

# QUEST COMMUNITY HEALTH CENTRE



ANNUAL REPORT 2015-2016



## Recognizing and Celebrating our Community Roots

*“A tree stands strong and healthy not by its leaves or branches, but by the depth of its roots.” Anthony Liccione, 2012*

### A Message from the Chair of the Board and Executive Director

Roots, they are the part of a plant that secure it to the ground, support it, and convey nourishment to the rest of the plant. Good, sturdy roots are needed for trees to grow, produce fruit, and continue to develop. Like trees, Quest Community Health Centre is deeply rooted in our community. We are community governed, community driven, and community centred. Thanks to these roots, our Clients, our Health Centre and our Communities grow stronger and more resilient as each year passes. In our Annual Report for 2015-16, we are directing a spotlight on this feature of our Centre and how our activities over the last 12 months have further reinforced it.

### *Community Governed*

The principle of local Community Governance has guided Quest's development as an organization along with the development of our programs since day one. Over the past year Quest has undertaken several key activities to reinforce and strengthen this fundamental feature. Activities have focused on creating a stronger governance model from both an internal and external perspective. The Board has introduced strategies to further strengthen Quest's position as an organization that is publically recognized and understood as a holistic and interdisciplinary model of primary health care. These strategies also reinforced Quest's role in bringing a unique perspective to primary health care planning tables, and our essential contribution to addressing the needs of individuals who are challenged in accessing services.

The principle of Community Governance goes hand in hand with the Quest's Community Driven philosophy. Over the past year the Board has supported as well as implemented a variety of policies and practices that further reinforce this philosophy as an important feature of our organization.

### *Community Driven*

Communities, both place-based and where people share a common identity or affinity, bring with them significant assets. These assets include skills and information, local groups and community

organizations, social networks, among others. Being community driven is about maximizing these assets and using them as “building blocks” to support good health and overall well being. Over the past year Quest has undertaken many activities to reinforce this characteristic. We have benefited significantly from strengthening existing vehicles and creating new and more formal opportunities for those who live and work in our communities to share critical knowledge and perspectives about their communities' capacities, behaviours and needs. These are resources that government, for example, may not have. Quest has provided opportunities for our clients to tap into social networks and have a voice in shaping services and playing an active part in the community. This has in turn contributed to more confident and connected communities. As you read this year's report you will learn more about the invaluable contributions community and client participants have made as they provided fresh and unique information to design and activate change that has positively impacted many facets of our organization as well as our community.

### *Community Centred*

There are many communities whose needs Quest addresses. Being community centred is about listening to these communities, collecting information about their needs, and responding in ways that are creative, adaptive and mutually supportive. Community Centred is about maximizing accessibility, and working diligently to put services and strategies in place that do so. As you review our Annual Report you will learn about our many activities to engage individuals, work collaboratively with them in addressing their primary health care needs and strengthen their community by helping to make it a healthier and more vibrant place that is reflective of this principle.

Community Governed, Community Driven, Community Centred – since Quest began delivering services in 2011 we have worked diligently and conscientiously to get to know our communities better and to strengthen our community roots. We hope you enjoy

Reading about our work in 2015/16 through this community focused lense. We also hope that sharing these activities and outcomes through this year's Annual Report helps you to connect more with those whose voices, needs, and initiative have shaped and advanced our organization, our services, and our community.

With all of the above in mind, we would like to extend our thanks to clients, volunteers, partners and people in our community for their many contributions and significant efforts throughout the year. It continues to be our privilege to work with you to deliver services and build community. A special note of thanks to Quest CHC Board and Staff, who step up to the plate,

roll up their sleeves, and ensure that what needs to be done gets done as we promote and work towards improving collective health and wellbeing in St. Catharines as well as across Niagara Region.

Finally, thanks to our funders and donors. Your financial investment in Quest CHC has ensured that we can continue to provide high quality services, explore and create innovative solutions to address primary health care challenges, and contribute to an overall sense of community rootedness and the ongoing resilience that this helps to build and reinforce.

*Larry Maxwell*  
*Board Chair*

*Coletta McGrath*  
*Executive Director*



## *Our Mission*

Quest CHC provides primary health care services to individuals experiencing social, economic and cultural barriers while promoting wellness, community and social justice.

## *Our Vision*

A healthy and engaged community that participates, collaborates, celebrates and grows.

