



# GETTING BACK TO BETTER



Providing access & amplifying  
health equity  
and sustainability

2020 ANNUAL REPORT



South Riverdale  
**COMMUNITY**  
HEALTH CENTRE



Ontario's Community  
Health Centres  
Every One Matters.



# Board Chair & CEO Message

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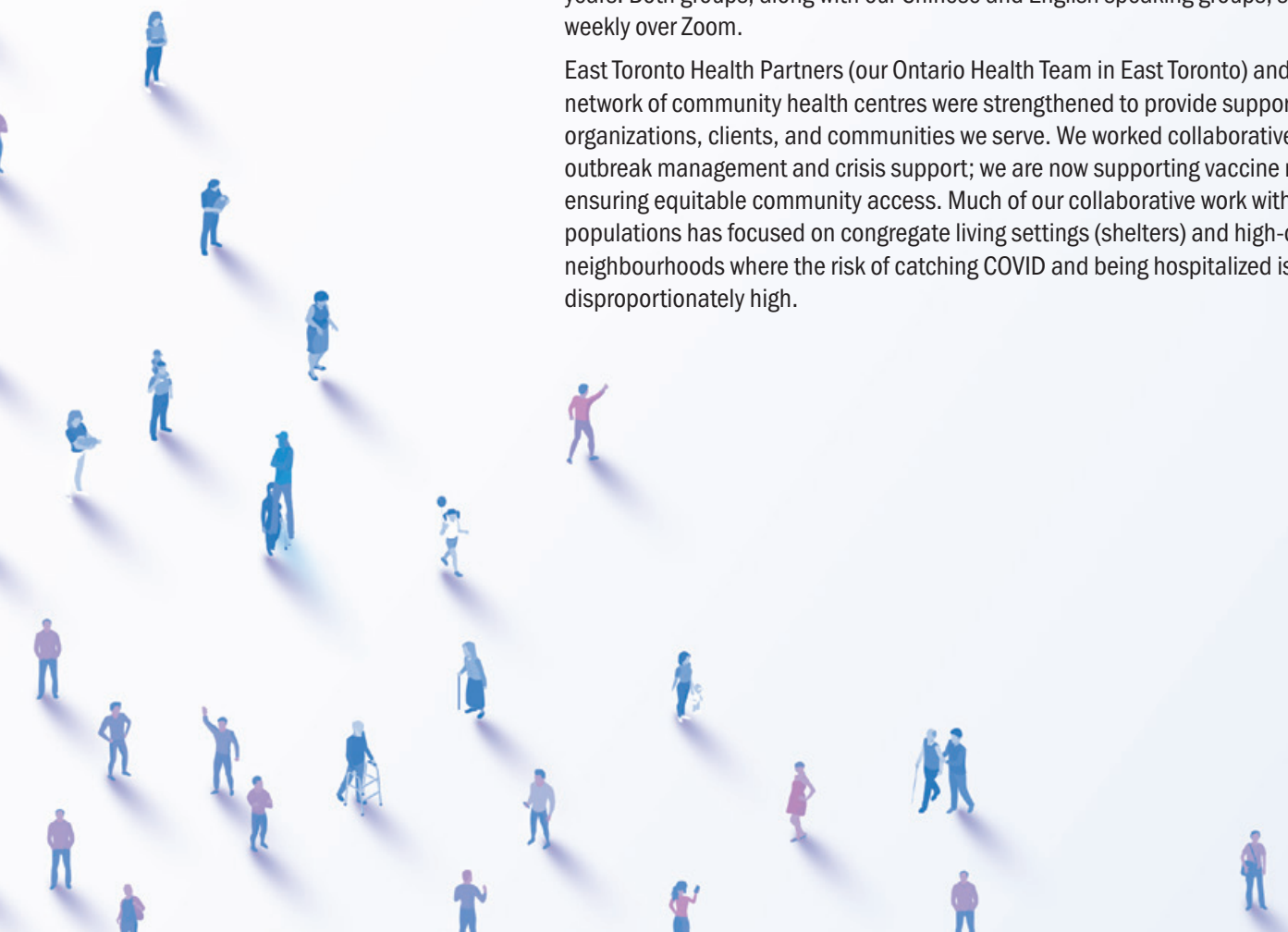
The past year has presented many challenges, much grief and too many losses. But there have also been moments of hope, innovation and strength.

SRCHC has had to adjust and adapt its operations several times through different waves of the COVID-19 pandemic. Support for our priority populations and communities required timely responses; staff had to work nimbly and make in-the-moment decisions to benefit those who needed essential services and supports. Many aspects of the work, including health care and the maintenance of social connections, have had to shift online. The year's challenges have been met by stepping up and building innovative partnerships across the organization. We needed to address gaps in food security, mental health, cold weather supplies, digital equity and distribution of harm reduction supplies. Our transportation program has seen a significant expansion in order to drop off food, personal protective equipment and other supplies.

