Annual Client Activity Report

2015-2016

Access Alliance Multicultural Health and Community Services

Access Alliance
Multicultural Health and Community Services

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This report, or any part of it, can be used with proper citation.

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1.0 EXECUTIVE SUMMARY

1.1 Background

This Annual Client Activity Report of Access Alliance has been prepared to deliver a targeted analysis of the dynamic attributes of the agency, particularly the demographics and service needs of its clients during the 2015-2016 fiscal year (FY). Objectives of this report are to:

I. Update our evidence about clients' attributes, i.e. demographics and service needs;
II. Share relevant information with stakeholders, e.g. teams, clients, funders, partners;
III. Design evidence-informed program and service planning to meet clients' actual needs;
IV. Incorporate the findings into the quality improvement framework for future action plans.

Information on the ongoing and emerging demographic patterns has been extracted from the relevant databases, along with the necessary reports from respective managers/ coordinators of the agency. Through synthesis of the gathered data, planning implications for improving the programs and services were developed. Client data has been presented in this report in three categories:

I. *Active clients* - clients who visited any of the programs and/or services of Access Alliance within the past three years (April 2013 to March 2016).
II. *Clients seen* - clients (old and new) who visited any of the programs and/or services of Access Alliance in the FY 2015-2016 (a sub-set of active clients).
III. *New clients* - clients who have been on-boarded (new) and visited any of the programs and/or services of Access Alliance in the FY 2015-2016.

1.2 Methodology

Relevant retrospective data were extracted from Access Alliance's Nightingale-on-Demand (NOD) database, as well as program reports from the respective coordinators and managers. Descriptive analysis and relevant inferential analysis of data were conducted using SPSS software version 21, and contextualization of the quantitative findings were ensured through consultation with the relevant departments.

1.3 Key Findings

Client Composition

- 12,745 active clients are in record across three locations: AccessPoint on Danforth, 44.2% (n=5,628); College, 22.1% (n=2,816); AccessPoint on Jane, 33.7% (n= 4,301).
- 4,560 clients seen in FY 2015-2016; among them, 2,705 were new clients (an increase of 19.0% from the previous year).
- Average age of active clients was 34 years; over 42% of clients were between the ages 25 - 44 years.
- 55.9% of clients identified themselves as "female".
- Over 14% of clients identified themselves as members of the LGBTQ+ community.

Country of Origin and Preferred Languages

- Top countries of origin for clients (in order) were Bangladesh, Syria, Afghanistan, Portugal, India, Iran, Pakistan, Mexico, Nigeria, and Hungary. The top five foreign languages preferred by clients (in order) were Arabic, Spanish, Bengali, Portuguese, and Farsi.

Length of Stay in Canada

- Less than half (43%) of clients stayed in Canada for over five years; this percentage decreased from approximately 56% since last year (2014-2015).

Immigration and Health Insurance Status

- 19.9% of clients belong to the refugee stream, which includes refugee claimants.
- 23.1% of the respondent clients are non-insured (43.3% of clients didn't answer this question).

Language Services

- 2,937 requests for on-site interpretation were filled by Access Alliance, and 3,591 over-the-phone interpretation (RIO) calls were supported.
- Top language requests for on-site interpretation (in order) were Farsi, Hungarian, Arabic, Spanish, Portuguese, Sgaw (Karen), and Dari.

1.4 Evaluation Observations

- The number of new clients included clients new to the agency plus re-activated old clients.
- Indicators for racial/ethnic groups, annual household income, and sexual orientation should be interpreted with caution due to poor data quality resulting from low responses. Furthermore, Access Alliance only began collecting data on these indicators from new clients in September 2014.
- Onboarding of the Syrian refugee clients with a short form (due to urgency of the situation) partly influenced the quality and trends of data (for language, education, region of origin, etc.) due to incomplete information.
- Improvements in data quality must be made a top priority.
- Data quality could represent a new indicator to measure staff performance; training for relevant staff members on the Plan-Do-Study-Act (PDSA) tool would also be useful.

1.5 Next Steps

Activity	Timeline	Action to be taken/ decision/ Objective
1. Findings discussed with Senior Management	Sep 30, 2016	Share data with teams, get their feedback, and design planning implications engaging the relevant teams
2. Meetings with individual teams	Oct-Nov 2016	Share data and gather ideas for planning next steps
3. Presentation to the Board of Directors	Nov-Dec 2016	High level of information sharing along with the CES 2016 findings
4. Presentation to the Community Reference Group	Nov-Dec 2016	Information sharing and awareness
5. Presentation to the MTM, QIC, and any other relevant teams	Nov-Dec 2016	Planning implications to be revised and incorporated into the agency's operational plan
6. Presentation at All-Staff Meeting	Nov 2016	Staff awareness
7. Post report on the Access Alliance website	Dec 2016	Public access

2.0 INTRODUCTION

The Annual Client Activity Report, a routine practice of Access Alliance Multicultural Health and Community Services (Access Alliance), focuses on:

- Demographic characteristics and diversities of clientele,
- Information on corporate, human, student, and volunteer resources, and
- Findings on the use of Language Services.

The formulation of this report serves several essential functions:

I. Updates our evidence on clients' characteristics (e.g. demographics and service needs);
II. Allocates admissible information with stakeholders (e.g. teams, clients, funders, partners) to ensure organizational accountability;
III. Furthers evidence-based program and service planning to accommodate clients' actual needs;
IV. Incorporates the knowledge/findings into a quality improvement framework for future action plans.

