

# Sherbourne Health Centre

**ANNUAL REPORT**

**2009/2010**



Forging new  
partnerships,  
building  
new models  
of service





# Sherbourne Health Centre

## **Vision**

We strive to build health and wellness through excellent primary health programs, services and initiatives that are committed to:

- Strengthening diverse communities;
- Creating an inclusive, accessible health service environment;
- High quality and client satisfaction; and
- Collaboration within an integrated health system.

## **Board of Directors 2009/2010**

Murray Jose, *Chair*

Raj Sharda, *Vice Chair*

Mike Tevlin, *Treasurer*

Marianne Smith, *Secretary*

Jack Darville, *Past Chair*

Lykke de la Cour

Nicki Cunningham

Angelo DeLuca

Jenn Finan

Dipen Kalaria

Doug Kerr

Alain Mootoo

John O'Mara

## Message from the Chair

In a year of remarkable achievements, it is difficult to highlight just a few. However, I am particularly proud of remarkable progress in four broad areas: increased service to our diverse client groups; higher levels of service quality and quality measurement; an improved financial situation; and a strengthened community presence through local partnerships.

As Toronto's downtown population grows, so does the demand for our range of services. And as more people learn about how Sherbourne can and does help, more clients avail themselves of our ability to provide essential health care as well as support to their communities.

Client satisfaction, which results from quality care, is one way to determine how we are doing. As we expand and enhance our services, we are refining our client-centred quality measures.

While the need for financial stability may be self-evident, one can never lose sight of its significance, especially when it comes to healthcare. Without funds, there can be no programs. And without programs we can't carry out our mandate of helping the homeless, newcomer and LGBT communities overcome their particular challenges in accessing the healthcare system.

I'm extremely pleased that the Board's Treasurer, Mike Tevlin, along with CEO Suzanne Boggild and Chief Financial Officer Brad Harrington were successful in working with our major funders, the Toronto Central Local Health Integration Network (LHIN) and the Ministry of Health and Long-term Care, to address a key structural deficit in our funding. We continue to work with these key partners in care to ensure ongoing support for our programs and services.

Our overall progress could not have been achieved without the dedication of Sherbourne staff, its board and volunteers. Board members put in countless hours of their own time to support the Centre in achieving its goals. Additional volunteers lend support on board committees. I want to thank them all for their hard work and commitment.

We are now immersed in a five-year strategic plan to build on our past successes. Moving forward, we intend, above all, to expand our impact in the community. For example, by this time next year I hope to report on the establishment of a satellite Family Health Team in St. James Town, home to many of our clients.

I expect also to make a progress report on the renovations of our fifth and sixth floors. This space was held vacant to accommodate expansion as the need developed. That need is now upon us as our programs continue to flourish, crowding clients and staff alike.

Our other strategic objectives include improving further the quality and safety of our services, creating and maintaining a healthy, sustainable Sherbourne workplace and building an integrated health system that responds to the unique needs of our clients.

The best is yet to come.



Murray Jose

BOARD CHAIR  
SHERBOURNE HEALTH CENTRE



*Murray Jose, Board  
Chair - Sherbourne  
Health Centre*



## Message from the CEO

Inside this annual report, there are three compelling stories that demonstrate one of Sherbourne Health Centre's greatest strengths – working collaboratively to better serve our clients. You will learn about how a pilot project for homeless people with HIV/AIDS likely saved the life of Phil, a long-time substance user. And how a growing partnership with a local service agency helped Suseela, a recent Sri Lankan immigrant who was overcome by depression and serious illness, resume her life as a functioning community and family member.

Finally, you will hear about a tri-partite innovative campaign that is motivating a group of women – those who have sex with other women – to have potentially life-saving Pap tests for the first time. Sherbourne proudly played a critical role in all these situations.

People who are homeless, new immigrants and people in the LGBT community are the major client groups we serve. Reaching out to them effectively is almost impossible without a range of service partners. These three case studies illustrate how diverse organizations can break down barriers to care and achieve great results.