## *Our Core Values*

Quest believes that all people have a right to be treated with dignity and respect, acknowledging that all forms of oppression including racism, sexism, ableism, heterosexism, ageism, classism and economic oppression impact the health and wellbeing of individuals and communities. Board and Staff operationalize this belief by ensuring that all our actions are guided by the following core values:

- Health Promotion
- Empowerment
- Service Access
- Accountability
- Sustainability
- Learning and Innovation
- Holistic Practice and Collaboration
- Ecological and Environmental Responsibility





## Community Governed

**Community Governance** has been a staple in Canada's health and social services sectors for well over a century. Its benefits are numerous including fostering community ownership and active citizenship, promoting equality as well as equity, addressing diversity, and helping to ensure inclusion and social justice.

This section of our report provides several examples of how Community Governance was further strengthened at Quest CHC in 2015/16. This past year Quest continued to develop and strengthen our Governance Model to ensure Quest maximizes its community based governance role. Our Board of Directors also focused its energies on ensuring our key stakeholder's understanding of, and support for Quest CHC, including those we serve and our model of health and well being. The initiatives undertaken are described in greater detail below.

As a result of a comprehensive recruitment and interview process, three new members joined Quest's Board in 2015/16, Rick Kennedy, Carol Nagy & Kim Rossi. These new members bring experience and expertise in a number of areas including project management, planning, governance and fundraising.



Board recruitment was followed by a comprehensive Board orientation, essential to maximizing Board member's understanding of Quest and its role in the

community as well as their role in a not-for-profit Community Health Centre. With this in mind, Quest CHC's Board Orientation was revised and updated to accommodate a variety of changes and considerations including revisions to Quest's reporting requirements to the LHIN as well as the Ministry of Health and Long Term Care. New Board members as well as several longer term members attended the Orientation, which received high marks from all participants. This coming year the orientation will be further assessed as will the introduction of a pilot mentoring program for Board members.



Quest CHC Bylaws were reviewed and revised to better accommodate Board Recruitment. Options were generated and the Board

agreed that the number of Terms a Board member can serve would be increased from 2 to 3 consecutive three year terms. The rationale was linked to several considerations such as ensuring Board Members have sufficient time to understand the organization and their roles, which in turn results in better decision making; making certain the Board has a variety of members at all times who bring diverse experience and Board related skills to the table; and maximizing community linkages and thus an increased understanding of Quest by the

region as a whole.

The Board also "got busy" furthering the development of strategies to "rally support" for our clients as



well as our model of health and wellbeing. A Marketing and Communications Working Group was established. Membership included three Board members and the Executive Director. The Working Group generated their first report along with a request that the Board mandate the Group to prepare a Plan, to guide the development of a more detailed Marketing and Communications Workplan for the Centre. That process is underway and near completion.

Sustained dialogue with government is an important feature of Community Governance. On the policy front, Quest's Board along with Senior Management responded to the Ministry of Health and Long Term Care's document "Patients First." Our response

identified the CHCs role in implementing the health care reform being proposed, in particular those reforms aimed at improving integration and service equity; creating timelier and more seamless service access; and making service at home more accessible.



## Community Governed

Quest's response also noted the need for the Ministry to reaffirm the role and importance of not-for-profit, community governed health service providers. Consistent with this we reiterated our commitment to the importance of addressing the social determinants of health for our clients using an interdisciplinary model of services delivery and our interest in continuing to work with our funders towards stronger collaborative and integrated services to reach this end.

Quest's Capital Project continues to move forward, under the guidance of the Board as well as its Facility Advisory Committee.

This past year the MOHLTC identified Quest as one of five CHCs to be transitioned into the Infrastructure Ontario (IO) – CHC

Pilot Project launched by the Ministry. Under this new project IO will support Quest in project management and decision making. Quest worked with the other CHCs to develop, negotiate and approve new contracts for Quest and the Ministry and for Quest and IO, as well as negotiate the future role of CHCs with respect to capital project decision making. Quest also launched a Technical Building Assessment under the guidance of the Facility Advisory Committee to ensure quality and capacity to meet client's needs in our permanent site, as well as cost effectiveness.