Dissemination of this report to multiple levels of stakeholders and the general public, coupled with the critical appraisal process of taking staff suggestions into consideration, maximizes the inclusivity of this report.

3.0 METHODOLOGY

The evaluation hypothesis for this activity was 'Demographic attributes and service needs of our clients change over time, and Access Alliance's resources and services should be updated to meet these changing needs'. In order to evaluate the theory of change, Electronic Medical Record (EMR) data were pulled from the Nightingale-On-Demand (NOD) data repository of the agency. Data were gathered in Excel spreadsheets and transferred to SPSS analytical software for analysis. Information on human resources, peer outreach workers, and languages services was collected from the respective departmental databases. The data cleaning process (for missing data, error, and reliability) was conducted diligently to ensure accuracy.

Descriptive statistics and cross-tabs were used to characterize groups by frequency, percentage, and distribution. Sensitivity and specificity of the indicators were considered for interpretation. Inferential analysis to test relationships among indicators was done using Logistic Regression. Although empty fields in the database limited the inferential analysis in many cases, advanced tools such as Compound Logistic Regression analysis were applied to test for any statistical significance or correlation. Analyzed information was interpreted into easy-to-understand language, tables, and charts, comprising this report.

4.0 OVERALL FINDINGS FOR CLIENTS

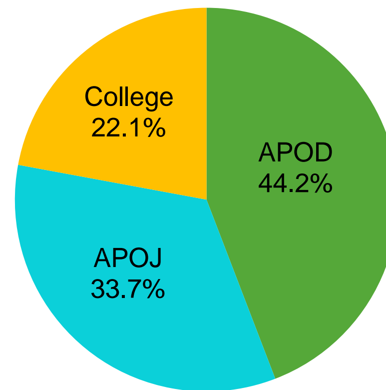
In total, 12,745 client records were available in the NOD database as of the end of 31st March of 2016; these active clients had attended the programs and/or services of Access Alliance at one point or another over the past three years. Among these, 35.8% (n=4,560) had attended the programs and/or services during the FY 2015-2016 (i.e. current clients). Access Alliance added 2,705 client records in NOD during the period April 2015 - March 2016 (1,750 new clients plus 955 reactivated clients). This represents an increase of 19.0% from the previous year, where there were 2,273 new clients.

Access Alliance has three main locations for providing services- AccessPoint on Danforth (APOD), College, and AccessPoint on Jane (APOJ). Figure 1 shows the distribution of the 12,745 active clients across these three locations, according to the client chart codes. The distribution was:

- College, 22.1% (n=2,816);

- AccessPoint on Danforth (APOD), 44.2% (n=5,628); this includes clients seen at the Greenwood Clinic (n= 121) and Paul Steinhauer Clinic (n= 486);
- AccessPoint on Jane (APOJ), 33.7% (n= 4,301); this includes clients seen at the Non-Insured Walk-In Clinic (NIWIC) (n=965; 22.4%).

Figure 1: Distribution of Clients across Three Locations (N=12,745)



5.0 DEMOGRAPHIC PROFILE OF ACTIVE CLIENTS

5.1 Age and Gender

The mean age of active clients was 34.0±18.5 years in the FY 2015-2016 (median: 34 years, mode: 31), 33.9±18.2 in the FY 2014-2015, and 33.5±18.6 years in 2013. Over 42% of clients of all active clients were in the age group 25 - 44 years (Table 1). The population composition of the City of Toronto also showed a similar distribution, with the largest representation of residents (30.6%) in this same age group (Statistics Canada, 2011). At APOJ, the average age of clients was 32.6 ± 18.4years, with 61.3% identifying as female. The mean age of APOD active clients was 32.2 ± 17.8 years, with 52.1% identifying as female. Among the three locations, the College location had the highest mean age among clients at 37.6 ± 19.4 years, with 55.5% identifying as female.

Table 1: Overall Distribution of Active Clients by Gender and Age Group (N=12,745)

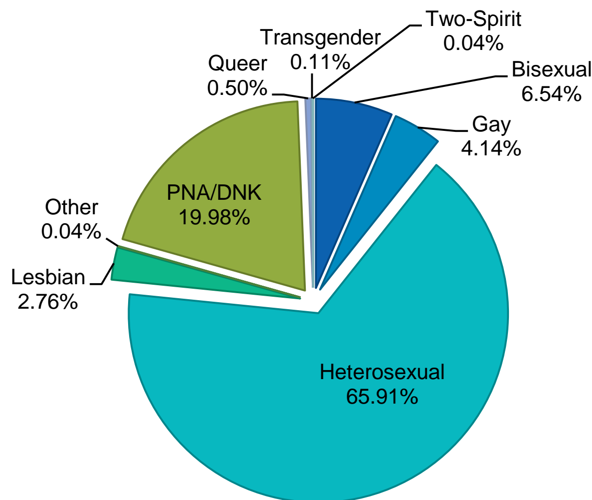
Client's Age in Years	Gender				Total
	Female	Male	Transgender	Other	
Up to 14	1,087 (8.5%)	1,266 (9.9%)	0	2	2,355 (18.5%)
15-24	882 (6.9%)	698 (5.5%)	1	5	1,586 (12.4%)
25-44	3,275 (25.7%)	2,072 (16.3%)	11	10	5,368 (42.1%)
45-64	1,445 (11.3%)	1,207 (9.5%)	5	4	2,661 (20.9%)
65 and above	436 (3.4%)	336 (2.6%)	0	3	775 (6.1%)
Total	**7,125 (55.9%)**	**5,579 (43.8%)**	**17 (0.1%)**	**24 (0.2%)**	**12,745 (100%)**

The overall gender distribution (Table 1) of active clients shows 55.9% identifying as female, 43.8% identifying as male, and 0.3% who self-identified as either transgendered or 'other'; 'other' consists of intersex, two-spirit, PNA ('prefer not to answer') or DNK ('do not know').

