, with continued support from the SPROTT foundation.
- In this time of heightened pushback against harm reduction services we prevented possible deaths by responding to over 800 overdose events, supported over 10,000 visits to our Consumption Treatment Services and—through partnership with the city and shelter providers—delivered integrated harm reduction supports in numerous shelters across the city.

This tangible work has been underpinned by our involvement and leadership in efforts to advance health equity and system change. For example, Angela Robertson tri-chairs the Provincial Black Health Plan, an evidence-based template that can be used by policymakers, governments and healthcare providers to reduce health inequities. Launched last year, the plan was a joint effort by Ontario Health, Wellesley Institute, Parkdale Queen West Health Centre, the Black Physicians Association of Ontario and the Black Health Alliance. Parkdale Queen West led coordinated proposal efforts among the Toronto region CHC partners to secure over \$1 million for services to improve health access and outcomes for Black populations.

Additionally, we contribute to advocacy and policy work with community and hospital partners calling for a new health access program to support vulnerable populations without health insurance. We deliver low-barrier services and also contribute to research and evaluation efforts to dispel myths with evidence along the continuum of harm reduction services. Through responding to the unregulated toxic drug and overdose crises, we are saving lives.

The healthcare system is under pressure and the Community Health Centre model of care that guides our work is a solution. Government investment in the model and the staff who deliver care to our communities is one that ensures the right care, by the right provider, in the right place, and we are proud to call Parkdale Queen West the right place to support a healthcare system under pressure. We continue to provide care to our clients in accordance with our mission, vision and values. Thank you for all of your continued support.

# Primary Care, Mental Health and Dental



Unlike many other organizations who have closed their primary care services to new clients, **PQWCHC remains open for individuals who are not attached to a provider**, particularly individuals from our priority populations. We saw a significant number of new clients this year, either at our clinic, through the Mobile Health Clinic, or at outreach locations.

## # PRIMARY CARE SERVICE NUMBERS

**9,690** Clients attached to a primary care provider

**36,165** Visits with a primary care provider

**6,728** Visits with an allied health provider

**13%** Percentage of uninsured clients

**3,448** New clients seen

**1,431** New clients matched with a primary care provider

**470** Visits to Blue Door Clinic (HIV/AIDS care)

**155** Clients attached to Blue Door Clinic (HIV/AIDS care)

**2,077** Mobile Health Clinic visits

## MOBILE HEALTH CLINIC



**We are taking primary care to where people most need it**

Our mobile health clinic has received some significant publicity over the last year as it continues to serve some of the most vulnerable members of our community. This included:

- A presentation to the Alliance for Healthier Communities Conference; and
- Panel presentation in Globe and Mail National Town Hall: *Public-Private Health Care: Can we find the right Balance?*

PQWCHC received the Inspiring Change Award from one of its long-standing community partners, COTA Health, partially for the Mobile Health Clinic's work with establishing ongoing on-site primary care and harm reduction services for its residents.



PQWCHC staff team receiving award from COTA in recognition of primary care and harm reduction services.



## We kept healthcare on the road

The Mobile Clinic's services continue to be delivered throughout our catchment area and beyond:

- 1. Cervical cancer screening event**  
Focused on bringing accessible pap tests to the Roma community.
- 2. Health support for migrants seeking shelter**  
Supporting the influx of migrants seeking shelter in Toronto by bringing the van to the asylum seekers.
- 3. Limb saving foot care**  
Providing foot care assessments at shelter and congregate settings in order to reduce the risk of limb amputations.
- 4. Service catchment expansion**  
Expanded services to include another shelter site seeing a large number of new immigrants with complex healthcare needs.

## We are expanding primary care

In response to the increasing numbers of Ontarians without access to regular primary care, PQWCHC—in partnership with South Riverdale CHC and the Centres for Addiction and Mental Health (CAMH)—has received funding from Ontario Health to increase access to primary care and specialist services for marginalized individuals with mental health and/or substance use issues. We look forward to bringing accessible primary care services to these populations, given the many healthcare needs they are facing.

- There were almost 100,000 emergency department (ED) visits in Toronto due to mental health and addiction issues.
- Approximately 30% of patients receiving acute care services at CAMH are unattached to primary care.
- Substance-related disorders are the most common diagnosis for mental health and addiction issues in emergency departments, with a rate of 6.6 per 100 people.
- Indigenous adults and certain racialized groups face disparities in positive mental health and experience - proportional to their population - higher rates of overdose deaths.

Through this partnership, we will hire a physician, nurse practitioner, registered nurse, psychiatrist, social worker, case manager, and outreach worker as well as support access to CAMH's Shkaabe Makwa clinical services for Indigenous people.

# 2,065

The number of individuals that we expect to connect to primary care who do not currently have a health care provider

# MENTAL HEALTH SERVICES

## We increased access to mental health services

The Mental Health team has successfully:

1. Increased the number of psychoeducational and therapeutic support groups. Groups offered include:

Intro to Mindfulness (English and Spanish)

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Mindfulness Based CBT

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DBT Skills

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Trauma 101

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Food and Mood

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Mad Moms Art Group

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ADHD Support Group

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Emotionally Focused Therapy Group

2. Increased collaborations across PQW programs, including launching counselling service at a City-run shelter and 750 Dundas, and the development of a Case Management Community of Practice.

## MENTAL HEALTH SERVICE NUMBERS

**1,443** Individuals served

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**10,350** Counselling encounters



They make you feel that you are being listened to and they do their best to address your concerns."



- PQW client



## **We launched a new service location: 750 Dundas Street West**

In January, 2024, PQWCHC opened a new service location at 750 Dundas Street West. This location provides a dedicated, quiet, mental health space for individual counselling sessions and therapeutic groups and many of our counsellors from our 168 Bathurst site now provide service from this location. In addition, there will be increased connection between our mental health and harm reduction teams, particularly the team working from the Stabilization and Connection site on the first floor.



