

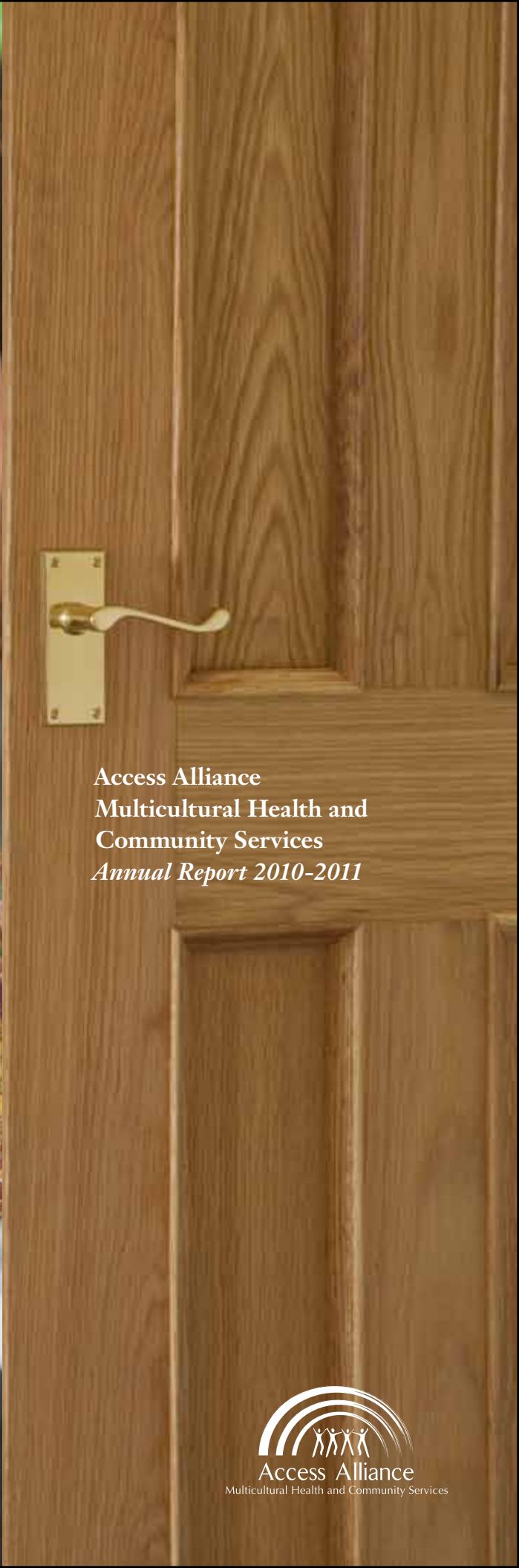
WELCOME IN...

Access Alliance
Multicultural Health and
Community Services
Annual Report 2010-2011



A close-up photograph of a light-colored wooden door with a brass handle and lock mechanism. The door has a traditional panel design with vertical and horizontal grooves. The handle is a simple, curved lever. The lock is a rectangular brass plate with four screws. The background is a plain white wall.

**... AND MAKE
YOURSELF
AT HOME**



Access Alliance
Multicultural Health and
Community Services
Annual Report 2010-2011

OUR STAFF Aamer Esmail · Aarti Kibedi · Abeba Kifle · Ahmed Muslimani · Alice Chan · Amanda McIntyre · Amy Huang · Ana Maria Oyarzun · Anabela Azevedo · Andrew Koch · Anita Fortuno · Antonia Aleluia · Axelle Janczur · Brent Wilson · Carla Moses · Celia Fernandes · Cliff Ledwos · Diana Wahidi · Duncan Eby · Elaine Morris · Elena Poblacion · Farzana Propa · Fouzia Rana · Gisela Vanzaghi · Gladys Klestorny · Golshan Abdmoulaie · Gulalai Akbari · Hanan Osman · Hareda Mohamud · Hari Ghimire · Hashini Bandaranayake · Helen Luu · Helena De Oliveira · Jasmine Li · Jennifer Atkins · Jennifer Kane · Juan Mendoza · Judy Cantwell de Macz · Julie Mehrad · Junaid Habib · Kristie Vermeulen Awad · Krystyna Moore · Kyoung Ha Ahn · Lee-Ann Miller · Lief Destrade Sosa · Lindsay Angelow · Liz Woods · Mahbub-Ur Rahman · Michael Stephenson · Mira Shrestha · Monica Diaz · Moo Lay Paw Naw · Moo Moo Say · My Dang · Nahom Berhane · Nicole Nitti · Raya Haddass · Ruth Wilson · Sakshi Sood · Shankari Balendra · Sonam Dolma · Susanna Fung · Thushari Gomez · Thuy Tran · Vera Kevic · Violetta Barczay · Wisal Abugala · Yetnayet Alito · Yogendra Shakya · Yousra Dabbouk

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OUR VISION

We envision a future in which diverse individuals, families and communities can achieve health with dignity.

