

2018



Access Alliance
Multicultural Health and Community Services

2017-2018

ANNUAL CLIENT ACTIVITY REPORT

A snapshot of Access Alliance clients' demographic attributes, service needs, and program interactions over the past year, to support evidence-informed organizational planning and quality improvement, and to ensure accountability

November 2018

How to Use this Report

This report captures the demographic attributes, program interactions, and service needs of clients who visited Access Alliance throughout the 2017-18 fiscal year*. The report intends to provide the necessary evidence to service providers, program staff, and managers to support needs-based planning and quality improvement of programs and services. In addition, program and research teams can use these data to explore inequities in healthcare access, healthcare quality and health outcomes at the client population level. Lastly, this report ensures organizational accountability through dissemination of information to multiple levels of stakeholders e.g. teams, clients, funders, partners, board of directors, and the general public. The information in this report has been organized into three domains in order to provide a more user-friendly format for the reader, depending on their area of work or focus: (i) health equity, (ii) community programs, and (iii) primary care.

- (i) **Health equity** comprises client demographic data as reported by eight standardized equity indicators set by the Toronto Central LHIN, as well as two of the Vital Eight Core Indicators (sense of belonging and self-rated physical and mental health) - evaluation indicators based on a desire by community health centres and Aboriginal care access centres to measure the impact of the shared Model of Health and Wellbeing (MHWB). Also included are additional indicators of research interest including immigration status, health insurance, and education. A summary of language services delivered to clients is also included, representing current service needs and priority languages.
- (ii) **Community programs & services** includes data on clients' service needs of Settlement providers, as well as interactions with the Peer Outreach Worker and Peer Accompaniment programs, the Volunteer/Student program, all group and drop-in programs, as well as activity at the Community Resource Centre (open to all community members).
- (iii) **Primary care** provides a summary of clients' issues addressed by the Primary Health Care team, with a focus on the prevalence of seven priority chronic diseases (set by the Canadian Institute for Health Information). Clients' services needs of dietitians and counsellor therapists are also presented, as well as their encounters with the Health with Dignity program.

Please note: Staff are encouraged to contact the Planning & Evaluation Department (msaroli@accessalliance.ca) for specific or more granular level data (for the same 2017-18 FY reporting period) as it pertains to their area of work or interest, that which is not captured in this summary report.

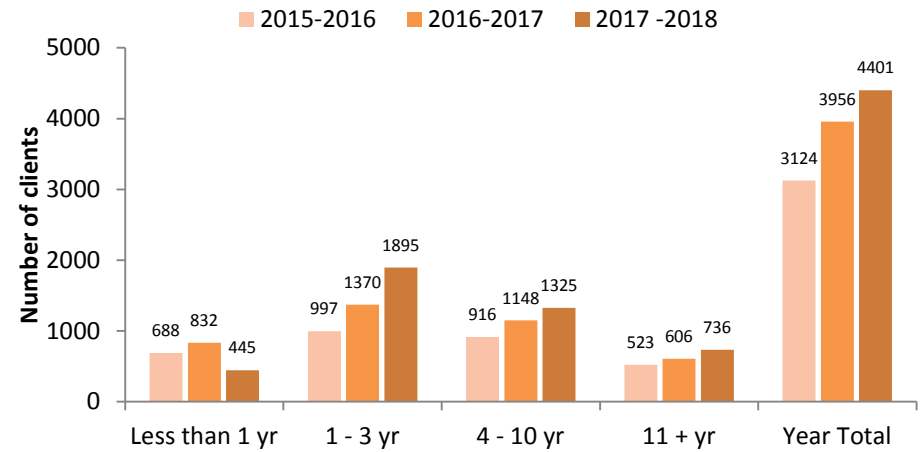
*Clients' data are discussed broadly by three of the Access Alliance locations for providing services: AccessPoint on Danforth (APOD), College, and AccessPoint on Jane (APOJ). College includes COSTI satellite clinic data; APOD includes clients seen at the Greenwood Clinic, Paul D. Steinhauer Clinic, and Barrington site; and APOJ includes clients seen at the Non-Insured Walk-In Clinic (NIWIC).