**New service location at 750 Dundas Street West.**

## **DENTAL SERVICES**



### **We're increasing access to free and low cost dental services**

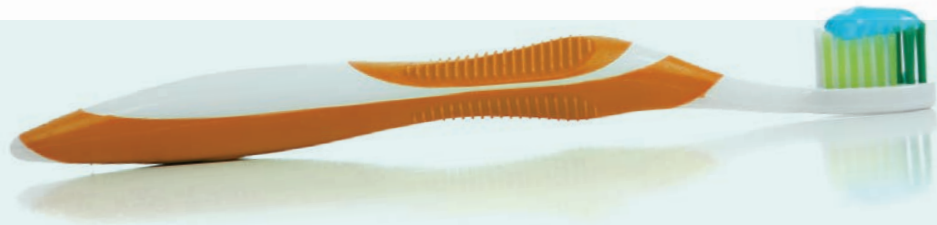
PQWCHC's vision of "Dental For All" initiated the series of projects starting in Sept 2018 to modernize, improve, and expand dental services. Dental care is often not accessible to people living on low incomes, or without private insurance and delaying dental treatment can lead to poor health outcomes as well as increased visits to the Emergency Department for urgent dental needs.

We are proud of the work we are doing to increase access to free and low cost dental services.

- We launched the OSDCP (Ontario Seniors Dental Care Program), providing free dental care services for low-income seniors in partnership with Toronto Public Health
- Re-launch of West End Oral Health Program (WEOHC), in partnership with George Brown College, providing free dental and dental hygiene services.
- Launch of drop-in dental program for Niiwin Wendaanimak Indigenous Wellness program
- Dental-specific client satisfaction survey showed that 97% of clients would recommend the service to friends and family
- One time funding through Evangel Hall Mission to provide free dental services



**# DENTAL PROGRAM  
SERVICE NUMBERS**



	2022-23	2023-24	INCREASE
Unique clients seen	366	<b>708</b>	<b>193% ↑</b>
Dental encounters	628	<b>1,776</b>	<b>282% ↑</b>
Clients age 65+	56	<b>123</b>	<b>220% ↑</b>
Dental appointments available through WEOHC (30 minutes each) <i>(temporarily closed due to COVID)</i>	0	<b>234</b>	-
Hygiene appointments available through WEOHC (2 hours each) <i>(temporarily closed due to COVID)</i>	0	<b>125</b>	-
Client visits able to receive free services through WEOHC <i>(temporarily closed due to COVID)</i>	0	<b>254</b>	-
Clients able to receive free services through OSDCP <i>(service launched in 2023)</i>	0	<b>192</b>	-
Client appointments seen through Niiwin Wendaanimak drop-in clinic <i>(service launched in 2023)</i>	0	<b>21</b>	-
Total Practice Production (after 50% discount from the ODA fee guide)	\$96,258.31	<b>\$398,841.34</b>	<b>414% ↑</b>
Total procedures completed in dental clinic	1,836	<b>5,573</b>	<b>304% ↑</b>

# Health Promotion and Community Engagement



Our Health Promotion programming focused on increasing access to health education and community development efforts in order to address the social determinants of health. With COVID restrictions fully lifted and increased attendance in programs, **we have seen more than double the number of group attendees as last year.**

Clients of the Seniors Health  
Promotion program

## # HEALTH PROMOTION SERVICE NUMBERS

	2022-2023	2023-2024	INCREASE
Total Health Promotion Group Sessions	393	<b>438</b>	<b>11% ↑</b>
Total Health Promotion clients	343	<b>447</b>	<b>30% ↑</b>
Total group attendances: Health Promotion	3,956	<b>8,511</b>	<b>115% ↑</b>
Infant Feeding Program participants	150	<b>287</b>	<b>90% ↑</b>
Niiwin Wendaanimak program encounters	1,516	<b>1,700</b>	<b>12% ↑</b>
Unique clients: Niiwin Wendaanimak program	107	<b>129</b>	<b>21% ↑</b>

## NIIWIN WENDAANIMAK



### We incorporated more land-based outings

This year, the program incorporated land-based outings, High Park oak savannah burns, a trip to the annual salmon run, medicine walks, and the butterfly sanctuary. Members attended Sweats at the Humber River, and visited Children's Peace Theatre. Staff, peers & members went on a retreat offsite to Shawanaga. The program attended other Indigenous-specific gardens in the city & helped with their weeding and harvesting. Members and staff smoked fish in the backyard of the Parkdale site, harvested the claws from a bear, made bear grease, and scraped the bear hide under direction of traditional healers, Jake Ago Neh and Harry Snowboy. This year also saw the program receive an eagle staff from Jake Ago Neh and a big drum rescued and repaired by the men of the group and Knowledge Keeper Dan Kimewon.

Primary care support has been going very well with integration of Nurse Practitioner support from the Primary Care team in the program every Friday. This has enabled the members access to care without waiting for an appointment. Collaboration with the Dental Program has benefited the Indigenous population, miigwetch.



Niiwin Wendaanimak members and staff team



It's so good that we can talk about this trauma and ask questions"

- Cervical Screening Circle participant



"We've been too afraid to talk about cancer"

- Breast Screening Circle participant

## CANCER SCREENING WORK



We met and exceeded our cancer screening targets

We have focused on increasing access to, and education on, cancer screening for clients who have not been screened recently. Some of the work and successes include:

**5** Cancer Screening Clinics held at the Queen West site for under-screened populations

**73%** of eligible clients received preventative cervical cancer screening

**73%** of eligible clients received preventative mammogram referral

Trained Nurses in the Supervised Consumption Site (SCS) to carry out Cervical Cancer Screening with SCS clients

**4** Cancer Screening Circles held for Indigenous clients to discuss Lung, Breast, Cervical, and Colorectal Cancer Screening

**32** people attended at least one Circle: many attended two

INDICATOR	2022 - 23	2023 - 24	TARGET
Cervical Cancer Screening Rate (PAP Tests)	70%	75%	75%
Colorectal Cancer Screening Rate	62%	67%	65%
Breast Cancer Screening Rate	62%	76%	70%



## NAIL SALON WORKERS PROJECT



**We brought health and safety information to discount nail salons**

**223** New salon visits

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**338** Encounters with nail technicians individually and in salons

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- Offered the first “Training 101” course for current and hopeful nail technicians to learn health and safety measures, employment standards, and nail skills.
  - Carried out the Flavours of Life art project collaboration with OCADU as part of York University’s Creating Space Project, funded by WAGE Canada. The final art pieces reflect the internal and life journeys of nail technicians.
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**Nail technicians participated in two art training sessions. All of them had given up their career back home and now work in nail salons to make a better life. Their art pieces reflected their internal and life journeys.**

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**33** Nail technicians held the role of community leaders and facilitated participants to explore their life experiences through art.