TOP CLIENT COUNTRIES OF ORIGIN

Afghanistan
Canada
Bangladesh
Myanmar
Portugal
Colombia
Iran
Mexico
Thailand
Somalia

TOP LANGUAGES SPOKEN

English
Spanish
Sgaw
Portuguese
Bengali
Farsi
Arabic
Somali
Dari



2010-2011 HIGHLIGHTS

APR
2010

Access Alliance launches the Make Yourself At Home campaign as part of Ontario's Community Health Day, which focused on health equity and better health for all.

MAY
2010

Our Healthy Child Screening Initiative screens 100 newcomer children for vision, dental, hearing, social/emotional and physical health, as well as nutrition, speech, settlement and language issues.

JUL
2010

We launch the third phase of the Refugee Youth Health Project: a participatory policy review to identify policy gaps and make recommendations to eliminate systemic barriers faced by refugee youth in pursuing their educational goals.

CLIENT SERVICE

204

(8%) refugee claimants served

14,476

client encounters

164

non-insured primary health care clients seen

12%

of clients in Canada less than one year

5.8

visits per client (average)

2,500

clients served

2

different provider types seen (on average)

659

government-assisted refugees served

1,000

new clients registered

33%

of clients in Canada less than three years

**SEP
2010**

We officially open our AccessPoint on Danforth location. On average, more than 460 people use our community event space every month.

**NOV
2010**

We offer community flu clinics at all three locations to help protect newcomers, immigrants, refugees and other neighbourhood residents from influenza.

**DEC
2010**

Our board approves our 2011-2014 strategic plan to guide our activities over the next three years.

**JAN
2011**

We officially open our AccessPoint on Jane location.

**FEB
2011**

Access Alliance leads the Right to Health Coalition's campaign to demand the elimination of the three-month OHIP wait period imposed on newcomers.

**MAR
2011**

Our Among Friends Initiative releases its "You Are Among Friends" booklet – a resource for and by members of the lesbian, gay, bisexual, trans and queer (LGBTQ) newcomer communities.



MESSAGE FROM THE EXECUTIVE DIRECTOR

On various occasions over the years, I have talked about what a privilege it has been in my professional career to participate in systemic change initiatives—in which concerned individuals and groups, working together, can exercise some influence to make things happen that improve our lives and the well-being of our communities. Democracy in action!

As I reflect on my tenure at Access Alliance, and in particular this past year in which a number of longer term strategic priorities have been achieved, I truly feel blessed. Staff, volunteers, students, community members and board members have worked so hard to transform this organization.

From humble beginnings we now are a recognized leader in the non-profit sector in Toronto, advocating for health with dignity for all. The context of our work has changed, and with it our understanding and perspective. The issues we deal with are not “fringe issues” but solidly in the mainstream. We’re no longer addressing the needs of a minority group of immigrants and refugees facing barriers to access. Rather, we are advocating with and on behalf of a majority of the population of Toronto that is actively engaged in building our diverse society.

We do this work, grounded in the principles of the community health centre movement. We take a holistic approach to health that addresses the social determinants of health alongside the physical ones. Our focus is on priority populations, so we are embedded in neighbourhoods with a high need for health and community services. We are responsive to local issues and work collectively with partners to strengthen our city. Through these activities, we are creating opportunities for newcomers, immigrants and refugees to achieve health, well-being and the potential they sought in coming to Canada.

I am so proud of Access Alliance. We fulfill our mandate with so much integrity, remaining true to our values of partnership, collaboration, community engagement; committed to our understanding of anti-oppression; and respectful and inclusive of everybody who wants to be part of the process.

Axelle Janczur

MESSAGE FROM THE CHAIR OF THE BOARD

Every success at Access Alliance is the product of a collaborative process. Our many successes this year are because of the efforts of dedicated staff, committed volunteers, collaborative community partners, generous funders and engaged client communities.

This year, our strategic planning process engaged all of these stakeholders to identify key priorities for 2011-2014. The resulting strategic plan commits our organization to focus on:

- advocacy to address key systemic issues
- partnerships with local communities to build capacity and create connections
- collaborations with community agencies to provide accessible services, and
- community-based research that engages our communities and enables us to engage in evidence-based practice.

Vulnerabilities in our immigrant and refugee communities include health challenges (such as diabetes, heart disease, and stroke), difficulties with the recognition of credentials, lack of Canadian experience, and language and cultural barriers. These have far-reaching effect on employment opportunities and consequently on income, housing, nutrition and family health.