I. Health Equity - 8 Equity Indicators

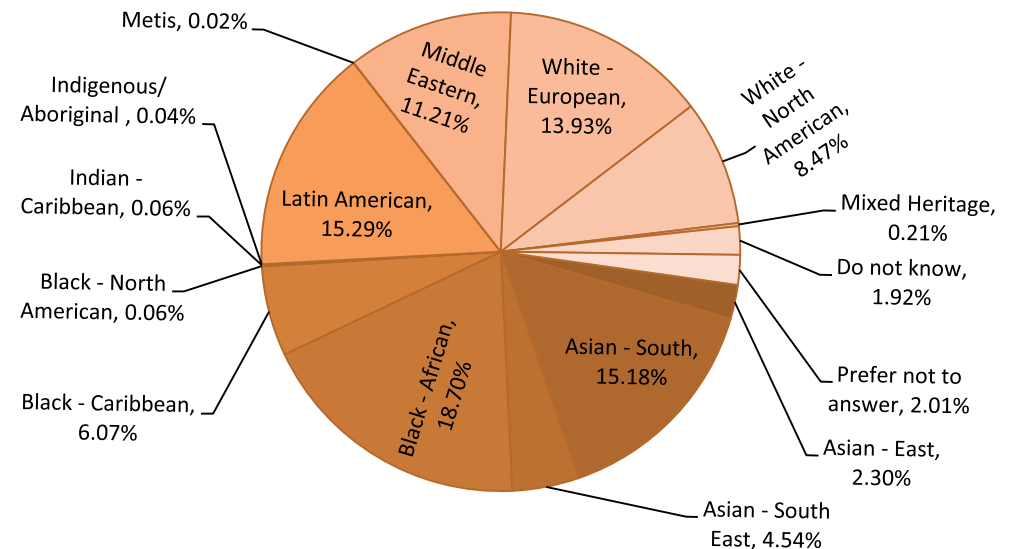
1 - Clients' Preferred Language

Overall (n = 4,207)	APOD (n = 1,494)	APOJ (n = 1,568)	College (n = 1,145)
English	English	English	English
(2,310; 54.91%)	(862; 55.47%)	(871; 51.85%)	(577; 46.27%)
Portuguese	Bengali	Portuguese	Portuguese
(600; 14.26%)	(225; 14.48%)	(317; 18.87%)	(277; 22.21%)
Spanish; Castilian	Arabic	Spanish; Castilian	Arabic
(483; 11.48%)	(202; 13.00%)	(281; 16.73%)	(146; 11.71%)
Arabic	Tigrinya	Karen	Spanish; Castilian
(386; 9.18%)	(120; 7.72%)	(111; 6.61%)	(123; 9.86%)
Bengali	Spanish; Castilian	Tigrinya	Persian
(233; 5.54%)	(79; 5.08%)	(56; 3.33%)	(68; 5.45%)
Tigrinya	Amharic	Hungarian	Cantonese; Mandarin
(195; 4.64%)	(66; 4.25%)	(44; 2.62%)	(28; 2.25%)

2 - Clients' Length of Stay in Canada



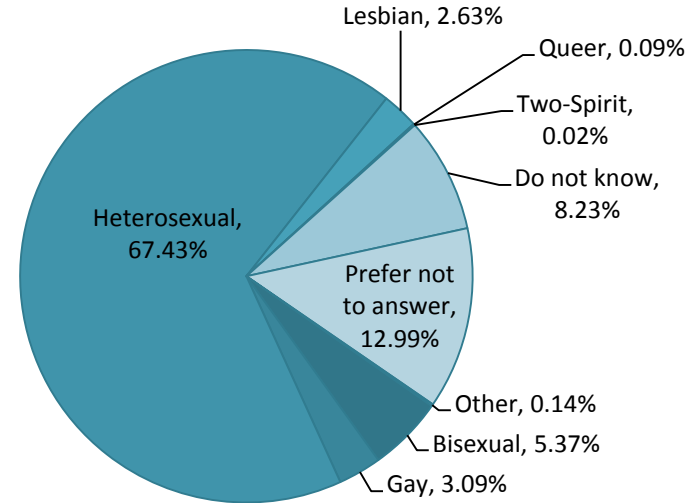
3 - Clients' Racial/Ethnic Groups (n=5,219)



4 - Clients' Self-identified Disability (n=4,374)

Type	% of clients
None	65.41%
Do not know	9.47%
Chronic illness	7.93%
Other	6.20%
Prefer not to answer	3.54%
Mental illness	2.70%
Physical disability	2.26%
Sensory disability	0.94%
Developmental disability	0.78%
Learning disability	0.53%
Drug or alcohol dependence	0.25%

5 - Clients' Sexual Orientation (n=4,302)



6 - Clients' Age & Gender

Age (yrs)	Gender								Total
	Female	Intersex	Male	Trans - Female to Male	Trans - Male to Female	Two-Spirit	Do not know	Prefer not to answer	
Up to 14	480; 8.73%	1	492; 8.95%	1			3	2	979; 17.81%
15 - 24	349; 6.35%	1	261; 4.75%	1	2	1			615; 11.19%
25 - 44	1428; 25.98%	2	932; 16.96%	3	11		1	6	2,383; 43.36%
45 - 64	672; 12.23%	1	519; 9.44%	3	5				1,198; 21.80%
65+	180; 3.28%		141; 2.57%						321; 5.84%
TOTAL	3,109; 56.57%	5	2,345; 42.67%	6	18; 0.33%	1	4	8	5,496; 100%

