Our Vision

Healthy People.
Healthy Communities.

Our Mission

Advance the equity and quality of care and services.

Improve health for underserved communities.

Our Values

At Sherbourne Health Centre, we:

- Strive for excellence and quality;
- Embrace diversity and difference;
- Act with integrity and accountability;
- Believe in equity and fairness;
- Seek learning and innovation; and
- Promote collaboration and teamwork.
The Annual Report is an opportunity to reflect on Sherbourne’s past and where we are headed, and to celebrate our success.

The closure of the Wellesley and Central Hospitals almost twenty years ago led to the birth of Sherbourne Health Centre, an organization that would serve the unique needs of our diverse people—the LGBTQ community, homeless and under-housed people, and newcomers to Canada. Over the years, Sherbourne has become home to legacy programs serving the LGBTQ community, namely Supporting Our Youth (SOY) and the LGBTQ Parenting Network, and has embraced innovative models of care such as our Family Health Team and Infirmary program. Today, Sherbourne’s expertise has province-wide reach with Rainbow Health Ontario being a critical resource for healthcare professionals who care for LGBTQ clients.

I want to recognize the efforts of Sherbourne’s management and staff over the past year. Our people stepped up in response to an international crisis by quickly activating our resources to provide much needed health services to Syrian refugees who have chosen to make Toronto their new home.

As we enter the final year of our 2013-2018 Strategic Plan, I am proud to report that we are on track to delivering on our strategic priorities. We have kicked off the process for development of our next strategic plan—one that will enable us to achieve our mission of advancing the equity and quality of care and services, and improving health for underserved communities.

The generosity of our donors and funders, including the Ontario Ministry of Health and Long-Term Care and the Toronto Central Local Health Integration Network, has enabled Sherbourne to provide the care needed by our diverse communities. On behalf of our clients, I would like to express our appreciation for their financial support.

When I reflect on how far Sherbourne has come, it is also a reminder that we must never take our eyes off the horizon to ensure that we remain relevant and responsive to the needs of our communities.

Ken Chan,  
Board Chair
Welcome to our 2016-2017 Annual Report, Toward New Horizons. We chose this theme because the sun is setting on our current strategic plan during its final year. Even as we enjoy the view from our current peak, there is always something to strive for and more good work to do to reach our next horizon.

Like all public health systems, Ontario’s healthcare landscape continues to shift. As an organization that prides ourselves on proactively responding to our community’s needs, it’s important for us to know where we are going and what will guide us on our path. The Ministry of Health and Long-Term Care’s Patients First strategy and legislation signal a major shift on the near horizon for healthcare delivery in Ontario. In the coming year Sherbourne is embarking on the journey of strategic planning for our next four years. We’ll be holding client engagement forums and consultations with our staff and providers to ensure our plan is one that includes a diversity of voices and ideas, as well as the aims of Patients First: collaboration; integration; primary care enhancement; and emergency department diversion.

This report, however, is a look in the rearview mirror; it is a reflection on what we’ve accomplished in the last twelve months, and our way of commenting on our accountabilities to our community and supporters. We provide progress reports on our work, client service statistics and audited financials. And of course, our clients tell stories in their own voices of their personal journeys, and Sherbourne’s role in helping them get to where they want to be.

I’d like to take this report as an opportunity to once again thank Sherbourne’s wonderful volunteers, donors, partners, staff and management. The mosaic at our front door is called Many Hands Make Light Work, a sentiment that perfectly encompasses the dedication, commitment and collective impact of everyone who makes Sherbourne so vibrant. Thank you for another great year!

Hazelle Palmer,
Chief Executive Officer
Leadership Changes

We were delighted to welcome Carolina Berinstein in the role of Director of LGBTQ Health. Carolina is an experienced healthcare leader whose career spans community-based primary care, health promotion and mental health, with a focus on equity and access.

SOY

Supporting Our Youth (SOY) was again voted Best Youth Organization in the NOW Magazine Readers’ Choice Awards. The plaque took pride of place in the SOY ‘Hall of Fame.’

And the Winners are...

Sherbourne’s annual Quality Improvement Award was won by our Family Health Team staff for their work designing a new client intake process. The process uses a customized assessment of clients’ complexity, which is used to assign clients to primary care providers in a manner that is transparent and equitable. This in turn opens up access to more new clients. Congratulations to the team!
A Festive Fall Fundraiser

Sherbourne partnered with the Metro Toronto Convention Centre’s pastry chefs to launch our inaugural Give Thanks, With Love campaign, selling handmade apple, pumpkin and pecan pies to raise funds for the SOY Monday Night Drop-In for homeless and under-housed LGBTQ youth. It was a great first year, with a live shout out on Breakfast Television and over $4,000 raised.

