

# 2011-2012 Annual Report



**Access Alliance**  
Multicultural Health and Community Services

**Four Priorities, One Future:  
Leading Change Together**



# Mission

Access Alliance Multicultural Health and Community Services improves health outcomes for the most vulnerable immigrants, refugees, and their communities. We do this by facilitating access to services and addressing systemic inequities.

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

# Vision

# Values

- All people should have access to the resources and supports they need.
- Anti-oppression principles strengthen our work.
- The strength and resilience of immigrants and refugees enriches our city.
- Innovation thrives in a diverse environment.
- Diverse sources of knowledge inform our practice.
- Collaboration broadens our impact.
- We are accountable for the provision of high-quality services and programs.

# Our Staff



Eden Abraham  
Wisal Abugala  
Akansha Akansha  
Pargana Akbari  
Antonia Aleluia  
Yetnayet Alito  
Lindsay Angelow  
John Anyachor  
Maria Arshaad  
Jennifer Atkins  
Sakshi Awasthy  
Anabela Azevedo  
Shankari Balendra  
Anjana Baral  
Violetta Barczay  
Khalid Barra  
Barbara Berends  
Nahom Berhane  
Nelson Cabral  
Judy Cantwell  
De Macz  
Alice Chan  
Christine Chan  
Yousra Dabbouk  
My Dang  
Helen De Oliveira  
Monica Diaz  
Duncan Eby  
Aamer Esmail  
Celia Fernandes  
Jessica Forster  
Anita Fortuno  
Susanna Fung  
Thushari Gomez  
Junaid Habib  
Amy Huang  
Ike Idornigie  
Isis Iglesias Aguilar  
Syed Jalal  
Axelle Janczur  
Bhavana Kapal

Vera Kevic  
Aarti Kibedi  
Abeba Kifle  
Andrew Koch  
Cliff Ledwos  
Jasmine Li  
Michael Lukenda  
Helen Luu  
James Mastin  
Amanda McIntyre  
Hareda Mohamud  
Krystyna Moore  
Elaine Morris  
Carla Moses  
Lara Mrosovsky  
Sideeka Narayan  
Moo Lay Paw Naw  
Nicole Nitti  
Ahmad Shah  
Omary  
Ana Maria Oyarzun  
Elena Poblacion  
Mahbub-Ur  
Rahman  
Ajay Ram  
Fouzia Rana  
Jamie Sample  
Moo Moo Say  
Yogendra Shakya  
Parveen Shojai  
Megan Spasevski  
Michael  
Stephenson  
Thuy Tran  
Gisela Vanzaghi  
Kristie Vermeulen  
Awad  
Diana Wahidi  
Brent Wilson  
Joanna Wu

## FORMER STAFF

Golshan  
Abdmoulaie  
Kyoung Ha Ahn  
Gulalai Akbari  
Hashini  
Bandaranayake  
Sonam Dolma  
Hari Ghimire  
Raya Haddass  
Raina Jangra  
Sagal Jibril  
Jennifer Kane  
Gladys Klestorny  
Daw Khin Myo Lwin  
Julie Mehrad  
Juan Mendoza  
Ahmed Muslimani  
Hanan Osman  
Farzana Propa  
Mansoor Qazi  
Mira Shrestha  
Ruth Wilson  
Hamida Zia

# Message from the Chair of the Board



**Without question the last year has seen Access Alliance continue to deliver on its long-standing record and reputation for improving access to health care and other services for newcomers to Toronto in exciting, creative and, above all, impactful ways.**

In our report last year, we identified four priorities:

- Develop and implement innovative access strategies;
- Pursue new integration activities that meet organizational objectives and have the client as a focus;
- Undertake impactful research that improves service delivery and informs policy affecting newcomers; and
- Ensure programs and services continue to be delivered efficiently and effectively.

In a period of fiscal restraint, in which health care spending will be constrained for the immediate future, Access Alliance has taken leadership in finding innovative ways to improve patient care and reduce the burden and cost to the overall health care system.

This year, in collaboration with our partners, Access Alliance proudly launched a walk-in clinic in our west-end location. This clinic is integral to improving the health of the most marginalized and vulnerable members of our community, but also reduces preventable and costly visits to emergency rooms. Another of the many health promotion outreach programs completed this year is the Healthy Child Screening initiative. In keeping with our belief that every success at Access Alliance is the product of a collaborative process, we partnered with other community agencies and health care providers (e.g., speech language pathologists, audiologists, dental hygienists, etc.) to screen pre-school-aged children for a number of issues to ensure readiness for school.