Our programs seek to engage vulnerable populations in their communities. The successful establishment and growth this year of our AccessPoint hubs on Danforth and on Jane demonstrate our commitment to providing services where they are most needed. In addition to our interdisciplinary primary healthcare services, our programs help newcomers gain valuable skills and Canadian experience, access settlement services, receive culturally sensitive LGBTQ-focused services, and build networks through peer outreach programming and youth-appropriate and youth-led activities.

The communities we work with contribute to ongoing learning and improvement through participatory research into factors that affect the health of immigrants and refugees. And through Access Alliance Language Services we provide direct services in addition to working with partner agencies to develop creative solutions to the language challenges they face in serving their clients.

Access Alliance is many things to many people. We succeed in our ambitions because of the support of dedicated individuals from within and outside our organization who share a commitment to serving our most vulnerable immigrant and refugee communities.



Anita Morris



OUR BOARD OF DIRECTORS

Anita Morris,
Chair
Yohannes Tekle,
Vice-Chair
Jason Marin,
Secretary
Ricardo Gomez-Insausti,
Treasurer

Lorena Barrientos
Nina Boric
Keisa Campbell
Jamal Hasina
Michael Isaac
Lisa Price (resigned)
Moez Rajwani
Brendan Wong



OPENING DOORS IN THE WEST

ACCESSPOINT ON JANE

Our 340 College Street location has long served as the base of our work. As part of our commitment to anchor Access Alliance's programs in communities where they are most needed, this year we were able to take the significant step of moving our services out of the city's core and toward the inner suburbs where many newcomer, immigrant and refugee populations are located.

In January 2011, we held the official open house for AccessPoint on Jane. Located on the second floor of a plaza at Woolner Avenue and Jane Street (between Eglinton and St. Clair Avenues), AccessPoint on Jane is a welcoming space for new immigrants and refugees needing a range of community services in Toronto's west end. Our AccessPoint locations are designed to be gathering spaces that build community cohesion. We support this goal with weekly group programs including cooking nights, homework clubs and other community programming. At this new site, we offer settlement services, youth programs, translation services, as well as programs that target the needs of newcomer women and children and LGBTQ newcomers.

A primary health care clinic is also located at AccessPoint on Jane. Patients from the local community now have convenient access to high-quality care from our onsite inter-professional team.

Our downtown location remains the home of our First Contact refugee-focused clinical services, as well as our corporate services, our busy community-based research department and our language services department.



OPENING DOORS IN THE EAST

ACCESSPOINT ON DANFORTH

On the southeast corner of Victoria Park and Danforth Avenues, area residents and newcomers of all ages have a new place to receive health services, use free computer resources, participate in community activities and learn new skills. AccessPoint on Danforth is the second community hub to open as part of the United Way's neighbourhood strategy to create community service spaces in areas of the city where they are needed most. From this hub, we provide primary health care services, settlement services, youth, parenting and LGBTQ programs and a range of Access Alliance activities.

AccessPoint is also home to some of our community partners: East York East Toronto Family Resources (EYET) operates an Ontario Early Years Centre in the space; Warden Woods offers Conflict Resolution Services; Action for Neighbourhood Change supports community development and engagement initiatives in the area; and people can also receive City of Toronto Employment and Social Services assistance at AccessPoint to find housing, daycare, employment and more.

Since its opening, we have hosted movie nights, numerous cooking programs in the community kitchen, and the launch of the Province of Ontario's multi-language Health Care Options website. The final achievement of the year at the hub was the launch of a beautiful rooftop garden for the community, where we offer education programs, gardening opportunities and family events.



FACILITATING ACCESS TO BETTER HEALTH

At Community Health Centres (CHCs), accessible healthcare services are delivered by an inter-professional team. The Access Alliance Primary Health Care team (PHC) includes doctors, nurse practitioners, registered nurses, counsellors, therapists, and dietitians who work together to promote health, treat and prevent illness, manage chronic diseases and support community wellness. They open doors to high-quality, culturally sensitive health services in multiple languages.

This year, we joined a number of other CHCs in fully adopting electronic patient charts. The new system improves the effectiveness, resource use, coordination and communication between our primary care providers. Our PHC team also developed and implemented a Quality Assurance and Improvement Initiative. The goal is to improve patient experience and our performance through the use of evidence-based practice initiatives. This process has already led to an initiative to reduce wait times for our nutritionist's clients, a case conferencing strategy and a review and update of our model of care.

Our new PHC clinics at our two AccessPoint locations each have inter-professional healthcare teams, which has increased our responsiveness and improved our ability to serve the communities. We hosted Special Diet Allowance clinics and Flu clinics at all three locations this year.

We also launched the Community Access to Primary Health Care Initiative, which increases collaboration, helps us identify and mobilize resources and improves timely primary health care by partnering with other organizations to establish off-site service locations and specifically targeting priority groups. The initiative includes: expanded Healthy Child Screening in the Crescent Town area; The Greenwood Secondary School Clinic for newcomer students living across the city; the Paul Steinhauer Paediatric Clinic (part of a TDSB model schools initiative); and the First Contact Clinic for Government Assisted Refugees.

