



**BRINGING IT ALL TOGETHER**



**PARKDALE  
QUEEN WEST**  
Community  
Health Centre





LANDS FOR...  
Retail 416-906-...

THE GRILL COTTAGE  
Shawarma, Kabab, Falafel, Chik-Tikka

150

RESPECT SENIORS  
DO NOT ABUSE  
BE KIND

STOP HERE ON RED SIGNAL

What is Elder Abuse?  
Elder abuse is the mistreatment or neglect of a senior citizen. It can be physical, emotional, financial, or sexual abuse. It can also be neglect or abandonment. Elder abuse is a crime and it is illegal. It is also a violation of human rights. Elder abuse is a global problem that affects millions of people every year. It is important to recognize the signs of elder abuse and to report it to the appropriate authorities. Elder abuse can have serious consequences for the victim, including physical injury, emotional distress, and financial loss. It is important to take action to prevent elder abuse and to support the victims. For more information, please contact the National Elder Abuse Hotline at 1-800-676-7242.

Abuse TELEPHONE  
A SENIOR TODAY

SENIORS UNITE AGAINST ABUSE

SAY NO TO ELDER ABUSE

ABUSE HURTS AT ANY AGE

No more Elder Abuse  
Stop Elder Abuse

Parkdale Elder Abuse Awareness Community Walk





Anu Radha Verma  
President

**The work** of our merged Centre remains rooted in supporting, providing health care and working with clients and our communities to change the social conditions which give rise to health inequalities. Our new Vision, Mission, Values and Strategic Plan underscore our continued commitment to providing integrated, responsive and accessible care to individuals and communities challenged by complex health conditions twinned with social and economic barriers that impede access to good health and quality of life. Hence, as we respond to the diverse and complex health needs of our clients, through the range of health care and health promotion services provided by our interdisciplinary team, we are mindful of their social context and always strive to be an ally in promoting social justice, good public and health policies that will reduce our clients' social exclusion and marginalization.



Angela Robertson  
Executive Director

This first year of our merger has been about "Bringing It All Together" and in doing so our clients and the integrated Centre greatly benefit from the combined competence and commitment of our staff and peer workers. Our clients continue to experience continuity of care provided by long-tenure staff, and in this Annual Report we profile and celebrate the long history of a few staff who have been with the Centre for 20 years and more. Together they bring and strengthen client and community trust, organizational histories and knowledge, and affirm the stability of the Centre's work. We could not deliver on our Vision and Mission without our staff and we say profound thanks for their continued commitment to high quality and compassionate client care.

The strength of our togetherness extends to our community services sector's response to the opioid overdose crisis in the province. We contribute through the work of our harm reduction services, specifically our Supervised Consumption Services (SCS) at the Queen West Site and the expansion of our harm reduction outreach work in Parkdale. Our Centre's catchment is among the top 10 areas of the city with high rates of Emergency Management Services (EMS) call for overdose events and since opening our SCS in mid-March 2017 we have served over 150 clients with over 600 client visits to use the services. We continue to see SCS and Overdose Prevention Services as important service components in this current public health response to a public health opioid overdose crisis. We hope that with these and other interventions our work will contribute to reduce the overdose related deaths that has taken the lives of so many in our communities.

The work and success of the Centre in Bringing It All Together would not be possible without the commitment of staff and the Board of Directors. Our deepest appreciation and thanks for working through the transitions that merger brings, never losing focus on the needs of our clients. We say thank you as well to our funders, partners and donors as your interest and investment ensures the sustainability of our efforts to build Strong Communities and enable Better Lives.



Parkdale Parents' Primary Prevention Project (5Ps)

## PLANNING FOR A FUTURE THAT REFLECTS OUR VALUES

Our Board of Directors, with input from clients, staff, partners and funders has developed a Strategic Plan to guide our newly merged Centre's work from 2018 – 2020. As part of this work, the mission, vision, and values of Parkdale Queen West CHC's were reviewed and refined.

### 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.

### Our strategic plan sets out four priorities where we want to strengthen and/or increase our focus:

1. Provide service for people who face barriers to healthcare, and reduce those barriers.
2. Use research and partnership to promote changes that will improve the lives of our clients and communities.
3. Focus on collective work and training for staff that will improve client care.
4. Successful integration to create a sustainable platform which is well positioned for the future.



**PARKDALE  
QUEEN WEST**  
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**We are proud to introduce our new logo as an integrated organization!** As part of the ongoing integration process, our logo began as an interim logo, merging elements from each of the original logos for Parkdale CHC and Queen West CHC. The original elements from each logo have been modified to reflect continuity of our work, and to strengthen our focus on community and neighbourhood.

These are the elements and their symbolic meaning:

- The 'Q', originally from Queen West, represents the sun overlooking the community.
- The concept of community members was adapted from the original Parkdale logo, and represents inclusivity and accessibility; and the 'tree' which is now fuller and taller represents a larger community.
- The 'house', originally from Parkdale, was expanded to include more windows, to represent the expansion of services under one roof, together with an 'open door', collectively symbolizing an open and welcoming centre for all.

To date, we have incorporated our new logo in the front signage of the Parkdale and Queen West buildings as well as in our new website.

### Website Update

Early this year we launched our new website, showcasing our joint histories and programs. The website was developed through consultations with clients and staff. Visit us at:

[www.pqwchc.org](http://www.pqwchc.org)





# Primary Health Care

Our first year of being an integrated community health centre has highlighted for the clinical team the many opportunities we have to learn from each other to improve the care we provide to our clients. While we do not expect our processes to be exactly the same at both the Parkdale and Queen West sites, some of what we do that works well at one site might be considered for the other. Here are some examples of site-specific programs that have been put into place to increase access to care for our existing and new clients that could spread to the other site:

## PINC (PEOPLE IN NEED CLINIC)

PINC has been running at the Queen West site for many years. This clinic provides initial intake, assessment, and treatment for clients with urgent care needs who are in our priority populations and who do not have access to primary care. New clients meet with one of our nurses, who does an intake and treatment assessment, and then provides treatment. The RN has treatment support (e.g., prescribing) by a physician or nurse practitioner, if required. The client is then connected with a primary care provider for future visits.

PINC has been effective in both offering urgent care to clients, thereby diverting emergency department visits, and in connecting clients to not just primary care, but to the range of services offered by our centre.

## DROP-IN APPOINTMENTS FOR URGENT CARE

For a variety of reasons, many of our clients find it quite difficult to attend regularly scheduled appointments. For some, an appointment scheduled weeks in advance might result in them not showing up. This, in turn, might result in the provider having set aside time that could have been used for another client, thereby decreasing client access to care. To address this, the Queen West site began offering a handful of drop-in appointments each day. Unlike PINC, this program is for clients who are already connected to a primary care provider, but who have an urgent need and cannot get an immediate appointment with their provider. Seeing a provider who is not your own is not ideal for continuity of care and relationship-building, but it does help to address urgent needs for clients who have difficulty with pre-booked appointments, as well as those who have simple matters that can be managed quickly.

**“I have been meeting with my health care provider for over a decade, I trust their judgement, advice and care, as well as appreciate their suggestions.”**

– PQW client

## DIABETES TEAM COMMUNITY OUTREACH

As noted in last year's annual report, the Diabetes Education Program (DEP) at the Parkdale site has recognized the need for outreach into the community in order to support clients who cannot or will not attend the health centre for their needs. The ability to increase access to our clients through direct service in the community is essential.