5.2 Sexual Orientation

Collection of data regarding sexual orientation began from September 2014 onwards; therefore, these data fields remained empty for clients who were registered prior to that date. In total, responses from 22.9% of active clients could be collected for this indicator (2,828 responses out of 12,745 active clients). Among the respondents, 65.9% self-identified as heterosexual/"straight", almost 20% did not know or preferred not to answer for this question, and over 14% self-identified as the members of the LGBTQ+ community (Lesbian, Gay, Bisexual, Transgendered, Queer and more). Due to the low response rate for this question, the interpretation of data on sexual orientation requires contextual analysis in order to more comprehensively explain the prevalence and distribution. Access Alliance has implemented a number of evidence-informed activities to improve data quality.

Figure 2: Distribution of Clients by Self-Identified Sexual Orientation (n=2,828, N=12,745)



5.3 Preferred Language

Table 2 displays the list of top languages (by frequency) preferred by the active clients to speak in with their service providers.

Table 2: Clients' Preferred Languages for Speaking with Service Providers across Locations (N=12,745)

Overall (n=12,660)	APOD (n=5,561)	College (n=2,812)	APOJ (n=4,287)
English (6,012; 47.5%)	English (2,864; 51.5%)	English (1,271; 45.2%)	English (1,877; 43.8%)
Arabic (1054; 8.3%)	Bengali (712; 12.8%)	Portuguese (361; 12.8%)	Spanish (608; 14.2%)
Spanish (1,022; 8.1%)	Farsi (271; 4.9%)	Farsi (251; 8.9%)	Arabic (604; 14.1%)
Bengali (759; 6.0%)	Arabic (223; 4.0%)	Arabic (227; 8.1%)	Portuguese (207; 4.8%)
Portuguese (585, 4.6%)	Spanish (220; 4.0%)	Spanish (194; 6.9%)	Karen/Sgaw (190; 4.4%)
Farsi (566; 4.5%)	Urdu (156; 2.8%)	Mandarin (65; 2.3%)	Somali (160; 3.7%)

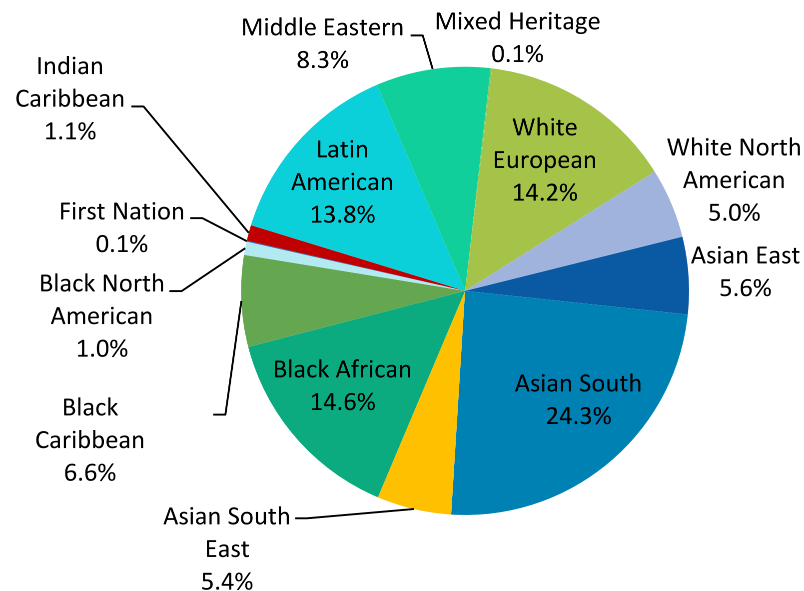
Evaluation Observation:

There were significant shifts in the order of language preference by the clients compared with last two years; Arabic ranked as the second most preferred language after English. Spanish, Bengali, Portuguese, and Farsi all dropped in position at the agency-wide level. At APOD, Arabic and Spanish changed position, while the preference for Arabic increased. At APOJ, the preference for Arabic increased, while Karen/Sgaw and Somali dropped.

5.4 Racial and Ethnic Groups

Utilizing validated tools of the Toronto Central Local Health Integrated Network (TC LHIN), information on racial and ethnic groups of clients were gathered. More recently, race is considered a social construct, whereby the mixture of race and ethnicity as a group provides more neutrality to the question. The top ten racial and ethnic groups shown in Figure 3 comprise over 98.8% of the total clients who responded to the indicator (capturing 68.8% of total clients' data). South Asians are the most represented group, followed by Latin Americans and White Europeans. Clients often did not indicate their racial identity or selected options such as "Prefer not to answer" and "Do not know". Data should be interpreted carefully, as the overall low response rate (68.8%) may be a reason for 'measurement biases' for this important indicator.