On a final note, our Board of Directors stepped up to the plate and responded to the Association of Ontario Health Centre's (AOHC) introduction of a Board Liaison. In fact, two Quest Board members volunteered to share the role. The Liaison was estab-



lished to help ensure effective two way communication between CHC Boards and the AOHC's Board. Board members responsibilities have included keeping the AOHC Board informed on issues most pressing for Quest; discussing areas of common concern across the AOHC's membership; reviewing the Association's Board to Board Reports and communicating relevant information to Quest Board colleagues; along with participating in webinars hosted by the AOHC to learn more about the provincial health system generally. The Board Liaison concept continues to evolve and our Board member's participation in its development continues as well.





# Community Driven



Community Health Centres play a significant role in building communities that are confident, connected and **Community Driven**. We mobilize local community-based participation and leadership, we promote and facilitate individuals working together to shape decisions and increase responsiveness; we foster resilience, encouraging and supporting individuals and communities as they take more responsibility for their health. In summary we maximize the many assets that exist in community and use them to improve health and well-being. This section of our Annual Report highlights a variety of these strategies and initiatives undertaken over the past year.

Innovation begins the minute an organization stops thinking “this is the way we will do it” and starts asking its clients “what’s the best way to do this?” And so it has been at Quest. Facilitated by a Community Outreach Worker and a Registered Nurse, Quest’s Client Advisory Committee celebrated its second year anniversary in June of 2015. Following the implementation of an evaluation the Committee reviewed and revised its Terms of Reference, established a draft work plan and recruited new members. It also offered several creative suggestions to Quest during the year with respect to strengthening service provision. Among those implemented were “Lets Get Moving” a physical activity program that includes a weekly one hour exercise session where clients participated in a variety of forms of physical activity including yoga, zumba, and tai chi.

Poverty and an individual’s health and wellbeing are intimately linked. With this in mind, Quest was actively involved in Niagara’s Poverty Reduction Network (NPRN) in 2015/16. Staff were seated at a number of Working Group tables including the Basic Income Guarantee Working Group and the Access to Health Care Working Group. Quest also represented the NPRN at several community events throughout the year including the “Chew on This” Campaign where our Health Promoter participated at a regional table and organized the St. Catharines Campaign to help educate people about the continued prevalence of poverty and hunger in our community and across Canada.

Quest CHC together with the Niagara Health System, CMHA Niagara and Community Addictions Services Niagara collaboratively developed Quest’s Urgent Service Access Team (USAT) in 2013/14. Leaders from each of these organizations continue to participate on a Project Management Team that guides this regional resource as it reduces ER visits and hospital admissions for clients experiencing mental health, addictions or concurrent disorders, with a particular emphasis on opioid addiction.

This past year the USAT Project Management Team met to discuss the development and implementation of the 'Integrated Community Lead (ICL) Model' for Mental Health and Addiction agencies in Niagara, along with USAT's role in piloting the Model.



## Community Driven

This Model has been successfully implemented with seniors by Behavioural Supports Ontario. A small working group with representatives from the Project Management Team Agencies drafted an ICL Tool Kit utilized by Mental Health and Addictions community services in Q4 of this year and to be rolled out across the service system over the next fiscal year.

USAT also worked closely with Health Links in 2015/16 to become the primary point of contact for clients identified as frequently using the ER for mental health and addiction issues. USAT will be playing a key role as Health Links moves forward in its next phase of development.

Quest CHC continued its community capacity building with Migrant Agricultural Workers and Farmers in 2015-16 by actively participating at several tables focused on this client population. These included the Niagara Migrant Workers Interest Group, the Campesino Project - Migrant Worker Round Table in Lincoln; and the McMaster Medical School Migrant Worker Interest Group.

The news of increased funding to address the needs of Workers in the western part of Niagara Region lead to the establishment of the Vineland Project Management Team. The Team membership, includes the Outreach Lead from Southridge Community Church; the Lead Physician for the Vineland MAWP; the Vineland Clinic Volunteer Coordinator; and Quest CHC's Program Director. Supported by Quest's Program Manager, the Team met regularly to further develop the MAW Clinic in Vineland, offering their expertise with respect to strategies to increase access and participation; problem solving any issues that emerged; and ensuring the Clinic was running as efficiently and effectively as possible.

The number of adults without access to dental services continues to grow in Niagara. Quest's Volunteer Dental Program is a unique strategy introduced to provide comprehensive, timely, no cost, preventative, restorative and emergency services

for Quest Clients including cleaning, fillings, extractions and referrals. In order to promote the program among providers and obtain supplies and sundries, a "Totes" Initiative was successfully developed and launched by Quest's Dental Advisory Committee (DAC). A Committee member visited dental offices on two separate occasions to provide information about the Program and drop off a Tote, with a written request that the office donate supplies and sundries. The results? Forty totes were returned in all and 8 new volunteers were recruited including 2 additional dentists, 3 hygienists and 3 dental assistants.



