

Windsor Essex Community Health Centre  
Centre de santé communautaire de Windsor Essex



# **12<sup>th</sup> Annual General Meeting Report**

## **Wednesday 22 June 2022**

### **weCHC Sites**

<b>Diabetes Wellness</b>	<b>519-997-2323</b>
<b>Leamington</b>	<b>519-997-2828</b>
<b>Pickwick</b>	<b>519-997-2827</b>
<b>Sandwich</b>	<b>519-258-6002</b>
<b>Street Health</b>	<b>519-997- 2824</b>
<b>Teen Health</b>	<b>519-253-8481</b>

## Strategic Plan

### **Vision**

Optimal health and wellbeing for our community.

### **Mission**

Designing and delivering an accessible, inclusive and collaborative approach to providing primary care, illness prevention and health promotion.

### **Values**

Delivering a person focused experience in each interaction through the following values:

- \* Integrity
- \* **C**ompassion
- \* **A**ccountability
- \* **R**espect
- \* **E**quity

# LAND ACKNOWLEDGEMENT

Windsor Essex Community Health Centre  
Centre de santé communautaire de Windsor Essex



We at Windsor Essex Community Health Centre recognize that our work takes place across Windsor and Essex County within the province which is now called Ontario. This province lays on traditional territories of the Indigenous people who have lived here since time immemorial and have deep connections to these lands.

We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

By personally making a land acknowledgement we are taking part in an act of reconciliation, honouring the land and Indigenous heritage, which dates back over 10,000 years.



@weCHC\_



@weCHC519

[www.wechc.org](http://www.wechc.org)

**Windsor Essex Community Health Centre (weCHC)  
Meeting Notice and Agenda for the 12th Annual General Meeting (AGM)  
June 22, 2022 6:30 pm to 8:00 pm**

It is with pleasure that we invite all members in good standing to the 12<sup>th</sup> Annual General Meeting (AGM) of the Windsor Essex Community Health Centre.

**DATE:** Tuesday June 22, 2022  
**TIME:** 6:30 pm to 8:00 pm  
**VENUE:** By Microsoft Teams

**PROXIES**

For members who cannot attend the AGM in person, a proxy form is attached. The completed proxy should be returned to W. McClounie on or before June 22, 2022.

1. **Welcome and Call to Order** W. McClounie, Chair
2. **Approval of Agenda** W. McClounie, Chair
3. **Introduction of Board Members** W. McClounie, Chair
4. **Governance Committee Report on the Election of new Board Members** C. Howitt,  
Committee Chair
5. **Notice of Meeting** C. Howitt, Secretary
6. **Report on Attendance Including any Proxies received** C. Howitt, Secretary
7. **Approval of June 23, 2021 AGM Meeting Minutes** W. McClounie, Chair
8. **Reports**  
These reports are included in the AGM report
  - a) **weCHC Executive Director & Board Chair's Report** W. McClounie, Chair
  - b) **Auditor's Report and presentation of the  
Financial Statements March 31, 2022** W. McClounie, Chair
9. **Appointment of the Auditors and Fixing of Remuneration of Auditors** W. McClounie, Chair
10. **Ratification of the Board of Directors Actions for 2020-2021** C. Howitt, Secretary
11. **There are no By-Law amendments or supplementary letters patent which need approval at this time.**
12. **Presentation**
  - Staff Recognition – Anniversary Milestones are recognized for staff at 5, 10, 15, 20, 25, 30 years of service. The list will be read by R. Taillefer, Executive Director.

**Windsor Essex Community Health Centre (weCHC)  
11<sup>TH</sup> ANNUAL GENERAL MEETING (AGM) MINUTES  
Wednesday June 23, 2021 from 6:30 P.M. to 8:00 P.M.  
By Zoom**

**Present:** Kathryn Hengl (Chair), William McClounie (Vice Chair), Jackie Dent (Treasurer), C. Howitt, (Secretary), Helen Bolton, Ken Stewart, Camille Armour

**Regrets:** Bob Fetherston

**Staff:** Rita Taillefer, Executive Director, Sheraz Thomas, Director Data Management & Corporate Services

**Guest:** John Blanken, Grant Thornton

**Recorder:** Lynn Thomson, Executive Assistant, & Privacy Officer

**Quorum was achieved. Seven (7) of eight (8) members were present.**

**Proxies**

One proxy was received from Bob Fetherston which will be reported under item 7.

1. K. Hengl, Chair, called the meeting to order at 6:03 pm and asked members to identify any conflict of interests at this time, none were declared.

**2. Presentation**

R. Taillefer acknowledged the loss of one of our Team Members, Sandi Dennison. Sandi was a Registered Nurse and Certified Diabetes Educator (since 1999) who passed away on June 21<sup>st</sup>, 2021. She was an advocate for Diabetes awareness and management working collaboratively with her colleagues providing care and education to our community in a unique and sincere way, living with Type 1 Diabetes herself. She will be greatly missed and fondly remembered by her coworkers and her clients.

A video was shown that was put together by the organization to celebrate the many achievements over the past year. Thanks were extended to Gabby Manroe who compiled the video.

