

# QUEST COMMUNITY HEALTH CENTRE



ANNUAL REPORT 2014-2015



Chris Bittle  
Board Chair



Coletta McGrath  
Executive Director

*“Health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.”*

*World Health Organization, 1948*

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

The World Health Organization’s (WHO) definition suggested a new way of thinking about health. It is remarkable that they tabled this definition close to 70 years ago. This is especially intriguing as we reflect on the past 12 months. During this time Clients, Staff and Board Members at Quest have participated with our service delivery Partners in many meetings and workshops about reviewing health care and delivering services that ensure positive health outcomes. The theme that has emerged at many of these events is that the health care system needs to be “re-wired,” “re-thought” and “re-defined.”

As these meetings and workshops took place, *Triple Aim* was introduced by the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) along with the Ministry of Health and Long Term Care (MOHLTC). Triple Aim seeks to transform health by simultaneously focusing on three aims – population health, which takes into account the social determinants of health; enhancing the Client’s experience; and guaranteeing value for money by ensuring that the per capita cost has a positive impact on health care costs/spending.

As a Community Health Centre based on a Model of Health and Wellbeing, Quest CHC believes that our unique, not-for-profit, client-centric model for providing primary health care services has successfully operationalized the definition of Health tabled by WHO back in 1942, integrated many of the qualities identified above, and continued to do so this past year. Our 2014-15 Annual Report highlights some of the extraordinary work of our Clients, Staff and Partners in accomplishing this.

This Annual Report gives us the opportunity to report to you — the people who support us and make our work possible — on our recent achievements. But the work we do far exceeds the capacity of these reports to tell our story. This past year, Quest CHC was involved in dozens of projects in St. Catharines and across the Niagara Region. We also refreshed our Strategic Plan, designed and implemented a new Quality Improvement Plan, and participated in and completed a key stage of our Capital Project Functional Program, in preparation to move into the new Infrastructure Ontario-CHC Pilot Project in the coming year, with the intent of completing our permanent site in the spring of 2017.

Looking back at everything Quest has accomplished this year, we are once again in awe of the remarkable creativity, commitment, and hard work. Our Clients, our Partners, our Volunteers and our Staff have gone beyond the expected to regularly achieve the extraordinary. Some large steps, some small steps, but always deliberate steps moving us into the future together towards **Quest’s Vision, a healthy and engaged community that participates, collaborates, celebrates and grows**. We can think of no better way to complete our message and begin this Report than by expressing our appreciation to the people as well as the funders who have made it all possible.

We invite each of you to read our Report for a fuller picture of our organization. Many of the stories and outcomes presented in this Report belong to all of us; we look forward to continuing to work together to re-design primary healthcare to ensure improved health outcomes, a positive Client experience, stronger communities and value for investment.

This Annual Report represents a “passing of the baton” for Quest Community Health Centre’s Board Chair. As the Executive Director I would like to thank Chris for his commitment, insights, and ever present support. Chris has contributed to Quest at many levels throughout his tenure, not the least of which has been his reaffirming belief in the concept of and need for Community Health Centres in Niagara.

