

CARE WITHOUT COMPROMISE NO MATTER THE BARRIERS

BECAUSE. DIGNITY. SAFETY. HEALTH.
ARE NOT OPTIONAL.



**PARKDALE
QUEEN WEST**
Community
Health Centre



Every choice deserves safety

VISION

Inclusive Communities.
Responsive Healthcare.
Healthier Lives.



MISSION

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

VALUES

Client-centered

Community responsiveness

Social justice, equity, and access

Capacity building

Humility and reconciliation

Accountability



Nicole Mihajlovic,
President

What do you do when challenges and barriers seem insurmountable? What do you do when it feels like everything is against you? Do you feel like your value is erased or invisible? Parkdale Queen West Community Health Centre has had to contend with these questions over the past year and in response we committed to pushing forward **Providing Care without Compromise no Matter the Barriers.**




Angela Robertson,
Executive Director

In 2017, for the first time in Ontario, four Supervised Consumption Services opened to provide care for people who use drugs as one key strategy to prevent overdose deaths, in the face of an overdose crisis in Ontario. We were amongst that first group of organizations in Ontario to provide such services. The primary objective of the services **was to save lives** and connect clients to health services. Since opening the Bathurst site, we responded to over **1,211** overdose events; over **8,448** individuals accessed the service and were connected to the integrated health services they provide; and of those overdose events only **54** required ambulance calls and transfer to the emergency departments. **It is undeniable that Supervised Consumption Services save lives!**

Currently, over 220 people die monthly in this province from unregulated toxic drug and overdose crises, yet there's never been an overdose death in a Supervised Consumption Service site in Ontario. Hence, we were shocked when in August 2024, the provincial government announced that by March 31, 2025, it would close one of our sites and nine other such lifesaving services across Ontario. We continue to be shocked. In response, we joined others in the sector, and the Registered Nurse's Association of Ontario, as Interveners in the legal case challenging Ontario's *Community Care and Recovery Act, 2024*, which restricts the opening of such services within proximity to schools, daycares and EarlyON centres. This has the effect of forcing the closure of Supervised Consumption Services regardless of which site was there first.

While one of our sites was forced to close because of the *Act*, with the withdrawal of provincial funding for the service, we are pleased that the efforts of many made it possible for the Courts to grant an injunction which kept a partner site open. The Court granted the injunction on the grounds that *"site closures and the resulting increased risk of unsupervised drug use risks irreparable harm, threatening the health and lives of people who use drugs"*. We cannot bring ourselves to say this is the end of Supervised Consumption Services at or near our Bathurst site, amid this continued



overdose crisis. Through the anger, frustration and grief, we remain relentless in working to keep Supervised Consumption Services from extinction in Ontario. **We need a balance of treatment and harm reduction programs, and we believe people who use drugs need both.**

In confronting those barriers, our team continues to keep our vision of building Inclusive Communities and providing Responsive Healthcare at the forefront as we know that accessible, dignified and responsive care remains a challenge for many in our communities. As such, **without compromise, we have:**

- Attached over 10,200 community members to our primary health care teams
- Delivered on the commitment of Reconciliation and the principle of Indigenous Health in Indigenous Hands by providing culturally responsive and safe care to over 150 urban Indigenous identified peoples through Indigenous-led supports of the Niiwin Wendaanimak (Four Winds) program
- Deepened strategic partnerships with the SPROTT foundation and TELUS Health for Good to enliven the mission of delivering care how, when and where needed
- Secured over \$700,000 to provide refugee and Black-focused health and wellness programs

- Provided embedded harm reduction worker support to over 10 homeless shelter
- Insisted on integrating preventive and health promotion interventions in service delivery
- Built on the evaluation and research evidence about the impact of the community-based integrated health services model with over 8 published journal articles in partnership with academic and research scientists
- Returned over \$324,299 in tax refunds to 155 clients through our tax clinic partnership with West Neighbourhood House

Our community health system and Centre remains a pillar in being responsive and nimble in meeting the needs of local communities and structurally marginalized populations. Despite the challenges and pressures, **our staff team remain unwavering in their commitment to providing high quality and dignified care, and we continue to thank our funders and partners for their investment and trust. Thank you to the diverse communities of clients for trusting us with their care.**



PRIMARY CARE SERVICES

EXPANDING SERVICES. DEEPENING CARE.

Pictured: Queen West Dental Services.

PRIMARY CARE SERVICES

At PQWCHC, we are removing barriers and expanding access to care for those facing the greatest systemic inequities. Over the past year, we've grown our primary care services to better serve people living with marginalization, complex health needs, and limited access to mainstream health systems. This is harm reduction in action—meeting people where they are, with care that respects their dignity and supports their health.

MEETING PEOPLE WHERE THEY ARE

Our new Hepatitis C care team offers flexible services through appointments, drop-ins, and outreach—bringing care directly to people who need it most. At our Queen West site, we've expanded drop-in and urgent access services, integrating care across teams for a more connected experience.

We've also strengthened partnerships with CAMH and Unity Health – St. Joseph's to increase access to psychiatric support, addressing the growing need for responsive, trauma-informed mental health care for people with complex mental health needs.

EXPANDED DIGITAL TOOLS FOR BETTER ACCESS

To improve communication and reduce missed care opportunities, we expanded use of the secure OCEAN platform. Clients now receive appointment reminders and messages digitally, helping them stay connected in a way that is accessible and fits their lives.

PRIMARY CARE SERVICE NUMBERS 2023 – 2024

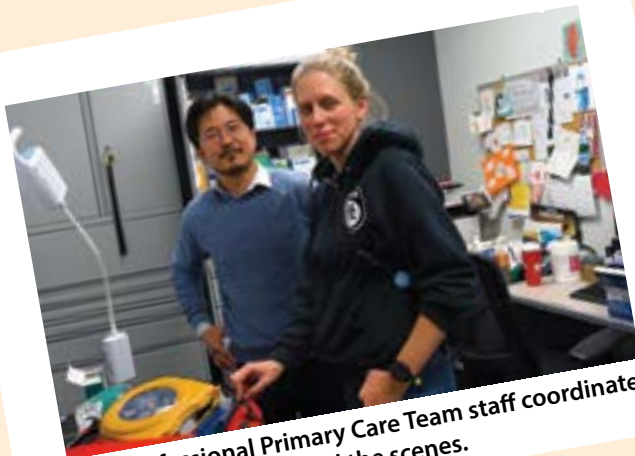
967 New primary care clients

666 New primary care clients – priority population

30,297 Individual face-to-face primary care encounters



Bringing care directly to the community with our Mobile Health Clinic.



Interprofessional Primary Care Team staff coordinate care and support behind the scenes.

ORAL HEALTH IS ESSENTIAL HEALTH

Dental is a crucial part of maintaining healthcare which remains out of reach for many, particularly those without insurance and who cannot afford out of pocket costs. We've responded by expanding our dental clinic services:

- Increased patient volume through the Ontario Seniors Dental Care Program (OSDCP)
- Launched the Canadian Dental Care Plan (CDCP)
- Grew hygiene appointments through West End Oral Health Collaborative (WEOHC)
- Deepened support for Indigenous clients via partnership with Niiwin Wendaanimak
- Introduced financial assistance for low-income, uninsured clients

These efforts bring dignity and relief to people for whom oral health care was once impossible.

DENTAL PROGRAM SERVICE NUMBERS 2024 – 2025

1,117	Unique clients
3,791	Dental encounters = total procedures
334	Clients age 65+
257	Clients able to receive free services through OSDCP
240	Patients seen through CDCP
37	Clients seen through Niiwin Wendaanimak drop-in clinic
\$696,245	Equivalent value of dental procedures performed (using ODA fee guide)

Telus Mobile Health Clinic +
Interprofessional Primary Care Team +
Health Access Navigation Services =
Integrated Care

HARM REDUCTION

This year, the newly created Integrated Care portfolio brought the Telus Mobile Health Clinic, the Health Access Navigation Services team of case managers, and the newly formed Interprofessional Primary Care Team together.

The Mobile Health Clinic's Nurse Practitioner-led service continued to offer episodic and ongoing care, increasing access to primary care and wraparound services through social workers, case managers, harm reduction workers, and community health workers. In addition, the mobile clinic integrates a range of health and social supports from across the Centre, informed by the needs of the populations at the various service delivery sites. This has included collaboration with the Hep C and Niiwin Wendaanimak programs to connect people to those programs.

MOBILE HEALTH CLINIC SERVICE NUMBERS

1,068	Clients served
3,949	Client care encounters delivered

The Interprofessional Primary Care Team started July 2024, as a partnership with Parkdale Queen West CHC, South Riverdale CHC, and CAMH. The team’s mandate was to provide primary care to unattached clients with complex mental health, substance use care needs and other social factors compounding their vulnerability and marginalization.

The interprofessional team of an MD, NP and RN includes wraparound supports such as a case manager, social worker, and community health worker, as well as rapid access to psychiatry and an Indigenous cultural care practitioner from Shkaabe Makwa at CAMH.