For many years, the DEP team has cultivated relationships with local boarding homes and schools. Bailey's House, a boarding home in the Parkdale community, was the first recipient of the team's outreach efforts. Our diabetes nurse and dietitian offer individual care appointments at the home, as well as case management and cooking classes. As a larger project, they are extending this outreach to other boarding homes in the community.

This work not only involves direct diabetes care, but also menu planning for those homes that offer meals, and advocacy and skills training for the residents of these homes. We invite you to read this article by The Local, which highlights the precarious living situation for many of our clients: <https://thelocal.to/no-rooms-available-4be88ae1dbd2>. In addition, the team offers skills training for community health workers, and presentations to the local schools to promote healthy meal preparation.

## CLINICAL TEAM COMMUNITY OUTREACH

Clinicians at both our Queen West and our Parkdale sites have long engaged in clinical outreach in the community:

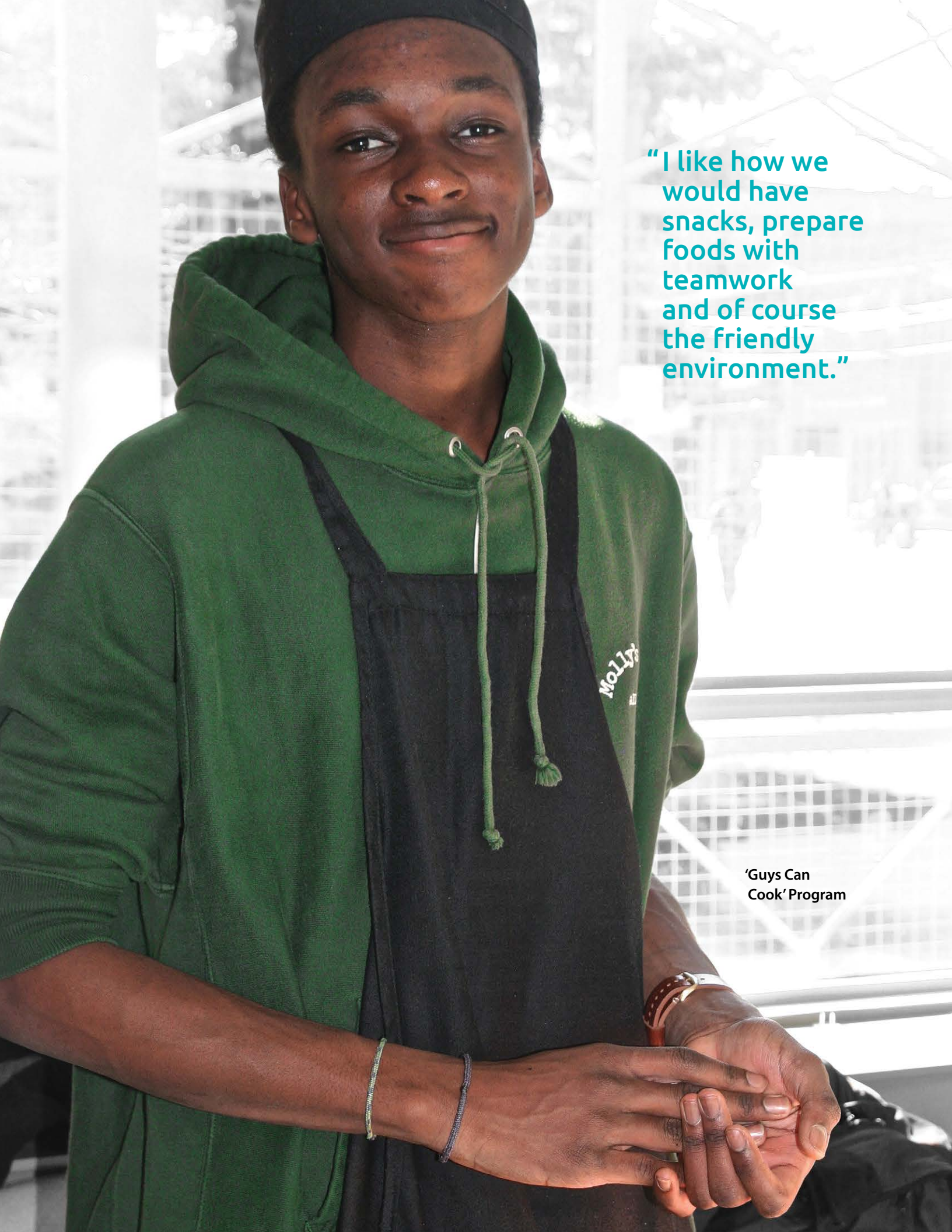
- West Neighbourhood House's Queen Street location is home to The Meeting Place, a drop-in for socially isolated and under-housed adults. Once a week, one of our physicians attends The Meeting Place to provide clinical care and, when individuals are interested, connect them with a provider at Parkdale Queen West.
- Strachan House is a supportive housing building for adult men and women who are chronically under-housed. A physician and harm reduction staff regularly attend to provide clinical care and harm reduction counselling and support.
- Parkdale Activity Recreation Centre (PARC) is an organization that works with members on issues of poverty and mental health. A Nurse Practitioner attends PARC two mornings a week to provide primary care to individuals who might not normally wish to attend a clinic.

In addition to formal community partnerships, several of our clinicians work regularly at other agencies, including Sistering, Inner City Health Associates, Y House, Central Toronto Youth Services, and Sprott House.

## Looking for ways to improve access

We are considering how we might improve access to clinical services for the coming year by reducing 'no-shows'. One of the main reasons for no-shows is booking appointments too far ahead of time. This reduces the opportunity for clients to access their own provider on a more urgent basis. As well, clients might forget their appointments or decide not to come. This year, we will pilot booking clients no further ahead than three weeks to see if it will increase access.





“I like how we would have snacks, prepare foods with teamwork and of course the friendly environment.”

‘Guys Can Cook’ Program



# Counselling and Mental Health Services



**Parkdale Queen West Case Managers and Counsellors are well positioned this year to forge new partnerships, enhance our range of services, and work together collaboratively to strive for excellence.**

With our combined resources, we can now offer a range of mental health services to our clients:

- individuals and families living with mental health and substance use
- homeless and near homeless youth facing multiple barriers to services
- low income seniors and the elderly
- parents who are street involved
- immigrants, refugees and other racialized community members
- LGBTQ

In the past year of integration, each site team of counsellors has continued to provide their usual quality service while working on specific program goals together to:

- develop a common counselling intake process
- determine a common length of service framework
- develop a process for internal referrals within the larger organization
- build the capacity of the Joint Counselling Team of Parkdale Queen West
- develop policy harmonization for counselling services

The overall purpose of this exercise is to increase access to potential clients in our larger community, and to ensure that the staff members bear shared knowledge of each other's capacity and that of the whole team. We are working to enhance our resources to better serve Parkdale Queen West clients.

We now have a system for our clients to access services utilizing common protocols. A Program Model has been designed befitting the range of populations we will be serving, considering that we have extended our model of care to include more shorter-frame counselling. At one location, we tend to often have a growing wait list, while the other site has stretched to assist accommodating those new referrals. We hope that a combination of a new Intake system at the one site, in addition to our new shorter-frame models, will help address access to our services.

The Joint Team is beginning to explore how to share the range of expertise that each of them hold. It might be with specific populations, age groups, individual or couples counselling, as well as psycho-educational groups. The opportunity started with an affinity exercise to confirm our practice is grounded in a trauma-informed, harm-reduction, and anti-racist/anti-oppression framework.





“Seeing my counsellor has changed my life. Their mental health approach is on the point.”