Quest staff have also actively worked with the Niagara Dental Health Coalition in 2015/16. This is a diverse group of stakeholders, including community residents, whose main focus is to promote the expansion of publicly-funded dental health programs for adults and seniors with low incomes. Tasks and projects in which Quest participated or played a leading role included creating and disseminating a Dental Health Intervention Tool; meeting with the Niagara Peninsula Dentist Association about getting involved in *Dentistry without Barriers*, which provides dental services free of charge to individuals for whom cost is a barrier; submitting a response to the MOHLTC's Patients First Report and participating in the Ontario Oral Health Alliance Symposium (April 2016), where Quest's Volunteer Dental Program was highlighted as a particularly unique strategy in Ontario.



# Community Driven



Quest believes strongly in the principle of equity and respects the diversity of the people as well as the communities we serve. When the HNHB LHIN introduced the Health Equity Action Plan (HEAP) Working Group in 2015/16, Quest CHC was one of 12 successful applicants for membership on the Working Group. As a multi-sectoral group consisting of both LHIN staff and community members, the Group met several times to begin to discuss the concept of health equity and recommend actions that the LHIN along with LHIN funded health service providers can take to support and build on existing health equity work over the next fiscal year.

The Niagara Census Metropolitan Area has the fourth largest percentage of seniors 65+ in the country. With that number as an incentive, Quest's membership on Niagara's Aging Leadership Council continued in 2015/16 as the Council transitioned into the Niagara Aging Strategy Action Plan Implementation Committee. The first meeting of the Implementation Committee took place in October of this year and Quest agreed to Champion the Action Plan's Goal #4 – Improve Access and Utilization of Services and Supports, with a particular focus on LGBTQ and Low Income Seniors. As one of several anticipated steps in implementing this goal Quest, in partnership with Positive Living Niagara, undertook the LGBTQ 50+ Needs Assessment, a preliminary assessment of LGBTQ Seniors. The results will be used to help guide and implement a more inclusive assessment in the future.

Also related to this goal, Quest's Urgent Service Access Team has been meeting with the Niagara Geriatric Complex Case Resolution Table to discuss issues related to aging seniors, including how seniors experiencing concurrent mental health and addiction issues are often isolated. Among the intended outcomes is an increased circle of care for those seniors in Niagara.

Finally, the concept of "community driven" can be applied in many ways. Quest regularly applies it to our Health Centre and the role of staff in helping direct what we do and how we do it. This was illustrated in 2014 when Quest implemented our first Organizational Culture Survey, using a Staff



Advisory Committee along with Metrics@Work to direct the process. Agendas for future staff meetings and staff development activities have been guided by issues/areas of interest identified by staff following the survey. Operating dollars dedicated to staff development increased by close to 100% since the survey's implementation. Staff also identified areas of personal/professional interest and delivered workshops to

other staff members as well as other agencies. The second Organizational Culture Survey is now getting underway and a Staff Advisory Committee is being established once again to help inform process and address outcomes.



# Community Centred

**Community Centred** is about being more responsive to the needs of those we serve. The approaches that are taken to make this happen are hugely diverse, connecting individuals and communities to resources, supports and services; creating collaborations and partnerships; and developing staff and volunteers. Yet the intent is the same -- to ensure Quest is responding to the needs of our clients and community as effectively, efficiently and creatively as we can. This section of our Report underlines those efforts and initiatives that have been carried out in 2015/16. To kick things off, numbers speak for themselves. Accessibility and participation in our services is an important indicator of a community centred organization.

Quest's total client population increased by 17% in 2015/16 for a total active client population of 3878 and total client encounters equalling 27,271.

The LGBTQ Community continues to be the focus of many Quest CHC initiatives. Our Rainbow Niagara Program further developed and implemented several initiatives for individuals living across the region. For example, our Transcending Poverty Program provided services to 332 Adults & 130 Youth participants in 2015/16.