Our deep experience in providing services to refugees and immigrant populations is recognized locally, nationally and internationally. This year, Access Alliance's staff were invited to advance research and scholarship in many ways. The list is long, but includes leading or co-leading several research studies,

participating in a variety of research panels and advisory boards, and partnering with another community health centre to develop a refugee health clinic.

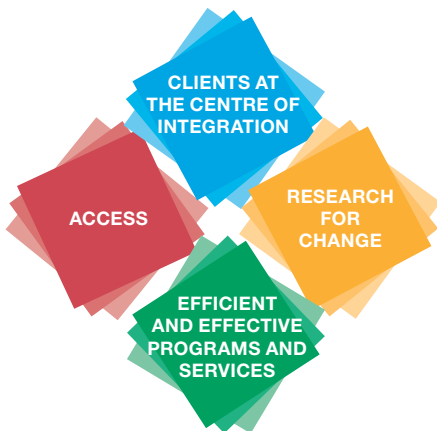
The successes this year are only possible because of the passion, tireless commitment and imagination of staff, volunteers and agency partners. We also could not achieve these accomplishments without the generous support of our funders and community members.

**Johannes Tekle**

## OUR BOARD OF DIRECTORS

- Johannes Tekle (Chair)
- Jason Marin (Vice Chair)
- Anita Morris (Secretary)
- Sahra Panjwani (Treasurer)
- Michael Isaac
- Ricardo Gomez-Insauti
- Hasina Jamal
- Nina Boric
- Ramiro Mora
- Ahmad Siar Haidary (resigned)
- Brendan Wong
- Leah Dunbar

# Strategic Directions



Strategic directions provide the momentum to propel an organization towards its vision. Our vision is of a future in which everyone achieves health with dignity. To that end, our strategic directions compel us to:

- Promote successful long-term integration of immigrants and refugees through targeted advocacy regarding key systemic issues and collaboration.
- Engage local communities to address issues that impact their lives by mobilizing community assets, building capacity and creating connections.
- Ensure service excellence by pursuing funding strategically and by applying evidence, inter-professional practice and effective partnerships in service and program delivery.

## Message from the Executive Director

**We are in the midst of a multi-year process of transitioning to a new organizational structure and a new physical reality. In addition to running three sites, having enhanced funding and an increasing number of staff, this year also brought a number of firsts that we are proud to report on.**

We celebrated our first anniversary at both our east and west satellites. AccessPoint on Danforth is truly a community hub, with multiple partners and initiatives all working towards improving community health; AccessPoint on Jane is well on its way to establishing the same kind of neighbourhood presence. In both instances our Women and Children's services and Youth initiatives anchor our family-focused programming in response to needs identified through community consultation.

As part of our neighbourhood-based focus, we launched two new clinics for high-need community members. The first is part of the Model Schools for Inner Cities initiative in Toronto. In partnership with the George Webster Public School and the TDSB Foundation, we launched the Paul Steinhauer Paediatric Clinic for children without access to primary health care. The second is our walk-in clinic for high-need immigrants at our Jane St. site. This was a multi-year labour of love for us and we are happy to say that, again, true to form, it was a partnership endeavour with seven sister CHCs joining us in this venture.

We co-led a project with Toronto Public Health that resulted in the publication of "The Global City: Newcomer Health in Toronto". This is a milestone report that pulls together everything we know about immigrant health in the City of Toronto and which will provide valuable evidence for planning and policy development in the coming years.

Our capacity to maximize resources for community impact must be grounded in a well-functioning and efficient infrastructure. As such, we continue to strengthen our planning and evaluation processes, improve our data collection and reporting, enhance our

focus on service excellence, and undertake specific quality initiatives to learn as we improve.

All of these firsts are the result of priorities identified in our strategic plan – Access, Clients at the Centre of Integration, Research for Change and Efficient and Effective Programs and Services. These objectives serve to guide and focus our efforts at a time of great challenge and change in the health care sector.