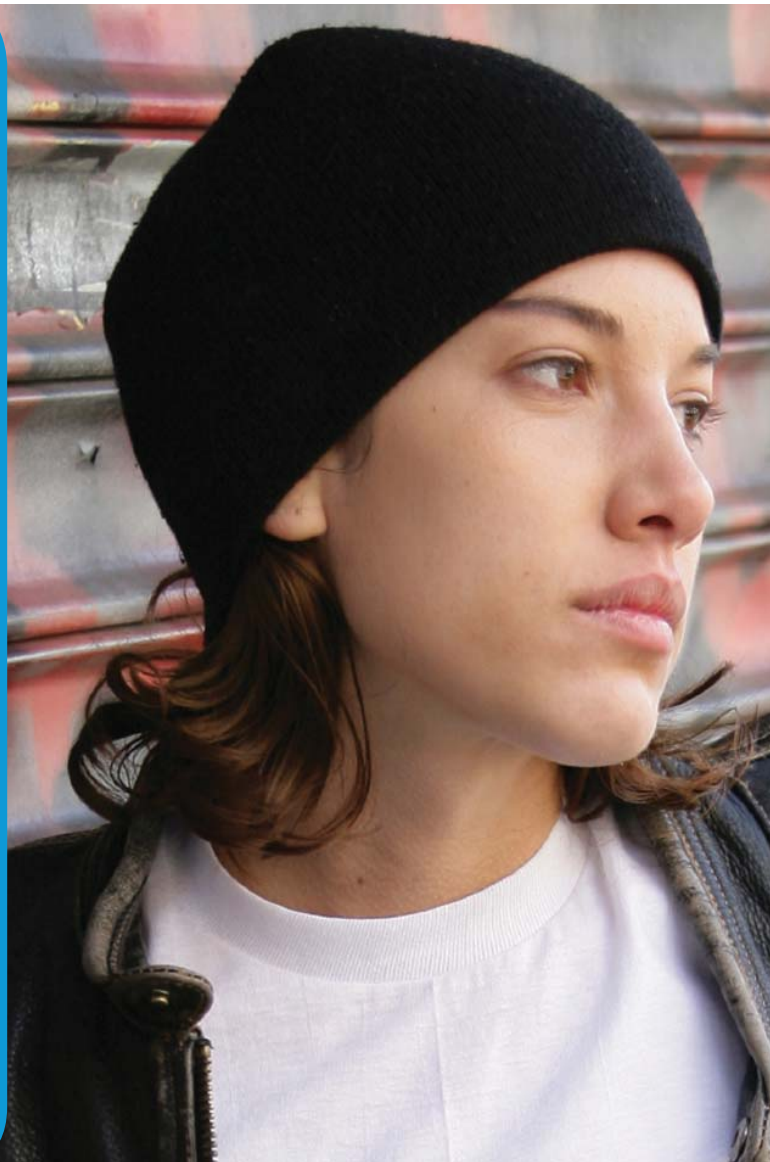
*Coletta McGrath*

Coletta McGrath  
Executive Director

As the Chair I would like to say that I am honoured to have been a member of the leadership team that launched Quest CHC, chartered unknown territory to develop a truly interdisciplinary Community Health Centre model in Niagara, and effectively delivered on that goal. As I step down I have no doubt that Quest will continue on its very successful journey.

*Chris Bittle*

Chris Bittle  
Board Chair



## *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

## CLIENTS

### *Contributing to Health and Wellbeing*

"I credit Quest as one of the main reasons for where I am now. I used to be homeless and suicidal and I didn't have any ambition in life. I have an apartment now, I volunteer in the community, I have a purpose – Quest really gave me a reason to live, that's the way I look at it."

– Jon Watson

Jon was introduced to Quest through Start Me Up Niagara.

He remembers his Outreach Worker telling him "Quest often works with people in situations similar to yours; they are open-minded, flexible, and respectful." Jon recalls "I didn't have a doctor and I had just come from the streets. I was staying at the Salvation Army's Booth Centre. My blood pressure was through the roof and I hadn't had medication in over a month."

Jon has been a Client with Quest Community Health Centre for three and a half years now. During that time he has accessed nearly all of Quest's services. **"I've received primary care, dietician services, outreach, chiro, and dental. I'm participating in counselling and I'm about to start Feet First because I have diabetes." He adds "I've also done groups like Road to Empowerment, Craving Change and the Healthy You – Weight Management Program."**

Jon knows that Quest is about people helping people and communities helping communities. Those are features that make it really unique and effective. "Quest is filling a void in the health care system." says Jon. "They're helping people that have trouble getting help." Jon also enjoys the overall Quest environment and culture. "I really connect with the Staff and actually enjoy it. I don't have family involved in my life but I feel supported and cared for here."

And, as far as Quest is concerned, Clients possess invaluable knowledge and expertise. As Jon sees it "A lot gets done as a result of Client Satisfaction and Feedback Surveys as well as the Client Advisory Committee." Jon is about to start his 3rd year on the Advisory Committee. "We have provided Quest

with advice on intake forms and website development, as well as overall Programs and Services."

When asked about a key Quest CHC feature influenced by the Advisory Committee Jon responds pretty quickly – telephoning Quest. He observes "it gets pretty busy at Quest and in the past it was hard to get through when you called. Like if you forgot when your appointment was or if you needed to change the date or time and you called in, the line might be busy. That was frustrating. Also, the automated system wasn't equipped for rotary phones, so you couldn't select any options or opt to speak to a real person if you called from a rotary phone."

The Advisory Committee raised the issues and brainstormed solutions. The result? Quest implemented a Call Reminder System that automatically calls Clients to notify them of upcoming appointments. "That helped a lot," comments Jon. "Now you know when your appointment is and less people are calling in to confirm appointments, which opens up the phone lines. Quest also added an option to allow individuals calling from rotary phones to stay on the line to speak to someone. The response was great."

The Committee's Staff facilitators confirm this. "The Client Advisory Committee is immensely valuable here at Quest. It really shows that we're committed to client-centered practice. It gives us an opportunity to ask our Clients, 'how can we do better?' The Committee shows our Clients that we care and that their voices and perspectives matter. It's not always easy to know what should change if you're personally delivering service."

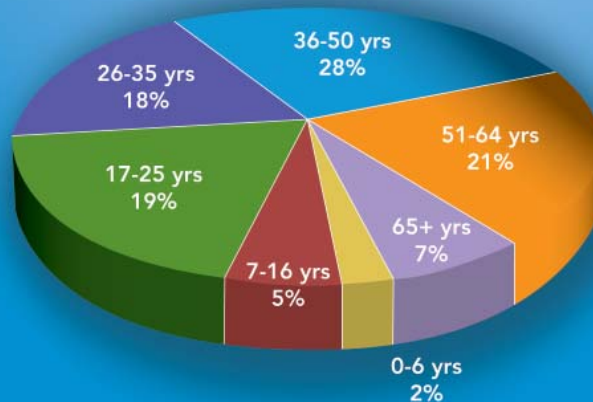


Looking to the future, Jon has more suggestions to enhance Quest's Services. "I've really liked all the Groups I participated in, Quest always has a good variety. In the future I hope to see an All-Men's Group. Those are hard to find. I think lots of guys like me would enjoy connecting together in a Group like that."

