

ANNUAL REPORT

LANARK RENFREW HEALTH & COMMUNITY SERVICES

OUR COMMITMENT	2
FROM THE CO-CHAIRS AND EXECUTIVE DIRECTOR	3
LANARK COMMUNITY PROGRAMS	4
NORTH LANARK COMMUNITY HEALTH CENTRE	5
WHITewater BROMLEY COMMUNITY HEALTH CENTRE	6
INCREASE OUR CAPACITY TO IMPROVE MENTAL HEALTH	7
STRENGTHEN OUR ADVOCACY AND ACTIONS	8
FOSTER INNOVATION IN THE PURSUIT OF EXCELLENCE	10
CONTINUE TO LEAD IN HEALTH AND SOCIAL SERVICES	12
REDUCE BARRIERS TO HEALTH AND WELL-BEING	14
DEVELOP PARTNERSHIP TO STRENGTHEN OUR IMPACT	16
MAINTAIN AND FURTHER BUILD EXCELLENCE	18
LIFETIME OF SERVICE	20
STAFF YEARS OF SERVICE RECOGNITION	22
FUNDING AND ALLOCATIONS	23
HOW TO FIND US	24

WHERE WE HAVE BEEN IN 2015-2016

BOARD OF DIRECTORS

Nic Maennling, Co-Chair

Stephen Bird, Co-Chair

Tom Baumgartner, Vice Chair

Warren McMeekin, Secretary/Treasurer

Jean Dunning, Past Chair

Bev Buchanan

Bill Janes

Dana Buchanan

Jean Knowles

Melanie Mills

Noreene Adam

Robert (Bob) Fletcher

Terry Anderson

YEARS OF SERVICE

Warren McMeekin, 3 years

MISSION, VISION, BELIEFS

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, stable ecosystem, sustainable resources, social justice, equity and social inclusion.

OUR MISSION ...

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

OUR VISION ...

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

OUR COMMITMENT ...

- *
** To provide holistic programs and services that are respectful, relevant and effective;
- *
** To reduce barriers that prevent people and communities from achieving their full potential;
- *
** To enable people to remain in, and participate in, the life of their community
- *
** To seek and share knowledge and resources so that individuals and communities are empowered; and
- *
** To manage our resources responsibly.

We are pleased to introduce you to the work of Lanark Renfrew Health & Community Services (LRHCS) through our 2015-2016 Annual Report. LRHCS is an umbrella organization created through the 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, from communities across Lanark and Renfrew Counties, live better lives. We do this by helping people in our rural communities 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 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, we have been especially busy responding to changes in provincial health and social service policies. These changes are intended to be transformational – to reduce health inequities, to address systemic barriers, to achieve better health outcomes, to safe-guard public funds, and to ensure a more seamless people-centred system for planning and delivering primary care, home care, community services and mental health and addictions services. The role of Lanark Renfrew Health & Community Services is to champion this change with our local, regional and provincial partners – and in so doing, we are actively involved in monitoring, participating, and advocating that the unique circumstances and needs of rural citizens and rural communities are addressed.

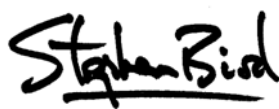
The implementation of provincial policy has already resulted in changes to funding models and accountability requirements by the Ministry of Community and Social Services and the Ministry of Children and Youth Services, the re-design of mental health and addictions services as prescribed by the Southeast LHIN, the continuation and development of Health Links, and the integration of Community Care Access Centres (CCAC) into the LHINs as part of the “Patient’s First” doctrine. The concept of rural Health Hubs and LHIN Sub-Regions will most likely result in additional changes in the near future.

As you read the stories in our Annual Report, you’ll see many examples of how LRHCS is already a champion for the health and well-being of rural residents and rural communities. We do it through the engagement and training of peer supporters with lived- experience of mental health challenges, the wildly popular and volunteer-led exercise classes for seniors, the intensive and skilled supports provided to children with speech and language or developmental delays and their parents, the life-changing encouragement and information provided to people newly diagnosed with diabetes, or the adoption of an evidence-based memory clinic for our ageing population. Our staff, board and volunteers have been putting people first since we first opened our doors.

This coming year, we anticipate that we will be facing more changes and challenges as provincial policies and programs continue to develop. We also know we are able to rely on the same determined effort and ingenuity that our staff, board, volunteers, clients, participants, community supporters, organizational partners and funders have demonstrated in the past. 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 could not do it without you!