In 2009/10, demand for our services continued to grow as our catchment area's population density increased and word spread about how we can help. Our Infirmary was 26 per cent more active than in the previous year, relieving some of the pressure on hospital beds and emergency departments. Supporting our Youth (SOY), an LGBT program, recorded nearly 13,000 contacts, an 18 per cent jump. And our busy Family Health Team had 38,487 visits, up 16.5 per cent from 2008/09.

The Health Bus, now also reaching out to sex workers, carried on with its efforts to fill a huge chasm – engaging those who do not normally access health care. It recorded nearly 25,000 client contacts last year, most to people who use the healthcare system only as a last resort, if at all. Meanwhile, our mental health counsellors recorded more than 5,000 contacts.

Responding to these growing service demands, Sherbourne staff partook actively in quality improvement and interdisciplinary initiatives. Many participated in the provincial Quality Improvement & Innovation Partnership (QIIP) learning collaboratives, while others attended seminars conducted by the internationally acclaimed Institute for Health Improvement. Finally, we were fortunate last year to receive a visit from one of the world's leading quality management experts, Dr. Paul Batalden of the Dartmouth Institute for Health Policy and Clinical Practice. Such instructional opportunities ensure Sherbourne's healthcare providers become the best they can be.

None of these achievements would have been possible without the exceptional effort and devotion of the people who work at the Sherbourne Health Centre. In a challenging year, they rolled up their sleeves, tried new and innovative ways to provide services, displayed a remarkable generosity of spirit and, above all, did not lose sight of our overriding concern: keeping the client at the centre of our efforts. To all the dedicated and hardworking staff, my heartfelt thanks.



*Suzanne Boggild  
CEO - Sherbourne  
Health Centre*

A handwritten signature in black ink that reads "Suzanne Boggild".

Suzanne Boggild  
CEO  
SHERBOURNE HEALTH CENTRE



## ACHIEVEMENTS

“The Health Bus, now also reaching out to sex workers, carried on with its efforts to fill a huge chasm – engaging those who do not normally access health care. It recorded nearly 25,000 client contacts last year.”

SUZANNE BOGGILD



*The Honourable Deb Matthews, Minister of Health and Long Term Care, opens the Rainbow Health Ontario (RHO) conference on March 24 – giving a passionate speech about the importance of knowledge transfer and capacity building in LGBT health.*



*RHO staff celebrate the hugely successful conference that drew over 300 participants from across the country.*



# accessible healthcare

## ACHIEVEMENTS

“... building an integrated health system that responds to the unique needs of our clients.”

MURRAY JOSE



*Health promotion clients practice Tai Chi across from the Health Centre in Allen Gardens.*



*Seniors from newcomer communities regularly join health promotion activities at the Centre.*



*Food and dietary counseling are a component of many programs including the Infirmary.*

# focus & commitment

# client visits to services & programs

Program	Volume
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## SHC PROGRAM

FHT(All Teams)	38,487
Infirmary	13,484
Health Bus	24,724
SOY	12,736
Parenting Network	4,736
Mental Health Counselling	5,026

<b>Total SHC</b>	<b>99,193</b>
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## PARTNERSHIP

Joint CMCC/SHC Chiropractic	13,938
Joint CCNM/PWA/ACT/SHC Naturopathic	1,998

<b>Total Partnership</b>	<b>15,936</b>
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<b>Grand Total</b>	<b>115,129</b>
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## The Strength and Success of Partnerships

# Homeless & Underhoused Pilot Project for Homeless People Living with HIV/AIDS

“If it wasn’t for this program, I would be either mentally incapacitated or, more likely, not alive.”

PHIL



Phil remembers lying on his “death bed” when a unique collaborative program put him on the path to recovery. The HIV-positive substance user recalls being treated, yet again, in the fall of 2009 at St. Michael’s Hospital. Among other conditions, Phil was suffering from potentially fatal neurosyphilis. “I was every hospital’s worst nightmare,” he says now.

Up to then, Phil was notorious for failing to follow through with treatment plans, lured out of institutions by the temptations of the street. The former University of Toronto student was homeless and, he recalls, “horribly sick.” But a St. Mike’s social worker knew about a new program launched by LOFT Community Services that included Sherbourne among its 11 partners. She placed a call and within hours a caseworker from the pilot project was at Phil’s bedside. “The next thing I knew,” Phil says, “I signed some papers and was in the program.” He adds, “I knew it was my last chance.”