7 - Clients' Education & Income

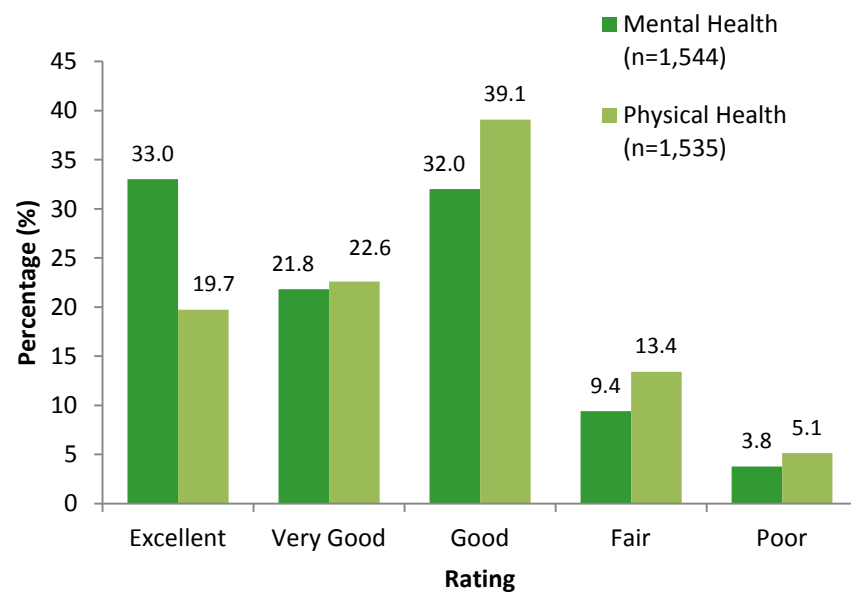
Level of Education (Valid response, n = 5,122)	%	Annual family income before taxes (\$) (Valid response, n = 4,798)	%
Primary or equivalent (grades 1-8)	19.06%	0-14999	45.16%
Secondary or equivalent (grades 9-12)	29.11%	15000-19999	6.07%
Post-Secondary or equivalent	30.89%	20000-24999	4.15%
Too young for primary completion	7.30%	25000-29999	3.29%
No formal education	4.55%	30000-34999	1.71%
Other	6.15%	35000-39999	1.17%
Do not know	2.38%	40000-59999	1.58%
Do not want to answer	0.57%	60000 or greater	1.25%
		Do not know	25.34%
		Do not want to answer	10.38%
TOTAL	100%		100%

8 - Number of People Clients' Income Supports (n=4,795)

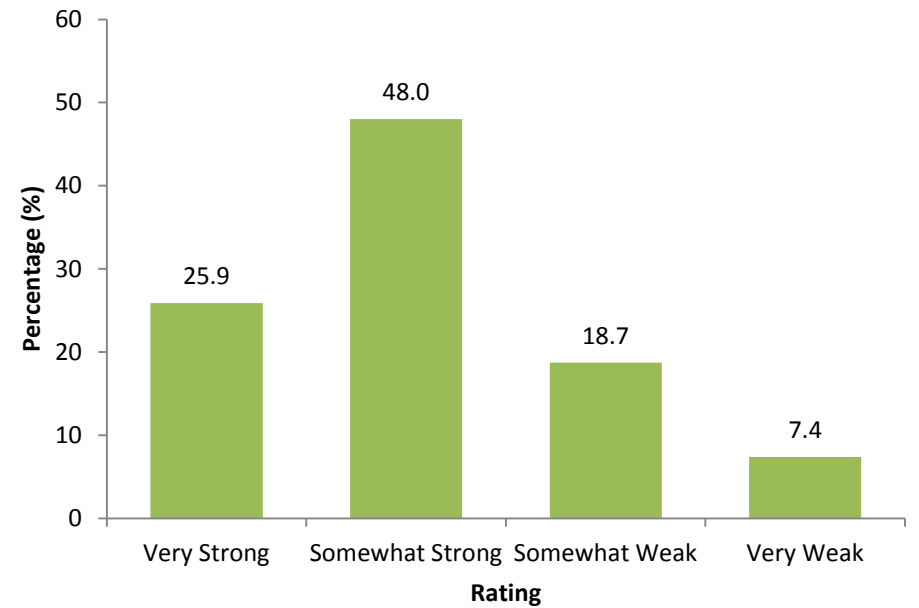
# of dependents	%
1 (support themselves only)	22%
2 - 4	47%
5 - 20	14%
Do not know	0.09%
Do not want to answer	8%
TOTAL	100%