**Axelle Janczur**



# Who Are We?

**ACCESS ALLIANCE** works to improve the health and well-being of immigrants and refugees in Toronto. We deliver innovative programming in different locations around the city and enrich the lives of newcomers and racialized groups. We provide health and community services, guided by information learned from community-based research. Our approach is anti-oppressive, and considers the impact of social determinants (employment, housing, social inclusion, income, equity and education) on people's health. Access Alliance is collaborative and partners with other agencies to best deliver services needed by immigrants and refugees.

## Primary Health Care Services

As a community health centre, Access Alliance is unique in our focus on providing culturally sensitive and language accessible primary health care specifically for refugees and newcomers to Canada. We espouse a holistic approach to primary care by supporting a wide range of integrated primary health services, including education, health promotion, prevention and early intervention. We are able to address issues that include food security, and develop innovative primary care initiatives that include school-based clinics. The work is advanced by an interdisciplinary team that includes community health nurses, nurse practitioners, physicians, administrative support staff, interpreters, psychiatrists, registered dietitians, registered practical nurses, diabetes educators and social workers.

## Youth Programming

Access Alliance offers a variety of programs and services to meet the needs of refugee and immigrant youth aged 13 to 24 years. These services range from primary health care to one-on-one counselling, peer mentorship, social and life skills workshops, educational sessions, arts, cultural and recreational projects. Through our fun, safe and engaging programming, the youth program aims to create supportive environments where youth can volunteer, gain new experiences and skills, receive support with settlement, create meaningful relationships and be engaged in their communities.

## Women and Children's Programming

Access Alliance provides community programs to serve families with children aged zero to six years and is based on a Peer Outreach Model. In this model, we recruit, train and hire immigrant/refugee women to create links with other newcomer women and children who speak the same language. This program also provides information about and referrals to health and social services; accompaniment to and interpretation at meetings; and parenting workshops and fitness programs. Programs specifically for women include prenatal nutrition and support, ESL for pregnant women, expressive arts programming and educational workshops.

## Settlement Services

Access Alliance provides free settlement services to support newcomers through the difficult process of adapting to a new country. These services include one-on-one settlement counselling, a resource centre for newcomers, and newcomer education workshops. Settlement counsellors provide such services as orientation to Canadian systems; information about rights and entitlements; assistance completing forms and applications; referrals to programs and services in their communities; and support and advocacy to deal with the effects of migration. Our settlement team works closely with other teams to provide comprehensive care to our clients.

## Community-Based Research

Access Alliance is a recognized leader in Canada for community-based research on the health of newly arrived immigrants and refugees (“newcomers”). We do research not just into the types of health issues faced by newcomers (e.g., diabetes, mental health) but also into the social and economic factors that cause these health issues (e.g., poverty, access barriers, language barriers). We then share this research evidence to try to improve health care services for newcomers and to overcome the root causes that lead to poor health. Last year, we produced seven research reports, four toolkits, and presented at dozens of conferences and community workshops. Every year, we deliver training on how to do research using community-based, empowering methods. This year, we delivered more than 80 hours of training including sessions to 120 high school students across Ontario. Drawing on six years of experience, we released a 300-page toolkit (with more than 100 hands-on tools) on how to do community-based research. More information and copies of all reports can be found on the Access Alliance website.

## Language Services

This program works to help individuals and companies manage the language barriers they face in the delivery and receipt of services. It is an independent fee-for-service program offering high-quality interpretation and translation services to organizations in the Greater Toronto Area. We recognize that language access is more than a convenience. For organizations, it is a critical component of quality assurance, risk management, and service equity initiatives.

## East and West Locations

AccessPoint on Danforth (APOD) and AccessPoint on Jane (APOJ) are our hub locations in the east and west ends of the city, respectively. A wide variety of events and programming take place at each location, regularly engaging community members and creating welcoming spaces where individuals and families can thrive. Youth spaces are available and are regularly utilized at both hub locations. APOD’s 6,000 square feet of community space and its resource centre for newcomers saw thousands of users in the year.

The Green Access Program is located primarily at AccessPoint on Danforth, on our 6,500 square foot Green Roof. The Green Access Program has more than achieved its broad goals of community engagement—increasing access to healthy foods and the community gardens in which to grow them, and environmental education that’s relevant to an inner city context. We hope to be able to expand this program to APOJ in the future.