**3. Approval of the June 23, 2022 Agenda**

**Motion:** A Motion was made for approval of the agenda as presented.

**Moved:** H. Bolton                      **Seconded:** W. McClounie      No Discussion                      Carried

4. K. Hengl introduced the weCHC Board Members and the Auditor from Grant Thornton.
5. **Governance Committee Report:** William McClounie (for Bob Fetherston, Chair Governance Committee), reported that one new Board Member was recruited during the year to bring the Board to its full complement of eight.
  - Gina Graston resigned from the Board in November 2020. Gratitude and thanks were extended for the time and commitment to the Board in the role of Director and Secretary.
  - Camille Armour was recruited to the Quality Utilization and Risk Committee (QUR) of the Board as a Community Member in October 2020 and was appointed to the Board in November 2020. Her wealth of knowledge and contributions to the Quality Committee and the Board were recognized.
  - Two Board Members who have completed their Terms will be leaving the Board following the AGM. Kathryn Hengl, Board Chair and Bob Fetherston, Director and Chair of the Governance Committee were thanked for their service on the Board and the significant contributions made in supporting the organization.
  - After a very successful recruitment campaign two new Board Members and two Community Members were recruited to sit on the Quality Utilization and Risk Committee (QUR).
    - Justine Taylor, weCHC Board Member, Director
    - Alix Khanafer, weCHC Board Member, Director
    - Christian Janisse, Committee Member, QUR Committee
    - Nicole Dziamarski, Committee Member, QUR Committee

**Motion:** A Motion was made to approve the Governance Committee's report and the election of new Board Members.

**Moved:** K. Hengl                      **Seconded:** K. Stewart                      No Discussion                      Carried

6. **Notice of Meeting:** Clara Howitt, Secretary, reported that the meeting notice and agenda were emailed to members on June 11, 2021 in accordance with the weCHC Board bylaws.
7. **Report on Attendance Including any Proxies received:** Clara Howitt, Secretary, reported that Seven (7) of eight (8) Board Members were in attendance. One proxy was received from Bob Fetherston appointing William McClounie to vote on his behalf.
8. **Approval of June 24, 2020 AGM Meeting Minutes**  
**Motion:** A Motion was made to approve the June 24, 2020 AGM Meeting Minutes.  
**Moved:** C. Howitt                      **Seconded:** H. Bolton                      No Discussion                      Carried

## 9. Reports

### **weCHC Executive Director & Board Chair's Report - K. Hengl reported**

The joint Report was included in the AGM Report and was previously distributed.

Another year has passed, and this year promises to be one we will never forget.... I wrote those words at this time last year and little did I know how true they would be. We will refer to the 2020-2021 year as one "that will go down in the history books".

Last year's AGM report spoke of a year of growth, stabilization and partnerships, this past year was one of innovation, creativity, partnership and one where we saw community/client needs and quickly responded to those needs. weCHC has lived the essence of what makes

a CHC a CHC: advocacy, meeting our clients where they're at, quickly shifting to meet our client's needs, and continuing to provide quality equitable care. Throughout the past 15 months, the staff at weCHC have worked tirelessly within our organization and with our partners to overcome the obstacles that we have been presented with throughout the year.

Despite the pandemic, this year brought some significant changes and successes.

We highlighted many achievements last year, and have many more to highlight this year:

- ✓ **Accreditation** our organization received full accreditation. The reviewers spoke of how impressed they were by the passion and advocacy and caring that they witness across the organization. Although there were some small suggestions for improvement, most of the review focused on the significant strengths that were evident across all of our sites. We will continue to improve client services and continue to prepare for the next review in December of 2024.
- ✓ **New Electronic Medical Records (Telus PS Suites)**  
Our organization moved to a new EMR in the virtual world. Although we had hoped to have onsite education and support prior to and during go live, the pandemic made this impossible. weCHC staff and IT department completed all our preparation, education and "go live" virtually. Once again, the weCHC staff rose to a challenging situation and made the best of it. A benefit that comes with PS Suites is the ability to complete virtual (video) visits with clients. This is part of a suite of tools that will remain with us for years to come.
- ✓ **Meeting community needs**  
This past year has come with many needs. From COVID19 swabbing, to care for the homeless, to mobile outreach swabbing teams to vaccination. weCHC staff have worked with our partners to address all the above. We have worked very closely with our Public Health Unit throughout the pandemic: we provided support for drive through and outreach swabbing. We worked with the City of Windsor, HDGH, the Health Unit to provide medical care and support for the homeless populations that were confined to the IRCs in downtown Windsor. Several staff members were seconded to Leamington Hospital and Ontario Health to be part of a "mobile outreach swabbing team" (this team went out to nursing homes, retirement homes and farms to provide swabbing, assessment and medical care). Our teams supported Windsor Regional Hospital's vaccination sites. Lastly, every staff member across the organizations has continued to provide support in a variety of methods to both our clients, our volunteers and our staff. We have provided vaccination for our clients in addition to three pop-up clinical that were supported by our Street Health and Sandwich locations. We are now shifting into working with clients who require cancer screening, who require education related to vaccine and shifting into gradually re-opening our locations and resuming "non urgent" client care.
- ✓ **Board Changes**  
I would like to take this opportunity to extend a very sincere thank you to Kathryn Hengl and Robert Fetherston for their many years of service on our Board. Kathryn and Bob, you will both be missed... and thank you for all your years of hard work.

