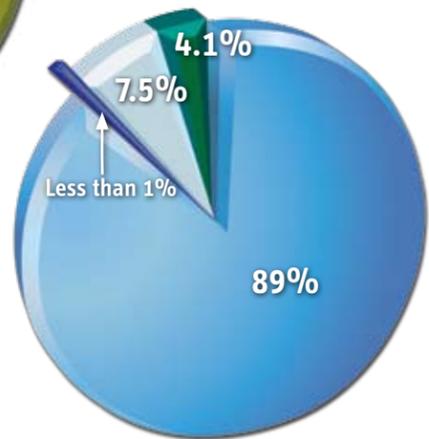


“The staff here are always looking at new ways to improve an individual’s overall health... medical staff, programming, mental health programs etc.”
- Client Experience Survey



Revenues 4,468,127

Grant - Local Health Integration Network	3,978,366
Less grant allocated to deferred contributions*	29,426
Recognition of deferred contributions*	334,162
Other income	185,025

*Deferred contributions relate to the unamortized portion of capital assets.

Expenses 4,467,680

Salaries and wages	1,703,919
Employee benefits	399,120
Medical staff remuneration	933,475
Medical and surgical supplies	10,212
Drugs	4,583
Other supplies	147,698
Contracted services	404,294
Other expenses	321,414
Rent	208,803
Amortization	334,162

Excess of revenues over expenses for the year\$447

Accredited by Canadian Centre for Accreditation



Agréé par Centre canadien de l'agrément

Determinants of Health:

The health of individuals and communities is impacted by the determinants of health including income, education, employment, working conditions, early childhood development, food insecurity, housing, social exclusion, social safety network, health services, Aboriginal status, gender, race and racism, culture and disability. CHCs and AHACs strive for improvements in social supports and conditions that affect the long-term health of people and communities, through participation in multi and cross-sector partnerships and advocacy for the development of healthy public policy, within a population health framework.

“Opportunity to connect when you can’t get out often, or you can’t connect with those you live close to.” - Men In Action



Financial Information GRCHC

The full independent auditor’s report is posted on our website under resources, or a copy can be obtained by contacting the GRCHC.

Funding

The Grand River CHC receives core operational funding from the Ministry of Health and Long-Term Care, through the HNHBLHIN. We also receive project-related funding grants and private donations. Thank you to all of our funders for your generous support. The Grand River CHC is a non-profit, registered charitable organization and is governed by a volunteer Board of Directors. Registered Charitable # 82936 7556 RR0001.

Ontario Midwifery Program

The organization serves as a midwifery program transfer payment agency (TPA). The revenues and expenses of the midwifery practice groups are not reflected in these financial statements.

Activity for the year consisted of:
For the Period Ended March 31, 2017
Ontario Midwifery Program Revenues