## SOME OF THE EVENTS FROM THIS YEAR

### At AccessPoint on Danforth:

- Black History Month Celebration
- Holiday Dinner
- Community Idol Contest

### At Accesspoint on Jane:

- Open House
- Summer Wrap-up Picnic
- Labour Market Information Sessions

### GREEN ROOF SOIL DEPTH:

- 8-inch wooden edges on garden beds, with soil depth 5 to 8 inches
- Mounded raised beds made with composted duck manure with soil depth 10 to 12 inches

### PLANTING AREA:

- 441.5 m<sup>2</sup> / 4,430 sq. feet

### DECK AREA (under organic cultivation):

- 101.3 m<sup>2</sup> / 1,091 sq. feet



## STRATEGIC PRIORITY

# Access

Access Alliance is working towards becoming a leader in the development and implementation of access strategies. We do this through meaningful collaborations and evidence-informed initiatives. We improve access by reaching people in the neighbourhoods where they need services. The peer outreach model is an example of how we have broadened the communities' access to vital health services in Toronto. We are committed to developing and implementing new innovative access strategies and models that are recognized by funders, cited as best practices, and delivered in partnership with mainstream organizations.

### Youth Initiative

Newcomer youth programs at Access Alliance have become widely recognized by youth communities living in and around our satellite locations. Programs offer a variety of capacity building, peer mentoring, health and settlement-focused activities for youth ages 13 to 24. The impact goes beyond the youth who attend, as we are able to reach out to and connect with their peers, families and communities. Examples are the Youth Environmental Ambassadors project and the Right 2 Eat Right project, in which newcomer young women were trained to go out into the neighbourhood to advocate for community gardening, better food access and healthier living.

We have increased access for youth by hosting a weekly clinic and afterschool program at Greenwood Secondary School, and by providing health services, information and support to newcomer students who otherwise may not have access to a doctor or nurse. In the past year, we have seen an increase in participation by newcomer children under 13 years old, as well as neighbourhood youth who don't necessarily identify as newcomers to Canada but relate to the programs we are offering. We aim to expand and provide support to these new communities while strengthening their connection to our current programs.



# of youth encounters in 2011-2012

# 5,246





## R.I.O. network

### **Remote Interpretation Ontario Network**

Access Alliance has had a very successful language interpretation program for many years. Its success is due in part to the high standard of quality that we have adhered to, and in part to being responsive to a changing environment. As such, Remote Interpretation Ontario (R.I.O.) Network, a new language access service, was conceived in the latter part of 2011 and the pilot launched in January 2012. The vision for this initiative is to develop a network that can deliver immediate, over-the-phone interpretation across the province through a virtual call centre. The network is made up of regionally based non-profit interpreting agencies who supply a pool of interpreters in the top demand languages. In partnership with Language Line Services®, we are able to provide access to more than 170 languages immediately, 24 hours a day, 7 days a week, across North America with a toll-free number. With R.I.O. Network, patients can receive services efficiently, in a language they understand, and thereby overcome language barriers to access.

During the pilot period, the volume increased from approximately 1,000 minutes to more than 6,000 minutes per month, and continues to grow. More and more health care providers are making the transition to over-the-phone interpretation (OPI) from face-to-face (F2F) interpretation. Compared to F2F interpretation, for which travel time and minimum booking times need to be factored, OPI allows interpreters to serve, on average, 10 times more clients in a given day. R.I.O. Network is proving to be a highly efficient way of utilizing interpreter resources and maintaining and extending Access Alliance's commitment to service quality, integrity and value in language access services.

“This was an amazing opportunity to know about my future”

—participant from *Where Women Work workshops series*

“I met new people, new friends, and learned more about their background”

“[Access Alliance] improved my English skills”

—from *youth program evaluations, January 2012*

## STRATEGIC PRIORITY

# Clients at the Centre of Integration

### Walk-In Clinic Launched for Vulnerable Community Members

In a partnership between seven community health centres and community organizations, Access Alliance opened a west-end walk-in clinic for vulnerable populations in March of this year. The walk-in clinic addresses a gap in services for individuals without OHIP coverage living in the west end of Toronto. Located at AccessPoint on Jane, the clinic provides episodic care, referrals to medical specialists, and other support services as appropriate. This initiative aims to increase timely access to basic primary episodic care, to reduce the development of more severe health problems and to reduce unnecessary emergency room visits. As a nurse-operated initiative, the walk-in clinic uses an integrated approach to health care, offering settlement services as well to address issues related to the social determinants of health. Through this initiative, Access Alliance is effectively matching the need in the community with the proper resources, and is keeping clients at the centre of integration by strengthening pathways for the delivery of services to people with limited access to health care.