PHC staff also presented at several conferences, where we shared new material and effective practices that we have developed and utilized in our clinics.

Some members of the PHC team from L to R: Yetnayet Alito, Carla Moses, Kristie Vermeulen Awad and Amanda McIntyre.



WHOLE-PERSON CAREGIVING

Primary health care at Access Alliance is a team effort. After uprooting their lives and travelling to a new country, many newcomers and refugees need comprehensive physical, social and emotional support—that is precisely what our Primary Health Care (PHC) team offers.

Nurse practitioners like Krys Moore are often a newcomer's first healthcare contact in Canada. Nurse practitioners (NPs) are nurses who have received additional education and training. They can order and interpret tests and prescribe medications. At Access Alliance, the NP screens refugees at the COSTI site where they have been taken after arriving in Canada. Those in need of urgent care are immediately brought to our clinic. Otherwise they receive an appointment for a full physical conducted by Krys.

“My role is to identify what is important to the patient and for their health, then we make a healthcare plan together,” she says. “One of the most important people on the team is the interpreter, who directly translates the words of the client and of the healthcare practitioner so that information is exchanged exactly as spoken.”

Once the plan is made, the team joins in on

the care. Typically, a nurse will take samples for the different laboratory tests and when the tests come back, the NP addresses the patient's needs, or refers them to the physician when a new diagnosis of disease is found. All clients are seen by a dietitian, who helps the whole family learn how to eat healthy in Canada. If clients do not already have a settlement worker through COSTI, the NP refers them to one of our settlement staff. The PHC team is always sensitive to clients' emotional and social needs.

“Clients say they thought we'd just look after the insect bites on their arms but we ask about their mood and may discover that their housing situation isn't adequate so we advocate for them,” says Krys.

Providing holistic care for clients and their families is most gratifying to Krys. “We care for people from the pre-natal stage to the elderly generation. It's hugely satisfying that they trust us with their family. And clients are very appreciative to have to a single facility where they can discuss not only their physical needs but also their emotional and social needs. They know that they can come to us and feel safe. I hear that from them often.”

FOSTERING COMMUNITY

Access Alliance's model of care takes a holistic approach to newcomer, refugee and immigrant health and well-being. In addition to primary care, we offer services and activities that focus on prevention, promote health, enhance skills, reduce isolation and contribute to stronger neighbourhoods. We serve our priority groups through settlement, youth and LGBTQ-focused services and women and children's programs.

Our settlement program assisted newcomers to find housing, health care, community services and appropriate schools. We also provided support to fill out forms and connect clients to resources that supported their educational and employment goals. Our Resource Centre for Newcomers experienced unprecedented activity this year. Visits increased 390%, from 118 in March 2010 to 578 in March 2011.

Our peer outreach workers continued to be anchors for the women and children's program. Through our training, these immigrant and refugee newcomer women built on their skills and then worked with our health promoters and community partners to offer services to newly arrived people from their cultural communities. Peer outreach workers helped people from the Nepali-, Urdu-, Somali-, Arabic-, Sgaw- (Karen) and Dari/Pashto-speaking communities to successfully navigate barriers and gain access to health-related services.

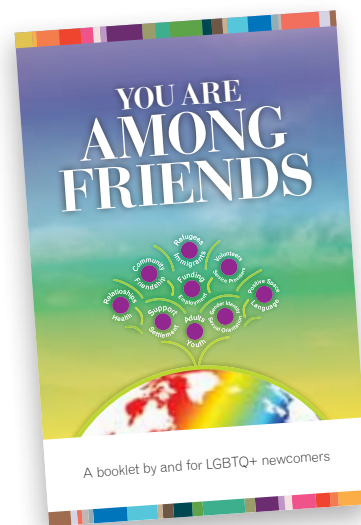
With peer outreach workers' participation, we sustained partnerships in neighbourhood support initiatives and early years programs, led women's health support groups and fitness classes, offered prenatal and ESL support for pregnant women, and held community health education and expressive arts workshops. To support access by participants, we provided transportation tickets, nutritious refreshments and child-minding services whenever possible. We also supported community initiatives like the Teesdale Women's Advisory and the Karen Partnership in the city's inner suburbs to engage immigrant, newcomer and refugee women to achieve improved health outcomes together.

Our newcomer youth drop-in program attracted over 25 youth participants each week at our east and west locations. The program included recreational and arts activities, peer mentoring and opportunities to earn volunteer hours towards graduation. We organized

monthly field trips to such places as Kensington Market and the Ontario Science Centre, and AccessPoint on Danforth's Youth Resource Centre—equipped with computers, internet, printers and other resources—became a hub for school projects and social activities.