.....9,932,001

Total Midwifery Expenses

.....9,061,803

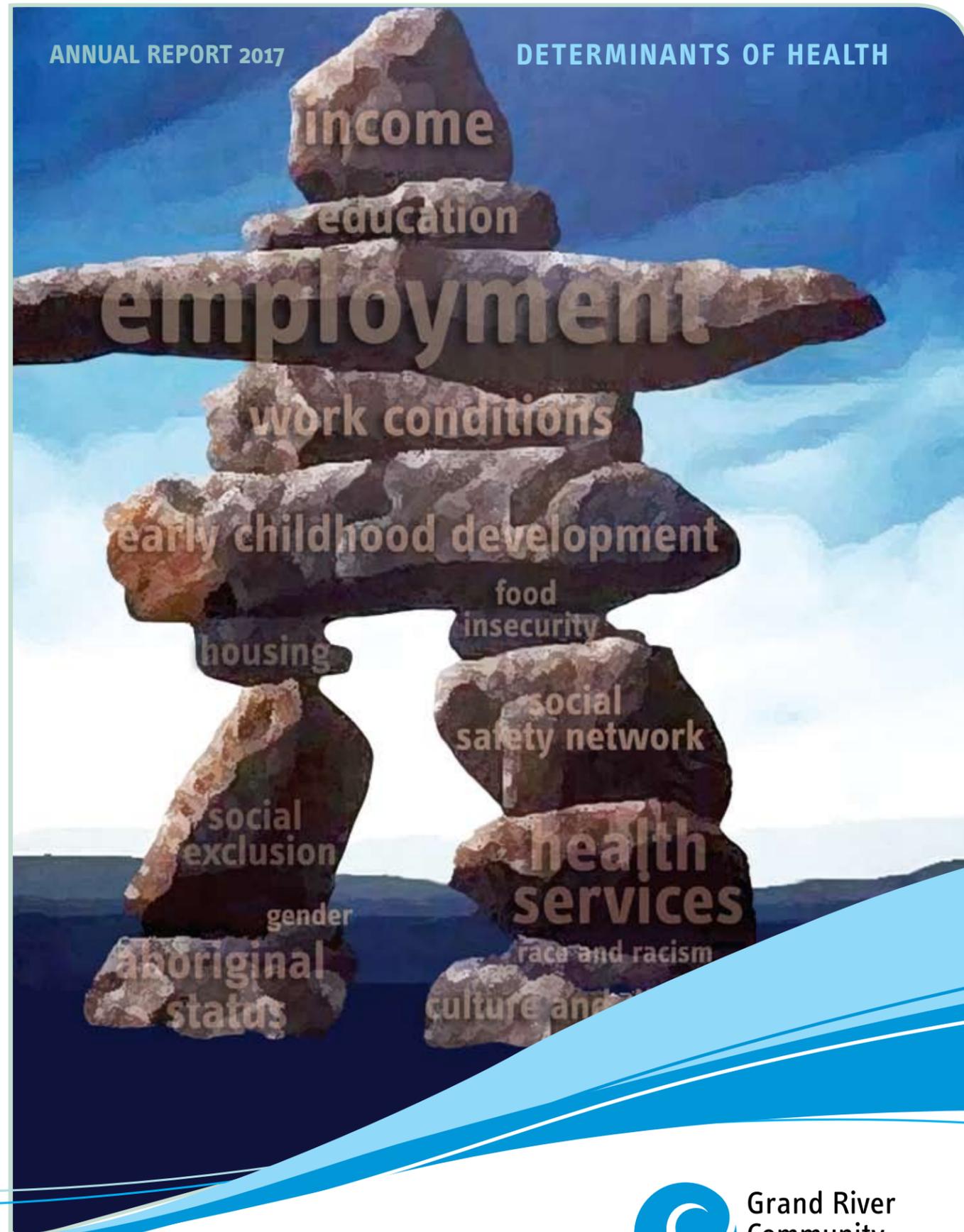
The excess of revenues over expenditures will be advanced to the midwifery practice groups in the subsequent fiscal year. If all of the funds are not advanced, they will be returned to the MOHLTC.

“Opportunity to learn about other programs and connect with other groups in the community.” - Walking group



Grand River Community Health Centre

363 Colborne St., Brantford
Ontario N3S 3N2
519.754.0777
www.grandriverchc.ca



Grand River Community Health Centre



“ My counsellor is understanding. She listens and then gives her professional opinion. Couldn't ask for better support. She's great.”
Allied Health Client Survey

GRCHC staff who contributed to programs recognized by YMCA Peace Medal award

Our Values

At GRCHC, we are:

Innovative – We are creative in finding new ways to improve everything that we do.

Collaborative – We work as a team with our clients and partners to provide coordinated care for our community.

Accountable – We are accountable to our clients, community and funders for quality programs and services and using resources appropriately.

Respectful – We are inclusive, non-judgmental, compassionate and caring; everyone matters.

Equitable and Accessible – We strive to ensure that people in our community can access our programs and services and are treated fairly.

Our Mission

GRCHC provides innovative primary health care, health promotion and community development as part of an integrated system of quality care, while helping our clients and community members to enhance their own health and wellbeing.

Our Vision

A community where we work together to achieve equity, belonging, health and wellbeing for all.

Thank You!

A special thank you to the many volunteers who build a healthier community by sharing their time and expertise in our centre, on our Board, committees, and focus groups, and through community programs.