INTERPROFESSIONAL TEAM SERVICE NUMBERS

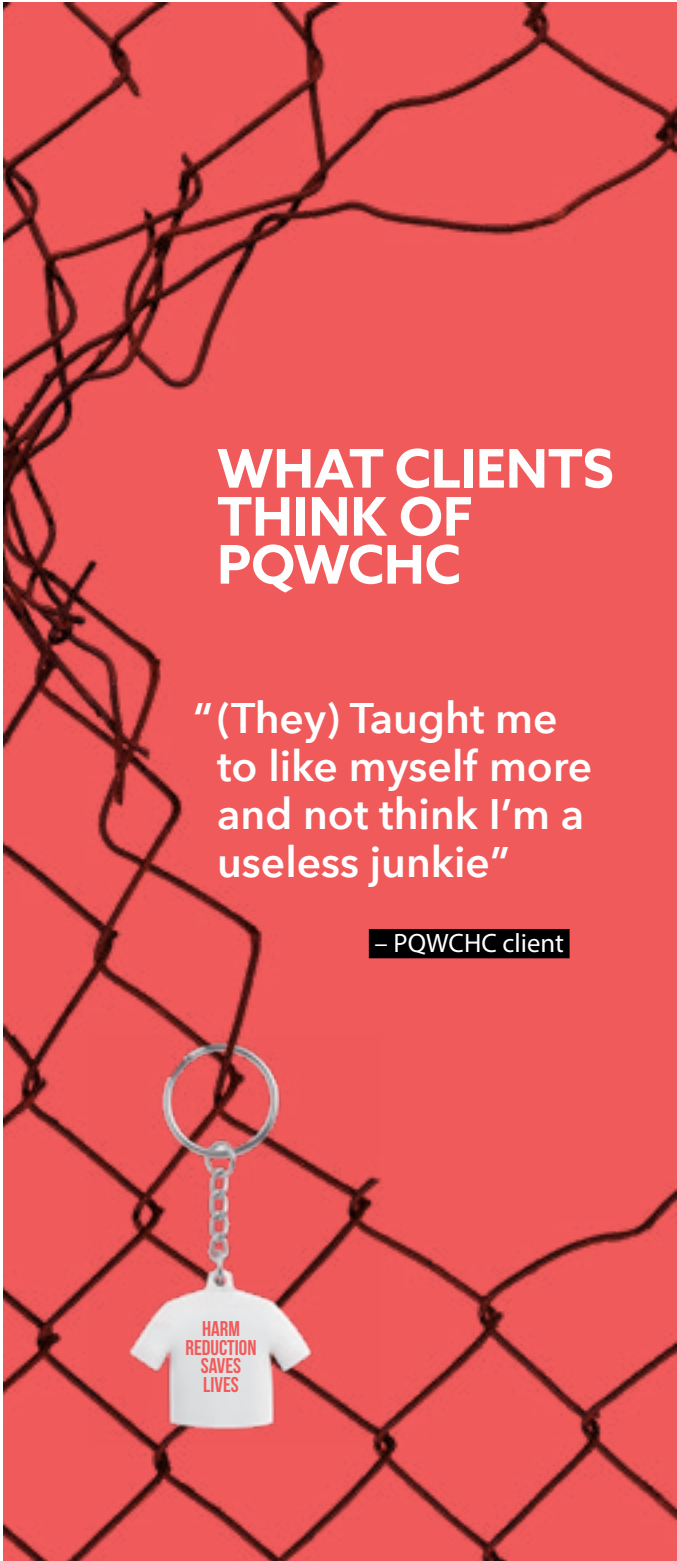
3,909 Client care encounters delivered

The Health Access Navigation Service was established in 2023 with a goal of post hospital discharge supports and redirecting individuals from emergency department to health-specific supports through short-term, healthcare-specific, goal-centered case management.

HEALTH ACCESS NAVIGATION TEAM SERVICE NUMBERS

600 Interventions provided

With the closure of the Consumption Treatment Services site, the Parkdale Queen West Community Health Centre was invited to apply for the Homeless and Addiction Recovery Treatment (HART) Hub as a transition for the closing CTS. PQWCHC recognized the government’s HART Hub model focused exclusively on treatment and recovery, and lacked the critical, lifesaving, consumption treatment service—with the government categorizing that important work as “a ‘revolving door’ of services (treatment/relapse).” **It is noted that all nine closing sites were approved to transition to a HART Hub, and 18 additional, new, HART Hubs across the province were approved.**



TRIP! PROJECT CELEBRATES

30 YEAR ANNIVERSARY

Now in its 30th year, the TRIP! Project remains a bold, brilliant and youth empowering force in harm reduction. Since 1995, TRIP! has been a trailblazer in Toronto's public health landscape through peer-led education, support, and harm reduction services, particularly in rave and nightlife communities where stigma often silences important conversations around drug use and sexual health. TRIP has helped reduce stigma, promote safety, and save lives, and fostered leadership and resilience among youth.

Operating through Parkdale Queen West Community Health Centre, TRIP! has reached generations of young people with life-saving resources, referrals, and real-talk harm reduction.

In 2023, a comprehensive program evaluation reaffirmed TRIP!'s relevance and impact, underscoring its continued alignment with the evolving needs of diverse communities.

Rooted in innovation, compassion, and lived experience, TRIP! proves what's possible when we meet youth where they are—with respect, honesty, and tools to stay safe. Thirty years strong, TRIP!'s legacy is a powerful testament to the impact of grassroots, community-driven health initiatives.

TRIP! ANNUAL IMPACT SUMMARY 2024 – 2025

PROGRAM HIGHLIGHTS

65 Parties attended

36 Volunteers

10,897 *Youth engaged

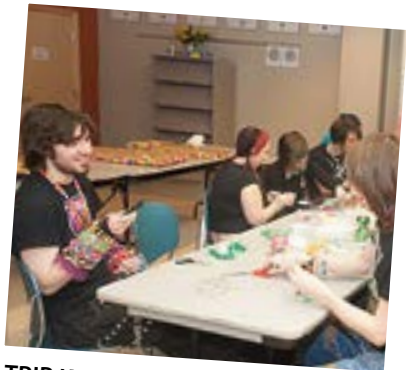
* Youth engagement includes outreach at parties, events, volunteer programs, peer work, workshops, and social media.



TRIP Project sign



TRIP mini booth



TRIP Kandi making event

AFFIRMING THE SAFER SUPPLY PROGRAM (SOS)

Over the past six years, PQWCHC has built on the clinical innovation and courage of Dr. Nanky Rai, Dr. Sonika Kainth, and Dr. Tom Mann, who pioneered the provision of short-acting, known-potency opioids as a safer alternative for individuals dependent on the toxic street supply. This approach aimed to reduce both fatal and non-fatal overdoses while improving stability and quality of life for highly vulnerable clients.

The early outcomes of this work were compelling and laid the foundation for a five-year funded Safer Supply Program (2020–2025). As the Health Canada program evolved, it expanded to include leadership by Nurse Practitioners in prescribing, as well as the integration of longer-term case management and mobile counselling supports. A key outcome of this initiative was the development of updated PQWCHC prescribing guidelines, which have since become an important reference for safer supply prescribing across the province.

During our funded period, the provision of a safer opioid supply had an immense and measurable impact—saving lives, reducing overdoses, and fostering trust with people who use drugs by offering them dignity, stability, and compassionate care. It was a groundbreaking intervention that brought hope and safety to a population long underserved and overexposed to harm.

