

South East Grey Community Health Centre



SEGCHC is honored to receive a plaque from JunCtian Community Initiatives in appreciation of our shared commitment to love, kindness, and collaboration.

Annual Report

2024-25

In addition to grant funding, we received \$39,715 in generous donations from individuals and business donors within our community. These contributions play a vital role in support patients, clients and community members by enabling the delivery of essential programs and helping cover medical expenses that might otherwise be out of reach.

We are sincerely grateful for the continued support and funding provided by the Ministry of Health and Ontario Health West. We also extend our heartfelt thanks to all of our financial supporters including:

Ontario Health West \$6,623,450

Health Canada Substance Use and Addictions Program \$198,739

Public Health Agency of Canada & Alliance for Healthier Communities \$93,016

Ontario Trillium Foundation \$69,555

Food Grant \$10,000

Municipality of Grey Highlands \$50,000

Township of Southgate \$25,000

Ministry for Seniors and Accessibility, Seniors Community Grant \$25,000

United Way Bruce Grey \$11,968

Rotary Club \$5,367

Township of Melancthon \$5,000

Community Foundation of Grey Bruce \$1,500

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Message from the Board Chairperson


To a job well done - once again!

On behalf of the Board of Directors -Tom Allwood, Eddie Aziz, Harpreet (Captain) Bal, Sandra MacIntosh, Dave Milner, Debbie Plested, Janet Pounder, Kara Wedde and John Woodbury - I'd like to once again congratulate and thank all members of the organization, especially - Lindsay Boyd, Office Administrator, Theresa Baker, Director, Health Services, Crystal Ferguson, Manager, Community Engagement and Health Promotion, Cassie Reid, Nurse Manager, Tracey Wickens, Manager, Medical Administration and Annette O'Reilly, Manager, Allied Health - who have once again made the South East Grey Community Health Centre an exemplary model of healthcare within our community as well as the province of Ontario. And to the many volunteers who have contributed countless hours to this organization a sincere thank you. Finally credit must be given to the leader of the CHC, the executive director, Alex Hector whose incredible abilities have taken this gem of primary and allied care to the pinnacle of rural healthcare, literally the model of Healthcare being proposed by the Ontario government.

I would like to take just a moment to thank Tanya Shute, who has moved on to be the executive director of Chapman House, for the outstanding contributions she has made to the CHC over the years with her tireless advocating and advancing of Allied health services. She will be as outstanding in her in her new role as she was in her previous one.

Thanks also goes to the municipalities of Grey Highlands and Southgate for their continued support by donating both financially and further by offering their facilities so that the Centre is able to run programs for the community. We could not do what we do without you!

Since this Community Health Centre opened in 2011 the Centre has grown and been able to provide service to over 12,000 clients within our community. The fitness, recreation and wellness programs have increased, allowing more participation, and the food programs in both Markdale and Dundalk Centre's are serving more families now than ever before....and that need continues to grow. But more needs to be done and with appropriate funding the CHC is more than capable of providing those services, both in Primary Care and Allied Services. Hopefully the promised new funding will find its way into our budget thus allowing us to do our jobs by providing expanded health care to all residents, as well as the means to fairly pay all employees and close the salary gap! And hopefully next year this report will reflect a more positive financial situation.



Larry Mann, Chairperson
SEGCHC Board of Directors

To Our Stakeholders

Together with Larry Mann, our Board Chair and John Woodbury, our Treasurer, we recently made delegations to each of the municipal councils located in our catchment area. The purpose of the delegation was to thank those municipalities who provide funding for programs that assist with health, wellness, social inclusion and social determinants of health. The reports offers an update on the services and programs we provide, an opportunity for councils to ask questions and to identify community needs. Without exception, the municipal staff and elected council members and mayors were very appreciative and grateful for the work that our entire team does.

We constantly survey our clients; our most recent survey indicated an astounding result- 96% responded that we had helped improve their feeling of wellbeing and 95% told us the services we provide are excellent or very good. These recent results are part of a remarkable pattern of consistent, extremely strong client survey scores. We know we are not perfect and there are always opportunities to improve our client experience. We embrace mistakes as learning opportunities and never take what we do for granted. We know that everyone - patients and staff - has a bad day from time to time; the morning alarm didn't go off, kids that surprise us with a last minute parental duty - sometimes we just have a bad day. And when our staff has a bad day, they do everything they can possibly do to leave that bad day at the door and come to work with focus and a smile, because on our worst days, we know that our clients depend on us to help them with their life situation.

These incredible client survey results, strong positive feedback from council members and too numerous to count anecdotes about how the CHC has helped people, has contributed to an ongoing reputation for client centered, knowledgeable, compassionate care for the whole person- mind, body and spirit. Our reputation has developed over time and hasn't happened all by itself. It happens due the professional caring and compassionate attitude of every single person who works at the CHC. Our team members are extremely proud of the reputation the CHC has developed and work very hard to ensure that their actions and behaviors day in and day out, support and build onto that reputation. What is absolutely amazing to me, is that our staff do all of this despite wages that have not kept pace with inflation and are on average 30% lower than hospital and private sector wages (Eckler report on Ontario Community Health Compensation Market Study, November 2023). Our staff have demonstrated that they are very good at their jobs, they care about the people we serve and they work very hard to ensure that our reputation is maintained - and they do it for below market wages – this is blatantly unfair.