**14** Nail technicians participated in the art project

**170** People visited the two-day art exhibit

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See a participating artist’s work on the next page.

**LEFT: Artwork by Keuron and Z, titled Seeing, Knowing and Being**

## ARTIST: JI YEON SEO

**Bio:** She is Korean and immigrated to Canada with her family in 2012 at the age of 13. She now has her own salon around Finch Avenue doing Korean-style designs.

**Title of Artwork:** A Variety of Flavours

**Descriptions:** If someone asks me for the taste of life, I will say there are many different flavours. The areas that don't have a background colour on the top of my work are like the base of my life's taste. My country, my age, my job among others have intersected and become a sauce for the taste of my life.

The left of my work shows the sweet part of my life. Coming to Canada gave me the opportunity for new experience and learning English. Since I live in Canada and work in a nail shop, I can plan my time more freely. I can spend more time with my family and little brothers. I am very happy that we are very friendly with our employees, and I can always have many new customers every day.



The left side expresses the bitter and spicy tastes of life. The job of a nail technician has many painful parts. The biggest is breathing disease or back pain. There are difficulties in dealing with difficult customers or complaints directly. Lastly the fight against time is continuous. We must pay attention to the time to keep the customers' reservation. If we don't work, we have no income. Therefore, we even work on holidays and many days with long hours.

## PQWCHC RESPONDS TO REFUGEE HEALTH CRISES

In the summer of 2023, Toronto faced an overwhelming influx of refugee claimants. With shelters filled and affordable housing scarce, many African refugee claimants ended up sleeping on the streets. The striking images made national news. PQWCHC, Black Creek CHC and Women's College Hospital Crossroads Clinic set up a temporary functioning primary care clinic within 10 days. The clinic remained in place for six months.

**300** patients were served in six months

**24** clinicians supported the clinic

With the increase in forced global migration, responding to urgent and unplanned refugee migrations is more commonplace. This initiative provides an example of a rapid response to a crisis that affected refugee claimants in Toronto. Elements of the response can be utilized in future similar surges.

## PRENATAL PROGRAMS SEEING MANY MORE REFUGEES

We have seen a large increase in participants coming into our prenatal programs. The total number of clients registered within the year has increased by 32%: last year we provided care for 329 pregnant individuals and their families. Program attendance has increased by 50% with over 5,202 encounters with clients in our two prenatal programs. Many clients are facing challenging circumstances related to settlement and healthcare.

Our prenatal teams have continued to see an increase in numbers of pregnant individuals arriving in Canada in need of prenatal care and support with labour and delivery. Many of these families are asylum-seeking from African countries, and are in urgent need of care before birth. Last year saw a 73% increase in the number of prenatal clients who are Black. In response to this need, PQWCHC has partnered with Minocare, a perinatal care service focused on providing culturally-safe and relevant care to Black families.

Funding from the Ontario Health Black Health fund will support 50 Black refugee families to access a full suite of supports, including doula care, lactation consultants, pregnancy navigators, and mental health supports, among others. Additionally, Minocare and PQWCHC will create and deliver a training program for other agencies and prenatal services in order to increase their capacity to support this population.



Asylum-seekers waiting for medical care from the Mobile Health Clinic

# Harm Reduction

With the increased toxicity of drugs, our Supervised Consumption Sites have seen a marked increase in use as well as overdoses. **Over 700 overdoses were managed or reversed on site**, rather than calling for emergency medical services to treat and/or transport the individual to emergency services. As the rates of fatal overdoses are increasing throughout Canada, Supervised Consumption Sites provide an essential, life-saving, service for people who use drugs.



## # HARM REDUCTION SERVICE NUMBERS

### Supervised Consumption Sites

	2022 - 23	2023 - 24	INCREASE
Encounters	7,437	<b>11,690</b>	<b>57%</b> ↑
Overdoses	241	<b>747</b>	<b>210%</b> ↑
Overdoses requiring EMS	19	<b>48</b>	<b>153%</b> ↑
Unique clients	1,814	<b>1,991</b>	<b>10%</b> ↑

### Harm Reduction Rooms and Outreach Programs

**19,235** Client interactions

**1,935** Referrals

**27,139** Harm reduction kits distributed

**57,873** Other supplies distributed  
(matches, lip balm, vein cream)

**21,724** Hygiene supplies distributed

**8,145** Winter supplies distributed  
(gloves, socks, jackets)



PQW and Toronto Neighbourhood Group providing harm reduction supports at Pride Toronto

## STABILIZATION AND CONNECTION CENTRE



### We relieve pressure on ambulances and emergency departments

The Stabilization and Connection Centre is a 24/7 service—led by UHN in partnership with PQWCHC, The Neighbourhood Group, and Inner City Health Associates—designed to provide care and connection to services for people who may otherwise be taken to the Emergency Department due to substance use or mental health concerns.

**This service alleviates pressure on all emergency response systems, including ambulances.** In the past year, we added the following services to this centre:

- On site wound care Monday through Friday
- VITALS machine roll out: all staff have been trained to take client vitals, ensuring rapid information available for clinical providers as needed.
- Increased staffing over evening and overnight shifts to better meet operational and client needs.

