

# ANNUAL REPORT

# 2014-2015



**Every One Matters.**



**Centre de santé  
communautaire  
de l'Estrie**



The five main priorities of the new CSCE strategic plan for 2014-2017 are:

**Client**

**Commitment**

**Staff**

**Sustainability**

**Community**

**MESSAGE FROM THE  
CHAIR OF THE BOARD  
AND EXECUTIVE  
DIRECTOR**



## A health centre focused on the client

### Strategic priorities

The Centre de santé communautaire de l'Estrie (CSCE) Board of Directors is proud to see its strategic plan being put into action each day of the year. The new CSCE strategic plan, which was publicly presented at the 2014 CSCE annual general meeting, is based on the following five main strategic priorities:

- **Client:** A health centre that is accessible and focuses on the needs of its clients.
- **Commitment:** A health centre that is committed and is actively involved in the local health care system.
- **Staff:** A health centre that is committed to fostering a positive and dynamic workplace environment.
- **Sustainability:** A health centre that is efficient and derives its strength from the collaborative efforts of its five locations and the communities within its territories.
- **Community:** A health centre that is visible, that listens to its communities and that responds to the changing needs of its clients.

These strategic priorities align well with the main priorities at the local, regional and provincial levels. The CSCE is now a major player in the primary health care sector while keeping at the forefront its important community role.

As you will notice when reading the annual report, there is a continued increase in the number of clients served by the CSCE. We are delighted that more and more people use our various services and programs. The dynamism and scope of the programs and services offered make it an attractive resource for the various partners. Since the health sector is complex and always in a state of transformation, the CSCE takes advantage of its flexibility and its interdisciplinary approach to make a greater contribution to improve the local and regional health care system. The CSCE is deeply rooted in its communities, it is proud of its mandate to serve francophone communities and it actively participates in local community health links.

### Primary care low back pain pilot project

The CSCE received one-time funding at the end of the year for a pilot project for the treatment of low back pain. This project will showcase the increased collaboration between primary care professionals and other health professionals by integrating a chiropractor to the CSCE team. By doing

so, access and availability to health care services will be improved for people who suffer from lower back pain, and there will be a reduction in costs associated with exams and treatments.

### CSCE involvement in the communities

Although it is shackled by the constraints of a budget freeze and our eroding competitiveness, making the recruitment and retention of qualified francophone personnel more and more difficult, the CSCE has been able to more than hold its own. While reading the following pages, you will notice the many ways in which the CSCE is deeply involved in improving the health, wellbeing and quality of life of the clients and communities it serves.

### Accountability Agreement

The Board of Directors has renewed the *Multi-Sector Service Accountability Agreement* between the CSCE and our main funder, the Champlain Local Health Integrated Network (LHIN). This new agreement covers the 2015-2016 period and defines a wide range of performance indicators, evaluating financial aspects as well as the clinical services delivered. The public can view this agreement on the CSCE and the Champlain LHIN web sites. The Board of Directors also updated its Quality Improvement Plan, which is also available (in French only) on our web site: [www.csceestrie.on.ca](http://www.csceestrie.on.ca).

### A Board committed to ensuring quality services

As usual, the Board held its regular monthly meetings at a different CSCE location each month. Alternating the location of the meetings is a reflection of the Board's recognition of local dynamics and its ongoing commitment to active representation. Each meeting is an opportunity to learn more about the programs and services of the host location. A record of the meetings is available online. The Board consists of 12 members of the community, including a minimum of two representatives of each of the five locations serviced by the CSCE.

In closing, the Board of Directors and senior management would like to take this opportunity to congratulate CSCE staff and volunteers for their continued commitment to improving the health of the francophone community in Eastern Ontario.



