

**ANNUAL REPORT  
2021-2022**

**RESIST.  
INSIST.  
PERSIST.**



**PARKDALE  
QUEEN WEST**  
Community  
Health Centre



## *VISION*

Inclusive  
Communities.

Responsive  
Healthcare.

Healthier Lives.

## *MISSION*

Providing equitable,  
accessible urban  
healthcare for people  
where, when and  
how they need it.

## *VALUES*

Client-centred

Community  
responsiveness

Social justice,  
equity, and access

Capacity building



Bernard King,  
President



Angela Robertson,  
Executive Director

## ***A MESSAGE FROM THE PRESIDENT AND EXECUTIVE DIRECTOR***

On behalf of the Board of Directors and the staff team, please accept greetings to all members and stakeholders. We are excited to share with you our 2021-2022 Annual Report, which offers a glimpse into the broad and deep work we have done this past year to support the communities of Parkdale Queen West.

We are proud of our work, of the services we've provided, the advocacy we've advanced, and the changes we've made throughout this time of COVID, through the anguish of the poisoned illicit drug supply and the related overdose crisis, through the growth of inequity and inequality in our communities. We have ensured that PQWCHC can provide equitable, compassionate, client-centred care in a safe, accessible, non-judgemental space.

In our Niiwin Wendaanimak (Four Winds) culturally specific Indigenous wellness program, in our harm reduction services, in our community-based programs, and through all facets of our primary care and counselling services, we continue to identify and challenge individual and systemic barriers to health of the marginalized communities we serve. This has been done in consultation with many community partners, many of whom are named in this Annual Report—we are grateful to them for their active engagement over this past year and their commitment to the mission, vision and values that underpin the services we provide.

The Board of Directors is so proud of our staff, of their commitment to meet our clients where they are, to listen to them and to act in a timely manner through care grounded in an integrated, flexible, and evidence-informed approach. Our staff have continued to act in an exceptional way in the face of many challenges over this past year: their resilience and fortitude have made our successes possible.

We are excited in the coming months to refresh our Strategic Plan to refocus our work for the upcoming years. This will require input from all who are committed to the work of the Centre, and we are eager to hear from you. Only through our engagement can we together deepen the capacity needed to support, empower, and educate our clients, our staff, and the community health care sector in which we work.

There are many challenges ahead—we hope this Annual Report will offer an opportunity for us to celebrate our successes and recommit our resolve to fight for better: for our clients, for our communities.

Thanks to each of you for all that you do.

## PRIMARY CARE AND MENTAL HEALTH SERVICES

This year saw a seesawing back and forth between opening our doors to more in-person appointments and then closing them a bit with each successive wave of COVID. Our primary care providers have become quite adept at switching gears quickly. They have embraced the advantages of technology that have permitted the Centre to offer care throughout these last two years when other practices were closed. A survey conducted with clients about their experiences with virtual care showed that:

**76%**

were happy with  
the virtual care  
they received

**45%**

wanted to  
come back to  
on-site visit

**44%**

wanted to have the  
option of virtual care  
in the future

Overall, we heard from clients that they would like the option of both virtual and in-person services going forward, depending on the issue addressed and appointment type.

On top of providing routine care and assisting with mobile vaccine efforts, once community restrictions eased, there was an expectation for primary care to “catch up” on everything that was paused during the height of COVID, such as routine cancer screening. This was going on at a time when we, unlike many solo physicians and even other CHCs, continued to accept new clients.

What has become clear is that our primary care providers truly are invaluable.





**“ They have a great bedside manner. I have never felt misunderstood or unheard in an appointment.”**

– PQW client

Jenny Kim, Chiroprapist

# CLINICAL TEAM VOICES



**Melanie Spence is an RN who started working at PQWCHC earlier this year**

"It felt really nice to be welcomed into an environment with a lot of support from all of my colleagues, including the non-clinical team members. I appreciate working in a CHC because of all of the resources that are available to clients and staff, and all of the thought that goes into designing services that can wraparound clinical care. It feels really great to be able to say to a client: 'you need physio—we have physio! (or counselling, or housing support, etc.)'. In non-CHC environments, it can be a scramble to connect people to other resources and as a clinician, it can start to feel helpless to know that people need resources or other supports and that structural issues are limiting their access.

There is a camaraderie that comes from working with people with whom you are aligned on a philosophy of care and working with people who share the same analysis of the structural issues that we see in our practices. I also appreciate the focus at PQWCHC on harm reduction approaches. I think that working in this setting and with these approaches is protective against the burnout that so many colleagues face in other sectors."



**Marysia (Mish) Waraksa is an NP and clinical lead of the SOS (Safer Opioid Supply) program**

"What I appreciate about working at PQWCHC is that there is no need to compromise personal or professional values. Our staff speak truth to the values that they hold, and we don't mince words—especially Angela! This is inspiring and gives us the courage to practice in bold ways even in the face of controversy around programs like Safer Supply.

Part of working here is being able to truly provide interprofessional care, which can seem like a buzzword in other places. Here you can feel that people really do value the multiple perspectives their team members bring. Providing these interdisciplinary services on site is really important for our clients. We have built trust with our clients, and I know that they will receive good care when they access other services here.

Being part of the SOS program, it feels like the tide is turning. We used to have to beg for medication continuation when our clients were hospitalized, and now safe supply is increasingly being seen as just another part of someone's health care, which of course it is. We are part of a network of colleagues doing this work across the country and we are emboldened to do this work together. Being able to bring back the in-person client advisory groups [which were limited due to COVID regulations] has also been really meaningful for feedback on the direction of the program."



**Brian Pearce, Physiotherapist**

"Over the past four years working as a physiotherapist at Parkdale Queen West CHC I have really come to value and appreciate all the resources we have available to our clients such as primary care, case management, counselling, diabetic care, chiroprody, and the various support groups offered at our Centre. I feel a great sense of pride and empowerment to work in an environment where we can adequately address the various social determinants of health our clients struggle with. While there are many challenges that come with the high complexity of the clients we serve, being part of an interprofessional team with such a diverse set of skills and expertise has been immensely rewarding. It is through our continued collaboration and collective knowledge, skillset, and experience that I feel that we can make a lasting impact on the community we serve.

Our community and organization faced many hardships throughout the course of the pandemic. I have noticed that many of our clients are struggling after years of pandemic restrictions and the need for all our services and community referrals is increasing. As restrictions are lifted, we have shifted to providing a hybrid model of care with a combination of virtual and in-person services. Adopting this new model of care has been helpful in reducing the many barriers our clients face in seeking care and support. I am looking forward to resuming in-person groups as these programs have been helpful in empowering our clients to make healthier lifestyle choices as well as increasing social engagement and connection."

## TELUS HEALTH FOR GOOD

# MOBILE HEALTH CLINIC

In early 2021, Community Health Centres were identified to assist with mobile COVID testing and vaccine deployment. We were able to use the mobile health clinic to attend shelters, boarding homes, and supportive housing sites to do on-site vaccination as well as hosting larger vaccine clinics on-site and in the community.

Some vaccine clinic highlights include:

1

A first and second-dose clinic at the Parkdale Intercultural Association. Many clients were without health insurance and/or had translation needs.

2

Two-weekend vaccine clinics in association with the Workers' Action Centre, Migrant Workers Alliance for Change, and Women's College Hospital saw many clients without health insurance and with translation needs. Many undocumented individuals were not aware they are entitled to vaccines, and were fearful of attending the mass vaccination clinics due to their undocumented status.