Public health restrictions to prevent coronavirus spread, along with an increasingly poisonous drug supply, have contributed to an overdose crisis in Toronto. A recent report by the coroner's office revealed that, during the pandemic in 2020, the number of opioid-related deaths among people experiencing homelessness has more than doubled. This year we launched one of Ontario's first programs for safer opioid supply; it replaces toxic street drugs with prescription opiates, and funding is in place for the next two years.

Also this year, we marked many milestones for our Senior Active Living centres. Our Tamil program celebrated its 20th anniversary and our Bengali program marked 13 years. Both groups, along with our Chinese and English speaking groups, still connect weekly over Zoom.

East Toronto Health Partners (our Ontario Health Team in East Toronto) and our local network of community health centres were strengthened to provide support for the organizations, clients, and communities we serve. We worked collaboratively on outbreak management and crisis support; we are now supporting vaccine rollout and ensuring equitable community access. Much of our collaborative work with our priority populations has focused on congregate living settings (shelters) and high-density neighbourhoods where the risk of catching COVID and being hospitalized is disproportionately high.



## We are beginning to look forward to recovery and the transformations in policy and practice necessary to create equal, healthier communities.

This year, more than ever, we see how the social determinants of health are linked to the legacy of colonialism, racism, patriarchy and capitalism. This year we have worked on Truth and Reconciliation recommendations and trained staff in Indigenous cultural safety. We've made it a priority to start training and workshops on anti-Black racism, as well as enhancing race-based data collection so that we can accurately track health outcomes. We are focused on creating better conditions to support a strong safety net for marginalized communities, with a focus on structural racism.

This year our community has come forward with essential resources to meet the needs of our clients and to support our frontline staff. Despite the challenges and losses, we have seen community and partners come forward like never before, and we feel an immense sense of gratitude. We will continue to provide access and fill gaps where our system has failed our most vulnerable. We will amplify policies and practices that result in health equity and sustainability. And we will demand better than merely "getting back to normal."

**Jason Altenberg**  
*Chief Executive Officer*

**Liz Janzen**  
*Board Chair*





**66,828**  
INTERACTIONS



**4** SITES



**125,634**  
INTERACTIONS WITH  
ANONYMOUS  
CLIENTS



**11,465**  
UNIQUE  
CLIENTS  
SERVED



**37**  
GROUP  
PROGRAMS



**215**  
GROUP  
SESSIONS

**1,473**  
GROUP  
ATTENDANCE



**Year in  
Review**



**COMMUNICATIONS**

**SOCIAL MEDIA**



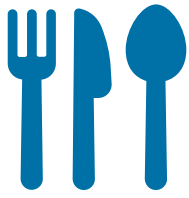
**629,529**  
MENTIONS

**MEDIA**



**350+**  
MILLION  
REACH

# COVID-19 Stats



**59,937**  
MEALS/SNACKS



**2,798**  
CLIENTS RECEIVED  
A GROCERY  
GIFT CARD

**145**  
PHONE DRIVE  
DISTRIBUTION



**27,702**  
PHONE  
APPOINTMENTS



**10,000**  
MASKS DISTRIBUTED  
TO CLIENTS

**807**  
TESTS  
ADMINISTERED



**2,695**  
CASES MANAGED



**2,033**  
VACCINE DOSES  
ADMINISTERED



**87%**  
OF STAFF FULLY  
VACCINATED  
4% of staff with 1st dose  
of vaccine



## Community Collaboration: COVID-19 Pandemic

At SRCHC, we work to maximize positive community action through collective impact. During the last year, this has meant being nimble, thoughtful and collaborative in order to reduce the transmission of COVID through testing, support for outbreak management in congregate settings, help for individuals and their families who test positive for COVID, and vaccinations for community members.

In March, 2020, our team came together with staff from community health centres and Michael Garron Hospital (MGH) to host regular meetings for staff working in shelters and other congregate living programs. In a pandemic, knowledge is power; we helped organizations develop plans to reduce the spread of covid through infection, prevention and control measures. We also visited sites with suspected COVID cases to test residents and provide outbreak management support. When vaccine became available, the SRCHC team worked with our partners at MGH to provide mobile, low-barrier vaccine clinics in some of the highest risk settings in east Toronto. Kate Mason, Research Coordinator, organized the outreach and Bernadette Lettner, RN, rode her bike, motorcycle or camper van to bring COVID-19 vaccine to shelters, group homes, supervised injection sites and other congregate settings.