Raymond Chartrand  
Chair of the Board



Marc Bisson  
Executive Director



**2047**

New clients admitted in 2014-2015

**26**

New baby clients in 2014-2015

**575**

Consultations conducted by a nurse practitioner in secondary school clinics

**6753**

Individuals vaccinated against seasonal influenza

**17**

Schools where the vision screening program was offered

**216**

Individuals who consulted a smoking cessation counsellor

**PHYSICAL HEALTH**



## Commitment to care focused on the client

Following the adoption of the CSCE strategic plan for 2014-2017, the physical health team primarily focused its efforts for the first year of the plan on the following priorities and objectives:

### CLIENT: A HEALTH CENTRE THAT IS ACCESSIBLE AND FOCUSES ON THE NEEDS OF ITS CLIENTS.

#### Increase and improve access to better meet the needs of the target clientele.

##### Management of adapted access to services: implementation of an ongoing process for change management

These priorities and objectives are aligned with those of the Champlain LHIN, which as a result, developed performance indicators to measure access to primary care. The CSCE implemented an ongoing process for change management to meet the requirements of the LHIN health network transformation project. Preparing for a possible increase in the number of clients under the care of nurse practitioners and physicians (panel size) requires the review of certain practices, operations and everyday habits in order to progress towards offering access adapted to the needs of clients. In other words, the regular practice must be transformed as to offer more same-day or next-day appointments requested by the client.

##### Action to remedy the shortage of paediatricians in Cornwall

The Cornwall location reached an agreement with the Cornwall Community Hospital to take charge of newborns within seven days following their hospital discharge after birth. Thus, 26 babies were welcomed at the CSCE.

#### Reach vulnerable clients in their environment outside the CSCE.

##### Development of the Community Primary Care Services for Vulnerable Individuals and the Elderly program

Concurrent with the development of the “Primary Care Outreach to Seniors” program at the Seaway Valley Community Health Centre, financed by the Champlain LHIN, the CSCE began the process of modifying certain practices to better meet the needs of seniors or vulnerable individuals. The registered nurse and the community health

worker collaborate in the management and monitoring of individuals whose health or vulnerable state are of the greatest concern to the members of the primary care team. The community health worker supports seniors or vulnerable individuals by identifying the appropriate community resources in order to help them find solutions. The community health worker cooperates with the registered nurse for health education and promotion activities with the seniors and vulnerable individuals, their friends and health care professionals and health service providers.

##### Collaboration in the development of a “Community Paramedicine Program” in Stormont, Dundas and Glengarry

In January 2015, Dr. Paulo Antunes took part in the training of ambulance attendants regarding the most common chronic diseases as part of the development of a “Community Paramedicine Program” pilot project. Through this program, seniors and individuals who suffer from chronic diseases receive regular visits from ambulance attendants to check up on their overall health and to find ways to meet their needs. Several CSCE clients who need complex care take advantage of this program.

### COMMITMENT: A HEALTH CENTRE THAT IS COMMITTED AND IS ACTIVELY INVOLVED IN THE LOCAL HEALTH CARE SYSTEM.

#### Promote the commitment of everyone, the establishment of partnerships and show the leadership the CSCE can exercise in local initiatives and with various groups.

##### Collaboration in community health projects

- The registered nurses collaborate in the vision screening program in elementary schools.
- The clinical dietitians deliver presentations in elementary and secondary schools. They also offer healthy eating workshops for clients of all ages, for example, at the Early Years Centre for mothers and day centres for seniors. Monthly information capsules are also developed, including one from the dietitian at the Bourget location that is heard on Ottawa’s francophone community radio station.

- Nurse practitioners are available at the Eastern Ontario Health Unit Young Adult Centre in Cornwall and Vankleek Hill, and upon request in secondary schools.
- In addition to the influenza vaccination clinics offered at the CSCE that vaccinated a total of 6623 individuals, community clinics were organized in other locations, for example, at the “Les trois p’tits points” cultural centre in Alexandria and at the Valley Garden retirement home in Green Valley. In total, these two clinics helped vaccinate 130 individuals.

### Improve collaborative efforts with agencies offering health care.

#### Smoking cessation

The CSCE now offers two different smoking cessation programs:

- The STOP program in Crysler, in collaboration with the Centre for Addiction and Mental Health.
- The *Ottawa Model for Smoking Cessation* was implemented as part of primary care in Cornwall in collaboration with the University of Ottawa Heart Institute.

