



SOUTH-EAST
OTTAWA COMMUNITY
HEALTH CENTRE
EVERY ONE MATTERS.

ANNUAL REPORT

07/08



every one matters.

Every individual. Every family. Every community.

BOARD OF DIRECTORS

Executive Committee:

Mary Garrett: President
Lee Ann Welsh: Vice President
Jane Dickinson: Vice President
James Williams: Secretary/Treasurer
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Patricia Fairbairn: Director (Appointed during year)
Abdi Hilowle: Director

Naresh Shah: Director
Karen Schwartz: Director
Wayne Kauk: Director
Emily Schaming: Director
Purnima Sundar: Director

Staff Representatives:

Linda Lafrance & Diane Doxtater

Ex Officio:

David Hole, Executive Director
Jeannie Taylor-Page, Recording Secretary

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MESSAGE FROM THE PRESIDENT AND THE EXECUTIVE DIRECTOR



The past year has been transformative in many ways. This organization has a new name, a fresh focus, and a renewed sense of purpose. We are now more clearly identified with the other Community Health Centres in Ontario, as demonstrated by the new logo and tagline we have adopted. At South-East Ottawa Community Health Centre, “every one matters” means every single person we encounter, each and every client that we serve, every one on our staff, each volunteer, every single one of our generous donors, every act of service, every dollar that we receive, every culture, every address, and every particular piece of feedback that lets us know that we are on track.

The new Strategic Plan (approved early in 2007) has provided us not only with direction but also with a means to monitor our progress over time. This year we have set new indicators and developed the tools necessary to measure the impact of what we are doing. We have partnered with University of Ottawa to better understand how social determinants of health impact our neighbourhoods (see www.neighbourhoodstudy.ca) and we will have updated our community profiles by incorporating 2006 Census data by Fall 2008. We have further developed our award-winning model of community engagement and social development – *No Community Left Behind* – to become an effective strategy for neighbourhoods everywhere (see www.nocommunityleftbehind.ca) and the City of Ottawa has adopted the model as an essential component of its new Community Development Framework. We have reached out to faith communities in South-East Ottawa – via the Faith Forum in June 2008 – to explore social and community issues of common concern and ways that we can act collaboratively to make a difference. A series of consultations and a community forum scheduled for this Fall will similarly refresh our relationships with cultural and ethnic communities in South-East Ottawa. Our strategic plan is aligned with the Ministry of Health & Long Term Care, the community health sector, and our primary funder for primary health care and community support services, the Champlain Local Health Integration Network (LHIN). We will implement a new Primary Care Outreach Team to provide more accessible services to low-income and vulnerable elderly persons living at home as part of Ontario’s new *Aging at Home* strategy. We have developed innovative approaches to chronic disease prevention and self-care for persons living with a chronic disease. In partnership with other community support agencies, we have improved access to transportation for elderly persons who need escort to important medical and related appointments, and were pleased to receive a van from the Ministry of Health & Long Term Care to further support this work.

The Centre has been fully accredited (by Community Organizational Health Inc.), until 2010. This involved a peer review process that evaluated our services and programs against acknowledged standards that support sustainability, learning, improvement, excellence and innovation. We received particular recognition for our community-based planning and consultation processes, the opportunities that we provide

to foreign trained physicians to gain Canadian experience, our educational and training opportunities, and our responsiveness to the communities that we serve.

Other changes will have continuing impact in the years to come. We have implemented strategies that ensure that the Centre contributes to a healthy community by being environmentally friendly, including the purchase of our power from clean, emissions-free sources. We have reviewed and/or revised all our policies to ensure that our services are of the highest quality and remain accessible to those who most need them. We have paid particular attention to wait list management and strategies to increase the number of persons we can help each day. We renovated our client reception area so that if people have to wait, they can at least do so comfortably. Since our busy clinics, offices and program areas are becoming cramped and congested, we know that we need a new plan to better use our space. Our computer networks have been upgraded so that we will have the capability to move to electronic clinical management systems and a “paperless” office. Last, but by no means least, the Centre will have new executive leadership: David Hole has been the Executive Director since 1984, will retire in September, and will be succeeded by Leslie McDiarmid, who has gained extensive management experience at the Centre over the past 17 years.