#### STABILIZATION AND CONNECTION SITE SERVICE NUMBERS 2023 – 2024

<b>2,607</b>	Visits
<b>7.2</b>	Average visits per day
<b>8.4 hours</b>	Average stay
<b>6 minutes</b>	Median EMS offload time
<b>1,511</b>	Wellness Checks
<b>1,994</b>	Food and Hydration provided
<b>328</b>	Accompaniments for medical follow-up



Michael Hinds, Client Support Worker



## We're implementing improvements to TRIP!

### YOUTH HARM REDUCTION PROGRAMMING

Launched in 1995, Trip! was initially designed to provide peer harm reduction support to Toronto youth in the rave scene. Drug use trends, intervention opportunities, and the needs of diverse youth who use drugs have changed significantly since the 1990s.

In 2023, we conducted an evaluation in order to ensure that TRIP! is equitably serving youth who need harm reduction programming the most. The following recommendations will be implemented:

- 1 Decentralizing the PQWCHC location as the physical 'centre' of Trip!, and moving to a partnership-based service model with youth agencies
- 2 When conducting outreach at parties, considering issues of equity when prioritizing venue
- 3 Supporting the leadership of low income, racialized, queer & trans youth
- 4 Establishing a Youth Advisory Committee to provide guidance on future activities
- 5 Continuing to advocate for timely/reliable on-site drug testing
- 6 Revamping volunteer & peer worker trainings to integrate a more intersectional approach
- 7 Host in-person opportunities for youth to connect
- 8 Conducting external service provider training (especially for those working in transitional housing/youth shelter system)



They treat people like me like human beings"

– PQW client



## SAFER OPIATE SUPPLY (SOS)

In the fall of 2023, women and nonbinary members of the SOS program took part in a photo voice research project. Among many themes, the photographers discussed the personal growth, self-confidence, improved relationships, and freedom they experienced because of the SOS Program. Many thanks are due to the project's Principal Investigator Dr. Katherine Rudzinski, research assistant Charlotte Smith, and the project's advisory committee of SOS clients. The project was made possible by funding from the Social Sciences and Humanities Research Council (SSHRC), with staffing supported by Health Canada.



## That's Where I Should Be

I had a very severe accident when I was 21 years old. I was told at 21 that I would never walk again. I was hospitalized for a year and ten months. Since then, I've had nine orthopaedic surgeries, every one of which has put me into a wheelchair from anywhere from six months to a year. But I'm lucky to still be walking. It changed my career path. I was a professional ballerina. This incident changed my entire life. So this photo, that's where I should be.

There is probably a lifetime need for me to be on pain meds. It's either I'm in bed, with chronic pain or I take some pills and I get up and I can be an active member of my community. The medication is something I'm willing to add to my daily routine in order to have freedom of lifestyle. I don't want to have to turn to the streets to get my medication. That's what it is for me – it's always been medication. I would have died without this program. One hundred percent, I would have died. I would be another statistic and I will not be. My name isn't going on a wall.

PHOTOGRAPHER 7



PARKDALE  
QUEEN WEST  
Community  
Health Centre



## We will continue to champion for meaningful health access for people who use drugs

### SAFER OPIOID SUPPLY PROGRAM AND NEW PRIMARY CARE SERVICE FOR HARM REDUCTION CLIENTS

The Safer Opioid Supply (SOS) Program started as a safer supply prescribing practice led by Dr. Nanky Rai in 2019 and became a federally funded pilot program integrating clinical and social care in June 2020. For four years, the SOS Program has supported people with daily fentanyl use at intake, particularly those facing barriers to health because of systemic discrimination and systemic failure to provide adequate and supportive housing. The program provides clients with prescriptions for hydromorphone that help them to manage, reduce, or eliminate their use of highly toxic and contaminated street fentanyl. In addition, the program connects clients with counselling, case management, housing, and other needed referrals.

Our 2023 evaluation report highlighted the many impacts of the service:

<b>73%</b>	of clients able to address a health issue for the first time after joining the program
<b>52%</b>	of clients stopped using fentanyl, and
<b>26%</b>	have reduced their use
<b>85%</b>	of clients reporting greater connection to health care
<b>27%</b>	of clients got new or better housing as a result of the program
<b>130</b>	Total number of clients in SOS program

Federal funding for this program will cease in March 2025, and community prescribers remain tentative about or resistant to this form of care. Amidst this uncertainty, Parkdale Queen West continues to champion the right to meaningful health access for people who use drugs, and has secured funds for the uplift of a new primary care service tailored to the needs of people using substances. Through this difficult time, the SOS staff and clients have shown resilience, fortitude, and grace, and we believe that in time, their efforts will bear out in responsive safer supply prescribing as a standard health care offering along the harm reduction-treatment continuum.

Our new Primary Care and Harm Reduction team bridges existing primary care and harm reduction services. This team of a nurse practitioner, registered nurse, and case manager provides care on a predominantly drop-in basis on the first floor of our Queen West site to improve health access for harm reduction clients. We know that many community members who use harm reduction services have been unattached to primary care because of medical trauma, poverty, and stigma. The team will provide comprehensive primary care, substance health referrals, and short-term case management to support people in stabilizing their health and working on their goals.



## We increased access to Hepatitis C treatment

PQWCHC received new funding to strengthen the response to Hepatitis C, with a goal to eliminate the disease by 2030. PQWCHC's Hepatitis C program will provide accessible, harm reduction-focused, education, testing and treatment.

Hepatitis C treatment has been revolutionized over the last few decades. Historically, treatment involved oral medications and weekly injections for 12 months and side effects were difficult to tolerate. Hepatitis C can now be treated with oral medications taken for just 8 to 12 weeks. **Medications carry only mild side effects, and treatment cures over 95% of cases!** Since the beginning of Hep C program at PQWCHC in 2015, several clients have received low-barrier treatment and are cured. The PQWCHC Hep C team aims to continue supporting individuals through treatment by tailoring care to their needs.

Hepatitis C team L-R: RNs Emily McMillan and Carlee Giffen, and NP Mish Waraska





## We are saving lives in a toxic drug crisis

In viewing the mapping of overdoses by neighbourhood in Toronto, 2002 – 2008, using calls for drug related overdose events to Emergency Medical Services (EMS), the need for Supervised Consumption Sites (SCS) or Consumption Treatment Sites (CTS) in the area was validated. The data revealed high rates of overdose events in the Queen West and Parkdale neighbourhoods, with these locations among the top ten neighbourhoods for number of calls and overdose fatalities.