## MOBILE HEALTH CLINIC STATS

From April 1, 2021 to March 31, 2022

**3,656** Interventions  
(including social/medical)

**3,287** Unique individuals/patients seen

**132** Harm reduction interventions

**3,263** COVID-19 vaccinations

3

Vaccine information evenings for the Hungarian-speaking Roma community in our Parkdale neighbourhood. Vaccine hesitancy has been a challenge experienced by many agencies serving the community. We had food, music, children's activities, and visits from respected local community members. Thank you to West Neighbourhood House for its tremendous partnership with this initiative.

4

In the fall of 2021, the Mobile Health Unit began focusing on providing primary care at shelter and respite sites. Partnerships established during the vaccination events resulted in our mobile health clinic setting up regular visits to the following locations:

- Christie-Ossington Neighbourhood Centre (2 locations)
- Homes First Society (Lakeshore/Bathurst and Better Living Centre until it closed)
- Fred Victor respite
- A COTA boarding home
- Seniors' housing in Parkdale

5

Additional mobile unit services and partnerships include:

- The PQWCHC Hepatitis C team (nurse and community health worker)
- PQWCHC Harm Reduction engagement and education with staff at partner agencies and peer worker accompaniment to provide harm reduction supplies
- The Michener Institute and University Health Network with a focus on providing foot care for diabetic clients who are at greater risk of limb loss
- Midwife Jay MacGillvary: providing prenatal care to pregnant women living in shelters and reconnecting them back to primary care



# CLIENT STORY

## Consistency matters

***A word that emerges through Caroline's story right from the start is consistency. When it comes to Parkdale Queen West's services, consistency is what she values the most.***

When Caroline first came to the Queen West site in 2006, she was pregnant with her first son and looking for a primary care provider. From the beginning, Caroline saw her Nurse Practitioner regularly, who also supported her through the pregnancy of her second son. The same provider checked on both her children regularly as they grew up. Caroline says that she was nervous when her provider retired in early 2021. But she (the provider) "was good at finding a suitable replacement". For Caroline, what mattered most was the consistency of service that the Centre provided, both for herself and her two children.

Caroline's relationship with her partner had been deteriorating over time and was increasingly abusive. She began to see a Counsellor at the Centre who helped her access additional supports, including partner violence and trauma support groups, and programs for women transitioning through the separation process.

"Counselling helped; I wish it had been longer", says Caroline... "But even after the counselling sessions ended, I got an influx of support, receiving check-in emails to see how I was doing, and offering a great number of additional groups and programs".

This influx of support was crucial for Caroline, "it allowed me to regain the confidence I had lost and to see a path forward". While it was hard to raise her children and be in an abusive relationship at the same time, Caroline emphasizes that she always worked partially. Later she decided to go to school and soon after got a full-time job.

Caroline is thankful for the support she receives at Parkdale Queen West. She also appreciates the staff's willingness to continually offer support, "you don't get that a lot", she adds. Caroline hopes that sharing her experience "will give someone a bit of hope".

# COUNSELLING AND MENTAL HEALTH

85%

*of counselling clients noted that they were satisfied with virtual counselling services*

With multiple waves of COVID throughout the year, it was difficult for our Mental Health Team to begin to provide in-person services to our clients. We continued to provide virtual services and while some clients were eager to come back to in-person sessions, 85% of counselling clients noted that they were satisfied with virtual counselling services.

During the year, we ran two virtual groups. Our Mindfulness-Based Cognitive Therapy group was once again popular, and our Violence Against Women counsellors began a group called *Healing from the Effects of Abuse and Trauma*.

Toward the end of the fiscal year, we hired an intake worker specifically for the Mental Health Team. This resulted in a significant reduction in our waitlist and more consistent assignments to the counsellors.

## HEALTH PROMOTION AND COMMUNITY ENGAGEMENT

This year saw a continuation of our health promotion programming, including seniors, perinatal, and wellness programs, as well as expansion of the Infant Feeding Program, and new funding to stabilize the Healthy Nail Salon Program.

Many of our health promotion groups remained virtual this year. We will continue with a mix of virtual and in-person programming to ensure that programming is accessible to clients.

**1,037**

wellness calls made  
to clients in the  
seniors program

**\$54,237**

in food vouchers and food  
deliveries throughout 2021  
was funded by the Infant  
Feeding program

**61**

times the Healthy Nail Salon  
engaged with nail salons  
regarding COVID-19 protocols  
and anti-Asian racism





*“ I like the groups. They take me places I’ve never been before. It keeps me busy and keeps my brain and everything working. You are always respected in groups; they don’t judge.”*

– PQW client

Art Making with Seniors

The Infant Feeding Program supported parents in the perinatal program by funding \$54,237.60 in food vouchers and food deliveries throughout the 2021 year as well as offering families a Good Food Box delivered to their homes through FoodShare Toronto.

With the expansion of this program, we will also continue with the PINSTEP (Parkdale Infant Nutrition Security Targeted Evaluation Project) research and evaluation partnership with the University of Toronto. Over the past year, we had two studies accepted for publication through this program focused on household food insecurity and rates of breastmilk provision and breastfeeding. The Infant Feeding Program is generously funded by the Sprott Foundation.

Lactation Consultant  
support received by clients





## PERINATAL PROGRAMMING

We conducted an evaluation of our perinatal programming options across both sites as well as at our partner site, The Stop Community Food Centre. Feedback from clients showed that they prefer a choice between virtual and in-person programming, desire a longer period in programming post-birth, and want more access to a variety of programming options. As a result, we have decided that our Great Start Together (GST) program will remain fully virtual, while our 5Ps program will adopt a mix of weekly in-person and virtual sessions. All programs will partner on specialized webinars, particularly where interpretation services are needed and/or will offer virtual programming in the languages spoken by the clients. Services will be available for a year post-partum. We have also increased the amount of funding available for food security supports for families and will be expanding our 5Ps food bank.



5Ps clients and staff

# Programming continued...

## SENIORS PROGRAMMING

We continued to offer seniors a variety of virtual and in-person programs throughout the year. Both platforms have been vital in keeping them connected, especially for seniors who cannot attend in-person programs for various reasons. Our in-person programming offers opportunities to socialize and engage in physical activity through outings across the GTA. Physical activity is also included in online sessions, such as virtual gentle exercise classes. Our program evaluations indicate that these activities are helpful to seniors and address social isolation.