Coordination support, teamwork and partnership development have allowed SRCHC to build programs quickly with support that is easy for community members to access. In November, to help reduce the spread of COVID, we starting working with a team at MGH to run pop up COVID assessment sites. We hosted 25 drop-in clinics and

tested over 860 people. During this time, we received a grant from MGH to develop a program to provide case management support to those individuals testing positive for COVID. The case management team members came from four organizations: East End Community Health Centre, The Neighbourhood Organization, SRCHC and MGH. Many of the members have never met in person but, over the last five months, they have worked over Zoom to plan the program. We have a sense of shared purpose that, as COVID recedes, we will get back to better. As one partner noted, "We have been able to leverage different funding pools and resources to extend the care network and reach more people in need of support. The work we have done around the COVID Response Team has laid the foundation for other work."

As well, the team provided regular phone check-ins, connecting clients to contactless food and grocery delivery such as those available at The Neighbourhood Organization and the Scarborough Centre for Healthy Communities. It helped assess clients' financial needs to assist them with government supports like the Canada Recovery Sickness Benefit. 98% clients who completed an evaluation said that the supports they received helped them to better cope with their COVID diagnosis and 97% said the project helped them to self-isolate.



One client noted, "It was ... absolutely fantastic! I was very impressed and I cannot speak highly enough. My friend lives in a different neighbourhood and did not receive any followup. Groceries being dropped off was a life saver. No reason to have to leave the house - absolutely brilliant! Life was a little more pleasant and reassuring, being able to ask questions no matter how ridiculous they might be. Also, very educational as well. I learned a lot that I did not know about! Thanks a million!"

### MOBILE VACCINE CLINICS

**262** residents and staff  
at **13** shelters vaccinated

**454** individuals residing in  
congregate living settings  
at **32** locations

### COVID CASE MANAGEMENT NUMBERS

**688** referrals made from MGH  
between Nov 2/20 and Mar 31/21,  
**2,695** individuals served

**352** referrals made for fresh food delivery  
and case management supports

**728** received help with issues related to finances/income

**265** cases received mental health support

**385** households (**1,581** individuals) supported with infection,  
prevention and control guidance

To learn more about the program, see:

<https://ethp.ca/newsroom/theyre-not-alone-how-ethps-covid-19-case-management-program-is-easing-self-isolation-for-individuals-diagnosed-with-covid-19>



## Integrated Primary Care

South Riverdale CHC's pursuit of integrated health care is as old as the organization itself. However, a process which culminated in its most recent structural reorganization took shape in 2020. This led to the creation of integrated primary care services that support midwifery, clinical and social services.

Our primary care team uses the Rainbow Model. The model is for health care planning, health services integration, and a guide for mathematical modelling of workflow during service integration. It is a part of the essential functions and activities, and administrative support structured around primary care service delivery. The goal is to support accountability and evidence-based decision-making so that access to high quality service is ensured for priority communities. Our day-to-day operation remains rooted in our shared vision, mission and values.

2020 challenged health systems generally, and the primary health care system particularly, in unprecedented ways. It has forced health services to think differently, work more closely together, and adjust their approaches to the delivery of care. At SRCHC, we have leveraged rapid feedback models and the use of evidence to find the best interventions for improving patient outcomes.

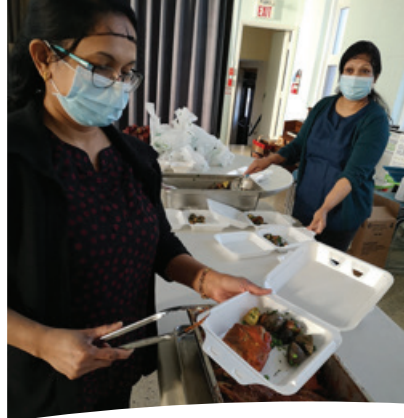
As a learning organization, our team meets on a regular basis to plan, reflect and improve our practice. Meeting twice-monthly, the clinical team brings together nurses, physiotherapist, chiropodists, respiratory therapist, midwives, nurse practitioners, social workers, dietitians and physicians to discuss issues around health care. The meetings are used to share best practices and facilitate conversation around emerging health concerns. Working together, we address the needs of those with chronic/acute respiratory health challenges, homebound patients, and those with geriatric care needs. As a team and with our partners across the system, our goal is to ensure the best patient experience.

Our practice of integrated care enables us to effectively and efficiently identify and remove barriers to service. For example, many of our medically complex and socioeconomically vulnerable patients have lost some (if not most) of their important support services due to COVID-19 closures. As the first point of contact with our clinical care team, our registered nurses have taken on greater engagement and more in-depth case management for some of these clients in collaboration with nurse practitioners, physicians and allied health professionals.