– PQW client

This year we have offered, across the portfolio, a range of support group services to our extended community:

**Anger Management**, a program that supports individuals who are mandated by law to take such a course, and people who are interested in taking the program for their own personal growth and development (6-8 sessions).

**Post-Partum Mood Disorder Support Group (PPMD)** offers new mothers the opportunity to attend a weekly maternal drop in support program.

**Mindfulness Based Cognitive Therapy Group** is designed to prevent depressive relapse; also reduces anxiety and stress (8 sessions). A Counsellor comes into a Women’s Drop In at the Queen West site once per month to speak to any mental health issues that arise.

**Just for Today... Emotional Health for Women**, a co-facilitated group offered to marginalized women with a counsellor partnered with West Neighborhood House; this program receives funding from the CAMH network, Women Mental Health and Addictions.

**Living Life to the Full**, a CBT-based psycho-educational seasonal group for individuals 55+ who are caregivers.

**Skills for Safer Living**, a 10-week closed group geared toward clients who have a history of suicide attempts, recurrent suicidal ideation, self-harm history and/or frequent visits to Emergency Department.

**Counselling Wrap Up Pilot, What’s Next**, organizing a cluster of clients ending counselling, to develop peer strategies of maintaining their emotional health.

Our team is committed to supporting individuals to develop their own self-regulating skills, with the aim of stimulating our clients to feel better equipped to meet the challenges they face in coping with current and past trauma.



### Director of Mental Health Services Susan Clancy retires

After more than 30 years of work in the community and women’s services sector and almost 10 years with the merged Centers, Susan retired in the summer from her role as Director of Mental Health Services.

Our clients, staff and community partners benefitted immensely from Susan’s insightful anti-oppression feminist analysis, her responsiveness and consistent ability to listen and focus on relationship building. Susan leaves behind a strong foundation in our mental health services and we will honour her years of work by continuing to hold her commitment to creating multiple pathways and accessible approaches to providing emotional wellness supports to our diverse client population.

# Health Promotion and Wellness

The Health Promotion team has been working on a number of integrated programs and events over the past year. Collaboratively, we hosted clients from all sites to attend workshops on Community Health and Wellbeing, Cancer Screening Awareness, International Women's Day, and an Elections Information Session. We also supported client engagement around our new strategic plan and website accessibility. We will continue to engage with clients and community to determine how we can best respond to the needs of populations outlined in our new strategic plan as well as supporting an expanded role for community-based research, client advisory groups, and community-wide programs and services.

## Infant Feeding Program

### A model for comprehensive breast feeding support

Breast feeding and infant feeding in general can be a potential source of stress for families, especially for parents who are experiencing additional life stressors. With funding from the Sprott Foundation, our Parkdale Parents' Primary Prevention Project (5Ps) has been delivering the 'Feeding Tiny Souls' program for the past 3 years. 5Ps clients are primarily low-income families, newcomers, single mothers, young mothers, and women who experience mental health and/or substance use issues. The Feeding Tiny Souls program intends to:

- Increase the duration of breastfeeding; increase rates of exclusive breastfeeding at six months (as per current clinical pediatric guidelines); and increase the rates of infants continuing to breastfeed to age two and beyond;
- Decrease barriers that prevent the establishment of breastfeeding or that prevent exclusive breastfeeding;
- Increase the social supports available to new parents;
- Create a sustainable program which can continue to enhance the ability of 5Ps to meet the ongoing needs of families in Parkdale.

Each client can access a variety of resources and services designed to support successful infant feeding:

- A visit with a Lactation Consultant within the first few days of birth;
- A welcome package including infant and maternal care supplies;
- An electric breast milk pump, as prescribed by the Lactation Consultant;
- Access to a weekly food bank program;
- Infant formula, if needed to support infant feeding; and
- A monthly infant feeding support circle.





**“Latching was the hardest, maybe I would’ve stopped earlier if I didn’t have the Lactation Consultant.”**

– Feeding Tiny Souls’ participant

An initial evaluation of the program’s effectiveness demonstrated high levels of client satisfaction with the program. Many clients attributed their breastfeeding success to the one-on-one attention and support that was offered to them during their pregnancy and postnatally. While the majority of clients initiated breastfeeding, only 26% of clients were exclusively breastfeeding for six months, and 79% of clients had introduced formula at some point.

The results highlighted larger systemic issues affecting clients’ infant feeding decisions and opportunities to exclusively breastfeed until six months, including the introduction of formula in hospital and primary care physicians recommending introducing solids prior to six months. Clients with poor food security also believed their breast milk to be nutritionally insufficient for their children. We have introduced more educational sessions around breastfeeding, a monthly breastfeeding circle, and an additional weekly food bank program in response to these findings.

A key component of this program is an innovative partnership with the University of Toronto’s Department of Nutritional Sciences entitled PINSTEP (Parkdale Infant Nutrition Security Targeted Evaluation Project). This partnership brings together researchers, including PhD students, and health promotion staff to explore the main factors associated with successful infant feeding supports. Once identified, these factors will be incorporated into a program expansion to our Queen West site (Great Start Together Program), with additional research to determine the feasibility and effectiveness of replicating these model both in house and across other Prenatal Nutrition Programs throughout Canada. ●

<b>224</b>	families received service
<b>159</b>	clients received a welcome package
<b>206</b>	clients received electronic breast pump
<b>98%</b>	of prenatal clients participated in the program after baby was born
<b>432</b>	hours of Lactation Consultant support received by clients
<b>285</b>	encounters with Lactation Consultant/Nurse

**“We used masks before, only sometimes. Now we know to wear them all the time. We care more because we understand more.”**



## Reducing the health risks of nail salon work

For the past five years, Parkdale Queen West CHC has been engaged with efforts to reduce the health risks for workers in nail salons across Toronto. Various granting bodies and partner organizations support this work, and as our connections with nail technicians grow, so does the project. We just wrapped up a grant from the Ministry of Labour to expand the development of peer-led training modules and resources and to build a Healthy Nail Salon Network provincially. These workshop modules and resources listed below were created with input from peer workers and nail salon technicians and have been translated into Vietnamese and Chinese:

- Reducing risks to reproductive health
- Reducing risks to respiratory health
- Ergonomics and stretching
- Reducing risks to skin health

Over 200 nail technicians in 29 salons participated in the workshops. Surveys showed that almost all participants changed the way they thought about health at work as a result of the workshops. Participants also reported changing behaviours in order to protect their health. While behavior change was most pronounced when it came to stretching, participants and salon owners also reported using personal protective equipment more regularly, and changing salon practice to support healthier air.

Our team will continue to share the accompanying resources with nail salons and community agencies throughout the province. At the end of our Ministry of Labour grant, we also produced a Training and Workshop Guide for Occupational Health and Safety in Nail Salons comprising all of our resources. This is being shared with community health centres and other organizations in municipalities throughout Ontario.

In February, 2018, the Atkinson Foundation funded travel and accommodation for seven members of the Nail Salon Workers Project (Toronto) to attend a gathering in Oakland, California of nail technicians and their advocates from the states of California and New York.

The purpose of this gathering was to establish a process for helping to build collective capacity among nail salon workers, share strategies from different sectors, speak about common issues and struggles, and celebrate successes.

As we engage with nail technicians around health issues, we see how intertwined these issues are with labour rights. This work is highly precarious, with no job security, low pay, and little transparency and awareness of workplace rights.

