

Lanark Renfrew Health & Community Services

We Believe...

in the right of all people to have conditions and resources for good health, including peace, shelter, education, food, income, access to health care, a stable ecosystem, sustainable resources, social justice, equity and social inclusion.



Our Vision...

a community that is healthy and just and supportive of all.

Our Mission...

Together we support people and communities in achieving and maintaining their best possible health and social well-being.

2013-14 Annual Report

Celebrating . . .

11 Years of Integration

We are pleased to introduce you to the work of Lanark Renfrew Health & Community Services (LRHCS) through our Annual Report. The stories in this report are just a starting point of the many successes we have had this past year. Aligned with our seven strategic priorities of *excellence, poverty, mental health and addictions, integration, innovation, advocacy, and partnerships*, these profiles provide a glimpse at the depth, breadth and scope of the work of LRHCS.

LRHCS is an umbrella organization created through the on-going integration of Lanark Community Programs, North Lanark Community Health Centre and the Whitewater Bromley Community Health Centre. Together, we play a vital role in helping individuals of all ages, and from the rural communities across Lanark and Renfrew Counties, live better lives. We do this by helping people have healthy babies and raise healthy children; learn how to navigate the system to access services they are entitled to (and be accessible when they want and need our support); get connected and supported when they are struggling with developmental disabilities or mental health issues; have ready access to primary health care and allied health care providers close to home; learn how to manage chronic or complex health and medical conditions i.e. anxiety, asthma, autism, cancer, diabetes, hypertension, and speech and language difficulties; participate in group programs that help them learn new skills or refine existing skills to improve their own health and well-being; meet new and supportive friends; and get involved more actively in community life.

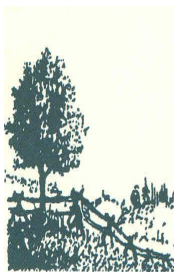
This past year has been as busy, challenging and rewarding as ever. The demands on our staff, our budget and our community partners – to meet existing and rising client and community needs – has come along with increased accountability, administrative and organizational requirements. Lanark Community Programs has been feeling tremendous pressure from the increasing numbers of families with high needs and medically fragile young and adult children with developmental disabilities. Without the creation of new group homes, the burden is placed on families and respite homes. Thankfully, after many years advocating for additional resources, LCP successfully received annualized funding for case coordination for family relief and respite. The Community Health Centre component of LRHCS has recently migrated all existing electronic medical records (EMR) for clients to a new provincially-supported EMR. Ultimately, this time-intensive transition will result in more effective and timely communication of client medical records between health care providers (ie between the Hospital and the Health Centre). The newly created Health Links are requiring an investment of time, attention and involvement to realize the hope of transforming the delivery of local health care services to best meet the needs of the most complex and vulnerable clients in our community. Health Links is all about creating a system that will better serve people and use our health care resources more efficiently and effectively. Finally, all parts of LRHCS were actively engaged in the year-long preparations for our 5th accreditation review. The Canadian Centre for Accreditation (CCA) - a national accrediting body which offers third-party reviews to community-based health and social service organizations - awarded us full accreditation in February 2014. In doing so, LRHCS met **all** of the mandatory standards and **all** of the leading practice standards in the **largest** review the CCA has conducted to date (447 indicators from three separate modules.)

In this coming year, we will be facing more challenges to meet the needs of individuals and our rural communities. We know that we can rely on the same dedication, ingenuity and determined effort that has been applied in the past by our staff, volunteers, clients, participants, community supporters, organizational partners and funders. We extend sincere thanks to all who believe in, and contribute to our vision of a community that is **healthy and just and supportive of all**. We couldn't do it without you!

Stephen Bird, Chair, Board of Directors

John Jordan, Executive Director

Lanark Community Programs



Lanark Community Programs

Lanark Community Programs (LCP) started in April 1979 with five staff, a budget of \$70,000 and two programs – Speech Therapy and Behaviour Modification. We have grown to provide service to over 4,000 rural clients every year – particularly those who are vulnerable due to physical, developmental and/or economic limitations. We have a staff of 154 (64 permanent staff plus a full time equivalent of 90 contract workers), a budget of \$7,000,000 and nine programs - Applied Behaviour

Analysis (Autism – ABA), Intensive Behaviour Intervention (Autism – IBI), Behaviour Development, Connections, Early Integration, Infant and Child Development, Language Development, Family Relief (respite care) and Therapeutic Riding.

We work in the day-to-day environments of our clients – their homes, day cares, schools, group homes, day programs and riding arenas - so that everyone involved in a client's life shares in program planning and implementation. Our agency home base is at 30 Bennett Street, Carleton Place. This 18,000 sq. ft. building also provides much needed meeting and program space for numerous community groups – including storage space for the Lanark County Food Bank. We also have satellite offices in Smiths Falls and Brockville, and provide family relief and respite through three well-equipped respite homes in Lanark County. Most of our services are delivered in Lanark County – to residents of Lanark County - but a few of our programs reach into Renfrew and the United Counties of Leeds and Grenville.

Our funding sources are as diversified as our programs. Provincial funding comes through the Ministry of Community and Social Services (MCSS), the Ministry of Children and Youth Services (MCYS) and the Ministry of Education. Federal funding for the Connections program is from the Public Health Agency of Canada's Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP). Extensive fundraising efforts resulted in over \$200,000 cash and in-kind contributions being raised in order to expand programs and supports for our clients and communities.