I would like to take this opportunity to welcome our new Board members Justine Taylor and Alex Khanafar. I would also like to welcome two new members to our Quality Utilization and Risk Committee, Nicole Dziamarski and Christian Janisse.

In ending, I would like to thank our staff, volunteers, and the Board, for their continued loyalty and contribution to the organization and our clients. Thank you....

*Rita Taillefer*

*Kathryn Hengl*

Rita Taillefer  
Executive Director

Kathryn Hengl  
Board Chair

**Motion:** A motion was made to approve the weCHC and Board Chair Report as presented in the 2021 Annual General Meeting Report.

**Moved:** H. Bolton      **Seconded:** C. Howitt      No Discussion      Carried

- 10. Auditor's Report and the Audited Financial Statements March 31, 2021:** Jackie Dent, Treasurer, reported on the Audited Financial Statements March 31, 2021. J. Dent indicated that the Auditor's Report of the Financial Statements March 31, 2021 were presented to the Finance Committee on June 16, 2021 for their review and recommendations. Their recommendation was that the Financial Statements at March 31, 2021 be accepted by the Board at their June 24, 2021 Board meeting prior to this AGM.

**Motion:** A motion was made that the Membership accept the Audited Financial Statements of March 31, 2021 and summary of Auditors report as presented.

**Moved:** K. Stewart      **Seconded:** H. Bolton      No Discussion      Carried

**11. Appointment of the Auditors and Fixing of Remuneration of Auditors**

J. Dent reported that a Motion was passed at the June 24, 2020 Board Meeting for reappointment of the firm Grant Thornton LLP as weCHC Auditors for a further 3-year period from April 1, 2020 to March 31, 2023. The remuneration was fixed as per the agreement for the 2020-2023 period.

**12. Ratification of the Board of Directors Actions for 2020 - 2021**

C. Howitt moved that all acts, contracts, by-laws, proceedings, appointments, referred to in the minutes of the Board of Directors of the Corporation are hereby approved, ratified and confirmed.

**Moved:** C. Howitt      **Seconded:** K. Stewart      No Discussion      Carried

- 13.** There were no by-law amendments or supplementary letters patent which need approval at this time.

**14. Presentations**

**Introduction of Directors**

- Rita Taillefer – Executive Director
- Sheraz Thomas – Director Data Management & Corporate Services
- Sarah Sasso – Director Clinical Practice - Regrets
- Amy Palmer - Director HR & Clinical Practice - Regrets
- Nadine Manroe-Wakerell - Director Clinical Practice - Regrets
- Cheryl Zaffino - Director Clinical Practice - Regrets



**Staff Recognition** – Rita Taillefer offered a few words of gratitude to the staff who celebrated milestone anniversaries in this past year. Staff recognition awards were provided to the staff directly at their sites.

- **20 Years:** Ann Conrad - Diabetes Wellness, Sandi Dennison - Diabetes Wellness
- **15 Years:** Shelley Fazekas - Diabetes Wellness, Vera Rozenbojm – Sandwich
- **10 Years:** Carol Diemer – Sandwich, Dina Ozols – Sandwich, Vanessa Ryan - Street Health, Trisha Wilson – Teen
- **5 Years:** Svetlana Asseva - Corporate Services, Mary Broderick- Active Aging, Liz Magro - Corporate Services, Gail Maples - Pickwick/Teen, Melany Marcinkowski – Teen, Tom Murtagh- Diabetes Wellness, Nikosey Nadia - Active Aging, Carrie Pare – Leamington, Alicia Peltier – Sandwich, James Stainer - Diabetes Wellness, Trepanier Lindsay – Leamington

#### **15. Adjournment**

K. Hengl called for a motion to adjourn the meeting at 7:15 pm and was seconded by C. Armour.

## weCHC Executive Director & Board Chair 2021-2022 Annual General Meeting Report

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### LAND ACKNOWLEDGEMENT

We at Windsor Essex Community Health Centre recognize that our work takes place across Windsor and Essex County within the province which is now called Ontario. This province lays on traditional territories of the Indigenous people who have lived here since time immemorial and have deep connections to these lands.

We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

By personally making a land acknowledgement we are taking part in an act of reconciliation, honouring the land and Indigenous heritage, which dates back over 10,000 years.

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As a volunteer board, we focus our guidance to weCHC based on the Vision, Mission and Values Statement and the Strategic Plan:

- Vision** Optimal health and wellbeing for our community.
- Mission** Designing and delivering an accessible, inclusive and collaborative approach to providing primary care, illness prevention and health promotion.
- Values** Delivering a person focused experience in each interaction through the following values:  
**Integrity – Compassion – Accountability – Respect - Equity**

In order to fulfill the governance role of the board, it is critical that the board members offer guidance and leadership to the weCHC leadership team that us grounded in the Strategic Plan.