I. Health Equity – Vital 8 Core Indicators (MHWB)

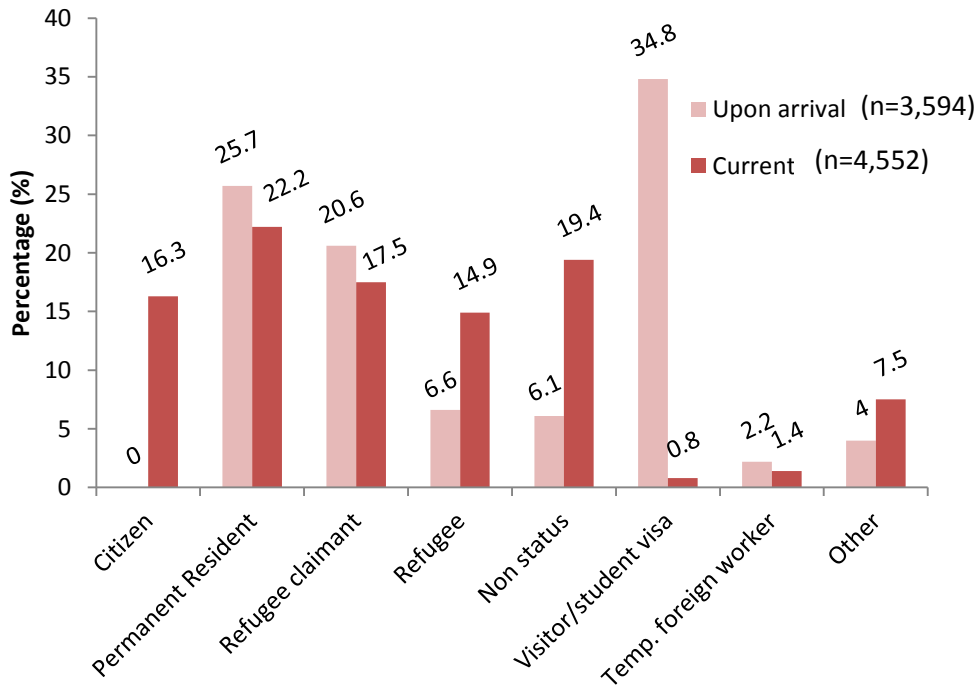
Clients' Self-Rated Health



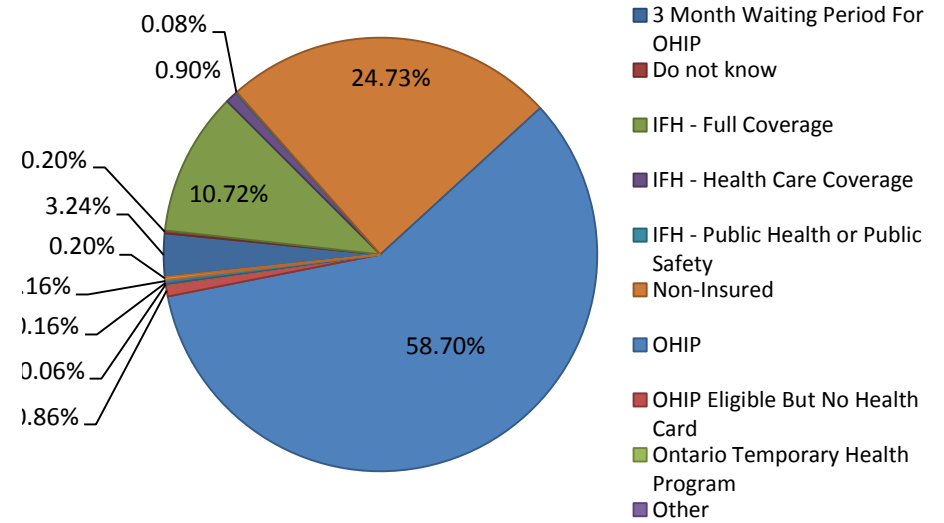
Clients' Sense of Community Belonging (n=1,923)



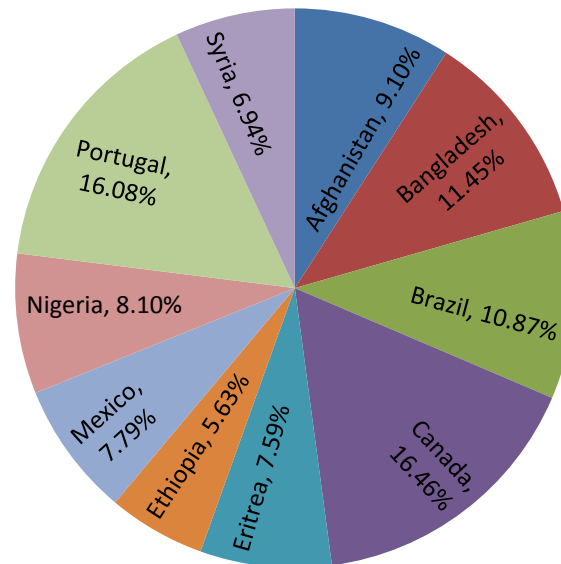
I. Health Equity – Indicators of Research Interest



Clients' Health Insurance Status (n=5,007)



Clients' Top Ten Countries of Origin (n=4,996)