A part of Lanark Renfrew Health & Community Services

North Lanark Community Health Centre



**North Lanark
Community
Health Centre**

Established in 1992, the North Lanark Community Health Centre (NLCHC) in Lanark Village is the source of primary health care and health promotion programs for thousands of people in north Lanark, but many of our services and programs reach people across Lanark County. NLCHC also serves as the governance and administrative hub for our umbrella organization, Lanark Renfrew Health & Community Services (LRHCS).

Our multidisciplinary health team provides care across the life span – from pregnancy, babies and new parents to seniors with multiple persistent health conditions - through to the provision of palliative care. All our primary care and allied health staff - family doctors, nurse practitioners, nurses, social workers, dietitian, health promoters and community developer, chiroprapist and respiratory therapist - work together to address the specific health and social well-being needs of people in our community. We work in partnership with other community agencies (i.e. the Leeds, Grenville and Lanark District Health Unit, Lanark County Mental Health, Rideau Valley Diabetes Services, The Mills Community Support Corporation, Royal Ottawa Hospital, Open Doors for Lanark Children and Youth, and many others...) to provide a broader range of services in our community.



Our health promotion programs reduce barriers to access for our rural residents and help people learn new skills so they can achieve their own health and wellness goals. For example, our programs include: exercise classes for older adults and seniors; falls prevention programs for seniors; cooking groups for men and budget-conscious families; information, support and skills training for people with chronic health conditions; mindfulness based stress reduction programs; and non-competitive physical activity programs for children and families; to name just a few.

Mental Health Support Project

A unique program of the NLCHC is the Mental Health Support Project (MHSP) - a membership driven peer-support program for individuals in Lanark County who struggle with mental health concerns. MHSP has established deep roots in Lanark County since its start in 1999 as a sponsored agency of the North Lanark Community Health Centre.

MHSP is founded on the belief that individuals can and do recover from mental illness. We actively promote a recovery-oriented environment that inspires individuals toward self-determining their own recovery process. Member involvement is vital in the recovery process: we actively encourage and support member involvement in our monthly member meetings (through the Members' Sounding Board or MSB), and through involvement and shared decision-making in the planning and organizing of our activities, events and outings. Members are encouraged to speak up and to contribute.

Our weekly peer support groups help reduce isolation caused by the negative impacts of stereotyping and stigma, from the mental illness itself, and from our rural geography. They also encourage ongoing group dialogue and address various issues related to mental illness and wellness, and provide a safe place where people can develop an increased sense of hope, self-awareness and insight, as well as empathy for others. Our social and recreational activities help build supportive friendships among individuals who have both unique and shared experiences in relation to mental illness and wellness. These activities also provide opportunities to define ourselves aside from our illnesses and labels.



As one of approximately 50 consumer initiatives across the province, MHSP receives core funding from the Ontario Ministry of Health and Long Term Care through the Champlain LHIN. The Link - a centrally located activity and resource centre - is located in Smiths Falls. Another program hub is developing in Carleton Place, where there is a noon swim on Mondays and Aquafit classes on Tuesday and Thursday. On Mondays and Tuesdays, a drop in support group follows. The Expressions for Women Group meets every Thursday in Lanark and provides an opportunity for women to meet, create art and to share their experience.

All of the programs and services offered by the NLCHC help reduce the barriers faced by people on low and fixed incomes, and those who may be isolated because of our rural geography. Poverty, geographic isolation and other forms of exclusion can lead to an increased risk of both acute and chronic illness/disease - in individuals, families and communities - and we actively work to reduce or eliminate these, and other barriers.



A part of Lanark Renfrew Health & Community Services

Whitewater Bromley Community Health



**Whitewater Bromley
Community
Health Centre**

The Whitewater Bromley Community Health Centre had its start in the 1990s when a long-serving Renfrew County physician (who had employed nurse practitioners since the 1970s) was preparing to retire. He and the nurse practitioner Bonny Johnson, now Director of Health Services, looked to the North Lanark Community Health Centre as a model. In 1999, the Ministry of Health and Long Term Care (MOHLTC) suggested the Whitewater

Bromley community steering committee apply to the "Nurse Practitioner Initiative of the Underserved Area Program". Funding was awarded for a nurse practitioner in Beachburg in 2000 and a nurse practitioner for Cobden in 2002. The North Lanark Community Health Centre managed the funding for this initiative.

Since that time, the WBCHC has provided a full range of primary health care and health promotion programs to serve the health care needs of the local communities included in the Townships of Whitewater Region and Admaston Bromley.

The Primary Care and Allied Health providers include four Doctors, three Nurse Practitioners, one locum Nurse Practitioner, three Registered Nurses, one Registered Practical Nurse, one Social Worker, one Health Promoter and one Respiratory Therapist. Our programs and services are supported by a dedicated team of support staff.

Whitewater Bromley's primary health care services also include Urgent Care, Lab Services, Foot Care, Lung Health, Ottawa Model Smoking Cessation, Chronic Disease Management, service delivery through the Advance Access and Efficiency model, and telemedicine for client consultations. We work with a number of community partners to increase access to primary care services including Country Haven Retirement Home, Opeongo High School Nurse

Practitioner program, Community Paramedic Primary Care Visiting program, the Diabetes Educator Program and the Cardiac Rehabilitation Program with Pembroke Regional Hospital.