By way of summary, Jon's final words say it best, "Quest Staff and Clients work together, and that's why Quest can solve complex challenges. In my life, Quest has given me a purpose. I still have some struggles, but I can manage now. I feel valued and at home here. Quest saved my life. That's a big thing for me to say."

**TOTAL ACTIVE CLIENTS: 3,310**

### BY AGE



## INTERDISCIPLINARY STAFF TEAMS

### *Delivering Responsive Primary Health Care, Health Promotion and Community Capacity Building with the LGBTQ Community*

"Team – a feeling of oneness; interdependence;  
and strength that is derived from unity."

- Stephen Covey

Before Quest CHC was established, a community engagement process identified members of the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) communities as people who would benefit significantly from the integrated and progressive services offered by a Community Health Centre. When the Board of Directors confirmed the Client populations that Quest would work with they agreed that Quest's interdisciplinary teams would address the needs of the LGBTQ across the HNHB LHIN region, as required.

**And so we have... In light of an experience of one of our Clients, Quest worked with a hospital outside of Niagara Region to enhance their understanding of transgender Clients. We approached the Emergency Department (ED) medical and nursing teams. Quest Staff were invited to the hospital to provide an education session on transgender healthcare. Our Client and their family continue to be very happy about the outcome; we changed many hearts and minds in that hospital and community.**

During 2014-15 Quest has further developed our existing Services and Groups as well as new Programs that complemented our established ones. We have also expanded our Health Promotion and Community Capacity Building to ensure greater community responsiveness and inclusivity. Additional examples of these accomplishments are presented below.

Due to the complex and unique needs of many members of LGBTQ communities, navigation across the system is critical. Clients are regularly linked to other agencies and schools, and vice versa. Working with the school system has always been important; this year has seen that work flourish as the District School Board of Niagara (DSBN) has engaged Quest for a wide variety of reasons and Quest Staff have regularly linked Clients to youth workers and social workers at the DSBN. All in all, Quest Staff visited 20 schools over the last year. Actual trips to the schools numbered over 90, resulting in over 130 visits with Clients. Staff were also invited regularly to present information to students in the classroom regarding LGBTQ individuals and issues they may be experiencing.

Funding from a variety of sources resulted in the implementation of a number of Community Capacity Building initiatives over this past year. Specifically, Quest Staff worked with PFLAG Niagara and other agencies to implement an LGBTQ survey. The results are now being used by the participating organizations to inform future programming. One outcome of this survey highlighted the need to conduct a Community Needs Assessment to collect baseline data for LGBTQ older adults in the Niagara Region. In partnership with Positive Living Niagara and supported by funding from the Niagara Community Foundation, this project has moved to planning stages and will be recruiting participants in the Fall of 2015.

Training and Education has been front and centre at Quest in 2014/15. In partnership with PFLAG and funded by the Ontario Ministry of Education's Parent Reaching Out Grant, Quest facilitated four information sessions this year to support parents in becoming better advocates for LGBTQ youth within the school system. This Program included a special showing of the documentary "Transgender Parents" at the Niagara Arts Centre, which has since been shown on CBC's Documentary Channel. Based on parent feedback obtained in the sessions, Quest organized its very first conference for parents and professionals to learn about the community and better advocate for children and youth. Over 65 attendees reported a very positive and welcomed learning experience. Additionally, Quest's "Transcending Poverty" Program, funded by the Niagara Prosperity Initiative, offers three 8-week peer led training sessions that provide LGBTQ individuals with the support/skills to lend their lived experience to local organizations to promote safe and inclusive services. Other training and education initiatives include LGBTQ educational presentations by Quest Community Health Workers at Brock University and Niagara College; community information booths; and the only Niagara-based psycho-education group for individuals at any stage of gender transition, "Gender Quest".

Consistent with the Social Determinants of Health, opportunities to socialize and network are essential to health and wellbeing.





With that in mind, Quest launched its first LGBTQ Coffee Houses in Welland. Thanks to significant in-kind and financial support from the DSBN; Niagara Region's Young Adult Peer Leader Program; "I am Human", a fundraising initiative organized by Niagara College Students; and Quest Staff, we also offered the annual Pride Prom event and added two new dances this year for Halloween and Valentine's Day. Additionally, Quest offers the only open Trans/Gender-Questioning Youth Group in Niagara to provide socialization amongst gender diverse youth.

Members of Quest CHCs Interdisciplinary Teams work with LGBTQ Clients to address their primary care needs and other social determinants of health. Also, as the third largest trans health care provider in Canada, Quest has set a standard for care with respect to serving transgender individuals. Additionally, Quest remains one of only three locations in Ontario where LGBTQ people under 18 can be seen in a health care setting to receive care and support responsive to their specific needs.