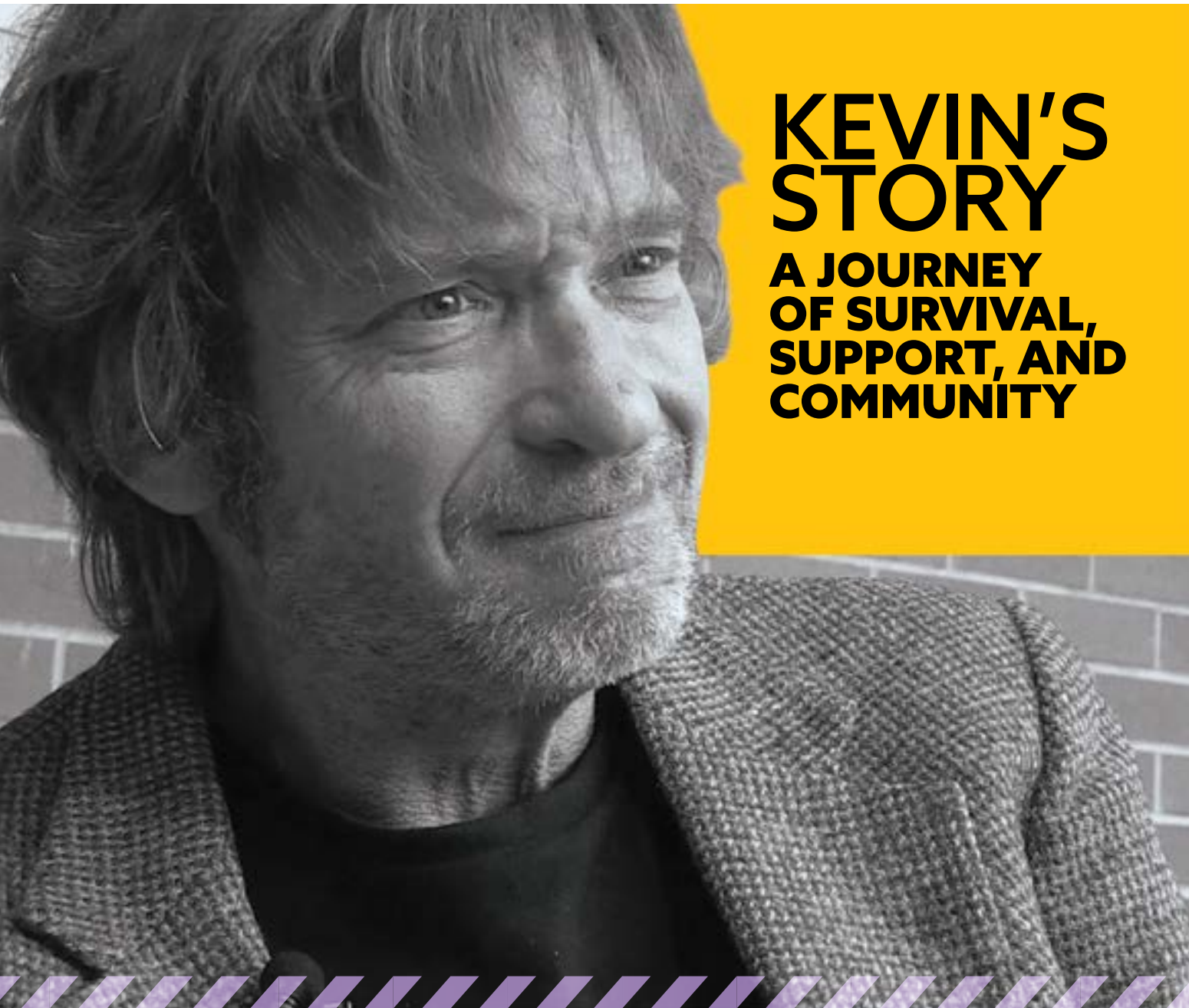


The program was not renewed after the 2020–2025 funding period. The loss of this funding is not only deeply disheartening but devastating; it rips away a vital lifeline from those who relied on it and undermines years of progress toward evidence-based, humane, substance use care.

Staff, especially providers, demonstrated extraordinary courage by participating in a program that faced intense public and political scrutiny. Their unwavering commitment to doing what was right, not just what was easy, speaks to their integrity and the strength of their values. With trends of reduced overdose fatalities on a national level, there is anecdotal evidence that the years of safer supply provision has been a stabilizing force across the country. Safer supply has shown itself to be an effective clinical intervention, driven by client autonomy, and ultimately saves lives.

SAFER SUPPLY PROGRAM SERVICE NUMBERS 2020 – 2025

200 Clients served



KEVIN'S STORY

**A JOURNEY
OF SURVIVAL,
SUPPORT, AND
COMMUNITY**

Pictured above: Kevin Wilson



I first came to the Queen West site a little over a year ago. I'd been using methamphetamine for a couple of years and injecting for about one. I was self-taught. I was a lousy teacher. That damages your veins fast. I just wanted to keep the ones I had left in working order. I figured I could get help and clean supplies. That was my entry point. I got buzzed in, received a kit—everything but the drugs—and that was it. I used, cleaned up, and left. Lather, rinse and repeat.

At the time, I was homeless. I'd lost custody of my kids. I was severely depressed. I'd removed the phrase "things couldn't possibly get worse" from my vocabulary. They always did. First, sleeping in my car, then the car broke down. Then it got towed. I was facing Christmas on the street.

This year? It's a different story. Parkdale Queen West brought serious case management into play. My case manager, Nadine, moved mountains. I lost all my ID when I became homeless—wallet stolen. No ID means no access to services. No bank card. It's a grim cycle. Nadine helped me get my ID back in weeks.

Then I had a bike accident—busted my arm, needed surgery. Nadine got me three weeks of respite care post-surgery. I had meals, a place to heal, and support. From there, I entered the shelter system for the first time. Now I'm in supportive housing, ten minutes from the site. No more long commutes for care.

I'm getting counselling now. Losing your home, your kids, it's traumatic. You need to unpack it, or it bites back. I've received a lot of help, but never at the cost of my autonomy or humanity. Addiction is one of the most dehumanizing things a person can go through. Here, I'm still seen as a person.

Community means everyone belongs, whether or not you understand what they're going through. I take responsibility for my addiction. It's mine to manage. But every person on the margins is still a person. We get called "dirty," "crazy"—one-word cudgels. We're not stats. We're not epithets. We're human beings and members of this community. Walk a mile in our shoes and understand what we have been through before you judge. What people see on the streets isn't the fault of addiction alone. It's a legacy of many years and decades of governments failing to deal with homelessness, mental health, indigenous relations, you name it. Blaming harm reduction is a distraction.

Health isn't just about fixing a botched injection. It's about healing from trauma, finding shoulders to lean on. When I was hungry, they fed me. When I was sick, they treated me. When I was despairing, they listened. That's not a drug den—it's a place that keeps people alive.

Harm reduction isn't a cure-all. It's a way to keep people like me alive and intact until we're ready to deal with our substance use and trauma issues. These sites exist where they're needed—where people are struggling. They meet us where we are, literally. Addiction is the only illness I know of where a huge swath of the population believes that the only way to cure these people is to inflict more of the trauma and suffering on them that led them to substance use in the first place. Harm isn't healed by more harm.





HARM REDUCTION

PRACTICE AND A MOVEMENT FOR JUSTICE,
EQUITY, AND THE RIGHT TO LIFE

Pictured: CTS Consumption Booth, Queen West site.

Across Canada, harm reduction services are under attack. In Ontario, we are seeing a rolling back of critical, well-evidenced public health initiatives, closing supervised consumption sites (SCS), restricting needle distribution, and limiting the existence of safer opioid supply programs. These political choices are not without consequence. They risk accelerating disease transmission, increasing fatal and non-fatal overdoses, and deepening the crisis driven by a toxic street drug supply.

At PQWCHC, we refuse to retreat.

Our harm reduction work stands firm with profound resilience, grounded in science, compassion, and the lived experience of people who use drugs. In the face of political opposition and public scrutiny, we continue to push back against stigma, regressive policies and misinformation with a clear and unified message: health and dignity are not optional.

CARE IN ACTION

Our harm reduction team delivers life-saving services through partnerships and community-rooted programs:

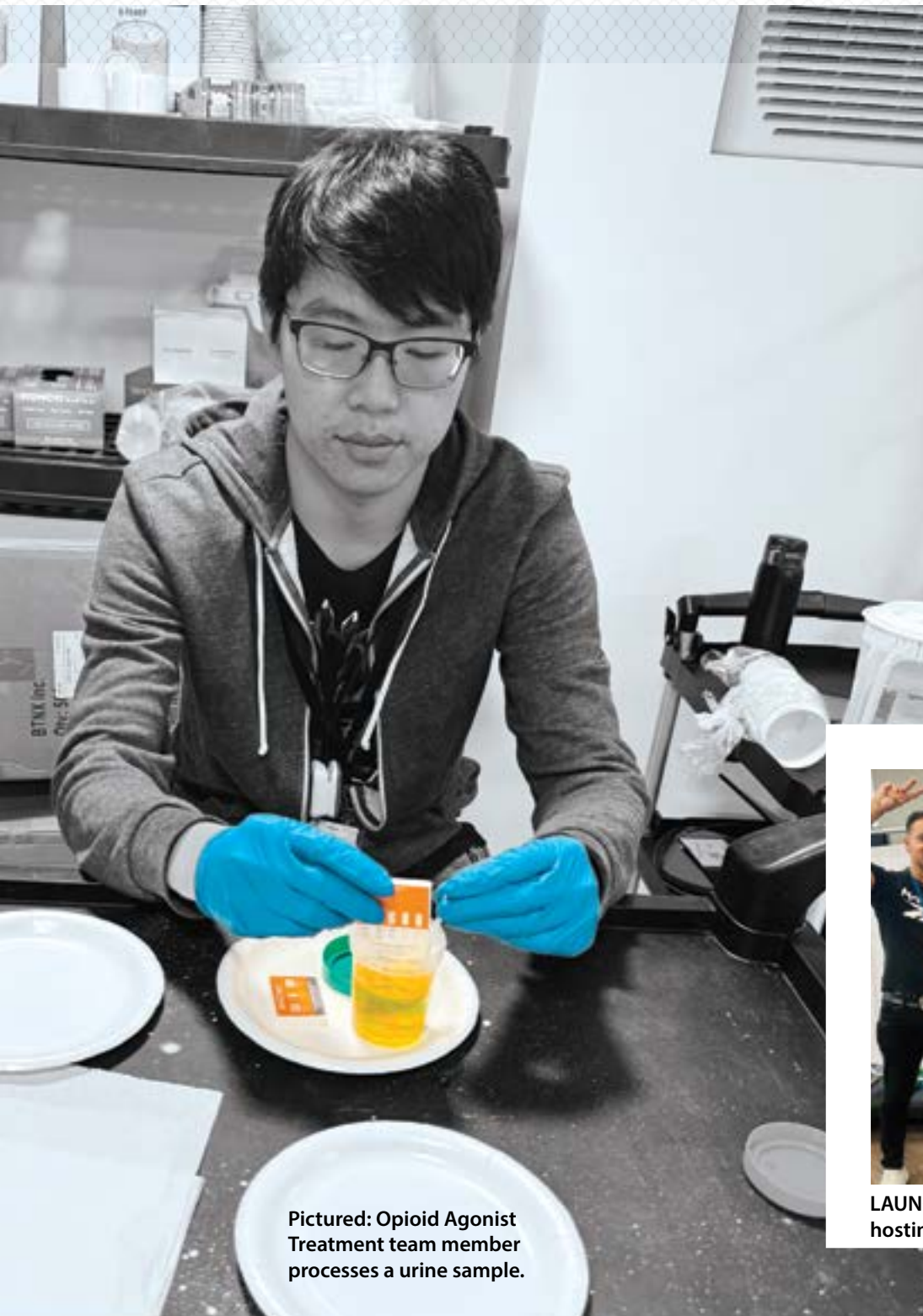
PROGRAM	DESCRIPTION
iPHARE and LAUNCH*	Supporting people in shelter settings
TRIP! Project	Engaging youth in the party scene with safer use education
Peer outreach and satellite programs	Meeting people where they are, providing new supplies and education
Client support services	Available at Queen West, Parkdale, and 750 Dundas
Stabilization and Connection Centre (with UHN)	A safe, dignified space for recovery from intoxication
Health promotion and education	Building knowledge and reducing harm

