

- Approximately 25 per cent of Canadians have difficulty accessing dental care, due to cost, lack of dental insurance or transportation. Every 9 minutes someone goes into the Emergency Room (ER) in Ontario because of dental pain.
- Every 3 minutes someone goes to a doctor's office in Ontario because of dental problems.
- At a minimum of \$513 per visit, the estimated cost for dental complaint visits to ERs in Ontario was at least **\$31 million in 2015.**
- At a minimum cost to OHIP of \$33.70 per visit, the total estimated annual cost to the system was at least **\$7.5 million,** and generally the client continues to have the dental issue if they do not receive follow-up care by a dentist and/ or hygienist.

"Source: Ontario Oral Health Alliance"

RCHS has been running a low income dental service for adults (18+) for the past four years. During this time we faced challenges with unstable funding which led to inconsistent services and difficulty in attracting and retaining staff for this invaluable program.

On average RCCHS receives 40 or more calls related to dental needs each week. Even with limited resources the program has made a difference and in the first 3 quarters of last fiscal year:

- 517 unique clients were seen for dental issues
- 1000 potential ER visits were avoided
- 1100 dental treatments were provided for clients living in poverty and who were uninsured
- Approximately 40 individuals benefitted from our denture program

This year secure funding came through and the program now operates five days a week with full time dental staff including administrative support, a dentist 3 days per week, a dental assistant 2 days per week and a dental hygienist 2 days per week.

Clients will continue to be individuals who make less than \$35,000 per year, who do not have dental benefits or who have used all their public dental funding through the Ontario Disability Support Program (ODSP) or Ontario Works (OW). We will be offering dental health clinics 2 days per month for individuals with developmental disabilities who require extra support with mobility, time, and access to case workers. We are unable to offer sedation at this time.

All clients will complete an assessment to determine if they would benefit from other services offered by RCCHS and client support workers will reach out to assist clients to navigate the programs that are available.

## What our clients are telling us:

"This is a SUPER program and I feel that it is a very necessary program for people in our area. I hope that this program can continue to help low income clients in our area."

"Service is greatly needed to those of us who fall in the cracks."

"This program is so essential! On my fixed income, I could not afford the fillings that I needed. The staff are amazing."

"Was really nervous, but felt relaxed and calm. Thanks so much."

# Annual Report

## Vision

Healthy people creating healthy communities

## Rideau Community Health Services Board Members

Jacques Pelletier, *Chair*  
 Elizabeth Snider, *Vice-Chair*  
 Terry Lee, *Treasurer*  
 Ian Donald, *Secretary*  
 Bob Long, *Director*  
 Janet Cosier, *Director*

Michèle Le Blanc, *Director*  
 Terry Gilhen, *Director*  
 Deb McGuire, *Director*  
 Katie Weststrate, *Interim Director*  
 Sandy Shaw, *Interim Director*  
 Michele Bellows, *Chief Executive Officer*

## Mission

As a community-governed organization within Ontario's health and social service system, we engage individuals and communities to improve health and wellbeing



# Board Chair and Chief Executive Officer Report

As Rideau Community Health Services (RCHS) Board Chair and Chief Executive Officer, it is a privilege to present our annual report to members, clients, partners and staff. RCHS continues to be an innovative and vital part of our communities. Our growth in the past 3 years has enabled us to expand and improve access to programs and services.

RCHS has a long history of providing services at various locations across Lanark, Leeds and Grenville. We have been providing a diabetes education program for almost 20 years with our staff being integrated into health care practices. Additionally, we provide integrated health services through Rideau Tay Health Links, high risk chiropody, foot care, nutrition services, telemedicine, and community support services. RCHS serves more than 7250 clients in 13 communities across Lanark, Leeds and Grenville from offices in Merrickville, Smiths Falls, Perth and Brockville.

- RCHS' programs in our Brockville site will be finding a new home in October. These programs include diabetes, telemedicine, foot care and high risk chiropody. We are excited to be working with the landlord to create a customized space for our new location. We are pleased to have several other service partners joining us in the new Brockville location.
- We continue to work with the current government to further the approval of our health hub and hospice residence in the Smiths Falls area. We continue to have partners engaged in this process who wish to collocate in a new space when we can make it happen.
- Our Interprofessional Teams have allowed for increased services in Perth, Smiths Falls and Merrickville. These services include social work, foot care, community support workers, lung health services and pharmacist.

RCHS has an established history of meaningfully engaging patients and communities to determine their experience with the care that is offered. This information is valued and used to inform strategic as well as operational decisions, including the design and ongoing improvement of programs.

As the health system continues to evolve we will continue to be a vital part of the communities we serve.