After nearly 2 and half years of managing primary healthcare services to our clients and adapting to public health guidelines to protect people in our society, we believe that weCHC is a stronger organization. An overused term at times, but “resiliency” is what comes to mind on how the organization and staff have managed through impact of COVID-19. Our clients deserve a tremendous amount of our thanks for their patience and support. weCHC clients come first and this period of change has and will see long term impact to individual health status.

As we and our clients transition out of the impact of COVID-19, weCHC must and will position itself to the future. This past year created challenges and with the processes in place, opportunities were created. By working with community partners in a collaborative manner progress has been made to advance primary health care in the Windsor Essex region.

We highlighted many achievements last year, and have many more to highlight this year:

**1. Equity and Diversity Training**

- Training for staff and Board members
- Developed an Equity and Diversity Charter / Statement

**2. Accreditation:** Our organization received full accreditation in 2021. This process set the organization to continued success in 2022. We will continue to improve client services and continue to prepare for the next review in December of 2024. The Clinical Director who is also has Quality in the portfolio is working with staff and providers to ensure that Accreditation leads all of our work and practices every year, and not only at the time of accreditation.

**3. Consumption and Treatment Services (CTS):** Our organization will be operationalizing the new “temporary urgent CTS” located at 101 Wyandotte Street. We are working with the Windsor Essex County Health Unit and many other community partners to make this a reality for residents of Windsor. Work is currently happening to ready this site for providing services to the residents of Windsor. An application for a permanent site is also being prepared which will enable us to permanently located at this site.

**4. Temporary International Agricultural Worker Health Care:** weCHC is now delivering “on farm” episodic and primary care for workers at Mucci Farms and Great Lakes farms. In addition, we offer a weekend walk in clinic for greenhouse workers. Plans are being made to increase services at Mucci to two days/week as well as to deliver additional walk-in hours on weekends.

**5. New Programs at weCHC:**

- **SAPPACY:** Substance Abuse Program for African and Caribbean Canadian Youth
- **IOP:** Intensive Outpatient Eating Disorders Program, in partnership with BANA with our Teen Health staff.
- **Southwestern Ontario Youth Gender Diversity Clinic:** partnership between Chatham Kent CHC and Dr. Ian Johnston (new service for transgender children and youth)
- **High Priority Population Primary Care Program:** This is based on our Year 1 Ontario Health Team priority population. The program works with the Medical Mobile Team (housed out of Leamington Hospital) to provide primary care services for greenhouse workers and for high priority populations (downtown core).

**6. Awards**

- **Alliance for Healthier Communities: “Transformative Change Award”.** An award was presented by the Alliance Board of Directors for work at the “Forefront of Transformation Changes to Achieve the Best Possible Health and Wellbeing for Everyone Living in Ontario”. The award was presented to our CHC, Chatham Kent CHC and Dr. I. Johnston.
- **Bulimia an Anorexia Nervosa Association (BANA): “Outstanding Non-Profit Community Organization”.** This award was presented in recognition of the many health promotion initiatives and programs at weCHC.

**7. The weCHC team:** In ending, I would like to thank all of the staff and the leadership team for their hard work and perseverance during the past year. This year has brought new challenges in addition to the challenges brought on by the pandemic. No matter what, no matter how “big” the challenge was, the team continued to rise to the challenge. In the spirit of the CHC, teams continued to focus on our clients and continued to provide reliable, equitable, high-quality client care. Thank you to a wonderful (albeit tired) weCHC team!

## **8. Board Changes**

I would like to take this opportunity to extend a very sincere thank you to William McClounie for his many years of service on our Board. William, we will miss your presence and your leadership. Thank you for all your years of hard work and dedication. I would also like to extend a thank you to Jackie Dent, our Board Treasurer who is also leaving our Board.

In ending, we would like to thank our staff, volunteers, and the Board, for their continued loyalty and contribution to the organization and our clients.

*William McClounie*

William McClounie  
Board Chair

*Rita Taillefer*

Rita Taillefer  
Executive Director

# Our Year by the Numbers

## Primary Care Clients

**63%** of clients were offered flu shots

**77%** of clients were offered colon cancer screening

**77%** of female clients were offered cervical cancer screening

**80%** of female clients were offered breast cancer screening

**87%** of clients received inter professional diabetes care

**Meeting our  
preventative  
health goals**

**54%** of clients were provided primary care

**13%** of clients received care from registered social workers

**24%** of clients received care from registered dietitians

**Being  
accessible  
to our  
community**

**96,092** client appointments were provided

**84%** of clients reported being able to get an appointment when they wanted

**89%** of clients reported opportunities to ask questions about recommended treatment

**92%** of clients felt they were involved as much as they wanted to be in decisions about their care

**26,700** active clients in our care

## Supporting Our Community During COVID-19

**4,259** contactless deliveries of food, hygiene products & harm reduction supplies to community members and **1,180** Virtual Visits were conducted.