One thing hasn’t changed: Ultimately, it was just another year in which people cared about one another and it was our privilege to support them to do so. Once again, we opened our doors and our hearts to help others to help themselves, so that they in turn could help others. Our appreciation goes to all members of the Board of Directors for being such good stewards, trustees, planners, advocates, and cheerleaders. Our donors’ contributions counted for so much. Our volunteers have been so generous of their time, for which we are grateful. Finally, at the very heart of the organization are our employees, who seldom get the appreciation that they so richly deserve. Every one matters. Thank you, one and all.

Mary Garrett, President

David Hole, Executive Director



vision

SEOCHC envisions a future in which everyone in South-East Ottawa has the capacity to work together to develop, access and utilize a wide range of opportunities, responsive services and resources within their communities for a safe, just and healthy life for all.

mission

SEOCHC works with the diverse community of South-East Ottawa and with partners throughout the region to:

- **Foster a healthy community** by supporting residents of South-East Ottawa to sustain healthy, welcoming, diverse and safe communities.
- **Strengthen well being** by promoting the development of healthy individuals and families, particularly with persons who are vulnerable.
- **Provide a place where help may be given and received** by providing integrated and holistic primary health care and social services, promoting access to other services and opportunities for persons who are vulnerable or marginalized, and by supporting community members to help one another.

STRATEGIC GOALS AND OBJECTIVES

1. FINANCIAL/FUNDING PERSPECTIVE

GOAL: *Secure and manage focused financial resources efficiently and effectively*

OBJECTIVES:

- To secure funds to respond to budget pressures, service/program demands. (core & identified priorities)
- To manage allocated funds efficiently & effectively

2. EMPLOYER OF CHOICE PERSPECTIVE

GOAL: *Become an Employer of Choice*

OBJECTIVES:

- To maximize compensation & benefits
- To develop & implement a training/ professional development plan targeted toward competencies & innovation
- To implement centre-wide, employee recognition program to recognize, promote & support contributions
- To support healthy office/work environment

3. ACCOUNTABILITY PERSPECTIVE

GOAL: *Demonstrate value and impact*

OBJECTIVES:

- To implement centre-wide standardized data collection tools & processes
- To collect and monitor quality data regarding clients & programs
- To consistently use reports/data collected to inform decisions regarding programs & services

4. SUSTAINABILITY PERSPECTIVE

GOAL: *Help people help us to help others and strategically position SEOCHC*

OBJECTIVES:

- To implement an effective volunteer & donor program
- To raise SEOCHC's profile in the community
- To lead at least one region-wide initiative
- To partner with relevant organizations in an identified priority area
- To become an active participant in decision-making networks

5. CLIENT/COMMUNITY HEALTH PERSPECTIVE

GOAL: *Deliver quality services & programs that positively impact the determinants of health*

OBJECTIVES:

- To strengthen natural helping networks
 - To implement a comprehensive chronic disease prevention & management program
 - To implement programs and services that are accessible and available
 - To implement approaches that increase awareness of SEOCHC resources & programs
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HIGHLIGHTS, 2007 – 2008

financial

- 55 submissions for funding
- 90% of core/identified priority submissions were actually approved for funding
- \$5,132,000 approved for core activities
- \$1,076,200 approved for non-recurring projects: 17% of total budget
- \$9,610,000 approved for midwifery services
- 20 different funding sources
- Managed a balanced budget: 0.7% surplus at Year End

employer of choice

- Energy sourced exclusively from renewable sources (wind & low-impact water power producers) offset our “carbon footprint” by 418.7 tonnes of carbon dioxide, 1468.3 kg of sulphur dioxide, and 350.9 kg of nitrous oxide, thereby helping to reduce smog-related health risks and demonstrating environmental stewardship to staff, clients & communities served
- Waiting room renovated to expand capacity by >20%
- Enhanced employee benefits
- Diverse staff: 22% visible minority; 17 different languages spoken; 25 different ethnic backgrounds. 40% of new hires (07-08) were visible minority.