The Health Promotion programs supported by WBCHC include Fit Fun and Fully Alive fitness classes for older adults, Living a Healthy Life Self-Management Program for people with chronic health conditions, Cardiac Rehabilitation Program, Change Your Mind meditation program, Weight Management and Support program, Nordic Walking, Get WITH It Indoor Walking, Alzheimer Support Group, Mindful Movement program, and initiatives focused on the social determinants of health through the Poverty Audit working group and the Healthy Communities Partnership.

The Cobden site is currently being renovated to serve as an outreach location for programs and services which will reduce barriers for people with transportation issues .



Excellence . . .

Lanark Renfrew Health & Community Services is proud to be accredited through the Canadian Centre for Accreditation (CCA). CCA is a national not-for-profit organization which offers third-party accreditation reviews to community-based health and social service organizations in Canada. Because of the scope of our work, it was determined by the CCA that three different modules applied to our review – the Organizational Standard, Community Based Primary Care, and Community Support Services (*see below for components). To say that this was a very large undertaking is an understatement – **to date, no other organization reviewed by the CCA has had as many modules or indicators (447) to account for!**

CCA reviews cover the whole organization (in our case, Lanark Community Programs, Mental Health Support Project, North Lanark Community Health Centre, Whitewater Bromley Community Health Centre), and are based on accepted standards of good practice and risk management. Standards address all aspects of the organization, including governance, management, programs and services. It is also a system to promote learning, improvement, excellence and innovation.

In November 2013, after a full year of preparation that included extensive reviewing of policies and procedures and surveying of our Board of Directors, staff, volunteers, community partners and educational partners, LRHCS played host to a three-person review team for four days. The on-site visit included an orientation to the organization, six group interviews (cross-section of staff, program-specific staff, members of our Board of Directors, and managers), an individual interview with the Executive Director, on-site observations, the tracing of a client journey (personal interview and chart review), and on-site examination of documents. This culminated in a verbal wrap-up to members of the Board and staff.

In order to receive accreditation, all Mandatory Standards and at least 80% of Leading Practice Standards across each module must be met. LRHCS met and exceeded these requirements, (in fact, we met all of the leading practice standards - a considerable achievement for any organization). On February 19, 2014, the Board of Directors of the Canadian Centre for Accreditation made the decision to fully accredit Lanark Renfrew Health & Community Services for a four-year period ending April 2018.

We're pleased that we can confidently report to the community that we are "...a healthy and effective organization that is delivering needed programs and services to our clients and to our community". And we're committed to continuing to learn and adapt our programs and services to "Maintain and Further Build Excellence in meeting health and community needs."

* The Organizational Standards module includes the following components: Governance, Stewardship, Risk and Safety, Organizational Planning and Performance, Learning Culture, Human Resources, Volunteers, Systems and Structure, and Community. The Community Based Primary Care module consists of the following: Using a Community- Based Approach, Planning Programs and Services, Delivering Quality Programs and Services, Ensuring Safety, Evaluating Programs and Services. The Community Support Services module covers the following: Program and Service Framework, Service Delivery, Ensuring Safety, Meals Outside the Home, Activities in a Group Setting, Counselling Services, Resource Centre and Community Development.



Innovation . . .

Innovation requires a unique mix of creativity, necessity, spark and tenacity. And this certainly describes the circumstances that brought the Tumbling Together program to Lanark County.

On the surface, Tumbling Together (or TumTog for short) looks like a typical gymnastics program for tiny-tots, complete with balance beams, parallel bars, climbing walls, trampolines, lots of colourful mats, a gym coach, excited kids, and expectant parents. On closer inspection, you see that TumTog is an innovative and specialized therapeutic program for pre-school aged children with developmental difficulties. Every minute of the eight week program is a purposeful blend of activities using movement and speech, and every activity is carefully selected to build motor skills, sensory/ self-regulation, functional communication, school readiness and social/emotional balance. Rather than have children meet one-on-one with a variety of specialists, the children come together in a group at a local gymnastics club with all of the specialists participating (*).



The program also has many long-lasting benefits for the parents. They receive suggestions and support in how to transfer and use the games, symbols and activities in their own home environment. Parents whose children have developmental difficulties such as language delays, Cerebral Palsy, Down Syndrome or Autism Spectrum Disorder, may be hesitant or anxious about having their child attend activities in the community. Their experience is that their child is not as able as other kids. They may worry about how their child will handle the transitions between one activity and the next; or that their child will have an expressive meltdown that teachers/instructors/ other parents won't know how to respond to appropriately.

Innovation...

They know that their child has more difficulty learning even some of the most basic skills needed for school (such as the ability to wait in line, to take turns, to share, to follow instructions, to make friends, to communicate their needs, to manage their emotions, to coordinate their movements, to separate from mom or dad).

Routines and repetition are an important part of the TumTog program. Children learn a variety of ways to help them sit and wait or to take turns. They put their hands together and squeeze and count while they wait. They have "wait" mats where they sit and learn to wait their turn. Symbols are used so children learn how to "Stop, Wait, Go" or "Your Turn, My Turn".