#### Palliative care

Collaboration with nurse practitioners from the regional Palliative Consultation Team at the Champlain Community Care Access Centre to monitor and provide follow-up care to palliative care patients.

#### Monitoring clients with heart problems

In Crysler, in collaboration with the University of Ottawa Heart Institute, monitoring of clients using specialized portable equipment to record and analyze cardiac data. This service is also offered in Bourget and Embrun in collaboration with Cardio Study.







**1467**

Clients who received mental health services

**12 484**

Mental health consultations conducted in 2014-2015

**7**

Different groups offered on a range of topics related to psychological wellbeing

**MENTAL HEALTH**

## A dynamic and innovative approach to promote client wellbeing

Following the adoption of the CSCE strategic plan for 2014-2017, the mental health team primarily focused its efforts for the first year of the plan on the following priorities and objectives:

### CLIENT: A HEALTH CENTRE THAT IS ACCESSIBLE AND FOCUSES ON THE NEEDS OF ITS CLIENTS.

#### Define and identify the target clientele to give it priority access to the programs and services it needs.

The CSCE expects that the possible increase in the number of clients taken in charge by the nurse practitioners and physicians (panel size) will result in an increase in the demand for mental health services without their being additional professional resources. Therefore, eligibility criteria will need to be tightened to give priority access to the most vulnerable individuals. These individuals are defined as follows:

- A person with a low income or without access to an employee assistance program or health insurance that covers the cost of psychotherapy.
- A person at risk of suicide.
- A person at risk of losing or who has lost an important social status: job loss, marital breakup, loss of home, etc.
- A person whose independence and day-to-day functional capabilities are significantly limited by his/her emotional or psychological distress.
- A person suffering from a chronic disease accompanied by psychological or mental distress resulting in significant functional disabilities.

#### Increase and improve access to better meet the needs of the target clientele.

##### Development of group intervention programs

A group intervention program that meets client demands improves the efficiency of services. For example, meeting nine persons for a three-hour workshop is equivalent to meeting three clients an hour, when normally individual psychotherapy sessions allow for one visit per hour.

The following group intervention programs are in place in one or several of the five CSCE locations:

- *Équilibre pour un poids sensé* (adapted from Group Lifestyle Balance™) at the Bourget, Crysler, Embrun and Alexandria locations. Therapists Jean-Sébastien Larocque (Bourget), Marie-Andrée Prévost (Crysler), Emmanuelle Larocque (Embrun) and Mélanie Stewart (Alexandria) collaborate for this weight management program which includes nutrition, physical activity and mental health components. Among the subjects tackled by the mental health component are the personal and social hurdles to healthy eating and regular physical exercise.
- *Parkinson Group*, in collaboration with the Parkinson Society . In Embrun, Gaétane Gagnon facilitates a support group for people with this condition and their caregivers. The discussions and exchanges among the participants are enhanced by educational seminars.
- *Therapeutic yoga to fight depression and anxiety*. In Embrun, Emmanuelle Larocque delivers this workshop to persons who wish to improve their ability to self-manage the symptoms of depression and anxiety. Relaxation, breathing, meditation, music and movement are the favoured means to help individuals get in touch with their interior resources and to promote their overall wellbeing.
- *Exercise and relaxation group*. In Cornwall, Laurraine Brabant delivers this workshop with health promoter Tania Sveistrup. Its goal is to teach tools that promote muscle relaxation and a better physical condition through light-intensity exercises and exercises that improve flexibility.
- *Anxiety management program*. In Cornwall, Laurraine Brabant delivers this workshop with health promoter Tania Sveistrup. Its goal is to help participants better understand what is anxiety in order to better manage their anxiety and its impact.