accountability

- Maintained full accreditation until 2010 (COHI)
- Partnered with uOttawa, United Way, Trillium Foundation, Community Foundation & others to develop neighbourhood benchmarks for social determinants of health
- Upgraded LAN environment to support Clinical Record Management, protect privacy, & ensure “disaster recovery”
- Implemented comprehensive strategy to enroll clients

sustainability

- 211 registered volunteers contributed 15,149 hours (Thank you!)
- Over 2,000 registered donors (Thank you!)
- \$151,683 received from donors & fundraising efforts
- Over 70% return donors
- We trained future health professionals: 10 nursing students, 3 Nurse Practitioner students, 1 medical resident, 3 foot care nursing students, 1 dietetic intern, 3 social work students, 1 health promotion student
- Assumed lead role to develop *Aging at Home* project for CHCs
- Assumed lead role to enhance transportation for seniors by CSS agencies
- Continued to lead re: midwifery services in Eastern & Southeastern Ontario





- Received Awards: United Way Community Builder of the Year (2007); AOHC's Excellence in Primary Care Community Development
- Joined Association of Fundraising Professionals; AFP
- Proud & active members of Ottawa Community Support Coalition, Ottawa Coalition of Community Health & Resource Centres. SEOCHC is represented at 72 different coalitions/ outside planning bodies
- Over 90% of partner organizations report satisfaction

client & community health

- 41,728 service events (all programs)
- 8,230 outreach service events
- 64,813 hrs spent in direct service
- 23,029 hrs spent in direct service outside normal office hours
- 1,099 internal referrals; 2,236 external referrals
- 80% of clients (450 respondents) reported that "we provided [them] with the opportunity to improve [their] health"
- 67% of clients reported that they "received information about other programs & services at SEOCHC"
- 88% of clients reported that "we provided [them] with the opportunity to give input into the service or health care plan"
- 91% of clients reported that it was "easy to access our programs" (location, hours, etc.)

- 96% of clients reported that they were "satisfied with [our] program or service"
- 82% of BBBF clients reported that "the family visitor helped improve parenting skills"
- 90% of BBBF clients reported that they "learned more about healthy child development"
- Health: Wait time for 89% of clients: <30 minutes. Of the 11% of clients that waited >30 minutes, 33% had no scheduled appointment (walk-in)
- Health: 2,284 unique clients seen by health care providers via 17,886 encounters of which 14,816 were face-to-face & 3,634 were by telephone. 1,726 additional encounters related to foot care & another 632 related to chiropractic; 37% of women (aged 18-69) received pap test
- Settlement support: 1,897 clients received 6,269 services.
- BBBF: 8,949 contacts with 4,086 adults (not unique) at playground; 26,330 contacts at the Community House; 25,803 meals provided via Food Cupboard.
- Social Services' targets were surpassed in many programs: e.g. housing support, community & home support, and in various practical support programs (such as *Campership & Christmas Exchange*). 1,380 crisis calls managed; 2,497 Community Support clients received 9,369 services; 625 caregivers received information & support in groups or individually

REFLECTIONS (TEAM SUMMARY REPORTS)

community services team

Another busy year for the Community Services Team as we continued to offer over 30 health promotion programs and services to youth, seniors, and the multicultural population living in our catchment area. Despite saying goodbye to the Community Developer and introducing a new Youth Health Promotion Coordinator and Manager, there was relatively little disruption to service. Highlights from the year include an increase in the number of physical activity programs offered as well as an investment in outreach to the Arabic speaking community. By offering the Arabic Diabetes Prevention Program, Multicultural Fitness, the Arabic Women's Group, and the Community Connections service in Arabic, we welcomed a significant number of Arabic speaking clients to our Centre. In addition, we incorporated a new falls prevention program for Seniors into the *Viactive* and Tai Chi fitness programs and the number of seniors that participated more than doubled. By continuing to offer skill development groups such as Youth Drop In, Nutrition & Cooking workshops, and *Wise Women/Old Boys* we were able to strengthen people's capacity for self care. Lastly, the *No Community Left Behind* model was adopted by the City of Ottawa as a region- wide community development framework and many successful initiatives were implemented in SE Ottawa neighbourhoods. Overall, the Community Services Team continues to support population health through health promotion initiatives, health education activities and community development.