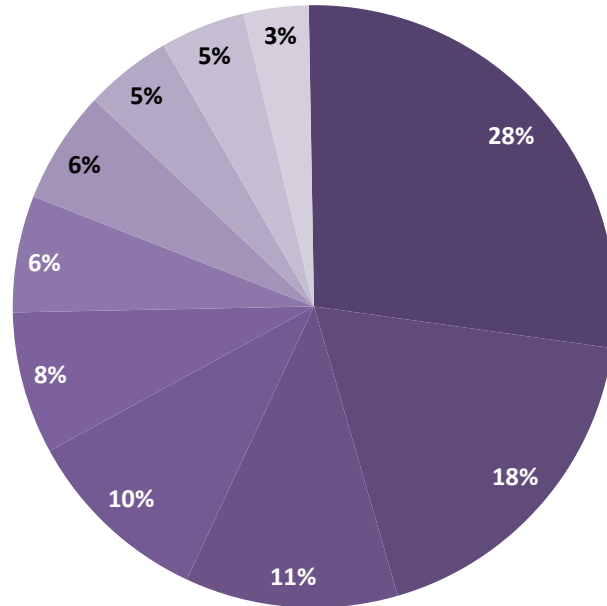
I. Health Equity – Language Indicators

LANGUAGES SERVICES		FY 2014-2015		FY 2015-2016		FY 2016-2017		FY 2017-2018	
# of languages provided to internal and/or external clients		102 (Internal & External)		117 (Internal & External)		57 (Internal only)		60 (Internal only)	
Interpretation provided for Access Alliance clients (requests filled)	Pre-scheduled On-site	2,067		2,937		2,773		3,276 (includes 28 pre-scheduled OPI)	
	On Demand Over-the-phone	3,026		3,591		5,357		6,534	
Document translation	# of Projects	27		108		84		96	
	# of Target language assignments	91		246		210		226	
Top Languages requested for on-site interpretation (for Access Alliance clients) n=4,168 in FY2017-2018 n=3,786 in FY2016-2017 n=3,527 in FY 2015-2016 n=2,970 in FY 2014-2015		Farsi	508 (17.1%)	Farsi	473 (13.4%)	Arabic	595 (15.7%)	Arabic	656 (15.7%)
		Hungarian	338 (11.4%)	Hungarian	459 (13.0%)	Hungarian	430 (11.4%)	Portuguese	552 (13.2%)
		Spanish	335 (11.3%)	Arabic	442 (12.5%)	Spanish	369 (9.7%)	Tigrinya	509 (12.2%)
		Sgaw (Karen)	304 (10.2%)	Spanish	414 (11.7%)	Portuguese	364 (9.6%)	Spanish	442 (10.6%)
		Dari	214 (7.2%)	Portuguese	304 (8.6%)	Dari	344 (9.1%)	Hungarian	388 (9.3%)
		Portuguese	203 (6.8%)	Sgaw (Karen)	277 (7.6%)	Farsi	325 (8.6%)	Sgaw - Karen	276 (6.6%)
				Dari	224 (6.4%)	Sgaw (Karen)	322 (8.5%)	Farsi	265 6 (0.4%)

II. Community Programs & Services

Top Ten Issues Addressed by Settlement Workers
(listed in order from 1 to 10; n=7,793)

- 1 - Request for Administrative Procedure / Form
- 2 - Immigration Issues
- 3 - Visit for Advice on Community Resources
- 4 - Request for Advocacy
- 5 - Financial Problem
- 6 - Housing Problem
- 7 - Problem with Health Care System / Access / Availability
- 8 - Discrimination based on Sexual Orientation
- 9 - Language Barrier
- 10 - Request for Referral(s)



Top ten issues are reported for *unique clients only* (where one client may visit a service provider multiple times for the same issue).

Peer Accompaniment Program Attributes and Activities

peers = 2 (+ 4 Volunteers)

distinct clients = 16

accompaniments = 40

Types of accompaniments (appointment locations):

- Faculty of Dentistry
- Gastroenterology & Hepatology
- Lifelabs
- North Toronto Eye Care
- Optometry Private clinic
- Outpatient Department, Diagnostic and Imaging department
- Scarborough Eye Associates
- Scarborough Hospital
- Secord Elementary School
- St Michael's Hospital
- St. Joseph's Health Centre
- Sunnybrook Hospital
- Toronto General Hospital