Children use a marching line to move from station to station, waiting their turn, doing the activity, moving to the next station. When "melt-downs" happen, staff (rather than parents) respond. This strategy helps the children learn that their parents can be there for reassurance, but that they don't need to be "glued" to their side for comfort. Every session ends with circle time on the wait mats to help the children settle down before returning to their parents...and each parent has a chance to write down their "Proud Moments" of the day. Here are some:

"My son has cerebral palsy and was scheduled for heel cord surgery....the specialist said to keep up whatever we were doing because he doesn't need the surgery at this point in time!"

"I was so excited to see that he used a friend's name "

"After only four classes, he is imitating the words from the program, making eye contact with people and giving them "high-fives"! He can sit at a table for 40 minutes and even talked on the phone to his grandparents!"

"She lined up all by herself!"

"I was so sure that he would not let go of my hand to participate in the programs – but he did – without a meltdown!"

(With stories and enthusiasm from: Penny Pitcher, Monica Dando, Sarah Sark, Leslie Greene and Angele Blaskie.)

**TumTog is delivered by an inter-professional team, led by the Pediatric Occupational Therapist from Brockville General Hospital (one of the designers of TumTog) and runs out of the Gym Stars Gymnastic Club in Smiths Falls, with one of their Coaches. It also includes staff from Language Express-LCP and LCP's Infant and Child Development, Early Integration and Behaviour Development Programs, as well as students on placements through post secondary programs in Occupational Therapy and Communication Disorders Assistants. The staff-to-child ratio usually exceeds 1:1. Children's individualized goals are set/reviewed/discussed by the TumTog team on a weekly basis, with input from the parents. A finalized report is compiled by the TumTog Team, which includes recommendations and strategies for the family to use at home and they are encouraged to share the report with their child's school, as they prepare to enter Junior Kindergarten.*

Poverty...

While many people may grumble and complain about preparing their income tax forms, some health care providers are actually **prescribing** tax returns. In a recent Globe and Mail article (March 20, 2013), Dr. Gary Bloch makes his case: *As a doctor, here's why I'm prescribing tax returns. Seriously.* "The link between health and income is solid and consistent – almost every major health condition, including heart disease, cancer, diabetes, and mental illness, occurs more often and has worse outcomes among people who live at lower income. As people improve their income, their health improves. It follows that improving my patients' income should improve their health." By way of example, one of Dr. Bloch's clients, (Rena)... "works full time at a minimum wage job, earning just under \$20,000 a year. With this, she does her best to support herself and her young daughter. However, she has not always been diligent in filing her tax returns. If she had, she could have received over \$8,000 more a year in tax credits from the provincial and federal governments. That might have gone a long way to make things just a little bit better for her, including her health. Suggesting Rena fill out her tax return is prescribing income. And prescribing income can be just as powerful as prescribing medications for her blood pressure or her mood".

Fortunately in Lanark County, the connection between health and income is clearly understood by many. For the past 20 years, Community Home Support – Lanark (CHS) had provided confidential tax clinics in which trained volunteers assisted seniors and other low and fixed income individuals, in completing and submitting their income tax returns. When CHS made the decision that this service, as important as it was, no longer fit their mandate, a new sponsoring agency was sought.

Martina Flanagan, a long-time volunteer tax preparer, wouldn't let the program flounder. She approached Lanark Community Programs (LCP) to continue the "Community Volunteer Income Tax program" (CITP). Donna Davidson, Agency Director of LCP, saw great potential for serving the needs of LCP clients, many who live on low and fixed incomes, as well as those living in poverty in the broader community. (Those individuals who are in the lowest income bracket include couples who have a yearly combined income of \$40,000 or less, or a parent and child with a yearly income of \$35,000 or less).



This year, over 1000 residents in Lanark County have had their tax forms prepared and submitted through this voluntary service. This is a remarkable increase from the number of people who previously accessed the program (543 last year). The success of the program has taken everyone by surprise. Even Revenue Canada noted the terrific response and commented that similar programs across the country are in decline. Donna credits the dedicated and talented crew of volunteers who prepared the tax forms, the enthusiastic administrative support of LCP staff, the partner organizations who donated space for the clinics and helped spread the word, the local media outlets who printed media releases and articles, and strong community understanding for the link between health and income.

In a quick, back-of-the-envelope calculation, Donna credits the CITP for flowing well over \$600,000 in the form of entitled Child Tax Benefits, GST credits, Guaranteed Income Supplement, Working Income Tax Benefit, and Trillium drug benefits.

Donna sees the tax program as a first step in a series that will help individuals and families with financial literacy. For example, a workshop on the Basics of Family Finance is being developed, as is an information package about eligible tax benefits for families with a handicapped child.

* If 50% of participants in the program are young families, the Child Tax Benefit remittance calculation looks like this: (\$100/month Child Tax Benefit per family x 500 families = \$600,000.)

Mental Health . . .

We live in a world where social media makes it “easier” to be connected to dozens of people – some whom we may never have met. We also live in a time when people are feeling less connected, and more isolated from each other. And yet, an abundance of research (about happiness, mental and physical health, community well-being), is telling us that the importance of social connections cannot be underestimated. Having a community where one feels a sense of belonging, where one is supported by and cared for, where one feels understood, can be more powerful determinants of health than other factors that contribute to good health, including access to primary health care.