better beginnings, better futures

It was a year of significant changes and transitions for the Better Beginnings, Better Futures team. Most notably, several veteran staff – including the Program Manager and some Family Visitors – took on new challenges elsewhere and triggered a hiring frenzy. With new

personnel in place, the team forged ahead to continue offering quality programs and services for children 0 – 5 years of age and their families. Once again, the number of children attending Playgroup far surpassed targets and the demand for nutritious snacks was high. Family Visitors continued to experience high demands for advocacy related to housing and social assistance as well as support related to parenting and child development. Our capacity to support Francophone families was challenged but managed. The Community Nurse was able to provide support and information to community residents both at the House as well as during home visits. The Community House continued to open its doors five days a week to welcome all community members in for coffee, drop in, food bank, clothing cupboard and access to fax, phones and photocopying resulting in 26,500 encounters during the year. Overall, the Better Beginnings, Better Futures team continues to provide excellent support to people living in the Albion/Heatherington/Fairlea and Banff/Ledbury communities.

early years programs

Early Years programs continued to provide services here at 1355 Bank and at four community houses, and retained our focus on healthy family and child development. Our regular programs included: Breastfeeding Drop-in, outreach nursing, parent discussion groups, Early Learning Preschool programs, Playgroups, and Community/staff training. Programs were augmented by:

- Flu clinics in outreach locations
- visits from dental hygienists in outreach locations
- varied professional development and training for parents and staff
- support for children with speech and language development issues



We partnered with the City of Ottawa to purchase gross motor play kits for the pre-school programs at Community Houses. These kits have been well used by all programs. The *Supporting Neighbourhood Caregivers* program (training course for women who would like to provide childcare in their home), continues to be in great demand in our community.

health services

Change and stability defined the past year in Health Services.

Change has included becoming a Point of Care site that provides anonymous HIV testing and results in a single visit; on-site psychiatric consultations that assist health care workers with clients experiencing mental health issues; exploring and developing models of care that supports chronic disease prevention and management; upgrading our computer networks to better accommodate security, privacy and other requirements as we move to paperless clinical management systems; collaborating with midwives to strengthen our capacity for perinatal and obstetrical care; renovating the waiting area to increase our seating capacity and wheelchair access; reducing our “no show” rate; and increasing efficiencies and accountability.

Stability has been improved by increasing the part-time Clinical Coordinator position to full-time; realigning various administrative tasks; increasing administrative resources; and training our staff in readiness for electronic health records. Our professional staff were busy: 15,000 face-to-face encounters were provided and 48,000 services delivered. 88% of our primary care clients indicated they had input into their health care plan. 96% of clients told us that they were satisfied with the health services that we provided.

With this successful year behind us, the team has already defined its challenges for the year ahead: we are committed to increase our outreach activities, enroll new clients, and increase the number of clients seen each day.

social services

Social Services had a very busy year.

Counselling & Crisis Intake Services collaborated with the Ottawa U Centre for Research on Educational & Community Services to document best practices and initiate many new quality assurance activities. We also provided trauma training to other Ottawa Community Health Centres and initiated the formation of an inter-CHC trauma response team. Starting in summer/08, our services will expand to include an addiction counsellor on site.

Housing Services significantly increased outreach activities to prevent housing loss, including work with tenant groups on pest management, and presentations to community groups on landlord and tenant rights and responsibilities. Employment Services' track record has been so successful here that we have been asked to mentor partner agencies on best practices and increased access.

Community and Home Support Services have been an active partner in the Ottawa Community Support Coalition, collaborating with other agencies on service innovations that support Ontario's *Aging at Home* strategy. For example, an Urban Seniors Transportation Project in partnership with the Glebe Centre demonstrated sharing a paid driver to transport elderly clients from SE Ottawa and Centretown homes to their medical appointments. In support of the *Going Home* project, we assigned home support workers to assist clients during their transition from hospital bed to home, providing in-home services for those crucial first few days following discharge. We expanded our team to include more than 85 home support workers and over 200 volunteers.