Access Alliance seeks to promote the successful long-term integration of immigrants and refugees. We do this by identifying and pursuing new integration strategies that align with our organizational objectives and have the client's and/or community's experience at their centre. We partner with other organizations to maximize our impact and make efficient use of our funding. Through strategic collaborations, we are able to improve the lives of newcomers across Toronto.

### KEY OUTCOMES OF THE WALK-IN CLINIC:

- Reduced unnecessary visits to emergency rooms
- Reduced progression to severe health outcomes
- Improved self-management of health
- Effective matching of need with resources
- Increased linkages to support services and community agencies
- Established evidence-based practices
- Effective partnerships for strategizing, project planning and initiation

## Partnerships to Bring Services into the Community

Access Alliance has expanded its off-site services this year by delivering care directly in elementary and high schools. Here are some program highlights:

***The Paul D. Steinhauer Clinic:*** A partnership of the Toronto District School Board (TDSB), Toronto East General Hospital and Access Alliance, the Paul D. Steinhauer clinic operates out of George Webster Elementary School in the east end of Toronto and opened in 2010 as part of the TDSB Model Schools for Inner Cities initiative. The program provides a nurse practitioner on-site in the school twice a week, with a doctor at APOD available for consultation. This past year, we managed more than 360 cases during the school year and have registered almost 1000 students and their siblings from 13 neighbourhood schools. Children were seen for a variety of concerns, including behaviour issues (autism, attention deficit hyperactivity disorder), developmental issues, upper respiratory tract infection, fever, eye issues, ear infection, hearing problems, skin conditions, well baby/child visits and immunization catch-up.

***Off-site Flu Clinics:*** This year, Access Alliance set in motion our first flu clinics operating out of George Webster Elementary School. In two clinic days, a total of 135 flu shots were administered to the school's students and community members. The majority of the flu shots were given to children under the age of 10. We also held a community flu clinic at Greenwood High School. Collaborating with internal resources, the Youth Team was active in helping to promote awareness about flu clinic days among the student body through classroom visits and the youth drop-in program. In total, 80 flu shots were administered to students and some staff members. We will be planning strategies to increase vaccinations among students for the 2012 season.

***Healthy Child Screening:*** This initiative enhances healthy early childhood development as children prepare for and enter the school system. Parents are supported to address early childhood developmental issues, increase their knowledge of programs and services available to support their children, and improve coping skills and ability to manage stress if a developmental issue is identified in their child. Last year, in partnership with Secord, George Webster and Crescent Town elementary schools, Thorncliffe Neighbourhood Office, East York East Toronto Family Resources, and Ready for School Connects, we saw 107 children in this program. Each of these partner agencies brings valuable experience and knowledge to the initiative so that it can continue to reach more children.



## STRATEGIC PRIORITY

# Research for Change

Community-Based Research (CBR) is an integral strategy at Access Alliance for understanding and addressing the social determinants of health affecting newcomer groups. Research for Change as a strategic priority is about developing and implementing a model of research that is cost-effective, fully integrated into the work of the organization and used to inform practice and policy. We strive to be a leader in the innovation and promotion of CBR, to empower newcomers and racialized communities to be active partners in research and to become agents of change for promoting health equity.

### Building and Sharing Evidence on Newcomer Health

We had another very productive year doing research about newcomer health and promoting community-based research. Here are highlights from our key areas of work.

### Employment, Race and Health

This is one of our most important areas of research. The goal of this research is to find out why racialized people (i.e. people from non-European/non-White background) are facing difficulties getting stable employment, and to document the detrimental economic and health impacts of being stuck in low-paying, temporary jobs. This research has led to the following publications:

- Report: “Working Rough, Living Poor”
- Four research bulletins
- Report: “Where are the Good Jobs?: Ten Case Stories of ‘Working Rough, Living Poor’”
- Toolkit: “Making Jobs Work: Resources for Achieving Employment Security”



In 2011, we did a follow-up study focused specifically on labour market barriers faced by immigrant women from racialized background. Preliminary analysis reveals that immigrant women come to Canada for social and health reasons and not just for economic ones. In prioritizing social and health issues, immigrant women face additional barriers and “devaluation” that make it difficult for them to get stable employment. We have released a literature review on this topic and will be releasing our final research report in 2012.

