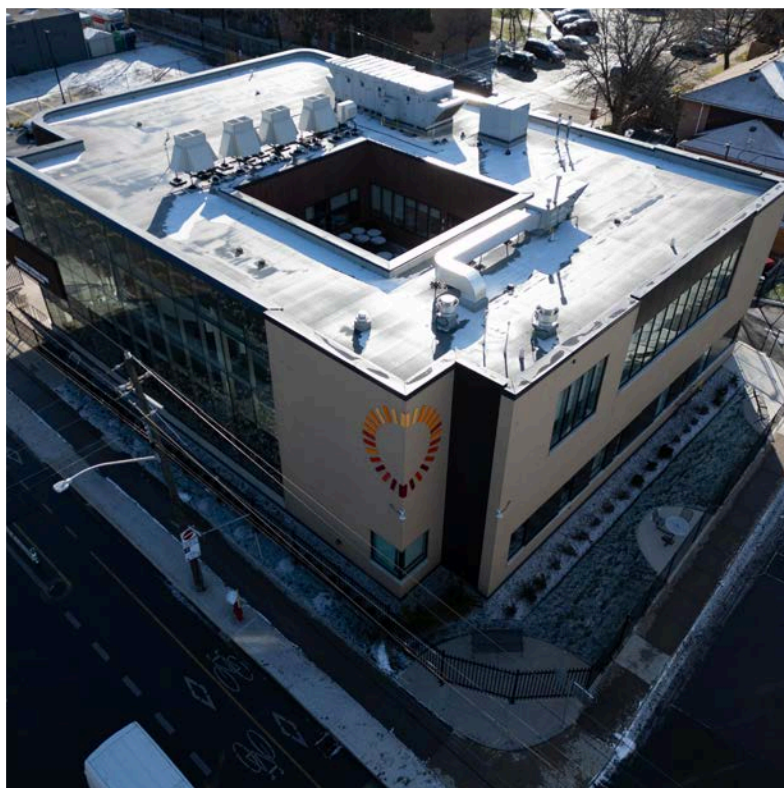




**Hamilton Urban Core
Community Health
Centre**



Annual Report

2025-2026

*30 Years of Advancing Care,
Equity and Innovation*

www.hucchc.com



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Mission, Vision and Values

MISSION

Strong Core, Healthier Lives.

VISION

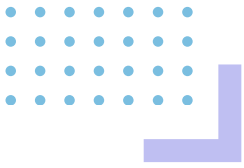
A strong innovative leader where marginalized people are first in the inner city.

VALUES AND BELIEFS

We Believe:

- All people have a right to be treated with dignity & respect.
- Primary healthcare and services must be accessible, available and appropriate, and be directed toward addressing the specific issues of people who experience barriers to access.
- All forms of oppression, prejudice and discrimination impact the health and well-being of individuals and communities.
- People essentially have an understanding of their own health and health needs, and have the right to make an informed choice.
- Focusing on the most disadvantaged will benefit everyone in the community and society.





Message From the Board Chair



Ike Agbassi
Board Chair

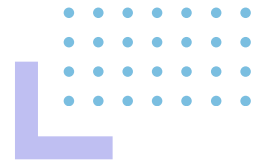
On behalf of the Board of Directors, I am pleased to share Hamilton Urban Core Community Health Centre's 2025 Annual Report.

This year was especially meaningful for our organization as we celebrated 30 years of service to the Hamilton community. For three decades, Hamilton Urban Core has worked alongside individuals, families, and

communities to improve health, reduce barriers, and create opportunities for people to thrive. As we reflect on this important milestone, we are proud of our history, grateful for the people who have contributed to our success, and excited about the future we are building together.

At the same time, we recognize that 2025 was a challenging year for many people in Hamilton. Rising housing costs, food insecurity, mental health concerns, and growing pressures on the healthcare system have affected individuals and families across our city. More people are turning to community organizations for support, and the needs we see every day continue to grow in both volume and complexity.

In the face of these challenges, Hamilton Urban Core remained focused on its mission: improving health and well-being while ensuring that everyone has access to the care, resources, and supports they need.



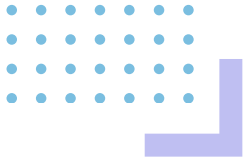
This year also marked important progress in the implementation of our Strategic Plan. Guided by our commitment to health equity, community partnership, organizational excellence, and sustainable growth, we continued to strengthen our services and deepen our impact across the community.

As a Board, we are encouraged by the progress achieved to date and remain committed to supporting the organization's long-term vision and strategic direction.

Throughout 2025, Hamilton Urban Core delivered a wide range of services that supported thousands of people across Hamilton. Our Primary Care teams provided accessible and compassionate healthcare. Our Mental Health and Addictions services helped individuals navigate some of life's most difficult challenges. Through our Community Food Centre programs, we worked to improve food security while fostering connection, dignity, and belonging. Our Community Health and Wellness programs supported healthy living and chronic disease prevention, while outreach initiatives helped connect vulnerable community members to housing, income supports, healthcare, and other essential services.

These programs reflect something that has always been at the heart of Hamilton Urban Core's work: the understanding that health is about much more than medical care. Health is influenced by where we live, what we earn, the food we eat, the connections we have, and the opportunities available to us. By addressing these broader factors, Hamilton Urban Core continues to help build healthier individuals, stronger families, and more resilient communities.

This year also saw the launch of the Board's Denise J. Brooks Legacy Committee, an important step in strengthening the long-term sustainability and future impact of our organization. The Committee was established to help advance strategic conversations around philanthropy, community engagement, organizational legacy, and future growth opportunities. We are grateful to the members of the Legacy Committee for their leadership, commitment, and willingness to help shape the next chapter of Hamilton Urban Core's story. Their contributions reflect a shared belief that investing in the future of Hamilton Urban Core is ultimately an investment in the future health and well-being of our community.



I would also like to extend my sincere appreciation to my fellow Board members. Their dedication, thoughtful leadership, and commitment to good governance continue to strengthen our organization. Board members generously contribute their time,

expertise, and passion in support of the Centre's mission, helping to ensure the organization remains accountable, sustainable, and responsive to community needs. It is a privilege to serve alongside such a committed group of leaders.

The Board is deeply grateful to the staff, physicians, volunteers, learners, and community partners who make this work possible. Every day, your dedication, expertise, and compassion improve lives and strengthen our community. We also extend our appreciation to our funders and supporters whose continued investment enables us to expand our impact and respond to emerging needs.

We would like to recognize the leadership of our Executive Director, Dr. Sandy Ezepue, PhD and her management team. Their commitment to the pursuit of innovation, partnership, and organizational excellence has helped position Hamilton Urban Core Community Health Centre for continued success. As we celebrate our first 30 years, we are also preparing for the next chapter of our journey—one that builds on our strong foundation while embracing new opportunities to advance health equity and community well-being.

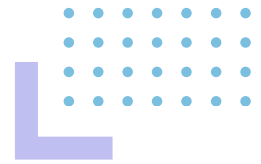
Looking ahead, we know there is still much work to do. The challenges facing Hamilton are complex, and no single organization can address them alone. However, we are confident that through collaboration, innovation, and a shared commitment to our community, meaningful change is possible. We remain guided by the ambitions of our late founder Denise Brooks and our shared belief: that everyone deserves the opportunity to achieve their best possible health.

Thank you all for being part of our journey.

Sincerely,

Ikechukwu Agbassi MLT
Board Chair,
Hamilton Urban Core Community Health Centre

Message From the *Executive Director*



It is my privilege to present Hamilton Urban Core Community Health Centre's Annual Report for the 2025–2026 fiscal year.

If I were to describe this past year in two words, they would be **transformation and innovation**.

This year marked the first full year of implementation of our **2025–2030 Strategic Plan**, grounded in five strategic priorities: **Health Equity and Inclusion; Access to Quality Care; Operational Excellence and Digital Transformation; Talent and People Strategy; and Centre of Excellence and Innovation Hub**.

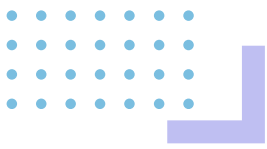
As we reflect on the progress made over the past year, I am proud of how far we have come. We have laid a strong foundation for the future while remaining firmly grounded in our mission to advance health equity, reduce barriers to care, and improve health outcomes for the communities we serve.

Among our most significant accomplishments this year were:

- Advancing the implementation of Hamilton's new **Homelessness and Addiction Recovery Treatment (HART) Hub** and establishing Hamilton Urban Core as the lead organization coordinating an innovative continuum of mental health and substance use care.



Dr. Sandy Ezepue
Executive Director



- Expanding access to care through the implementation of our **Mobile Health Unit**, bringing essential health and social services directly into communities and reducing barriers for people who may not otherwise access traditional healthcare settings.
- Launching the **Obodo Maternal Care Program**, a culturally responsive initiative designed to improve maternal and infant health outcomes among racialized, newcomer, and equity-deserving communities.
- Establishing the **MALITÉ Centre of Excellence**, positioning Hamilton Urban Core as a leader in health equity research, knowledge mobilization, innovation, and system transformation.