This work is more than a health response—it’s an act of solidarity.

**LAUNCH is our mobile harm reduction service.*

ADVOCACY ROOTED IN REALITY

Our harm reduction champions have not only preserved services amid rising opposition, but they've also expanded education, mobilized communities, and helped shape policy. This is advocacy powered by lived experience and data. It's a movement for justice, equity, and the right to live.



Pictured: Opioid Agonist Treatment team member processes a urine sample.



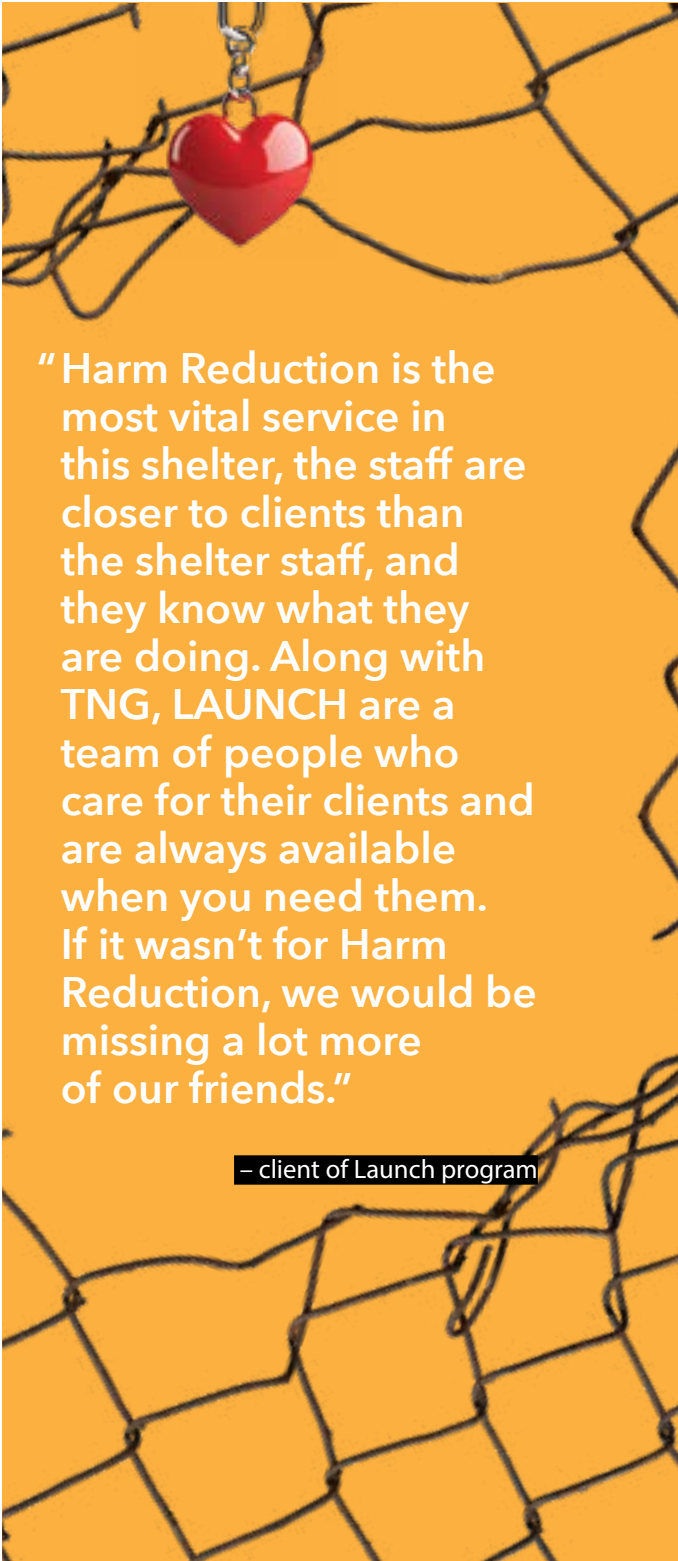
LAUNCH program coordinators and counsellor hosting an information booth.

HARM REDUCTION OUTREACH AND HARM REDUCTION ROOM SERVICE NUMBERS 2024 - 2025

22,703	Client interactions
12,177	Service sessions provided
2,452	Referrals
1,303,972	Individual harm reduction supplies distributed
26,010	Harm reduction kits distributed
83,153	Other supplies distributed (matches, lip balm, vein cream, rolling paper)
134.54 %	Percentage of needles returned
22,450	Hygiene supplies distributed
8,496	Warm supplies distributed
106,051	Safer sex supplies

CRISIS STABILIZATION AND CONNECTION CENTRE

3,027	Total client contacts
2,197	Total visits
2,989	Referrals to other programs/services
1,840	Client follow-ups post-discharge
1,562	Advocacy, income, ID and banking supports
906	Community accompaniments
389	Crisis interventions
206	Non-medical emergency department diversions



“Harm Reduction is the most vital service in this shelter, the staff are closer to clients than the shelter staff, and they know what they are doing. Along with TNG, LAUNCH are a team of people who care for their clients and are always available when you need them. If it wasn’t for Harm Reduction, we would be missing a lot more of our friends.”

– client of Launch program

*URGENT PUBLIC HEALTH NEEDS SITE (UPHNS) – ST FELIX

521	Total visits
8	Total Overdoses
6	Total Overdoses reversed using Oxygen
2	Total Overdoses using naloxone/EMS call

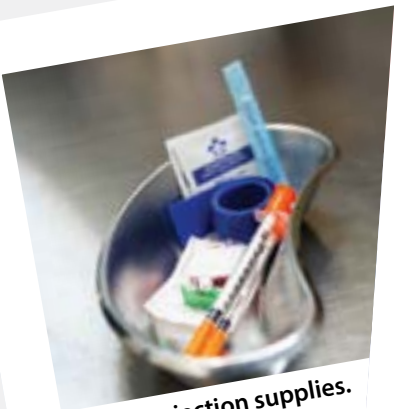
2180 ISLINGTON

17,995	encounters for client support/service coordination
1,895	*UPHNS Visits
492	*Overdoses in UPHNS

IPHARE

52	Community partnerships developed
437	Workshops, consultations, forums/sessions, completed

**The UPHNS operates out of 2180 Islington specific for shelter residents (not public) to safely consume substances, access harm reduction supplies and engage with harm reduction staff.*



Safer injection supplies.



Overdose Awareness Day event at Queen West site.

THE CLOSURE OF CTS:

A ROLLBACK

On August 20, 2024, the provincial government passed the *Community Care and Recovery Act*, mandating the closure of all Consumption and Treatment Services (CTS) within 200 meters of schools or daycares. This policy has triggered the forced closure of vital CTSs across numerous communities inclusive of PQWCHC’s Queen West Site at 168 Bathurst Street, effective March 31, 2025.

These closures strip communities of evidence-based, lifesaving harm reduction services and are a significant step backward in public health and community care. For years, CTS sites have been much more than safe consumption spaces, they’ve been places of refuge, dignity, and connection for people who use drugs. For many, they were the only reliable access to health care, overdose intervention, housing support, and compassion.

The fallout is profound. Thousands are now pushed back into unsafe environments, increasing the risk of fatal overdoses, disease, and systemic harm. These professional nurses, OPSWs, health promoters and case managers are grieving the loss of a service built on trust and nonjudgmental care. The closure of CTS sites under the *Community Care and Recovery Act* is not just a policy change, it will exacerbate an already widespread overdose crisis.