Quest also employs gender diverse Staff, including Dr. Carys Massarella, a trans woman, who works specifically with our transgender Clients. This past year Dr. Massarella, along with the Quest team, has provided services to 231 transgender Clients, involving 512 visits. She continues to advocate for trans-positive health care inside and outside of Niagara, most notably through her appearance in the CBC documentary called *Transforming Gender* along with a documentary called *Health Care 911* that

will be aired in the Fall. Dr. Massarella has also participated in *Ted Talks* and on CBC Radio's *Metro Morning*. Quest has been highlighted as a key player in working with transgender people in each of these media appearances.

Dr. Massarella's work with Quest Interdisciplinary Teams has helped everyone at Quest to embrace transgender care and understand how they can best support these Clients; she has contributed to creating a culture where all Staff are interested and want to learn more. Staff undoubtedly carry this with them wherever they go and continue to influence organizational cultures to adopt trans-positive approaches to care. All Staff speak to the CHC model of Health and Wellbeing and spread the word among their colleagues and networks on not only what CHCs do but also their work with the LGBTQ community.

Positive Client experience; a population health approach; significant value for money spent – three Triple Aim features and three clear outcomes as a result of Quest's work with LGBTQ people. Quest has a culture of acceptance. Our Interdisciplinary Teams, including our primary care Staff and Allied Health Professionals, are open to exploring paths that few others take into consideration. Staff, working collaboratively with our Clients, are ensuring Clients feel respected, safe, healthy and included. As Dr. Massarella says "the work we do and how we do it is pretty impressive. Where would people go if Quest did not offer these services – they would have no place to go."

## AN ALLIANCE

### *Working Together to Reduce Emergency Department Visits and Hospital Readmissions*

"It is probably not love that makes the world go around, but rather those mutually supportive alliances (between individuals, organizations and governments) through which partners recognize their dependence on each other for the achievement of shared as well as private goals."

- Author Unknown

Quest in partnership with the Canadian Mental Health Association: Niagara Branch, Community Addictions Services of Niagara, and the Niagara Health System implemented an Urgent Service Access Team (USAT). The goal is to reduce Emergency Department (ED) visits and hospital admissions among individuals experiencing mental health issues, addictions, or concurrent disorders, with a particular emphasis on opioid addiction.

USAT represents a creative and effective outreach and service navigation strategy. In collaboration with Community Partners, the mobile Team provides short term stabilization while linking participants to client-specific longer term supports. **For example, following a warm transfer by hospital Staff, relationship building began with Nora\*, a USAT Client. The Team and Nora worked together to identify her needs, find stable housing, connect with a support worker, access crisis services (eg. COAST), and connect with a local CHC to participate in primary health care and group support.**

This Program effectively fills gaps in services created by waitlists as it has the ability to begin service within the first three days and later facilitates a warm transfer as USAT's services conclude. Consisting of two Outreach Social Workers, a full-time Registered Practical Nurse, a part-time Nurse Practitioner and a Client Coordinator, the Team connects Clients to both primary health care services and services that address the social determinants of health. As noted by a USAT member "Our Program is really flexible – we never meet a Client and have a 'formula' to support them. It's completely informed by the Client's needs."

Based on the service delivery model described above, and as a first step in a longer term plan, the LHIN approved \$550,000 in funding for USAT to serve St. Catharines and Port Colborne, the intent being to eventually become Region-wide. Since then, and within these two communities, USAT has established a variety of points of service including new additions in 2014/2015 at the Niagara Health System: New Port Centre and the Segue Clinic. USAT also makes home and community agency visits. Being out in the community at a variety of locations, with the capacity to go anywhere in the Region to provide service immediately if necessary is extremely important and one of the keys to success as well. Staff note that "Clients appreciate Team Members coming to them. Many Clients struggle with access to transportation or have anxiety about going to a new and unfamiliar place."

As noted, USAT presents a unique Niagara-based opportunity to work with a full spectrum of community-based agencies and opioid treatment Programs to ensure smooth transitions, continuity of care and firm Client engagement, together with faster access to interdisciplinary holistic services and reduced overall health care costs. This year, Quest's Program Director, Registered Nurse and Outreach Social Worker were invited to participate in an NHS planning day, with the intent of creating warm transfer pathways between the hospital and community. Quest continues to sit at this planning table. USAT has also developed an information session in collaboration with Hospitals in the region; it focuses on introducing frequent users of the ED/hospital to USAT.

*\*Client name has been changed to protect confidentiality*





In 2014/15 USAT saw 227 Clients and completed 2960 visits. The Team also made referrals to over 400 community agencies. At discharge 98% of Clients were satisfied with the Services they received. The long term goal of serving the Niagara Region will be explored in 2015/16 including additional sites in St. Catharines as well as in Welland and Niagara Falls; related costs; and Service delivery goals.

One goal of USAT is to reduce ED visits. Based on preliminary data completed over the course of June 2013 to March 2015, the number of USAT clients visiting the ED decreased from 137 to 69 while their visits decreased from 1443 to 412. This represents a 50% reduction in USAT Clients visiting the ED and a 70% reduction in total ED visits.