**“ I enjoy the trips. It is great to go to different places. It’s an amazing experience! Thank you.”**

– Seniors Program participant

## FOCUSING ON STRENGTHS AND RESILIENCE: THE HEALTHY NAIL SALON PROGRAM

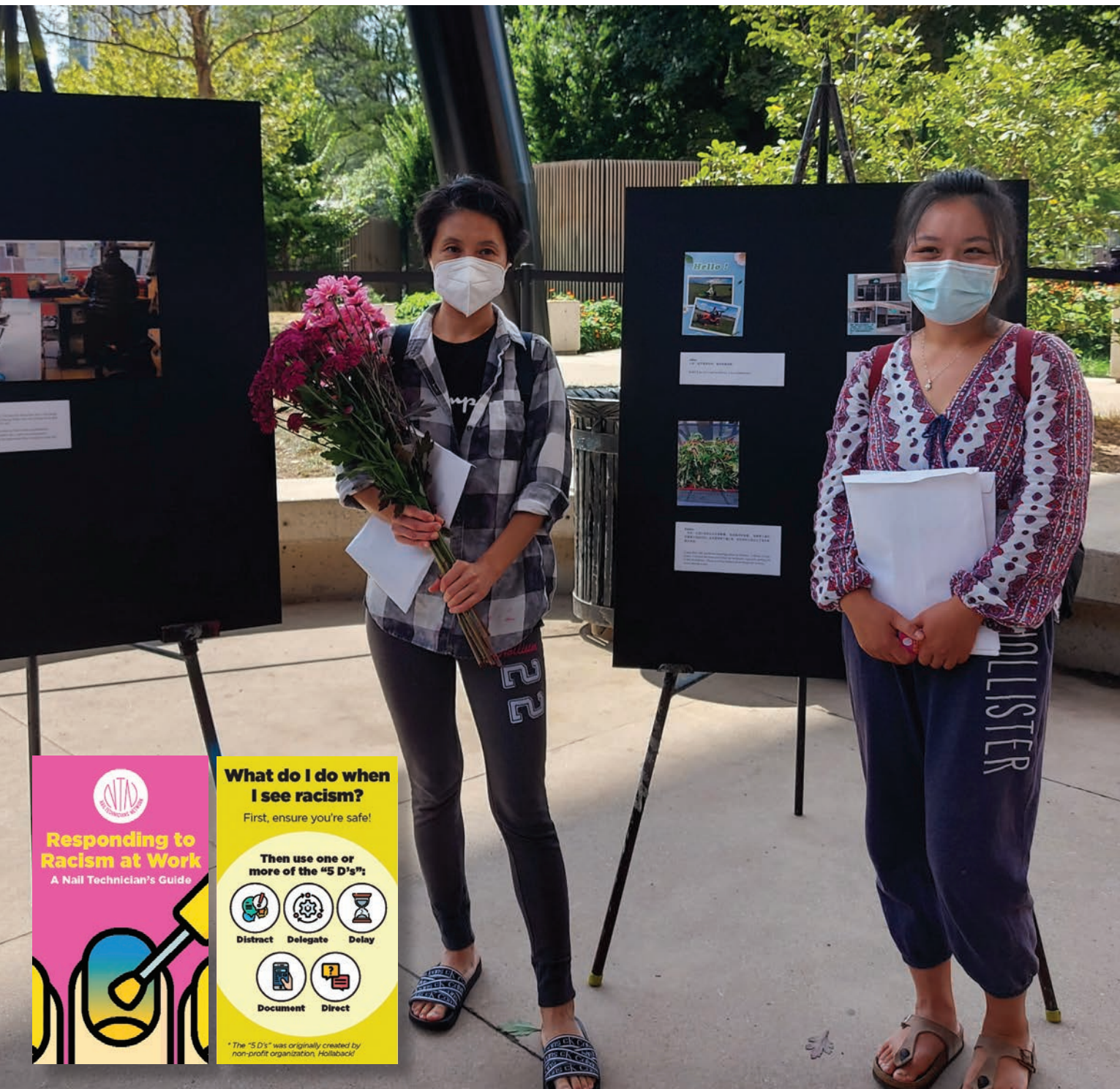
We continued to share the pocket guide for combatting anti-Asian racism in salons and the community.

The prolonged COVID-19 pandemic posed many challenges for the nail salon sector. Due to the pandemic, nail technicians were unable to work or had few job opportunities and faced social isolation.

In 2021, the Healthy Nail Salon Program worked closely with the Nail Technicians’ Network to provide a way for nail technicians to connect and share their experiences during the pandemic. In collaboration with the Chinese and Southeast Asian Legal Clinic and the Lighthouse, they organized a photovoice project through which nail technicians could express their feelings, concerns and thoughts through photographs and narrative. They teamed up with OCAD University (Ontario College of Art and Design) and held the photovoice exhibit on the grounds of OCAD, illustrating nail technicians’ strengths and resilience in the face of the pandemic.

In early 2022, we were elated to learn that our application for funding with the Social Sciences and Humanities Research Council was approved. This project, “Building Safer Nail Salons: Addressing the Intersections of Employment, Health, and Anti-Asian Racism” will be run in partnership with the University of Toronto.





Nail Salon Technicians photovoice exhibit



**The Program staff, peers and members would like to give great thanks to the following organizations for their generous donations and support:**

- The Second Harvest Food Program
- The Good Food Access Fund
- Greenest City
- Park People Friends of Regent Park

## **THE NIIWIN WENDAANIMAK (FOUR WINDS) PROGRAM**

We thank the staff at Parkdale Queen West who jumped in when we needed extra help, and we give special recognition to the members who helped in preparing our spaces and garden and maintaining our spaces during the ceremony.

We give gratitude to the Council that governs and gives direction to our program. While COVID has been a hard and trying time for all, we as Anishinaabe people continued to thrive by having our ceremonies, given our spiritual ways to cope and help each other through our sacred medicines, solstice and Equinox ceremonies, sacred fires, drumming and singing and medicine walk with Alan Colley of Eco Tours.

In partnership with 2-Spirited People of the First Nations, we are supporting a community crisis support service pilot project. This project will provide community-led responses to mental health and crisis calls and enable a non-police response for people who are in crisis.

In the spring we hired an Indigenous Knowledge Keeper (Jacques Pigeon) to bring in much-needed cultural support to the members and staff. The program was fortunate to receive 3 years of funding from the Toronto Urban Health Fund (Toronto Public Health) from 2020-2023, which has allowed our program to expand our cultural and ceremonial supports. Jacques has been busy being a helper to our Traditional Healer Harry Snowboy and Our Grandmother Dr Jacqui Lavalley, helping with sacred fires at both sites and the sweat lodge ceremonies at the Humber River Lodge. While our Counsellor is on maternity leave, we have been able to hire an Indigenous Case Manager to provide advocacy and support to our members and peers.

As the program expands, we look forward to new collaborations with the Gardiner Museum Ceramics art project, support circles at the Novotel sheltering hotel, and increased presence in the community. Lastly, we give gratitude to our ancestors for being with our members and their families at the passing of seven members this year.





Vivian Recollet, Indigenous Health Promoter and Danni MacKenna, student with the Niiwin Wendaanimak Program

# URBAN HEALTH SERVICES – HARM REDUCTION, UNSHELTERED AND EXPERIENCING HOMELESSNESS

It has been an interesting year for the Urban Health team. While some programs are still tempered by COVID-19 restrictions, it has also been a time of great expansion.

## **iPHARE\*, MOVID\* and Mobile SOS programs:**

40 new positions were created to support harm reduction activities and safer supply in the Sheltering Sites and hotels to address the increased risks associated with the toxic opioid overdose crisis.

**On-site programs:** We continued to provide supplies, food access and community referrals.

**Outreach program:** We continued and shifted focus to new gathering locations after large encampments were torn down. The Trip! program has re-engaged in-person party outreach, providing harm reduction education to youth who are attending underground or all-ages events.

## **Harm Reduction program:**

Coordinator Melody Grant spearheaded a Managed Alcohol Pilot project to mitigate the health risks associated with acute alcohol consumption. This program provides community members who drink non-beverage alcohol with a limited amount of replacement brewed wine.