These achievements demonstrate that our role extends beyond the delivery of essential health and social services. We are creating, testing, and advancing new models of care that respond to systemic inequities, address the social determinants of health, and improve access and outcomes for populations that have historically experienced barriers within the healthcare system.

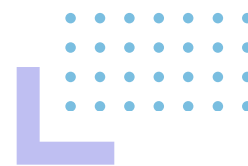
Celebrating 30 Years of Community Impact

This past year also represented an important milestone in our history as we celebrated **30 years of service** to Hamilton's downtown core and surrounding communities.

Our 30th Anniversary Gala brought together community leaders, partners, donors, staff, volunteers, clients, and supporters to recognize three decades of impact and celebrate the collective efforts that have enabled Hamilton Urban Core to grow into a trusted and respected leader in community-based healthcare.

While the occasion provided an opportunity to honour our history, it was equally a celebration of what lies ahead.

Hamilton Urban Core continues to evolve from an organization recognized for providing essential community health services into a leader in **health equity, community innovation, research, and healthcare system transformation**. We remain steadfast in our commitment to addressing the social determinants of health and dismantling the barriers that prevent racialized, marginalized, underserved, and equity-deserving populations from accessing the high-quality care they deserve.



Transforming Substance Use Health and Recovery Care

One of the most significant developments of the year was the transition from the provincially funded **Consumption and Treatment Services (CTS)** program to Hamilton's new **HART Hub model**.

Working alongside an exceptional network of health, social service, housing, and community partners, Hamilton Urban Core has led the development of an integrated and recovery-oriented system of care for individuals experiencing substance use, mental health, housing instability, and related social challenges.

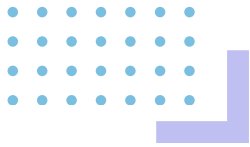
Together with our partners, we developed an innovative **Five-Stage Recovery Pathway** that supports individuals across a continuum of care: **Engagement, Contemplation, Preparation, Therapeutic Community Residential Treatment, and Therapeutic Recovery Maintenance**.

This collaborative model reflects our commitment to person-centred, evidence-informed, trauma-informed, and culturally responsive care. It also demonstrates what is possible when organizations work collectively across traditional service boundaries to create more coordinated pathways for individuals with complex needs.

A key component of this transformation has been the development of our **14-bed Residential Treatment and Recovery site on Aberdeen Avenue**. The program represents an important expansion of Hamilton's treatment and recovery infrastructure and provides a structured therapeutic environment where individuals can strengthen recovery skills, improve health and wellness, and prepare for successful transition back into the community.

As we prepared the site for operation, we also recognized the importance of meaningful engagement with the surrounding neighbourhood. The establishment of a **Neighbourhood Liaison Table** created an ongoing forum for dialogue, transparency, information sharing, and partnership with local residents and community stakeholders.

This work reflects our belief that meaningful and sustainable community transformation is strengthened when organizations engage openly and collaboratively with the residents, neighbours, partners, and communities around them.



Bringing Care Directly Into the Community

Another important milestone this year was the implementation of Hamilton Urban Core's **Mobile Health Unit**, strengthening our ability to meet people where they are and bring healthcare directly into communities.

For many of the populations we serve, access to healthcare can be affected by transportation barriers, unstable housing, stigma, financial pressures, mobility challenges, distrust of traditional systems, and competing social needs. Our Mobile Health Unit helps address these barriers by extending care beyond the walls of the health centre and creating flexible, accessible points of connection across the community.

Through the Mobile Health Unit, our interdisciplinary teams are able to provide and connect individuals to services including **primary healthcare, health screening, harm reduction, substance use health supports, health promotion, system navigation, referrals, and other community-based services.**

The Mobile Health Unit represents our commitment to delivering care differently. Rather than expecting people experiencing the greatest barriers to navigate complex systems on their own, we are taking services directly to the places where people live, gather, and seek support.

It is an important part of our broader strategy to improve access, strengthen early intervention, build trusting relationships, and ensure that people who have historically been underserved by traditional healthcare systems have meaningful opportunities to receive care.

Advancing Maternal and Family Health

Innovation also remained central to our work in maternal and family health.

This year, we officially launched the **Obodo Maternal Care Program**, a culturally responsive model designed to provide maternal health education, peer support, cultural breastfeeding support, maternal wellness services, system navigation, and community-based supports for Black, racialized, newcomer, and equity-deserving mothers and families.



The response exceeded our expectations. Demand for the program quickly surpassed initial projections, affirming both the significant need for culturally responsive maternal health services and the importance of designing programs with communities, rather than simply for communities.

By bringing together healthcare professionals, peer mentors, community outreach workers, and community partners, Obodo provides mothers with trusted, culturally relevant support while also building knowledge, confidence, social connection, and community capacity.

The program is a powerful example of how culturally responsive care can strengthen not only individual health outcomes, but also families and communities.

Building a Centre of Excellence and Innovation Hub

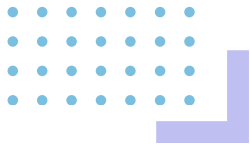
Our commitment to innovation extends beyond direct service delivery.

This year also marked the launch of the **MALITÉ Centre of Excellence**, an important milestone in Hamilton Urban Core's evolution as a leader in health equity research, knowledge mobilization, education, and innovation.

MALITÉ provides a platform for researchers, healthcare practitioners, community organizations, people with lived and living experience, academic institutions, and policy leaders to collaborate, exchange knowledge, generate evidence, and explore innovative approaches to reducing health disparities.

Through research, education, webinars, professional learning opportunities, partnerships, and knowledge mobilization activities, the Centre strengthens our ability to move evidence into practice and to ensure that community experience and lived expertise inform healthcare policy, program design, and system transformation.

MALITÉ also creates an opportunity for Hamilton Urban Core to contribute more broadly to provincial, national, and global conversations about health equity and the future of community-based healthcare.



Looking Ahead

As we conclude the first year of our 2025–2030 Strategic Plan, I am encouraged by the momentum we have created.

The accomplishments highlighted throughout this Annual Report represent significant progress, but they are also only the beginning of a longer journey toward our vision of healthier communities where everyone has equitable access to high-quality care and the opportunity to thrive.

Our progress would not have been possible without the dedication, expertise, and commitment of our staff, volunteers, Board of Directors, community partners, funders, donors, and supporters. I extend my sincere gratitude to each of you for your continued partnership and belief in the work of Hamilton Urban Core.

Most importantly, I thank our clients, residents, families, and community members for the trust you place in us every day. Your experiences, voices, strengths, and aspirations continue to shape our priorities and inspire us to continuously improve.

As we look ahead, we remain focused on strengthening partnerships, advancing innovation, investing in our people, expanding access to high-quality care, and contributing to the transformation of a healthcare system that is equitable, inclusive, culturally responsive, and accountable to the communities it serves.

Our journey over the past 30 years has demonstrated what can be achieved through courage, collaboration, innovation, and an unwavering commitment to health equity.

Together, we have accomplished much. Together, we are building what comes next.

Sincerely,
Dr. Sandy Ezepue
Executive Director
Hamilton Urban Core Community Health Centre

5 Strategic Directions 2025-2030

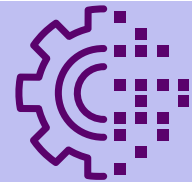
1. HEALTH EQUITY & INCLUSION



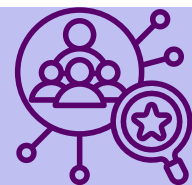
2. ACCESS TO QUALITY CARE



3. OPERATIONAL EFFICIENCY & DIGITAL TRANSFORMATION



4. TALENT & PEOPLE STRATEGY



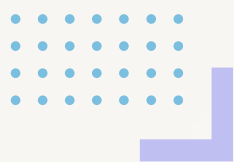
5. CENTRE OF EXCELLENCE & INNOVATION HUB



“Our mission - ‘Strong Core, Healthier Lives’ calls us to advance equity, and that begins within our own walls.

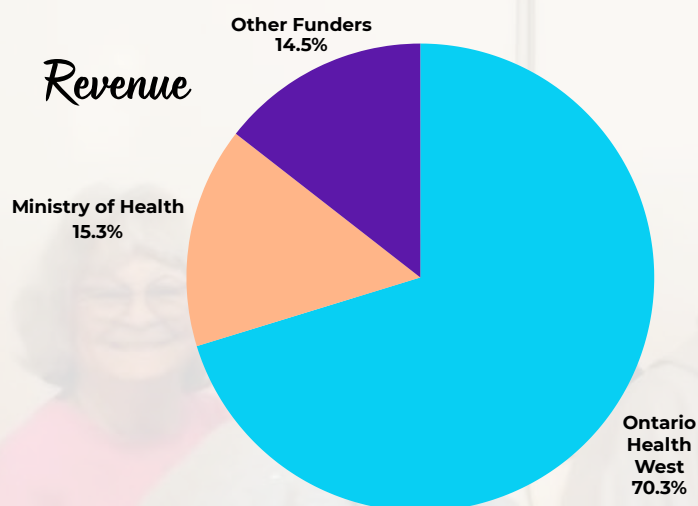
Embedding equity into every part of our organization means acknowledging systemic barriers, actively working to dismantle them, and building a culture rooted in accountability, safety, and respect”.