Recently the provincial government announced a \$1.8 billion investment over the next few years to expand primary care to enable all Ontarians to have access to a primary care provider. This investment has significant implications for our CHC – space and recruitment are top of mind. But, without a wage offering that is competitive, our ability to serve more deserving people will be compromised. It has become very difficult to recruit staff when our wages have not kept pace with inflation and are below market. In fact, we currently have two Allied Health positions that have been unfilled for more than 6 months with no

applicants and a recent posting for a Nurse Practitioner has also yielded no qualified applicants – this does not bode well for expanding our reach to serve the many people in our community who currently do not have access to a care provider. We need your help. If you agree that we need to be able to recruit and retain staff in order to serve our whole community with excellent health care services, please let our MPP, Health Minister and Premier know how you feel about the unfairness and the risk that not addressing this disparity means to you and our community. In case you need them, here are their email addresses:

paul.vickers@pc.ola.org sylvia.jones@ontario.ca doug.fordco@pc.ola.org



Alex Hector, Executive Director



In August 2024, SEGCHC staff took to the water for a unique team-building experience, generously hosted by the Eugenia crew of the Grey Bruce Dragon Boat Club. Staff had the opportunity to learn the basics of dragon boating and enjoy a day of teamwork, camaraderie and fun on the water.

Operations

A Review of our Strategic Plan

In fiscal year 2024/25, the South East Grey Community Health Centre (SEGCHC) proudly delivered **60,222 patient encounters**, demonstrating our continued commitment to accessible, community-based care.

Our program staff and dedicated volunteers facilitated **2,552 group sessions**, offering diverse and inclusive programming designed to address the social determinants of health. Among the most popular were:

- Pickleball – 4,989 participant visits
- Your Unique Meal (YUM) Program – 4,948 participant visits
- Gym Sessions – 3,586 participant visits

Rooted in our mission “to help people and communities achieve health and well-being,” all of our services are designed with equity and community impact in mind. As we continue to advance our 2021–2025 Strategic Plan, SEGCHC remains focused on four key priorities:

- Building on our strengths
- Advancing health equity for marginalized and vulnerable populations
- Developing a clear and effective branding and communications strategy
- Defining our role within the Ontario Health Teams (OHT) framework

Vision: Healthy people, vibrant communities.

Looking ahead to 2025, SEGCHC’s Board, staff, and stakeholders will embark on the development of a new strategic plan to guide our next phase of growth and impact.

The Board is proud to highlight several significant achievements from this past year:

- Implementation of a new management structure to improve communication and streamline decision-making
- Internal promotion of four staff members, reflecting our commitment to professional development
- High levels of employee empowerment and engagement
- Expansion of our clinical capacity through Interprofessional Primary Care Team (IPCT) funding
- Maintenance of exceptional client satisfaction during a period of organizational transformation
- Collaborative efforts with OHT partners to expand primary care services across Grey Bruce
- Consistent top-tier performance across all service and operational benchmarks

At SEGCHC, we remain deeply committed to fostering health, equity, and community well-being through innovation, collaboration, and compassionate care.



On April 1st, an Eid celebration was held in collaboration with the CMHA Coach House and other community partners. Eid marks the end of Ramadan—a month of fasting, prayer, and reflection—and is a time of gratitude, charity, and community. The event provided an opportunity to learn about the significance of Eid, share in the joy of the occasion, and foster connection and cultural understanding. Many of our clients celebrate Eid as part of a rich tradition centered on giving, renewal, and community.

Community Engagement and Health Promotion: Programs and Outreach

With many thanks to a dedicated team of staff, volunteers, community partners, and funders, our organization provided 70 different programs with 30,920 visits to these programs. We offer programs in a variety of locations, including Chatsworth, Dundalk, Feversham, Flesherton, Holstein, and Markdale.

Physical activity remains an important factor in the prevention and management of many chronic conditions. Physical activity is very important in maintaining good mental health and even helps with

getting a good night's sleep. We continue to offer a wide range of programs available to all community members, ensuring we have a core set of free programs accessible for seniors and people of all abilities which include programs such as *Chair Fitness, Chair, Easy Flow, Flow, online and in-person yoga, Aquafit, Community Gym, Tai Chi, Pickleball, Indoor and Outdoor Walking.* These programs and others such as our *Friday Social* and *Community Meals* are also essential opportunities for people connect and to reduce social and emotional loneliness which is another significant factor in wellbeing.



With the wonderful donations from community members, this year we were able to purchase a new stationary bike to upgrade the equipment available in the free Gym at the Community Health Centre (pictured above).