The integrated primary health team at the centre, along with our infectious disease specialist, has become an integral part of our effort to maintain safe and accessible service during the pandemic. The team has taken on leadership roles and participates in a variety of relevant committees continuing to inform and support COVID-related efforts.

Additionally, the SRCHC Integrated Primary Care team is working on a post-COVID recovery strategy that builds on the lessons and practices that have worked during the pandemic. Some ideas include looking at revamped clinical spaces, ways to deliver service to where people are at, and consideration of population growth.





## Chronic Disease & Community Health



This year, the pandemic has amplified and widened health inequality gaps, especially among racialized communities and seniors. It has highlighted important issues such as social isolation, lack of access to healthcare, low digital literacy, precarious housing, food insecurity and mental health challenges. Newcomers, immigrant seniors, ethno-racial communities with language barriers and people living with multiple chronic conditions were among those at higher risk of the consequences of these inequalities.

The Community Health and Chronic Disease programs at SRCHC quickly changed gears to phone-based contact, virtual support and groups. Personal protective equipment, public health protocols and enhanced cleaning and infection control allowed us to provide acute care to clients and community members as well as Allied Health and Health Promotion programs. In order to maximize client and staff safety during the year, a hybrid model of both in-person and virtual care was provided. Phone or video assessment and followup were available; additionally, in-person services were offered based upon the complexity of the condition, barriers to access and risk of adverse effects from COVID-19 exposure. The demand for service remained consistent with most people preferring in-person followups along with virtual supports.

The Diabetes Education Community Network of East Toronto (DECNET) remained active in order to maintain the well-being of those impacted by Type 2 diabetes. DECNET provided appointments for urgent foot assessments, foot care and counselling appointments. Via phone or video, education, support and care were provided.

By establishing friendly calls with clients, weekly online support groups, exercise classes, and information sessions throughout the year, Harmony Hall Centre for Seniors and Harmony Community Food Centre checked in on isolated seniors at home. Food security needs were supported by grocery gift cards, delivery and meals. Harmony Community Food Centre, also established a seasonal affordable food market, open to all. Addressing food insecurity, a

weekly, freshly-made take-out meal was available. The Community Food Centre offered live, online community kitchens for all ages in which participants received ingredient kits. The seniors' transportation program continued to provide seniors with rides for medical appointments and expanded to assist with drop-offs and pick-ups of essential items. Enhanced support and more frequent programming for Chinese seniors was provided by our Grand Cafe program, moving from a monthly to weekly schedule.

Community-based programming and environmental health promotion work continued, virtually in most cases, to help those who are socially isolated gather in a safe (virtual) space. Programs included client parenting support, a Muslim womens' social, a "dental bus" supporting staff and clients, monthly meetings across southern Ontario on climate action, the bike repair clinic, mindfulness tours to the Art Gallery of Toronto and the Royal Ontario Museum, and movie screenings by TIFF. We recognized that there are many people who are not comfortable or adept with digital usage, or cannot afford its associated costs (computer, cell phone, reliable internet). Through our "Phone Drive" campaign, we have provided some with cell phones, allowing access to services and contact.

One of the lessons provided by the pandemic is that, even if our teams do very different tasks, we are all in this together. It became clear over the year that unity was needed more than ever to support clients facing social, economic, mental, emotional and physical barriers, especially those living in poverty and/or with chronic health conditions. The Community Health and Chronic Disease programs have shone during difficult times; we have learned that support from family, friends and our networks is essential to our well-being. We look forward to identifying even better ways to facilitate access to healthcare by continuing to address the social determinants of health and by utilizing a new, "hybrid normal" of both virtual and in-person care.





# Substance Use & Mental Health



On Wednesday, March 11, 2020, the World Health Organization announced a global pandemic. On the following Monday, March 16, 2020, one day before the Ford government declared a state of emergency, the world as we knew it shifted and the way in which clients were able to access services at South Riverdale changed dramatically. For those most affected by health inequities, social injustices and systemic oppression, such as community members/service users connected to the Substance Use and Mental Health (SUMH) programs, the added impact of COVID has been complicated.

In the face of adversity, our commitment to innovative care, cutting-edge approaches and health equity only deepened with the alignment and expansion of our services. Committed to offering dignified, meaningful and relevant care, the newly-formed SUMH team offers a continuum of service and support for individuals impacted by substance use. Many are also impacted by other challenges including mental health concerns, poverty, discrimination, criminalization and homelessness. Programs under this team's umbrella include: consumption and treatment services (keepSIX and Moss Park), the Hepatitis C program, COUNTERfit harm reduction programming (mobile delivery, satellite sites, east Toronto outreach project, Common Ground group programming, and women's harm reduction) and, most recently, the safer supply program.