Dr. Sandy Ezepue
Executive Director



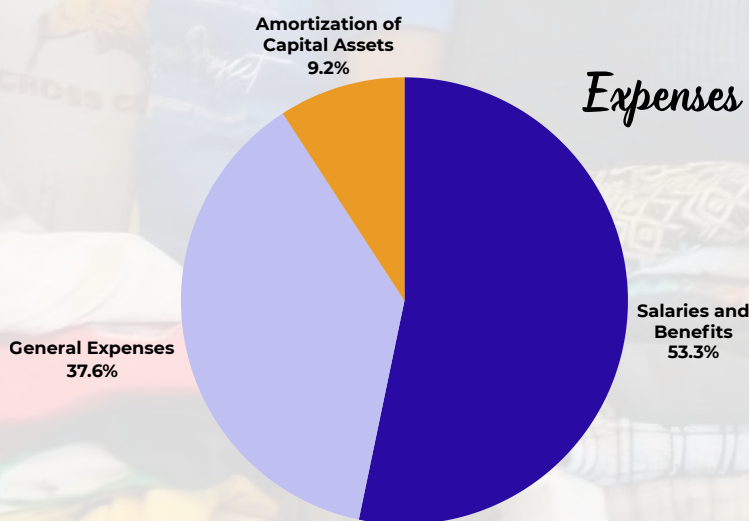
Financial Statements

The 2025–2026 fiscal year demonstrated another year of growth and strategic investment for Hamilton Urban Core Community Health Centre. Through sound financial stewardship, the organization remained well-positioned to expand access to essential health and community services while responding to the evolving needs of the communities we serve.



Hamilton Urban Core received **total revenue of \$12.79 million**, with primary funding from **Ontario Health West (\$8.99 million)** and **the Ministry of Health (\$1.95 million)**. An additional **\$1.85 million in funding received from other funders and valued partners** strengthened our ability to enhance programs, foster partnerships, and address emerging community priorities.

Total expenditures reflected our continued investment in high-quality, client-centred care and organizational sustainability. **Salaries and benefits (\$5.44 million)** remained our largest investment, supporting a skilled and dedicated workforce, while **general operating expenses (\$3.83 million)** and **amortization of capital assets (\$935,639)** supported program delivery, facilities, and organizational capacity.



Hamilton Urban Core remains committed to responsible financial management, accountability, and the prudent stewardship of public resources. We are grateful to our funders, partners, Board of Directors, staff, and community members for their ongoing support in helping us build healthier and more equitable communities.

Annual Report Card



2025-2026 Service Delivery Statistics

Active
Clients

9,422

Group Program
Sessions

1,304

Service
Encounters

31,892

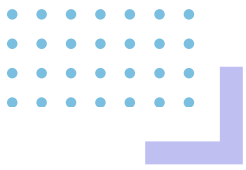
5,058

Unique Clients
Served

22,661

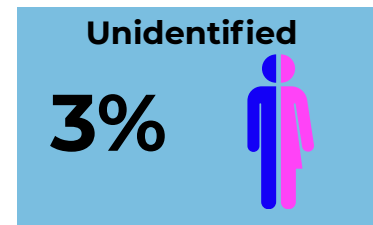
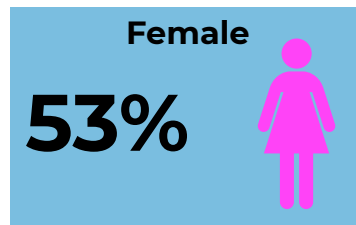
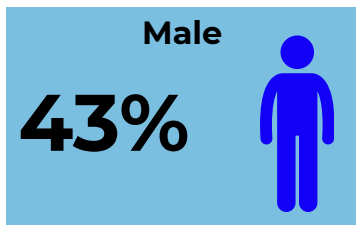
Group Program
Participants