The Service Co-ordination Pilot Project for Homeless People Living with HIV/AIDS emerged after several community partners determined that this cohort desperately needed more focused healthcare attention. Because people in this group were falling through the system’s cracks, they ended up putting an inordinate strain on hospitals. In fact, the 28 people helped by the pilot program had accumulated 666 in-patient hospital days in the year before the pilot’s service delivery began last July. However, during the eight-month program they spent just 127 days in hospital, or the equivalent of 190 days for a one-year period. “The cost savings are tremendous,” says Michael Blair, co-ordinator for LOFT’s McEwan House, which provides housing for people with HIV/AIDS and is one of the project’s partners.

Besides relieving the pressure on hospitals, the project found permanent homes for most of its clients, making return emergency visits less likely. “It was a huge success,” says Blair who is continuing to manage the program with LOFT financial support while more stable funding is sought.

Sherbourne’s Infirmary played a key role in forging that success. One bed was allotted to the pilot, ensuring a welcoming and safe place for clients after being released from hospital. “A quick turnaround and stabilization are essential for a treatment plan,” Blair says. “Sherbourne played a critical role as the first stop.”

At Sherbourne, clients such as Phil, 27, received continuing care for the up to two-to-three weeks it took to complete their treatment plans. Because of his varied and severe ailments, Phil’s situation was particularly challenging. “Sherbourne’s nursing staff was very patient with me,” he says. “They were amazing.”

Meanwhile, the other pilot project partners such as the Toronto People with AIDS Foundation (PWA) and a number of shelters, housing providers, hospitals and medical facilities worked together to find Phil a home. Under the pilot procedures, caseworkers met with clients three to five times a week, a much more intense interaction than what normally occurs.

For her part, Mary Grondin, Sherbourne’s Program Director, Homeless Health and Nursing Practice Leader, says the pilot demonstrates how diverse community groups can effectively come together to achieve a single purpose.

“This group really walked the talk,” Grondin says. “Trust was built and, as a result, we will use the same collaborative model for other Sherbourne programs such as our recent initiative to reach out to sex workers.”

Another pilot positive for Sherbourne is that it supports one of the centre’s key missions. Says Grondin: “It demonstrates that the right type of partnership and commitment can really break down barriers. Clearly, the client benefits.”

Like Phil. “If it wasn’t for this program,” he says, “I would be either mentally incapacitated or, more likely, not alive.”

“It demonstrates that the right type of partnership and commitment can really break down barriers.

Clearly, the client benefits.”

MARY GRONDIN

## Improving Newcomer Access to Care

Newcomers to Canada face an array of hurdles and barriers, often exacerbated by language and cultural differences when trying to secure basics such as housing and health care. “Negotiating the system is overwhelming,” says Sherbourne counselor Jothi Ramesh, whose job is to ease that difficult transition, especially from a healthcare perspective.

Ramesh, who chairs Sherbourne’s Newcomer Council, is helping to enhance efforts for this population, identified as a target by the Centre’s five-year strategic plan. One of her principal allies is Thorncliffe Neighbourhood Office, a community-based, multi-service agency helping newcomers throughout Toronto, including in St. James Town, part of Sherbourne’s catchment area.

Together, the two organizations have co-operated for more than six years on several levels, from organizing Scouts and leadership training programs to helping newcomers from war-torn regions cope with the trauma rooted in their past. “We’re not working in silos,” says Ramesh. “Both organizations place client care and community capacity building front and centre in our work.

“Through ongoing dialogue, there is a smooth flow to address both immediate health needs and the broader determinants of health. It’s so seamless, the client does not know where the help is coming from.” It’s not only the client who benefits. Adds Ramesh: “When we help people to grow and develop skills, we are also helping their community. And a stronger community helps its members.”

The Thorncliffe-Sherbourne relationship has been so productive that the two parties are about to formalize it. “We want to create a best practices model to show other neighbourhoods,” says Ravi Subramaniam, Thorncliffe’s Human Resources Manager and a former settlement worker who

has worked closely with Ramesh. Subramaniam says Sherbourne is an “excellent” partner because the Centre is prepared to collaborate on community-building programs. “By getting out there, they have established credibility,” he says. That credibility is enhanced, Subramaniam adds, because Sherbourne staff provides “quality health care in a welcoming and comfortable environment.”