"Your Unique Menu" program continues to be a large program offering a variety of food, personal hygiene, and clothing options for people to promote access to healthy food and essentials. Services range from frozen meals prepared on-site, second harvest brings in donations from area grocery stores, community gardens, providing subsidies to improve access to the Good Food Box program, community meals with social time, and summer lunches for children and youth – all of which are offered at no cost to the households we serve. In total, we provided at least 21,456 meals through these various programs and an additional 424 good food boxes through the sponsorship program.



This collage displays a selection of our diverse programs, including the community garden at our Dundalk site, the walking program, and Zumba classes. All programs are open to everyone and offered free of charge.

Income Tax

In 2024, we helped 393 people complete over 500 hundred income tax returns, with over \$1.5 million in returns and benefits (\$1,535,536) received by community members with modest incomes. Filing tax returns enable access to essential benefits such as the Guaranteed Income Supplement for seniors and the child tax benefit for families, the new Canada Dental Care Program, the new Canada Disability Benefit, access to Rent Geared to Income Housing, and many other services. This service is no longer a seasonal program but is in demand year round to assist community members to be able to access these essential benefits.

Homelessness

As most of the community is aware, our region is facing a housing crisis. This is affecting the clients we serve and impacting the type of supports we offer. Our data is telling us that our staff provided at least 94 people with information, services or support related to housing and/or homelessness in the last year at the

CHC. However, the number of households that we serve is likely much greater than this, but we just do not have an appropriate reporting mechanism to capture this type of information. Many of these interactions that focus on housing and homelessness require a great deal of time, and involves identifying the needs of the household, arranging referrals, coordinating and advocating for access to various housing services and wrap around services. The CHC does not have “housing programs” so our team is often trying to work with people to leverage alternative services to fill the gaps.

Coldest Night of the Year

Events such as the Coldest Night of the Year (CNOY) help to bring awareness around the issues of homelessness, and help to raise funds to alleviate some of the burdens of poverty. February 22, 2025 was the second annual CNOY event held in South East Grey. It was another successful event bringing in over \$14,000 to support people locally with food programs, utility access, school supplies, and other supplies for people struggling with homelessness. Many thanks to all of the walkers, teams, donors, volunteers, Board Members, and staff that made this event a success. Event partners included the United Way Bruce Grey and the Municipality of Grey Highlands. Many thanks to sponsors D.C. Creations and Bruce Power.



Substance Use and Addiction Program Funding from Health Canada

The injection of funding from Health Canada provided opportunities for the CHC to pilot a rural community outreach model to engage with and better support people with substance use disorders.

Over 122 different clients were provided individualized, one-to-one mental health and addictions supports by a registered nurse or nurse practitioner throughout the funding. Another 520 interactions were completed in the outreach sessions to provide harm reduction supplies and provide education about chronic pain or substance use. This outreach is essential in helping reduce the stigma of mental health and substance use disorders in our community.

These nurses have specialized training in the assessment and treatment of substance use disorders, trauma informed care and harm reduction practice. These nurses are addressing complex medical and social problems which require frequent and repeated follow-ups with clients. The CHC, simultaneously, provides an array of system navigation and wrap around supports for clients. While many of the clients would have otherwise gone without appropriate supports due to financial, social, housing and transportation barriers, it is very important to understand that the program served a variety of local community members from all walks of life.

This funding provided capacity for staff to do additional training and launch a Rapid Access Addiction Medicine clinic locally. This decreased barriers to accessing appropriate treatment for local community members. Forty-seven local community members were able to take advantage of the Rapid Access Addiction Medicine clinic during the funding period.

The results that clients have experienced from accessing this program are tremendous! Many people have stopped substance use completely, others have significantly reduced use and are making positive changes for their health and social care. We've seen clients re-enter the workforce, obtain housing, improve nutrition, and for some people, this is the first time in their lives that they have had access to harm reduction supplies.

With the additional internal capacity built through the funding and the support from partners such as Brightshores Health System and Canadian Mental Health Association, these one-to-one services and outreach will continue into the next year.

A Hub of Services to Create Community Resiliency

Over the winter, staff attended sessions by the Grey Bruce Children's Alliance's on Adverse Childhood Experiences and Community Resiliency. Resiliency is essential for the wellbeing of our families and community. Resilience allows us to adapt to adversity, but resilience needs to be nurtured through positive relationships and by reducing toxic stress. Two of the ways we can promote resiliency in our community is by having places (or hubs) for families and helping people to meet social, health and service needs. These are two strategies that the SEGCHC has excelled at since our inception in 2011.

In our Markdale location, we have our inter-disciplinary team of primary care, midwifery, allied health and community based staff and programs. We have access to children's psychiatry through telemedicine, on-site internal medicine and gynecology specialists, and the memory clinic. We also host services such as the Canadian Mental Health Association, Keystone Child, Youth & Family Services, the Good Food Box,

Grey County Social Services, Public Health Dental Programs, community-led English as another Language classes, Life Directions Employment Supports, YMCA Employment Supports, Alzheimer’s Society, Brightshores Community Stoke Team Coffee Hour, periodic VON Bereavement Groups, and meeting space for client-centred case conferences and local not-for-profit community groups.