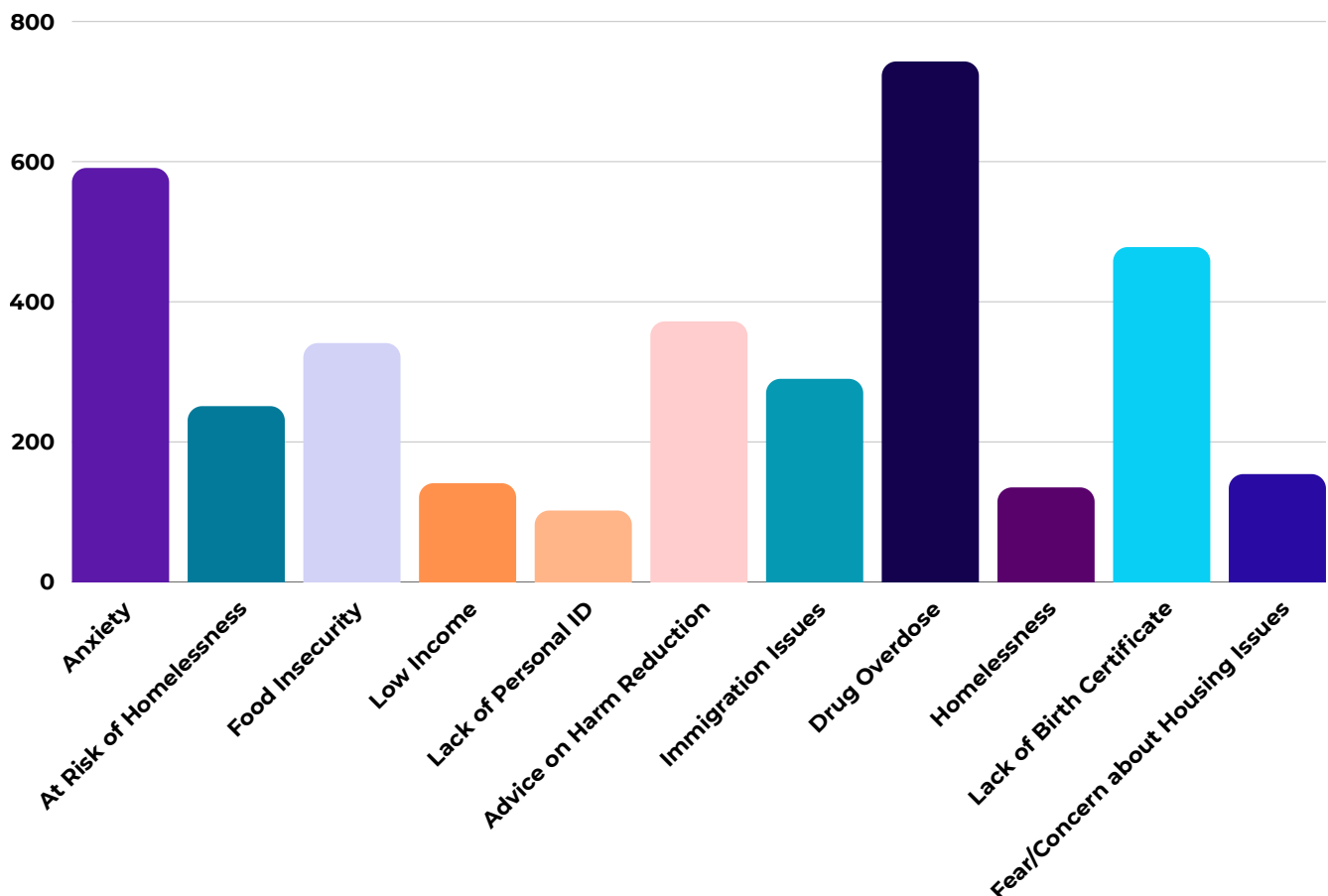


Annual Report Card

Client Gender

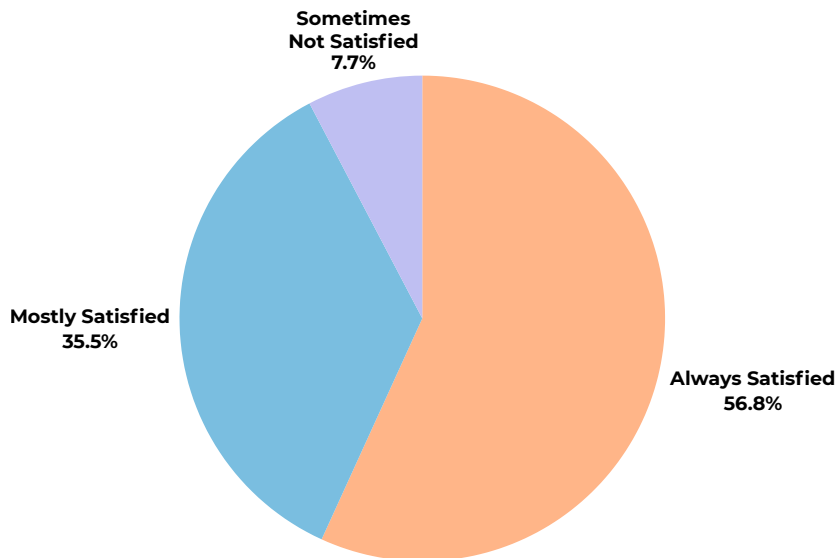


Issues Addressed at the Centre

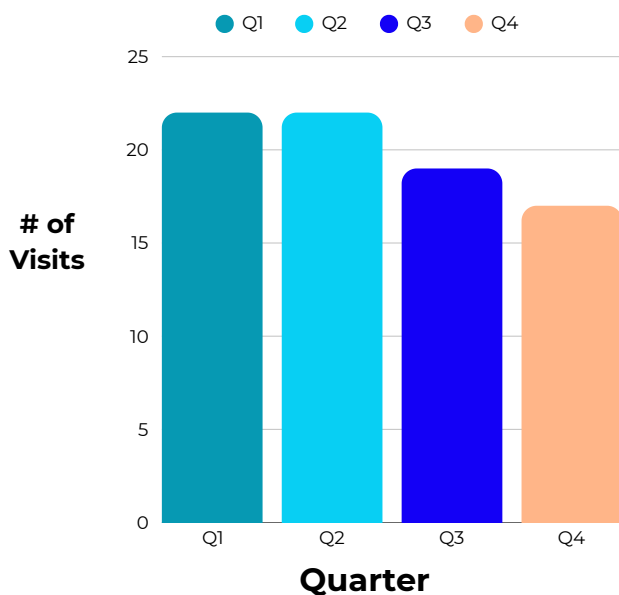


Community Impact

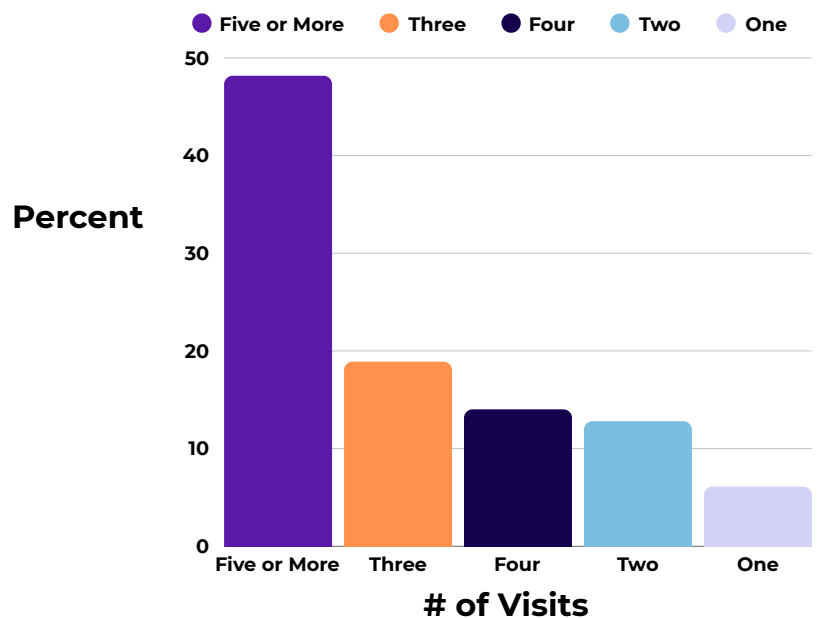
Client Overall Satisfaction:



Chiropractor Services for the Year



Of Visits in the Past Year



Community Impact

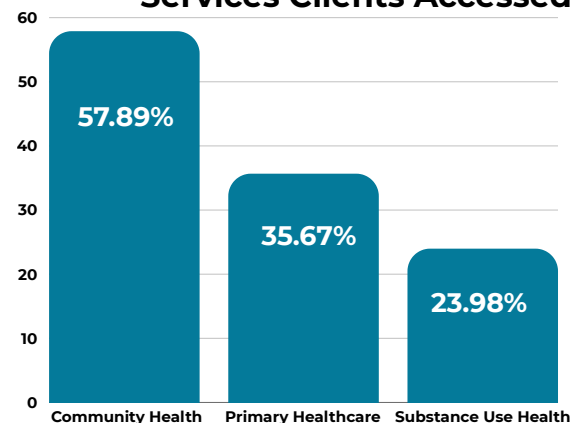
Quality of Interaction with Staff

Clients rated staff extremely highly across all communication and relationship areas on a scale of 5.

Category	Weighted Average
Knowing Client history	4.26
Listening to concerns	4.39
Speaking in an understandable language	4.38
Explaining things clearly	4.33
Treating with dignity and respect	4.32
Sensitivity to needs/preference	4.28
Clear next steps	4.26
Overall staff experience	4.20

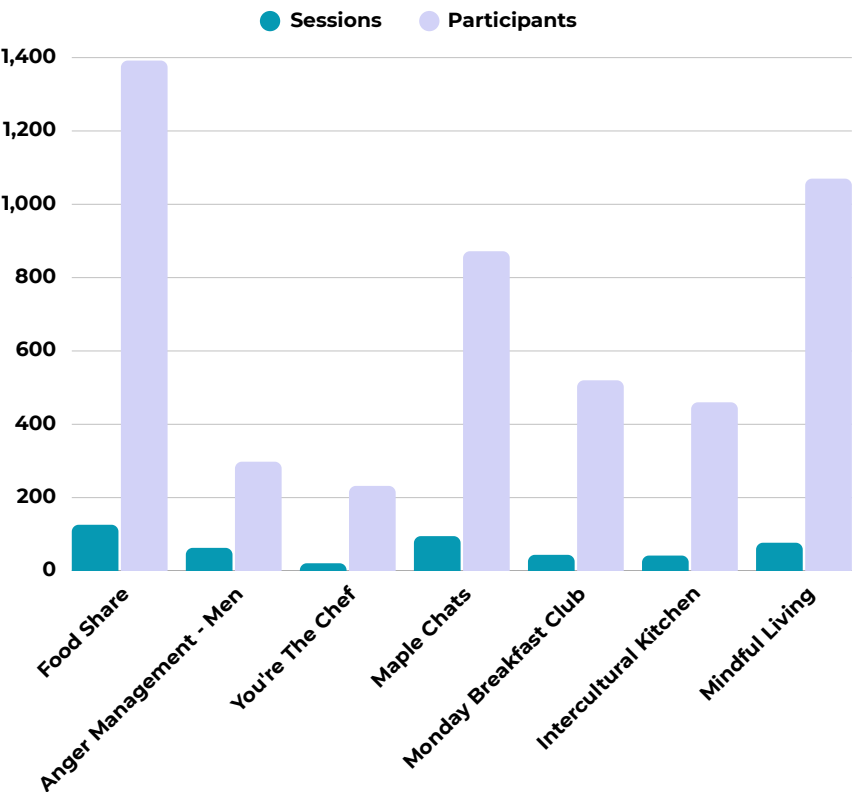


Services Clients Accessed

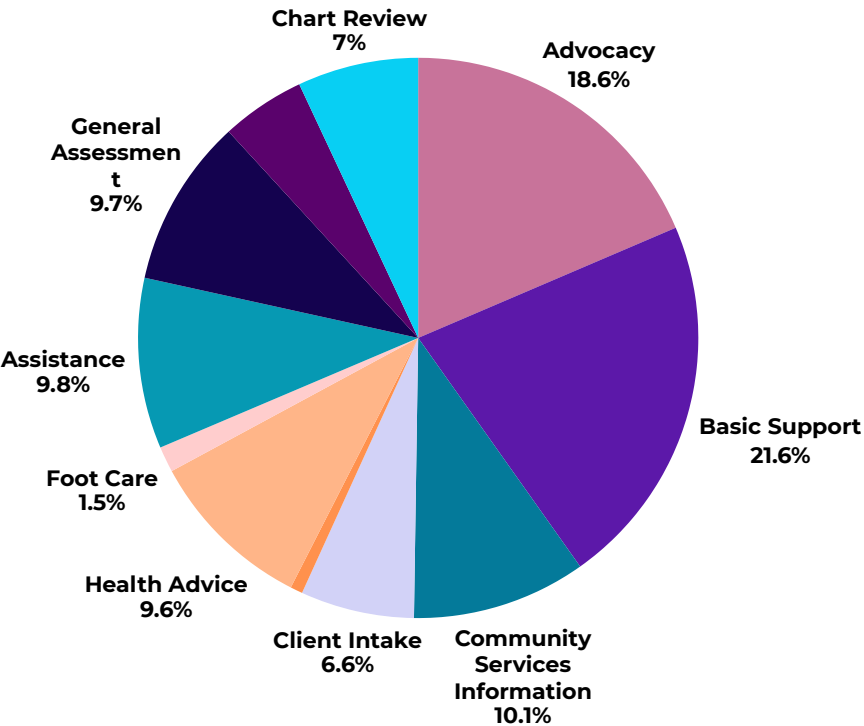


Community Impact

Most Popular Group Programs



Services Provided at the Centre





Services Provided at the Centre

Integrated Primary Health Care

- Walk-In & Appointment based services
- Refugee Transition Clinic
- Black Health Clinic
- Dental Care
- Palliative Care
- Chiropody
- Chiropractic Care
- Diabetes Clinic
- Health Education
- Vaccination Clinic
- Sick Cell Disease Clinic
- Outreach and Mobile Clinic