In response, on December 9, 2024, The Neighbourhood Group (TNG), which operates an unfunded overdose prevention site next to its childcare centre in Kensington Market, became an applicant in a legal action against the province challenging the 200-metre rule. Recognizing the urgent threat to CTS services, our Board with a coalition of CTS providers and RNAO decided to join the case as an intervener. The Board understood that a forced closure of this site would leave Toronto’s west end without vital harm reduction support, placing lives at serious risk.

Intervener status allows an organization that isn’t directly involved in a case to take part by offering expert insight. To be granted this role, the court must see that the organization has a clear stake in the issue and can add a unique and helpful perspective. PQWCHC submitted affidavits detailing the effectiveness of CTS services and the impact of their closure. On March 29, 2025, Justice Callaghan issued an injunction pausing the enforcement of the Act, temporarily allowing sites to continue operating. However, two significant barriers remained: the expiry of the required federal exemption and the end of provincial funding as of April 1, 2025.

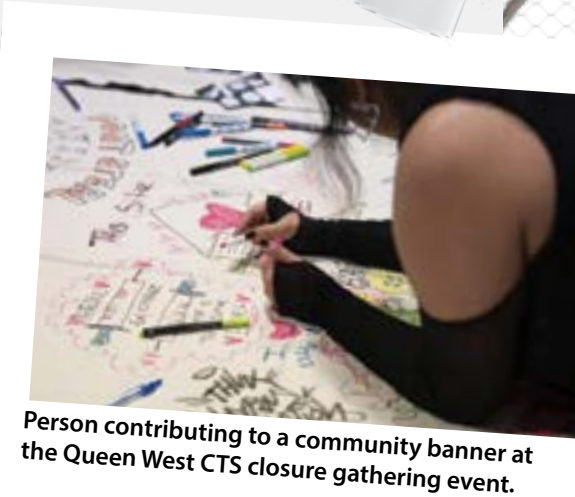
Despite these challenges, PQWCHC remains steadfast and is committed to continuing to provide care to people who use drugs and to advocate for the services we know people need and want.

SCS/CTS SERVICES NUMBERS

	PARKDALE SITE	QUEEN WEST SITE
Service encounters	3,695	7,310
Overdose events	193	404
Overdoses requiring EMS	16	16

SCS/CTS SERVICE NUMBERS SINCE OPENING

	PARKDALE AND QUEEN WEST SITES
Unique individuals served	8,848
Total Overdose events	1,211
Total overdoses requiring EMS	54



Person contributing to a community banner at the Queen West CTS closure gathering event.



MENTAL HEALTH SERVICES

STRENGTHENING CONNECTIONS TO SELF AND COMMUNITY

Pictured: Mental Health Team retreat.



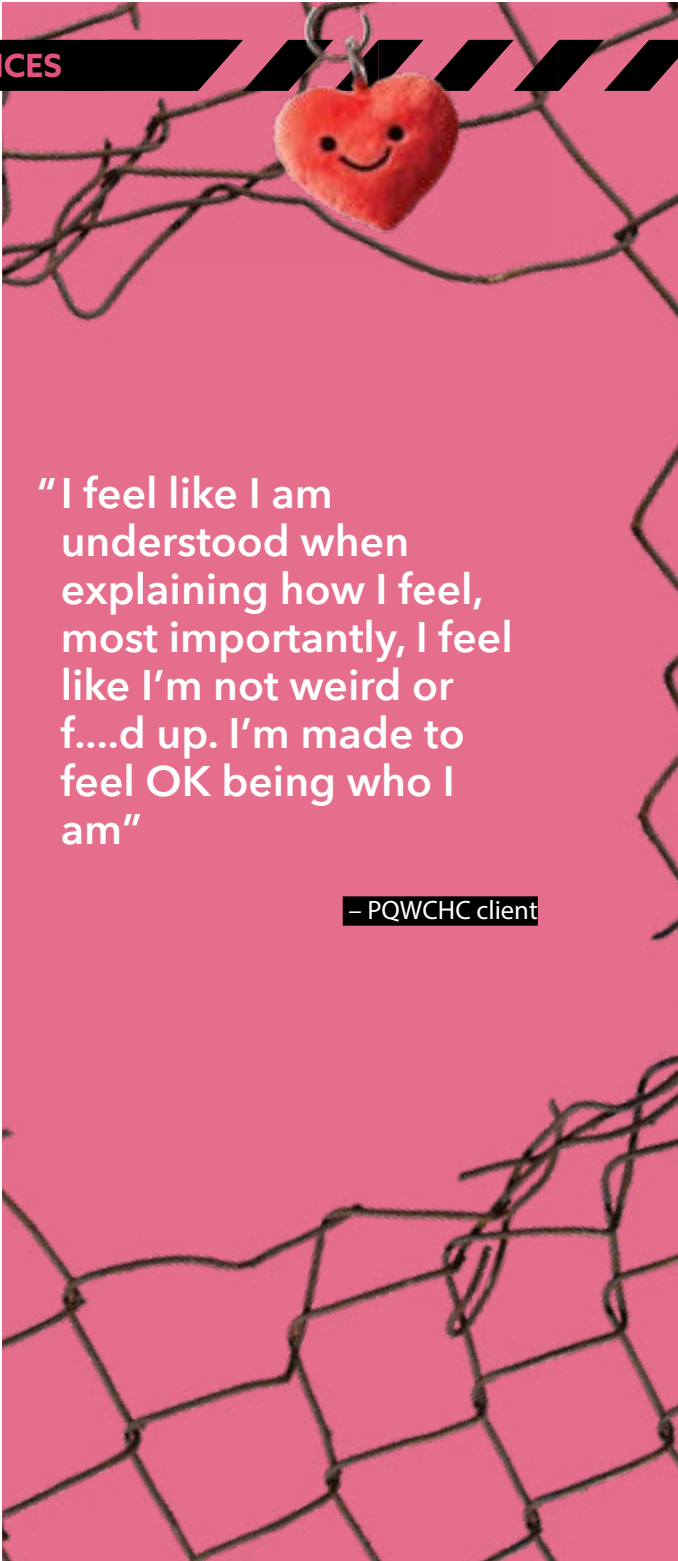
This year marked a full cycle of service delivery from our new Mental Health site at 750 Dundas Street West—now fully staffed and operating at full capacity. Guided by client feedback, our team introduced psychoeducational groups and expanded access to trauma-informed, inclusive mental health supports.

BREAKING BARRIERS THROUGH CONNECTION

Our priorities reflected a commitment to reach people too often excluded from mental health care:

PROGRAM	DESCRIPTION
Drop-in services launched at 2180 shelter hotel	bringing direct access to those experiencing homelessness
Partnership with the Toronto Humane Society	free veterinary care offered to reduce barriers for pet-owning clients
Targeted supports for Black adults and youth	culturally responsive individual and group counselling
Expanded perinatal mental health services	Now available at Queen West, Parkdale and 750 Dundas

These efforts reflect a deeper truth: safety, health, and emotional well-being must be available to everyone, not just the privileged few.



“I feel like I am understood when explaining how I feel, most importantly, I feel like I’m not weird or f....d up. I’m made to feel OK being who I am”

– PQWCHC client



“It’s very hard for me to open up to people and when I was receiving counselling my counsellor made me feel comfortable to where I was able to open up and start dealing with my loss”