So what are the key attributes that have contributed to USAT'S success? The Client's experience is the number one priority for USAT as well as its Partners. Every part of our service – from the

way a person answers the phone, to home visits, to accompanying them to appointments, to transferring to other services – is always Client centered. The involvement and commitment of the Project Management Team has also been key. USAT has become an integrator, building connections among health care, government and social service organizations. The Project Management Team has helped make this happen, creating and reinforcing new ways of working across organizational boundaries with Clients and Staff, helping to further establish a foundation for accountable organizations as well as transformation.

Overall, USAT is an exemplary Program consistent with the CHC Model of Health and Wellbeing and the framework provided by Triple Aim. It continues to grow and evolve. As it does, USAT will undoubtedly play a larger role in addressing the primary health care needs and social determinants of health for the specific group of Clients participating in this Program, while reducing per capita health care costs as a result of fewer visits to the ED and the hospital.

## SYSTEMS

### *Banding Together to Create Innovative Responses to Unmet Needs: Migrant Agricultural Worker Program; Volunteer Dental Program; Volunteer Chiropractor Program*

**"The best way not to feel hopeless is to get up and do something. Don't wait for good things to happen to you. If you go out and make good things happen, you will fill the world with hope, you will fill yourself with hope."**

- Barack Obama

Three distinct Quest Programs have at least one feature in common; they followed Barack Obama's advice. When our community identified needs and funding wasn't available, Quest along with Partners from systems throughout the Region, got up and did something. We developed two Programs for Migrant Agricultural Workers in the east and west ends of Niagara. We also launched a Volunteer Dental Program and a Volunteer Chiropractic Program to create a value added experience by integrating oral health and chiropractic services within Quest's interdisciplinary Model. Banding together, these systems will continue to contribute their many and varied resources creating a difference in the lives of service recipients.

#### 1. MIGRANT AGRICULTURAL WORKER PROGRAM

Migrant Agricultural Workers (MAWs) employed in Niagara face many issues related to chronic and infectious diseases, sexual and reproductive health, and mental health, as well as occupational and environmental health. In 2010 the Niagara Migrant Workers Interest Group (NMWIG), a coalition of agencies including Positive Living Niagara, Niagara North Legal Services, Occupational Health Clinics of Ontario Workers, Agricultural Workers Alliance, and Quest CHC, among others, identified the need for accessible primary health care for MAWs in the Region.

Quest began delivering services in the summer of 2011 in Virgil. In March 2014, Quest received MAW funding from the HNHB LHIN, stabilizing and expanding interdisciplinary primary health care services. It also enabled Quest to increase outreach and undertake more Health Promotion such as health teaching, infectious disease prevention, and healthy eating. In addition, the funding provided opportunities for Community Capacity Building such as partnering with social service Providers; mobilizing Community Volunteers; engaging Farmers/

Employers to build awareness of links between quality of life, health, workplace wellness and productivity; and meeting with the Tender Fruit Producers Marketing Board to discuss Program promotion.

The Virgil site is now located at the Niagara-on-the-Lake Family Health Team's offices, generously provided at no cost. Virgil primarily has Mexican Spanish-speaking workers and a smaller population of English-speaking Caribbean workers. In collaboration with NMWIG, Programs were developed and delivered by Quest's Interdisciplinary Teams with support from Community Partners and Volunteers including Volunteer Interpreters, McMaster University Residents and Medical Students, as well as Brock University Nursing Students.

With funding from the LHIN to inform a service delivery model for the 2015 growing season, a pilot Program was initiated in Vineland for western Niagara where MAWs hailed primarily from Jamaica and Trinidad/Tobago. The pilot was established in partnership with Southridge Community Church Staff and Volunteers, using their space, which they kindly renovated and provided free of charge.

By year end Quest's MAW Program served 118 people who participated in over 240 visits, and implemented 13 Health Promotion initiatives and close to 80 Community Capacity Building activities. To demonstrate commitment to quality and value, a Program Evaluation was also launched in partnership with Wilfred Laurier University. Excellent baseline data coupled with data collected in 2015 will further enhance service delivery and outcomes. With additional funding from the LHIN, Quest will continue to build a sustainable, enriched Program that has all the pieces – primary health care, health promotion, community capacity building – pieces that are community driven, interwoven and fundamental to the CHC Model.



## 2. VOLUNTEER DENTAL PROGRAM

Quest's Volunteer Dental Program, originally launched by Southridge Community Church, offered service one half day per week in the summer of 2013 as a result of the tireless efforts of the Quest Dental Advisory Committee, Dental Clinic Coordinator, and Clinic Volunteers as well as funding and support from Public Health, Henry Schein Canada, and the Ontario Trillium Foundation.

In 2014/15, the Clinic received funding from the Greenshield Community Giving Program and the Fowler Family Foundation. This successful and unique volunteer based Program provides comprehensive, timely, no cost, preventative, restorative and emergency services for Quest Clients including cleanings, fillings, extractions, and referrals. Volunteers have stepped up to the plate and now number over 60. Service delivery is up to 2.5 days per week, and we are working towards 3 days. Emphasis has been placed on increasing the Program's profile through promotion and community partnerships and supporting systems navigation and advocacy. Outcomes include improving overall oral health and eliminating oral health issues, such as abscesses that often resulted in individuals attending local Emergency Departments for care. The Program helped close to 300 Clients who attended 778 appointments valued at over \$161,000.