Community Health Promotion

- Counselling
- Case Management & Wraparound Care
- Health Promotion & Chronic Disease Management
- Social Prescribing
- Maternal & Breastfeeding Services
- Tax Clinic
- Identification (ID) Clinic
- Settlement Support
- Food Security Programs
- Family Support Services
- After School & Homework Programs
- Anger Management
- Black Health Services
- AMANI Mental Health & Substance Use Services for Black Youth (ages 12-29)
- Sick Cell Disease Care Coordination
- Child & Youth Services
- Outreach & Mobile Clinic
- Community Engagement

Substance Use Health

- Comprehensive primary care & specialty services
- Culturally safe & relevant care for Black, Indigenous, and Francophone populations
- Mental health supports
- Social assistance, case management, and wrap around supports
- Community re-integration & skills building
- Shelter transition beds
- Addiction treatment beds
- Supportive housing
- Naloxone
- Onsite shower & laundry
- Addiction care & support
- Food support & collective kitchen
- Needle return & collection services
- Chronic disease & pain management

Integrated Primary Health Care

Overview



Total
Encounters
17,748

Total Unique
Client Visits
2,613



Total Resolved
Unique Client
Concerns
2,430



The Primary Health Care (PHC) Program continues to serve as an essential access point for individuals and families, especially those facing systemic barriers to receiving care. Throughout the year, the program upheld its commitment to health equity by delivering innovative, community-integrated services tailored to meet complex and diverse needs.

Grounded in culturally responsive care and interdisciplinary teamwork, the PHC team is dedicated to providing holistic, client-centred support. Through a combination of chronic disease management and preventive care, the program integrates physical, social, and emotional health to enhance outcomes and support sustained wellness for the vulnerable populations we serve.

Integrated Primary Health Care

Key Initiatives & Takeaways

During the 2025–2026 fiscal year, the Primary Health Care (PHC) program delivered a total of 17,748 service provider interactions, reflecting sustained demand and the program’s essential role in addressing client complex medical and social needs.



Service volumes remained consistently high across all quarters, with increased activity observed in the second half of the year (**Q3:** 4,462; **Q4:** 5,119). This upward trend suggests growing care complexity, increased follow-up requirements, and continued reliance on PHC services to support client needs.

Access performance remained strong overall; the higher volume of interactions largely reflects clients requiring multiple touchpoints due to medical complexity, social determinants of health, and care coordination needs. While this work is essential to delivering equitable, patient-centred care, it is not fully reflected in traditional productivity-based metrics.

Integrated Primary Health Care

Refugee Transition Clinic

The Refugee Transition Clinic supported a total of 344 clients, with 314 (91%) completing comprehensive primary care assessments, reflecting strong service engagement and significant clinical need.



Services provided included trauma-informed mental health supports, preventive health screening, women's and children's health services, and more than 275 social service referrals. Care was delivered in 12+ languages per quarter, highlighting the program's responsiveness to linguistic and cultural diversity.

Client-reported satisfaction remained consistently high, with helpfulness ratings ranging from 84% to 100%.

As part of the Refugee Transition Clinic, the Primary Health Care team and Community Health Promotion team work in close partnership to deliver coordinated, holistic care that addresses the medical, mental health, and psychosocial needs of refugee clients.

Within the primary health care stream, the physician, nurse practitioner, and registered nurse provided comprehensive primary care services through the clinic. This includes initial health assessments, management of acute and chronic conditions, medication review and prescribing, preventive care, follow-up support, and coordination with external specialists when required.

Integrated Primary Health Care

Refugee Transition Clinic

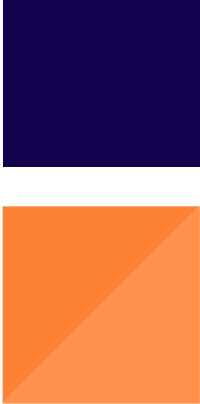
Primary health care providers also play a key role in identifying mental health and social determinants impacting refugee client's health and functioning, ensuring timely collaboration with Community Health colleagues to support appropriate interventions.



Within the Community Health Promotion stream, the Mental Health Counsellor supports the mental health and psychosocial needs of refugee clients, working closely with the Refugee Transition Clinic and the Primary Health Care team to ensure care is coordinated, integrated, and responsive. These services are further strengthened through collaboration with the Settlement Team, which provides expertise in system navigation, settlement support, and service coordination to facilitate seamless access to community resources and services.

Throughout the last year, the clinic also broadened access to mental health support and women's and pediatric care while connecting clients to critical social supports such as housing, legal services, and food security. Services were delivered in ten languages, ensuring equity in access. Notably, 84% of clients reported the services had a positive impact—underscoring the clinic's effectiveness in supporting client's to access vital settlement and integration services.

Integrated Primary Health Care



Oral Health Care

Oral Health Care Services were delivered through two streams: the Ontario Seniors Dental Care Program (OSDCP), which supports clients aged 65 and older, and the general Oral Health Program for individuals aged 18 to 64.

Both programs focused on preventive and essential dental care, including oral health assessments, hygiene services, and client education to promote ongoing oral health and overall well-being.

During the reporting period, Oral Health Services recorded a total of 789 client interactions, with the highest activity occurring in Q3 and Q4, following the stabilization of the service delivery model. Within the OSDCP stream, 224 seniors were served, supported through 271 preventive dental appointments, 44 clinic days, and 24 application supports, reflecting strong engagement and sustained demand for these services among older adults.



Total Client Encounters

989

Total Unique Client Visits

505

Total Resolved Unique Patient Concerns

493

Integrated Primary Health Care

Chiropdy/ Foot Care Services

**Total Client
Encounters**

331



**Total Unique
Client Visits**

197



**Total Resolved
Unique Patient
Concerns**

221



The Chiropody/Foot Care Services program provides comprehensive preventative and therapeutic foot care for clients, with a particular focus on individuals living with chronic conditions such as diabetes, where ongoing monitoring and early intervention are essential to preventing complications.

Services include routine foot assessments to identify emerging concerns, clinical treatment and wound care to support healing and prevent infection, and the provision of orthotics to improve comfort, stability, and mobility. Care is delivered in a manner that supports early detection of issues such as skin breakdown, circulation concerns, and foot deformities, which, if left unmanaged, can significantly impact overall health and independence.

Community Health Promotion

Overview

**Total
Encounters
12426**



**Total Unique
Client Visits
3190**

**Total Resolved
Unique Client
Concerns
2957**



The Community Health Promotion (CHP) program is dedicated to connecting individuals and families with the resources, services, and supports they need while addressing the social determinants of health within our capacity. Through a holistic and client-centered approach, the program works to reduce barriers to care, improve access to essential services, and support the overall health and well-being of the communities we serve.

The 2025–2026 fiscal year was marked by growth, innovation, and continuous improvement. Throughout the year, the program focused on enhancing service delivery, strengthening community partnerships, and responding to emerging needs within the population. Particular attention was given to addressing health inequities, promoting culturally responsive care, and ensuring services remained accessible to diverse and underserved communities.

Community Health Promotion

Key Initiatives & Takeaways

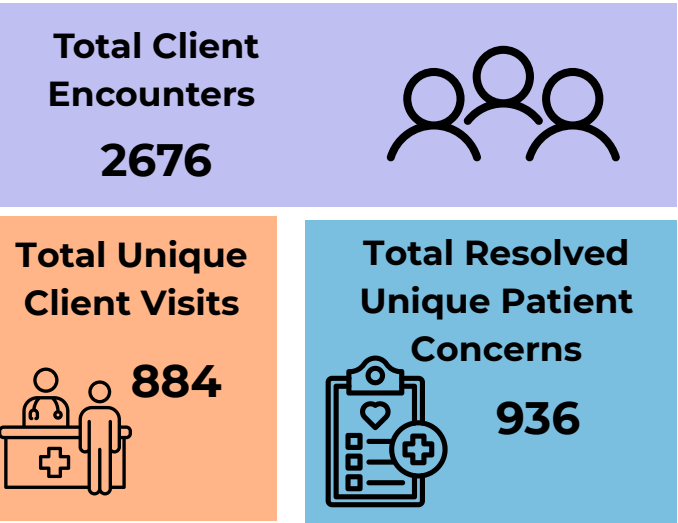
Providers maintained consistent interactions with clients throughout the year, with many encounters resulting from integrated care and internal referrals that ensured individuals received coordinated and comprehensive support. This collaborative model strengthened access to services and enhanced the quality of care provided across the program.



Beyond individual appointments, CHP staff engaged community members through a wide range of outreach initiatives, partnership activities, and centre-based programs. These additional touchpoints helped foster meaningful connections, increase access to resources, and ensure ongoing engagement with clients and communities. Through its commitment to integrated care, community outreach, and health equity, the CHP program continues to improve health outcomes and strengthen community well-being across Hamilton.