The Face of Our Story

On World Hepatitis Day, July 28th, clients of Sherbourne’s Toronto Community Hep C Program took part in creating a unique art exhibit at the Gardiner Museum. “The Face of Our Story” showcased clay self-portraits of the participants, made with support from the museum’s in-house artists, and accompanied by narratives of their journey with Hep C. The art is now proudly installed in our main lobby.
Our Progress: The Year in Review

In 2015, the Minister of Health and Long-Term Care awarded Sherbourne new funding to expand our services for trans and gender-diverse people. Since then, we have been working hard to develop and deliver services designed to meet the unique needs of our trans clients.

Within our Family Health Team, all clinicians (physicians, nurses and nurse practitioners and counsellors) received intensive training and education to conduct transition-related surgery (TRS) assessments.

A new Systems Navigator also joined the team to provide case management for trans clients during their transitions.

The same training received by our clinicians informed a new curriculum developed for providers across Ontario by our provincial knowledge transfer and capacity-building program, Rainbow Health Ontario (RHO).

RHO delivered the training to 289 providers.

We also collaborated with Women’s College Hospital and the Centre for Addiction and Mental Health (CAMH) to increase access to care for trans people across the broader health system. A working group is focusing on building capacity to provide TRS at Women’s College, as well as eliminating the waitlist at CAMH, who will focus on clients with complex mental health conditions.

<table>
<thead>
<tr>
<th>Service</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Clinical Visits</td>
<td>30,472 (incl. Health Bus)</td>
</tr>
<tr>
<td>Hep C Program Visits</td>
<td>1,467</td>
</tr>
<tr>
<td>Diabetes Education Program Visits</td>
<td>1,405</td>
</tr>
<tr>
<td>Chronic Disease Programs Visits</td>
<td>1,383</td>
</tr>
</tbody>
</table>
Primary Care and Chronic Disease Management

Our doors are open to everyone, and our primary care is organized into teams that focus on our priority populations:

- homeless and under-housed people,
- the lesbian, gay, bisexual, trans and queer (LGBTQ) community, and
- newcomers to Canada

Client satisfaction

Our client experience survey continued to reveal a high level of client satisfaction.

Of those surveyed, 91% felt their providers spent a “satisfactory” amount of time with them and that they were “involved in decisions about their care.”

62% of clients (up from 49% the previous year) reported that they saw a provider within 2 days of the moment they attempted to make an appointment.

To improve this further, we introduced Welcome Packages for new clients, which include providers’ schedules, and instructions for medication renewals and accessing a Duty Nurse.

Cancer screening outreach

Based on our Quality Improvement Plan, we piloted a new initiative, led by our Registered Nurses, to reach out to eligible clients who were overdue for cancer screening such as cervical and colorectal cancer tests.

As a result, Pap screenings increased by 4%, and Colorectal screenings by 12%.

Our flu vaccine campaign targeted high-risk clients, using a postcard campaign to focus on individuals who are seniors, children, or living with HIV or Hep C.

In total, 45% of our high risk clients received the flu shot.
Seamless client experience

With increasing demand for our services, we studied ways to maximize our capacity by initiating a Client Flow project. The goal is to study clients’ journeys through six of our services, including the Family Health Team, the Infirmary, mental health services, community programs, the Hep C program and the diabetes education program. When the project is complete, we will be able to make clients’ experiences more seamless, through more efficient and integrated services.

Mobile health clinic

Sherbourne received a $300,000 gift from The Rotary Club of Toronto to help build a new state-of-the-art mobile health clinic. With the current buses reaching the end of their life, we evaluated the Health Bus program’s model, which confirmed that mobile health plays a crucial role in increasing access to healthcare for our city’s most vulnerable people.

The new bus will serve a broader clientele, including homeless seniors, people with mental health issues, the LGBTQ community and newcomers to Canada.

It will include a fully equipped exam room, a separate area for counselling and health education, a wheelchair lift, and temperature control to keep the bus comfortable.

The program will evolve from being a connector to services, to functioning as a ‘Sherbourne on Wheels’. Our nurses, physicians and counsellors, along with outreach workers, will take advanced health services right to the people in most need.

Diabetes

Our Diabetes Education Program provides services at Sherbourne, and in two satellite locations in St. James Town and at Broadview and Danforth. The program provided 1,405 encounters through its clinics and support groups, where clients can share experiences with peers living with diabetes and increase their diabetes management knowledge and skills. Screening clinics were also conducted in the neighbourhood to increase detection and attachment to diabetes care.

Diabetes Prevention workshops by trained peer leaders in the community reached 185 residents.

Hepatitis

Clients with Hepatitis C made 1,467 visits to our Toronto Community Hepatitis C Partnership program. The program made great strides this year in treating Hep C clients with new, publicly-funded Hep C medication regimens. The program also integrated their client intake process, by introducing a single intake phone line for the Hep C Partnership.

Leadership

Our leadership team took an active role at various health leadership tables of the Mid-East Sub Region Local Collaborative, including Home & Community and Primary Care, Equity & Population Health, as well as the Mid East Toronto Health Link, whose focus is coordinated care planning for complex clients.
“They took my situation seriously. They were actually trying to help me.”