– PQWCHC client

MENTAL HEALTH SERVICE NUMBERS

1,337 unique clients supported

11,294 counselling encounters delivered

140 psychoeducational group sessions offered

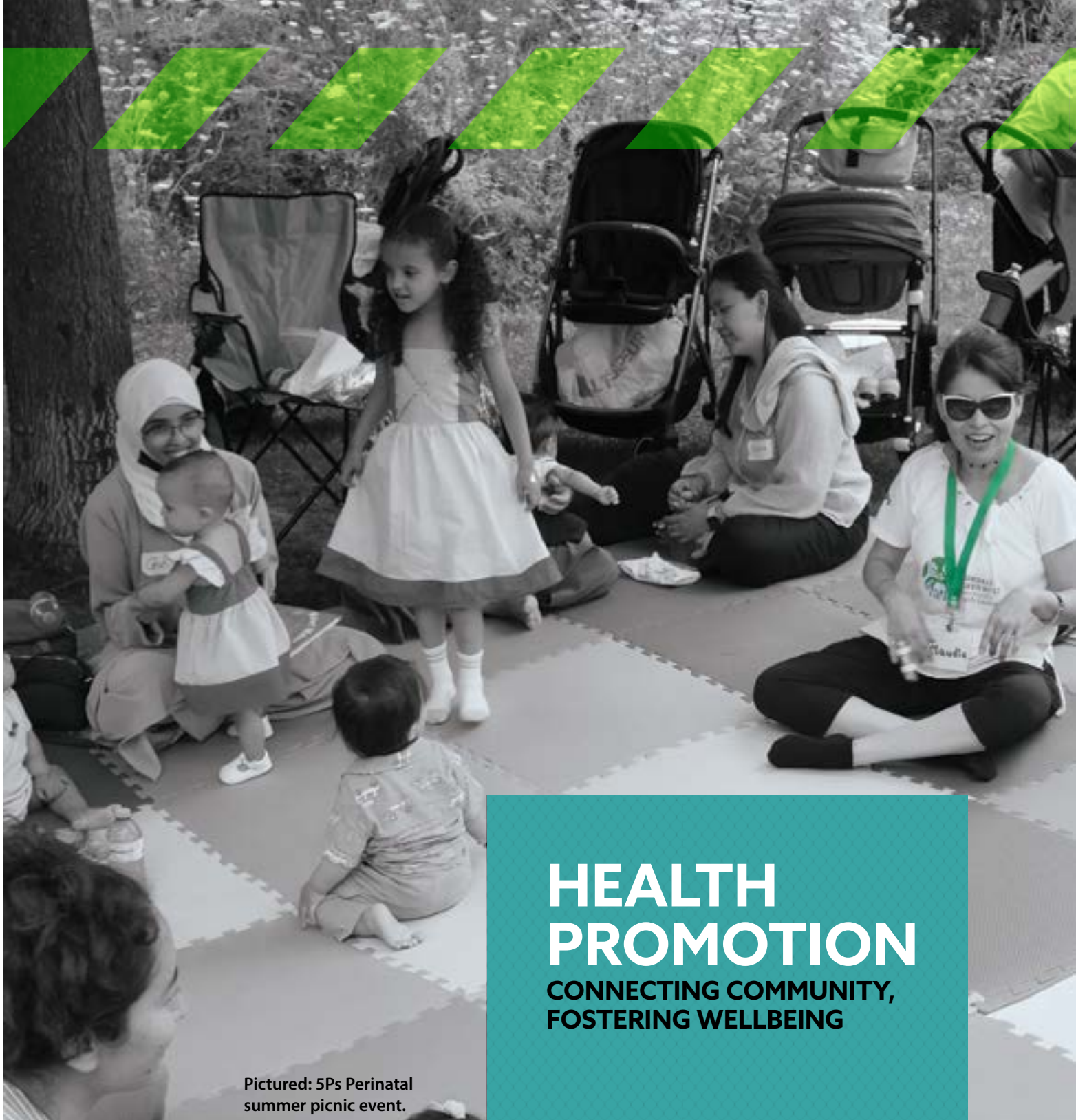
54 unique clients support by the perinatal mood disorder program

256 unique clients supported by the gender-based violence program

This work affirms what we know: when we center dignity and community voice in mental health, people come—and they heal. At PQWCHC, we remain committed to care that listens, adapts, and reaches beyond the barriers.



Mental Health Team retreat.



Pictured: 5Ps Perinatal
summer picnic event.

HEALTH PROMOTION

CONNECTING COMMUNITY,
FOSTERING WELLBEING

HEALTH PROMOTION SERVICE NUMBERS

443 Total Health Promotion Group Sessions

725 Total Health Promotion Clients

7,847 Total Group Attendances

312 Infant Feeding Program Participants

457 Prenatal Program Clients

1,530 Niiwin Wendaanimak program encounters

154 Niiwin Wendaanimak clients

190 # of engagements with Nail Salons
visits to 132 salons

182 Tax Clinic – Individual file returns

NIIWIN WENDAANIMAK

The passing of the founding Elder of the program, Wanda Whitebird, was deeply felt in the community and program. We continue to honour her work and application of the principle of unconditional love in all we do.

Pictured right: Medicine bowl, Niiwin Wendaanimak Indigenous Wellness program.

PERINATAL PROGRAM

With perinatal program attendance rates and needs increasing dramatically, we have added administrative and service support. One counsellor will be embedded with both programs, and a Nurse Practitioner has begun to work with perinatal clients and their babies, regardless of insurance status and/or registration with PQWCHC as a primary care client. Our partnership with Minocare continues, providing additional pregnancy, birthing, and post-partum supports for Black women who are refugees, asylum-seekers, or who do not have OHIP.

Our Infant Feeding Program program was acknowledged with an award for excellence from the International Board of Lactation Consultant Examiners. Only four agencies in Canada have this distinction, awarded for the promotion, protection, and support of breastfeeding in our agency.





SOCIAL PRESCRIBING

Social Prescribing is an approach that enables health providers to refer clients to non-clinical services in their community to address social determinants of health and improve overall wellbeing.

DURING THE SIX-MONTH PILOT (AT PARKDALE)

22 clients were referred by 6 clinicians to the initiative.

50 “social prescriptions” were administered, with

- physical activity (54%),
- financial assistance (50%), and
- social isolation (27%) as the most common referral reasons.

73% of clients attended at least one of the “prescribed” programs or wservices.

AT FOLLOW UP

60% of clients surveyed reported improvements in at least one area of wellbeing—belonging, physical health, or mental health

100% of clients reported increased knowledge of community services

80% of clients reported increased sense of community belonging/reduced social isolation.



“PQWCHC has an excellent, community-centred approach to care—a vital presence in our community!

– PQWCHC client

EXPANDED SERVICES FOR BLACK HEALTH

PQW will be expanding services for Black clients and community through funding via the Black Health Action Plan. Through these funds, we will:

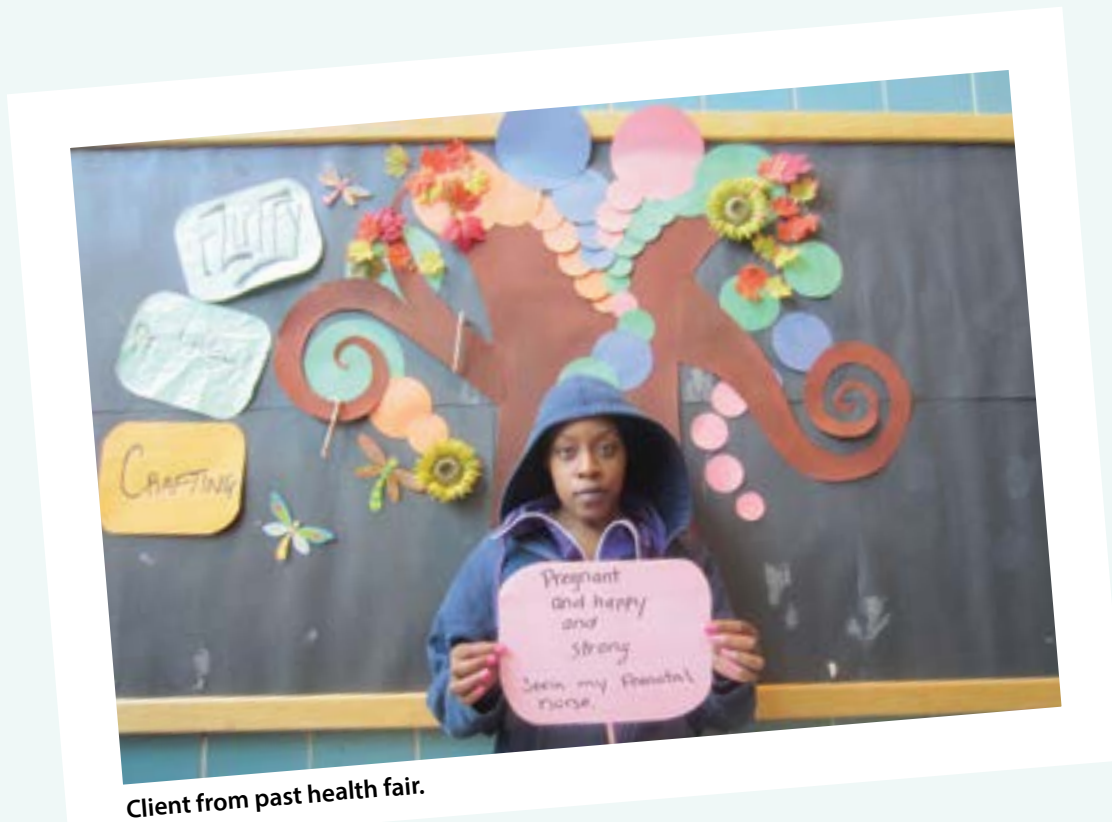
- expand health education and clinical services to clients in our perinatal programs,
- attach 500 clients to culturally relevant clinical care and mental health services, and
- stabilize funding supports for the CHEERS program, aimed at supporting Black youth aging out of the Child Welfare system.

HEALTH CARE FOR NEWCOMERS AND REFUGEES

With new funding, we expanded services for refugees and asylum seekers in Toronto—many of whom are racialized, precariously housed, and navigating complex systems, with a focus on women's and children's health. We did this through:

- Strengthening referral pathways with refugee shelters, like Sojourn House, to enable client's access and attachment to primary care
- Integrating refugee care into our perinatal program
- Delivering mobile preventive health and wellness services directly to clients in refugee-serving organizations and temporary shelters

This work offers stability, connection, and continuity to newcomers at a critical moment in their lives.



Client from past health fair.

POP-UP ANIMAL CLINIC

In partnership with the Toronto Humane Society, Parkdale Queen West recently hosted two veterinary pop ups; one at our Parkdale site and one at our Queen West site. Veterinary staff from THS provided general wellness checks, vaccines, and support to animal companions of PQW clients.