*Peer Outreach Worker (POW) Program
Attributes and Activities*

Total # POWs – 7

Czech/Slovak – 2

Sgaw/Burmese - 1

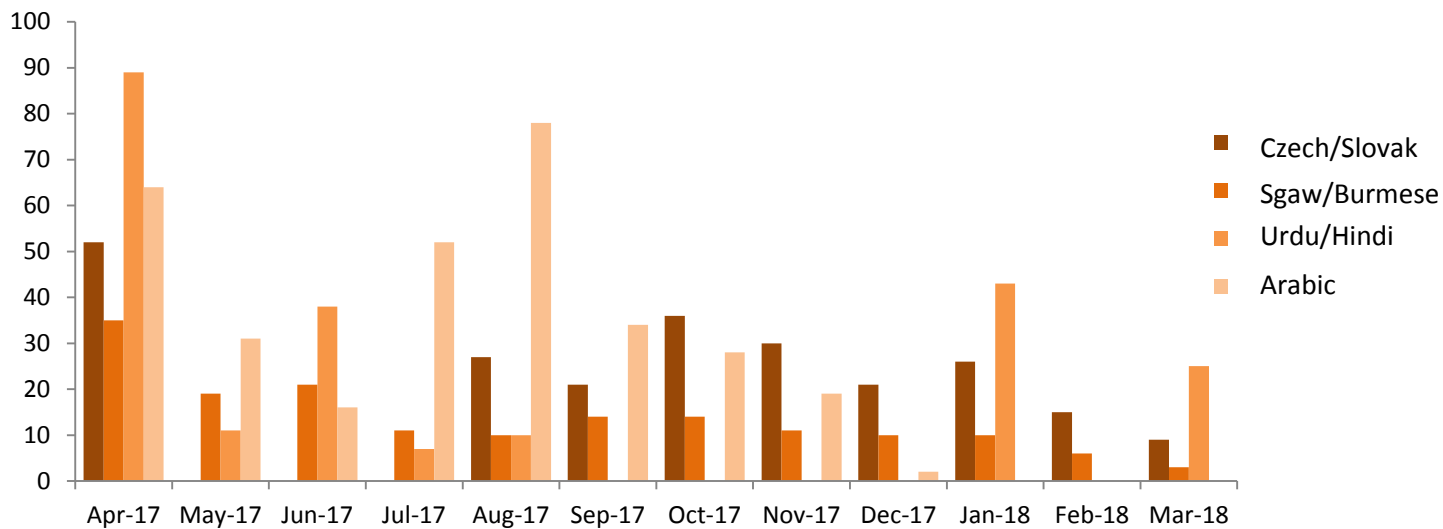
Urdu/Hindi – 2

Arabic – 2

	Total
Distinct Individuals Seen by Age Group	948
Pediatric (17 yrs and under)	91
Adult (18-65 yrs)	825
Elderly (over 65 yrs)	32
Age Not Known	0

	Total
Total Encounters by Mode	3599
Face-To-Face Encounters (Client Present - Excludes 3rd Party)	2234
Telephone Encounters (Client Present - Excludes 3rd Party)	1365

Distinct Clients Seen by POWs per Month



Volunteer/Student Placement Program

	2012	2013	2014/15	2015/16	2016/17	2017/18
Active Volunteers	299	202	246	244	252	231
Volunteer hours contributed	4,002	2,797	7,155	7,185	8, 227	10,071
Average number of hours per volunteer	13.4	13.8	29.1	29.4	32.6	43.59
Student placements	39	42	56	62	74	55
Student hours contributed	6,998	6,532	12,037.5	12,503	12,247.5	11,585
Average number of hours per student	179.4	155.5	215	202	165.5	210.64

Registered* Group & Drop-In Programs – Participant Demographics

Preferred language n=736	Total	%
English	622	69.0
Arabic	58	6.4
Bengali	22	2.4
Karen	20	2.2
Spanish; Castilian	14	1.6
Racial/Ethnic Group	Total	%
Black - African	345	38.3
Asian - South	97	10.8
Black - Caribbean	51	5.7
Asian - South East	42	4.7
White - European	35	3.9

13.3% (n=110) of program participants reported a disability

Disability	Total	%
Other (Please specify)	38	4.2
Chronic illness	29	3.2
Physical disability	19	2.1
Mental illness	16	1.8
Learning disability	8	0.9

- **51.6% (n=465) identified as female, while 36.6% (n=330) identified as male.**
- **30.4% (n=274) identified as heterosexual, while 16.5% (n=149) identified as bisexual.**
- **43.1% (n=388) reported an annual family income of less than \$15,000.**
- **27.9% (n=251) support one dependant with their income, 22.0% (n=198) support between 2 and 4 dependants, and 11.7% (n=105) support 5 or more.**

*95% of Access Alliance programs are registered programs

Personal Development Group Attendances

Program Type	Number of participants
Total Non-Registered Client Attendance (LHIN Funded PDGs)	2,061
Total Non-Registered Client Attendance (All NOD PDGs)	4,954
Total Registered Client Attendance (LHIN Funded)	5,692
Total Registered Client Attendance (All NOD PDG's)	12,535

Community Resource Centre – Attendance

- Total visits = **8,241**
- Total new (initial) = **428**
- Total returning = **7,813**

III. Primary Health Care – Issues addressed by Primary Care Team

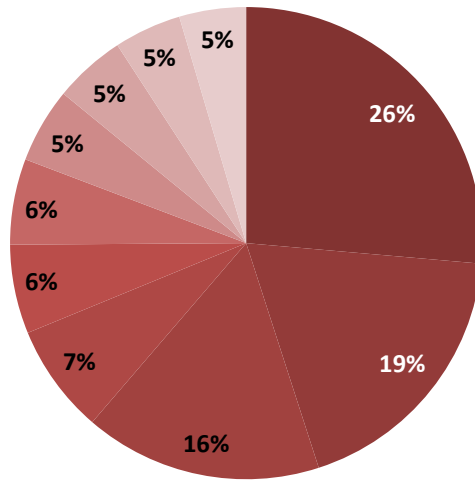
Issues Addressed by Primary Care Service Provider Teams