“The project on job-skills mismatch among racialized immigrant women in which I was involved was an outstanding project. I enjoyed working with the group and I am proud of being part of this project because I also suffered a lot from precarious jobs in Canada. I hope this project can take strong steps towards success and find a solution to this important issue.”

–Hamida Zia, Peer Outreach Worker

### Health of Newcomers

Most of our other research projects focus on health issues faced by immigrants and refugees who have been in Canada for less than 10 years. These studies look at how being new to Canada can worsen health or create barriers to health care services. We produced the following articles and chapters in these areas:

- Health care barriers faced by immigrants with diabetes
- The results of piloting an innovative e-Health tool to better link refugees to mental health services
- Cervical cancer screening among newcomer women
- Educational barriers faced by refugee youth
- Mental health of newcomer youth

Our biggest project in this area was in collaboration with Toronto Public Health. Together we conducted a comprehensive review of research evidence about the health of newcomers in Toronto. We published our findings in a report titled “The Global City: Newcomer Health in Toronto”.

### Building Community-Based Research Capacity

Our research is guided by community-based research (CBR) principles. This means that we treat our community of interest (i.e. newcomers) not just as subjects *about whom to do research*, but rather as collaborators *to do research with*. We believe this method is empowering and produces richer research findings that can lead to positive change. This is why our research program is called “Research for Change.” Every year, we deliver many hours of CBR training to newcomers and to other agencies. For example, this past year, at the request of the Ontario Ministry of Education, we gave CBR training to 120 high school students.

Toolkits released this year:

- “Community-Based Research Toolkit: Resources for doing research with the community.” (300-page comprehensive toolkit)
- “Everyone Can Do Research: Plain language guide on how to do research.” (70-page shorter version of CBR toolkit)



## STRATEGIC PRIORITY

# Efficient<sup>and</sup> Effective Programs <sup>and</sup> Services

### Quality Improvement & Innovation Partnership (QIIP)

Access Alliance is committed to working efficiently and effectively in all programs and in the delivery of services. As such, we are participating in QIIP, a provincial initiative to help primary care practices streamline operations and reduce wait times for patients. The process for accomplishing these goals involves evaluating existing practices, identifying areas for improvement and then implementing strategies to reduce inefficiencies. In 2011-2012, we identified two areas for improvement and our strategies resulted in substantive successes. We reduced birth control wastage from 86% to 28%, and developed a more efficient process for ordering and stocking contraceptives. Another area of focus was the length of time a patient must wait for an appointment with a dietitian. Making timely service to patients a priority has resulted in a nearly 50% reduction in wait times. Our next focus is reducing the number of patients missing appointments. Overall, this initiative is strengthening our effectiveness to serve as many clients as possible with the best quality of care that we can provide.

Access Alliance has identified being an effective and efficient service provider as one of our strategic priorities. Efficiency and effectiveness principles are being applied to every program and service area. We are doing this by meeting all contractual obligations, being efficient in our administrative processes, assessing client impact/outcomes to find areas for improvement, and optimizing service utilization.



Dietitian wait  
time *prior* to QIIP  
Improvement

**30-90  
days**

Dietitian wait time  
*after* the QIIP trial  
period is now between

**0-18  
days**

A recent study by the Institute for Clinical Evaluative Studies (ICES) found that the interdisciplinary approach to health services used by CHCs is a cost-efficient model that reduces the number of unnecessary Emergency Room visits.

“I have improvements in my life and I could function normally. The mental health care provider is very patient and gives a lot of support and sound advice.”

*—from the 2011 client survey*

There are many different procedures and measures in place at Access Alliance to ensure that our programs and services are highly effective and efficient. We regularly review our processes to find ways to improve and grow. We also draw from research and other data sources to inform our work. The following are a few examples of our efforts in this area:

- We regularly ask for feedback from our clients to ensure that our services are meeting their needs and preferences. In 2011, we conducted a comprehensive survey of 214 clients across our three locations. Overall, survey respondents were highly satisfied with the services they received. However, some also suggested ways that our services could be improved. New programming has since been developed for school-aged children as an outcome of the survey findings.
- In order to improve internal and external access to our primary care services we reviewed our referral and on-boarding pathways and developed a streamlined referral and on-boarding process that is clearer in terms of eligibility, priority and vulnerability requirements. It makes use of new software and expands our EMR capability.
- Benchmarks and targets were established and met in several key areas of service delivery related to client care outcomes.
- We have been innovative in integrating our IT and Human Resources with Anne Johnston Health Station as a way to maximize our funding and the expertise of our staff.
- We conducted a review of our data management processes in order to ensure that we are consistently collecting accurate data about our clients, programs and services to support planning and decision-making and to meet current reporting requirements.