- *Support group for people affected by the suicide of a loved one.* In Cornwall, Robert Ménard delivers this workshop which aims to give participants the opportunity to express themselves and share about their pain, to identify potential ways to better cope with grief, and to learn to live better despite this ordeal.
- *Group for parents with a child diagnosed with an attention deficit hyperactivity disorder (ADHD).* In Cornwall, psychologist Marcel Roy delivers this workshop which aims to help parents better understand problems associated with ADHD and develop the skills needed to manage their child's behaviours.

**SUSTAINABILITY: A HEALTH CENTRE THAT IS EFFICIENT AND DERIVES ITS STRENGTH FROM THE COLLABORATIVE EFFORTS OF ITS FIVE LOCATIONS AND THE COMMUNITIES WITHIN ITS TERRITORIES.**

**Encourage innovative collaborative initiatives that aim to improve performance and the services offered by all CSCE locations.**

Single access point for multiple locations: Bourget-Crysler-Embrun

The CSCE has developed a pilot project to create a single common waiting list with a single access point to receive and register requests for services. The goal is to maximize access to mental health services at these three locations, while best reducing the number of people waiting to receive services and minimizing waiting time.

Change of psychotherapy model at the Bourget, Crysler and Embrun locations along with a program assessment

The increase in the number of people waiting for a service, as well as the increase in the expected waiting time has resulted in the mental health team changing its psychotherapy model. Thus, the team now focuses more on providing strategic and brief therapy to reduce the duration of the intervention plan or the number of consults with each client.

This change will be accompanied by the beginning of an evaluation of the quality of the intervention model and of its impact on the client. The evaluation tools used are the following:

- The evaluation of each psychotherapy session: the quality of the relationship, the session goals and the subjects discussed, the approach used and an overall assessment of the session.
- The evaluation of the intervention outcomes between each session: impact on the person's personal, interpersonal and social wellbeing.





**53%**

of the 596 students that were met through the vision screening program were referred to an optometrist

**285**

Average number of boxes distributed monthly through the different Green Food Box programs involving the CSCE

**353**

Number of seniors who participated in the fall prevention program in 2014-2015

**934**

Attendance at the various walking clubs organized last year by the CSCE

**\$140,000**

Amount collected over the last 11 years by the annual golf tournament for youth organizations in North Glengarry

**COMMUNITY  
HEALTH**



## In tandem with the Canadian Index of Wellbeing (CIW)

At this time, the health of the Canadian population is measured using the gross domestic product (GDP), an economic formula that only takes into account public expenditure and revenue. However, it is impossible to measure health only in terms of dollars. The goal of the CIW is to find positive solutions to progress towards a collective wellbeing. The concept of the CIW, even without any data, has the potential to change the way Canadians think and act when it comes to wellbeing by bringing together groups from different settings and sectors to put their heads together.

The CIW focuses on eight domains to measure the health as well as the quality of life of a population. Each domain is made up of eight indicators that help quantify the quality of life of the population in Canada and Ontario. Here is a brief description of the domains and a few examples of the activities offered by the CSCE in relation with these domains.

### Community Vitality

Community vitality reflects the power and the potential of a community to pull together, to adapt, and to thrive. Those qualities include measures of community safety and caring relationships, participation in organized activities and residents' sense of belonging to their communities.

#### CSCE efforts related to this domain

##### **Embrun carnival and summer festival**

CSCE staff in Embrun served spaghetti to more than 250 persons during the Embrun carnival. The staff is also in charge of providing first aid services during the summer festival that welcomes almost 400 persons.

##### **Stormont, Dundas and Glengarry Ontario Provincial Police (O.P.P.) golf tournament**

In Alexandria, the CSCE and several other community partners, including the O.P.P., organize a golf tournament to collect funds for local youth organizations. Over the last few years, over \$140,000 has been collected.

### Democratic Engagement

Democratic Engagement measures the participation of citizens in public life and in governance, the functioning of Canadian governments, and the role Canadians and their institutions play as global citizens.