Many nail technicians are newcomers, speak English as a second language, and may have low literacy levels. Some express that they enjoy the work. Recognizing the link between employment status,





workplace protections, and health, the next stage of the healthy nail salon work will focus on engaging with nail technicians to learn about their rights and organizing around improved labour conditions in nail salons.

We thank all of our funders and partner agencies who believe in the ongoing value of this work. We particularly thank our peers, and the nail technicians who have shared their experiences to help guide this project. This year, one of our peers, Jackie Liang, was invited to speak from her experience as a nail technician and member of the Healthy Nail Salon Project on a panel discussion before the Stakeholder Advisory Council of the federal government's Chemicals Management Plan. Jackie was also honoured with the 2018 Chinese Canadian Achievement Worker's Award, granted by the Chinese Canadian National Council (Toronto Chapter) and the Chinese Interagency Network of Greater Toronto Labour Committee. Congratulations Jackie! ●

## Exploring Your Options

### A community initiative

**When a group of community engaged women come together, great community initiatives are born.** This is the case of the Women's Advisory Group, a group of committed community residents who meet monthly to provide ideas on how Parkdale Queen West CHC can support community development initiatives that are responsive to the communities they represent.

Shortly after its inception in May 2013, the Women's Advisory Group came up with the idea of creating a forum for women to explore their options about career and training opportunities, whether for personal growth or career prospects. Drawing from their own experiences, they noted that for many women, the thought of making a career move is in their plans, but they don't know what to do or how to go about it.

They also pointed out that in spite of the broad range of training and job-readiness programs that are available, few address the additional barriers that some women may experience when seeking these services. With this in mind, and with the support of our Community Development staff, they created Exploring Your Options, a safe space for women to get information about employment and training programs that are accessible and financially feasible, as well as trauma-informed.

The first Exploring Your Options forum took place at Toronto's Metro Hall on September 2013, drawing together more than 50 women seeking to learn about community resources, and eager to make meaningful connections that would help them come closer to achieving their goals and aspirations. It was a huge success! The positive feedback gathered from participants inspired our second forum in October 2017, which drew an even larger group of women.

**Exploring** – continued on next page



**“If you didn’t leave with a strategy, a hope, a training opportunity, a name and phone number for future contact; at the very least, you learned something new, or made a new friend.”**

– Forum participant

**Exploring** – *continued from page 15*

In partnership with community organizations, Exploring Your Options brings together a range of activities and supports, including a speakers’ panel, interactive workshops and information fair. Participants have the opportunity to hear directly from service providers as well as from women who have successfully accessed training programs and transitioned to work. Workshops on Goal Setting and Mindfulness provide useful tools for dealing with daily stressors and for staying focused on goals. Information fairs offer information about available supports and help to connect participants with a variety of services. A delicious lunch serves as an opportunity to connect with other women with similar challenges and interests.

In addition to planning the forum’s activities, Advisory Group members take on a variety of roles: from acting as Master of Ceremony, welcoming participants, to ensuring that participants complete an Evaluation Form. Feedback is actively encouraged to gather ideas to improve future events. For instance, from the 2013 forum we learned that holding the forum on Saturday worked well, as it allowed women to have a day to focus on themselves, away from their daily routines and responsibilities. As well, we learned that women enjoyed the venue, as it made them feel “like I’m part of the bigger picture”.

In our 2017 Exploring Your Options forum, we added a Resume Building Booth. Participants were able to get one-on-one sessions with qualified professionals to help them upgrade their resumes and to get job search tips. The forum brought an impressive lineup of speakers, workshop facilitators and information fair from George Brown College, JobStart, Ryerson University, The Centre for Mindfulness Studies, The Chic Company, Times Change Women’s Employment Service, and Up With Women.

We are grateful to our community partner organizations for their support and eagerness to join this venture. Special thanks to our clients who are willing to share their experiences and journeys. For the Women’s Advisory Group, it was both heartwarming and encouraging to see so many women come together on a rainy Saturday morning to talk about the future. ●

# Urban Health Services / Harm Reduction and Homeless

Our Harm Reduction programming and services grew this year with new faces and new programs. We have a fantastic team of Harm Reduction Workers recruited from the communities we serve and we continue to provide support to the most vulnerable and marginalized clients in our community.



We have continued to witness increasing overdoses in our catchment area and our clinical and harm reduction teams have been responding to these. In response to these increased needs we have implemented a number of new programs with funding provided by the Ministry of Health and Long Term Care and from the TCLHIN.

With these new funds we have started a new Harm Reduction drop-in group program for people who use drugs. A team of peer workers supports this program and also staff our harm reduction rooms. In addition, we have expanded our outreach program to the Parkdale site with a team of bike peers.

These peers provide a neighbourhood response to the need for information, harm reduction supplies and naloxone distribution to decrease the number of overdoses in the area. Our satellite harm reduction program is also now operational at both sites to meet the needs of people who use drugs in low-rent housing in the neighbourhood.

This work is made possible through community collaboration, such as our partnerships with local agencies including Homes First, Houselink, Ontario Aboriginal HIV/AIDS Strategy, and Black Coalition for AIDS Prevention (Black-CAP). Parkdale Site Harm Reduction and Queen West Site clinical partnered with Black-CAP to organize and offer a chill-out harm reduction zone at Blockorama at this year's Pride. ●



## HIGHLIGHTS OF THE NIIWIN WENDAANIMAK PROGRAM

With 15 – 40 members attending the group each week, Niiwin Wendaanimak Program has been named the “best indigenous circle” in the city of Toronto by current and new members. As the program grows, collaboration with other partners has grown as well; we are receiving many in-kind donations from tobacco to medicines such as sweet grass and sage. Our Elder has also done naming ceremonies in the program. Alongside our group program, our Indigenous Counsellor (Carlos) has been busy with individual appointments, case management, crisis intervention, and therapy.

We have seen some great personal successes over the year, including a client who successfully had cataract surgery on both eyes and can now see, after years of not receiving adequate medical care.

*Niiwin – continued on next page*



**Niiwin** – continued from page 17

We have been able to bring members on many culturally-specific outings, such as the salmon run at the Old Mill in the Fall, the traditional medicine walk at the Humber River by Naadmaget Kii Gardens staff, NaMeRes, the First Story Bus Tour, and lunches at the Native Canadian Centre of Toronto.

Members also feel comfortable with attending other community events when accompanied by staff or peers. Once again, we hosted the annual Christmas Luncheon provided by Chef Jagger from Feed it Forward. All food was donated and cooked by Feed it Forward, and fed over 300 people, accompanied by brand new gifts for everyone.

While our program has grown, we have also been able to share our message and model. In June, our team was able to present on the evaluation of the Niiwin Wendaanimak program at the Public Health Agency of Canada Conference, in Halifax. In September, the team travelled to Portugal for the International Urban Health Conference. This year, Vivian Recollet (Health Promoter) received the Preceptors Award through the University of Toronto Nursing Program. Congratulations to the team!

While we celebrate our successes, we also mourn the passing of some of our members who died from chronic health issues and others who were taken from us unexpectedly as a result of the overdose crisis. Our team is dedicated to honouring their lives by continuing to provide essential services. ●



## Supervised Consumption and Overdose Prevention

### Promoting Harm Reduction and Saving Lives

The Supervised Consumption Service (SCS) at the Queen West site is in full swing! The SCS provides a safe space for individuals to inject, snort, or swallow drugs under staff supervision. This is a result of years of advocacy work and collaboration with community agencies and clients. We opened our doors on March 16th, and within five months we have had over 150 unique clients and over 600 client visits. The service has reduced overdose risk, prevented overdose-related deaths and has had a positive impact on delivering harm reduction, nursing, case management, and counselling services as well as connecting clients to harm reduction, primary care and community services and supports. The SCS is leading to increased community awareness about harm reduction: our open house hosted over 100 visitors and our team has made presentation to 16 community partners and seven presentations to platoons of the local Toronto Police Division in order to increase awareness of the service among front-line police.