At our Erskine Centre location in Dundalk, we have our Registered Dietitian, community based staff and programs, Substance Use Outreach Program, Rapid Access Addiction Medicine clinic along with providing space to services and programs such as AA & Al-Anon, Brightshores CTO Case Management & Addictions Counselling, Canadian Mental Health Association Counselling, Community First Housing Group, Grey County Ontario Works, JunCtian Community Initiatives, Life Directions Employment Supports, Public Health Immunization Clinic, Rise Up & Soar, Upper Grand District School Board Skills Upgrading, ParaMed Integrated Assisted Living Program, YMCA Employment Supports, Youth-led special events, meeting space for client-centred case conferences and local community network meetings.

At the Dundalk Medical Clinic, we have our primary care and midwifery services, along with a partnership with a COPD clinic to offer services to SEGCHC patients. We are co-located with a private dental, chiropractic and massage therapy clinic. The Chatsworth clinic is a small satellite location with primary care and is located within the same building as the Township office.

We use a “no wrong door” approach, where we regularly help people find and access the service they are looking for. We monitor community needs and strengths and bring on new services, partners and programs whenever resources allow.



Top left, clockwise: Our four locations - Chatsworth (below the township office), Markdale, Dundalk Medical Centre, and Erskine Community Health Centre.

We ask because we care!

If you have been into the CHC to access individual services this year, you might have been asked to complete a Health Equity form. Just like all other Community Health Centres and many other community services, we know that different people have different experiences accessing and benefiting from health and social services. We ask these questions because we know that your health is influenced by many factors such as your gender, education, income and more. By learning more about you we can better understand who we are serving in the community, how we can better meet your needs and the needs of the community. The information can also tell us about groups that we haven't reached within our services or groups of people that might not be experiencing the same level of benefits from our services.

We've been on a journey to ask health equity questions to each of our clients. We are over half way to our goal of having 75% of our clients fill out the health equity form. And, over time we've already seen a 24% increase in completion of the form. This year we will be working on making sure the form is available to clients in more of our satellite locations and at our group programs. So, when you see the form, remember, we are asking because we care!



We ask
because
we care!

Crystal Ferguson, Manager of Community Engagement & Health Promotion

Allied Health Services & Programs

Our two Dietitians are busy supporting patients in their wellness journey. They provide education and counselling for health-related issues such as eating disorders, fertility issues, diabetes, and weight loss or management. They will continue to provide these essential services and are looking into developing some group programming to address the needs of your clients.

Our two Social Workers who will be returning from maternity leave in the early fall of 2025. A Mental Health Counsellor is currently providing services to our clients at the CHC. These services are being supplemented with referrals to Canadian Mental Health Association (CMHA) as needed. Social Workers/Mental Health Counselors are an important part of our patient services. They look after mild to moderate mental health issues, assist in system navigation and contribute to the wellbeing of our clients in all of our programs. They advocate for more intensive case management with CMHA, and the Wellness Centre, and GB House in Owen Sound. We are working with CMHA to understand and improve the case management referral process. This will assist with enhancing access to these services for our clients.

Our Chiropractic program has been on hold since 2024 when the longtime Chiropractor moved on to a different job. We have been unable to fill this position to date. We continue to actively recruit for this position. We have provided clients with a list of clinics providing Chiropractic services in the area so they can look into getting services elsewhere.

We are actively recruiting for a second Physiotherapist as our rehab department is down to one Physiotherapist providing services. She is doing her best to keep up with the referrals and to minimize the waiting time for clients. Recently, we have had two enquiries about the position and hope that we find a suitable candidate soon. As always, our Physiotherapist is focusing on meeting the needs of our uninsured CHC clients. She works closely with Brightshores Health System to provide pre and post-operative therapy for Total Hip & Knee Replacement surgery patients. Due to staffing issues, we are unable to offer the Good Living Arthritis: Denmark (GLA:D) program to clients with mild to moderate hip and/or knee arthritis as had been planned. This will be revisited in the future when we are at a full staffing complement.

Annette O'Reilly, Physiotherapist & Manager of Allied Health

Finance/Administration and IT

Information Technology Update

Several key IT initiatives were completed to enhance security, efficiency, and performance. Our Microsoft licensing was upgraded, and multi-factor authentication was implemented to strengthen cybersecurity measures.

Additionally, the internet connection was upgraded from cable to fiber optic, significantly improving speed and reliability.

A new internet-based phone system was also deployed, offering improved performance and reduced operating costs compared to the legacy system.

Financial Report and Update

In July 2025, we contracted Compass Community Health Centre as an independent contractor for the purposes of providing accounting, financial management and reporting oversight services.

A local audit firm called Sound CPA completed an interim audit in January 2025 and a year-end audit took place in May 2025.