Larry, 44

Larry has been accessing Health Bus services for 11 years. He has experienced poor health circumstances, chronic pain and barriers to accessing proper health care. Through the Health Bus, Larry was connected to primary care at Sherbourne.

“All about 2 or 3 years ago, I was homeless and needed help. I was trying to get myself off the street again. I have severe chronic pain and my doctor stopped treating me, so I had nowhere else to turn. So many times I wanted to die—the pain was so bad. I was almost ready to commit suicide.

One day, I knocked on the door of the Health Bus to talk to the workers and told them about my situation. They listened to me for an hour. They took my situation seriously. They were actually trying to help me.

Within a week I had a consultation with a Doctor and in a few weeks, I was on a care plan for my pain.

I’m treated very fairly and equally at Sherbourne. I’ve faced discrimination because I’m homeless and come from an Indigenous culture. But you don’t find that here with the Health Bus and with Sherbourne. They treat everyone equal here.”

In the future, Larry hopes to go back to school and continue his involvement with Sherbourne Health Centre through volunteer work.
Health promotion is at the heart of our programs and services, helping our clients to better understand their health so they can access more preventative services and reduce the impact of chronic diseases.

Focus on nutrition

Sherbourne received funding from Community Food Centres Canada, to start FoodFit, a 12-week program for clients who want to improve their health by learning about healthy eating and physical activity.

The program offers hands-on cooking sessions, food-based activities and shared meals in our Share & Learn Kitchen, and provides take-home recipes and easy-to-understand nutrition information. Clients take part in light exercises and set self-directed goals, supported by a Facilitator and our Registered Dieticians.

Our Community Dietitian created a healthy snack resource guide to promote healthy snack options to be served during group programs in the community. The guide has been distributed widely amongst service providers in the community.

Also in the Share & Learn Kitchen, our SOY Monday Night Drop-In served nutritious meals co-created by staff and youth, and facilitated adult mentorship and community-building activities for queer and questioning homeless youth.

Last year the Drop-In served over 1,900 youth, an average of forty youth per session.

Active outdoors

SOY Get Out! inspired LGBTQ youth to embrace health and wellness through healthy eating and participation in active, non-competitive recreation and outdoor activities.

Youth from across ethno-cultural groups and the gender spectrum, guided by adult mentors and experts, enjoyed activities like hiking, biking, bee-keeping, sailing with the Toronto Gay Sailing Club, and a five-day canoeing trip in Algonquin.

Human Rights, Equity and Access

SOY H.E.A.T. (Human Rights, Equity, Access Team) continued its work empowering LGBTQ youth to become equity and social justice advocates. Thirty-eight youth have ‘graduated’ from H.E.A.T.’s training program to join the speakers bureau.

Last year H.E.A.T. speakers delivered 28 community workshops and presentations, attended by over 1,700 individuals.

At one notable session, the youth delivered workshops to all grades at a local high school to help people better understand gender identity.
Harm reduction

Our Hepatitis C program team led Sherbourne’s development of a Take-Home Naloxone Program, with the aim of getting Naloxone—a life-saving drug that can stop fatal, accidental opioid overdose—into the hands of opioid users and their friends and family members.

As part of the Ontario Naloxone Program, easy-to-use nasal Naloxone sprays are now available through our Hep C team. Individuals accessing Naloxone will also get a short training that includes overdose prevention tips, recognizing signs of overdose, and instruction on how to use Naloxone.

Our Harm Reduction Committee continued their work refining Sherbourne’s approach to harm reduction. A necessary step in this process was to conduct an assessment of client needs in regards to substance use and experiences of care at Sherbourne. To this end, we secured a Toronto Urban Health Fund grant to finance a client-led needs assessment. Five Community Assessors were hired to bring their perspectives and gather feedback through outreach in the community. Their recommendations created the roadmap for the Harm Reduction Committee’s work going forward.

<table>
<thead>
<tr>
<th>Health Bus Visits</th>
<th>10,293</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQ Parenting Network</td>
<td>1,898</td>
</tr>
<tr>
<td>Encounters</td>
<td></td>
</tr>
<tr>
<td>Community Health Promotion Visits</td>
<td>3,209</td>
</tr>
<tr>
<td>Supporting Our Youth Program Encounters</td>
<td>9,848</td>
</tr>
</tbody>
</table>
OHIP renewal project

A pilot OHIP renewal project led to an 87% renewal rate, of over 90 clients, for those with expired health insurance.

Based on referrals from our Family Health Team providers, the Community Resource Worker (CRW) met clients whose OHIP had expired. They explained how to renew the card, and why it’s important to update coverage for access to diagnostic services like x-rays, or updated breast screening.

Infection prevention

Our Infection Prevention and Control Committee led the charge, promoting influenza vaccines for our clients and reaching out to those at highest risk for flu.

45% of our high risk clients received the flu shot during the last winter season—higher than the national and provincial rates of 32% and 34% respectively for high risk clients.