Figure 3: Distribution of Clients by Racial and Ethnic Groups (n=8,776)

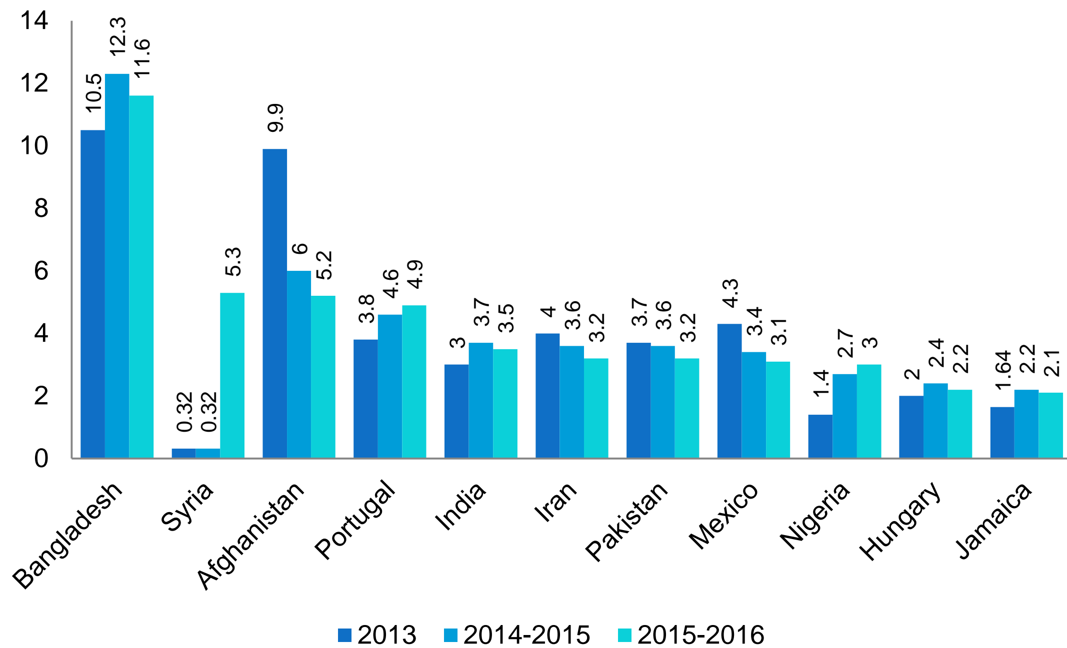


5.5 Top Countries of Birth outside Canada

Emerging Communities:
- ***Syria***
- ***Portugal***
- ***Nigeria***

Access Alliance is devoted to providing appropriate services for culturally diverse communities. To do so, the agency must monitor the changing patterns in clients' origin. In the FY 2015-2016, the top countries of birth for our clients were Bangladesh, Syria, Afghanistan, Portugal, India, Iran, Pakistan, Mexico, Nigeria and Hungary (Figure 4). The number of clients born in Syria increased from 41 (2015) to over 650 (2016), an increase of approximately 1,485%. Also, the number of clients born in Portugal and Nigeria has increased every year since 2013.

Figure 4: Percent of Clients by Country of Birth Outside Canada (Top 10) (n=10,461)



5.6 Neighbourhoods

Table 3 shows the top ten neighbourhoods in which Access Alliance clients reside. The distribution of clients accessing the programs and services of Access Alliance in the year 2015-2016 across Toronto neighborhoods were identified through analysis of the frequencies of client postal codes. This analysis revealed that the three most common neighbourhoods among all clients (Oakridge, Crescent Town, and Rockcliffe-Smythe) remained the same as in previous years. Nearly half (44.6%) of all new clients reside in these top ten neighbourhoods.

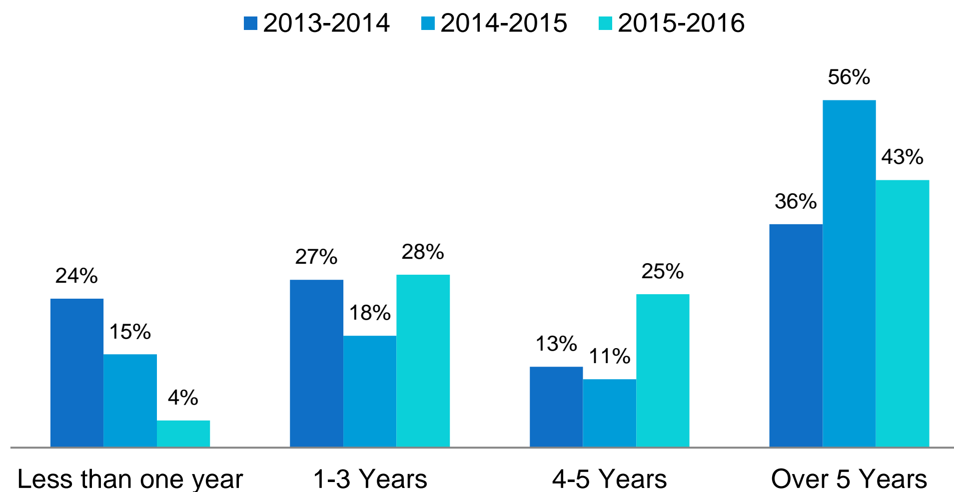
Table 3: Top 10 Neighbourhoods of Access Alliance Clients