With the emergence of COVID, services disappeared that had previously provided a sense of dignity, safety, respite and refuge for people who are street-involved or unhoused. Community drop-ins, food programs, shower and laundry programs, washroom facilities and libraries across the city closed their doors. Deemed "essential services" by the organization and adept at staying responsive, we suited up in gowns, masks and face shields, and quickly adapted to provide safe and supportive care in a rapidly changing environment that demanded physical distancing and social isolation.

Over the course of this year, our two sites for consumption and treatment services (CTS), keepSIX and Moss Park, have worked tirelessly to save lives by reversing an unprecedented number of overdoses and by offering client-centred care, reducing the burden of stigma and promoting dignity for individuals who use drugs. The CTS teams, including service users, have been unrelenting and fearless advocates for local and systemic change: providing deputations to decision-makers, showing up at encampment sites

to offer support, providing onsite drug checking to identify tainted supplies, mobilizing teams to respond to community overdoses, and participating in a range of community partnerships and research initiatives.

For people in the shelter system, the burden of COVID has also been disproportionately high. Many people who are unhoused choose to avoid the cramped and unsafe shelter system, and homeless encampments have popped up all over the city. We are opposed to the dismantling of the encampments and will continue to advocate for people's right to live in tents as long as permanent housing is not available. We lobbied for the use of hotel rooms, sitting empty, as a safer alternative to shelters and homelessness and will continue to advocate for permanent housing - not warehousing - that prioritizes people's health and safety. Through the shelter hotel program, service users have access to an interim housing option with a range of services, including harm reduction supports and overdose response services offered by members of our harm reduction team who continue to advocate for the expansion of these services throughout the city-wide program.

While in-person group programming for Hepatitis C ground to a halt with COVID, the program moved to a virtual platform to maintain connections between community members and continued to offer individual support. Despite the barriers, this year saw 55 treatment starts. And the safer supply program, the newest addition to the SUMH team, launched in 2020 in response to the national overdose epidemic. The program connects people who use opiates to prescribing clinicians, case management support and nursing services with the goal of improving health outcomes and reducing risks associated with a toxic drug supply.

Prior to COVID, service users were facing a host of challenges and barriers including devastating losses and harm from an opioid epidemic that has caused skyrocketing increases in preventable death. Our service users and staff have been dealing with unending trauma and grief, and COVID added another layer of complexity to an already difficult situation. The pandemic has made social inequities much more apparent. Yet, community continues to come together to share space, to make noise, to demand change, to show solidarity, and to grieve the tremendous toll that the dual pandemics have taken on us. Despite it all, we are still hopeful for positive change and are committed to working towards that.



## Devices & Phone Plans



QoC Health  
Patient Centered Innovation



UNITED JEWISH  
PEOPLE'S ORDER



## Personal Hygiene Supplies & Toys

JUSTINA  
KLEIN

LOCAL COMMUNITY  
DONATION DRIVES



UNITED JEWISH  
PEOPLE'S ORDER



## Personal Protective Equipment

CHANCE  
NG



REID'S DISTILLERY



TORONTO BEACHES  
LIONS CLUB



UNITED JEWISH  
PEOPLE'S ORDER



## Cloth Masks

CATHY  
PARSONS

DEBORAH  
LIVINGSTON-LOWE

KIT  
HOLLINGWORTH



MICHAEL  
GARRON  
HOSPITAL

SARA  
COWAN



TORONTO BEACHES  
LIONS CLUB



## Food for Clients / Staff



**AVLING**  
AVLING BREWERY

DARRYL  
NIELSEN



**flow**  
water



HILLSONG CHURCH

MAIN & GERRARD  
SANDWICH  
FRIENDS



**MLSE**

OZERY  
BAKERY

**ResQ**

SWEAT  
& SODA



*Tim  
Hortons*

TORQ  
RIDE

# A BIG Thank You

to all of the companies and  
individuals that donated  
to clients and staff  
during the COVID-19  
Pandemic.