Flu shots were provided for our clients in a variety of ways, including on the Health Bus and during appointments.

Our community flu ambassadors conducted outreach workshops on the importance of the flu vaccine in the St. James Town area. This was followed by six successful flu clinics in St. James Town.

Family planning

Our LGBTQ Parenting Network delivered family planning courses to 387 prospective parents, and also provided training sessions to clinical providers, including at the Ryerson University Midwifery Education Program and Mount Sinai Hospital’s fertility clinic, to bring focus to gender diversity and health equity issues that affect perinatal care.

The program took an active role in advocating for the All Families are Equal Act in Ontario, which was implemented in January, 2017.

We continue to advise the government in implementing the new legislation, as well as advising health organizations across Ontario who are changing their practices to meet the new definition of family.
“Guiding and teaching participants and watching them grow has been rewarding for me.”

Kiley May

Kiley May has been active as an Indigenous Youth Leader and SOY H.E.A.T. training co-facilitator for 2 years. She/They also participated in various SOY groups and drop-ins, and accesses primary care at Sherbourne.

“My involvement with Sherbourne and SOY began around 2014 when I started participating in groups like Essence, Gender Journeys, Trans_Fusion Crew, the Monday Night Drop-In and H.E.A.T. I also switched primary care to Sherbourne because I wanted to medically transition, and my doctor didn’t have the experience to help me.

I’m now in SOY’s housing program and have a home because of SOY. I’m so grateful for everything that Sherbourne and SOY have helped me with.

I became a member of H.E.A.T. because I wanted to sharpen my public speaking and facilitation skills, and become a better community member.

My role is meaningful because it’s important for youth to have a youth facilitator to relate and connect to. Also, being a two-spirit, Indigenous, trans woman, this sends a strong message to two-spirit youth about representation, equality and inclusion. Guiding and teaching participants and watching them grow has been rewarding for me.

H.E.A.T. matters because the youth of today will be our leaders of tomorrow. I want to continue to educate on two-spirit and Indigenous LGBTQI matters and help inspire as many two spirit and LGBTQI youth as possible to make a difference.”
As part of our trans health expansion, we kicked off several groups for trans and gender-diverse people.

We launched an 8-week pilot program led by a speech language pathologist for trans women to feminize their voices.

Voice feminization can be an important component for a full transition, yet the cost is extremely high. The program, the first such free service in the city, aimed to reduce a major barrier for trans women when seeking jobs, health care, services and even social interactions.

Beginning with an individual assessment, followed by six weeks of intensive practical vocal work, eight participants also received mental health support to help reduce anxiety.

We also launched three facilitated peer support groups for trans men who are considering, waiting for, or have had TRS. The groups aim to help clients navigate their surgeries and support their recovery by providing information and creating lasting networks that they can draw on for support.

Our Trans_Fusion Crew drop-in program for trans and gender-diverse youth received a significant boost, with a three-year investment from TD Bank Group.

**Community Ambassadors**

Through the Community Ambassador Program in St. James Town, around 20 ambassadors representing the diversity of the neighbourhood were trained to provide outreach and supports to the community.

The ambassadors conduct health and related workshops, connect residents to programs at The St. James Town Community Corner, and facilitate focus groups that help inform program planning.

**Infirmary program**

Sherbourne’s unique 24/7 Infirmary program provides short-term medical respite care for homeless or under-housed people in need of a safe, supportive space to recuperate or recover when a hospital stay is not needed.

Last year, the Infirmary added a Nurse Practitioner to the multi-disciplinary team and
readied itself for trans clients recovering from TRS, providing cultural competence training and opening up four new beds.

170 clients used the Infirmary, for an average of 17 nights, to recover from surgery, recuperate from an acute medical condition, or be treated for cancer.

This translates to **16,430 individual encounters over 2,923 inpatient days**.

10 clients stayed in the Infirmary to recover from TRS.

We also continued to implement the recommendations from our 2015 evaluation, including conducting outreach to referring partners and developing a new program name.

“Post-surgery, I was pretty rough. I’d been through a lot and was in such bad shape. My body kept reacting in ways I wasn’t used to, and the staff were there for me. When I was at my worst, I wanted to quit and stop dilating—but the Infirmary nurses and care team encouraged me to keep on going. I couldn’t have done it without them. The care was excellent—10 out of 10. It felt like a five-star hotel.

If it wasn’t for Sherbourne, I wouldn’t have had the proper rehab to make a healthy recovery because it would’ve cost me a fortune for in-home nursing. Across Canada, there’s no dedicated service for people recovering from this type of surgery.

My goal was to go to the Infirmary and be helped, and that’s exactly what happened. Everyone who works there, they love what they do. It shows in the way they care for and talk to clients—there’s a tremendous amount of respect. No one offers what Sherbourne offers. That’s why this place is so special.”

---

**Jessie, 56**

Jessie, 56, is a trans woman and former client of Sherbourne’s Gender Journeys program. She received transition-related surgery in January. Ten days following the procedure, Jessie stayed for one week in the Infirmary for post-surgical recovery.