One of the hundreds of beneficiaries of the Thorncliffe-Sherbourne collaboration is a Sri Lankan immigrant by the name of Suseela, who fled civil war in her homeland for Toronto and St. James Town in 2001.

A few years ago, Suseela became both seriously ill and depressed. She had difficulty sleeping and functioning at home. Thorncliffe’s Subramaniam knew Suseela from her volunteering at the Scouts program and referred her to Ramesh, a trained trauma counsellor.

Ramesh, who speaks Tamil, spent hours with Suseela and arranged for the medical care that is helping her return to stability. “I didn’t realize what I was going through,” Suseela says now.

Earlier this year, Suseela’s daughter won a major scholarship from the Toronto Dominion Bank that will finance her university career. “But if I hadn’t been treated,” Suseela says, “she probably would not have been able to go. My recovery is thanks to Sherbourne.”

Suseela adds: “How I am today is thanks to Sherbourne. I’m very thankful to Sherbourne.”

“We’re not working in silos. Both organizations place client care and community capacity building front and centre of our work.”

JOTHI RAMESH



“Focus, commitment, transparency and being open to share best practices are the key elements of a successful partnership. Sherbourne was wonderful to work with.” CHERYL DOBINSON



## Queer Women's Health Initiative

### CHECK it OUT

The colourful brochure could not be more explicit. A tattooed, red-haired woman leans her chin on another woman who stands confidently with her feet wide apart. A large arrow containing the words “CHECK it OUT” points to the second woman’s pelvic area. The message written in dark green lettering across the two women says: “Paps matter – no matter who you have sex with.”

The brochure is part of a successful multi-media campaign to persuade women who have sex with women to undergo regular Pap testing. Campaign sponsors were Planned Parenthood Toronto, Women’s College Hospital and Sherbourne Health Centre.

“It’s a lot edgier than something I would have done on my own,” says Bev Lepischak, Sherbourne’s Program Director, LGBT Health. “And that’s a good thing, because we need to normalize the notion of Pap tests for queer women.”

Lepischak says she was persuaded to push the envelope by her younger campaign partners, a collaboration that she describes as the “most productive I have experienced in my 35 years in health care.”

She adds that the Pap campaign experience illustrates what it takes to have an effective partnership between a healthcare provider and a community organization. The critical components include:

- focus – everyone agreed on a single well-defined goal;
- mutual respect;
- mix of experience and fresh approaches;
- commitment – the participants were “excited and enthusiastic;” and
- ability to leverage outside financial support – in this case, Women’s College Hospital had a \$9,000 fund for lesbian health, and the partners were able to

persuade TD Bank Financial Group to contribute another \$46,000.

For her part, Cheryl Dobinson, Director of Community Programming at Planned Parenthood Toronto, agrees with Lepischak’s evaluation. “Focus, commitment, transparency and being open to share best practices are the key elements of a successful partnership,” Dobinson says. “Sherbourne was wonderful to work with.”

Planned Parenthood first approached Sherbourne in 2007 to look at health issues related to lesbian and bisexual women. The Pap initiative evolved from that initial approach. Says Lepischak: “We know queers get fewer Paps than heterosexual women. Some practitioners even say they don’t need the tests. There is a gap in knowledge and a gap in practice.”

Sherbourne, with its solid credentials serving the LGBT community, was a natural campaign ally. The partners decided to launch an information drive targeted at lesbian and bisexual women, other community groups and healthcare providers. The resulting campaign includes a website ([check-it-out.ca](http://check-it-out.ca)), posters, stickers and buttons. Toronto Public Health ordered 10,000 of the brochures for distribution across Ontario.

Building on the campaign’s success, the three partners have entered into a formal collaboration agreement for a Queer Women’s Health Initiative to “fill gaps or meet specific needs” in relation to the health and well-being of “lesbian, bisexual, queer and other women who have sex with women.”