## FINANCIAL HIGHLIGHTS

# Operating Revenue & Expenses

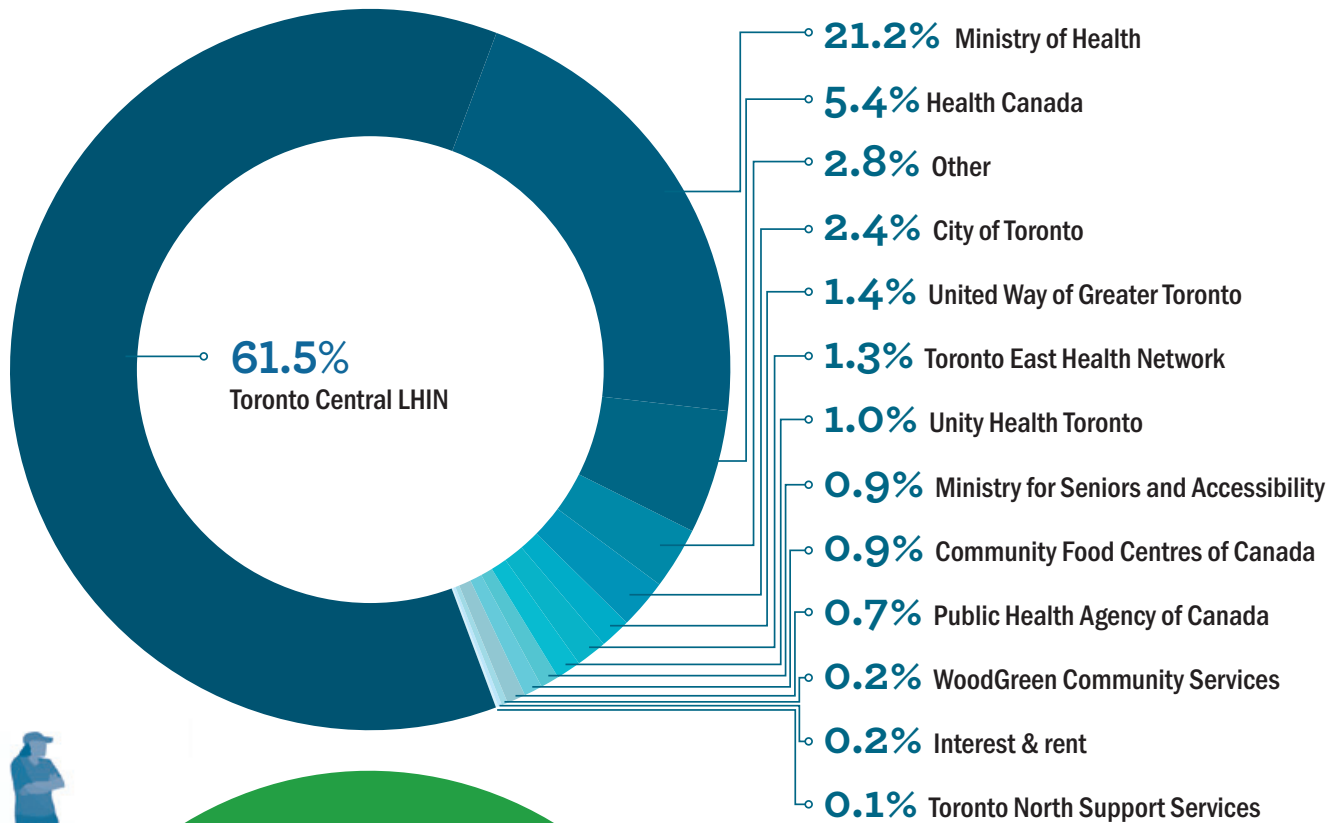
Year ended March 31, 2021

	2020-2021		2019-2020
REVENUE	\$18,597,732		\$15,216,356
Toronto Central LHIN	\$11,440,435	61.5%	\$10,309,303
Ministry of Health	3,956,212	21.2%	3,430,430
City of Toronto	446,644	2.4%	432,428
United Way of Greater Toronto	260,029	1.4%	184,579
Ministry for Seniors and Accessibility	162,043	0.9%	148,154
WoodGreen Community Services	43,386	0.2%	43,542
Toronto North Support Services	16,605	0.1%	89,653
Community Food Centres of Canada	171,631	0.9%	113,280
Public Health Agency of Canada	120,920	0.7%	101,332
Toronto East Health Network	237,906	1.3%	4,526
Health Canada	1,000,000	5.4%	-
Unity Health Toronto	190,000	1.0%	-
Other	518,063	2.8%	319,706
Interest & rent	33,858	0.2%	39,423