Creativity soared at our Community Tile Project during Community Health and Wellbeing Week

“ It's nice to be in an environment where people listen to what you have to say” – Primary Care Client Experience Survey



Drum circle event with De dwa da dehs nyes

Board of Directors

SEPT 2016 • SEPT 2017

Heather Bruce	Josie Heath
Nicklaus Csuzdi	Kelly Hogeterp
Ashley Dawn	Laurie Jacklin
Dave Diegel	Christina Rajsic
Louisa Drost	Valerie Simanovic
Kelly Gordon	Vicky Smith
Lakshmi Hangalur	



2016-17 BOARD OF DIRECTORS

Annual Report

Executive Director and Board Chair Message



The Inuksuk depicted on the cover of this report provides a useful analogy to frame a message of what is important in determining health. Traditionally constructed by the Inuit, an Inuksuk is a figure made of piled stones assembled to communicate with humans throughout the Arctic. In Inuktitut, the term Inuksuk means “to act in the capacity of a human”. Indeed, that definition also helps emphasize that humans do not live in isolation, that the context in which we live, work and play, and so many broader determinants of health, have a profound impact on our real and perceived health status.

Community Health Centres across Ontario embrace that realization and undertake a Model of Health and Wellbeing that gives credence to the importance of these other determinants of health. That model has three contextual themes; We aspire to:

- Highest Quality & Community Centred
- Community Vitality & Belonging
- Health Equity & Social Justice

The theme of High Quality & Community Centred-ness is the most intuitive. Clients seek to receive (and health professionals seek to provide) services of high quality. Practice standards, evidence - based learning, professional development, inter-

disciplinary teams, and accountability and monitoring systems help to ensure that Quality. Community Centredness is also relatively intuitive. GRCHC strives to engage the community and pursue collaborative initiatives which the community seeks. GRCHC's deep involvement with the Grand River Healthy Communities and their work around Food Security and Active Living are community driven.

Community Vitality and Belonging are more recently being recognized for their influence on one's health. Research backs up the assertion that people with adequate social relationships have 50% lower risk of premature death than those without. GRCHC's group programs (eg. Stitch 'N' Chat, Men In Action, LGBTQ peer support, Community Gardens, Volunteer opportunities) have goals around peer support, client education and health promotion but, at the same time, advance Community Vitality and Belonging. We provide a place in the community where clients can go, opportunities to build new relationships, a valued social role and a sense of social inclusion.

Equity & Social Justice is the third theme that underpins the CHC model. It

recognizes how unjust it is that there exist systemic barriers to health and well being, faced by some clients. While our Centre may help clients with transportation costs, homelessness issues, clothing and other essentials, and dental micro loans, poverty remains a huge barrier. GRCHC was thrilled to receive the 2016 YMCA Peace Medal in recognition of many of these services which advance Equity & Social Justice in parallel to Peace & Diversity.

The Inuksuk is not uniform ... as is the case with each individual's determinants of health. The Inuksuk has traditionally provided an aid to navigation. Similarly it can aid our understanding of health and well being.

To all those associated with the work of GRCHC: staff, volunteers, clients, partners, donors, board members and other supporters, our heartfelt gratitude.

Sincerely,
Josie Heath, Board Chair
Peter Szota, Executive Director

GRCHC BRIEF HISTORY

- 2005** Ministry of Health and Long-Term Care (MOHLTC) announces 22 new CHCs, including a CHC in Brantford/Brant
- April 2007** Steering Committee for CHC officially appointed
- September 2007** Community engagement process begins
- November 2007** CHC receives non-profit incorporation status
- March 2008** First Board of Directors for Grand River CHC established
- March 2009** GRCHC receives status as a registered charitable organization
- May 2009** GRCHC opens 3100 sq.ft. interim site at 347 Colborne
- July 2009** GRCHC clinical staff see first client at CHC's interim site
- March 2013** GRCHC moves to 18,000 sq ft permanent site
- June 2013** Grand Opening Celebration
- 2013-2017** GRCHC continues to respond to community needs with expansion of programs and services



Community Tile Project Leaders