Jacques Pelletier, Board Chair  
Michele Bellows, Chief Executive Officer

## Statement of Operations

	2018-19	2017-18
Revenues	\$9,329,544	\$8,251,344
Expenses	\$8,600,132	\$8,082,799
Excess of Revenue over Expenses before undernoted item	\$729,412	\$168,545
Less: Subsidies Repayable **	\$757,267	\$187,999
Excess (Deficit) of Revenue over Expenses*	\$(27,855)	\$(19,454)

\*\* In fiscal 18/19, RCHS received an enhancement to base budget of \$1.2 M to expand services. This year, being a rollout year for the new programs, only 1/2 the funds were spent; and so approximately \$600,000 is repayable. The remaining \$157,000 repayable arises primarily from the physician vacancy as well as a few other positions, and this is consistent with prior years.

\* Please note the deficit is created due to an accounting difference in the amortization of capital assets and its related funding. This has no effect on cash flow.

## Highlights from the 2018 Client Survey:

- More than 90% of respondents felt "the staff help me connect to the services and programs I need at RCHS or in my community"
- 100% of clients felt comfortable and welcome at RCHS
- More than 85% of respondents said the programs and services "have helped me improve my health and well-being"
- Over 90% of clients responded that their health care provider "Often" or "Always" gave them an opportunity to ask questions about recommended treatment, involved them as much as they wanted to be in decisions about their care and treatment, and spent enough time with them.

In the news...



## 45 Years of Community Driven Health Care

During two evenings in the spring of 1974, more than 300 local residents packed the Merrickville Community Centre. Bingo? Dinner and dance? No. Sparked by a lack of local health care services, these community meetings led to the creation of the village's first medical centre.

Forty-five years later, this tradition of local community driven health care is continuing with a new round of public consultations and plans for a new volunteer advisory board to help guide program development and delivery at Rideau Community Health Services (RCHS).

"Community engagement is really important when we think about health care change and being responsive to our communities," says RCHS CEO Michele Bellows, who took on the post in February.

In 1987 Merrickville's two-doctor medical centre transformed into Ontario's first rural Community Health Centre, and in 2011 grew into RCHS. Today, RCHS serves more than 7250 clients in 13 communities across Lanark, Leeds and Grenville from offices in Merrickville, Smiths Falls, Perth and Brockville.

"I quickly realized that a Community Health Centre wasn't just a doctor's office," says physiotherapist Ruth Dimopoulos who in 1993 joined the then Merrickville District Community Health Centre as one of its first extended health care team members. "Our mission is to look at what keeps a whole community healthy."

Taking on this mission of proactive programming responsive to community needs, in 2002 Dimopoulos created a popular aquafit program for local residents with chronic pain.

One enthusiastic participant was Colette Durand. Now 85, Durand uses her walker to make a once-a-month, several block journey to the RCHS' Merrickville offices for foot care.

"They call me by my name. So friendly, it's like a family," she says, the lilt of her Parisienne accent intact.

The feeling she describes reflects an integrated, team-based approach to health care that today involves about 85 staff, ranging from nurse practitioners and family physicians to social workers, respiratory therapists and specialists reached via telemedicine. In total, they deliver more than two dozen separate services, from oral health to diabetes education.

"The way that our programs work, we wrap ourselves around the individual," says CEO Bellows. "And this support is strengthened by our knowledge of and working relationships with a network of partners in the community," from Open Doors for Children and Youth to the Alzheimer Society.

The RCHS' team-based approach is also solidly grounded in the latest evidence-based best practice, says Dimopoulos. Now health care quality improvement advisor, she's currently heading up an RCHS-led, multi-organization initiative to improve local palliative care.

"We're identifying people who can benefit from palliative care earlier, not just very briefly at the end of life," she says.

This example of identifying and meeting changing community needs and gaps in services is why CEO Bellows says ongoing community input is so important to effective health care.

"It's something that I'm passionate about because it really is the right thing to do," says Bellows, a perspective informed by a dynamic 30-year career in health care (she began as a pediatric nurse in Newfoundland) and her experience navigating the health system to get support for a son with special needs.

So, in addition to RCHS volunteer community member governance board of directors, RCHS is creating a new volunteer community advisory board that will provide guidance in the co-design of new programs.

CEO Bellows notes that after a successful 45-year history that's involved exponential growth, many of RCHS' challenges remain the same, from physician recruitment to finding adequate physical space for a vibrant, growing organization.

As with those meetings in 1974, they are health care problems that will be cured with community involvement, she says.

"I'm excited to work with patients, families and the community to build on our amazing history."