POP-UP ANIMAL CLINIC SERVICE NUMBERS

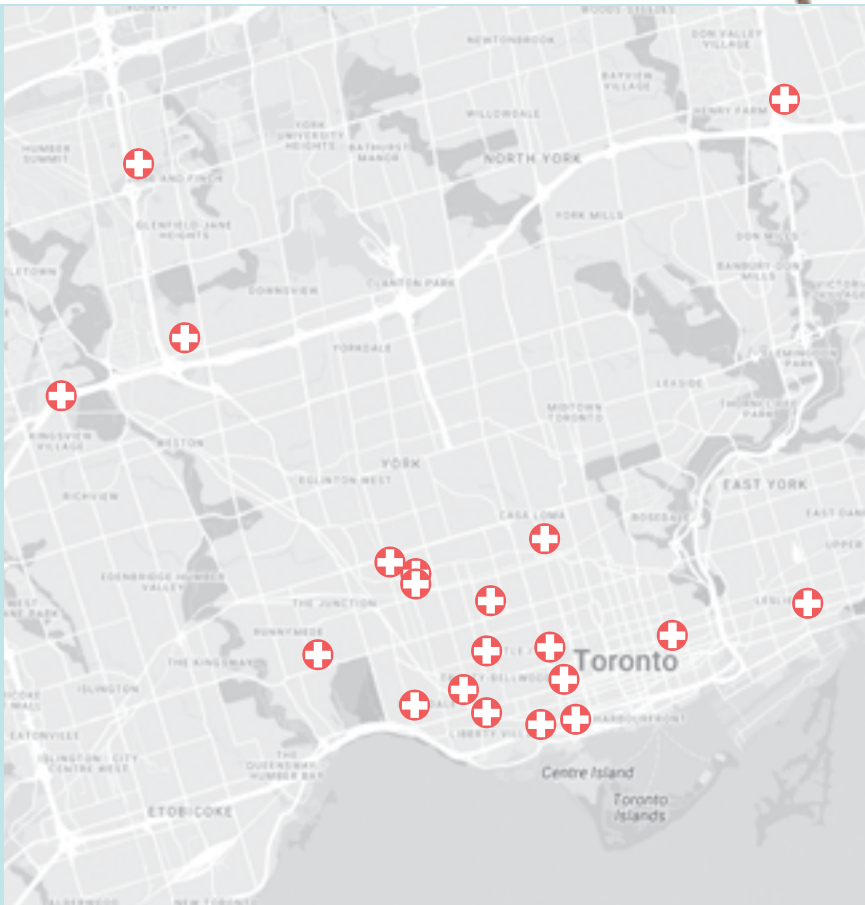
- 36 clients were supported and
- 43 pets were supported
- 31 animals received rabies vaccines
- 48 doses of other vaccines were administered

SITES OF SERVICE:

MOBILE HEALTH UNIT AND HARM REDUCTION SUPPORTS AT SHELTERING SITES

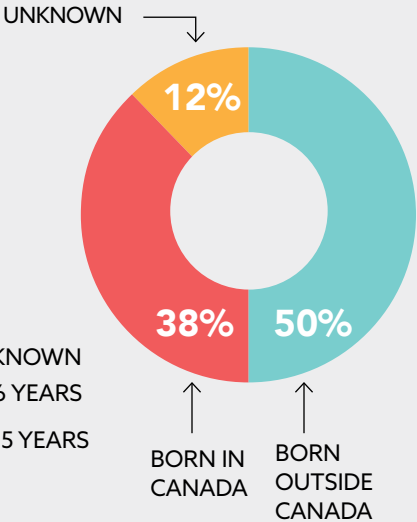


PQWCHC is grateful for the opportunity to provided needed health and community supports to people beyond our catchment area. Our Mobile Health and Harm Reduction teams partner with many agencies across Toronto in order to ensure that clients who face barriers to harm reduction services and/or traditional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

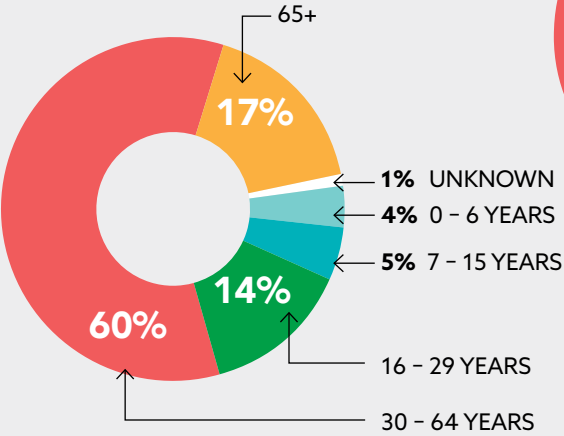


CLIENT PROFILE

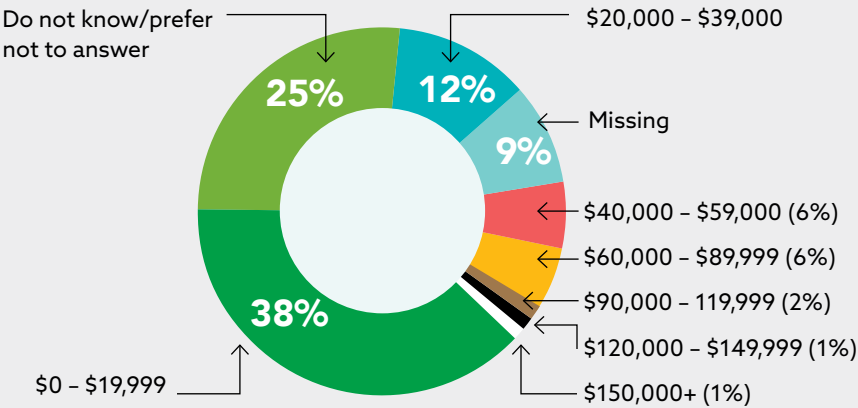
BORN IN CANADA?



CLIENT AGE BREAKDOWN



CLIENT HOUSEHOLD INCOME LEVEL



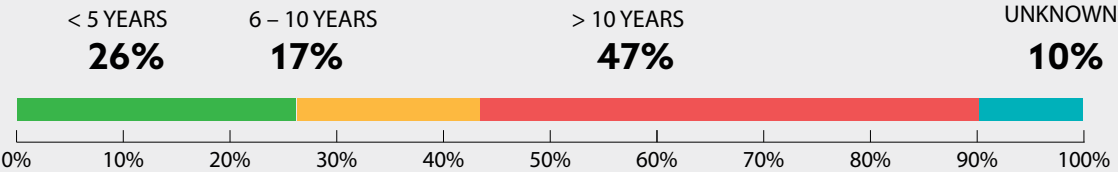
COUNTRY OF ORIGIN FOR CLIENT (TOP 10)

INDIA	390
PORTUGAL	303
HUNGARY	236
BRAZIL	235
MEXICO	197
NIGERIA	187
JAMAICA	159
ETHIOPIA	141
CHINA PEOPLE'S REPUBLIC OF	128
UGANDA	118

DISTRIBUTION OF CLIENTS BY PREFERRED SPOKEN LANGUAGE (TOP 10)

ENGLISH	7,119
PORTUGUESE	463
SPANISH	379
HUNGARIAN	237
MANDARIN	114
FRENCH	85
AMHARIC	82
CANTONESE	81
ARABIC	54
HINDI	65

LENGTH OF TIME IN CANADA FOR CLIENTS BORN OUTSIDE OF CANADA



SERVICE IMPACT

OVERALL SERVICE UTILIZATION		HEALTH EQUITY DEMOGRAPHICS	
13,791	Active clients (3 years)	3,577	Low income clients served (<20,000)
9,378	Clients served (fiscal year)	1,128	Low income clients served (\$20,000-39,000)
967	New primary care clients	4,705	TOTAL LOW INCOME
666	New primary care clients – priority population*	1,626	Black clients served Total
30,297	Individual primary care encounters	317	Indigenous clients served
		206	Trans clients served
	OFFSITE AND HOME VISITS	1,220	Newcomers <=5 years
1,470	Primary care	1,204	LGBTQ2 clients served
96	counselling services	415	Non-insured clients served
44	diabetes care	1,239	Homeless clients served
		1,394	Youth clients served (15 – 29)
	COUNSELLING SERVCIES	1,607	Senior clients served (>=65)
1,137	Individuals served		
11,294	Service provider interactions		

** Priority population: low income , youth, Indigenous, mental health or substance abuse, newcomers five or less years in Canada*

CORPORATE AND FINANCIALS

SUMMARY BALANCE SHEET AS OF MARCH 31, 2025

ASSETS

Current assets

Cash and short-term deposit

Accounts receivable and prepaid expenses

Long-term investments

Property and equipment

LIABILITIES

Current liabilities

Accounts payable – advance, accrued liabilities and deferred revenue

Accounts payable – OH and MOH

Deferred capital contribution

NET ASSETS

Other activities – unrestricted

2025

2024

\$	\$1,450,488	\$	1,230,354
	4,450,399		4,538,537
	5,900,887		5,768,891
	1,931,194		3,244,196
	6,638,389		6,971,924
	14,470,470		15,985,011
	7,049,680		5,690,710
	1,090,029		2,622,752
	8,139,709		8,313,462
	6,049,384		6,468,494
	14,189,093		14,781,956
	281,377		1,203,055
	281,377		1,203,055
	14,470,470		15,985,011