With over 303 opioid overdose deaths in 2017, Toronto continues to struggle to respond to the overdose crisis. According to Toronto Public Health, these deaths represent a 63% increase in just under two years and a 121% increase since 2015. In 2017, at least 1,261 Ontarians died due to overdoses—a 45% increase from 2016. One in four opioid overdose deaths in Ontario occurred in Toronto. Opioids are now a leading cause of accidental death, and are comparable to fatalities on Ontario's roadways. However, the above data do not represent the full picture as they do not capture the number of people who overdose and do not call 911 or seek help at emergency rooms. In the face of this public health emergency, short-term Overdose Prevention Sites have opened throughout the province, including "unsanctioned" sites run by volunteers, and formal services funded by the provincial government.



## SHARING EXPERIENCES

### “Josh”\*, SCS Harm Reduction Peer Worker

**I am** a 47 year old father of two. I have been opioid dependent for over 20 years. I started using intravenously in 2005. In 2016 I had my first overdose which is when I found out about Naloxone. I opened up an illegal injection site in my home because I was tired of seeing friends die. I was fortunate enough to be part of the Moss Park OPS pop-up site on the first day on August 12, 2017. Then my fortune increased on December 5th of that same year when I joined the Supervised Consumption Service team at Parkdale Queen West Community Health Centre.

Working at the SCS has become a huge part of my life. It is important because my 20 year old son has also started to use opiates. I know how important it is to others who access this site; they want treatment or just someone to talk to who has been there. To be behind the counter in the SCS at Queen West when a friend or someone I know from the street outreach I do, comes in. To see the immediate ease that sets across their face when they see someone they know. The training that I have received here at Parkdale Queen West has been extensive and I have been able to use it in the 32 overdose reversals that I have been involved in at the SCS and the Moss Park OPS. I hope to one day be able to become a substance use counsellor.

*\*Name has been changed to protect privacy*

While Supervised Consumption Services (SCS) and Overdose Prevention Sites (OPS) alone will not solve the current overdose crisis, they are a vital and life-saving service and a crucial element of a wide range of services necessary to keep people who use drugs safe. SCS and OPS are an extension of the harm reduction services that we have been providing to our communities for over twenty-five years. We are proud to be an ally with those who have lost friends, relatives and community members to the overdose crisis and to join the community of others SCS and OPS providers in this city and across the country in providing a proactive public health service response to a critical individual and public health crisis.

The research evidence and provincial frontline experience, along with the experiences from other jurisdictions have shown that Supervised Consumption Services and Overdose Prevention Sites benefit both the people who use them as well as the communities they are in. Benefits include increased safety, reduced drug overdoses, reduced spread of HIV and Hepatitis C, increased connections to essential health and social services, reduction in public injecting and discarded needles, and decreased health system costs for ambulance services and emergency rooms. Most importantly, these services save lives. Being able to offer people a SCS or an OPS as part of our continuum of harm reduction and health services enables us to support people who use drugs, many who are highly stigmatized and marginalized from health services.

We support the valuable and life-saving work that is taking place across the province, much of which is carried out by volunteers, people who use drugs, and their friends and families. We affirm our commitment to SCS and OPS services and hope to open an SCS or OPS in our Parkdale location. The evidence in support of these services is compelling, and we will remain vigilant that these vital services remain. We are committed to working with our community, partners, allies and government stakeholders in ensuring that the gains made in overdose prevention will be continually protected. We are grateful for the on-going support of our committed staff, community members, community partners, volunteers and allies, many of whom have been personally impacted by the overdose crisis, in both advocating for these essential services as well as intervening to save people's lives. ●



# WHAT OUR CLIENTS HAVE TO SAY

Every year we ask our clients to share their experience of the care and services they receive from us. This year we also asked about their experience of integration. This is what they told us:



of clients who were aware of the integration said integration had no impact on their access to services/supports



## ACCESS



say they can get an appointment when they need one



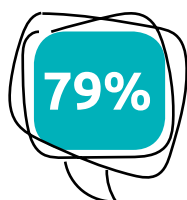
say they feel comfortable and welcomed



say they can get services in the language of their choice



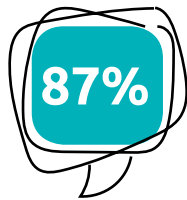
## SERVICE SATISFACTION



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



say they are treated with dignity and respect



agree things are explained in a way that is easy to understand



## WELLBEING AND COMMUNITY



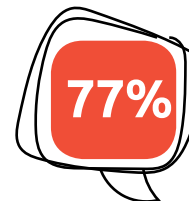
agree they are involved in decisions about their care and treatment



agree they are able to ask questions about recommended treatment



agree that programs and services help them improve their health and well-being



say they feel a strong sense of belonging to their community



agree the Centre has a positive impact on the community



## WHAT WE ARE DOING WELL!

- ✓ Approachable and caring staff
- ✓ A “truly holistic model of medicine”
- ✓ Harm reduction approach to care
- ✓ Strong mental health program that meets client needs
- ✓ A wide variety of group programs, with connections between programs
- ✓ Flexibility and accommodation in scheduling appointments
- ✓ Creating a safe and comfortable environment that supports healing
- ✓ Personalized and non-judgmental services



## WHAT WE CAN DO BETTER

- Difficulties with phone system
- More evening, weekend, and drop in appointments
- Greater client privacy in reception areas
- Longer-term counselling options, including groups and psychiatric care
- Opening an overdose prevention site
- Designated area and service for people who consume alcohol
- More group health and wellness programs
- Reduction in appointment wait time
- Improved communication with clients via (e.g.) newsletter, website

# SERVICE IMPACT

## OVERALL SERVICE UTILIZATION

<b>13,372</b>	Active clients
<b>924</b>	New primary care clients
<b>789</b>	New primary care clients – priority population*
<b>47,025</b>	Individual face-to-face
<b>361</b>	Anonymous HIV testing

\* (homeless, youth, refugee/immigrant, mental health & substance use, income < \$25,000)

## ILLNESS PREVENTION/CHRONIC DISEASE MANAGEMENT

<b>72%</b>	Cervical cancer screening rate
<b>66%</b>	Colorectal cancer screening rate
<b>71%</b>	Breast cancer screening rate
<b>44%</b>	Influenza vaccination rate
<b>84%</b>	Rate of interprofessional care for diabetes

## HEALTH EQUITY

<b>372</b>	Indigenous clients served
<b>755</b>	Non insured clients served
<b>944</b>	Newcomers <=5years
<b>1089</b>	Homeless clients

## OFFSITE AND HOME VISITS

<b>1002</b>	Primary care
<b>151</b>	Counselling
<b>35</b>	Diabetes care

## DENTAL PARKDALE\*

<b>2019</b>	Unique clients served / TPH
<b>1373</b>	Total visits / TPH
<b>140</b>	Seen by dentist / George Brown
<b>193</b>	Visits for dental hygiene / George Brown
<b>128</b>	New dental clients seen in WEOHC