Accreditation

After considerable efforts by Staff, Board of Directors, Volunteers and Stakeholders, South East Grey Community Health Centre successfully achieved accredited status for the period of February 22, 2025 to February 21, 2029.

South East Grey Community Health Centre is proud to be accredited through the Canadian Centre for Accreditation, an independent review based on leading practices that promote ongoing quality improvement and responsive, effective community services

Human Resources

Over the past year, SEGCHC implemented a new management structure aimed at enhancing communication and streamlining decision-making processes. Demonstrating our commitment to professional development, four staff members were promoted internally.

We continue to foster a culture of empowerment and engagement among our team. However, recruitment and retention remain significant challenges due to notable wage disparities, as outlined in the Eckler report. These challenges are reflected in our current extended vacancies, including two allied health positions and one nurse practitioner role, which have received no qualified applicants to date.



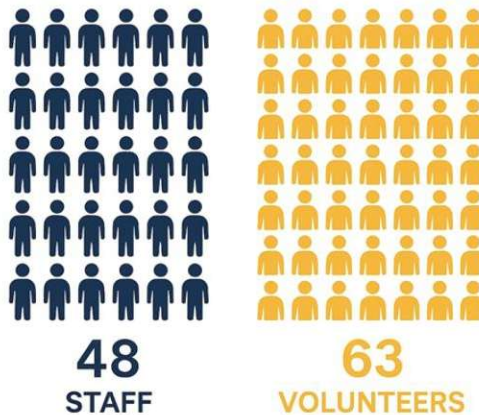
In August, we hosted an ice cream and lemonade social in the Community Garden at our Markdale site - a wonderful opportunity for connection and community. We extend our heartfelt thanks to Chapman's for their generous ice cream donation, which helped make the event extra special.

Recognition

Volunteers Make Waves at SEGCHC

Once again we couldn't do all the work we do without the outstanding dedication of over 63 people contributing over 3600 volunteer hours. Volunteer roles include the Board of Directors, Community Meal Programs, Pantry & Clothing Closet, Gardens, Income Tax Program, Check in & Chat, Walking Program, Pickleball, Coldest Night of the Year, Second Harvest, 2S-LGBTQQIAP+ Connection, English Language Class, and various special events.

South East Grey Community Health Centre



Employee Long Service Recognition

We proudly recognize and thank the following team members for their years of dedicated service to South East Grey Community Health Centre. Your commitment, compassion, and contributions have helped shape the care we provide and the community we serve.

5 years with the CHC:

- Krista McKee, Physician
- Annette O'Reilly, Physiotherapist
- Janette Terpstra, Medical Admin

10 years with the CHC:

- April McAllister, Nurse Practitioner
- Cassie Reid, Registered Practical Nurse

A Report from our Director of Health Services

Things are always busy and evolving at the South East Grey Community Health Centre. This year, we have gone through several changes. We have made several internal staffing changes, and everyone is

settling in nicely. We were able to bring in some patients that have been waiting on the wait list but have yet again hit a new roadblock as we continue to struggle with an unfair wage gap between Primary Care Providers and Hospital Workers. Ontario needs to step up and pay community Primary Care providers fairly. Preventative health care is necessary to ensure we can manage conditions and stop crowded Emergency Departments. This wage gap is making it difficult to recruit and retain staff.

We said goodbye to some very important staff this past year. Penny Pedlar, Director of Primary Care, was finally able to retire (again) but is keeping herself busy and staying in touch. We also said farewell to Susan Boulanger, Nurse Practitioner who retired and Dr. Ramsha Khan who moved out of the country to be with family. We were very fortunate to recruit Dr. Jodie Joy to take over Dr. Khan's practice but are still trying to recruit for Susan's vacancy. We continue to ask for more funding to hire more staff as our catchment area continues to grow but as of right now, our wait list remains closed. Our complement of Primary Care Staff includes 1 full-time Physicians and 4 part-time Physicians, 10 Nurse Practitioners, 7 Registered Practical Nurses and 8 Medical Admin staff. We have had interest from a couple of doctors over the past year and while we would love to have them join our team and could easily fill their rosters, our funding does not support this.

As a Primary Care Health care organization, we continue to occasionally deal with some patient frustration and impatience. While you may be feeling unwell or under a great deal of stress, we do expect that, you will treat our staff with the respect and patience that you would like to be treated with. You are important and so are our staff members. We have Zero Tolerance for abusive behavior towards any of our staff members, volunteers or fellow patients. Abusive behavior includes threats, yelling, threatening language, foul language, rudeness, intimidation or other inappropriate behavior. Our Medical Administration Staff are at the front line of our organization and deserve respectful and courteous behavior from patients and visitors at all times. Please be patient while we try to find the best possible outcome for you.

We implemented a new Phone System last summer and are still working through some kinks but overall, it has been working out well. We are currently in the process of updating our website to make it more user friendly and we are working on some new computer software programs to try and save staff time and make things easier to locate.