## **Supervised Consumption Services (SCS):**

We returned to our regular capacity of booths and operating hours and have added weekend times. Additionally, the SCS has continued to support community overdose response training for external partnerships, Point of Care HIV testing and our Drug Checking Services.

## **Safer Opioid Supply program (SOS):**

The team has undertaken many new activities in 2021-2022, taking advantage of our growth and lessons learned in the three years since the first primary care physicians at Parkdale Queen West wrote prescriptions for safer supply. An important feature of the program is the integration of health care and social care to provide responsive, high-quality care for clients within and outside of clinical spaces. One highlight of the 2021-2022 year was securing additional funding to add a counsellor position to the program.

*\*Integrated Prevention & Harm Reduction Initiative (iPHARE), MOVID (mobile COVID and harm reduction outreach services)*





*“The people here are friendly.  
It’s a pleasure coming here,  
it feels like a family home.  
Despite everything that  
happened in the past year,  
it still feels good to come here.”*

– PQW client

iPhare partners Gloria Alowo (Regent Park CHC) and Jon Graham (Street Health)



## MOBILE SOS GETS OFF THE GROUND

To better serve clients in City-run shelters, the PQW Mobile SOS program launched in November 2022, with two nurse practitioners, one registered nurse, and one case manager. Mobile SOS offers safer supply and social care across nine sites and has so far accepted 50 people to the program, with many more screened and referred. In June 2022, our NPs Dalena Dang and Praneetha Mahindan gave a presentation at the annual Alliance for Healthier Communities conference about the structure and early outcomes of the Mobile SOS Program.

## OXYGEN RESPONSE FOR OVERDOSES IN SHELTERS

Staff from Urban Health Services, and two partner physicians (Dr Kate Hayman and Dr Sarah Griffiths) collaborated to develop and deliver training to 40 shelter supervisors working at Homes First locations across Toronto in Spring, 2022. The training supported a new oxygen directive delegating the use of oxygen for response to suspected opioid overdoses in the shelters—a crucial addition to the use of naloxone in these settings.



Harm Reduction/Urban Health Team

**CLIENTS SHARED THE FOLLOWING ABOUT CHANGES IN THEIR LIVES WHILE IN THE PROGRAM:**

*“Have had no IDs for [over a decade]. Finally got my IDs back. Taxes done. Now I can control my life. I have family, house, and relationships, I got them all back! Can’t believe that I even started doing volunteer work.”*

– On-site SOS Program Member

*“[It’s] given me access to health care that I would not [otherwise] have after COVID.”*

– On-site SOS Program Member

*“I wish I joined the program earlier. [My] street drug use dramatically decreased.”*

– Mobile SOS Program Member

*“It has improved my relationships with people in my life.”*

– Mobile SOS Program Member

## EARLY FINDINGS FROM THE PROGRAM MEMBER SURVEY

Between January and May 2022, we surveyed 32 SOS clients (11 respondents) of the Mobile program and 46 members of the On-site program (Parkdale and Queen West sites).

Here is what we learned:

### Self-reported client outcomes – SOS Program

I'm more connected to health care since starting safer supply



I have more time to do things I want to do since starting safer supply



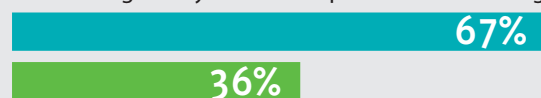
I have more money to do things I want to do since starting safer supply



I have a greater sense of safety since starting safer supply



Other things in my life have improved since starting safer supply



Respondents who said at least one of these statements was true for them



0% 20% 40% 60% 80% 100%

ON-SITE SOS (N=46) MOBILE SOS (N=11)



Ashley King, Peer with The Neighbourhood Group and colleagues from The Salvation Army

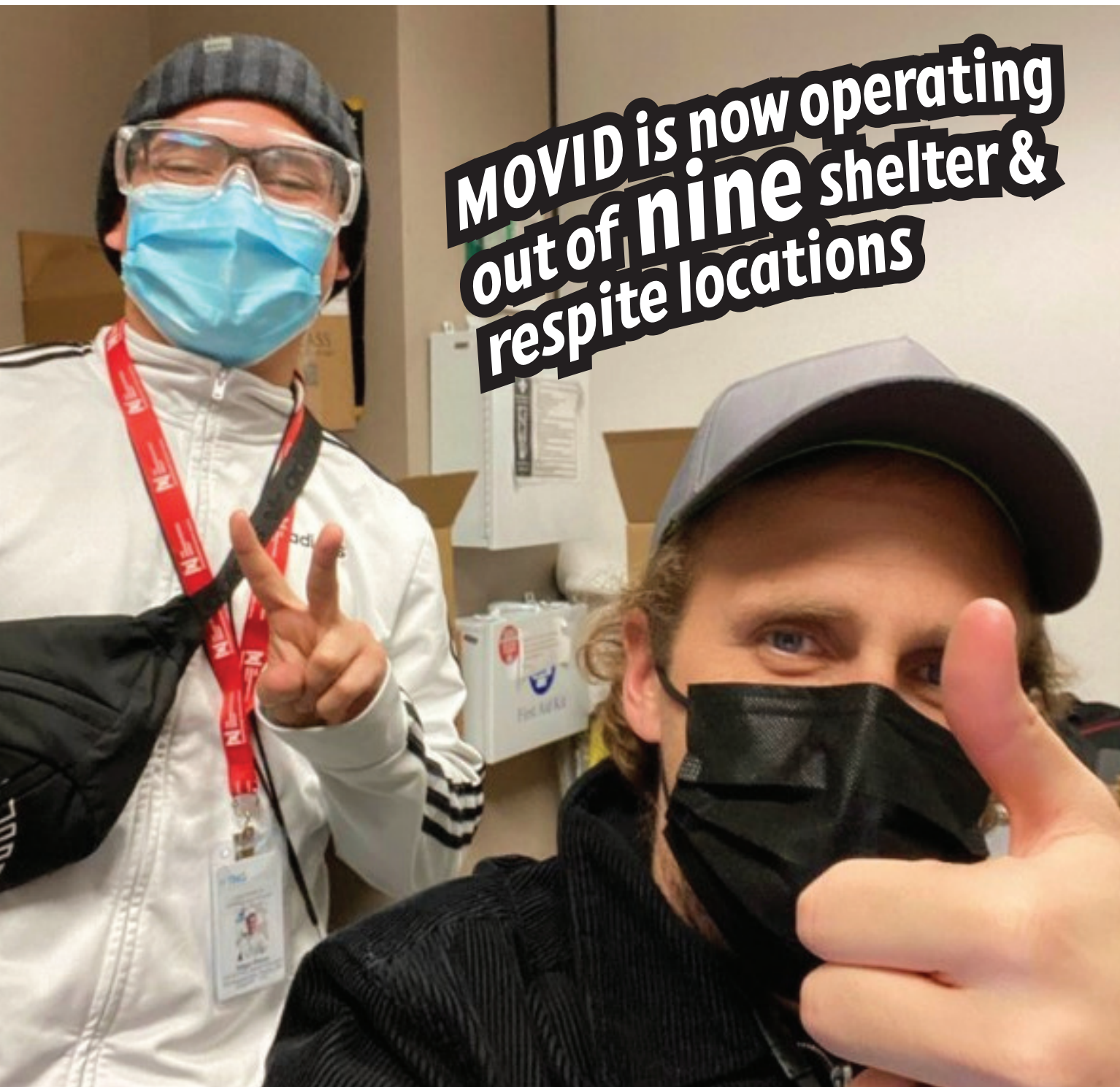
## COVID RECOVERY SITE

On April 1, 2022 the COVID Recovery Site at 2180 Islington merged with the current MOVID program, two years after its initiation at the very beginning of the pandemic. Working alongside shelter partners, Inner City Health Associates, the Shelter, Support & Housing Administration and The Neighbourhood Group, Parkdale Queen West CHC has expanded the MOVID team to include Client Support Workers and Overdose Prevention and Support Workers in addition to Harm Reduction Coordinators to respond to and reverse overdose events and connect the community to clinical and social supports. MOVID is now operating out of nine shelter and respite locations at sites that experience the most overdose.