Through this innovative program peer led training sessions provided LGBTQ individuals with support and skills to lend their life experience to local organizations to promote safe,

inclusive services. Quest's "Gender Quest" Support Group began on October 29<sup>th</sup>, 2015 with 11 people in attendance. The Group provided information and support to individuals 18 years and older who are thinking about or are transitioning and required support. Finally Quest along with PFLAG Niagara and the Niagara District School Board hosted a conference entitled "Creating Safe, Inclusive Environments for LGBTQ Children and Families in Niagara." 70 individuals attended.

Quest is also pleased to be participating as Ontario expands access to referrals for medically necessary sex reassignment surgery (also known as gender confirming surgery).



## Community Centred



As of March 1, 2016, the Ontario Health Insurance Plan (OHIP) has changed the funding criteria for sex reassignment surgery by allowing qualified providers throughout the province to assess patients for the surgery.

The amended OHIP criteria align with the internationally-accepted standards of care for gender dysphoria, established by the [World Professional Association for Transgender Health \(WPATH\)](#). Quest's interdisciplinary team has begun providing the assessments and thus enhancing access for clients who would otherwise be waiting years for an assessment.

Quality improvement is always a priority at Quest and this past year that priority was further reinforced. We initiated two projects focused on improving Client Access. Our "Refresh Intakes" Pilot Project was developed with the objectives of re-engaging Clients who have not been in touch/ accessed services in the last two years as well as meeting with Clients who have been with us for three years+ to review any significant changes and re-confirm their health goals. Quest also developed a "Same Day Appointment Survey" to assess feed-

back from our clients regarding this service and how it is addressing their needs. Implementation of both projects along with an analysis of the results will take place next year. Finally, a third quality improvement initiative introduced provider specific chart audits, in addition to our pre-existing general and controlled substance audits. Anticipated results with respect to implementing this type of chart audit include process standardization and improved client health outcomes.

Many Quest CHC Clients experience chronic pain for a variety of reasons. With that in mind, Quest launched its first Chronic Disease Self Management Group in March of 2016. Twelve participants are currently in the Group which provides support and information for individuals who live with chronic or ongoing pain and who want to learn ways to better live with their pain and improve their quality of life.

USAT was introduced earlier in our Report. During the past fiscal year USAT expanded its points of service from two to six locations, in response to community need. The new sites include the NHS's New Port Treatment Centre as well as their Withdrawal Management Services Program. Quest



# Five Years!

## Working With Our Community

Our Clients, Stakeholders and Numbers say it well ..

2011  
1,596 Active  
Clients

2016  
3,878  
Active Clients

2011  
12,540  
Client Encounters

2016  
27,271  
Client Encounters

2011  
3  
Points of Service

2016  
12  
Points of Service

2011  
2  
Programs

2016  
6  
Programs

*"I think all medical places  
should run this great"*

**United Food & Commercial Workers Union  
Agricultural Worker's Alliance Award**  
presented to Quest CHC "In Recognition of  
your outstanding contributions to improving  
the lives of Agricultural Workers"

*"I found compassion, respect, open  
mindedness and was treated like a  
person not a number"*

2011  
24 Staff

2016  
43 Staff

2011  
Over 277  
BBQ Guests

2016  
Over 750  
BBQ Guests

*"This is an amazing  
facility, there should  
be more across  
Ontario."*

*"I am so  
appreciative of the  
team effort displayed  
at Quest"*

*"Thank you for all your  
team does in and around  
the community"*

## Community Centred

has also established sites at Methadone Clinics in Welland, and Port Colborne. This is in addition to existing points of services at the NHS St. Catharines site and a Methadone Clinic located in downtown St. Catharines. Facilitated by the addition of these new sites, two hundred and forty-two clients attended close to 5100 visits, representing an increase of 71%. 98.3% of these clients indicated they were satisfied with the service they received.

As noted earlier, Quest's Migrant Agricultural Worker Program (MAWP) continued to grow in 2015/16. A proposal to the LHIN and a positive response resulted in additional funding for the Program. This supported expanded access to an interdisciplinary, integrated and coordinated primary health care team and the Program is now firmly routed in Vineland as well as Virgil. Quest delivers services from both these locations on Sundays, and this was complemented by increased evening and weekend farm visits in 2015/16. Expanded funding has also allowed for increased transportation, thus enabling more ready access for individuals who experienced barriers to attending MAW clinics. The numbers speak for themselves. 243 clients participated in 485 visits and close to 1,100 service recipient interactions this fiscal year.