The Dental Program has really come together this year. Volunteer Service Providers are working away at individual treatment plans. Calls and referrals are happening through Quest as well as our Points of Service. Clients are being educated about benefits and eligibility. Increased awareness about the Program and Quest CHCs Model of Health and Wellbeing has resulted in more Volunteers lending their hard work and support. Complex, medically compromised Clients often do not have access to Specialists. Dentists that volunteer at Quest are improving this by leveraging their community networks.

Quest's Volunteer Dental Program provides much needed care to individuals who have gone for many years without. Clients "get their smile back" – an outcome with longstanding impacts that include improved self-esteem, increased employability, and greater overall health and wellbeing.

## 3. VOLUNTEER CHIROPRACTOR PROGRAM

In response to Client need for chiropractic services, Quest launched the Volunteer Chiropractor Program in 2014. Currently, the Program operates on Wednesday afternoons with the support of 6 Volunteer Chiropractors. In 2014/15 we served upwards of 35 Clients with an additional 60 on our waiting list.

Outcomes achieved by this Program are numerous. For our Clients, chronic pain has improved or has been greatly reduced. Since the Program began, many Clients have experienced such a significant reduction in pain that they no longer require Chiropractic Services. Our volunteer Chiropractors are learning about our Clients and the physical impact of their life circumstances, as well as the benefits of the integrated CHC Model. They recognize that this Model contributes to an interdisciplinary team atmosphere – systems working together all under one roof with a shared understanding of Clients needs. The result? Easier and faster service delivery, as well as excellent care and Client outcomes.

Quest Clients do not have the resources to access this service. This past year Quest Management along with the Manager of Health Policy for the Ontario Chiropractic Association, and Quest's Volunteer Chiropractor Program representative have met regularly to discuss Program promotion among Chiropractors and Funders, along with Program evaluation. Additional Volunteers continue to come forward. The goal for 2015/16 is to reduce our wait time and wait list by nearly doubling our client capacity.

The three Programs described in this section embody systems working together in an interdisciplinary practice that is responding to the social determinants of health, improving the overall health of Clients, enhancing Client experience, and reducing per capita costs – the CHC Model of Health and Wellbeing and Triple Aim at their best!



## COMPLETING THE PICTURE

### *Activities Linking Healthy Individuals, Healthy Communities & Healthy Organizations*

#### **Quest Participation in initiatives that generated significant collaborative outcomes:**

- The Niagara Access Line launched on May 9th offers Region-wide connections for adults experiencing mental health and addiction issues.
- The Niagara Mental Health and Addictions Charter, a community-driven, collective statement spearheaded by Niagara Connects, was endorsed by over 65 organizations including Quest's Board of Directors.

#### **MENTAL HEALTH, ADDICTIONS & CONCURRENT DISORDERS**

#### **POVERTY REDUCTION**

**Good Health – physical as well as mental, is linked to income. This, combined with Quest's mandate, brings us to a variety of tables:**

- The Niagara Poverty Reduction Network monthly meetings including providing the keynote address at the Network's workshop "Putting the Pieces Together," where over 50 participants were introduced to the Poverty Tool and encouraged to recommend income related Client interventions.
- Niagara Connects' "Re-Think Niagara" Workshop focused on 10 opportunities for action to build a stronger Niagara from a socio-economic perspective. For-Profit and For-Social-Profit organizations joined the table.
- The newly formed "Investing in People" Leadership Group table.

**Chronic diseases are among the most common, costly, and preventable of all health problems. Quest continues to place a priority on changing health behaviors that increase risk:**

- The "Take Charge" Chronic Disease Self-Management Group is facilitated by Quest Staff and a person with lived experience.
- Quest's Community Health & Wellbeing Week, October 6th through 10th, included a booth at Queenston Harvest Festival, Diabetes Foot Care Class and Foot exam, "Breast/Chest Fest at Quest" (breakfast and group mammograms with transportation included), a Workshop on Managing White Coat Syndrome; and a Healthy Cooking Class.

#### **CHRONIC DISEASE**

#### **COMMUNITY BASED PLANNING**

**Traditionally CHCs have been invited to many Planning tables by their Community Partners to promote health and wellbeing; Quest has continued this practice.**

- Participation on the Age Friendly Leadership Council; input from residents and service providers culminated in the *Niagara Aging Strategy and Action Plan*.
- Contribution to Niagara Connects' third *Living in Niagara Report* which provides an analysis of Niagara's progress in key areas linked to the social determinants of health and strategies for improvement.
- Participation in the Niagara Health Trust, launched and chaired by the Medical Officer of Health

As noted at the outset, the work undertaken by Quest CHC over the last year far exceeds the capacity of this Report to provide an inclusive picture. In addition to those areas that have been highlighted, the information on pages 12 and 13 reinforces the breadth of activity undertaken in 2014/15, and illustrates that a healthy individual, a healthy community and a healthy organization go hand in hand.