Did you have trouble getting an appointment when you wanted it? Last year we had 974 No Shows for visits with a Nurse Practitioner or Physician. Please remember to call and cancel your appointment if you are unable to keep it.

Midwifery

Our new Perinatal Rural Access Multidisciplinary Program (PRAM) is in full swing. The PRAM program provides a collaborative approach to perinatal care, with Registered Midwives (RMs) working within our team of Health Care Providers providing care centered around pregnant people and their families. The RMs offer local prenatal care, continuing into the third trimester in collaboration with local obstetric

providers, to reduce the need to travel so far for routine prenatal care. People can self-refer, or be referred by their providers or local institutions, so long as they live within our catchment area.

Perhaps the most successful and well-loved part of the PRAM program is the home visits in the first couple of weeks post-delivery. The RMs visit new families to support early bonding, infant feeding, and mental health screening to get families off on the right track. The RMs are also able to provide well woman and well-baby care up to 18 months for people without access to a local primary care provider.

The RMs work closely with the other members of the SEGCHC, and community agencies to serve vulnerable populations (new to Canada, 2S-LGBTQ+, substance use, under housed, etc.) with safe, nonjudgmental support, to access care and basic necessities. We are very excited to see this program grow and evolve.

Rapid Access Addictions Medicine (RAAM) Program

RAAM is a rapid access addictions medicine clinic providing client-centered care for anyone aged 16 years and up who are experiencing problems related to alcohol, opioid or other substance use. Through RAAM, clients have access to medications (including anti-craving medications for alcohol and buprenorphine/naloxone for opiate use disorder) counselling, harm reduction supplies and referral services to community treatment programs. This is a low-barrier program with both scheduled appointments and walk-in access. This program is currently running one day per week from our Dundalk Satellite location. This program is supported and run by a Nurse Practitioner with assistance from a Registered Practical Nurse.

Onsite Specialists

Complex Medicine/Obesity Clinic continues to support our patients. This program runs 1-2 days each month and consultations are completed in person by an Internal Medicine Specialist. This program is supported by a Nurse Practitioner.

Our Pediatric Psychiatry program is supported by OTN from Brightshores, Owen Sound. This program runs a full day each month and consultations are completed with a Child/Adolescent Psychiatrist who consults with our young patients (6-18 years) and their families via two-way videoconferencing. This program is supported by our Medical Admin.

Our Memory Clinic runs 1-2 days each month and consultations are completed and supported in person by Physician Specialists, the Alzheimer's society and a Nurse Practitioners and RPN.

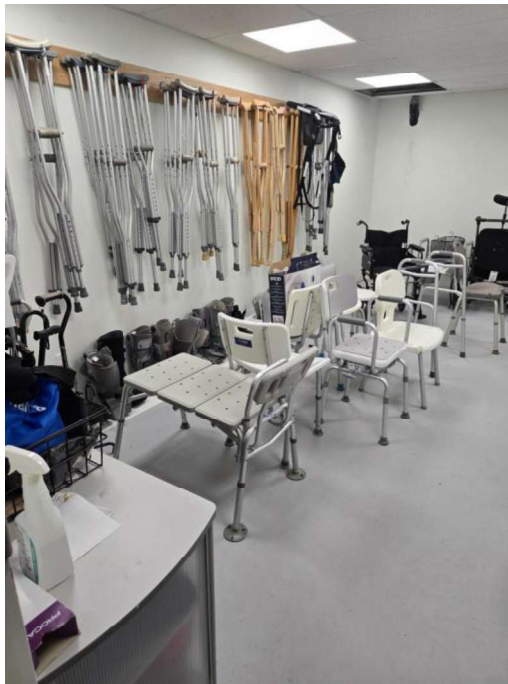
Students

We continue to support students. We currently have two Nurse Practitioner Students working alongside our senior NP staff during the months of May – July. These students are in their final rotation and are almost ready to graduate. During this rotation, they get hands on experience and work to refine their practice. By the end, they should be ready to look after all aspects of a Nurse Practitioners' Day. These

are great learning opportunities and also good opportunities to recruit. Our salaried model is well received by younger primary care providers and those looking at a better work life balance however the wage disparity is making this aspect less attractive to potential recruits. We were also able to host 3 RN students this spring doing a community project who worked alongside our SUAP program looking at the importance of System Navigation, Community Development and Primary Care to our underserved, marginalized clients. These RN students were in their 3rd year. They worked closely with our programs in both Markdale and Dundalk.

Medical Equipment Program

We continue to offer free medical assistive devices and mobility products to help maintain and improve an individual's functioning and independence. Any community member recovering from surgery or living with mobility limitations can simply call or drop into our Markdale site to receive equipment. All inventory is donated and varies from day to day, but we usually have an abundance of devices on hand, including wheelchairs, shower chairs, bed rails, commodes, crutches/canes, adult diapers, walkers, etc. All equipment is cleaned and inspected on arrival and is not required to be returned once a waiver is signed stating that we are not responsible for the mishandling or maintenance of equipment. We are always accepting new and used medical equipment!