Quest has also continued to expand its health promotion efforts through targeted initiatives for chronic disease prevention, mental health supports, STI/HIV prevention/testing/treatment and occupational health. All in all we provided 16 health promotion activities in which 940 MAWs participated.

Raising awareness among local farmers about the health concerns of MAWs and the availability of/ access to local health services is a goal that Quest pursued diligently in 2015/16. This included presenting at the annual Tender Fruit Growers Conference and targeting local farms to ensure they are aware of Quest services as well as general health issues and barriers experienced by workers.

Quest also met with Emergency Department staff to ensure their awareness of Quest's services in the communities where MAWs live and work, along with providing service information for distribution to MAWs who may access the ED. This increased MAW's awareness of health services geared specifically to

them, along with follow-up post ED care in the communities where they work.

The first Ontario Migrant Worker's Forum was held on March 31, 2016. Attendance topped 120. Quest provided a presentation during the plenary session; lead a break-out session on healthy eating; and facilitated a workshop entitled, 'Best Practices in Health Promotion for Seasonal MAWs.'



Finally, in the interest of increasing its capacity to deliver culturally appropriate and safe services to MAWs throughout Niagara, Quest further developed a partnership with Brock University's Department of Modern Languages, Literatures and Cultures. The result was the development of a course entitled, 'SPAN380/480: Im/migrant Community Outreach Research and Internship'. Five students who participated in the course completed their practicum placement with Quest CHC's MAWP.

While we continue working with the Niagara Dental Coalition to support publically funded adult dental services, Quest is also aware that the need for these services continues to grow. This year, with funding from the Fowler Family Foundation and Greenshield Canada, dental services provided by our volunteer dentists, hygienists and dental assistants increased to four days per week. A total of 132 clients completed upwards of 600 visits to Quest's Dental Operatories. Support from Henry Schein with respect to supplies, sundries and equipment has also played an important role in facilitating Quest's capacity to see more clients and complete more visits.

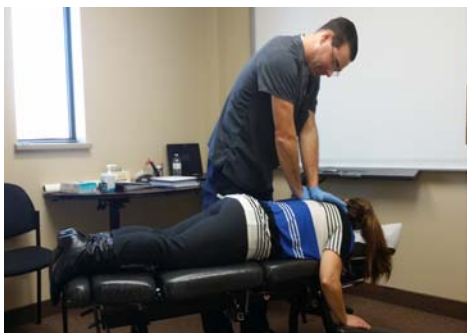


# Community Centred



Quest celebrated the many dental volunteers who made dental service provision possible in 2015/16 by organizing its first ever volunteer appreciation dinner for the Dental Program. Over 50 volunteers, enjoyed the dinner, shared stories and accepted a sincere and heartfelt thank you from the St. Catharines Deputy Mayor, the DAC and Quest's Executive Committee members.

Volunteers keep stepping up to the plate for Quest's Volunteer Chiropractor Program as well. The number of clients increased by 13% (95 clients) with a 43% increase in visits (267 visits). By decreasing their reliance of narcotic solutions, the program has proven especially helpful for clients with active pain and either a history of substance abuse or a particular susceptibility.



Driven by the significant level of need, meetings were initiated with the Manager of Health Policy for the On-

tario Chiropractor Association along with a representative from the Niagara Chiropractic Association and resulted in the development and implementation of a Volunteer Chiropractor Program Evaluation to collect information that will further inform service delivery and future program funding proposals.

In November 2015 Canada began to welcome Syrian refugees to response to the ongoing crisis in Syria. Quest embraced the task of planning for the arrival of government sponsored Syrian Newcomers to Niagara. We were one of four CHCs in Niagara that participated at a multi-service coordination table where agencies collaborated to ensure the best possible services would be available to Syrian Newcomers. Other agencies included settlement services, hospitals, universities, mental health services, Niagara Region Public Health and Community Services, housing, private practitioners, employment assistance services, and community residents. Quest also participated at a Health Care Providers table, assuming a lead role as the "First Point of Contact" for directing individuals to Primary Health Care Services across the Region. Quest's role with Syrian Newcomers will be ongoing as our Region, partners and volunteers continue to be vigilant in

addressing their potential future needs. Having comprehensive, up to date information is fundamental to client centred services. This past year Quest along with 3 other CHCs engaged in an analysis of potential information systems, participated in presentations regarding several different systems and decided to upgrade our existing system, Purkinje. Staff "Super Users" were identified and trained; PURKINJE 5 GO LIVE was rolled out across the Centre in March of 2016.