“No one offers what Sherbourne offers. That’s why this place is so special.”
MENTAL HEALTH SERVICES

Culturally appropriate and flexible mental health support is vital to the wellbeing of our clients. We personalize services through one-to-one and group-based support.

Our team of Mental Health Counsellors came together to gain a philosophical understanding of mental health, and a plan to roll out a new mental health framework across Sherbourne’s population health teams.

Mental health services continue to be in high demand. The mental health team examined ways to improve access, including offering more drop-in and group sessions.

Two mental health groups were launched: Trauma Recovery, Education and Empowerment (TREE), and Keep Calm and Carry On.

TREE is a 16-session, skills-oriented group for male-identified (including trans and cis-gendered) survivors of trauma. Based on the Trauma Recovery and Empowerment Model, the group aims to enhance clients’ survival skills and safety strategies in relation to their lived experiences and histories of trauma.

Keep Calm and Carry On is a Cognitive Behavioural Therapy group for people identifying with symptoms of social anxiety. Its objective is to help participants understand and manage their social anxiety through relaxation techniques, develop coping skills for social situations, and develop greater confidence.

We also developed The Road to Discovery, an 8-week group for trans, genderqueer and non-binary people with substance use challenges, who want to learn more about their use and/or make a change. This group will be launched in the future.

To provide support for clients waiting for individual counselling, we provided art therapy sessions.

We continued to offer Mindfulness Meditation for all clients of Sherbourne. Over 700 clients accessed the service, complementing other Sherbourne services they received to support their health goals.

Newcomer health

Our Newcomer Health Team held an inaugural knowledge translation event called ‘Unpacking Newcomer Health’. It was attended by over 60 health and social service providers, researchers, program planners, and academics from around Toronto.

The event highlighted Sherbourne’s work with newcomer communities including primary care, mental health and neighbourhood-based approaches in communities that
have a significant newcomer population.

A refugee mental health framework, the development of which was co-led by Sherbourne, was shared at the event. There was also a mental health panel of Sherbourne staff and partners.

Feedback from attendees reiterated the importance of these events as opportunities for service providers to share their work and foster inter-agency collaboration.

Sherbourne also piloted a proactive approach to support partners/spouses through their initial stages of resettlement in Canada.

Newcomer communities experience significant settlement stress during their initial years in Canada, which impacts mental health. Financial insecurity, role reversals, and parenting challenges in a new environment result in strained partner relations, but help is usually sought only after a problem occurs.

A newcomer “couples evening,” facilitated by a Mental Health Counsellor was designed as a support group for couples, with a focus on strengthening family resilience and the bond between spouses/partners.

Juan, 58

Juan initially came to the Infirmary to recover from an infection. He also accessed support to cope with his schizophrenia.

“The Infirmary takes in a wide variety of people. People here are very kind and don’t treat me differently because I have schizophrenia. They will take you in for your illness and take care of you until you can take better care of yourself.

As a schizophrenic, I don’t like taking showers. But the counsellors and staff teach me how to push myself to stay fresh and clean. I take showers every other day now. I think this place really helped me to encourage myself to improve.

Since the beginning, it’s getting better. And knowing that I can better myself is something for hope.”

Since the beginning, it’s getting better. And knowing that I can better myself is something for hope.”

Juan initially came to the Infirmary to recover from an infection. He also accessed support to cope with his schizophrenia.

The Infirmary takes in a wide variety of people. People here are very kind and don’t treat me differently because I have schizophrenia. They will take you in for your illness and take care of you until you can take better care of yourself.

As a schizophrenic, I don’t like taking showers. But the counsellors and staff teach me how to push myself to stay fresh and clean. I take showers every other day now. I think this place really helped me to encourage myself to improve.

Since the beginning, it’s getting better. And knowing that I can better myself is something for hope.”

Juan initially came to the Infirmary to recover from an infection. He also accessed support to cope with his schizophrenia.

“The Infirmary takes in a wide variety of people. People here are very kind and don’t treat me differently because I have schizophrenia. They will take you in for your illness and take care of you until you can take better care of yourself.

As a schizophrenic, I don’t like taking showers. But the counsellors and staff teach me how to push myself to stay fresh and clean. I take showers every other day now. I think this place really helped me to encourage myself to improve.

Since the beginning, it’s getting better. And knowing that I can better myself is something for hope.”

Juan initially came to the Infirmary to recover from an infection. He also accessed support to cope with his schizophrenia.

“The Infirmary takes in a wide variety of people. People here are very kind and don’t treat me differently because I have schizophrenia. They will take you in for your illness and take care of you until you can take better care of yourself.

As a schizophrenic, I don’t like taking showers. But the counsellors and staff teach me how to push myself to stay fresh and clean. I take showers every other day now. I think this place really helped me to encourage myself to improve.