Type of Service Provider	# of issues	# of unique clients
Primary Health Care Team	42,574	3,847
Therapeutic Counsellor Team	8,171	551
Dietitian Team	3,091	459
TOTAL	61,629	6,728

Prevalence of 7 Priority Chronic Diseases

Disease	Total # issues (burden)	Total # unique clients (prevalence)
Hypertensive diseases (incl. hypertension) & ischemic heart diseases (incl. Coronary Artery Disease)	1,279	412
Depression	850	311
Diabetes	909	236
Anxiety Disorder	413	208
Asthma	214	127
Osteoarthritis	132	89
Chronic Obstructive Pulmonary Disease	72	33

- 1 - Visit for Preventive Immunizations / Medications
- 2 - Visit for Screening (incl. PAP smear)
- 3 - Problems related to social environment, incl Immigration issues
- 4 - Problems related to housing and economic circumstances
- 5 - Visit for health advice/education
- 6 - Hypertensive diseases
- 7 - Upper Respiratory Infection
- 8 - Back pain
- 9 - Hyperlipidemia
- 10 - Abdominal and pelvic pain

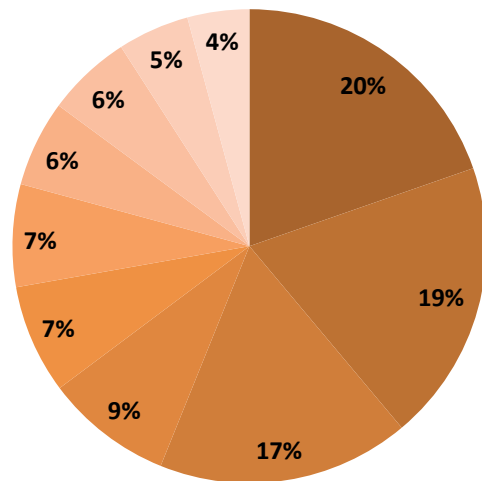


Top Ten Issues* Addressed by Primary Care
(listed in order from 1 to 10; n=42,574)

*Note: purely administrative encounters (e.g. request for referral, intake of new client) were excluded from this list.

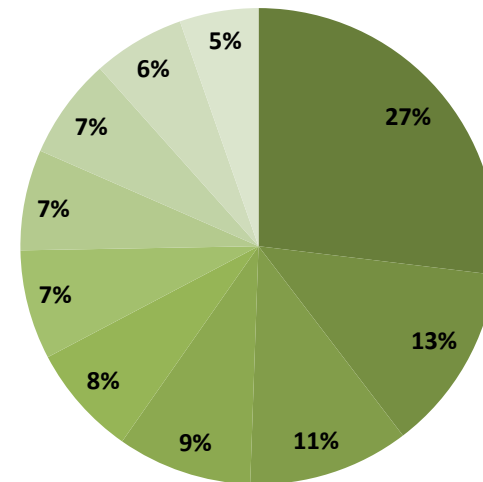
Top ten issues are reported for *unique clients only* (where one client may visit a service provider multiple times for the same issue).

- 1 - Visit for Diet Advice
- 2 - Visit for Advice on Healthy Eating
- 3 - Visit for Advice on Weight Management
- 4 - Elevated lipids
- 5 - Food Insecurity
- 6 - Visit for Advice on Toddler/Child Nutrition
- 7 - Obesity (BMI >30)
- 8 - Visit for Advice on Community Resources
- 9 - Picky Eater
- 10 - Hypertension



Top Ten Issues Addressed by Dietitians
(listed in order from 1 to 10; n=3,091)

Top Ten Issues Addressed by Counsellor Therapists
(listed in order from 1 to 10; n=8,171)



- 1 - Visit for Therapeutic Counselling / Listening
- 2 - Feeling Depressed
- 3 - Post-Immigration Stress
- 4 - Feeling Anxious
- 5 - Social Isolation
- 6 - Fear / Concern about immigration status
- 7 - Financial Problem
- 8 - Request for Administrative Procedure / Form
- 9 - Discrimination based on Sexual Orientation
- 10 - Request for Advocacy

Number of Clients Seen & Encounters through Health with Dignity (HWD) Programming

		2017-2018				
Initiative		Q1	Q2	Q3	Q4	Total
HWD	Clients Seen	49	37	22	60	82
	Encounters	76	52	38	102	140
NIWIC	Clients Seen	186	223	226	219	445
	Encounters	360	409	401	410	811
RED	Clients Seen	15	13	12	9	21
	Encounters	37	29	19	12	31
SPIN	Clients Seen	47	51	50	57	107
	Encounters	87	87	84	83	167
SYRIAN	Clients Seen	50	60	66	49	115
	Encounters	99	100	118	86	204