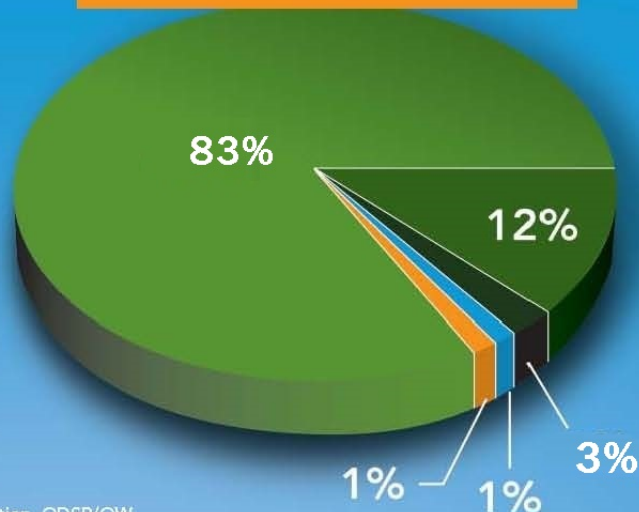
Finally, community and communication go hand in hand. Ensuring our system links to the wider health care system is essential and Quest continues to work towards this outcome. For example, in 2015/16 we participated in a series of meetings with the NHS with the specific goal of exploring communication flow and strategies to ensure smooth transitioning points for care as clients move between systems. Having a website that is engaging for all of our stakeholders is also important as Quest grows and stakeholders expand in number. With this as our goal, management, with input from staff and in conjunction with ColorShadow Communications generated the design, content and images for a new Quest CHC website, that we look forward to completing and launching in 2016/17.

**Quest Community Health Centre**  
**Community = Vitality = Strength**

## Summary of Financials: 2015-2016

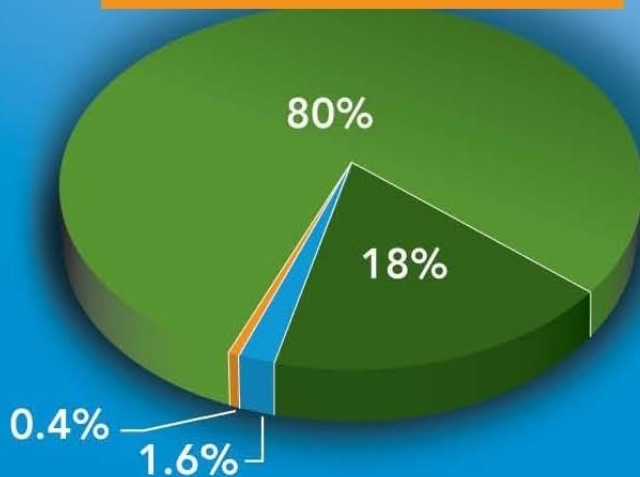
- Quest CHC Operations
  - HNHB LHIN
- Urgent Services Access Team
  - HNHB LHIN
- Migrant Agricultural Worker Program
  - HNHB LHIN
- Volunteer Dental Program\*
- Community Funded Projects
  - Niagara Community Foundation
  - United Way of Niagara Falls & Great Fort Erie
  - Niagara District School Board

**REVENUES: \$4,022,953**



\* Donations/Revenue received from Green Shield Canada Foundation, ODSP/OW, Fowler Family Foundation

**EXPENSES: \$3,848,476**



- Salaries/Benefits (LHIN) - 80%
- Operating Expenses (LHIN) - 18%
- Salaries/Benefits (Other) - 1.6%
- Operating Expenses (Other) - 0.4%

\* Net amount repayable - \$174,477

The above information is extracted from our audited financial statements.  
Audited financial statements are available at Quest CHC.