Research now shows that the biggest risk factor for someone with mental illness is the lack of social support. At a recent conference, keynote speaker Senator Romeo D’Allaire emphasized, “It is the power of human interaction that contributes to another’s well being. Social connection helps people not drift away and get lost in their psychosis. **It is vital.** As a community, we must learn to live with and help people with mental illness. Connection provides meaningful participation in community life. Involvement in peer support brings purpose to our own ordeal.” This is what “The Link” – the activity and resource centre of the Mental Health Support Project (MHSP) – is achieving.

MHSP is a member-driven peer-support program for individuals in Lanark County who struggle with their mental health. (In any given year, one in five Canadians experiences a mental health or addiction problem). The Link has created an environment where a vibrant community of supportive peers is growing. Members connect with one another outside of The Link as well as nearly daily on site. They support each other through all sorts of challenges (ie health crises, death, dying and grief, loss of housing, changes in family relationships etc.). When a person relapses into crisis or the challenges of difficult symptoms return, Peer Support can provide ready acceptance at a vulnerable and fragile time. Relapse is seen as a part of recovery, and non-judgmental support is provided to help people deal with the difficult emotions that arise. Recovery is a process of discovering and developing a meaningful sense of identity apart from one’s condition. It is about rebuilding one’s life despite, or within, any limitations imposed by their condition and inspiring individuals toward self-determining their own recovery process. Here’s what some of the members have to say about it:

Cavin: *“It’s a great place to find someone to talk to, and someone to listen.”*

Meghan: *“For me, The Link is a place of comfort and happiness.”*

Steve: *“I enjoy the Jeopardy and Trivial Pursuit games. We have a lot of fun playing them. I come to The Link to socialize. It’s important to me. ”*

Jenn: *“I feel that I belong here. I’ve met some good friends here. I need this.”*

Josie: *“I love the karaoke and Onstage nights. I love to sing and dance. I am independent when I come to The Link.”*

Don: *“The Link is a comfortable place to be. I drop in just for a quick cup of coffee and a cheery conversation. It works!”*

John: *“The Link can be a place of being quiet or a place of conversing with others. It’s your choice, nobody decides for you.”*

Day by day, The Link is helping members become more resilient, more capable and more hopeful and trusting that needed support is readily available.

And, the closing word goes to our good friend Barb who used to say, *“The Link is my home away from home!”*



Increase Our Capacity

Integration . . .

Falls are a real concern for older adults. It is estimated that one out of three adults age 65 and older fall each year and the risk and rate of falling increases with age. Many falls cause serious injury – hip, wrist, and other fractures can result in a loss of confidence and independence, often leading to a move to a nursing home or another supervised living situation.

The fear of falling may cause one to cut back on physical activity, leading to a loss of strength, reduced muscle tone, balance problems, and a decline in overall health and well-being. All of these make it more likely that falls will occur.

As our population ages, individuals, families, health care providers, and governments are becoming more aware of the risks associated with falls, more concerned about the costs of providing primary and community care as a result of falls, and more responsive to the needs of older adults in trying to prevent falls. With funding support from the Champlain LHIN (Local Health Integration Network), Community Health Centres in Eastern Ontario have developed a collective response to falls prevention programming. Both the North Lanark and Whitewater Bromley Community Health Centres are participating members. While each site has adapted the program to meet the unique needs in their community, they share common program elements, including:

- one-on-one pre- and post-assessments by a physiotherapist (or equivalent),
- twice weekly exercise classes of 45 minutes duration led by a qualified trainer,
- information and education on topics related to falls provided by a nurse or other qualified allied health professional (dietitian, social worker, public health nurse etc.), on topics such as the role of proper footwear, how to go up and down stairs safely, safety tips and hazards in kitchens and bathrooms, and appropriate use of medications.
- the provision of resources, such as handouts and therabands, to support a regular home exercise program.

The physical benefits for the participants in this program include an improvement in balance, leg strength, ankle flexibility, bone density and ability to get up from the ground if they should fall. Equally important are the benefits to mental health and wellness. Betty Mae Bryanton (Registered Practical Nurse at WBCHC) and Muriel Campbell (Registered Nurse at NLCHC) have seen huge improvements in the physical and mental health of participants –even after a few weeks!

Betty Mae knows how important this program is in the community. “Everyone who attended the program is stronger and more confident. It’s so satisfying to see them getting stronger because they may be able to stay in their homes longer”. Muriel observes that “seniors in the rural areas, especially those with lower mobility, can be more isolated. There’s a huge social benefit for people who participate in this program. In the program evaluations, people say that they really enjoy exercising with others”. Both Muriel and Betty Mae notice how important it is for participants to informally share stories. As the weeks go by, they support each other and share practical tips (such as how to find a good contractor to install bathroom grab bars.) Family members also notice a difference. One daughter commented, “I didn’t think that I would get my father to attend any classes.... but he went to them all. He really enjoyed it, AND he went from using a cane all the time to taking it with him only when he went outside. He felt a lot stronger and much more confident.”

The successes of this program are being replicated in communities across Eastern Ontario – resulting in significant improvements in the quality of life for hundreds of individuals and their families, and a significant savings in the overall health system. Programs such as Falls Prevention allow seniors to live safely in their own homes longer and continue to be active members of their community. It’s a win-win formula!