Active Clients (N=12,745)				**New Clients (n=1,750)**			
Postal code (FSA)	**Neighbourhood**	**Number**	**%**	**Postal Code (FSA)**	**Neighbourhood**	**Number**	**%**
M1L	Oakridge	1531	12.0	M1L	Oakridge	254	14.5
M4C	Crescent Town	1258	9.9	M4C	Crescent Town	189	10.8
M6N	Rockcliffe-Smythe	1012	7.9	M6H	Dufferin/Dovercourt Village	55	3.1
M3L	Downsview	636	5.0	M6N	Rockcliffe-Smythe	52	3.0
M3N	Black Creek	494	3.9	M5A	Regent Park	49	2.8
M4B	Parkview Hill/ Woodbine Gardens	382	3.0	M6G	Christie	39	2.2
M6M	Mount Denis	379	3.0	M4B	Parkview Hill/Woodbine Gardens	38	2.2
M6E	Caledonia-Fairbanks	328	2.6	M6M	Mount Denis	36	2.1
M6H	Dufferin/Dovercourt Village	281	2.2	M6E	Caledonia-Fairbanks	36	2.1
M1E	West Hill	221	1.7	M1K	Kennedy Park/ Ionview/ East Birchmount Park	34	1.9

5.7 Length of Stay in Canada

As of the FY 2015-2016, a large portion of Access Alliance clients (43%) stayed in Canada for over 5 years, although this number appears to have declined, an expected effect of newcomer population dynamics. In 2014-2015 and 2013, these numbers were 56% and 36%, respectively (Figure 5).

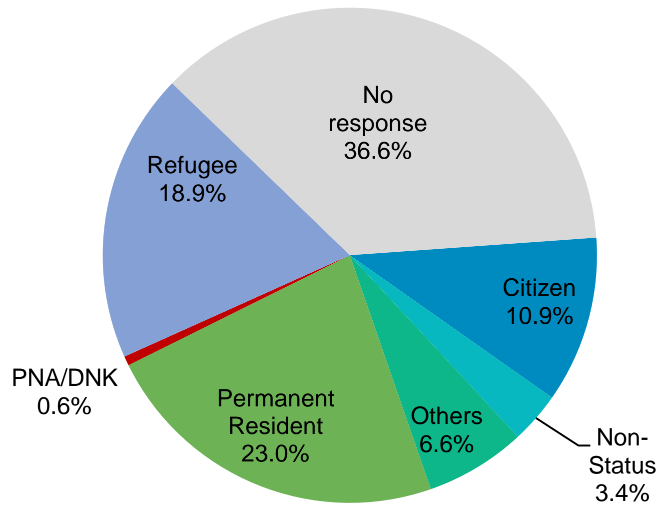
Figure 5: Clients' Length of Stay in Canada



5.8 Status of Current Immigration and Health Insurance

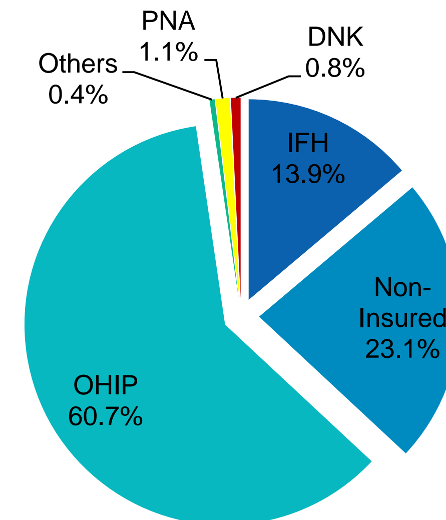
Figure 6 shows the current immigration status of all active clients (8,074 clients responded to the question, out of 12,745). Overall, 10.9% (n= 1,387) of them are citizens, and 23.0% (n=2,930) are permanent residents. Refugee clients including refugee claimants comprised 18.9% (n=2,413), and non-status made up 3.4% (n=427) of clients.

Figure 6: Immigration Status of Clients (N=12,745)



Over 23% of our clients were non-insured (NI), nearly 14% were covered by the Interim Federal Health program (IFH), and nearly 61% were covered by the Ontario Health Insurance Program (OHIP) (Figure 7). Over 2.3% preferred not to answer, did not know, or had other forms of insurance coverage.

Figure 7: Health Insurance Status of Clients (N=12,745)



5.9 Level of Education and Annual Family Income

One third of all active clients were listed as having post-secondary education, and over one quarter had completed their secondary education. Nearly half (45.9%) of clients between the ages 25-64 had completed their post-secondary education; this is compared to 64.1% of Canadian residents of the same age group (Statistics Canada, 2011).

Over half (50.8%, n=9069) of clients reported an annual family income of less than $15,000, and 59.7% reported annual earnings of less than $20,000 (Table 4). Clients were asked about the number of people supported by their income. In total, 63.4% (n=8,085) out of 12,745 clients answered this question, whereby the average family size supported by their household income was 3.05±1.83. The low income cut-off (LICO[1]) for a family of three living in Toronto is $35, 657 per year (before tax) as set by Statistics Canada (2013). Using this measure, more than 68.7% of Access Alliance clients are living below the LICO. Please note, this LICO is based off of the 2011 time period.