## 2015-2016 QUEST CHC BOARD OF DIRECTORS

Larry Maxwell	Chair	Selvum Pillay	Director
Patti Tomczyk	Vice Chair	Anne Rockingham	Director
Susan Tromanhauser	Treasurer/Secretary	Kim Rossi	Director
Rick Kennedy	Director	Rob Smith	Director
Kevin Gosine	Director	Cassandra Theune	Director
Carol Nagy	Director	Mike Veldhuizen	Director

*This year we say good-bye and thank you to five Board Members  
Chris Bittle who served as our Board Chair and Treasurer/Secretary as well as Kevin Gosine,  
Selvum Pillay, Rob Smith and Cassandra Theune. The commitment, knowledge and  
expertise provided by each of these members has significantly contributed to the development  
of our governance structure, organization, and community.*

## QUEST COMMUNITY HEALTH CENTRE STAFF

Muhanad Al-Husari	Filomena Giles	Ziad Malak	Trudy Schroeder
Cristina Alzate *	Danielle Gdanski **	Carys Massarella	Tim St Amand
Nazila Azizi	John Greene	Ian Masse	Jenny Stranges
Jim Brooks (5)	Dean Hansenberger	Coletta McGrath	Sara Towner
Amy Buttar	Rachelle Heikoop	Tony Moschella (5)	Despina Tzemis
Natalie Childs	Meagan Ipema *	Joanne Navarro	Stephanie Vail
Christel Dingillo	Emily Kedwell	Kim Parise	Brenda Walters
David Edgar	Sonya Kelley	Emily Pranger	Erin Walters
Ashley Edwardson	Veena Krishnamoorthy **	Emily Robins *	Courtney Wickens
Jaime Fay	Sandra Lane	Will Rowe	Seul (Amy) Yoo
Tara Foster *	Lori Makarchuk	Christine Royal (5)	Madeeha Zahidi
Virginia Fraser	Monzer Malak	Andy Rust	
Jesslyn Froese			

\* Staff as of 2016/2017 fiscal year \*\* independent contracts Staff (5 years as of 2015/16)

## QUEST COMMUNITY HEALTH CENTRE

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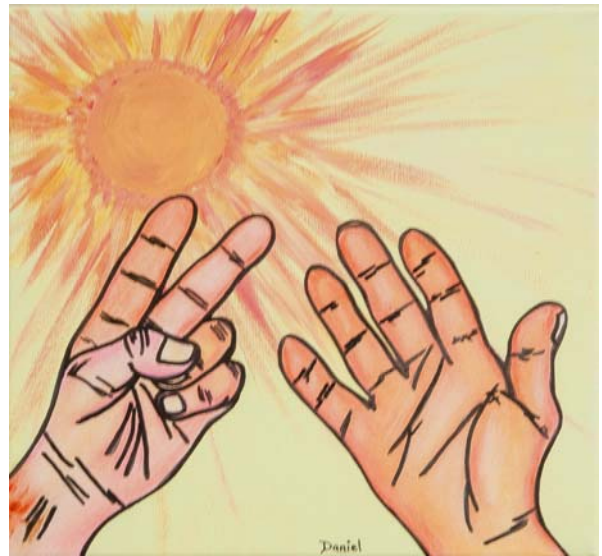
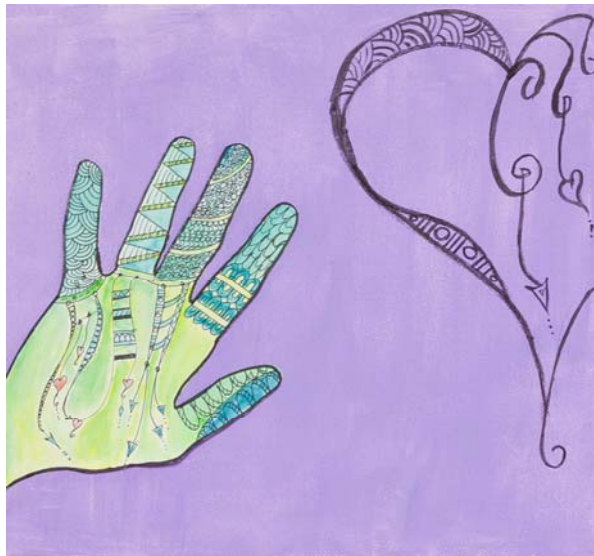
[www.questchc.ca](http://www.questchc.ca)



### HOURS OF OPERATION

Monday: 8:30am - 4:30pm  
Tuesday: 8:30am - 4:30pm  
Wednesday: 8:30am - 4:30pm  
Thursday: 8:30am - 4:30pm  
Friday\*: 8:30am - 12:30pm  
\* Open for Client Services

USAT: Monday-Friday 11:30am - 7:30pm  
MAWP: Please call for more information



**Art Journaling in Celebration of Community Health Week 2015/16**

**"Community Vitality and Belonging" 11 Events; 250 Participants**