SOUTH-EAST OTTAWA COMMUNITY SERVICES STATEMENT OF FINANCIAL POSITION

	March 31, 2008	March 31, 2007
ASSETS		
CURRENT ASSETS		
Cash & cash equivalents	\$ 2,342,530	\$ 2,190,272
Accounts receivable	223,138	78,896
Prepaid expenses	320,906	291,327
	2,886,574	2,560,495
CAPITAL ASSETS	415,721	365,745
	3,302,295	2,926,240
LIABILITIES & FUND BALANCES		
CURRENT LIABILITIES		
Accounts Payable & Accrued Liabilities	407,657	434,094
Repayable to governments	1,213,598	1,082,416
Deferred Revenue	348,857	212,184
	1,970,112	1,728,694
DEFERRED CAPITAL GRANTS	415,721	365,745
FUND BALANCES		
Appropriated	400,000	400,000
General	516,462	431,801
	916,462	831,801
	3,302,295	2,926,240

SOUTH-EAST OTTAWA COMMUNITY SERVICES STATEMENT OF OPERATIONS

	March 31, 2008	March 31, 2007
REVENUES		
GRANTS		
Ontario	\$ 11,608,759	\$ 11,043,176
Municipal	574,742	587,735
Federal	225,891	217,907
Other	240,361	150,671
Donations & Fundraising	151,683	286,443
Interest Revenue	145,210	113,974
Amortization of deferred grants	167,183	138,814
Miscellaneous Revenue	83,450	34,854
	13,197,279	12,573,574
EXPENSES		
Salaries & Benefits	4,100,683	3,789,671
Materials, Supplies & Services	7,980,820	7,628,195
Non-recurring	97,255	183,238
Amortization of capital assets	167,183	138,814
	12,345,941	11,739,918
NET REVENUE BEFORE ITEMS BELOW	851,338	833,656
Transfer (to) from deferred revenue	22,206	56,129
Amount repayable to governments	(781,917)	(689,829)
NET REVENUE	91,627	199,956

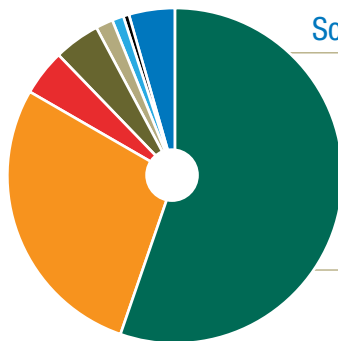
SOURCES OF FUNDS AND PROGRAM AND SERVICE EXPENDITURES 2007 – 2008

FUNDING SOURCES, 2007 – 2008

Ministry of Health and Long-Term Care	\$ 7,300,083	55.32%
Champlain Local Health Integration Network	3,730,388	28.27%
Min. of Comm. and Social Services	578,288	4.38%
City of Ottawa	574,742	4.36%
Government of Canada	225,891	1.71%
United Way	136,863	1.04%
Non-Government Grants	84,056	0.64%
Fund Raising and Other	566,968	4.30%
	13,197,279	100.00%

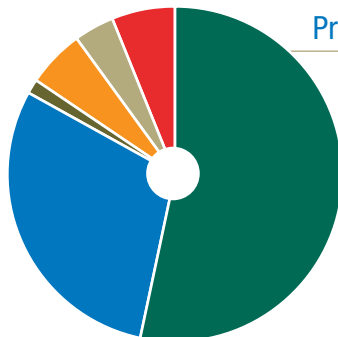
PROGRAMS & SERVICES, 2007 – 2008

Health Services	\$ 3,655,176	29.61%
Midwifery Program	6,598,292	53.45%
Better Beginnings	749,211	6.07%
Home Support Services	473,152	3.83%
Comm. and Social Services	668,778	5.42%
Administration	201,332	1.63%
	12,345,941	100.00%



Sources of Funding: 2007 – 2008

● MINISTRY OF HEALTH AND LONG-TERM CARE: 55.3%	● GOVERNMENT OF CANADA: 1.7%
● CITY OF OTTAWA: 4.4%	● FUND RAISING AND OTHER: 4.3%
● NON-GOVERNMENT GRANTS: 0.6%	● MIN. OF COMM. AND SOCIAL SERVICES: 4.4%
● CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK: 28.3%	● UNITED WAY: 1.0%



Program and Services

● HEALTH SERVICES: 29.6%	● HOME SUPPORT SERVICES: 3.8%
● MIDWIFERY PROGRAM: 53.4%	● COMM. AND SOCIAL SERVICES: 5.4%
● BETTER BEGINNINGS: 6.1%	● ADMINISTRATION: 1.6%