Health promotion programs held over **175** sessions and had a total attendance of **1,204** clients









We work with approximately **70** partner agencies to enhance programs & services

We trained **30** students from **7** professional programs to learn from our staff



We worked with **43** volunteers who contributed cover **2,112** hours

**Commitment  
to  
Community  
Partnerships**

## weCHC BOARD OF DIRECTORS 2021-22

	<p><b>William McClounie - Chair</b></p> <ul style="list-style-type: none"> <li>➤ Appointed to the Board March 2016</li> <li>➤ President of AgriFood Capital Corp.</li> <li>➤ Ex Officio Member, Governance Committee</li> <li>➤ Ex Officio Member, Finance Committee</li> </ul>		<p><b>Helen Bolton – Vice Chair</b></p> <ul style="list-style-type: none"> <li>➤ Appointed to the Board June 2017</li> <li>➤ Project Manager &amp; Risk Management at Schneider Electric</li> <li>➤ Member, Governance Committee</li> </ul>
	<p><b>Clara Howitt - Secretary</b></p> <ul style="list-style-type: none"> <li>➤ Appointed to the Board April 1, 2020</li> <li>➤ Superintendent of Education - GECSDB</li> <li>➤ Chair, Governance Committee</li> </ul>		<p><b>Jackie Dent - Treasurer</b></p> <ul style="list-style-type: none"> <li>➤ Appointed to the Board August 2019</li> <li>➤ Controller, Flex-N-Gate</li> <li>➤ Chair, Finance Committee</li> </ul>
	<p><b>Ken Stewart</b></p> <ul style="list-style-type: none"> <li>➤ Appointed to the Board March 2019</li> <li>➤ Managing Director, Ground Effects / The Drive Magazine</li> <li>➤ Chair, QUR Committee</li> <li>➤ Member, Finance Committee</li> </ul>		<p><b>Camille Armour</b></p> <ul style="list-style-type: none"> <li>➤ Appointed to the Board November 2020</li> <li>➤ Fund Development Coordinator, VON Canada</li> <li>➤ Member, QUR Committee</li> <li>➤ Member, Finance Committee</li> </ul>
	<p><b>Justine Taylor</b></p> <ul style="list-style-type: none"> <li>➤ Appointed to the Board June 2021</li> <li>➤ CropLife Canada, Director of Stewardship &amp; Sustainability</li> <li>➤ Member, QUR Committee</li> </ul>		<p><b>Alix Khanafer</b></p> <ul style="list-style-type: none"> <li>➤ Appointed to the Board June 2021</li> <li>➤ iAID Home Health Care, CEO/Health Care Director</li> <li>➤ Member, Governance Committee</li> </ul>

### Board Committee Members – Community Representation

	<p><b>Nicole Dziemarski</b></p> <ul style="list-style-type: none"> <li>➤ Appointed to the QUR Committee June 2021</li> <li>➤ Practice Advisor, Ontario MD</li> </ul>		<p><b>Christian Janisse</b></p> <ul style="list-style-type: none"> <li>➤ Appointed to the QUR Committee June 2021</li> <li>➤ Lawyer – at Simplyclose Law Professional Corporation</li> </ul>
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## Financial Statements

Windsor Essex Community Health Centre

March 31, 2022

*Draft - June 8, 2022, 2:17 PM*

## Contents

	<b>Page</b>
Independent Auditor's Report	1 - 2
Statement of Revenue and Expenditures	3 - 4
Statement of Changes in Fund Balances	5
Statement of Financial Position	6
Statement of Cash Flows	7
Notes to the Financial Statements	8 - 14

Draft - June 8, 2022, 2:17 PM



# Independent Auditor's Report

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To the Members of  
Windsor Essex Community Health Centre

## Opinion

We have audited the financial statements of Windsor Essex Community Health Centre (the "Centre"), which comprise the statement of financial position as at March 31, 2022, and the statement of revenue and expenditures, statement of changes in fund balances and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Centre as at March 31, 2022, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

## Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Centre in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Centre's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Centre or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Centre's financial reporting process.

## Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will

# Independent Auditor's Report (continued)

always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- ◆ Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- ◆ Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Centre's internal control.
- ◆ Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- ◆ Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Centre's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Centre to cease to continue as a going concern.
- ◆ Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Windsor, Canada

Chartered Professional Accountants  
Licensed Public Accountants

# Windsor Essex Community Health Centre

## Statement of Revenue and Expenditures

For the year ended March 31, 2022

	Operating Fund	Centre Fund	Total 2022	Total 2021
	\$	\$	\$	\$
<b>Revenue</b>				
Ministry of Health	19,707,228	-	19,707,228	19,468,724
Paymaster expense	(2,682,067)	-	(2,682,067)	(2,791,819)
Ministry of Children, Community and Social Services	192,579	-	192,579	183,382
Maryvale	-	86,114	86,114	86,114
Donations and fundraising	-	33,850	33,850	3,548
Interest	32,048	-	32,048	27,096
Other community funding	364,846	118,691	483,537	158,263
Amortization of deferred contributions	365,768	-	365,768	319,955
Unrealized gains on investments	-	50,919	50,919	185,418
Dividend income	-	15,588	15,588	24,370
	<u>17,980,402</u>	<u>305,162</u>	<u>18,285,564</u>	<u>17,665,051</u>