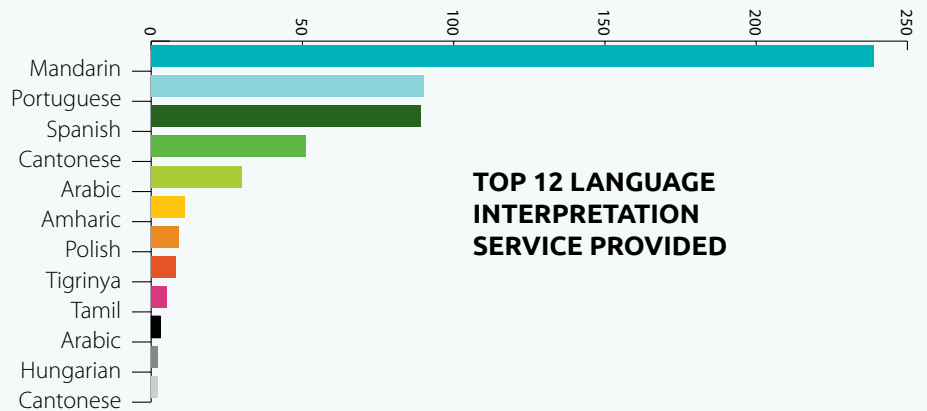
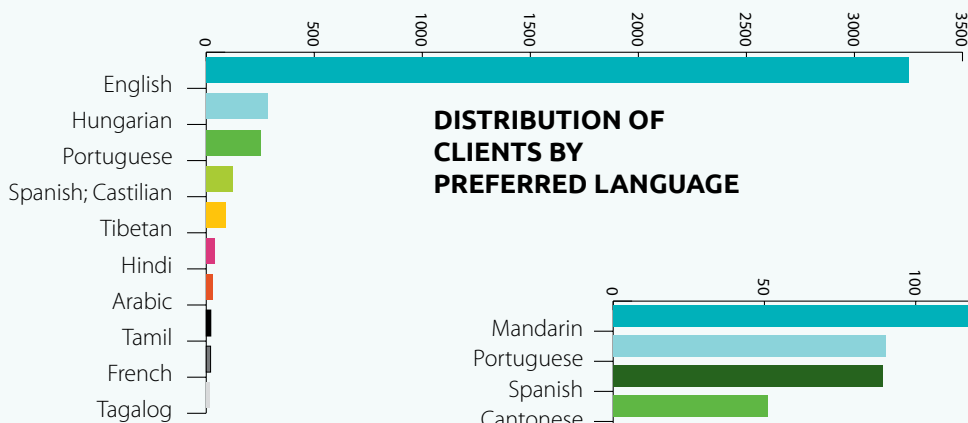
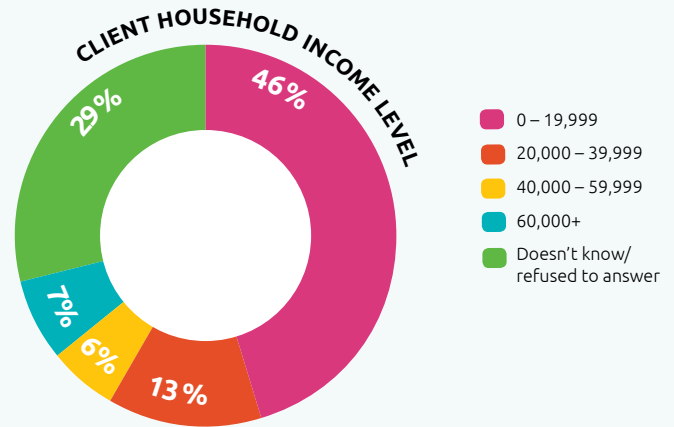
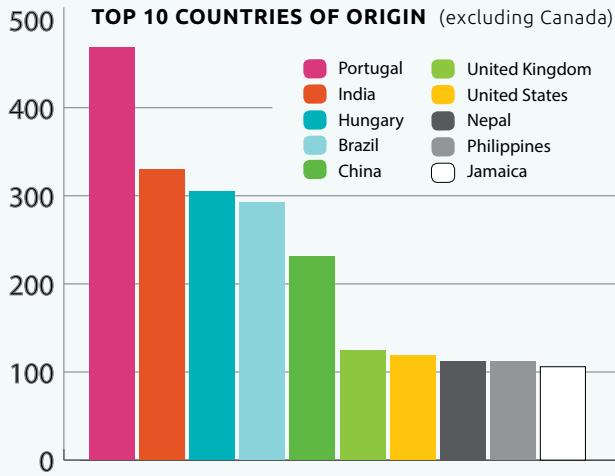
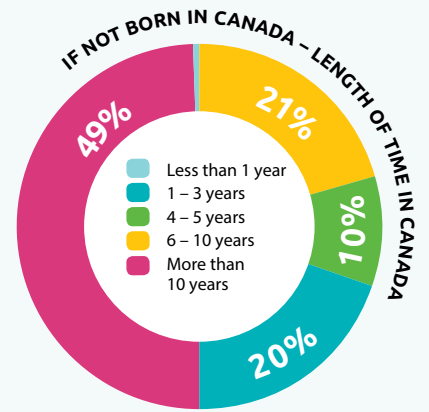
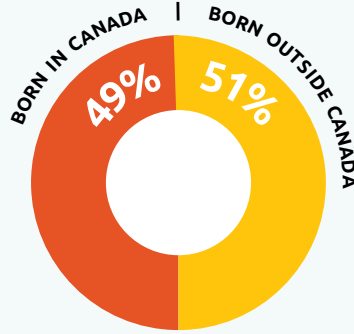
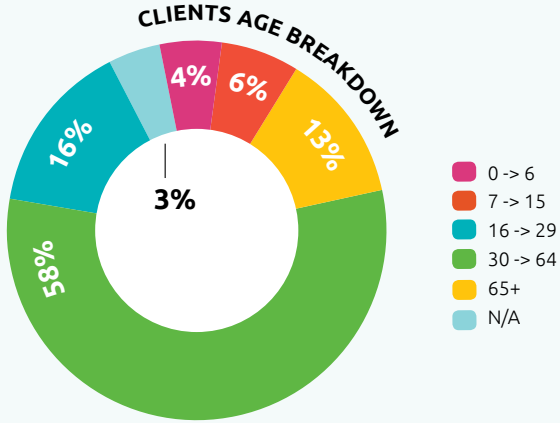
\* Dental Services are provided through partnership with Toronto Public Health (TPH) & George Brown College – West End Oral Health Clinic

## DENTAL QUEEN WEST

<b>487</b>	Queen West Dental – unique clients served
<b>765</b>	Queen West Dental – individual client encounters



# CLIENT PROFILE



# PQW FINANCIAL SUMMARY

## Statement of Financial Position Year ended March 31, 2018

**2018**
**2017**

### ASSETS

#### Current assets

Cash and short-term deposit	\$ 1,849,457	\$ 1,530,768
Accounts receivable and prepaid expenses	803,808	555,179

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Property and equipment	7,068,393	6,817,151
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### LIABILITIES

#### Current liabilities

Accounts payable – accrued liabilities and deferred revenue	1,747,562	1,409,800
Accounts payable – Toronto Central LHIN and MOHLTC	349,733	155,294

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Deferred capital contribution	7,096,061	6,821,773
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	9,193,356	8,386,867
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### NET ASSETS

Unfunded payroll obligations	(220,699)	(227,587)
Other activities – unrestricted	749,001	743,818

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	528,302	516,231
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## Statement of Operations Year ended March 31, 2018