Ontario Telemedicine Network

Located in rural Ontario, the Ontario Telemedicine Network (OTN) service we provide continues to be a very important one. We have the ability to host consultations between our rostered and non-rostered patients and Specialists from all across Ontario. Our NP/MD's are also set up and trained to use

eConsults – a service where a non-urgent, patient-specific question can be submitted to a Specialist, often avoiding the need for the patient to be referred for a face-to-face visit.

Current Goals

We are currently working hard to ensure that our patients have been vaccinated while navigating the day-to-day changes of the rise in measles cases. We are also working hard on staff satisfaction, creating a safe and positive work environment and working hard on advocating to close the unfair wage gap that those working in Community Primary care are experiencing. We also continue to advocate for our new Dundalk Build and increased funding so we can build our access in Southgate which will in turn allow us to also build our capacity in Grey Highlands.

Theresa Baker, Director of Health Services



The SEGCHC's pickleball group celebrated ten years of play at the Osprey Community Centre with a lively Country Hoedown. Participants dressed in western attire, enjoyed brisket on a bun and other delicious dishes, and danced the night away with some spirited line dancing.

Pictured here is the dedicated organizing committee behind the event. With over 120 members of all skill levels, this vibrant group not only enjoys multiple pickleball sessions each week at Osprey, but also comes together for seasonal social events throughout the year—making it a true community both on and off the court.

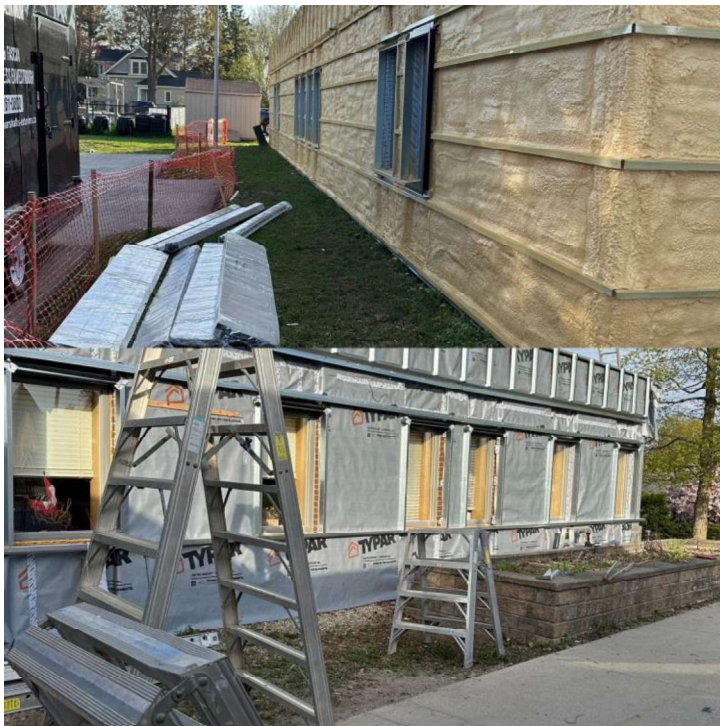
What Our Patient/Clients are Saying

Each year, SEGCHC conducts a patient experience survey in alignment with the requirements of our Multi-Sector Service Accountability Agreement (M-SAA). The survey questions are standardized across the Southwest Ontario Health West CHCs to ensure consistency and comparability. This year, we have enhanced our approach by introducing iPads in waiting areas, allowing clients to conveniently provide feedback following their appointments. SEGCHC is pleased to share the following highlights from the survey results:

- **99%** of respondents say they **always feel comfortable and welcome** at the clinic
- **90%** of respondents say their **provider spends enough time** with them
- **98%** of respondents say they are **treated with dignity and respect**
- **95%** of respondents say the **care and services provided by the CHC are excellent/ very good**
- **99%** of respondents say the CHC has helped **improve my feeling of well being**

Capital Projects

No capital projects were completed during the 2024–2025 fiscal year. However, in 2023, significant upgrades were made, including repaving the parking lot and replacing the rooftop HVAC unit on the west portion of the building. In spring 2025, re-siding of the building commenced, funded in part by a CIRF grant, which will allow for insulation and re-siding of approximately 50% of the structure. A funding application has been submitted to support the completion of the remaining work.



Markdale siding project well underway in June 2025

By the Numbers – Our Performance

SEGCHC Clinical Data Reporting

The chart below highlights SEGCHC's performance over the past few years in comparison to the Ontario Healthcare Reporting Standards (OHRS) targets. The Community Health Centre has experienced significant growth in both program participation and the number of sessions delivered.