**96%**

of respondents said that they were satisfied overall with the programs and services that they had used (46% selected 'yes, very much' and 50% 'yes').

**91%**

of respondents told us that our services were responsive to their needs (30% selected 'yes, very much' and 60% 'yes').

**89%**

said our programs and services helped them improve their well-being and quality of life.

**82%**

of respondents received information or resources that they could use to improve their health and well-being.

# Financial Statements

(Audited)

## STATEMENT OF COMBINED EXPENDITURES AND REVENUE

For the year ended March 31, 2012

Expenditure	2012	2011
Personnel Expenses	5,144,096	4,850,450
Satellite Capital/ Leasehold Improvements	41,027	1,707,835
Service Delivery	1,095,200	1,578,100
Operating Expenses	1,654,711	1,419,137
Amortization	38,266	36,829
<b>TOTAL EXPENDITURE</b>	<b>\$7,973,300</b>	<b>\$9,592,351</b>

Revenue	2012	2011
Federal Grants	950,504	1,506,921
Provincial Grants	5,300,471	5,325,995
Municipal Grants	72,649	221,987
United Way Toronto	339,964	1,016,280
Foundations	80,080	50,778
Fees for Interpretation	895,863	1,023,026
Other	300,881	428,424
<b>TOTAL REVENUE</b>	<b>\$7,940,412</b>	<b>\$9,573,411</b>

<b>Total Revenue Including Reserve Transfer</b>	<b>\$7,940,412</b>	<b>\$9,573,411</b>
Capital Assets Adjustment	36,165	36,165
Repayment to MOHLTC	(167)	(3)
Transfers to Restricted Reserves	(3,110)	(17,222)
<b>Total Revenue Minus Adjustments</b>	<b>\$7,973,300</b>	<b>\$9,592,351</b>

## FUNDING 2011-2012

Federal Grants		%
HRSDC Canada	17,097	
Citizenship & Immigration Canada	933,407	
	<b>\$950,504</b>	<b>11.97</b>

Provincial Grants		
Local Health Integration Network	<b>\$5,300,471</b>	<b>66.75</b>

Municipal Grants		
City of Toronto	<b>\$72,649</b>	<b>0.91</b>

United Way Toronto	<b>\$339,964</b>	<b>4.28</b>
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Foundations		
Trillium Foundation	76,580	
CHUM Charitable Foundation	3,500	
	<b>\$80,080</b>	<b>1.01</b>

Other Organizations	<b>\$162,047</b>	<b>2.04</b>
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Fees for Interpretation	<b>\$895,863</b>	<b>11.28</b>
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Other	<b>\$138,834</b>	<b>1.75</b>
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<b>TOTAL REVENUE</b>	<b>\$7,940,412</b>	<b>100.00</b>
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Personnel Expenses

**\$5,144,096 64.52%**

Amortization

**\$38,266 0.48%**

Operating Expenses

**\$1,654,711 20.75%**

Service Delivery

**\$1,095,200 13.74%**

Satellite Capital/  
Leasehold Improvements

**\$41,027 0.51%**

**TOTAL EXPENDITURE**  
**\$7,973,300**

**TOTAL REVENUE**  
**\$7,940,412**

Provincial Grants  
**66.75% \$5,300,471**

Municipal Grants  
**0.91% \$72,649**

United Way Toronto  
**4.28% \$339,964**

Foundations  
**1.01% \$80,080**

Other Organizations  
**2.04% \$162,047**

Fees for Interpretation  
**11.28% \$895,863**

Other  
**1.75% \$138,834**

Federal Grants  
**11.97% \$950,504**

Group encounters:

**29,075**

Client encounters:

**17,224**

Number of visits to  
the Resource Centre  
for Newcomers:

**10,161**

Interpretation  
requests:

**16,245**

Average number  
of hours given by a  
volunteer/student:

**52¼**

Number of active  
clients seen:

**3,116**

Total student and  
volunteer hours:

**11,757**

Number of encounters  
in the Peer Outreach  
Program (one-on-one  
and group settings):

**7,489**

# Volunteers

The many accomplishments this year were supported by the generous and committed participation of more than 225 volunteers and students. They take on various roles and contribute to the work we do at Access Alliance across all areas, from the Green Roof garden to research and administration. This year, students and volunteers donated a total of 11,757 hours, an average of 52.25 hours per person. This demonstrates a strong level of engagement.