### Recovery Site Data from January to March 2022

	<i>Clients</i>
<b>Actual number of client interactions</b>	<b>1,245</b>
<b>Brief counselling:</b> Provide brief stabilizing counselling support and care planning in response to client needs and on-site incidents of oppression, violence, hardship, client death, overdose and discharge	<b>120</b>
<b>Managed Alcohol Program (MA):</b> Implementation of the MA program, including assessments, dispensation, and client appointments to address program goals for self-management, reduction and stabilization	<b>240</b>
<b>Overdose Prevention Site:</b> Educational support, safer injection site visits, overdose response	<b>180</b>





Edgar Olmas, The Neighborhood Group and Nils Blondon, MOVID Coordinator



From left to right: Jason Altenberg, South Riverdale CHC Chief Executive Officer; PQW Board member Rozita Razavi; Gab Laurence, Manager, Urban Health; PQW client Bronwen Sims; MP Carolyn Bennett; Prime Minister Justin Trudeau, and MP Arif Virani watch a demonstration on the use of Naloxone by Matt Johnson and Dr Nanky Rai

# An opportunity to advocate...

## ...FOR A RANGE OF INTERVENTIONS TO ADDRESS THE TOXIC DRUG SUPPLY AND OVERDOSE CRISIS

On March 21, Parkdale Queen West CHC and colleagues from South Riverdale CHC, AVI Health and Community Services Society and Kilala Lelum Health Centre (Urban Indigenous Health and Healing Cooperative) hosted a visit from Prime Minister Justin Trudeau and MPs Arif Virani, Carolyn Bennet, Nathaniel Erskine-Smith, Julie Dabrusinwas, Taleeb Noormanhamed, and Wilson Miao, during which they announced the extension of \$3.8 million towards enhancements and expansion of currently funded Safer Opioid Supply (SOS) services. **Parkdale Queen West received \$331,092 in expansion funding.**

This was an opportunity to thank the Government for this additional funding and to advocate for a range of interventions to address the opioid overdose crisis, as follows:

1

**Housing as a foundational strategy.** Without adequate housing, people who use opioids and are homeless or unstably housed have difficulty accessing quality healthcare and the social service supports that can help them manage their situation.

2

**Decriminalization of drugs—a necessary component.**

The criminalization of drugs facilitates the proliferation of underground markets, where the strength and toxicity of substances are unknown, and the risk of experiencing harms is high. Additionally, people who use drugs and are homeless or unstably housed, and a disproportionate number of racialized people are at an increased risk of being criminalized for drug use and possession, often resulting in incarceration.

3

**A safe regulated opioid supply** that saves lives as it enables people who use drugs to access regulated substances from legal sources, rather than toxic drugs from illicit markets, thus preventing overdose deaths.

4

**Continuity of SOS services as essential** to preserving a range of harm reduction interventions that provide vital supports to people who use substances, including supervised consumption services and naloxone distribution.



# CLIENT SURVEY 2022

*Our annual Client Satisfaction Survey helps us understand what we are doing well and what we can improve, and is an important part of our continuous care service improvement efforts.*

*Thank you to all the clients who took the time to give us their feedback this year.*



## Wellbeing and community

**94%**

say the Centre has a positive impact on the community



## Access to services

**65%**

say they can get services in the language of their choice

**54%**

say they can get an appointment with a healthcare provider on the desired day

## Service satisfaction



**98%**

rate the care and services as Good/Very Good/Excellent

**88%**

agree they can ask questions about recommended treatment

**92%**

agree they are involved in decisions about their care and treatment

**93%**

say they are treated with dignity and respect



## What we do well:

Inclusive and welcoming, client-centred care

Compassionate, non-judgemental staff

Supporting the community

Offering a variety of services

Harm Reduction programming expansion



## Areas for improvement:

Improve appointment booking/rebooking process

Decrease waits for appointments

Improved care for trans clients/ community members

Additional client supports/services

Options for in-person or virtual services



# SERVICE IMPACT

## OVERALL SERVICE UTILIZATION

<b>13,595</b>	Active clients
<b>1,037</b>	New primary care clients
<b>597</b>	New primary care clients –priority population
<b>17,758</b>	Individual face-to-face primary care encounters
<b>392</b>	Unique dental* clients served
<b>590</b>	Individual dental* client encounters