Year End M-SAA and OHRS

M-SAA	Target	2025	2024	2023	2022
Breast Cancer Screening	80%	93%	84%	83%	96%
Cervical Cancer Screening	80%	90%	87%	82%	97%
Colorectal Cancer Screening	80%	80%	80%	80%	96%
Diabetes Inter-Disciplinary Care	90%	87%	87%	80%	83%
Influenza Vaccination	80%	70%	88%	52%	98%
Panel Size	7400	7207	7479	7403	7616
Service Provider Interactions	43560	60222	52118	52071	51707
Service Provider Group Interactions	780	3782	2773	1882	697
Group Sessions	845	2552	2450	1633	755
Group Participants	15575	35720	30920	18748	8389

SEGCHC is required to sign a Multi-Sectoral Accountability Agreement (M-SAA) with our funders, Ontario Health West. The M-SAA requires that the organization focus its primary care attention to cancer screening and flu vaccination in addition to providing primary care and community development services.

Accountability

Multi-Sector Service Accountability Agreement

In February 2025, the Executive Director and Board Chair signed an extension of the Multi-Sector Service Accountability Amending Agreement, linking SEGCHC's performance to funding provided by Ontario Health West. This agreement, now extended through March 31, 2026, enables continued funding for service delivery and reinforces a collaborative approach to improving access to high-quality care, coordinating local health systems, and managing them effectively and efficiently.

2024-2025 South East Grey CHC - Board of Directors

We extend our heartfelt thanks to our volunteer Board of Directors for their leadership, time, and commitment to the mission of South East Grey Community Health Centre.

Larry Mann – Chairperson
Janet Pounder – Vice Chair
John Woodbury – Treasurer
Tom Allwood
Eddie Aziz
Captain Bal
Sandra McIntosh
Dave Milliner
Debbie Plested
Kara VanAlstine

Your guidance and dedication help shape healthier communities and ensure our work remains focused, accountable, and impactful.

Thank you for making a difference!

Independent Auditor's Report

Opinion

We have audited the financial statements of South East Grey Health Centre (the Organization), which comprise the statement of financial position as at Monday, March 31, 2025, and the statements of operations, changes in net assets and 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 statements of the Organization as at Monday, March 31, 2025, and the results of its operations and cash flows for the year then ended in accordance with Accounting Standards for Not-for-profit Organizations (ASNPO).

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 Organization 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

ASNPO, 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 Organization'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 Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process. When individuals responsible for the oversight of the financial reporting process are the same as those responsible for the preparation of the financial statements, no reference to oversight responsibilities is required.

Other Matter

The previous audited financial statements were performed by another audit firm

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 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 Organization'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 Organization'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 Organization 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.

Sound CPA

Chartered Professional Accountants
Licensed Public Accountants
Owen Sound, Ontario
June 24, 2025

South East Grey Health Centre

Balance Sheet

March 31, 2025

	Note	2025 \$	2024 \$
Assets			
Current Assets			
Cash and cash equivalents		668,425	381,780
Cash - restricted	5.	69,732	54,699
Accounts receivable		144,410	139,970
HST Rebate receivable		70,601	68,833
Prepaid expenses		66,644	53,701
Total Current Assets		1,019,812	698,983
Property, plant and equipment, net of accumulated amortization	2.	3,949,422	3,992,207
Total Assets		\$ 4,969,234	\$ 4,691,190

South East Grey Health Centre

Balance Sheet

March 31, 2025

Liabilities and Shareholders' Equity

Current Liabilities

Accounts payable and accrued liabilities	654,754	508,061
Government remittances payable	45,932	86,992
Deferred revenue	276,473	217,388
Due to Funders	106,019	103,329
Current portion of long term liabilities	81,820	79,755

Total Current Liabilities	1,164,998	995,525
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Long term debt	3.	2,733,763	2,815,583
Deferred capital contributions	4.	841,204	800,278

Total Liabilities	4,739,965	4,611,386
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Net Assets

Operating reserve fund	112,196	112,196
Unrestricted	117,073	(32,392)

Total Equity	229,269	79,804
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Total Liabilities and Equity	\$ 4,969,234	\$ 4,691,190
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Approved on Behalf of the Board:

South East Grey Health Centre

Statement of Operations

For the Year Ended March 31, 2025

	2025	2024
	\$	\$
Revenue		
Ontario Health West	6,255,209	5,994,382
Expense recoveries	92,530	321,918
Amortization of deferred capital contributions	29,027	27,194
Grant income and other income	303,047	357,065
	6,679,813	6,700,559
Operating expenses		
Salaries and wages	5,574,450	5,290,759
Operating supplies and expenses	939,858	1,192,414
Medical and surgical supplies and drugs	6,442	23,218
Building amortization	51,284	52,040
Equipment and software amortization	29,027	27,194
Interest on mortgage	73,172	75,352
Total operating expenses	6,674,233	6,660,977
Excess of revenue over (under) expenses before other revenue and expenses	5,580	39,582
Other income (expense)		
Rental Revenue	176,425	150,865
Building and grounds expense - rental	(112)	(82,957)
Amortization of building	(32,428)	(32,428)
	143,885	35,480
Excess of revenue over expenses for the year	\$ 149,465	\$ 75,062

Centre Information

South East Grey Community Health Centre

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