Community Health Promotion

Health & Wellness Team



Our Mental Health Program continues to provide accessible, culturally responsive, and person-centred care that supports the mental health and well-being of individuals and families throughout our community. Through a combination of individual counselling, group-based supports, crisis intervention, and wellness programming,

the program helps participants build resilience, strengthen coping skills, and improve their overall quality of life.

Recognizing that mental health is influenced by a range of social, economic, and environmental factors, the program takes a holistic approach that addresses the social determinants of health while fostering meaningful connections and community belonging. Through innovative initiatives such as Cooking at the Core, You are the Chef!, Ride and Thrive, Pet Food Pantry and Intercultural Kitchen, , participants are provided with opportunities to enhance their mental wellness, develop healthy lifestyle habits, and build supportive relationships. By creating safe and inclusive spaces for healing, learning, and growth, the program continues to reduce barriers to care and promote positive mental health outcomes across the communities we serve.

Community Health Promotion

Identification Clinic

Total Client Encounters
750



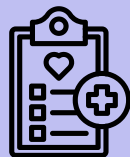
Total Unique Client Visits



420

Total Resolved Unique Patient Concerns

413



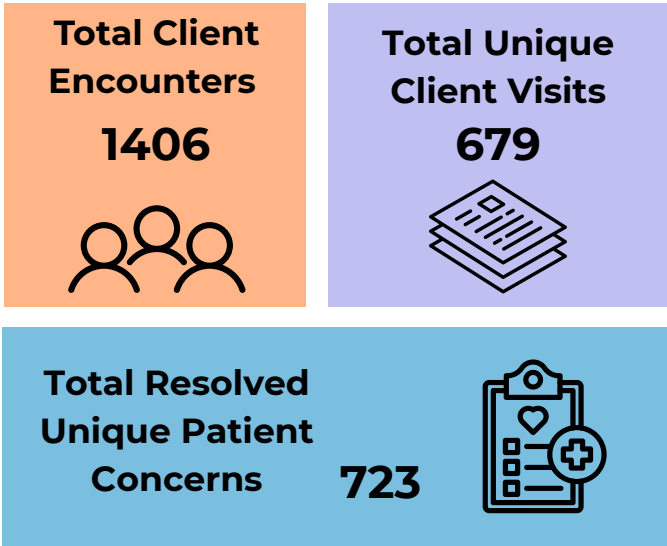
Access to personal identification is essential for obtaining health care, housing, income supports, employment, education, banking services, and other vital resources. For many individuals experiencing homelessness, financial hardship, or other vulnerable circumstances, replacing a lost or missing birth certificate can be a significant barrier.

Our Identification Clinic program helps individuals navigate the replacement process by providing guidance, completing required documentation, and connecting them with the appropriate government services.

By helping individuals secure foundational identification documents, we support greater access to essential services, promote independence, and help remove barriers that contribute to health and social inequities. This initiative is an important step toward empowering individuals to access the supports and opportunities they need to improve their overall well-being and quality of life.

Community Health Promotion

Settlement Team



Hamilton Urban Core Community Health Centre's Settlement and Community Programs play a vital role in supporting newcomers, immigrants, and refugees as they establish their lives in Hamilton. Through culturally responsive, client-centred services, the program helps individuals and families navigate settlement challenges, build community connections, and access the resources needed to thrive.

Over the past year, Settlement Counsellors, Outreach Workers, Orientation Counsellors, and Refugee Mental Health Counsellors supported more than 1,800 individuals and families through a wide range of programs, workshops, outreach initiatives, and community partnerships.

Services focused on key areas such as settlement support, housing navigation, language development, financial literacy, employment readiness, mental health, and access to government and community services.

Community-based initiatives including Ramadan Iftar gatherings, Family Fun Day, Service Canada outreach events, housing and financial literacy workshops, tutoring programs, and wellness-focused activities helped reduce barriers, strengthen social inclusion, and improve access to essential supports. Core programs such as LAFFers, Maple Chat, and Homework Club continued to foster language development, academic success, and meaningful community engagement.

Community Health Promotion

Social Prescribing

In partnership with the Canadian Red Cross, Hamilton Urban Core Community Health Centre developed a Social Prescribing Program that supported more than 100 clients during

the reporting period. The initiative connects individuals to non-clinical supports such as community programs, cultural activities, wellness resources, and social services that contribute to overall health and well-being.

Using a referral-based model, service providers connect clients to the Black Health Community Health Promoter, who serves as the designated link worker. Through personalized assessments, clients are connected to community-based supports that address their unique social, emotional, and wellness needs.

The program played an important role in reducing social isolation, addressing social determinants of health, and strengthening clients' connections to community resources and support networks. By taking a holistic approach to care, the initiative helped improve mental wellness, enhance community engagement, and promote more sustainable health outcomes for participants.



Community Health Promotion

Food Security

Food insecurity remains one of the most significant challenges affecting individuals and families across Hamilton. Rising food costs and economic pressures continue to make it difficult for many community members to consistently access nutritious, affordable meals. At Hamilton Urban Core Community Health Centre, we recognize that access to healthy food is a fundamental social determinant of health and are committed to supporting community members through programs that promote food security, nutrition, and connection.



Throughout the year, we offered a variety of food-focused programs and community initiatives, including **Intercultural Kitchen, Soup and Sip, You Are the Chef, the Annual Community BBQ and Friday Dinner and a Movie**. These programs provide more than just meals—they create welcoming spaces where participants can learn practical cooking skills, prepare healthy meals on a budget, share cultural traditions, and build meaningful social connections.

By combining nutrition education with hands-on learning and community engagement, these initiatives empower participants to make informed food choices, stretch limited resources, and develop confidence in preparing nutritious meals. They also help reduce social isolation by fostering a sense of belonging and mutual support among participants.

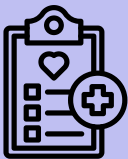
Through these programs, we continue to address the immediate impacts of food insecurity while equipping individuals and families with the knowledge, skills, and resources needed to support their long-term health and well-being.

Community Health Promotion

Black Health Program

Total Resolved Unique Patient Concerns

809



Total Client Encounters



3265

Total Unique Client Visits



912



Hamilton Urban Core Community Health Centre recognizes the unique needs of the population it serves and developed the Black Health Program to provide culturally responsive care. The program aims to improve the health and well-being of Black individuals and families in Hamilton through services grounded in cultural safety, equity, and an Afrocentric lens.

Staffed by social workers, health and wellness counsellors, and case management professionals, the program operates within the Community Health Promotion Team and is fully integrated into the Centre's Integrated Care Model. Despite its small size, it plays a vital role in addressing longstanding disparities in access to health services for Black communities.

The Black Health Team collaborates with community health organizations to address social determinants of health and combat anti-Black racism, focusing on resource sharing, capacity building, research, and strengthening referral pathways.

Community Health Promotion

AMANI Program

The Amani Program is a cornerstone of Hamilton Urban Core Community Health Centre's Black Health Program, providing culturally responsive, Afrocentric mental health, wellness, and social support services for Black youth and families. Grounded in principles of equity, cultural safety, and community empowerment, the program works to address the systemic barriers and health disparities that continue to impact Black communities.

Integrated within the Community Health Promotion Team, the Amani Program offers counselling, case management, family support, wellness programming, and community-based interventions designed to strengthen resilience, improve mental well-being, and create pathways to education, employment, and social inclusion. During the reporting period, the program's Social Worker and Case Manager supported more than 1,500 individuals and families while delivering targeted programs, community outreach initiatives, educational opportunities, and collaborative partnerships across Hamilton.

The program's impact extended beyond mental health supports through innovative initiatives that addressed the social determinants of health. Through partnerships with employment and training organizations, youth and families accessed employment supports, workforce development opportunities, and skills training that led to meaningful employment outcomes. Collaborative relationships with organizations such as Agilec Employment Services, Goodwill, and local construction contractors created pathways to economic stability and career development for participants.



Community Health Promotion

AMANI Program

The AMANI Program also delivered specialized programming focused on personal growth, life skills, and community engagement. The Men's Anger Management

Program supported participants in developing healthy coping strategies, improving family relationships, and achieving positive outcomes through diversion initiatives. The Black Nywele Program empowered youth with practical hairstyling skills, resulting in increased self-sufficiency and income-generating opportunities, while the Youth Let's Drive initiative helped young people gain the knowledge and confidence needed to pursue their driver's licences and greater independence.