#### CSCE efforts related to this domain

##### **Board of Directors composed of community members**

The Board of Directors is composed of residents of Stormont, Dundas & Glengarry and Prescott-Russell. Members meet approximately 10 times a year to discuss issues related to the proper functioning of the CSCE and to share the feedback and comments of the communities they represent.

### Education

Education measures the literacy and skill levels of the population, including the ability of both children and adults to function in various societal contexts and plan for and adapt to future situations.

#### CSCE efforts related to this domain

##### **Vision screening program**

It is known that early and ongoing vision care are important for all children, especially during the early stages of physical and motor development. As such, the CSCE, in collaboration with the elementary schools within its territory, offers a vision screening program for kindergarten and Grade 1 students.

In 2014-2015, the health promoters, with the support of a registered nurse, visited 17 schools and met 596 students. Of those, 313 were referred to an optometrist. That means that 53% of the youth met possibly had a vision problem that hadn't been detected.

##### **Collaboration agreement with the Rockland Family Centre**

In Bourget, a collaboration agreement with the Rockland Family Centre gives the community members the opportunity to benefit from better early childhood services. This is much more than simply loaning access to a room. The CSCE delivers workshops such "Learning through games" that helps promote the development of kids aged six years and under through physical activity in a welcoming and safe environment.

## Environment

Environment measures the state and the integrity of the natural environment, including the sustainability of the ecosystems, basins and natural resources.

### CSCE efforts related to this domain

#### **Community gardens in Cornwall**

In Cornwall, the CSCE has been in charge of the community gardens for over 20 years. The project includes two locations (Race Street and Brookdale Avenue), 60 gardens and about 50 gardeners.

In addition to contributing to the reduction of the environmental footprint, this activity allows participants to be food self-sufficient to some extent, to socialize and to discover some characteristics about the food they grow.



Youth from the Boys & Girls Club visiting the community garden.

## Healthy Populations

Healthy populations measures the physical and mental wellbeing of the population, life expectancy, behaviours and life events that influence health, the quality of health

care as well the accessibility and quality of public health services.

### CSCE efforts related to this domain

#### **Fall prevention program**

The Champlain LHIN has mandated the CSCE with the task of delivering a fall prevention program in French in the five counties in Eastern Ontario. As part of this initiative, the STAND UP program was chosen. The goal of this program is to help participants improve muscular strength and balance as well as adopt safe behaviours to prevent falls. STAND UP is offered free of charge to all seniors who wish to take part.

Each year the CSCE must host between 12 and 15 STAND UP group sessions in order to reach between 120 and 150 persons. In 2014-2015, the CSCE met the objectives by hosting 19 group sessions in which a total of 353 seniors took part.

#### **Weight management program : *Équilibre pour un poids sensé (Group Lifestyle Balance™)***

To help guide people with diabetes or those wishing for healthy weight loss, the CSCE offers the *Équilibre pour un poids sensé* program adapted from the Group Lifestyle Balance™ program. This program covers three components: nutrition, physical activity and mental health. The health promoters work in collaboration with a dietitian and a mental health therapist to help participants make changes in their behaviours that will benefit their physical and mental health.

## Leisure and Culture

Leisure and culture measures activity in the very broad area of culture, which involves all forms of human expression; the more focused area of the arts, including performing arts, visual arts, media arts and artistic institutions; and the leisure sector, which includes recreational activities.

### CSCE efforts related to this domain

#### **Walking clubs**

The CSCE offers several walking groups (Nordic walking, walking with a stroller, walking inside, etc.). Last year, 150 clients signed up for one of these groups. In addition to improving the participants' physical condition, these groups give them the opportunity to meet new people and



## Living Standards

The Living Standards domain measures the level and distribution of income and wealth, including trends in poverty, income volatility, and economic security, including the security of jobs, food, housing and the social safety net.

### CSCE efforts related to this domain

#### **Member of the All Things Food committee**

The CSCE is a member of the All Things Food committee, a network of organizations and individuals which aims to improve access to local, healthy and sustainable food to all residents of Stormont, Dundas and Glengarry.