Table 4: Distribution of Clients by Education and Annual Family Income (N=12,745)

Level of Education (Valid Response, n=10,069)	Number	%	Annual Family Income ($) (Valid Response, n=9,069)	Number	%
Post-secondary	3,525	33.2	0-14,999	4609	50.8
Secondary (Grade 9-12)	2,866	27.0	15,000-19,999	803	8.9
Primary (Grade1-8)	1,885	17.8	20,000-24,999	439	4.8
No formal education	476	4.5	25,000-29,999	234	2.6
Other	788	7.4	30,000-34,999	146	1.6
Do not know	425	4.0	35,000-39,999	170	1.9
Prefer not to answer	104	1.0	40,000-59,999	202	2.2
Too young for primary education	538	5.1	60,000 and above	118	1.3
No response	2,138		Do not know	1716	18.9
Total	**12745**	100	Prefer not to answer	632	7.0

[1] LICO is an income threshold below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family. http://www.toronto.ca/reportcardonchildren/pdf/factsheet1.pdf

6.0 CLIENT NEEDS AS IDENTIFIED BY SERVICE PROVIDERS (FY 2015-2016)

6.1 Social Work Team

In the FY 2015-2016, social workers visited 495 clients, representing 1,752 encounters regarding 4,086 reported issues/client needs. Figure 8 shows the distribution of the top issues for this FY, with a comparison to the past two years. Therapeutic counselling/ listening was the most common issue/need (7.6%, n=311), followed by anxiety (7.0%, n=285), depression (6.2%, n=255), post-traumatic stress disorder (PTSD) (6.1%, n=249), the need for assistance with an administrative procedure/form (6.0%, n=244), 'coping with life's problems' (5.1%, n=210), and post-immigration stress (3.3%, n=134).

In the FY 2015-16, visits to social workers for issues surrounding social isolation have fallen from 5th most frequent type of visit to the 7th most frequent, an impact of effective health promotion.

Social isolation dropped from the fifth most common issue/need in FY 2014-2015 to the seventh position in 2015-2016. This change may have been influenced by evidence-informed program design practices undertaken by the health promotion team which put mental health and social isolation at the top of the agenda for the Community Health and Wellness Department. Depression increased from the fourth to the second most common issue, and anxiety from the sixth to the third. Similarly, requests for assistance with administrative procedures increased from the ninth most frequent issue/need to the fifth, partly due to an increase in referrals by the SW team to the SPiN (Social Practitioners in Need) program. Visits related to 'coping with life's problems' and post-immigration stress dropped from the third and seventh to the sixth and eighth most common issues, respectively. Over the FY 2015-2016, marital conflict (2.9%, n=120) and distress due to housing issues (2.1%, n=87) emerged as the ninth and tenth most common issues among clients, respectively.

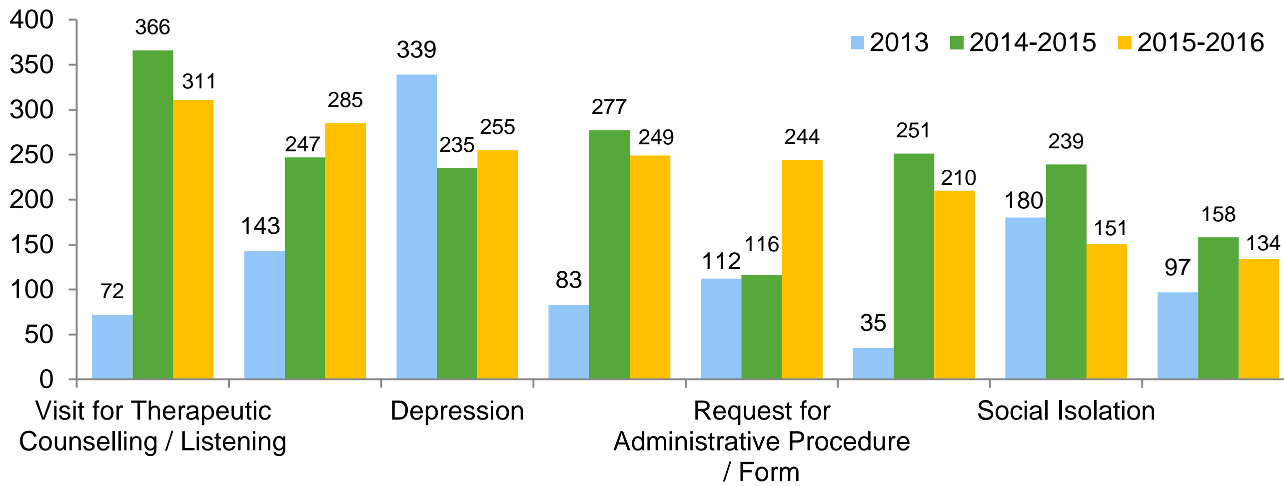


Figure 8: Social Work Clients' Top Issues in 2015-2016 as Compared to Previous Years (n=4,086)

6.2 Settlement Team

Visits for advice on community resources have increased substantially since last year.

A total of 1,629 cases were addressed in the FY 2015-2016 by settlement workers, representing 4,232 encounters with clients regarding 6,944 issues/needs. Figure 9 displays the top issues that were addressed during this period in comparison with previous years. As in the two previous years, the most common issue/need was for assistance with administrative procedures (28.3%, n=1,971). The top ten issues represented nearly 85% of the total issues addressed. For two consecutive years, immigration issues (14.3%, n=996) and financial problems (8.7%, n=601) have remained the second and third most frequently addressed issues, respectively. Advice on community resources increased from the seventh to the fourth most common issue/need (6.8%, n=472). Visits regarding housing problems (6.3%, n=434) and those regarding issues with access to the health care system (6.0%, n=414) both shifted down by one position to the fifth and sixth most common issues, respectively. Language barriers (5.1%, n=354) and requests for referral(s) (4.8%, n=331) both increased by one position to the seventh and eighth positions in comparison to last year, respectively. Visitations regarding discrimination based on sexual orientation (4.0%, n=277) decreased to the ninth most common issue from the fifth place in the previous year. Requests for advocacy emerged as the tenth most common issue addressed during visitations (2.5%, n=174).