HWD – Health with Dignity

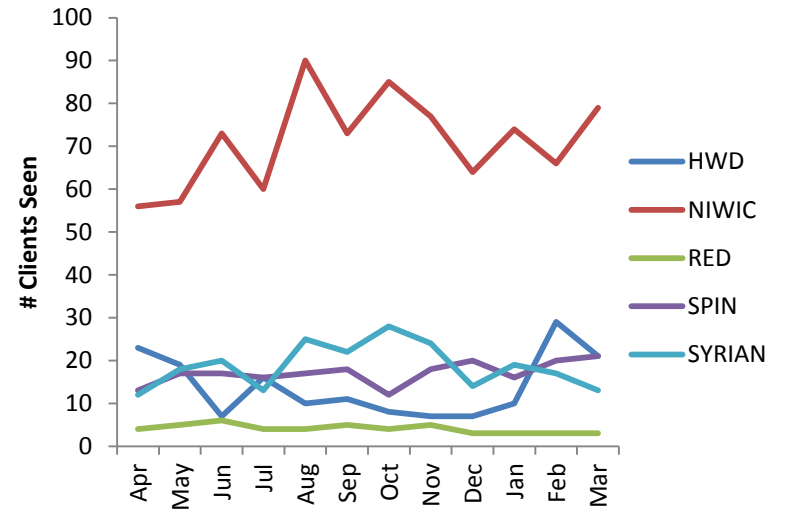
NIWIC – Non-Insured Walk-In Clinic

RED – Emergency Department Referrals

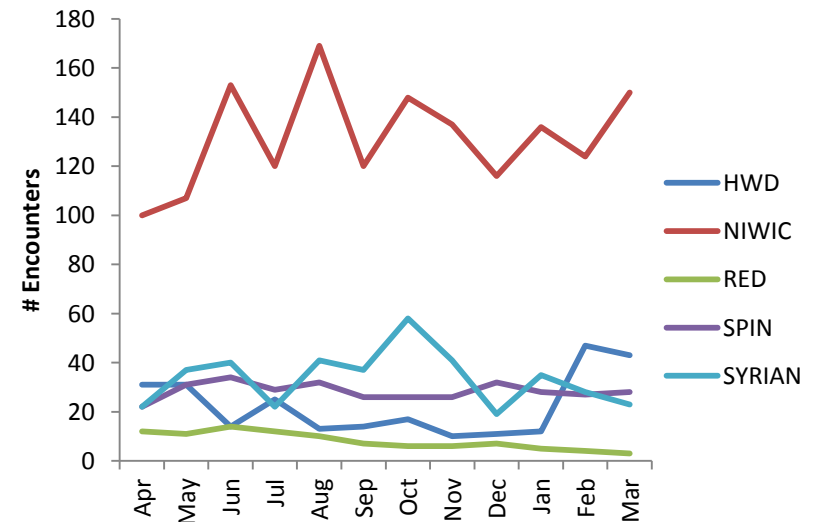
SPiN – Solo Practitioners in Need

SYRIAN – Syrian Refugee response

Trend of Clients Seen through HWD Programming; n=770)



Trend of Encounters through HWD Programming; n=1,353)



Glossary

Encounter: Refers to the unique interaction of a client with a service provider. 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) of clients.

Issue: Assessment categories for the client according to the Canadian version of the 10th International Classification of Disease (ICD-10 CA) database), entered by the service provider into NOD.

Preferred Language: Refers to the preferred language selected by clients at the time of on-boarding for speaking to their service provider(s). This indicator may or may not reflect the first language for some clients.

Appendix - Methodology

This annual report is based on the key assumption that demographic attributes and service needs of our clients change over time, and Access Alliance's resources and services need to be updated to meet these changing needs.

In order to report on clients' reasons for meeting with service providers (primary care, settlement, dietitians, and counsellor therapists), Electronic Medical Record (EMR) data were pulled from the Nightingale-On-Demand data repository of the agency.

Also reported are demographic indicators around equity, Vital 8, and those relevant for research purposes, as self-identified by clients upon completion of the standard intake form. Data on the Vital 8 indicators was retrieved from BIRT.

The inclusion criterion was clients who were seen by any of the service providers of Access Alliance within the FY 2017-2018 (representing a sub-set of all active clients in the system). Data from NOD were transferred to Excel spreadsheets for cleaning and analysis. The data cleaning process (for missing data, error, and reliability) was conducted diligently to ensure accuracy. Primary care encounters were coded according to the Canadian version of the 10th International Classification of Disease (ICD-10 CA) database, whereby the organization of categories represents the best fit for client data.

Information on Languages Services and community programs and services (peer outreach/accompaniment, students/volunteers, group and drop-in programs, and the Community Resource Centre) was collected from the respective departmental databases within the comparable timeframe (FY 2017-2018).

Sensitivity and specificity of the indicators were considered as critical factors for interpreting findings. Analyzed information was interpreted into easy-to-understand language, tables, and charts, comprising this report.