#### **Green Food Box**

The Green Food Box is a non-profit program that brings together members of a community to buy a variety of quality fruits and vegetables at a wholesale price.

The CSCE is an active partner in charge of several aspects of the program such as taking orders, purchasing food, packing and distribution. In order to do this, several volunteers give the community health team a helping hand.



Volunteers from the North Stormont Green Food Box during a packing session.

## Time Use

Time use measures how people experience and spend their time, what controls its use and how it affects wellbeing.

### CSCE efforts related to this domain

#### ***Healthy Kids Community Challenge***

In September 2014, the Township of Alfred and Plantagenet and the villages of Bourget and St-Pascal were chosen to run a pilot project from the Ministry of Health and Long-Term Care. The *Healthy Kids Community Challenge project* aims to implement various programs and activities to help promote healthy eating, physical activity and healthy lifestyle choices for children.

## QUALITY OF LIFE SURVEY IN BOURGET

Over the last two years, the CSCE has taken part in the CIW project at the local level to try and measure the quality of life of the population it serves. The Village of Bourget was chosen to take part in a survey on quality of life because provincial and national statistics for Bourget are included with the city of Rockland, considered as an Ottawa bedroom community. In November 2013, the CSCE introduced the CIW and the survey to the community and its key leaders. The response was very positive; 128 surveys were collected, which represents almost 10% of the adult population in Ward 8 of the municipality of Clarence-Rockland. In February 2015, the CSCE conducted the survey once again to validate the 2013 results. The data analysis for the second survey and the validation of the 2013 results are underway and a report will be prepared and shared with the Bourget community.

In conclusion, the data gathered will help the team at the Bourget location identify which of the eight CIW domains they must focus their efforts on over the next few years. In addition, the community health sector, which focuses its efforts on the social determinants of health, will use this work tool for its 2015-2016 operational planning. Thus, the CIW becomes one of the key references used for the establishment of community programs and services to improve the quality of life of the clientele served.

A large group of diverse elderly people, including men and women of various ethnicities, are smiling and giving thumbs up. They are dressed in casual clothing like polo shirts, blouses, and sweaters. The background is bright and slightly out of focus, suggesting an indoor setting with large windows.

**799**

Number of clients who received services through the Aging at Home program in 2014-2015

**1445**

Number of individual interventions conducted (consultations with the nurse practitioner and the social worker)

**2211**

Number of service units offered through group activities (health promotion workshops, seminars or groups)

**156**

Number of group sessions offered

**AGING AT HOME**



## A health centre present at every stage of your life

The goal of the Aging at Home (AAH) provincial strategy is “to provide a continuum of community-based services for seniors and their caregivers to allow them to stay healthy and live independently and with dignity in their homes” (LHIN, Directional plan, Aging at Home, 2007).

This strategy is currently in place at our Embrun location in an effort to meet the needs of our elderly clients in the Russell area, and to help them live more independently in their homes.

### Programs and services offered by the AAH program:

- Needs assessments regarding physical, mental and community health.
- Answers to health questions.
- Therapy for individuals, couples and families.
- Caregiver support.
- Information and education on the aging process.
- Monthly seminars on topics related to aging.
- Health prevention and promotion activities.

### Partnerships

Over the last few years, several partnerships were established under the program to help seniors receive specialized care. Here are a few examples :

- Support group for people diagnosed with Parkinson’s disease and their caregivers (Parkinson Society).
- Exercise groups approved by the University of Ottawa Heart Institute.
- Fall prevention program.
- Stanford Program for chronic disease self-management (Bruyère continuing care).
- Free physiotherapy services for people suffering from arthritis-related diseases (Arthritis Society).
- Free physiotherapy services for people aged 65 years and over (Winchester District Memorial Hospital).

### Seminars held for seniors in 2014-2015 under the Aging at Home program:

- Stay active with osteoarthritis.
- “C’est notre santé, à nous d’y voir (Our health, our responsibility)” - testimony of Mr. Robert Pharand.
- Exercise workshops using a Swiss Ball.
- Elderly suicide prevention.
- Posture and balance.
- Sexuality and caregivers: a taboo?
- Breathe...for your health - Optimal breathing workshop.