Advocacy . . .

An exciting partnership that has been underway between the Whitewater Bromley Community Health Centre (WBCHC) and the County of Renfrew Paramedic Service, is picking up momentum. The opportunity to initiate a similar Community Paramedic Program is being investigated for Lanark County.

In Renfrew County, Paramedics, when not responding to an emergency, are using the “down” time between events to provide in-house clinical services to some of the more vulnerable, at-risk clients of the WBCHC - those who are isolated and may lack strong family supports; seniors at risk of falling or those living on low incomes; adults who have significant mental health challenges; or those who lack access to transportation. Home visits can include a 911 follow-up, wellness check, assessments on mobility and balance, routine blood tests and ever-important social contact. Future program developments include exploring technology-assisted in-home assessments with the help of personal computers and Ontario Telemedicine Network videoconferencing with consulting practitioners at the WBCHC.

Clients, practitioners and paramedics alike, “love the program” according to Bonny Johnson, Director of Health Service at the WBCHC, because it “provides enhanced services in our rural areas and ensures better access, choice and value to people in the community”.

The mutual benefits of the partnership can be seen in a variety of ways. As part of this program, primary care practitioners provide medical direction and oversight to the Paramedics. This arrangement may enable practitioners to accept high-needs “orphan” patients into their practice as space permits. As a value-added service, the Paramedics have started providing annual CPR/AED and anaphylaxis training to WBCHC staff and volunteers, and have provided “the best training we have had – EVER!” All in all, it is a win-win initiative.

Bonny Johnson says, “This initiative makes so much sense – and we’ve already seen huge benefits for our clients”. Replicating and/or adapting this program into Lanark County would be a great enhancement to the services available to our aging population. John Jordan, Executive Director of Lanark Renfrew Health & Community Services, has supported the Lanark County Paramedic service in moving forward with a similar application.

Advocating for increased access for rural residents to quality primary health care programs and services is a priority for LRHCS. Partnerships such as this capitalize on existing services and assist clients with access and navigating the system.



Strengthen Our Actions

Partnerships . . .

Initiating Collective Action: Working Together to Improve our Local Health Care System. These are the inspiring and compelling words used to describe and guide the work of the Rideau Tay Health Link (RTHL). "Health Links" are an initiative of the provincial government and an invitation to local health care systems to increase collaboration in order to better serve people and make better use of health care resources.

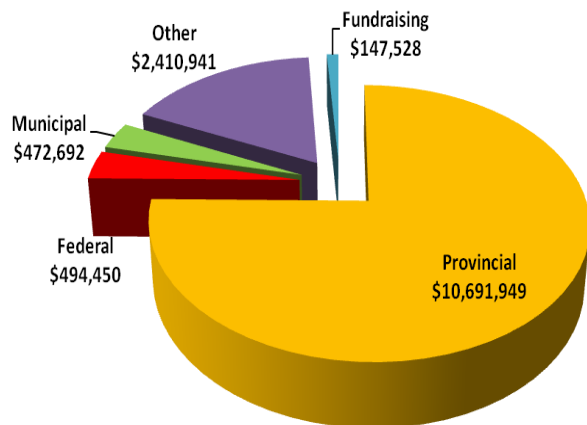
Rideau Tay is one of 47 community Health Links across the province who have responded to the call to form collaboratives of primary care health care providers, patients and broader health system partners including hospitals, the Community Care Access Centre, addictions and mental health and community support services. The RTHL covers an area that serves just over 52,000 people, and spans nine eastern Ontario municipalities (Rideau Lakes, Westport, Smiths Falls, Montague, Merrickville-Wolford, Drummond/North Elmsley, Perth, Tay Valley, and Lanark Highlands). The shared purpose of the RTHL is to "redesign local health care delivery to provide residents, especially the sickest and most vulnerable, with improved care that makes the best use of health care resources." Only through working together to gradually transform the system, and by involving all the services that impact each other, will we see the progress patients need and providers want.

Over the next two years, the RTHL is committed to initiating local system-wide action to improve health care coordination in three care areas. Staff at the North Lanark Community Health Centre play a leading role in the 'End of Life' care component. Other community organizations are taking the lead on Care Coordination across Transitions and Advanced Illness Management. All RTHL members work in partnership, knowing that no one organization can achieve any of these goals on their own.

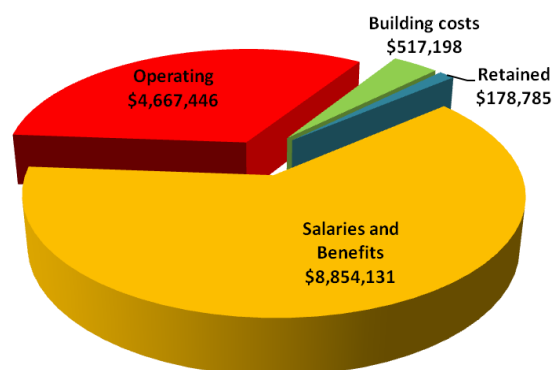
Dr. Leigh Wahay is one of the primary care providers committed to transforming end of life care in our community. As a physician who is recognized for providing compassionate palliative services to her clients, Dr. Wahay knows that the system of care for patients who are dying, and their families, can be improved. And she's prepared to champion and guide that change. As inaugural chair of the "Hospice Palliative Care Working Group" of the Rideau Tay Health Link (RTHL), Dr. Wahay will spearhead the initiative to transform palliative care and services – bringing together patients, their caregivers, health service providers and others to improve the experience for patients and their families, to connect all the resources in our community and use them to their best capacity. "As a physician, it's very satisfying and fulfilling to be able to facilitate your patient's last wishes and help their family, as hard as it may be for them. Sometimes, the system can frustrate people and make things more difficult than they need to be. In this area, we have some really good resources, lots of physicians and others who provide excellent palliative care...but some things don't work well and those parts need to be fixed. We also need to be aware of all the services that exist in our community, connect them better and then work with what we have. Palliative care – good, seamless palliative care – is something we need to do for our ageing population. It just makes sense. "