The HNHB LHIN CHC Executive Director's Network's study, *Value for Investment*, examined ED use by "High Users" of CHC Primary Care Services. The results confirmed the study's hypothesis that high users would be very complex, receiving comprehensive and integrated care within the CHC and using the ED at appropriate care levels.

#### VALUE FOR INVESTMENT

#### TECHNOLOGY & INFORMATION SYSTEMS

Technology and Information Systems have the potential to transform every aspect of what CHCs do. These "enablers" are creating opportunities to maximize client-centred solutions, integrate services and increase operational efficiencies. For example, an updated Electronic Medical Record, Clinical Connect, and the Integrated Decision Support System further informed planning and maximized service delivery in 2014/15.

#### Every Organization has its own culture, a determining factor in its success.

- Guided by a Staff Advisory Committee, Quest implemented an Organizational Culture Survey. Quest scored significantly higher than the data base average on all areas of engagement. Staff wellness was reviewed and strategies to ensure this outcome at Quest were identified.
- Monthly Staff Meetings continue to address items identified as being of interest to Staff.
- The first Quest Staff & Family Holiday Party took place; Santa joined us and everyone had a great time!

#### ORGANIZATIONAL CULTURE & EMPLOYEE ENGAGEMENT



## FROM OUR PAST INTO THE FUTURE...

For the last 5 years Quest CHC has been delivering primary health care to individuals challenged in accessing services. We have learned much that will continue to inform our ongoing implementation of the Community Health Centre Model of Health and Wellbeing along with the parallel goals of Triple Aim. One key learning has been reinforced repeatedly in our work during this 5 year period. It is summarized well by Hillary Clinton in her recent book, *Hard Choices*, "Whenever the dignity of any individual or group is compromised by belittling who they are, or some essential attribute they possess, then we all leave ourselves open to nightmares to come." With that in mind Ms. Clinton urged that we work hard to extend the circle of citizenship and human dignity to include everyone, equitably and without exception. Community Health Centres have been exercising this advice through our Model and Principles of Service Delivery for close to 40 years; Quest has been doing so since we became a part of Niagara's human services delivery system in 2010.

Furthermore, when we work in a community context to accomplish this, our initiatives to gain knowledge and improve our Services along with the systems within which we work,

become opportunities for others in the community to review, adopt and improve their Services and Programs. Similarly, Quest benefits from others as they develop and implement new ideas and concepts within their respective systems. The outcome – everyone's creative potential and capacity to be more inclusive and equitable, to be more responsive, is significantly enhanced.

As we move into 2015 and beyond, Quest CHC will continue to collaborate with our Clients and our Community Partners to build on our successes and implement the Key Result Areas identified in our Strategic Plan. Working towards accreditation by integrating quality and best practices into all facets of our organization; strengthening Client outcomes through increased Client inclusion and client-centred service delivery; bringing together innovative design and user's perspectives to develop our new site as a distinctive centre for interdisciplinary service delivery; and continuing to engage, train and support our employees in maximizing their roles and scope of practice, are all key drivers in this journey. We look forward to walking alongside our Clients, Partners and Community Members as we "re-think," "re-wire" and "re-define" those policies, programs and services that ensure health and wellbeing for people living in Niagara Region.

## COMMUNITY HEALTH CHAMPIONS

*Awarded for their leadership in promoting health equity, fostering collaboration and interdisciplinary service delivery, improving population health, encouraging client involvement, and building community capacity through innovative strategies and acting as a catalyst for positive change.*

### Client Advisory Committee

Micheal Beaudry  
David Carmichael  
Kathleen Cheryl Lines  
Irene Motz  
Mary Stanko  
Jon Watson

### LBGTQ Programs

Alex Sobschak

### Migrant Agricultural Worker Program

Jackie Barrett-Greene, NMWIG  
Southridge Community Church

### Volunteer Chiropractic Program

Dr. Darcy Driscoll, Chiropractor

### Volunteer Dental Program

Alana Buitenwerf, Dental Hygienist/Dental Assistant

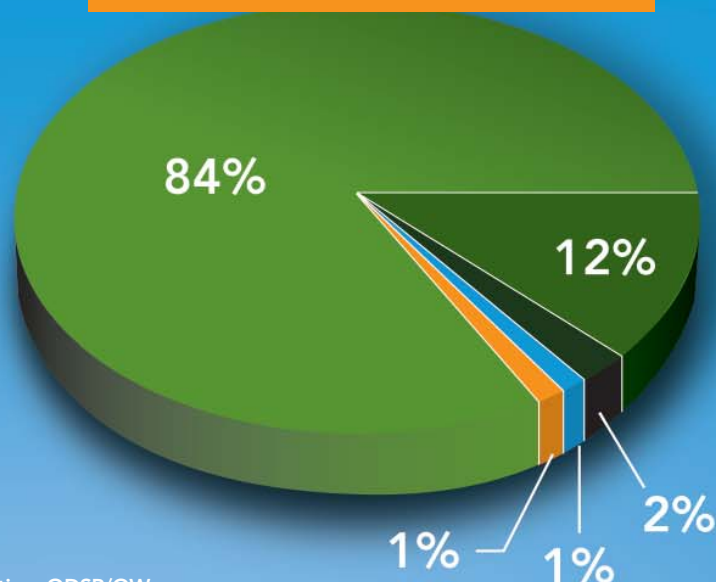
*These Community Health Champions voluntarily contribute a variety of resources including their commitment, energy, time, abilities, skills, and life experience, all of which play a role in ensuring the realization of Quest CHC's Vision.*