*At the time of printing, the Provincial government announced that all CTS sites within 200 metres of a daycare or school would need to close and would not be permitted to re-open elsewhere. This affects 10 CTS across Ontario, including our site at 168 Bathurst Street.*

In response to this need, PQWCHC and Toronto Public Health initiated a process of engagement and planning in 2016 which saw the implementation of a SCS/CTS in 2018 at the 168 Bathurst St. site, and in 2019 at the 1229 Queen St. site. Since then, **93% or 1,548 of overdoses that occurred within the CTS were reversed without need for EMS support.**

This means that **we prevented 1,660 deaths and saved the emergency response system \$1,857,600**, as each EMS call with transport to hospital cost an average of \$1,200. Additionally, our services also contributed to freeing up EMS availability to respond to other health emergencies in the community.

In 2023/2024 due to the increased toxicity of illicit drugs we responded to the highest number – 747, of overdose events since opening the service, of these 43 required EMS interventions. However, due to our early intervention coupled with EMS support, only 21 required EMS transport to the hospital. This means we additionally saved the hospital system the cost of responding to 27 ED visits.

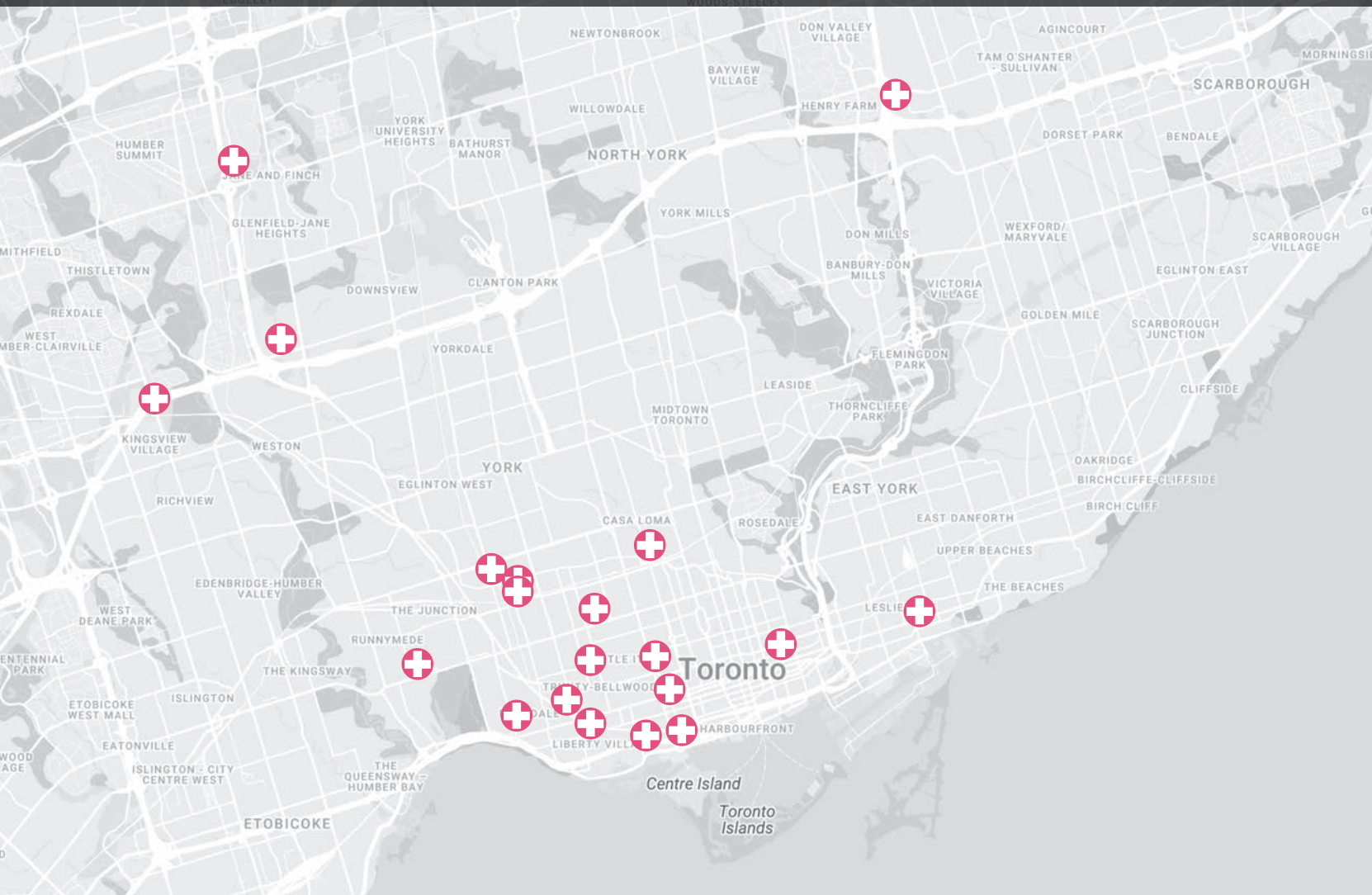
The value of CTS services is evidenced in the lives saved and the appropriate use of precious health care resources. The alarming reality however is, over 250 individuals continue to die monthly from toxic drugs in this province, with deaths in Toronto averaging 69. In 2023, there were 3,432 deaths. That is about the size of a small town in Ontario. While we believe CTS is needed as part of the continuum of services for people who use drugs and to urgently address the toxic drug overdose crisis, we also know that investments are needed in regulated substance use care, treatment services, trauma and mental health supports, shelters and housing with integrated harm reduction supports.



Supervised Consumption Site booths at Parkdale Site

# Sites of service:

## MOBILE HEALTH UNIT AND HARM REDUCTION SUPPORTS AT SHELTERING SITES



PQWCHC is grateful for the opportunity to provide needed health and community supports to people beyond our catchment area. Our Mobile Health and Harm Reduction teams partner with many agencies across Toronto in order to ensure that clients who face barriers to harm reduction services and/or traditional primary care models are able to receive quality care, in place. Here is a map of all of our service locations.