Exercise groups in Casselman and Embrun - Winter 2015.





**2162**

Number of active clients in the DEP in 2014-2015

**28%**

Increase in the number of clients compared to the previous year

**7493**

Number of clinical interactions conducted by a registered nurse or a dietitian at the DEP

**50%**

Increase in the number of clinical interactions compared to the previous year

**165**

Number of people who attended the conference dinner,  
*Comment améliorer mon médecin?*

## DIABETES EDUCATION PROGRAM



## Record year!

2014-2015 was an exceptional year for the Diabetes Education Program (DEP). In fact, for the first time since it was created in 2002, the CSCE was able to meet the performance targets established by the Champlain LHIN. The DEP teams at the five CSCE locations were able to meet 2162 active clients, a 28% increase over last year.

The registered nurses and dietitians for the DEP also significantly increased the number of clinical interactions, from 5003 in 2013-14 to 7493 in 2014-15, a 50% increase.

These results are all the more remarkable in light of the fact that the clients that come to the CSCE DEP have increasingly complex needs. Approximately 22% of the clients who came to the DEP in 2014-15 must take insulin; however, this segment of the client base accounted for 44% of visits.

### Conference dinner to mark World Diabetes Day

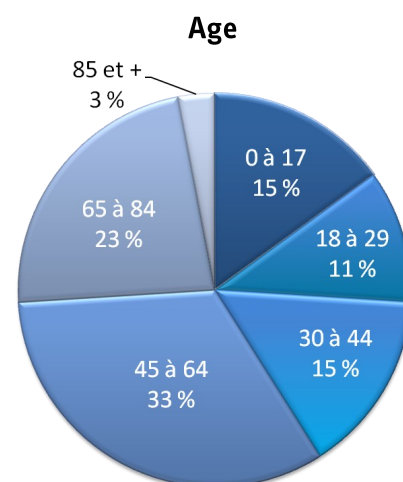
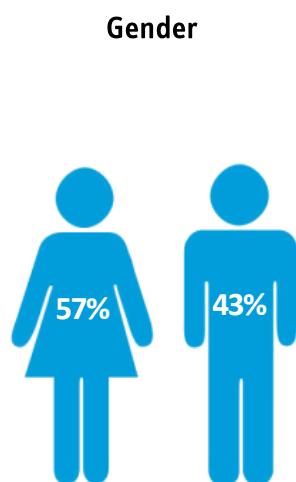
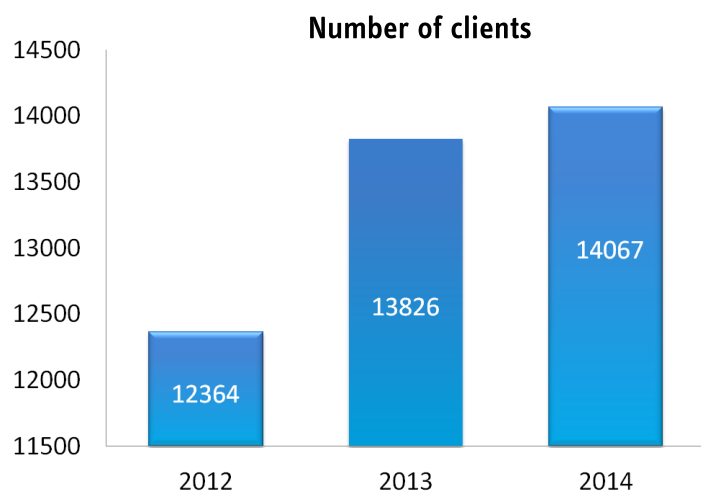
Given that 52% of diabetic clients are under 65 years old, the DEP team thought it was important to organize an event for the general public as part of World Diabetes Day (November 14).