# Windsor Essex Community Health Centre

## Statement of Revenue and Expenditures

For the year ended March 31, 2022

	Operating Fund	Centre Fund	Total 2022	Total 2021
	\$	\$	\$	\$
<b>Expenditures</b>				
Salaries and benefits	13,184,657	83,346	13,268,003	13,264,440
Occupancy	1,031,385	-	1,031,385	1,145,264
Computers, furniture and equipment	456,771	-	456,771	552,498
Contracted out services	354,236	-	354,236	152,704
Medical supplies	73,620	190	73,810	126,599
Sundry expenses:				
Office	709,901	30,670	740,571	647,525
Amortization	297,864	23,818	321,682	343,773
Professional fees	111,038	122,603	233,641	56,990
Program	77,798	-	77,798	59,672
Insurance	76,660	-	76,660	60,751
Professional development	67,886	-	67,886	67,939
Travel	56,187	1,500	57,687	60,076
	<u>16,498,003</u>	<u>262,127</u>	<u>16,760,130</u>	<u>16,538,231</u>
Excess of revenue over expenditures before other expenses	1,482,399	43,035	1,525,434	1,126,820
<b>Other expenses</b>				
Disposal of mobile unit (Note 7)	<u>67,903</u>	<u>-</u>	<u>67,903</u>	<u>-</u>
<b>Excess (deficiency) before surplus repayable</b>	1,414,496	43,035	1,457,531	1,126,820
<b>Surplus repayable</b>	<u>(1,414,496)</u>	<u>-</u>	<u>(1,414,496)</u>	<u>(972,120)</u>
<b>Excess (deficiency) of revenue over expenditures</b>	<u>-</u>	<u>43,035</u>	<u>43,035</u>	<u>154,698</u>

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## Windsor Essex Community Health Centre Statement of Changes in Fund Balances

For the year ended March 31, 2022

	Operating Fund	Centre Fund	Total 2022	Total 2021
	\$	\$	\$	\$
Balance, beginning of year	(2,086)	1,771,114	1,769,028	1,614,330
Excess (deficiency) of revenue over expenditures	<u>-</u>	<u>43,035</u>	<u>43,035</u>	<u>154,698</u>
Balance, ending of year	<u>(2,086)</u>	<u>1,814,149</u>	<u>1,812,063</u>	<u>1,769,028</u>

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Draft - June 8, 2022, 2:17 PM

# Windsor Essex Community Health Centre

## Statement of Financial Position

March 31, 2022

	Operating Fund	Centre Fund	Total 2022	Total 2021
	\$	\$	\$	\$
<b>Assets</b>				
<b>Current assets</b>				
Cash	2,828,976	602,837	3,431,813	3,370,814
Accounts receivable	42,547	14,700	57,247	25,932
HST recoverable	68,890	-	68,890	69,234
Prepaid expenses (and deposits)	136,410	1,800	138,210	119,024
Interfund balances (Note 3)	386,973	(386,973)	-	-
Investments (Note 4)	-	1,222,827	1,222,827	1,161,194
	<u>3,463,796</u>	<u>1,455,191</u>	<u>4,918,987</u>	<u>4,746,198</u>
Tangible capital assets (Note 5)	<u>3,452,884</u>	<u>-</u>	<u>3,452,884</u>	<u>3,842,470</u>
	<u>6,916,680</u>	<u>1,455,191</u>	<u>8,371,871</u>	<u>8,588,668</u>
<b>Liabilities and fund balances</b>				
<b>Current liabilities</b>				
Accounts payable and accrued liabilities	1,233,951	511	1,234,462	965,172
Payroll remittances payable	1,336	-	1,336	139,987
Due to Ministry of Health	2,089,533	-	2,089,533	2,114,282
	<u>3,324,820</u>	<u>511</u>	<u>3,325,331</u>	<u>3,219,441</u>
<b>Deferred contributions</b>				
Future expenditures (Note 11)	-	3,883	3,883	3,883
Property and equipment (Note 11)	<u>3,230,594</u>	<u>-</u>	<u>3,230,594</u>	<u>3,596,316</u>
	<u>6,555,414</u>	<u>4,394</u>	<u>6,559,808</u>	<u>6,819,640</u>
<b>Fund balances</b>	<u>(2,086)</u>	<u>1,814,149</u>	<u>1,812,063</u>	<u>1,769,028</u>
	<u>6,553,328</u>	<u>1,818,543</u>	<u>8,371,871</u>	<u>8,588,668</u>

On behalf of the board:

\_\_\_\_\_ Director

\_\_\_\_\_ Director

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# Windsor Essex Community Health Centre