# RETIREMENTS



**GRAZYNA MANCEWICZ**  
**SOCIAL WORKER**

Grazyna worked at Parkdale Queen West Community Health Centre for 12 years, and joined PQWCHC along with colleagues from the St. Joseph's Women's Health Centre.

Grazyna played an integral role in early awareness raising, advocacy, and stigma reduction around post partum depression and other challenges arising in pregnancy and early parenting. As an expert in her field, she spoke at numerous conferences and radio programs sharing her knowledge widely. Additionally, she supported countless pregnant and parenting people through unique and engaging education sessions, compassionate care, and connection to community. Grazyna has been a wealth of knowledge to many in the field. Grazyna left a tremendous impact on the lives of so many staff and community members with her smile, enduring energy, and humour.



**SANDRA GODOY**  
**HEALTH PROMOTER**

Sandra retired after 32 years of care for seniors in the Parkdale neighbourhood. Sandra worked tirelessly to build a community around seniors who have been isolated and for whom the Parkdale community has been a second home. Throughout this work, Sandra never took her eye off the larger issues that lead to isolation and difficulties for her clients. She led the Elder Abuse Awareness March down Queen Street, took clients to Queens Park to protest cuts to health care and TTC, and prepared clients to speak with government officials directly to advocate on issues such as access to dental services. Throughout the pandemic, Sandra's regular wellness calls were a life-raft for many seniors in the Parkdale community. Many client's families have shared what an impact Sandra had on their loved-ones lives. She has left a legacy about how to work from a place of dignity and PQWCHC has been fortunate to have Sandra's time over the past 32 years.

## RETIREMENTS CONTINUED



### **ROSA RIBEIRO** **HEALTH PROMOTER**

Rosa was part of the PQWCHC community for 35 years. Over those years, Rosa supported waves of newcomer populations into Parkdale, linking them to housing, healthcare, dental services and ensuring that their entry to Parkdale CHC was warm and responsive. This included the Portuguese community, Roma, Tamil, and Tibetan newcomers, and Syrian refugees. Rosa also led many community partnerships within the neighbourhood, focused on improving health and building community for newcomers, youth, young parents, and immigrant families. This work continued the tradition of Parkdale as a welcoming landing place for diverse newcomer populations, and building capacity within communities to settle and thrive in Canada. Rosa's continued focus on improving the lives of Parkdale residents through services and programs will be missed.

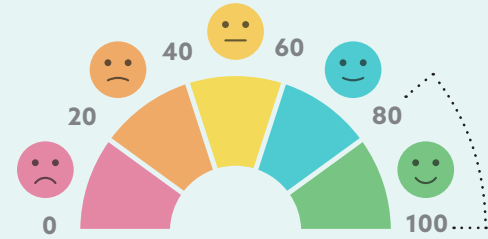


### **ELIZABETH GUETE** **SOCIAL WORKER**

After almost 22 years of amazing service at PQWCHC, Elizabeth Guete retired from her position as Counsellor at the Parkdale site. Over the years, Elizabeth worked with a very large number of clients, including those referred by the courts for anger management counselling. Our clients and Elizabeth's colleagues will most certainly miss her calm and steady support, her thoughtful suggestions and her deep engagement in social justice for all. We thank Elizabeth for offering her genuine kindness and wisdom to the community through work for so many years and for touching the lives of so many.

## CLIENT SATISFACTION SURVEY

Our annual client satisfaction survey is an important way for us to learn from clients on where we are doing well, and where we can improve. Thank you to all clients who took the time to provide feedback.



### SERVICE SATISFACTION

 **91%**

feel that they are involved in decision making about their care/treatment



**83%**

rate our overall services as good/very good/excellent



**87%**

feel comfortable and welcomed



**89%**

agree that staff treat them with dignity and respect



**81%**

feel that PQWCHC has a positive impact on their community



**91%**

feel that they can ask questions about their care/treatment

### WHAT WE DO WELL:

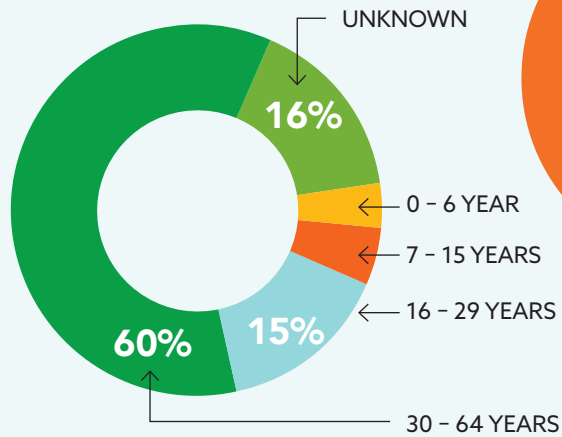
- Supportive and inclusive staff
- Excellent quality of care
- Holistic range of services that meet the needs of clients
- Accessible services for marginalized community members

### AREAS FOR IMPROVEMENT:

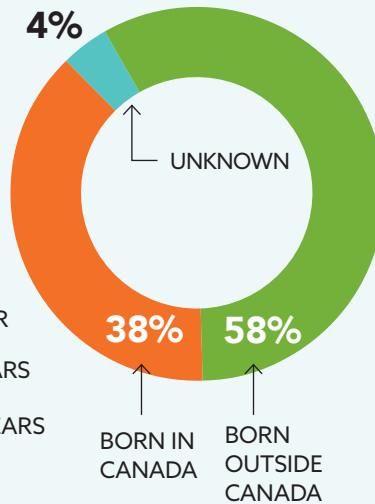
- Improve phone system and ease of communication with PQWCHC via phone and virtual options
- Increase appointment availability and reduce wait times
- Increase access to counselling groups
- Enhance options for primary care for clients who use substances