*\*(no site breakdown – all are QW dental clients)*

## COUNSELLING SERVICES

<b>1,280</b>	Individuals served
<b>10,552</b>	Service provider interactions

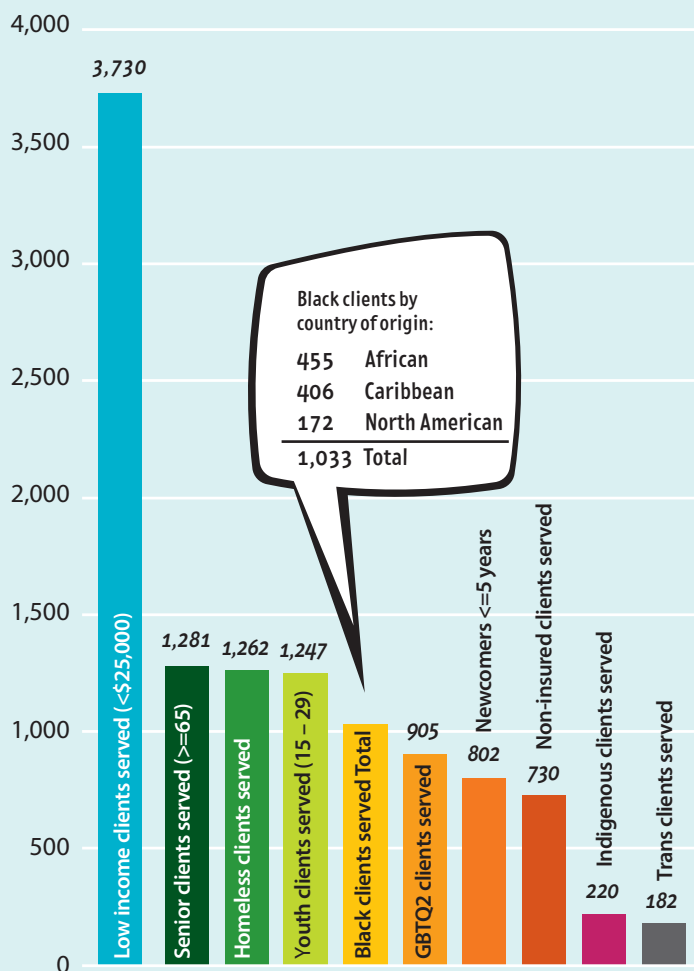
## OFF-SITE & HOME VISITS

<b>804</b>	Primary care
<b>53</b>	Counselling services
<b>67</b>	Diabetes care

## ILLNESS PREVENTION/CHRONIC DISEASE MANAGEMENT RATES

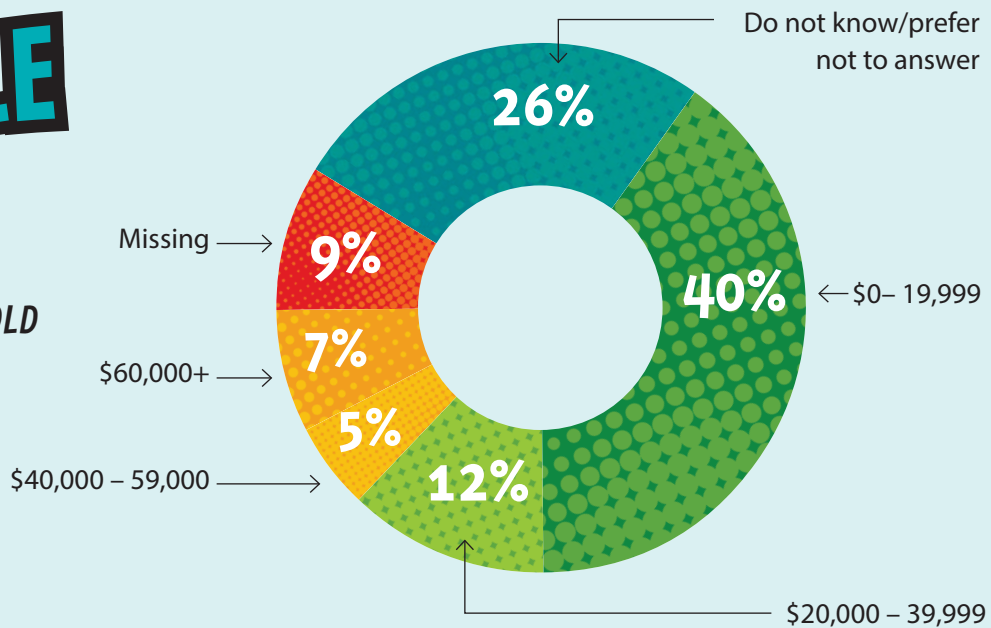
	PQWCHC Screening	Provincial CHC Screening	
Cervical cancer screening	<b>67%</b>	<b>60%</b>	Influenza vaccination <b>29%</b>
Colorectal cancer screening	<b>51%</b>	<b>51%</b>	Interprofessional care for diabetes <b>81%</b>
Breast cancer screening	<b>62%</b>	<b>61.6%</b>	

## HEALTH EQUITY DEMOGRAPHICS OF CLIENTS SERVED

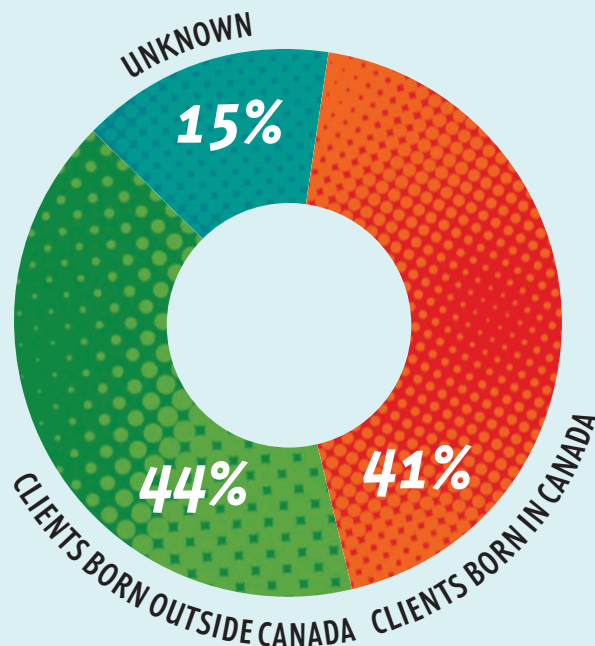
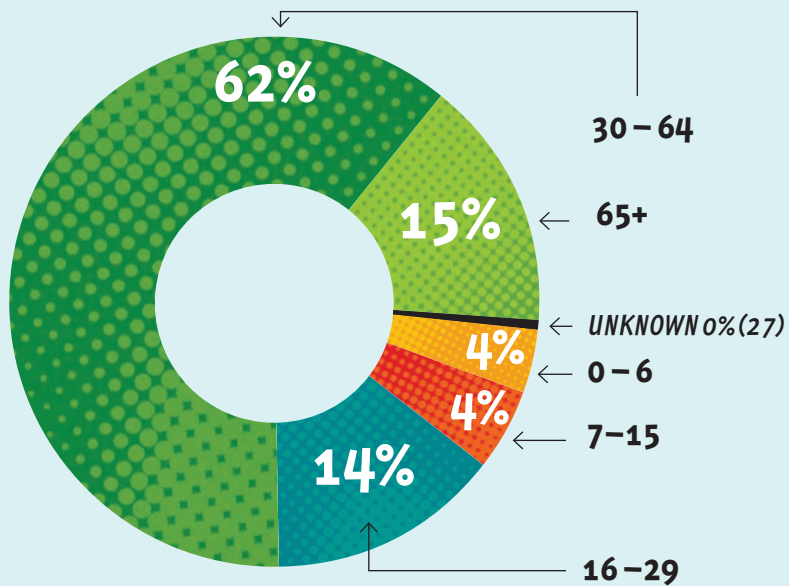