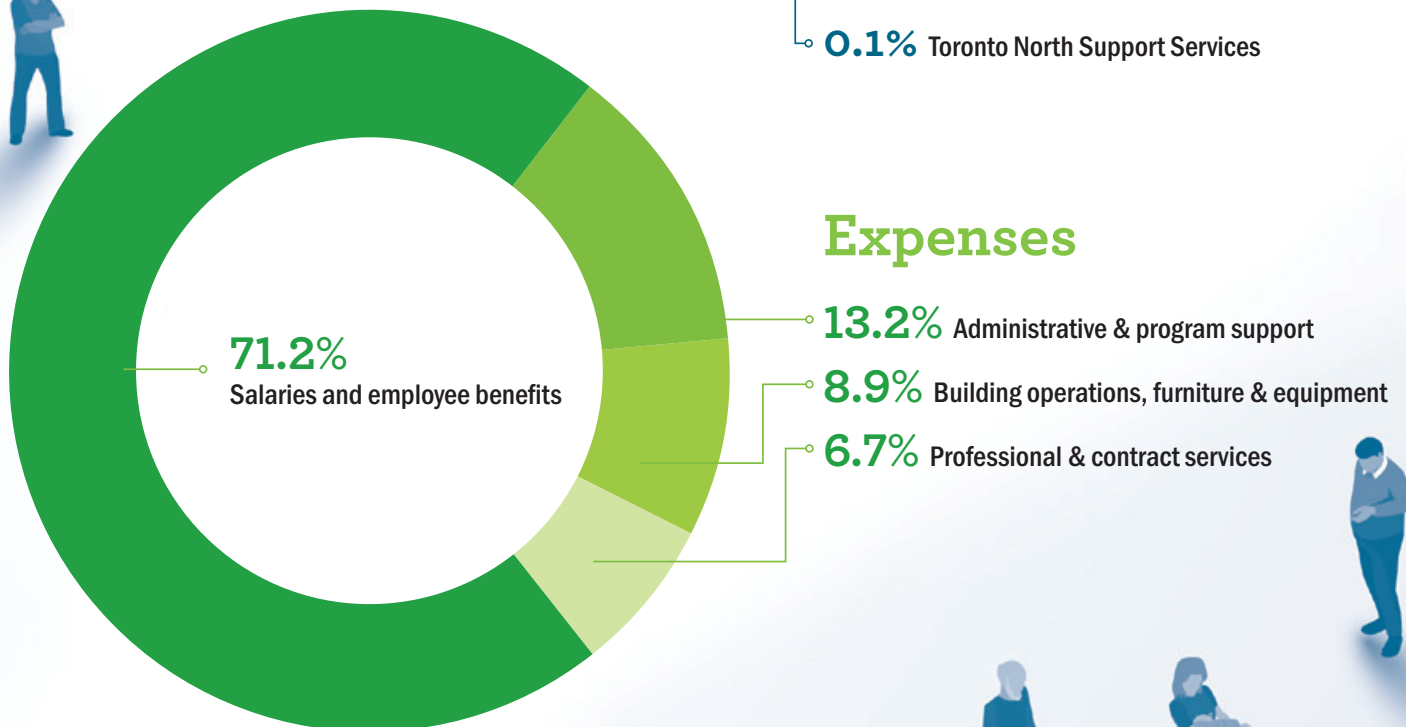
EXPENSES	\$18,597,732		\$15,216,356
Salaries and employee benefits	\$13,237,044	71.2%	\$11,138,782
Administrative & program support	2,464,741	13.2%	1,704,487
Building operations, furniture & equipment	1,243,625	6.7%	1,160,144
Professional & contract services	1,652,322	8.9%	1,212,943

*These summarized statements have been extracted from the South Riverdale Community Health Centre's audited financial statements for the year ended March 31, 2021. A copy of the complete financial statements prepared by Management and audited by Deloitte LLP, Chartered Professional Accountants is available to any member of the public upon request.*

## Revenue



## Expenses



## SPECIAL PURPOSE FUND

This year South Riverdale Community Health Centre funded two grants from the Healthy Community Program.

### HEALTHY COMMUNITY PROGRAM GRANTS:

People's Defence (Provide Services to Community Members during COVID)	\$1,500
Encampment Support Network (Support People Living Unhoused in Toronto)	\$1,500
	<b>\$3,000</b>



# THANK YOU to Our Donors & Funders



From April 1, 2020 - March 31, 2021



Adam Radwanski  
Adam Wasserman  
Adam Wray  
Adwoa K. Buahene  
Alessandra Pozzuoli  
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M. Elizabeth Creswick  
Margaret Andres  
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Mary Teresa Manuelpillai  
Matthew Gorman  
Matthew Hall



## YOUR SUPPORT MAKES A DIFFERENCE!

We now accept credit card or debit donations online at [www.canadahelps.org](http://www.canadahelps.org)

Then follow these steps:

- Search "South Riverdale Community Health Centre."
- Select "Give in honour or memory of someone special."
- Next, either write the person's name and save, or choose "Continue with my donation."

**If you have questions or wish to donate in person, please contact**

Rose Shang, Manager of Finance, at 416-461-1925, ext. 221 or [rshang@srhc.com](mailto:rshang@srhc.com).