Says Lepischak: “Based on our achievements, it will be a model for further successful community-based programs.”

## ACHIEVEMENTS



# teamwork

“None of these achievements would have been possible without the exceptional effort and devotion of the people who work at the Sherbourne Health Centre.”

SUZANNE BOGGILD

## FINANCIALS

**Sherbourne Health Centre Corporation**  
**Statement of financial position**  
**as at March 31, 2010**

	2010	2009
	\$	\$
<b>Assets</b>		
Current		
Cash	147,903	525,321
Accounts receivable	701,264	468,501
GST receivable	564,794	26,482
Prepaid Expenses	82,136	73,990
Inventory	64,589	7,599
	<hr/> 1,560,686	<hr/> 1,101,893
Capital assets (Note 4)	23,362,764	24,699,792
	<hr/> 24,923,450	<hr/> 25,801,685
<b>Liabilities</b>		
Current		
Accounts payable and accrued charges	1,895,881	1,614,055
Deferred revenue (Note 5)	360,238	175,780
	<hr/> 2,256,119	<hr/> 1,789,835
Deferred capital contributions (Note 6)	22,638,450	24,042,579
	<hr/> 24,894,569	<hr/> 25,832,414
<b>Fund balances</b>		
Invested in capital assets	724,314	657,213
Unrestricted	(695,433)	(687,942)
	<hr/> 28,881	<hr/> (30,729)
	<hr/> 24,923,450	<hr/> 25,801,685

## FINANCIALS



### Sherbourne Health Centre Corporation

## Statement of operations

as at March 31, 2010

	2010	2009
	\$	\$
<b>Revenue</b>		
Ministry of Health and Long-Term Care ("MOHLTC") and Central Local Health Integration Network ("Toronto Central LHIN") funding (Note 7)	<b>6,616,879</b>	6,809,968
Amortization of deferred capital contributions (Note 6)	<b>1,451,339</b>	1,544,882
Family Health Team	<b>2,020,697</b>	1,679,724
Fundraising	<b>79,713</b>	187,610
MOHLTC Health Research Grants	<b>732,700</b>	691,018
Other grants and guarantors	<b>63,629</b>	133,194
Atkinson Foundation Grant	<b>25,608</b>	89,974
Supporting Communities Partnership Initiative ("HPI")	<b>52,373</b>	62,682
Other revenue and recoveries	<b>655,110</b>	164,630
Interest	-	1,644
	<b>11,698,048</b>	11,365,326
<b>Expenses</b>		
Building services and utilities	<b>1,622,215</b>	1,646,203
Finance	<b>334,725</b>	293,643
Information systems	<b>460,425</b>	542,206
Administration	<b>439,046</b>	438,625
Communications	<b>149,284</b>	-
Human resources	<b>255,950</b>	275,058
Fundraising	<b>71,001</b>	89,998
Clinical service		
Primary care and Family Health Team	<b>3,000,117</b>	2,749,780
Infirmary	<b>1,092,114</b>	1,207,641
LGBT primary care	<b>1,931,022</b>	1,740,036
Health bus/mobile	<b>498,245</b>	516,286
Mental health	<b>387,443</b>	497,226
Naturopathic clinic	<b>42,900</b>	68,525
Atkinson Foundation Grant	<b>25,608</b>	89,974
Amortization of capital assets	<b>1,477,627</b>	1,571,844
	<b>11,638,438</b>	11,876,329
<b>Excess (deficiency) of revenue over expenses</b>	<b>59,610</b>	(511,003)

# community involvement





## PROGRAMS & SERVICES

Sherbourne Health Centre provides innovative primary health care, counselling, support, outreach, health promotion, and education programs to our clients – the many individuals who reflect the diverse and vibrant communities of southeast Toronto.

Since 2003, we have focused on building connections and building health in the local community – by developing programs and services to fill gaps in service and address your unique health care needs and requirements. In 2009/10, we delivered over 100,000 health care visits to newcomers, children, seniors, members of the lesbian, gay, bi and trans communities and many more clients who come from the diverse communities we serve.

Our goal is to serve you to the best of our ability and deliver programs and services that are welcoming, inclusive, and accessible.



## **Sherbourne Health Centre**

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