# CLIENT PROFILE

## CLIENT HOUSEHOLD INCOME LEVEL

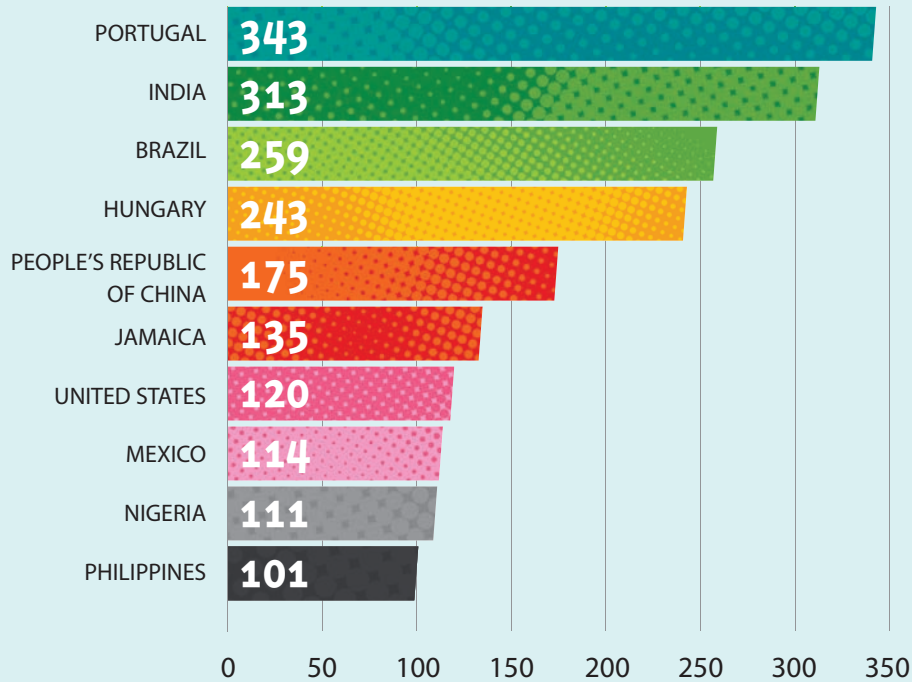


## CLIENT AGE BREAKDOWN



## TOP 10 COUNTRIES OF ORIGIN

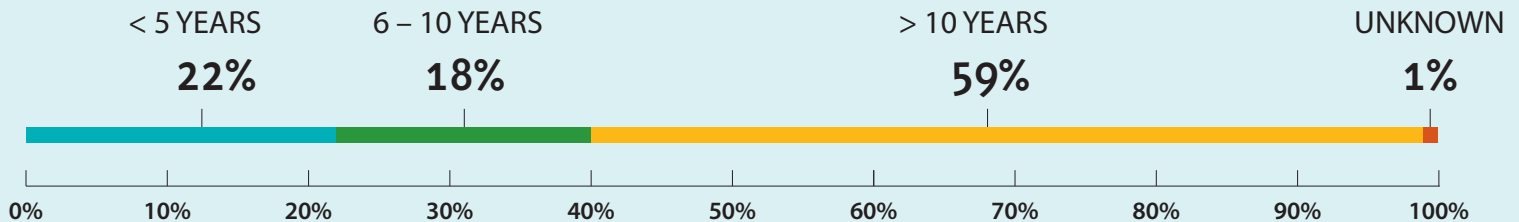
COUNTRY OF ORIGIN # OF CLIENTS



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

ENGLISH	6,343
PORTUGUESE	494
HUNGARIAN	246
SPANISH	241
MANDARIN	83
FRENCH	58
ARABIC	37
HINDI	35
AMHARIC	33
CANTONESE	31

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



# CORPORATE & FINANCIALS

## FINANCIAL SUMMARY

This is a summary of the Audited Financial Statements by Hilborn, LLP. Complete audited financial statements available upon request from the office of the Executive Director.

### SUMMARY STATEMENT OF FINANCIAL POSITION for year ended March 31, 2022

#### ASSETS

##### Current assets

Cash and short-term deposit	\$ 5,688,042	\$ 3,362,068
Accounts receivable and prepaid expenses	1,754,965	2,125,177

	7,443,007	5,487,245
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Long-term investments	1,528,421.00	723,862
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Property and equipment	6,514,638.00	6,691,205
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	<b>15,486,066</b>	<b>12,902,312</b>
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#### LIABILITIES

##### Current liabilities

Accounts payable – accrued liabilities and deferred revenue	5,742,582	3,926,034
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Accounts payable – Toronto Central LHIN and MOHLTC	2,132,203	1,659,033
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	7,874,785	5,585,067
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Deferred capital contribution	6,465,890	6,769,632
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	14,340,675	12,354,699
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#### NET ASSETS

Unfunded payroll obligations	- 258,061	- 281,701
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Other activities – unrestricted	1,403,452	829,314
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	1,145,391	547,613
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	<b>15,486,066</b>	<b>12,902,312</b>
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### SUMMARY STATEMENT OF OPERATIONS for year ended March 31, 2022

#### REVENUES

Ontario Health	\$ 17,418,428	\$ 17,096,539
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Ministry of Health-AIDS Bureau	301,731	256,505
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Ministry of Health-SCS	1,717,094	1,464,448
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City of Toronto	4,577,148	882,969
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Public Health Agency of Canada (PHAC)	283,326	263,650
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Ministry of Community and Social Services (MCSS)	177,239	189,529
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Health Canada-(SOS/SUAP)	1,032,859	582,500
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Other grants, fees and other income	1,158,644	1,235,572
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<b>Total revenues</b>	<b>26,666,469</b>	<b>21,971,712</b>
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#### EXPENSES

Salaries and benefits	17,856,300	15,898,598
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Occupancy costs	863,861	934,664
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General and operating	7,310,318	5,107,773
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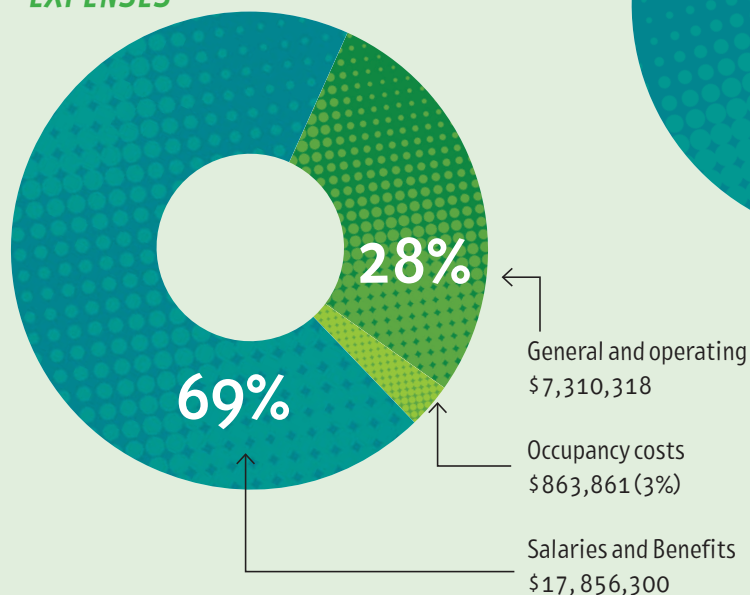
Depreciation expense	38,212	19,467
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<b>Total expenditures</b>	<b>26,068,691</b>	<b>21,960,502</b>
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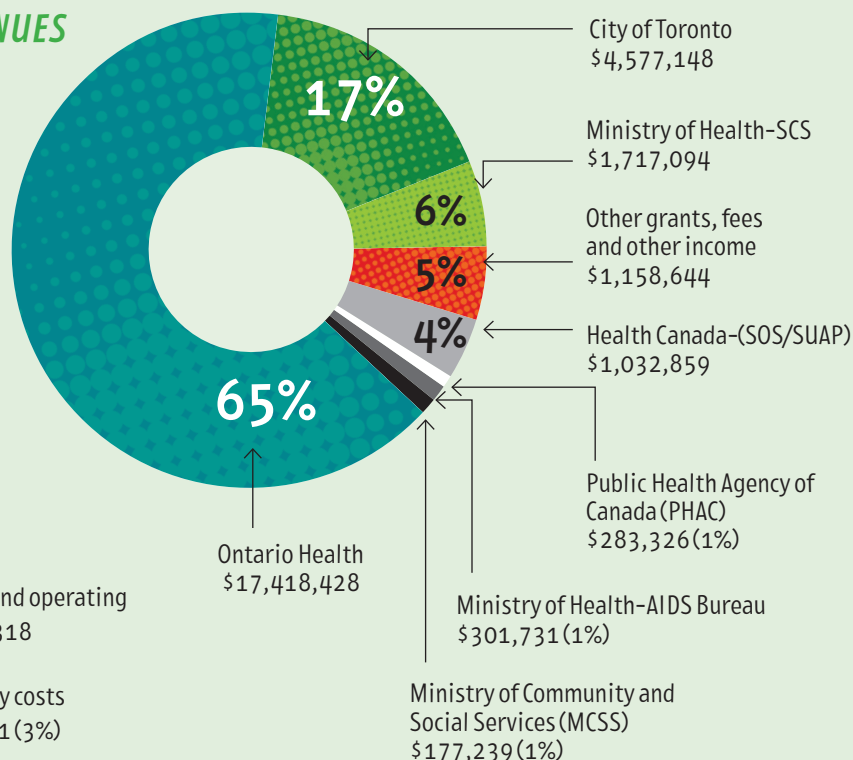
Excess of revenues over expenses for the year	<b>\$ 597,778</b>	<b>\$ 11,210</b>
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## CORPORATE INFORMATION