Funding and Allocations . . .

Revenues \$14,217,560



Expenditures



Thanks to Our Funders . . .

Ontario Ministry of Health and Long Term Care, Champlain Local Health Integration Network (LHIN)

Ontario Ministry of Community and Social Services

Ontario Ministry of Children and Youth Services

Public Health Agency of Canada (Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP))

Ontario Ministry of Education

County of Lanark

Money, Money, Money

Staff Recognition

Years of Service

35 Years of Service

Sandy Angell	Lanark Community Programs
Donna Davidson	Lanark Community Programs

30 Years of Service

Audrey Vansickle	Lanark Community Programs
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25 Years of Service

Maria Hofbauer	Lanark Community Programs
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20 Years of Service

Sandy Prentice	Lanark Community Programs
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15 Years of Service

Wilma Lee	North Lanark CHC
Michelle King-Stacey	Lanark Community Programs

10 Years of Service

Joanne Bond	Lanark Community Programs
Lori Campbell	North Lanark CHC
Lynn Dempsey-Jechel	North Lanark CHC
Martha Duncan-Myers	North Lanark CHC
June Hall	North Lanark CHC
Ray Kamm	Lanark Community Programs
Brenda Powers-Ross	Whitewater Bromley CHC
Amy Vanderspank	Lanark Renfrew Health & Community Services



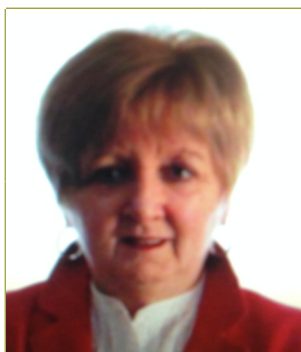
CONGRATULATIONS!

Retirement with 20 Years of Service



Mary has been part of the North Lanark Community Health Centre from the very beginning. Starting out as a "casual" employee in 1993, Mary soon became a permanent, full time employee and carried the role of health services/medical secretary until her retirement this past year. Mary's in-depth knowledge of the community and her dedication to the people coming to the North Lanark Community Health Centre was an invaluable asset and is missed every day. When you needed to know something or connect with someone, Mary was the person to ask. Her knowledge was encyclopedic whether it was where to get home-baked muffins or what was happening in the school or information about the next local event. She worked hard to ensure everything went as smoothly as possible for staff and clients. She had an incredible ability to know the needs of clients and match them with the appropriate specialist. We miss her caring nature. Thank you Mary for all you did. Enjoy your well-deserved retirement.