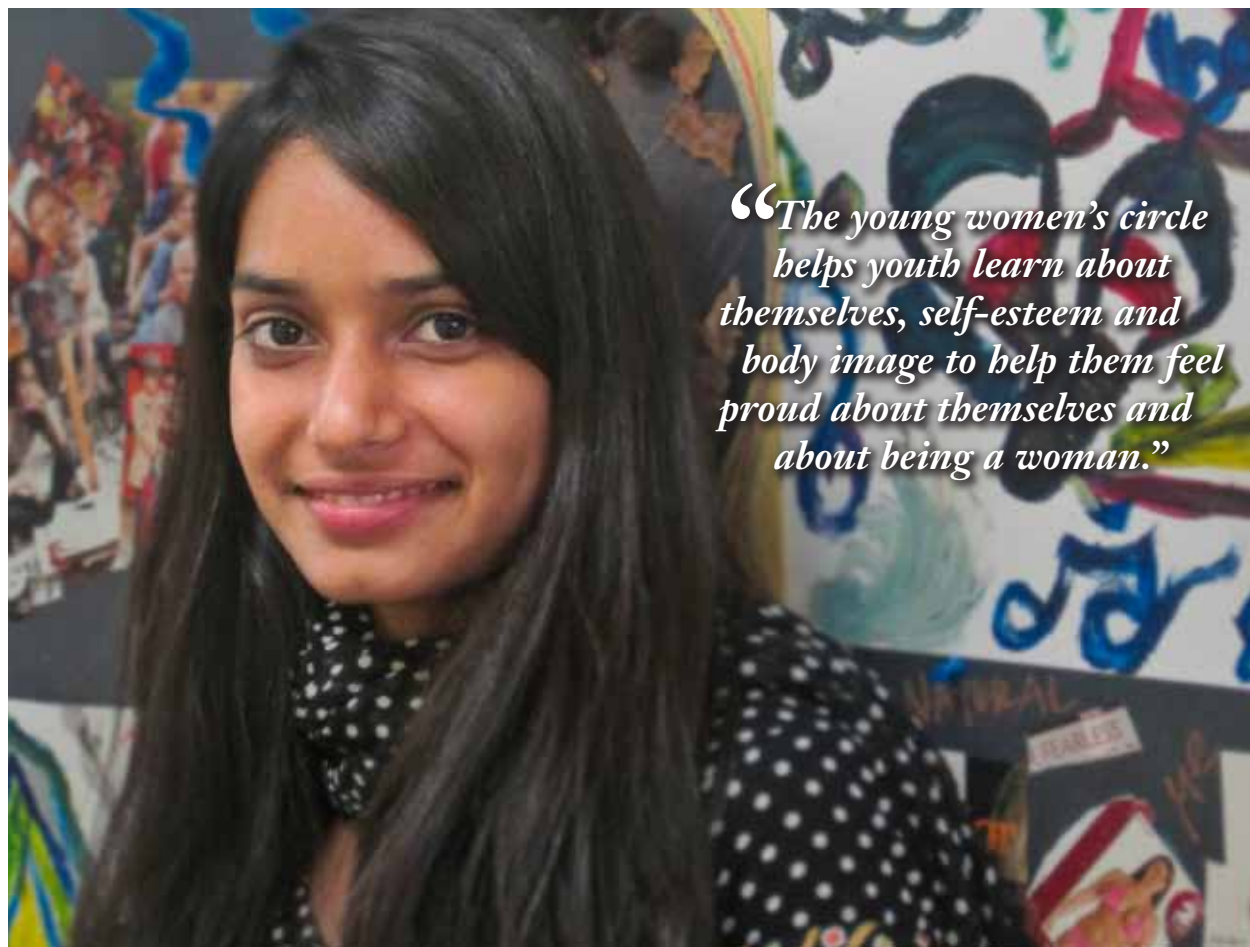
Through generous funding from United Way Toronto, we launched Fruition, a nutrition and healthy lifestyle program for youth in the Syme-Woolner neighbourhood. Toronto Public Health funded the "It's a Girls Thing" drop-in program for newcomer young women in Crescent Town/ Teesdale. And a Drug Prevention Community Investment grant funded four newcomer youth to organize and lead the activities of our Youth Peer Mentoring Program.

Through partnerships, we have also delivered health services to students at Greenwood Secondary School, facilitated a program about healthy relationships at D.A. Morrison high school and participated in numerous networks and coalitions.