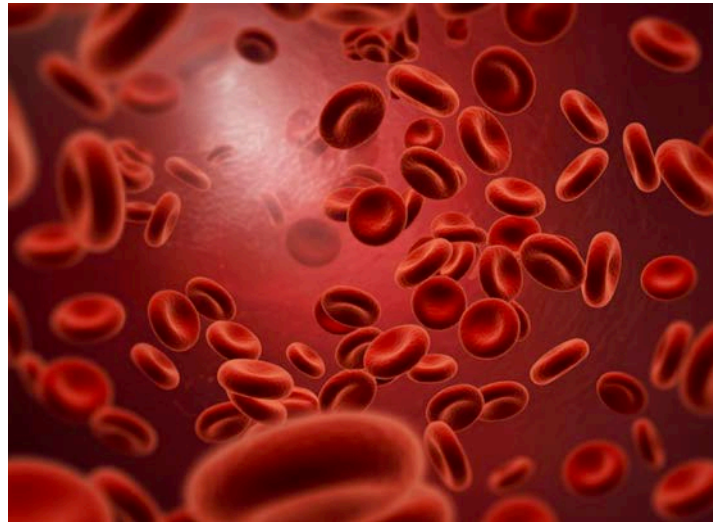
Strong community partnerships continued to enhance the program's reach and impact. Collaborations with faith-based organizations strengthened food security efforts and supported large-scale community events, including a highly successful Community Portrait Day that welcomed more than 100 participants. These partnerships, combined with ongoing outreach and advocacy efforts, helped connect individuals and families to essential resources, mental health supports, employment opportunities, and culturally affirming services.

Through its holistic and community-driven approach, the AMANI Program continues to promote wellness, build resilience, and create opportunities for Black youth and families to thrive. By addressing both immediate needs and long-term systemic barriers, the program advances Hamilton Urban Core's commitment to health equity, inclusion, and improved outcomes for Black communities.



Community Health Promotion

Sickle Cell Disease



The Sickle Cell Initiative advances health equity through culturally responsive, Afrocentric, and community-centred supports for individuals living with sickle cell

disease and their families. The program supported 137 individuals and families through outreach, education, resource navigation, and community partnerships.

A key highlight of the year was the Sickle Cell Awareness Event, delivered in partnership with the Sickle Cell Awareness Group of Ontario (SCAGO) and McMaster University, which brought together community members, healthcare providers, and caregivers to increase awareness and strengthen pathways to care. The initiative also reached more than 350 community members through education and outreach activities and, in partnership with Hamilton Health Sciences, provided transportation support to 60 individuals living with sickle cell disease, helping to reduce barriers to accessing care and services.

Through education, advocacy, and collaboration, the Sickle Cell Initiative continues to improve access to culturally safe supports and enhance the well-being of those affected by sickle cell disease.

In May of 2026, Hamilton Urban Core Community Health Centre, in partnership with the Adult Hemoglobinopathy Program, Refuge Newcomer Health, and McMaster University Medical Centre, will launch a community resource website to support Hamilton residents living with sickle cell disease. This collaborative initiative connects individuals and families to culturally responsive information, resources, and supports while helping to strengthen pathways to care within the community.

Community Health Promotion

Odobo Maternal Clinic

The Obodo Maternal Clinic provides culturally responsive, trauma-informed support to Black, racialized, newcomer, uninsured, low-income and street involved populations mothers and families throughout their prenatal and postpartum journey.

Recognizing the unique experiences and challenges faced by Black families, the clinic offers a welcoming and culturally affirming environment where participants can access education, support, and community connections that promote positive maternal and infant health outcomes.

The program delivers individualized breastfeeding guidance, maternal health education, infant feeding support, and opportunities for peer connection and shared learning. Through one-on-one support and group-based engagement, mothers are empowered with the knowledge, confidence, and resources needed to navigate pregnancy, childbirth, breastfeeding, and early parenting.

The Obodo Clinic has played a significant role in improving access to culturally appropriate maternal health services while strengthening the overall well-being of participating families. The program has helped increase breastfeeding knowledge and confidence, support positive maternal mental health, reduce social isolation, and foster strong peer networks among Black mothers. By creating opportunities for connection, shared experiences, and mutual support, the clinic contributes to healthier families and stronger communities.



Community Health Promotion

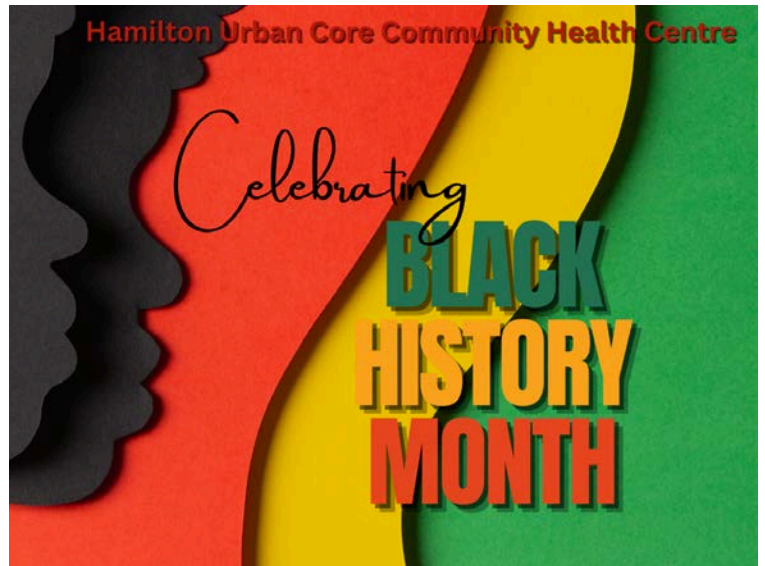
Black History Month

Hamilton Urban Core Community Health Centre hosted its Black History Month event under the theme **“The Future of Black Health,”** with keynote speaker Dr. Juliet Daniels, highlighting the importance of addressing ongoing health disparities and advancing equitable, culturally responsive care for Black communities.

The event brought together approximately 90 participants and provided a platform for education, dialogue, and cultural expression. Through engaging presentations, speaker, and performance attendees explored key issues impacting Black health wellness, with

a focus on systemic inequities and the importance of culturally grounded approaches to care.

The gathering created meaningful opportunities for reflection, learning, and community engagement, while reinforcing the importance of collective action in advancing health equity. It also supported the celebration of Black culture, identity, and resilience, strengthening community pride and connection.



Substance Use Health

Overview



**HART Hub
Hamilton**

In partnership with Hamilton Urban Core CHC



**Carrefour AIDE
Hamilton**

En partenariat avec le CSC Hamilton Urban Core

Total Encounters



3353



**Total Unique
Client Visits**

794

**Total Resolved
Unique Client
Concerns**
787



The Substance Use Health department at Hamilton Urban Core Community Health Centre provides community-based, low-barrier substance use services to people in Hamilton's urban core. We meet clients wherever they are on their journey - from engagement and early stabilization through to structured treatment - with an emphasis on dignity, accessibility, and continuity of care.

Much of this work is delivered through the Homelessness and Addiction Recovery Treatment (HART) Hub Hamilton program — The HART Hub is a community-based initiative designed to improve access to coordinated health, addiction, mental health, housing, and recovery services for individuals experiencing homelessness, housing instability, and substance use challenges.

Substance Use Health

Overview

The HART Hub's mandate is to provide integrated, client-centred care that reduces barriers to treatment, supports recovery, improves health outcomes, and creates pathways to stable housing and long-term community integration. It's overall goal is to help individuals move from crisis and instability toward recovery, wellness, and sustainable independence. The HART Hub serves adults (18 years and older) living in Hamilton who are experiencing substance use disorders, problematic substance use, or concurrent mental health and substance use challenges. The program primarily supports individuals who face barriers to accessing traditional health and social services, including those experiencing homelessness, housing instability, involvement with the justice system, poverty, social isolation, or complex health needs.

The HART Hub prioritizes individuals who are at risk of overdose, frequent emergency department use, repeated interactions with crisis services, or ongoing challenges maintaining stability in the community. Services are provided regardless of where an individual is in their recovery journey, ranging from harm reduction and stabilization to treatment, recovery, and community reintegration.



Substance Use Health

Key Initiatives & Takeaways

HART Hub Hamilton: Successfully launched the HART Hub's five-stage recovery continuum, providing a structured pathway from initial engagement and stabilization through treatment, residential care, and sustained recovery. Key components implemented include Client Engagement and Stabilization, Seeds of Change, Next Step to Recovery, and Readiness Assessment and Treatment Planning. The fourth stage, the Aberdeen Residential Treatment and Recovery Program, is currently under development and will further strengthen the continuum by providing intensive, structured residential treatment and a seamless pathway to ongoing recovery and community-based supports.



“Instead of asking, “Why aren’t people coming to healthcare?” We are asking “How can healthcare reach them?”

Dr. Sandy Ezepue, Executive Director

Mobile Drug Checking Service (Coming Soon):

A community-based harm reduction and overdose prevention initiative that will provide timely information about substances circulating in Hamilton's unregulated drug supply. Using advanced spectrometry technology, the service will identify potentially harmful substances and emerging drug trends, support informed decision-making, and contribute to broader drug surveillance and overdose prevention efforts.

Delivered through a mobile service model, the program will bring drug checking directly into communities, improving access for individuals who may experience barriers to traditional health and social services. The service will also serve as an important point of connection to integrated primary care, health promotion, and wrap around support, harm reduction, substance use treatment, recovery supports, and other health and community services.