# CLIENT PROFILE

## CLIENT AGE BREAKDOWN



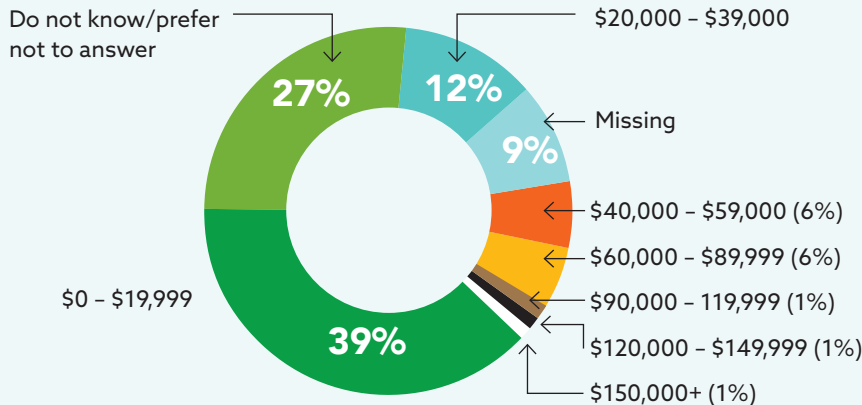
## CLIENTS BORN IN CANADA



## COUNTRY OF ORIGIN FOR CLIENTS

INDIA	375
PORTUGAL	308
BRAZIL	265
HUNGARY	253
MEXICO	209
NIGERIA	176
CHINA PEOPLE'S REPUBLIC OF	171
JAMAICA	148
ETHIOPIA	145
UNITED STATES	127

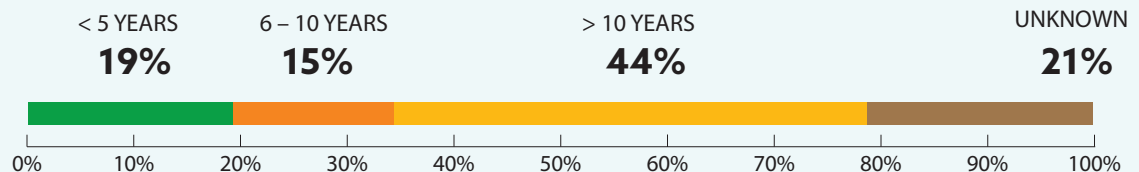
## CLIENT HOUSEHOLD INCOME LEVEL



## DISTRIBUTION OF CLIENTS BY PREFERRED SPOKEN LANGUAGE (TOP 10)

ENGLISH	6,549
PORTUGUESE	491
SPANISH	292
HUNGARIAN	253
MANDARIN	86
FRENCH	49
ARABIC	37
HINDI	35
AMHARIC	33
VIETNAMESE	25

## LENGTH OF TIME IN CANADA FOR CLIENTS BORN OUTSIDE OF CANADA



## SERVICE IMPACT

### CLIENT SERVICE UTILIZATION

↓ CLIENTS REGISTERED AND SEEN ON SITE ↓

<b>13,668</b> Active clients (3 years)	<b>3,613</b> Low income clients served (<20,000/year)
<b>9,370</b> Clients served (fiscal year)	<b>1,537</b> Black clients served
<b>1,431</b> New primary care clients	<b>278</b> Indigenous clients served
<b>938</b> New primary care clients – priority population*	<b>171</b> Trans clients served
<b>31,433</b> Individual primary care encounters	<b>1,055</b> Newcomers <5 years
<b>OFFSITE AND HOME VISITS</b>	
<b>899</b> Primary Care	<b>432</b> Non insured clients served
<b>55</b> Counselling Services	<b>1,336</b> Homeless clients served
<b>95</b> Diabetes Care	<b>1,455</b> Youth clients served (15-29)
	<b>1,503</b> Senior clients served (>65)

\* Priority population includes people who are unsheltered, newcomers, uninsured, 2SLGBTQ+, people who use drugs, youth, Indigenous, and isolated seniors

### HARM REDUCTION, OUTREACH, AND MOBILE CLIENT DATA

<b>5,291</b> Total number of clients (from SCS, LAUNCH, Stabilization and Connection Centre)
ENCOUNTERS:
<b>823</b> Overdoses responded to (SCS and LAUNCH programs)
<b>27,139</b> Harm Reduction Kits Distributed
<b>58,622</b> Total encounters across SCS, Harm Reduction Rooms, Outreach, LAUNCH and iPHARE programs

## CORPORATE AND FINANCIALS

### SUMMARY BALANCE SHEET AS OF MARCH 31, 2024

#### ASSETS

##### Current assets

Cash and short-term deposit

Accounts receivable and prepaid expenses

Long-term investments

Property and equipment

#### LIABILITIES

##### Current liabilities

Accounts payable – accrued liabilities and deferred revenue

Accounts payable – OH and MOH

Deferred capital contribution

#### NET ASSETS

Unfunded payroll obligations

Other activities – unrestricted

## 2024

## 2023

\$	1,230,354	\$	9,118,986
	4,538,537		1,751,259
	5,768,891		10,870,245
	3,244,196		1,351,331
	6,971,924		6,452,368
	<b>15,985,011</b>		<b>18,673,944</b>
	5,690,710		8,033,085
	2,622,752		3,042,174
	8,313,462		11,075,259
	6,468,494		6,398,496
	14,781,956		17,473,755
-		-	
	1,203,055		1,200,189
	1,203,055		1,200,189
	<b>15,985,011</b>		<b>18,673,944</b>

### SUMMARY STATEMENT OF OPERATIONS

#### FOR YEAR ENDED MARCH 31, 2024

##### REVENUES

Ontario Health Team (OHT)

Ministry of Health – HIV and Hepatitis C programs

Ministry of Health – CTS

City of Toronto

Public Health Agency of Canada (PHAC)

Ministry of Children, Community and Social Services (MCCSS)