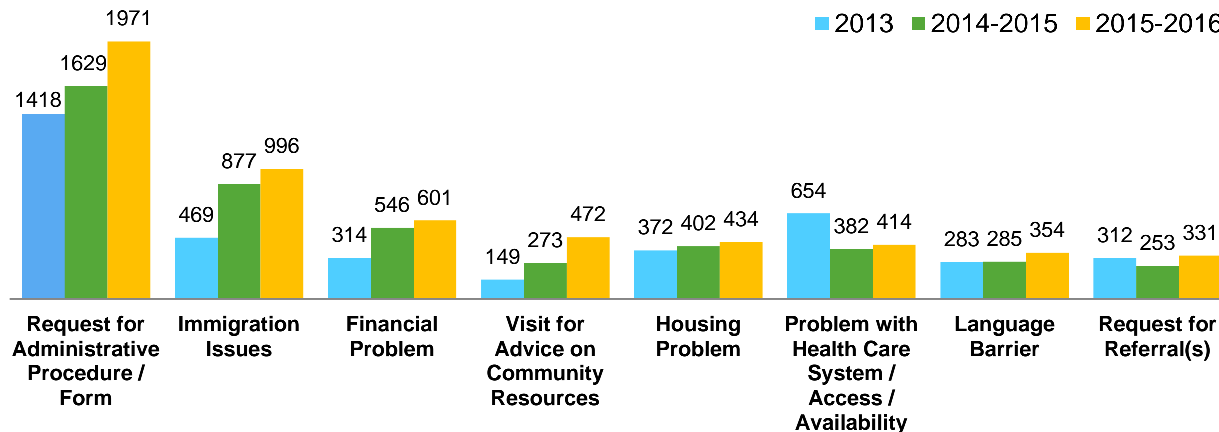


Figure 9: Settlement Clients' Top Issues in 2015-2016 as Compared to Previous Years (n=6,944)

6.3 Dietician Team

In the FY 2015-2016, a total of 273 clients representing 783 encounters regarding 1,963 issues were addressed by the dietician team. Figure 10 displays the top ten issues/needs that were addressed during this period. Nearly one quarter of these issues (24.9%, n=489) were for diet advice. Following diet advice, the most common issues were related to advice for weight management (9.0%, n=177), obesity (6.2%, n=122), eating disorders (5.7%, n=111), visits for advice on toddler/child nutrition (5.5%, n=108), food insecurity (4.9%, n=96), low physical activity (2.2%, n=43), iron deficiency anemia (2.1%, n=42), advice on community resources (2.1%, n=41), and hypertension (2.1%, n=41).

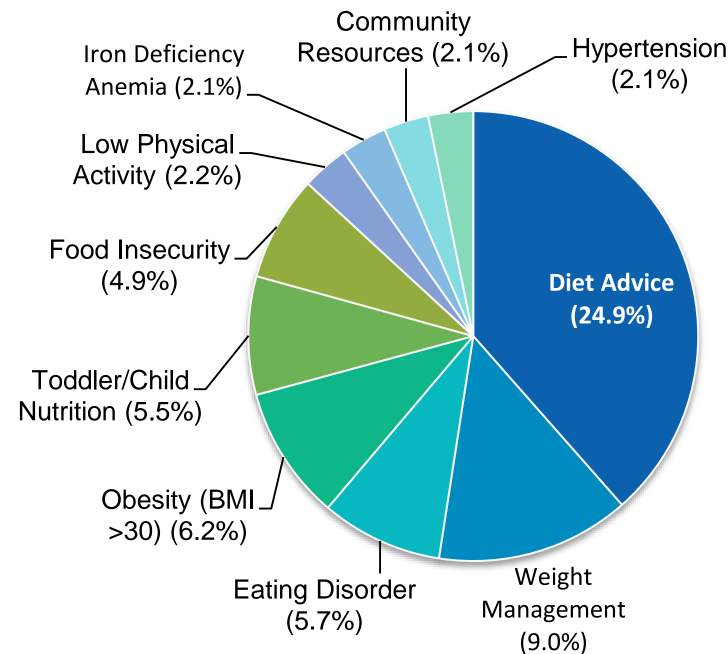


Figure 10: Clients' Top Issues Addressed by the Dietician Team in 2015-2016 (n=2,022)

7.0 CLIENT ACTIVITIES INVOLVING LANGUAGE SERVICES

In FY 2015-2016, the number of languages offered at Access Alliance's Language Services increased by 15 languages, from 102 to 117, an increase of 12.8% (Table 5). During this year, 83.3% (n=2,937) of on-site interpretation requests were filled, while 7.5% (266) were unfilled/no interpreter was available. In FY 2014-2015, the percentage of filled requests for on-site interpretation services was 69.6%; therefore, an increase of over 13% in capacity was realized this year.