## Summary of Financials: 2014-2015

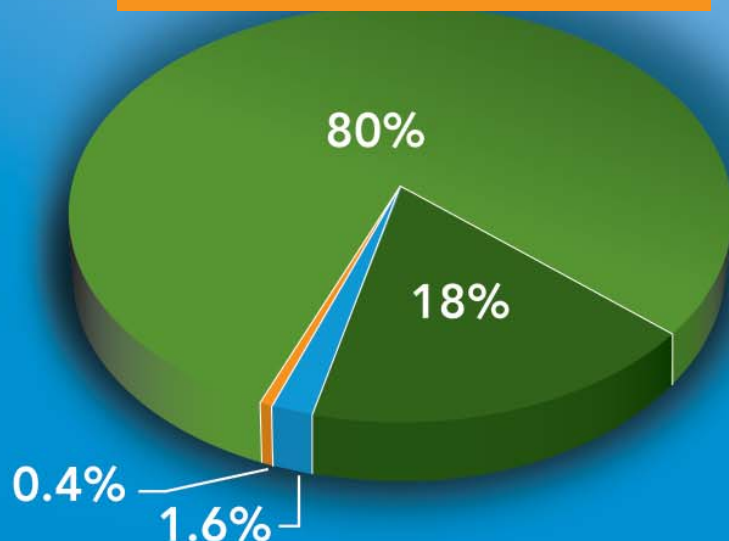
- **Quest CHC Operations**
  - HNHB LHIN
- **Urgent Services Access Team**
  - HNHB LHIN
- **Migrant Agricultural Worker Program**
  - HNHB LHIN
- **Volunteer Dental Program\***
- **Community Funded Projects**
  - Business Education Council of Niagara
  - District School Board of Niagara
  - Niagara Community Foundation

**REVENUES: \$3,822,542**



\* Donations/Revenue received from Green Shield Canada Foundation, ODSP/OW, Fowler Family Foundation, Trillium Foundation, Henry Schein Canada; Community Members

**EXPENSES: \$3,490,144**



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

\* Net amount repayable - \$332,398

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

## 2014-2015 QUEST CHC BOARD OF DIRECTORS

Chris Bittle	Chair	Rob Smith	Director
Larry Maxwell	Vice Chair	Matt St. Louis	Director
Mike Veldhuizen	Treasurer/Secretary	Cassandra Theune	Director
Kevin Gosine	Director	Patti Tomczyk	Director
Selvum Pillay	Director	Susan Tromanhauser	Director
Anne Rockingham	Director	Nadine Wallace	Director

*This year we say good-bye and thank you to two Board Members. Nadine Wallace's contribution has been significant over the last six years as we developed our organization and governance structures and connected with our Community Partners. Unfortunately, we will also be saying farewell to Matt St. Louis, a recent Board Member, whose employment now takes him overseas.*

## QUEST COMMUNITY HEALTH CENTRE STAFF

Muhanad Al-Husari	Dean Hansenberger	Coletta McGrath (5+)	Will Rowe
Nazila Azizi	Rachelle Heikoop*	Fraser McKay	Christine Royal
James Brooks	Emily Kedwell	Tony Moschella	Trudy Schroeder
Amy Buttar (5+)	Sonya Kelley (5+)	Dawit Mulu**	Babitha Shanmuganandapala
Natalie Childs*	Sandra Lane	Soni Nagrani	Heather Sipkens
Julia Dean	Sandra Lord	Joanne Navarro	Jenny Stranges (5+)
Christel Dingillo	Julia Lukewich	Allison Parker	Sara Towner
Ashley Edwardson	Lori Makarchuk (5+)	Kim Parise (5+)	Despina Tzemis
Jaime Fay (5+)	Ziad Malak	Crystal Poyton	Stephanie Vail (5+)
Virginia Fraser	Monzer Malak	Emily Pranger*	Michelle VanDyke*
Jesslyn Froese*	Ernesto Marzosa	Corinne Price	Erin Walters*
Danielle Gdanskij**	Carys Massarella (5+)	Gaynor Quieros	Courtney Wickens*
Filomena Giles	Ian Masse	Bob Racjoomar	Amy (Seul) Yoo*
John Greene			

\* Staff as of 2015/2016 fiscal year \*\* Independent contracts (5+) Staff receiving Milestone Award for 5+ years of service.



## QUEST COMMUNITY HEALTH CENTRE

145 Queenston Street, Suite 100, St. Catharines, Ontario L2R 2Z9 Tel. + 905.688.2558 Fax + 905.688.4678

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



MINISTRY OF HEALTH AND LONG-TERM CARE  
MINISTÈRE DE LA SANTÉ ET DES SOINS DE LONGUE DURÉE



FOWLER FAMILY  
FOUNDATION



### 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