Over 165 people attended a conference dinner to mark this day dedicated to diabetes. The DEP staff was happy to welcome Dr. Serge Goulet and psychologist Bruno Fortin, the authors of the book *Comment améliorer mon médecin? Le patient efficace* (How can I improve my doctor? The efficient patient). Their presentation offered attendees tools to help them understand medical thinking, to do their part when meeting their physician and to help him/her be the best that he/she can be.



From left to right: Speakers psychologist Bruno Fortin and Dr. Serge Goulet accompanied by Charles Dupont, CSCE Diabetes Education Program manager.

# STATISTICS



## MOST COMMON REASONS FOR CONSULTATION

### Nutrition

- Type 2 diabetes
- Education and counselling on healthy eating
- Weight management

### Mental health

- Therapeutic listening
- Anxiety
- Depression
- Emotional confusion

### Physical health

- Prescription renewals
- Type 2 diabetes
- Periodical medical exam

## EMPLOYEE RECOGNITION AND BOARD OF DIRECTORS CONTRIBUTION

Le CSCE wishes to highlight the commitment and the excellent work of the following employees. Thank you for your dedication!

**5 years of service:** Julie Boivin, Julie Borbey and Charles Dupont.

**15 years of service:** Michel Laviolette, Ghislaine Camiré and Pierre Bergeron.

The CSCE wishes to welcome Mrs. Hélène Racine and Mr. Michel Gratton as new members of the Board of Directors. It also wishes to congratulate Mr. Raymond Chartrand, Chair, and Mr. Denis Lalonde who are completing their term this year.



# FINANCIAL REPORT

## BALANCE SHEET AS OF MARCH 31 2015

### ASSETS

#### Current assets

Cash	\$777,333
Accounts receivable	\$115,489
Prepaid expenses	<u>\$106,143</u>
	\$998,965
Property and equipment	<u>\$527,476</u>
	<u>\$1,526,441</u>

### LIABILITIES AND NET ASSETS

#### Current liabilities

Accounts payable and accrued liabilities	\$776,780
Payable to the LHIN	\$169,633
Payable to the MOHLTC	\$48,756
Deferred contributions	<u>\$1,699</u>
	\$996,868

#### Deferred contributions related to property and equipment

\$527,476  
\$1,524,344

#### Net assets

Unrestricted	<u>\$2,097</u>
	<u>\$1,526,441</u>

*Copies of the detailed CSCE financial statements, audited by BDO Canada LLP, are available upon request.*

## STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEAR ENDING MARCH 31 2015

### Revenues

#### Subsidies from the MOHLTC and the LHIN

Base	\$7,801,503
Non-recurring	\$73,166
Diabetes project	\$879,369
Aging at Home project	\$252,876
Primary care low back pain project	\$17,052
Other subsidies	\$198
Deferred contributions related to property and equipment	\$(25,798)
Amortization of deferred contributions	\$133,755
Interests and other income	\$12,443
Donations – net	<u>\$384</u>
	<u>\$9,144,948</u>

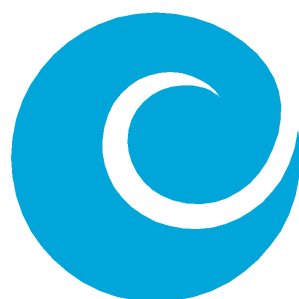
### Expenses

Wages and benefits	\$6,105,180
Material, supplies and services	\$1,973,531
Non-recurring expenses	\$52,531
Expenses for diabetes project	\$879,369
Expenses for projects not funded by the MOHLTC	<u>\$198</u>
	<u>\$9 010 809</u>

#### Excess of revenues over expenses (before expenses cited below)

	\$134 139
Amortization of property and equipment	<u>\$(133 755)</u>
Excess of revenues over expenses	\$384
Net assets, beginning of the year	<u>\$1,713</u>
Net assets, end of the year	<u>\$2,097</u>

# Focused on your health, at every stage of your life.



Centre de santé  
communautaire  
de l'Estrie

## Every One Matters.



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