Since the beginning, it’s getting better. And knowing that I can better myself is something for hope.”
Our focus on sustaining, growing and improving our resources, such as staff wellness and training, capacity-building and infrastructure upgrades, are vital to our ability to adapt to client and community needs.

**Healthy investments**

We completed a comprehensive review of our employee health and wellness benefits program to ensure it is competitive, providing value for money and meeting our employees’ needs. Based on our findings, we initiated a new plan to re-design and enhance our benefits program in 2017. Our staff also took part in comprehensive training to better understand their obligations relating to healthcare privacy.

We continued making capital upgrades to our building, including replacing the roof, which was nearly thirty years old, and accessibility enhancements.

As part of our Fund Development strategy, we implemented new software to help us better support our donors. The system’s first application was supporting the 17th SOY Bowlathon and the *Give Thanks, With Love* campaign.

**Rainbow Health Ontario**

Rainbow Health Ontario (RHO), Sherbourne’s unique provincial knowledge transfer, research and capacity-building program started preparations for its fifth biennial LGBTQ health conference taking place in Sudbury, Ontario in March, 2018.

4,898 health professionals also participated in RHO learning sessions. RHO continued to be Sherbourne’s voice of advocacy for LGBTQ health, notably in support of Bill C-16, *an Act to amend the Canadian Human Rights Act and the Criminal Code* to include protections based on gender identity and expression. The Bill successfully passed the House of Commons reading in November and moved to the Senate Legal and Constitutional Affairs Committee. Sherbourne sent letters to Canadian Senators calling on them to pass Bill C-16 into law. Our Director of Rainbow Health Ontario also gave a deputation to the Committee, which passed the Bill. We also had meetings with The Honourable Randy Boissonnault, MP and Special Advisor to the Prime Minister on LGBTQ2 Issues, to discuss potential improvements to health data and research funding.
“Sherbourne’s wide array of support for LGBTQ people left me with a strong impression, and I wanted to get involved.”

Jimm-Diana

Jimm-Diana is a proud supporter of Sherbourne in their workplace, Intact Insurance, where they hold a leadership role in the LGBT & Allies Employee Resource Group.

Jimm-Diana champions grassroots opportunities for colleagues to get involved in fundraising and volunteerism. This year, two teams entered the SOY Bowlathon, raising almost $8,000, including employee donations matched by the organization.

“I believe strongly in growing an inclusive workplace that includes community giving. While openly transitioning at work this year, I’ve developed a personal commitment to growing opportunities for LGBT employees. It’s not just LGBT people in the employee group, but many allies. The trickle-down effect of the group has a positive impact on our whole work environment and our ability to give back.

I first learned about SOY many years ago when I was coming out, and through my participation in Sherbourne’s Gender Journeys program.

Sherbourne’s wide array of support for LGBTQ people left me with a strong impression, and I wanted to get involved. I brought forward the idea of supporting SOY, and the team jumped right on it! They loved the idea – and the rest is history!

I’m excited to continue growing Intact’s involvement with Sherbourne. We really want people to step out of their corporate shells and be inspired to give back to their community.”
From the generosity of individuals, community groups, families, workplaces and companies, we are able to grow our programming and pilot new, innovative activities to better serve our communities.

We thank our donors for their incredible support.

The Government of Ontario and the City of Toronto, and:

- Anonymous donor in memory of Clara Ho
- Aston Family Foundation
- Brown-Forman
- Canadian Memorial Chiropractic College
- Canadian Tamil Medical Association
- CIBC
- Daily Xtra
- Echo Foundation
- Enterprise Holdings Foundation
- Estate of Govind Patel
- Fasken Martineau DuMoulin LLP, Fasken Pride Network
- George Weston Limited
- Industrial Alliance
Intact
Just Socks Foundation
The Katharina Weger Foundation
M•A•C AIDS Fund
The MasterCard Foundation 10th Anniversary Giving Campaign at the Toronto Foundation on behalf of Allysone McGreal
The MasterCard Foundation 10th Anniversary Giving Campaign at the Toronto Foundation on behalf of Carmen Kung
Meridian Credit Union
Metro Toronto Convention Centre
Ontario REALTORS Care® Foundation
OUTSLOPES Toronto
Pride Toronto
RBC Foundation
Rain43
Raising the Roof
The Rotary Club of Toronto and the Rotary Club of Toronto Charitable Foundation
Second Harvest
Shoppers Drug Mart Life Foundation
TD Bank Group
TELUS
Tippet Foundation
Toronto Pearson International Airport’s Propeller Project
Toronto Real Estate Board
The Marjorie and Joseph Wright Memorial Foundation

And 1,300 generous individual and community supporters.
There are many ways that volunteers make a difference for Sherbourne’s clients and communities: serving as mentors to SOY youth, helping us solve a problem during a Day of Action, helping at fundraisers, serving as peers and community ambassadors, and lending expertise to our Board and committees.

Last year our dedicated volunteers collectively gave almost 7,500 hours, or 1,000 days. Every one of them made a difference—Thank you.