Our "Among Friends Initiative" engaged LGBTQ newcomer volunteers to facilitate training and organize a conference to increase the capacity of service providers to serve LGBTQ newcomers. We captured volunteers'

stories in the "You Are Among Friends" booklet, which is available on our website, along with a positive space poster and other LGBTQ resources. We offered LGBTQ-specific settlement services and promoted LGBTQ pride through a sponsored film at the Inside Out LGBT Film Festival and a table during the Pride Festival. The "Stepping Up to the Plate" project facilitated expressive arts groups. Through this project, we developed a toolkit of promising practices in arts-based programming to address issues of violence and community safety for LGBTQ newcomer women.



“The young women’s circle helps youth learn about themselves, self-esteem and body image to help them feel proud about themselves and about being a woman.”

GROWING TOGETHER

Some people discount the abilities of youth, but 18-year-old Raina Jangra should not be underestimated. Raina is completing her two-month term as a Youth Peer Mentor with Access Alliance by helping to produce a booklet about the experiences of youth who were involved in her program. Her road to becoming a Youth Peer Mentor started a year ago when she joined the Young Women’s Circle at AccessPoint on Jane.

“The young women’s circle helps youth learn about themselves, self-esteem and body image to help them feel proud about themselves and about being a woman,” says Raina. The program, which is also offered at AccessPoint on Danforth, is part educational, part personal development and part community improvement. This year, the east- and west-end young women’s groups participated in self-esteem workshops, took field trips, learned about food security, created a booklet on tobacco and hosted English conversation circles.

Earlier this year, Raina was asked to become a Peer Youth Mentor and lead the Fruition program, a newcomer youth cooking and leadership development program. “Peer Youth

Mentors help newcomer youth with English, communicating, learning about Canada and interacting and helping one another,” Raina explains. The Fruition group, which comprises boys and girls, meets once a week for various activities led by Raina and staff.

The Peer Youth Mentors offer newcomer youth a valuable support in the form of someone they can relate to. “I liked that I was talking to youth of my same age. I understood them and their situations and they understood me. The communication was very good so they stayed interested in the program,” Raina observes. She has also learned valuable new skills from the experience. “I hadn’t worked in an office before, and now I do evaluations and journals, talk to youth and run presentations. It has taught me a lot,” she says.

As the final step to the Fruition program, Raina is helping to create a project booklet. “It includes inspirational and motivational thoughts, how youth felt about the program and themselves, physical activities, dietary information, stress management advice, etc. When it’s done, we will distribute it to the youth and community members,” she says.

CREATING PATHWAYS TO KNOWLEDGE

This year was another very productive year of research, analysis, writing and knowledge exchange for our Community-Based Research (CBR) team.

One of our largest projects was the Income Security, Race and Health study—a three-part, multi-year initiative that investigated systemic barriers and discriminations in the labour market and identified how these affect individuals and families living in the Black Creek neighbourhood of Toronto. Through 38 interviews, 140 hours of peer researcher training, survey designing, analysis and report writing, we identified pressing health concerns faced by newcomer groups and linked health to key social determinants like employment and income insecurity, discrimination and educational and linguistic barriers. Based on this research, we produced four bulletins and released a final report entitled “Working Rough, Living Poor” in June 2011.

The challenges facing refugee youth were the focus of another CBR project, the “Refugee Youth Health Project”. The project revealed that refugee youth have high educational aspirations after coming to Canada but in pursuing their goals they face numerous systemic barriers that education policy makers are largely unaware of.

Our CBR team also conducted a pilot study of the Computer-assisted Psychosocial Risk Assessment (CaPRA), an anonymous, touch-screen mental health assessment



tool that clients can use while waiting for their appointments. CaPRA produces a risk report for their medical provider and a recommendation sheet for the client. Our study of 50 newcomer participants indicated that users were comfortable with CaPRA and were more likely than the control group to want to see a psychosocial counsellor after. Although the study needs to be conducted on a larger scale, these initial findings show promise for innovation in serving the mental health needs of vulnerable communities.

The CBR group also worked on projects to analyze Access Alliance’s performance. A retrospective chart review of client records from 2004 to 2008 revealed that we have exceptionally high rates of appropriate screening for cervical cancer (92% compared to a city average of 55%) indicating that our model of care is living up to our goals of providing accessible health care.

More information about the CBR team’s activities can be found in our CBR Annual Report in hard copy or online at www.accessalliance.ca.



“Access Alliance has always encouraged me to grow.”



A NEW BEGINNING

Zahoor Zahoorunissa’s energy is contagious. Once you meet her, it is no surprise to learn that in her four-year association with Access Alliance, she has steadily risen to her current role as lead peer researcher. Her outgoing personality and enthusiasm for learning have made her an asset to the Community-Based Research team’s Income Security, Race and Health study.

“A peer researcher is a mediator between the academics and the community,” Zahoor reflects. “We are people who live or have lived the experiences of the particular project that we are going to research.” This common ground helps participants talk to her about challenging subjects. “Initially outreach was difficult, but I love to talk to people. I used my skills in communicating and I was able to say, ‘I’m like you; let’s do something about this [issue] together.’”