### EXPENSES



### REVENUES



### BOARD OF DIRECTORS 2021 – 2022

Bernard King, President  
 John LeFave, Vice-President  
 Lois Fine, Treasurer  
 Shahilaa Devaraja, Secretary  
 Aftoza Begum, Director  
 Leigh Walters, Director  
 Nicole Mihajlovic, Director  
 Rozita Razavi, Director  
 Lisa Druchok\*, President  
 Shelina Ali\*, Vice President  
 Kelly Dobbin\*, Director

\*no longer with PQWCHC

### FUNDERS

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



# RETIREMENTS:

## 22+ YEARS OF SERVICE

This year we saw the retiring of three long-standing staff, each of whom has, in their varying roles, contributed to bringing about Parkdale Queen West CHC's vision to provide inclusive and responsive services to the communities we serve. Given their long tenure and work at the centres that merged to become Parkdale Queen West CHC, they each brought invaluable historical knowledge to the organization and to the building of strong organizational foundations.

We thank them for their long history and commitment to providing dignified and responsive care to the individuals and communities we serve. We will miss them and wish them the best in their new chapter.

### *Beth Wierzbicki, Corporate Executive Assistant*



#### **Retired in March 2022 after 37 years of community service.**

Beth's journey through Parkdale Queen West CHC is noteworthy: she began working as a Medical Secretary at the former Parkdale Community Health Centre (PCHC) in 1984 when the Centre opened. Throughout the years at PCHC Beth held several roles, and in 2008 she became the Centre's Corporate Executive Assistant. Beth's role as Corporate Executive Assistant was instrumental in the merging of PCHC and the Central Toronto Community Health Centre (CTCHC) in 2017, bringing archival knowledge of PCHC and a long list of relationships, past and present, with the Board of Directors and staff which she continued to foster at Parkdale Queen West.





*Alice Lam, Counsellor*

**Retired in May 2022 after 22 years of providing responsive counselling support to clients.**

Alice began working as a Chinese Community Health Worker at the former CTCHC in 2000, and in 2003 she transitioned into her role as Counsellor. Throughout the years, Alice provided individual and couples counselling to countless clients. Alice was well recognized for her thoughtfulness, strong clinical skills, and client-centred approach by both clients and staff. Parkdale Queen West CHC and the communities we serve have been all the better for having Alice's services for just over two decades.



*Shirley Hepditch, Case Manager*

**Retired in May 2022 after 29 years of community service.**

Shirley worked in numerous roles in the former PCHC, including Medical Receptionist, Community Health Worker, and Client Support Worker. In 2018, Shirley became the primary care Case Manager for the Parkdale site, providing additional services to clients with whom she had worked for years in her former roles. Shirley brought deep compassion and a solid pragmatism to her work, cultivating supportive relationships with clients, partner agencies and the Parkdale community with whom she developed in her almost three decades of tenure.

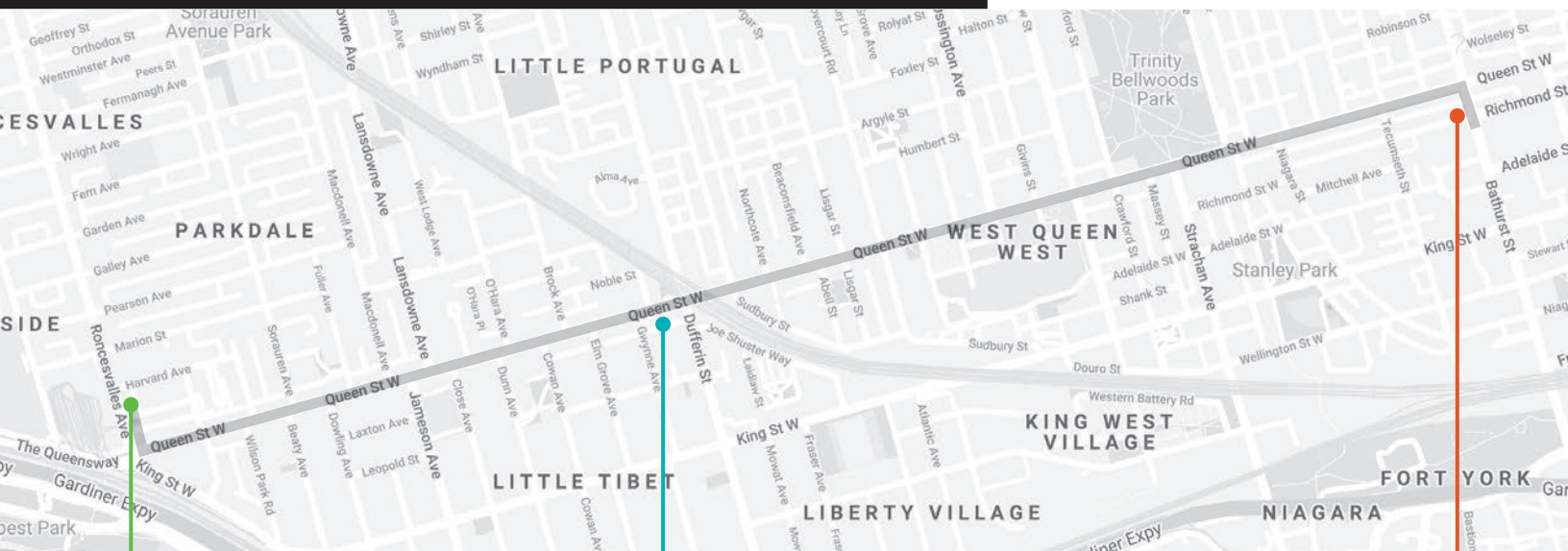
## RESILIENCE AT WORK

A fire that broke at our Parkdale site in the early morning of May 19, 2022 mobilized Parkdale Queen West teams to quickly come up with alternatives to ensure continuity of care for clients who access services at the site. For the safety of clients and staff, we closed the Parkdale site to on-site primary care and health promotion services for the remainder of May and June. We continued to provide primary care by temporarily moving those Parkdale site providers to our Queen West and Satellite locations, by using the Mobile Health Clinic on-site, and by providing care via home visits and virtual care and at partner sites. By July 4, most on-site services were restored.

On a special note, we appreciate the support our partners and local agencies offered during this time, illustrating the true meaning of partnership.

A special THANK YOU goes out to the Parkdale Queen West staff for their unwavering commitment and efforts to provide continued client care during these trying and unforeseeable circumstances.

# PARKDALE QUEEN WEST CONTACT INFORMATION



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**PARKDALE  
QUEEN WEST**  
Community  
Health Centre



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