SUMMARY STATEMENT OF OPERATIONS FOR YEAR ENDED MARCH 31, 2025

REVENUES

Ontario Health Team (OHT)

Ministry of Health – AIDS Bureau

Ministry of Health – SCS

City of Toronto

Public Health Agency of Canada (PHAC)

Ministry of Community and Social Services (MCSS)

Other grants, fees and other income

Total revenues

EXPENSES

Salaries and benefits

Occupancy costs

General and operating

Depreciation expense net of amortization of deferred capital contribution

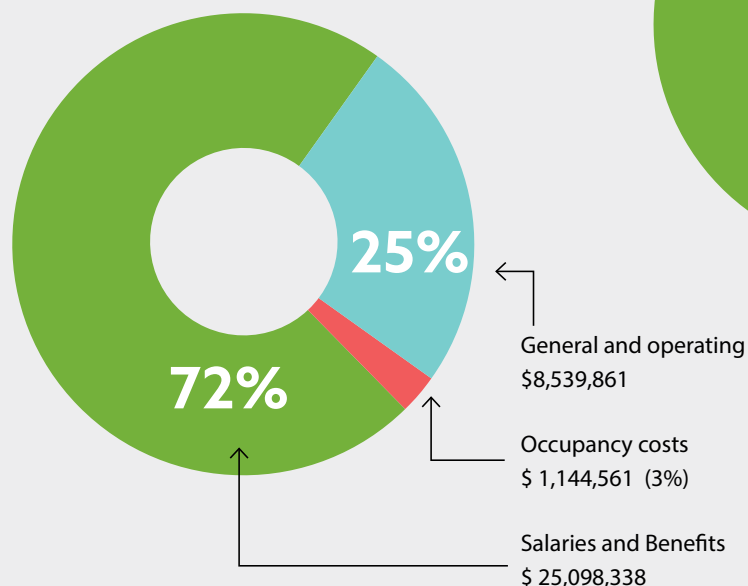
Total expenditures

Excess of revenues over expenses for the year

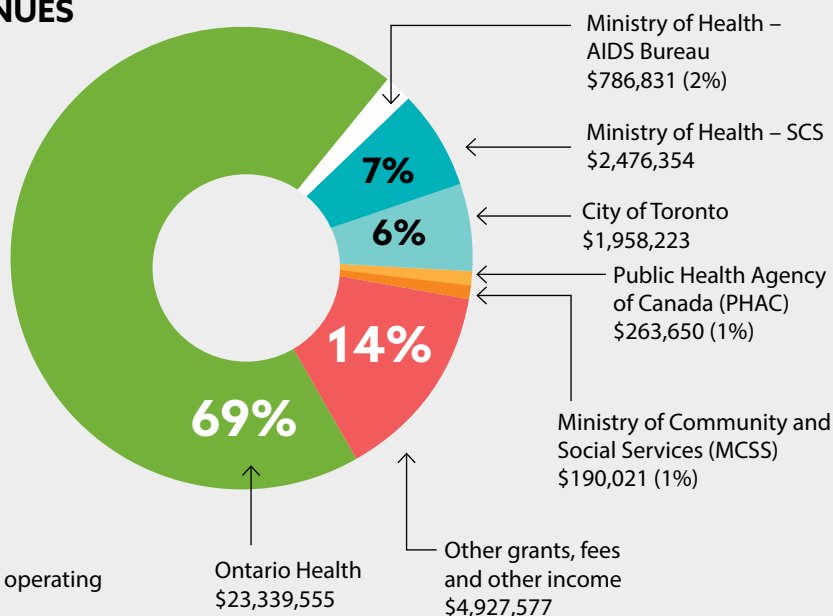
\$	\$23,339,555	\$	20,292,383
	786,831		381,831
	2,476,354		2,257,815
	1,958,233		2,105,200
	263,650		263,650
	190,021		184,361
	4,927,577		5,328,469
	33,942,121		30,813,709
	25,098,338		21,934,020
	1,144,561		1,521,063
	8,539,861		7,308,349
	81,139		47,411
	34,863,899		30,810,843
\$	\$(921,678)	\$	2,866

These summary financial statements have been prepared from the audited financial statements of Parkdale Queen West Community Health Centre ("Parkdale Queen West") for the year ended March 31, 2025 on a basis that is consistent, in all material respects, with the audited financial statements of Parkdale Queen West except that the information presented in respect of changes in net assets and cash flows has not been presented and information disclosed in the notes to the financial statements has been reduced. Complete audited financial statements are available upon request from the office of the Director of Finance & Operations.

EXPENSES



REVENUES



BOARD OF DIRECTORS 2024 – 2025

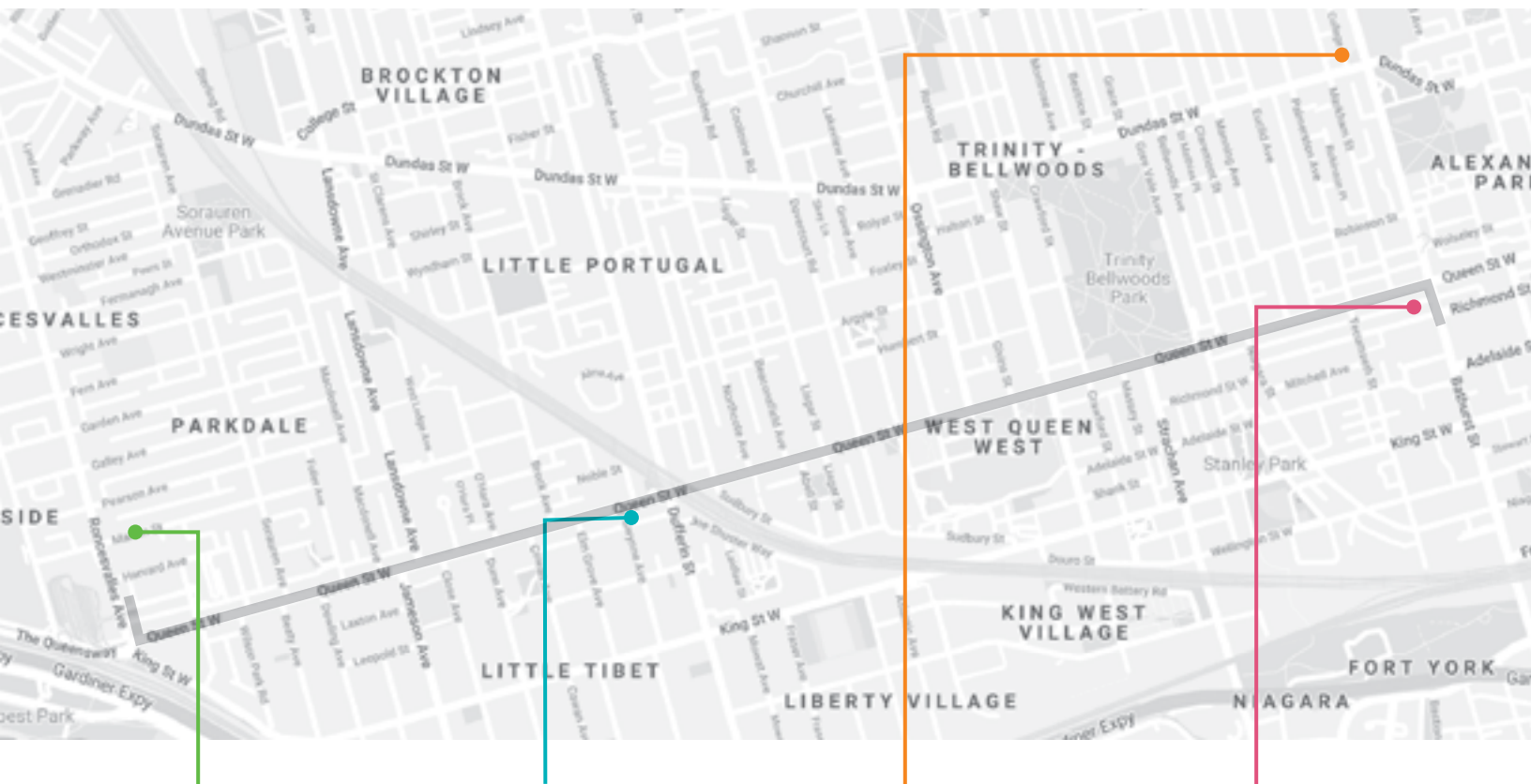
Nicole Mihajlovic, President
 Shahilaa Devaraja, Vice President
 Eric Plato, Treasurer
 Matthew Kenney, Secretary
 Stanley Ing, Director*
 Rozita Razavi, Director
 Lana Majid, Director
 Leigh Walters, Director
 Megan Kingvisser, Director
 Lindsay Jones, Director*
 Dana Fisher, Director

*partial term

FUNDERS

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





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Fax: (Admin) 416.703.7832
Fax: (Clinical) 416.703.8479



**PARKDALE
QUEEN WEST**
Community
Health Centre



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