“Two years ago a family member of mine took part in Sherbourne’s Gender Journeys program. On the last night, participants got to bring a relative or friend to hear everyone’s stories. It proved to be a very powerful evening. It really hit me how lucky my family member was to have a great deal of support through his community of family, friends and school. So many of the other participants did not...

I felt I was not giving back to my community as much as I should be. Other than writing the occasional cheque I was doing nothing more. Someone once told me to do something you love or that has significance to you. I kept thinking back to Gender Journeys so I looked up Sherbourne online.

Happily I was able to assist at this year’s Bowlathon. It was a really fun filled day, with a nice sense of community, kinship and caring. I plan on organizing a bowling team with my family next year! While I still work full time, I am happy to commit some time to volunteering and feel like I’m helping out in the community.”

“It really hit me how lucky my family member was to have a great deal of support through his community of family, friends and school.”

Judi

Volunteer at 2016 SOY Bowlathon and Illuminite
Ken Chan - Chair

Robert Champagne – Vice Chair

Amanda Cato - Treasurer

Shannon Filice – Board Secretary

John Angkaw
Kenneth Chung
Lindsey Crawford
Nathan Doidge
Jonathan Fetros
Craig Malloy

Michelle Moldofsky
Lisa O’Drowsky
Neil Shah
Johannes Tekle
Cindy Yuan
Richard Willett

Board Committees – Community Members

Laura Adams
Monica Bienefeld
Elissa Downey

Michael Herrera
Beck McNeil
Henry Shew
## Statement of Financial Position as at March 31, 2017

### Assets

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>1,820,681</td>
<td>1,067,405</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>302,396</td>
<td>242,999</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>233,251</td>
<td>349,581</td>
</tr>
<tr>
<td>Inventory</td>
<td>5,638</td>
<td>6,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,361,966</td>
<td>1,666,485</td>
</tr>
<tr>
<td><strong>Capital assets</strong></td>
<td>17,756,933</td>
<td>18,112,024</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>20,118,899</td>
<td>19,778,509</td>
</tr>
</tbody>
</table>

### Liabilities

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable &amp; accrued charges</td>
<td>2,095,827</td>
<td>1,628,738</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>616,513</td>
<td>433,390</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,712,340</td>
<td>2,062,128</td>
</tr>
<tr>
<td><strong>Deferred capital contributions</strong></td>
<td>17,004,945</td>
<td>17,362,124</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>19,717,285</td>
<td>19,424,252</td>
</tr>
</tbody>
</table>

### Fund balances (deficit)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invested in capital assets</td>
<td>751,988</td>
<td>749,900</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>(350,374)</td>
<td>(395,643)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>401,614</td>
<td>354,257</td>
</tr>
<tr>
<td><strong>Total fund balances</strong></td>
<td>20,118,899</td>
<td>19,778,509</td>
</tr>
</tbody>
</table>
## Statement of operations year ended March 31, 2017

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health and Long-Term Care (&quot;MoHLTC&quot;) and Toronto Central Local Health Integration Network (&quot;Toronto Central LHIN&quot;) funding</td>
<td>8,114,249</td>
<td>7,560,776</td>
</tr>
<tr>
<td>Family Health Team</td>
<td>2,916,974</td>
<td>2,851,268</td>
</tr>
<tr>
<td>MoHLTC Health Research &amp; Health Equity Grants</td>
<td>952,648</td>
<td>1,100,000</td>
</tr>
<tr>
<td>Amortization of deferred capital contributions</td>
<td>841,361</td>
<td>914,639</td>
</tr>
<tr>
<td>Fundraising</td>
<td>302,069</td>
<td>329,256</td>
</tr>
<tr>
<td>Other revenue and recoveries</td>
<td>152,091</td>
<td>385,175</td>
</tr>
<tr>
<td>Other grants and guarantors</td>
<td>122,217</td>
<td>165,943</td>
</tr>
<tr>
<td>Supporting Communities Partnership Initiative</td>
<td>74,080</td>
<td>63,750</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>13,475,689</strong></td>
<td><strong>13,370,807</strong></td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care and Family Health Team</td>
<td>4,579,922</td>
<td>4,177,792</td>
</tr>
<tr>
<td>Infirmary</td>
<td>1,734,382</td>
<td>1,506,149</td>
</tr>
<tr>
<td>LGBTQ Primary Care</td>
<td>1,595,728</td>
<td>1,699,877</td>
</tr>
<tr>
<td>Building services and utilities</td>
<td>1,503,735</td>
<td>1,569,694</td>
</tr>
<tr>
<td>Rainbow Health Ontario</td>
<td>1,007,948</td>
<td>1,074,630</td>
</tr>
<tr>
<td>Amortization of capital assets</td>
<td>879,725</td>
<td>951,563</td>
</tr>
<tr>
<td>Information systems</td>
<td>529,390</td>
<td>543,630</td>
</tr>
<tr>
<td>Administration</td>
<td>522,910</td>
<td>517,484</td>
</tr>
<tr>
<td>Health Bus/mobile</td>
<td>283,783</td>
<td>405,883</td>
</tr>
<tr>
<td>Human Resources</td>
<td>251,440</td>
<td>271,858</td>
</tr>
<tr>
<td>Finance</td>
<td>241,826</td>
<td>262,039</td>
</tr>
<tr>
<td>Communications</td>
<td>156,039</td>
<td>168,446</td>
</tr>
<tr>
<td>Fundraising</td>
<td>141,504</td>
<td>142,046</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>13,428,332</strong></td>
<td><strong>13,291,091</strong></td>
</tr>
</tbody>
</table>