## Statement of Cash Flows

For the year ended March 31, 2022

	2022 \$	2021 \$
<b>Cash flows from operating activities:</b>		
Cash receipts from customers, members and funding agencies	17,837,609	17,179,515
Cash paid to suppliers and employees	(16,326,650)	(16,122,325)
Repayments to Ministry of Health	(1,439,245)	-
	<u>71,714</u>	<u>1,057,190</u>
<b>Cash flows from investing activities:</b>		
Investments transferred from Community Health Foundation of Windsor and Essex County	(10,715)	(18,677)
<b>Increase (decrease) in cash</b>	60,999	1,038,513
<b>Cash, beginning of year</b>	<u>3,370,814</u>	<u>2,332,301</u>
<b>Cash, end of year</b>	<u>3,431,813</u>	<u>3,370,814</u>

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# Windsor Essex Community Health Centre

## Notes to the Financial Statements

Year ended March 31, 2022

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### 1. Nature of operations

Windsor Essex Community Health Centre (the "Centre"), incorporated without share capital under the laws of Ontario, is a registered charity exempt from income taxes under Section 149(l)(f) of the Income Tax Act of Canada. The Centre supports the health and wellness of our vulnerable population in everything we do. Vulnerable are those in need of care and system navigation due to identified risk factors.

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### 2. Significant accounting policies

#### Basis of presentation

The financial statements have been prepared in accordance with the Canadian accounting standards for not-for-profit organizations.

#### Cash

Cash includes cash on hand and in financial institutions.

#### Revenue recognition

The Centre follows the deferral method of accounting for contributions as described below.

Where the use of the contributions has been restricted, the revenue is deferred and recognized in the year in which the related expenses are incurred. Where a portion of a contribution relates to a future period, it is deferred and recognized in the subsequent period.

Contributions restricted for the purchase of property and equipment are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related tangible capital assets.

Unrestricted contributions are recognized as revenue of the appropriate fund when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Unrestricted interest income is recognized as revenue when earned.

Dividend income is recognized when the right to receive a dividend has been established.

Other types of revenue are recorded in the period in which they are earned and measurement and collectability is reasonably assured.

#### Donated services

Donated services are not recorded in the accounts. Where the value is ascertainable, donated goods are recognized at their fair value.



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# Windsor Essex Community Health Centre

## Notes to the Financial Statements

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Year ended March 31, 2022

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### 2. Significant accounting policies (continued)

#### Fund accounting

In accordance with the practice common to similar organizations, the Centre follows the fund basis of accounting to recognize in its accounts the responsibility to utilize funds only for the purposes for which such funds were raised or contributed.

#### Operating Fund

Revenue and expenses related to program delivery and administrative activities funded and managed by the Ministry of Health and Long-Term Care (MOHLTC) and Ontario Health (formally known as Local Health Integration Network (LHIN)) in accordance with budget arrangements established by the MOHLTC are reported in the Operating Fund. The Centre is the transfer payment agency for the Ontario Midwifery Program and the Southwest Ontario Aboriginal Health Access Centre.

#### Centre Fund

Funding from other agencies and other sources, certain donations, and accumulated fundraising balances are recorded in the Centre Fund. These funds may be used at the discretion of the Centre to provide additional funding for the required expenditures.

#### Financial instruments in arm's length transactions

The Centre considers any contract creating a financial asset, liability or equity instrument as a financial instrument, except in certain limited circumstances. The Centre accounts for the following as financial instruments:

- Cash
- Accounts receivable
- Investments
- Accounts payable and accrued liabilities
- Due to Ministry of Health

A financial asset or liability is recognized when the Centre becomes party to contractual provisions of the instrument.

Financial assets or liabilities are initially measured at their fair value. In the case of a financial asset or liability not being subsequently measured at fair value, the initial fair value will be adjusted for financing fees and transaction costs that are directly attributable to its origination, acquisition, issuance or assumption.

The Centre subsequently measures its financial assets and financial liabilities at amortized cost, except for equity securities quoted in an active market, which are subsequently measured at fair value.

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# Windsor Essex Community Health Centre

## Notes to the Financial Statements

Year ended March 31, 2022

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### 2. Significant accounting policies (continued)

#### Financial instruments in arm's length transactions (continued)

A financial asset measured at cost or amortized cost are tested for impairment when there are indicators of impairment. Impairment losses are recognized in the statement of operations. Previously recognized impairment losses are reversed to the extent of the improvement provided the asset is not carried at an amount, at the date of the reversal, greater than the amount that would have been the carrying amount had no impairment loss been recognized previously. The amounts of any write-downs or reversals are recognized in excess (deficiency) of revenue over expenditures.

The Centre removes financial liabilities, or a portion of, when the obligation is discharged, cancelled or expires.

#### Use of estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reported period. These estimates are reviewed periodically and, as adjustments become necessary, they are reported in earnings in the period in which they become known.

Items subject to significant management estimates include valuation of allowances for accounts receivable and useful lives of property, plant and equipment. Actual results could differ from those estimates.

#### Employee future benefits

Employees of the Centre are members of the Healthcare of Ontario Pension Plan (HOOPP) which is a multi-employer final average pay contributory pension plan. Defined contribution plan accounting is applied to this plan as the Centre has insufficient information to apply defined benefit plan accounting standards.