Zahoor, a member of the Black Creek community where the study took place, came to Canada seven years ago with a Bachelor’s degree. After experiencing challenges finding a job, she took part in a community consultation about the project and was invited to become a peer researcher. “I got training every step of the way about how to do it: How to recruit people, organizing focus groups, collecting clients based on our criteria, administrative support logistics, data analysis, organizing information and learning how to write, because research language is a little bit different.”

Zahoor and Yogendra Shakya, Access Alliance’s senior research scientist, presented the key findings of the second phase of the ISRH research at the report launch in June 2011, and they are co-writing the health section for the third phase of the study. “Access Alliance has always encouraged me to grow,” she says. “I’ve learned so many skills. I have no words to express how it prepared me for work. This project has been my baby and I loved it.”



OPENING AVENUES TO UNDERSTANDING

Access Alliance Language Services (AALS) provides high-quality language services, including interpretation and translation, to healthcare and other public service partners in the Greater Toronto Area. In 2010-2011 we successfully fulfilled more than 17,500 requests for interpretation services in Farsi, Spanish, Sgaw, Portuguese, Dari, Cantonese, Tamil, and Mandarin, among other languages.

Breaking down existing language barriers for newcomers and creating access to vital health services is a core strength of AALS. Working collaboratively with our partner agencies, we continue to innovate our language access strategies to further the provision of accessible health and social services in our communities.

This year AALS partnered with Hamilton Urban Core Community Health Centre to develop their own interpreter services program. As part of this initiative, AALS staff conducted 10 days of onsite language training and helped set up language testing. AALS plans to continue supporting Hamilton Urban Core CHC as they work to increase their capacity in language services.

In 2010-2011, we continued to work closely with our interpreters to identify their professional development needs and offer educational opportunities. Our training consisted of 10 evening workshops for our existing interpreters on various topics, including training to ensure compliance with the Accessibility for Ontarians with Disabilities Act. We also strove to show our interpreters their value to the organization through interpreter appreciation events. This year we held two such events—a summer potluck picnic and a winter dinner event—to thank them for their hard work and dedication to excellence in this field.

2010-2011 saw changes to our organizational structure and a strategic repositioning of AALS. Our new name, Access Alliance Language Services, reflects the broader range of services we offer and the growth potential of our work. We will be moving forward to deepen engagement with our interpreters and partner agencies to ensure that our services reflect our clients' needs and establish leadership in the sector.

AALS interpreters enjoy some social time.



A WAY WITH WORDS

Firoozeh Ardeshiri has a way with words, and impressively, in three different languages: English, Farsi and Dari. An interpreter and translator with Access Alliance Language Services (AALS) since 2003, Firoozeh has used her many words to help newcomers navigate the primary health care and other community services offered by Access Alliance.

Before arriving in Canada in 2002, Firoozeh had been an interpreter and translator in Iran for 16 years. Her credentials and experience set her up perfectly for an initial volunteer placement and training with a translation company in Toronto, which then referred her to AALS for a paying job. “I thought it might take longer to find work in Canada,” Firoozeh says, “but my experience in Iran and the need for Farsi and Dari speaking people to help newcomers meant that I found work much sooner than I expected.”

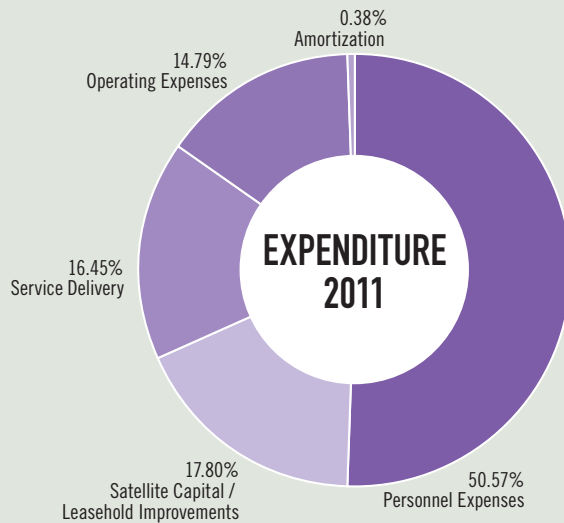
In the past eight years with AALS, Firoozeh has been kept busy. She has worked with up to 20 clients per month, in addition to doing translations at home. While the sheer volume of work can sometimes be challenging, Firoozeh’s experience with AALS has allowed her to have many different and rewarding experiences with diverse clients. Her work includes translation, interpretation and transcription for individual clients and group meetings. Although much of the work is focused on health services, Firoozeh is now also working with Access Alliance’s programs for youth and people with disabilities.

“Seeing so many different people and in a wide variety of situations keeps my work interesting,” she says. “Many newcomers have no idea there are people like me to help them with translation and interpretation when they come to Access Alliance. When they meet me they are relieved and happy and I am happy to know I have helped them.”