### Excess of revenue over expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excess of revenue over expenses</strong></td>
<td><strong>47,357</strong></td>
<td><strong>79,716</strong></td>
</tr>
</tbody>
</table>
## Statement of changes in fund balances (deficit)  
year ended March 31, 2017

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fund balances (deficit), beginning of year</td>
<td>(395,643)</td>
<td>749,900</td>
</tr>
<tr>
<td></td>
<td>354,257</td>
<td>274,541</td>
</tr>
<tr>
<td>Invested in capital assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess of revenue over expenses</td>
<td>85,721</td>
<td>(38,364)</td>
</tr>
<tr>
<td></td>
<td>47,357</td>
<td>79,716</td>
</tr>
<tr>
<td>Additions to capital assets</td>
<td>(524,634)</td>
<td>524,634</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Deferred capital contributions received</td>
<td>484,182</td>
<td>(484,182)</td>
</tr>
<tr>
<td>Fund balances (deficit), end of year</td>
<td>(350,374)</td>
<td>51,988</td>
</tr>
<tr>
<td></td>
<td>401,614</td>
<td>354,257</td>
</tr>
</tbody>
</table>
## Statement of cash flows
year ended March 31, 2017

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess of revenues over expenses</td>
<td>$47,357</td>
<td>$79,716</td>
</tr>
<tr>
<td>Items not affecting cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization of capital assets</td>
<td>$879,725</td>
<td>$951,563</td>
</tr>
<tr>
<td>Amortization of deferred capital contributions</td>
<td>$(841,361)</td>
<td>$(914,639)</td>
</tr>
<tr>
<td></td>
<td>$85,721</td>
<td>$116,640</td>
</tr>
<tr>
<td><strong>Changes in non-cash working capital items related to operations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>$116,330</td>
<td>$103,041</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>$(59,397)</td>
<td>$45,603</td>
</tr>
<tr>
<td>Inventory</td>
<td>862</td>
<td>553</td>
</tr>
<tr>
<td>Accounts payable and accrued charges</td>
<td>$467,089</td>
<td>$(84,649)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>183,123</td>
<td>$(84,407)</td>
</tr>
<tr>
<td><strong>Total changes in non-cash working capital items related to operations</strong></td>
<td>$793,728</td>
<td>$96,781</td>
</tr>
<tr>
<td><strong>Investing activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additions to capital assets</td>
<td>$(524,634)</td>
<td>$(265,062)</td>
</tr>
<tr>
<td><strong>Financing activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred capital contributions received</td>
<td>484,182</td>
<td>214,284</td>
</tr>
<tr>
<td><strong>Increase in cash during the year</strong></td>
<td>$753,276</td>
<td>$46,003</td>
</tr>
<tr>
<td>Cash, beginning of year</td>
<td>$1,067,405</td>
<td>$1,021,402</td>
</tr>
<tr>
<td><strong>Increase in cash during the year</strong></td>
<td>$753,276</td>
<td>$46,003</td>
</tr>
<tr>
<td>Cash, beginning of year</td>
<td>$1,067,405</td>
<td>$1,021,402</td>
</tr>
<tr>
<td><strong>Increase in cash during the year</strong></td>
<td>$753,276</td>
<td>$46,003</td>
</tr>
<tr>
<td><strong>Cash, beginning of year</strong></td>
<td>$1,067,405</td>
<td>$1,021,402</td>
</tr>
</tbody>
</table>
Throughout 2017 we will be developing a new multi-year Strategic Plan.

A steering committee, comprising volunteer Board Directors and members of the leadership team, has been formed. A planning process is being developed to ensure an inclusive process, with emphasis on stakeholder engagement and ongoing communications.

To keep this process accountable and transparent, we will be creating deliberate and meaningful opportunities for participation and feedback.

Based on the outcomes of these steps, the steering committee will develop strategic plan goals, objectives and key performance indicators, which will be brought back to the stakeholders for review and input. Following this review, the leadership team will build ‘cascading’ objectives and budgets for their respective portfolios.

Following approval by the Board, we will launch our new Strategic Plan at the 2018 Annual General Meeting.
In some instances names have been changed to protect individuals' privacy. Photos produced by Nicola Betts and snapd Cabbagetown/Village.