### REVENUES

Toronto Central Local Integration Network (TCLHIN)	\$ 12,939,254	\$ 12,536,649
Ministry of Health and Long Term Care – AIDS Bureau	197,231	91,231
Ministry of Health and Long Term Care – SCS	409,133	–
City of Toronto	345,226	369,082
Public Health Agency of Canada (PHAC)	334,403	347,650
Ministry of Community and Social Services (MCSS)	165,885	165,306
Other grants, fees and other income	922,281	845,612

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<b>Total revenues</b>	<b>15,313,413</b>	<b>14,355,530</b>
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### EXPENSES

Salaries and benefits	12,027,395	11,281,162
Occupancy costs	805,982	694,607
General and operating	2,444,921	2,336,176
Depreciation expense	23,044	23,042

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<b>Total expenditures</b>	<b>15,301,342</b>	<b>14,334,987</b>
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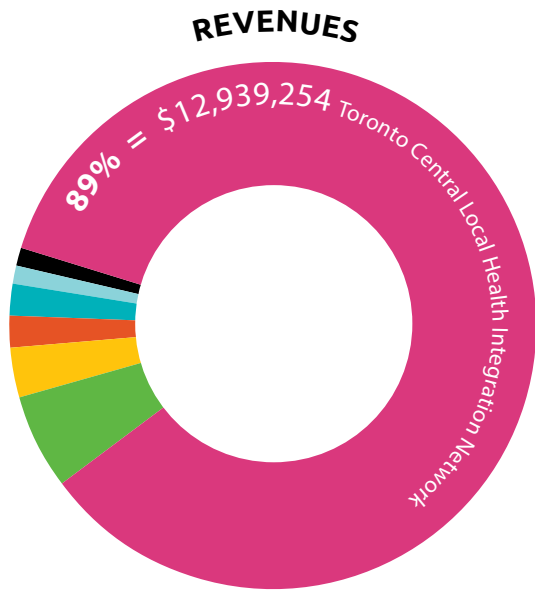
Excess of revenues over expenses for the year	\$ 12,071	\$ 20,543
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*This is a summary of the audited Financial Statements by Hilborn, LLP.*

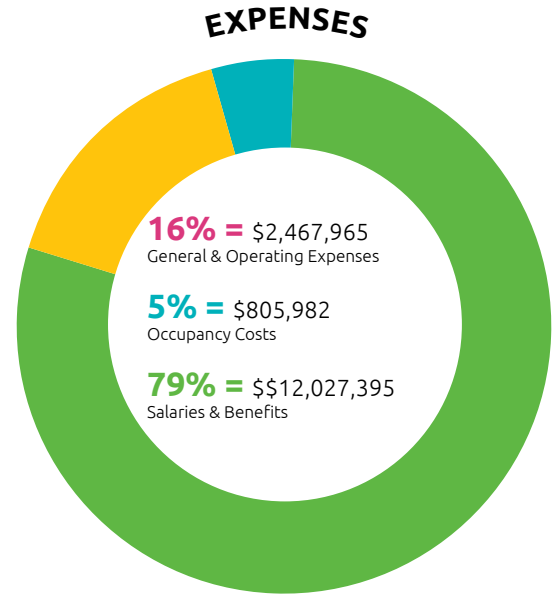
*Complete audited financial statements available upon request from the the office of the Executive Director.*



# CORPORATE INFORMATION



- 3% = \$409,133**  
SCS – Ministry of Community & Social Services
- 2% = \$345,226**  
City of Toronto
- 2% = \$334,403**  
Public Health Agency of Canada
- 1% = \$197,231**  
AIDS Bureau – Ministry of Community & Social Services
- 1% = \$165,885**  
MCSS
- 6% = \$529,656**  
Other grants



## BOARD OF DIRECTORS 2017 – 2018

- Anu Radha Verma, President
- Karen Lior, Vice President
- Lisa Druchok, Secretary
- Lois Fine, Treasurer
- Bernard King, Director
- Eden Hagos\*, Director
- Kate Hammer, Director
- Marc Andre Hermanstynne, Director
- Nancy Ng\*, Director
- Shelina Ali, Director
- Wilfred Cheung\*, Director
- Yervant Terzian, 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.**



Ministry of LABOUR

Ministry of COMMUNITY AND SOCIAL SERVICES



## Bringing our histories together: Celebrating long term commitment to clients and communities

We are proud of our rich and long-standing history of serving our communities. The various organizations that have, over the years, changed and merged to become Parkdale Queen West CHC have shaped not only the work we do, but the individuals who do the work. Several of our staff have been with us for more than 20 years. Their roles have expanded and changed as the needs of our community have changed. We asked a few of them to describe how they came to work at the Centre, what has kept them in the sector for so long, and if they have a special story they would like to share. Their stories reflect the stories of many of our clients and represent what we hope to give back: a sense of agency, belonging, hope, and pride.

**Filomena Gonzalez**, Clinical Administrative  
Coordinator, Queen West Site



Filomena grew up in the Queen West neighbourhood. Her mother had been the cook at St. Stephen's Community House and Filomena volunteered there. She began working at the former Alexandra Park Health Centre in 1979 as a medical secretary. Filomena fondly remembers the early days, almost as if the entire neighbourhood was a family. "It was like home. The patients would come in their slippers."

More recently, as the city has welcomed many Syrian refugees, Filomena (Fil) has accompanied many of them to appointments. Most have moved out of the neighbourhood, but one family keeps in touch. The daughter, age 12, is the only one who speaks English reasonably well. She called Fil this past year at Christmas because, even though the family is Muslim, she knows the holidays are important to Fil. "She has a dream of becoming a doctor, and I know she'll do it. She has told me that she will take care of me when I get sick. These kinds of relationships make everything worth it."

**Beth Wierzbicki**, Corporate Executive Assistant



Beth began working at Parkdale CHC in October 1984, the year the Centre opened! At that time, the current building at 1229 Queen Street West had not yet been built. In fact, Beth's job interview was held in a church that is no longer in existence. About a month later, the five-member staff (the Executive Director, a physician, a nurse, a social worker, an administrative assistant and Beth as the lone medical secretary) began their work in a building at 1257 Queen Street West. Beth recalls that when she first applied for the position, she was told by friends that Parkdale was a "scary neighbourhood". But her experience has been different. She describes Parkdale as a "very vibrant neighbourhood and an amazing community". She has stayed with the Centre because she loves her job, she loves the workplace, and she feels it has educated her, and most of all she feels at 'home'!



**Malkit Johal**, Physician, Queen West Site



Malkit became certified to practice medicine in 1976. Eight weeks after giving birth to her son, she began working in the Alexandra Park Health Centre. The clinic was near a large Toronto Community Housing project, and Malkit was drawn to the families

who struggled with income security. While the work was not always easy, she describes herself as “stubborn” and unwilling to yield to the pressures that might have encouraged her to move to a neighbourhood less fraught with social issues.

For many health professionals, there is a client who exemplifies why they stayed in the work, despite the difficulties. For Malkit, it was a single mom with two children who Malkit encouraged to go back to school and become a healthcare professional. The client did, and left community housing, bought her own place, and raised her children. “I LOVE my patients!” says Malkit, noting the many rewards of a trusting relationship. She has, amongst her clients, families whose members span five generations. After 40 years in practice, clients become like family. They will miss her when she retires at the end of the year. We will miss her, as well.

**Ed Lee**, Physician, Parkdale Site



After finishing his internship at St. Joseph Health Centre in 1989, Ed began working as a locum physician in family and emergency medicine, mostly around Goderich, Ontario. He started working at Parkdale in 1991 covering the leaves for staff physicians; a few

years later, a half time permanent position became available. Ed says that in the CHC sector, the people are more interesting to work with and that he loves being able to work with caring professionals of so many other disciplines. He particularly likes having the “luxury” of longer appointments, which allows him to get to know clients on different levels.