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# Windsor Essex Community Health Centre

## Notes to the Financial Statements

Year ended March 31, 2022

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### 2. Significant accounting policies (continued)

#### Tangible capital assets

Purchased tangible capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Betterments which extend the estimated life of an asset are capitalized. When a tangible capital asset no longer contributes to the organization's ability to provide service, its carrying amount is written down to its residual value.

The cost of the tangible capital assets with a finite life is amortized over its estimated life / useful life in a systematic manner appropriate to the nature of that item and its use by the Centre. Accordingly, the Centre uses the straight-line method whereby a fixed amount is periodically amortized into excess (deficiency) of revenue over expenditures over the asset's respective life/useful life.

The following rates applied on a straight line will apply the cost over the estimated useful lives of tangible capital assets:

Leasehold improvements	5 - 20 years
Office furniture and equipment	5 years
Computer equipment	3 years
Medical equipment	3 years
Vehicles	4 - 5 years

#### Allocation of expenses

The Centre allocates certain of its fundraising and general support expenses based on budget. Costs relating to specific programs in the Operating fund and are allocated within the budgeted funding and any unfunded costs are absorbed in the Centre fund. Allocated fundraising and general support expenses include salaries and benefits, professional fees, occupancy costs, purchased services and development costs.

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### 3. Interfund balances

Interfund amounts receivable/payable bear no interest and are not governed by terms of repayment.

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### 4. Investments

	<u>2022</u>	<u>2021</u>
Mutual funds and marketable securities	<u>1,222,827</u>	<u>1,161,194</u>

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# Windsor Essex Community Health Centre

## Notes to the Financial Statements

Year ended March 31, 2022

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### 5. Tangible capital assets

	Cost \$	Accumulated Amortization \$	2022 Net Book Value \$	2021 Net Book Value \$
Leasehold improvements	4,887,581	1,434,697	3,452,884	3,716,198
Office furniture and equipment	1,225,353	1,225,353	-	117,154
Computer equipment	537,145	537,145	-	-
Medical equipment	41,582	41,582	-	9,118
	<u>6,691,661</u>	<u>3,238,777</u>	<u>3,452,884</u>	<u>3,842,470</u>

### 6. Operating line of credit

The Centre has an operating line of credit with RBC up to an amount of \$225,000 at an annual interest rate of prime plus 0.400%, secured by a general security agreement. As of March 31, 2022, the credit facility was not in use.

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### 7. Disposal of mobile unit

During the year, the Centre donated a 38-foot mobile unit to another charitable organization. The net book value of the mobile unit is \$67,903 and a loss of \$67,903 recognized in the statement of revenue and expenditures.

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### 8. Commitments

The Centre has entered into lease commitments for its premises, vehicles, and additional services. Total commitments for the next five years are as follows:

2023	\$	891,774
2024		680,071
2025		680,071
2026		549,854
2027		<u>536,636</u>
	\$	<u>3,338,406</u>

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### 9. Economic dependence

Approximately 94% (2021 - 96%) of the Centre's funding was received from the Ministry of Health.

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# Windsor Essex Community Health Centre

## Notes to the Financial Statements

Year ended March 31, 2022

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### 10. Financial instruments

#### Risks and concentrations

The company is exposed to various risks through its financial instruments. The following analysis provides a measure of the Centre's risk exposure as of March 31, 2022:

(a) Market risk

Market risk is the risk that the value of a financial instrument will fluctuate as a result of changes in market prices, whether the factors are specific to the instrument or all instruments traded in the market. The Centre's investments include equity securities whose value is exposed to fluctuations in the market.

(i) Interest rate risk

Interest rate risk is the risk that the value of financial instruments will fluctuate due to changes in market interest rates. The Centre is exposed to interest rate risk primarily through its line of credit which is at a variable prime rate.

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### 11. Deferred contributions

#### Future expenditures

The balance represents funds available for future expenditures. The amortization of the contributions is recorded as revenue in the statement of operations on a straight-line basis, at a rate corresponding with the amortization rate for the related contribution.

	<u>2022</u>	<u>2021</u>
Opening balance	\$ 3,883	\$ 69,566
Transfer to property and equipment	<u>-</u>	<u>(65,683)</u>
	<u>\$ 3,883</u>	<u>\$ 3,883</u>

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# Windsor Essex Community Health Centre

## Notes to the Financial Statements

Year ended March 31, 2022

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### 11. Deferred contributions (continued)

#### Property and equipment

The balance represents the unamortized amount of grants received for the purchase of property and equipment. The amortization of the contributions is recorded as revenue in the statement of operations on a straight-line basis, at a rate corresponding with the amortization rate for the related property and equipment.

	<u>2022</u>	<u>2021</u>
Opening balance	\$ 3,596,316	\$ 3,850,522
Funding used for the purchase of property and equipment	46	66
Amounts amortized to revenue	(365,768)	(319,955)
Transfer from future expenditures	<u>-</u>	<u>65,683</u>
Closing balance	<u>\$ 3,230,594</u>	<u>\$ 3,596,316</u>

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### 12. Comparative figures

The financial statements have been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect prior year earnings.

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