This year we also created a unique volunteer position that pairs newcomers who have a professional health care background with opportunities to volunteer in Primary Health Care initiatives. Volunteers in this role supported key components of primary care, including flu clinics and health information for patients across all three sites.

We were also active in involving community members in the Social Assistance Review process taking place across Ontario. In August 2011, we hosted a full-day community event to gather input from residents and volunteers and provide employment resources. This session was followed by a half-day consultation at which we discussed options for improving the social assistance program. Taking a community engagement approach, we were able to bring forward the voices of newcomers, immigrants and refugees to this comprehensive review process.





## Partners

- Across Boundaries
- Afghan Women Organization
- Agincourt Community Services Association
- Anne Johnston Health Station (AJHS)
- Association of Ontario Health Centres (AOHC)
- Barbra Schlifer Commemorative Clinic
- Better Beginnings NOW CAP-C
- Black Creek Community Health Centre
- BMO (through United Way Toronto)
- Canadian Association of Family Resource Programs
- Canadian Mental Health Association – Toronto
- CASSA
- Central East Community Care Access Centre
- Centre for Research on Inner City Health (St. Michael's Hospital/St. Joseph's TB Clinic)
- Centre of Excellence for Research on Immigration
- Citizenship and Immigration Canada
- City of Toronto's Taylor Massey Neighbourhood Action Partnership
- Community Social Planning Council of Toronto
- COSTI Immigrant Services
- Crescent Town Club
- CultureLink
- Davenport-Perth Neighbourhood and Community Health Centre
- Delta Family Resources Centre
- Doorsteps Neighbourhood Services
- East Scarborough Storefront
- East York East Toronto (EYET) Family Resources
- Flemington Neighbourhood Services
- Four Villages Community Health Centre
- Greenwood Secondary School – TDSB
- Harmony Movement
- Jane-Finch Community and Family Centre (JFCFC)
- Kensington and West End Midwives
- LAMP
- Lighthouse
- Oakridge Community Recreational Centre
- OCASI
- Ontario Self-Help Program
- Parkdale Community Health Centre
- 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
- Scarborough Centre for Healthy Living
- Settlement – CERIS
- Sistering
- Skills for Change
- St. Christopher House
- St. Joseph's Health Centre
- St. Stephen's Community House
- Stonegate Community Health Centre
- Street Health Community Nursing Foundation
- Syme Woolner Neighbourhood & Family Centre
- The 519 Church Street Community Centre
- The Anne Johnston Health Station
- The STOP Community Food Centre
- Thorncliffe Neighbourhood Office
- Toronto Community Housing Corporation
- Toronto East Local Immigration Partnership
- Toronto Foundation for Student Success (TDSB)
- Toronto Public Health
- Toronto Public Library
- Toronto Urban Health Alliance (TUHA)
- Unison Health and Community Services
- United Way Toronto
- University of Toronto, Department of Medicine, St. Joseph's Hospital
- University of Toronto, Faculty of Social Work
- Warden Woods Community Centre
- West Toronto Diabetes Education Program (WTDEP)
- Working Women Community Centre
- York University – School of Social Work

## Funders

- BMO (through United Way Toronto)
- City of Toronto
- Citizenship and Immigration Canada (CIC)
- Community One Foundation – RBC Community Grant
- Community University Research Alliance (CURA) – McMaster Researcher
- SPARK – Heart and Stroke
- Live Green Toronto Community Investment Program-Capital Projects
- Ontario Ministry of Education
- Poverty and Employment Precarity in Southern Ontario (PEPSO) (McMaster University – CURA)
- Service Canada-Summer Jobs (HRSDC)
- Toronto Local Health Integration Network (LHIN)
- Toronto Community Foundation – James Rutley Grand Memorial Fund
- Toronto Public Health
- Trillium Foundation
- United Way Toronto

# Access Alliance

## Multicultural Health and Community Services



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