For Ed, the greatest challenge and the greatest reward are the same: the clients. “I feel so blessed that someone trusts me with their health”. Always learning about the clients, and learning how to affect change at an individual level, is what keeps him in the community health sector.

**Rosie Henderson**, Nurse Practitioner, Queen West Site



Rosie started working at the Alexandra Park Health Centre as a nurse. She was drawn to the clinic partly because of the structure: the board was composed entirely of community members, the agency was student-run, with one physician, one registered nurse, and a

few part time practitioners who worked in the evening. As well, the community felt a sense of ownership of the clinic.

In 1978, Rosie went back to school and completed her Primary Care Nurse Practitioner training. After years of working with families and individuals who struggle in their daily lives, Rosie stays in the work for a variety of reasons: the highly skilled and dedicated staff, the many generations of family members she continues to see and, watching as people make positive changes to their lives. She recently received a message from a client she had seen more than 20 years ago. He had come by the Queen West site to say hello, after his release from prison. Rosie was not working that day, but he left a message for her: “thank you for believing in me. I promise to do better”.

**Mary Rose MacDonald**, Physician, Parkdale Site



Mary Rose began working at Parkdale CHC on a temporary assignment in 1989. She fondly remembers her first week at Parkdale: “The staff were lively and fun, and the patients had real needs. The staff meeting that week was politically charged with some local

issue, and it was one of the first times I really saw the convergence between health, community-based action and politics. Somehow in that crazy mix, I felt right at home, able to fit in and do something with purpose.” She was able to come back full time in the summer of 1990 when the Centre received funding for another physician.

When asked what has kept her in the sector, Mary Rose fondly recalls the “fabulous co-workers, the great patients, and the opportunity to do a variety of things”. And there was one person “I will always remember with fondness as well as sadness, and who will dominate my PCHC memories—there were health problems, crisis situations, alcoholism—I learned a lot from her, and we became very important to each other. She completely changed her life, but then she died alone in her apartment after an illness she refused to treat. I gave the eulogy at her tiny funeral and was the one person seeing her into the grave.”

**Falko Shroeder**, Nurse Practitioner, Parkdale Site



Falko came to Canada in the late 1980s. By the early 90s, it was difficult to find nursing jobs, as hospitals were amalgamating, laying off nurses, and hiring registered practical nurses instead. While Falko was working at the Victoria Order of Nurses on a casual

basis, the Minister of Health came to their office and announced a newly created Nurse Practitioner (NP) program in Ontario. Falko knew right away that this was what he wanted to do. He began his NP program at Ryerson in 1995, the first year of the program. When he graduated two years later, there were still no jobs but he persevered and in 1999, he began working as a NP at Parkdale CHC. He has stayed because he really enjoys the work, and has learned a great deal. He is thankful the Centre is supportive of ongoing learning; in fact, he completed his Masters of Nursing degree with research he organized between Parkdale and several other CHCs. While Falko appreciates the kind words of clients and his team mates, he is humble in his acceptance: "There is nothing special one person does over another. We all make a difference."

**Rosa Ribeiro**, Health Promoter, Parkdale Site



Rosa began working at the Parkdale CHC 29 years ago as a receptionist. As an immigrant woman, she was thankful for her job, and excited to be working in health care, as she had always wanted to be a nurse. In 2009, she obtained a contract health promoter

position working with youth. The position eventually became permanent, with Rosa working with newcomers and families. "I felt the sense of belonging. I was working in the right work setting, where I could use my own experience, I could identify as a newcomer".

The feeling that she could be of help to others is what has kept Rosa in the CHC sector. She remembers one client in particular: a man who was homeless and had many health care needs when he started attending Parkdale CHC. The effort and expertise of the interdisciplinary team helped him to overcome many of his challenges: he was housed, his health improved and at some point he moved out of the city. Before he left he brought in a thank you card. He wrote: *When I first came into the health centre, I had no place to stay and no one to turn to. Thank you for helping me be where I am now.* For Rosa, "stories like this are the reason that I am still working here. The turnaround for the better in people's lives are my rewards."

**Debbie Honickman**, Physician, Queen West Site



Debbie has been a physician at Parkdale Queen West CHC for over 20 years. Prior to that, she worked at the Niagara Neighbourhood Health Centre and Anishnawbe Health Toronto. She has stayed in the sector because "in a CHC you can go beyond the beyond",

which she does through ongoing and extensive advocacy for her clients: "It involves lots of phone calls on behalf of patients, and lots and lots of letters and emails". The main reason for staying at Parkdale Queen West, however, is "the collegiality I enjoy with other health care workers and the support I receive".

**Sandra Godoy**, Health Promoter, Parkdale Site



Community-based action is what drew Sandra to the Parkdale CHC. Originally from Guatemala, Sandra trained to become an elementary school teacher. She began her career in community organizing and community development when an earthquake

devastated her community in 1976. She and other students got together to advocate for the creation of a community college in her town and help distribute local aid to earthquake victims. Sandra fell in love with the work so she went back to school to complete a social work degree. She then began working with non-governmental organizations doing health literacy work. Sandra had to flee Guatemala in 1987 as a political refugee because, although not affiliated with any political group, she was seen as leftist due to her community work. She lived in Kitchener for three years, while learning English in the evening and caring for her young children during the day, before moving to Toronto for greater opportunities.

Sandra began working at Parkdale CHC as a Spanish-speaking health educator in 1992. She recalls a number of her clients were here without status and she "saw something of myself in each of them." Later, Sandra started working with seniors and went back to school to get a gerontology degree. She has put her social work skills and gerontology training to good use in her current role as a health promoter with a variety of seniors' programming.

# PARKDALE QUEEN WEST CONTACT INFORMATION

## PARKDALE SITE

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

### Hours of Operation

Monday, Tuesday & Thursday  
9:00 a.m. to 8:00 p.m.

Wednesday  
1:00 p.m. to 8:00 p.m.

Friday  
9:00 a.m. to 5:00 p.m.

Saturday  
10:00 a.m. to 1:00 p.m.

## SATELLITE SITE

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

### Hours of Operation

Monday to Friday  
9:00 a.m. to 5:00 p.m.

## QUEEN WEST SITE

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

### Hours of Operation

Monday, Tuesday & Thursday  
9:00 a.m. to 8:00 p.m.

Wednesday  
1:00 p.m. to 8:00 p.m.

Friday  
9:00 a.m. to 5:00 p.m.

**Counselling Services**  
Tel: 416.703.8482

**Health Services**  
Tel: 416.703.8480

**Dental Services**  
Tel: 416.703.8481

**Community Programs**  
Tel: 416.703.8482

### Extended Hours

**Second Floor Health Centre**  
Monday, Tuesday & Thursday  
8:00 a.m. to 8:00 p.m.

Wednesday  
1:00 p.m. to 8:00 p.m.  
*\*Appointments are required  
before 9:00 a.m. and after  
4:00 p.m. to access the medical  
clinic.*

Friday  
8:00 a.m. to 5:00 p.m.

### Dental Clinic Hours

Monday, Wednesday & Friday  
9:00 a.m. to 12:00 p.m.  
1:30 p.m. to 5:00 p.m.

Tuesday  
CLOSED

Thursday  
10:00 a.m. to 1:30 p.m.  
2:30 p.m. to 7:00 p.m.



**PARKDALE  
QUEEN WEST**  
Community  
Health Centre