Substance Use Health

Community Impact



Clients Served

2874 Unique Clients Served

1422 New Clients Engaged

5435 Client Interactions

71 Group Sessions Delivered

1005 Group Participants

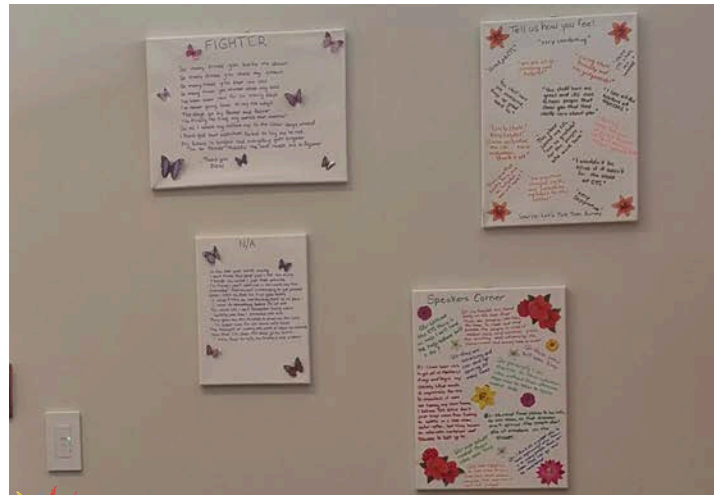
Increased access
to health, recovery,
and social
supports

Improved access
to equitable and
person-centred
care

Outcomes

Strengthened
client connection

Enhanced cross-
sector
collaboration



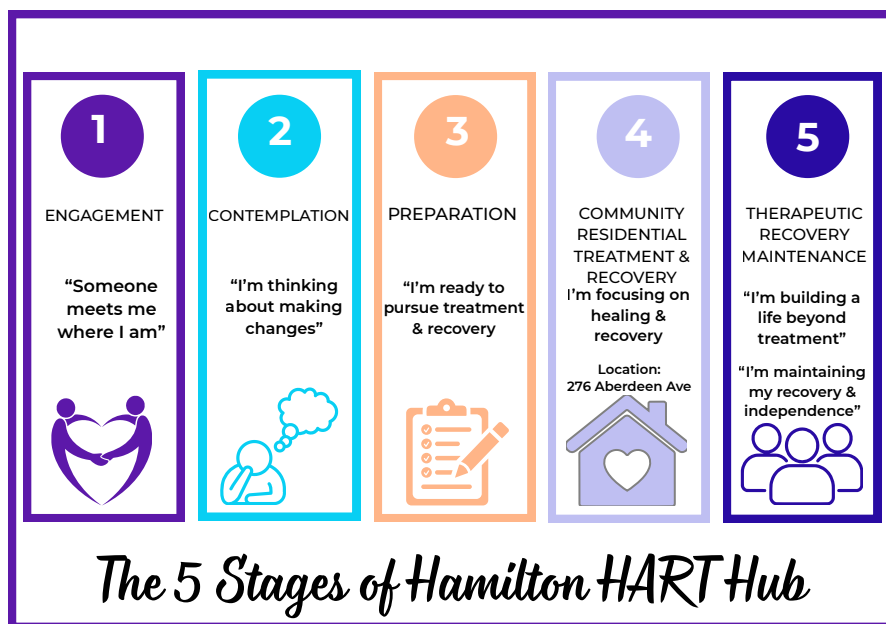
Year 1 Celebration Highlights

- Development of the Aberdeen Residential Treatment & Recovery facility
- Expansion of recovery-focused programming
- Continued implementation of the HART Hub Readiness Assessment Framework
- Ongoing Staff development and training in trauma-informed care, culturally safe, concurrent disorders, and recovery oriented practices
- Strengthening collaborative care pathways with hospitals, withdrawal management services, shelters, supportive housing providers and community agencies to improve access to treatment and recovery services
- Continuous growth of the model of care

Substance Use Health

Client Journey

Clients reach substance use services through several doors — self-referral, referral from partner organizations, transition from withdrawal management, and outreach. Whatever the entry point, the aim is a smooth, supported path from first contact toward recovery.



The Recovery Process

Many clients begin with Seeds of Change, the first recovery phase, where they build early stability and connection. As they progress, they move into Next Step to Recovery, which deepens that work and prepares them for more intensive support. Throughout, addiction counsellors and case managers stay alongside the client, adjusting supports as needs change.

Readiness Assessment for Residential Treatment

When residential treatment is being considered, the client is assessed using the HART Hub Readiness Assessment Tool. This gives counsellors a consistent way to assess whether residential treatment is the right next step by looking at the whole person - motivation and readiness for change, substance use history and severity, physical and mental health stability, withdrawal and detox status, housing and social supports, and the client's own goals. The assessment is the bridge between community-based programming and residential placement.

Substance Use Health

Residential Treatment and Recovery Facility

A central development for the program is the planned Residential Treatment and Recovery Facility at 276 Aberdeen Avenue. Once operational, it will provide the most structured stage of the Hamilton HART Hub recovery pathway in a



supportive, home-like setting. The facility is currently in the development phase, with infrastructure upgrades, staffing, clinical program development, partnership agreements, and operational readiness activities progressing. Opening is anticipated in September 2026, establishing the fourth stage of the HART Hub's comprehensive continuum of addiction treatment and recovery services.

Planned Services

Structured Residential Treatment

Nursing Support

Individual and Group Counselling and Psycho-education

Case Management and Care Coordination

Life-Skills Programming

Aftercare and Transition Planning

Voices of The Community

HUCCHC provides
great service

Respectful and
Non-Judgmental



Attentive



This Centre is very helpful
for the community. I'm
always happy to go there
for all my needs



Very friendly accommodations

This is my first time here, I feel at home.



56.8%

Overall Satisfaction: Always Satisfied

76.2%

**Likelihood to Recommend
the Centre - Definitely Yes**

Voices of The Community

Patient



Non - Judgmental



Caring

CLEAN PLACE AND THEY ARE VERY
PATIENT WITH US, NO JUDGEMENT



FRIENDLIEST STAFF
AND WELCOMING



Kind

Very Helpful

Decent services such
as laundry, lunch
and showers



2025-2026 *In Review*

30th Anniversary Gala



2025-2026 *In Review*

30th Anniversary Gala



2025-2026 *In Review*

30th Anniversary Gala



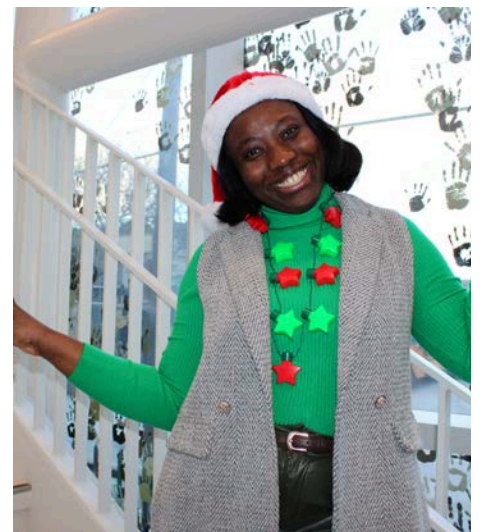
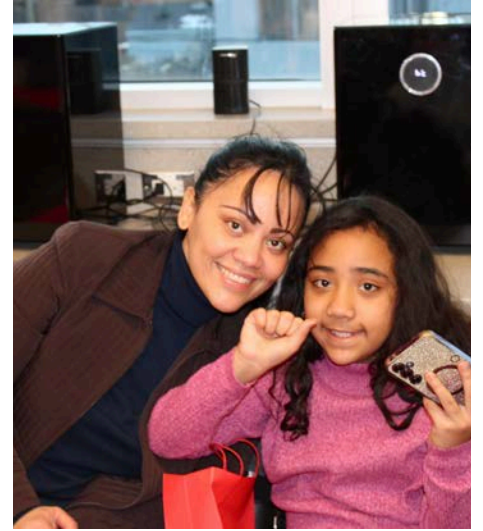
2025-2026
In Review

Staff Holiday Celebration



2025-2026 *In Review*

Year End Celebration



2025-2026 *In Review*

Year End Celebration



2025-2026 *In Review*

Year End Celebration



A Special

Thank You To Our

Volunteers and Donors



We extend our heartfelt gratitude to all of our donors for your generous support throughout the past year. Your contributions make it possible for us to continue addressing health inequities and the social determinants of health, including discrimination, unemployment, homelessness, and other systemic barriers that impact the well-being of our community.

Because of your generosity, we are able to provide accessible primary health care, health promotion initiatives, harm reduction services, education, advocacy, and culturally responsive programs for individuals and families who need them most.

Your partnership strengthens our ability to create healthier, more equitable communities. Thank you for your continued commitment to our mission and for helping us make a lasting difference in the lives of those we serve.

Volunteers

Isha Verma
Nisha Chamdal
Hashini Badde Gamage
Nikita Lemeshko
Samiro Hussein
Nishtha Shukla

Donors

Anonymous #1
Dr. Angela Carol
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Majestic Warriors
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**Hamilton Urban Core
Community Health Centre**

Annual Reports



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