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Michael Brent  
Michael Rachlis  
Michele Harding  
Michelle Goldfinger  
Mike Wilson  
Natalie Scott  
Neal Hicks  
Neha Khandekar  
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Nicole Plotkin

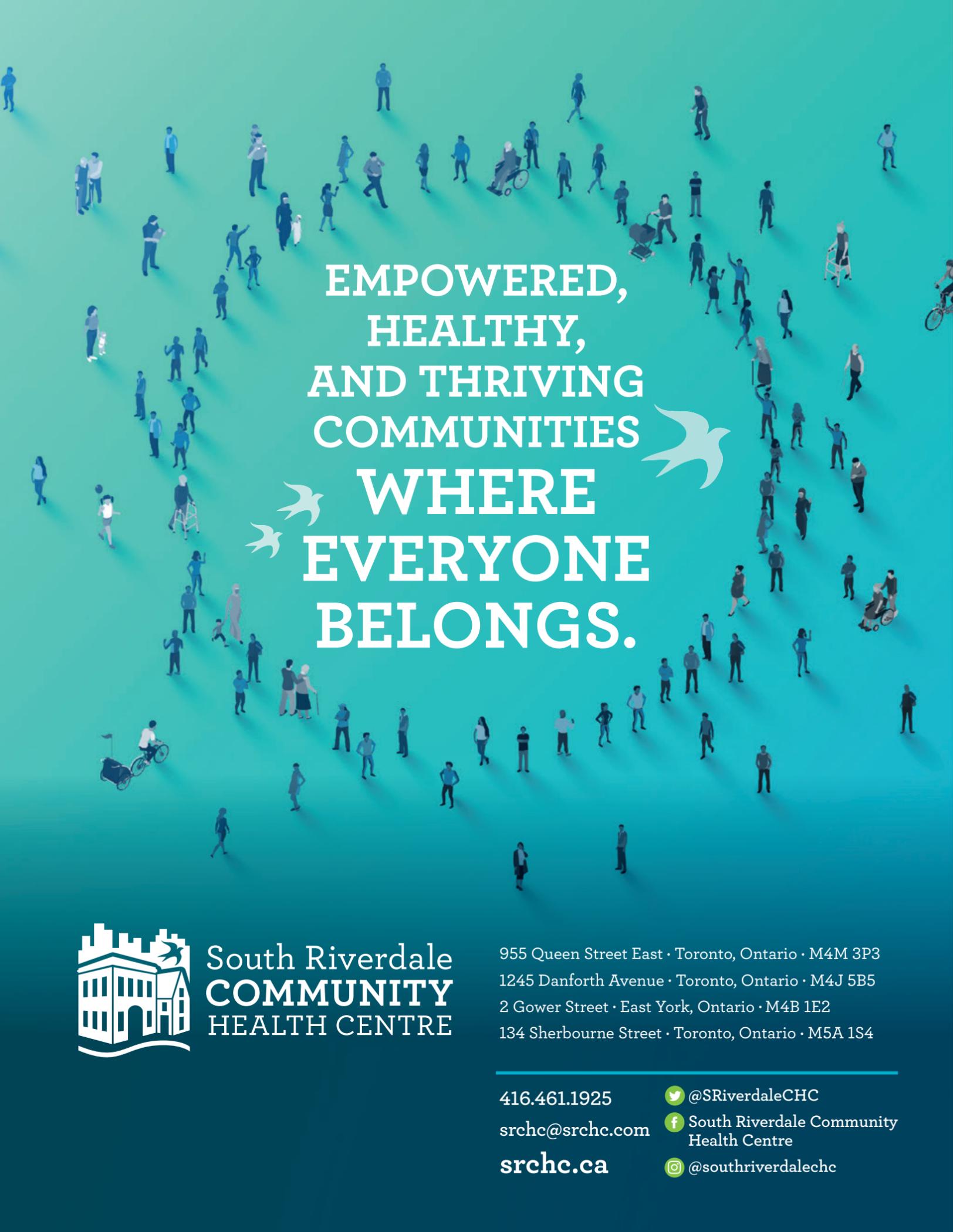
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EMPOWERED,  
HEALTHY,  
AND THRIVING  
COMMUNITIES  
WHERE  
EVERYONE  
BELONGS.



South Riverdale  
**COMMUNITY**  
HEALTH CENTRE

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1245 Danforth Avenue • Toronto, Ontario • M4J 5B5  
2 Gower Street • East York, Ontario • M4B 1E2  
134 Sherbourne Street • Toronto, Ontario • M5A 1S4

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 South Riverdale Community  
Health Centre

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