Other grants, fees and other income

**Total revenues**

##### EXPENSES

Salaries and benefits

Occupancy costs

General and operating

Depreciation expense

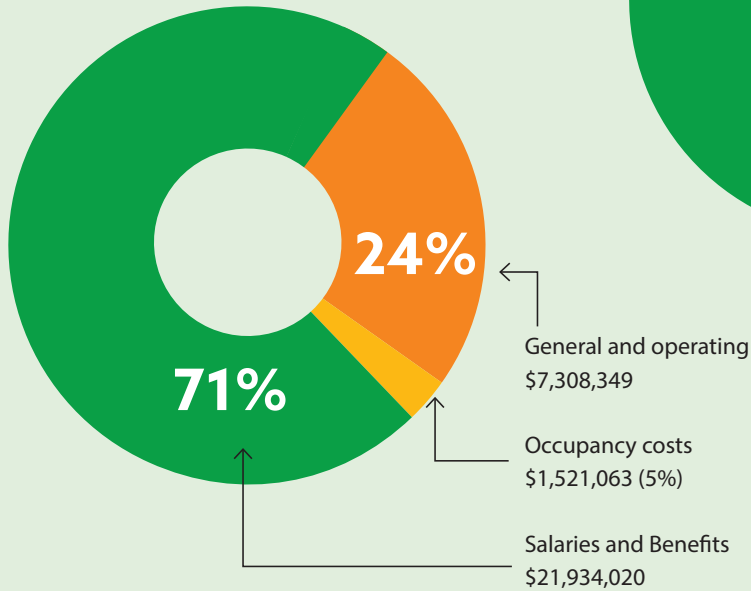
**Total expenditures**

Excess of revenues over expenses for the year

\$	20,292,383	\$	19,854,260
	381,831		301,731
	2,257,815		2,036,330
	2,105,200		1,315,709
	263,650		266,240
	184,361		179,955
	5,328,469		3,961,058
	<b>30,813,709</b>		<b>27,915,283</b>
	21,934,020		20,545,953
	1,521,063		1,057,098
	7,308,349		6,228,672
	47,411		28,762
	30,810,843		27,860,485
\$	<b>2,866</b>	\$	<b>54,798</b>

*Complete audited financial statements are available upon request from the office of the Executive Director*

## EXPENSES



## BOARD OF DIRECTORS

### 2023 - 2024

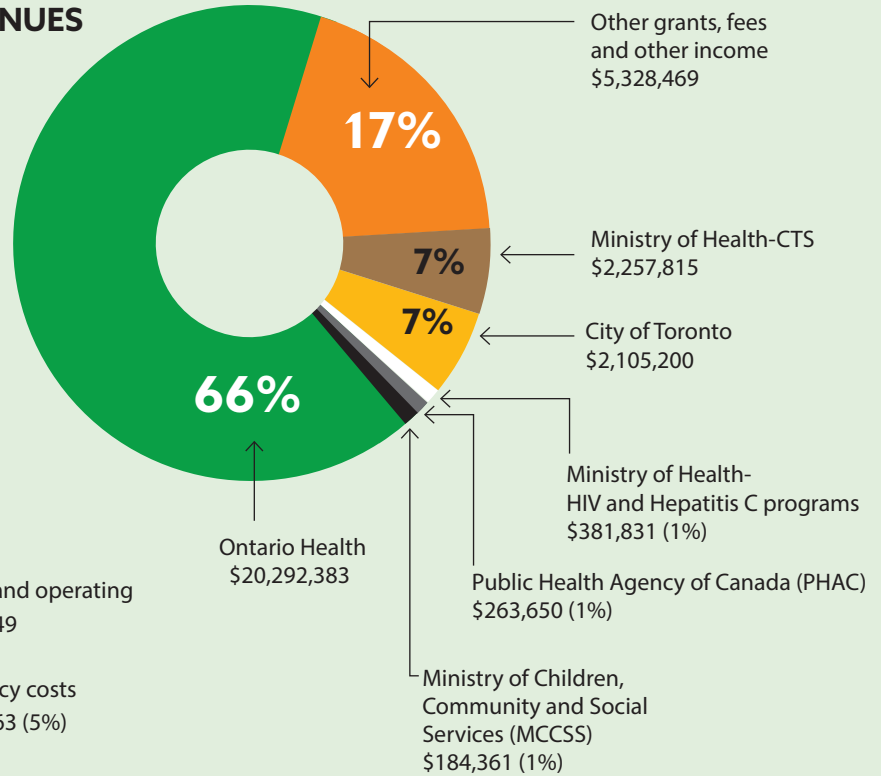
Nicole Mihajlovic, President  
 Shahilaa Devaraja, Vice President  
 Lois Fine, Treasurer\*  
 Leigh Walters, Secretary  
 Lindsay Jones, Treasurer  
 Bernard King, Director\*  
 Stanley Ing, Director  
 Rozita Razavi, Director  
 John LeFave, Director  
 Lana Majid, Director  
 Eric Plato, Director  
 Megan Kingvisser, Director  
 Matthew Kenney, Director

*Resigned November 2023*

Morris Komaketch, Director

*\*Completed term September 2023*

## REVENUES



## FUNDERS

Parkdale Queen West CHC wishes to thank all donors for so generously supporting our work over the past year.





### SATELLITE SITE

27 Roncesvalles Avenue  
 Suites 301 & 503  
 Toronto, ON M6R 3B2  
 Tel: 416.537.8222  
 Fax: 416.537.7714

### PARKDALE SITE

1229 Queen Street West  
 Toronto, ON M6K 1L2  
 Tel: 416.537.2455  
 Fax: (Admin) 416.537.5133  
 Fax: (Clinical) 416.537.3526

### DUNDAS SITE

750 Dundas Street West  
 Toronto, ON M6J 3S3  
 Tel: 416.703.8482  
 Fax: 416.703.8479

### QUEEN WEST SITE

168 Bathurst Street  
 Toronto, ON M5V 2R4  
 Tel: 416.703.8482  
 Fax: (Admin) 416.703.7832  
 Fax: (Clinical) 416.703.8479



**PARKDALE  
 QUEEN WEST**  
 Community  
 Health Centre



**Alliance for  
 Healthier Communities**  
 Alliance pour des  
 communautés en santé