Table 5: Activities of Language Services at Access Alliance in FY 2015-2016

LANGUAGE SERVICES	FY 2014-2015		FY 2015-2016	
Languages offered		102	117	
Interpretation provided for Access Alliance clients (requests filled)	On-site	2,067	2,937	
	RIO	3,026	3,591	
Document Translation		27 (91 assignments)	108 (246 assignments)	
Top languages requested for on-site interpretation (For Access Alliance) (n=2,970 in FY 2014-2015; n=3,527 in FY 2015-2016)	Farsi	508 (17.1%)	Farsi	473 (13.4%)
	Hungarian	338 (11.4%)	Hungarian	459 (13.0%)
	Spanish	335 (11.3%)	Arabic	442 (12.5%)
	Sgaw	304 (10.2%)	Spanish	414 (11.7%)
	(Karen)	214 (7.2%)	Portuguese	304 (8.6%)
	Dari	203 (6.8%)	Sgaw (Karen)	277 (7.6%)
	Portuguese		Dari	224 (6.4%)

Frequently requested languages for interpretation are: Farsi, Hungarian, Arabic, Spanish, Portuguese, Sgaw, and Dari.

Frequently preferred languages for consultation with service providers, after English, are: Spanish, Arabic, Bengali, Portuguese, and Farsi.

Several less commonly requested languages for on-site interpretation included Nepali, Tigrinya, Burmese, Bengali, Swahili, and Czech. Among these, Nepali, Swahili, and Czech saw difficulties in getting filled due to a lack of interpreter resources in these languages.

8.0 EMPLOYEES, VOLUNTEERS, AND STUDENTS

8.1 Employees

During the FY 2015-2016, Access Alliance was composed of 89 staff members, 59 of which are permanent full-time employees. A total of 21 clinicians and 11 administrative staff work in the Primary Health Care Team (physicians, nurses, and nurse practitioners), most of whom are working as full-time and permanent staff members (18 of 21 clinicians; 8 of 11 administrative staff); the details are shown in Table 6. The majority of staff members working in community programs are employed full-time permanent (16 of 26).

Table 6: Staff Count by Department and Employment Status

Department	Permanent Full-time	Permanent Part-time	Contract Full-time	Contract Part-time	Total
PHC – Clinicians	18	2		1	**21**
PHC – Admin	8		2	1	**11**
Community Programs	16	4	5	1	**26**
Language Services	4				**4**
Research and Evaluation	3	1		1	**5**
Central Administration and Finance (including ED)	10	1			**11**
Others (Seasonal Students, Project Staff)				11	**11**
Consultants					**0**
Total	**59**	**8**	**7**	**15**	**89**

8.2 Volunteers and Students

The total number of hours of both volunteers and students increased in the FY 2015-2016 from the previous year (Table 7). Despite little change in the average number of hours contributed per volunteer from FY 2014-2015 to 2015-2016 (1.03% increase), the average number of hours contributed by each volunteer had increased substantially relative to prior years (113% since 2013 and 118% since 2012). A similar trend is observed in the number of placement students, which increased in FY 2015-2016 relative to the previous year (FY 2014-2015) by nearly 11%, and over 47% from 2013. However the average number of hours contributed by each volunteer decreased from 215 to 202 within the past year (by 6.05%).

Table 7: Volunteers and Students

Volunteer/Student	2012	2013	2014-2015	2015-2016
Active Volunteers	299	202	246	244
Volunteer hours contributed	4,002	2,797	7,155	7,185
Average number of hours per volunteer	13.4	13.8	29.1	29.4
Student placement	39	42	56	62
Student hours contributed	6,998	6,532	12,037.50	12,503
Average number of hours per student	179.4	155.5	215	202

9.0 CONCLUSION

The numbers of total active clients have been increasing significantly every year. Demographic distribution of the clients showed a major shift. Clients from Syria, Portugal and Nigeria showed an increasing trend over the recent past years. Nearly one-fifth of our clients are from the refugee stream, while over one-fifth of our clients are with any health insurance. An increased number of clients from the LGBTQ+ community comprise another element of the vulnerabilities of our clients. Access Alliance is an intricate and complex care organization with higher numbers of encounters per clients, a proxy indicator for complexity, and hence requires well-designed integrated care practices.

Syrian refugee clients' data has shifted the paradigm of population dynamics and service needs of our clients. Service needs for mental health and settlement services remains demanding like before, although the prevalence of social isolation started to decline after targeted intentional interventions by the health and wellness teams. Data quality remains a big challenge for in-depth analysis of data, and requires contextual information from supplementary evidences from the client experience or similar surveys.

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11.0 GLOSSARY OF FREQUENTLY USED TERMS

Chart ID: Unique identification number for each client assigned during the on-boarding process coded according to the primary service location, e.g. E stands for the East location (APOD), W stands for the West Location (APOJ).

Active Clients: Refer to the clients whose information is available in the EMR system. Typically client data remains in the system for a period of three years.

Clients Seen: They are a sub-set of the 'active clients' who visited service provider(s) during any specified time period (typically a year).

New Client: They are a sub-set of clients newly on-boarded into the agency during that particular period of time (typically one year).

Encounter: Refers to the frequency of interaction of the clients with the service provider(s). One client will have one chart ID, but may have multiple encounters in a year. During each encounter, the client may have multiple issues to be addressed.

NOD: Nightingale-On-Demand is the data repository system software for Electronic Medical Records (EMR) for clients.

Encode-FM: Codes used in the NOD for encounters, reasons for visits, and issues addressed by the service providers.

Reason for visit: Unprocessed statements of clients (according to Encode-FM) to describe their problem as a reason for visiting their service providers.

Issue: *Assessment* categories for the client (aligned to Encode-FM) that the service provider put into the NOD.

Preferred Language: This refers to the preferred language selected by clients at the time of on-boarding for speaking to their service providers. Sometimes this indicator may not reflect the first language for some clients.

Country of birth: This is a proxy indicator derived from the data for measuring ethnicity.