STATEMENT OF COMBINED EXPENDITURES AND REVENUE

For the year ended March 31, 2011

EXPENDITURE	2011	2010
Personnel Expenses	4,850,450	4,624,437
Satellite Capital/ Leasehold Improvements	1,707,835	1,239,566
Service Delivery	1,578,100	1,743,437
Operating Expenses	1,419,137	1,358,507
Amortization	36,829	35,473
Total Expenditure	\$ 9,592,351	\$ 9,001,420
REVENUE		
Federal Grants	1,506,921	1,622,226
Provincial Grants	5,325,995	5,235,356
Municipal Grants	221,987	95,174
United Way	1,016,280	662,859
Foundations	50,778	97,701
Interpretation Fees	1,023,026	1,157,240
Other	428,424	236,367
Total Revenue	\$ 9,573,411	\$ 9,106,923
TOTAL REVENUE INCLUDING RESERVE TRANSFER	\$ 9,573,411	\$ 9,106,923
Capital Assets Adjustment	36,165	35,473
Repayment to MOHLTC	(3)	
Transfers to Restricted Reserves	(17,222)	(140,976)
Total Revenue Minus Adjustments	\$ 9,592,351	\$ 9,001,420



FUNDING 2010-2011

FEDERAL GRANTS

HRSDC	13,367
Citizenship & Immigration Canada	1,493,554
	\$ 1,506,921

PROVINCIAL GRANTS

Local Health Integration Network	4,423,816
Non-recurring	19,925
Satellite capital	880,299
Ministry of Attorney General	1,955
	\$ 5,325,995

MUNICIPAL GRANTS

City of Toronto	221,987
	\$ 221,987

UNITED WAY

\$ 1,016,280

FOUNDATIONS

Trillium Foundation	47,278
CHUM Charitable Foundation	3,500
	\$ 50,778

OTHER ORGANIZATIONS

\$ 257,125

FEEES FOR INTERPRETATION

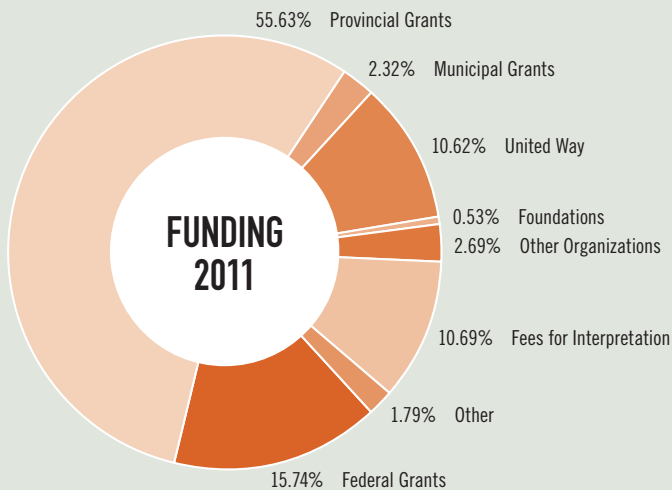
\$ 1,023,026

OTHER

\$ 171,299

Total Revenue

\$ 9,573,411



THANK YOU

Access Alliance's impact is greatly enhanced through the support that we receive from our various partners, including community organizations, funders, governments and volunteers. Thank you for helping us to improve access to health with dignity this year.

PARTNERS

Across Boundaries
 Agincourt Community Services Association
 Association of Ontario Health Centres (AOHC)
 Barbra Schlifer Commemorative Clinic
 Better Beginnings NOW CAP-C
 Black Creek CHC
 Cahoots Theatre Projects
 Canadian Association of Family
 Resource Programs
 Council of Agencies Serving South Asians
 (CASSA)
 Centre for Research on Inner City Health (St.
 Michael's Hospital/St. Joseph's TB Clinic)
 Centre of Excellence for Research on
 Immigration and Settlement (CERIS)
 Community Social Planning
 Council of Toronto
 COSTI Immigrant Services
 CultureLink
 Davenport Perth Neighbourhood and
 Community Health Centre
 Delta Family Resources Centre
 Doorsteps Neighbourhood Services
 East Scarborough Storefront
 East York East Toronto Family Resources
 Flemingdon Neighbourhood Services
 Four Villages Community Health Centre
 LAMP
 Lighthouse
 Oakridge Community Recreational Centre
 Ontario Council of Agencies Serving
 Immigrants (OCASI)
 Parkdale CHC
 Public Health Agency of Canada
 Queen West Community Health Centre
 Queen's University Faculty of Health
 Sciences (Nursing)
 Regent Park Community Health Centre
 Rexdale Women's Centre
 Ryerson University Department of Nursing
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