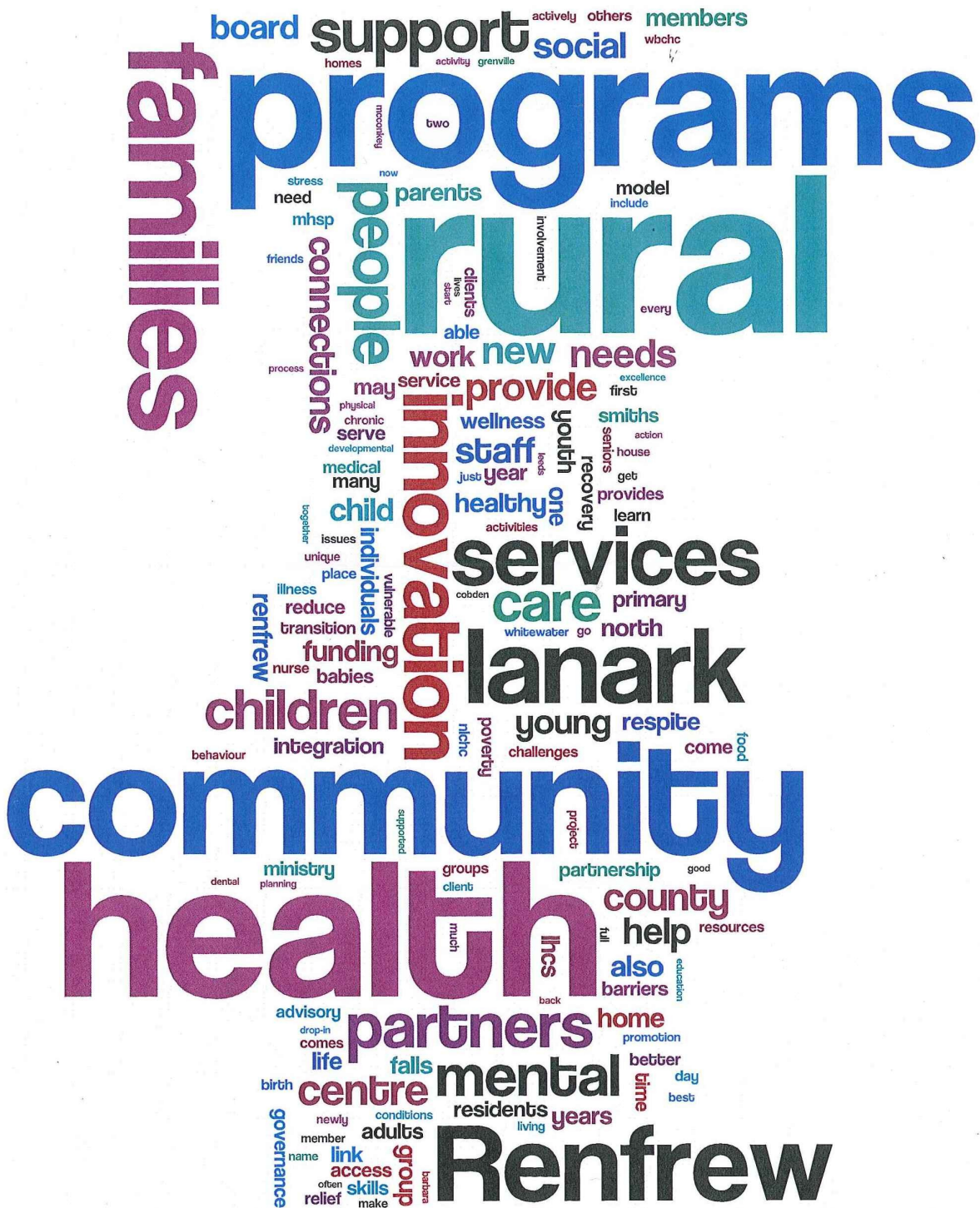
Retirement with 11 Years of Service



Respiratory Therapist (RT) Karen Jones, was among the first in the province to be invited (over 14 years ago) to contribute to the Primary Care Asthma Program (PCAP). She spearheaded the local implementation of the pilot project in 2002 and four years later, at the end of the pilot, she accepted the responsibility as first Chair of the PCAP Coordinators' Group. Her skill as an RT, and her professionalism, enabled her to manage the expectations of many stakeholders. She brought together a diverse group of highly skilled, experienced and passionate respiratory educators and fostered broad communication across the province. Karen is known as someone who is willing to speak up, provide an opinion, share her expertise and help in any way that she can. Karen has left a legacy and a program that has become what it is today: a standardized program model that is being used in more than 170 sites across Ontario. We wish Karen a happy retirement and know that she will have time to do more of the things that she loves.

Volunteers with over 20 Years of Service

Nancy Pollex	35 Years — Lanark Community Programs
Tim Dack	25 Years — Lanark County Therapeutic Riding Program
Joan Robinson	20 Years — Lanark County Therapeutic Riding Program
Betty Closs	20 Years — North Lanark Community Health Centre
Heather Cooper	20 Years — Lanark County Therapeutic Riding Program
Glen and Phyllis Dack	20 Years — Lanark County Therapeutic Riding Program
Ann Johns	20 Years — Lanark County Therapeutic Riding Program
Louise Mitchell	20 Years — North Lanark Community Health Centre



Become a Member . . .

Why become a member?

Lanark Renfrew Health & Community Services is a not-for-profit organization with a volunteer community-based Board of Directors that governs the organization.

Membership gives you the opportunity to participate and vote at meetings of the general membership, including the Annual General Meeting. If you are a member of the Organization, you may stand for election to the Board of Directors for the Organization. You will receive regular notices of meetings of the general membership. You may also wish to become involved as a member of one of the board committees.

How do I become a member?

To become a member you must be 18 years of age or older. Please fill in the form below and return in the enclosed self-addressed postage paid envelop. Memberships are for a three-year period, ending on May 1st of the third year. In order to continue your membership, you must renew it by May 1st of the third year. There are currently no membership fees.

Do I have to be a client of any of the services offered by the Organization?

No. Membership is simply a way for you to support the organization and it allows you to participate in the decision-making process of the organization.



Lanark Renfrew Health & Community Services

207 Robertson Drive, Lanark, ON K0G 1K0

jkomendat@nlchc.on.ca

Membership Form

Name: _____

Civic Address: _____

Postal Code: _____

Phone: _____

Date: _____

Our Board of Directors

2013-14

Stephen Bird, Chair

Nic Maennling, Vice-Chair

Robert Fletcher, Secretary/Treasurer

Ann Munroe, Past Chair

Pat Krose, Board Director

Annette Hewitt, Board Director

Deb McGuire, Board Director

Noreene Adam, Board Director

Jean Dunning, Board Director

Pamela Salvarakis, Board Director

Tom Baumgartner, Board Director

Warren McMeekin, Board Director

Board Recognition

Annette Hewitt	6 years (two terms)
Deb McGuire	6 years (two terms)
Jean Dunning	6 years (two terms)
Pat Krose	6 years (two terms)

Please visit our website for more information on our Programs and Services at:
www.lrhcs.ca