John Jordan, BA, MBA
Executive Director



Stephen Bird
Co-Chair



Nic Maennling
Co-Chair



Lanark Community Programs (LCP) is the "The Little Agency That Could." We began in 1979 with two programs, a staff of five and a budget of \$70,000.00. Today we have nine programs, a staff of 68 regular employees and over 400 contract

workers for a total full time equivalent staff of 150. We are assisted by 250 wonderful volunteers. Our budget is \$6.3 million plus we manage \$3.5 million in Family Relief client funds. Our funding sources include the Ontario Ministries of Children & Youth, Community & Social Services, Education, and Health. We also receive funding from the Public Health Agency of Canada and the County of Lanark as well as from various fundraising ventures.

Our main office is at 30 Bennett Street, Carleton Place. It is an eighteen thousand square foot building and we're currently in our fifth year at this location. We also operate five Respite Homes throughout Lanark County and rent satellite offices in Smith Falls and Brockville.

Our nine programs are as follows: Infant and Child Development, Connections, Language Development, Behaviour Development, Autism - Intensive Behaviour Intervention (IBI), Autism - Applied Behaviour Analysis (ABA), Lanark Early Integration, Family Relief, and Therapeutic Riding.

All services are available in the client's home and/or community environments and stress the empowerment of clients, parents and other natural mediators. We serve Lanark County and some programs serve clients in Renfrew, Leeds and Grenville Counties as well. Full descriptions of each program are available on our website (www.lcp-home.com).

Of special note is the incredible work our staff contributes towards community development. Staff are members of many different associations, networks and 37 Boards, some of which we were founding members.

We are proud to be part of Lanark Renfrew Health & Community Services. As we celebrate 15 years of our coming together, we concur with our last Accreditation Review which urged us to 'go on the road' as a uniquely successful model of health and community services working under one governing body serving a vast rural community.





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 and surrounding communities. 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 to the provision of palliative care. All our primary care and allied health staff - Doctors, Nurse Practitioners, Nurses, Social Workers, Counselors, Health Promoters, Community Health Workers, Respiratory Therapists, Chiropodist and Dietitian - work together to address the specific health and social well-being needs of people in our community. This starts with the warm welcome you'll receive from our front office administrative staff.

Our Health Promotion programs reduce barriers to access programs and services for our rural residents and help people learn new skills so they can achieve their own health and wellness goals. All our programs are free and all members of the community are welcome! Our programs include exercise classes for older adults and seniors, yoga for people recovering from injury or illness, falls prevention programs, 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 physical activity programs for children and families, and so much more.

We work in partnership with many other community agencies such as the Rideau-Tay Health Link, LGL District Health Unit, Lanark County Mental Health, The Table Community Food Centre, Rideau Valley Diabetes Services, Township of Lanark Highlands, and others. This year we contributed to the development of the North Lanark Health Link, the expansion of pulmonary rehab services and the extension of addictions and mental health counseling into north Lanark by Leeds Grenville Lanark Addictions and Mental Health.

Poverty, geographic isolation and other forms of exclusion can lead to an increased risk of acute and chronic illness or disease – in individuals, families and communities. All of the programs and services offered by the NLCHC help to reduce those barriers- and we actively strive to improve the health and well-being of all members of our community by addressing the challenges they encounter.

A unique program offered by 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 started in 1999 as a sponsored agency of the North Lanark Community Health Centre. It is founded on the belief that individuals can and do recover from mental illness and can self-determine their own recovery process. Weekly peer support groups help reduce the isolation of living in a rural area and the negative impact of stigma related to mental illness itself. They also encourage ongoing group dialogue about various issues related to mental illness and wellness. They provide a safe place where people can develop an increased sense of hope, self-awareness, insight and empathy for others. Social and recreational activities help build supportive friendships among individuals who have both unique and shared experiences in relation to mental illness and wellness.



The Whitewater Bromley Community Health Centre delivers a full range of primary 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 and beyond. Our primary care team consists of Doctors, Nurse Practitioners, Registered Nurses and a Chronic Disease Nurse, Registered Practical Nurse, Social Worker, Health Promoter and Respiratory Educator. Clients registered with the Centre often see more than one team member as they manage their health

care needs.

We provide a variety of services including Urgent Care, Lab Services, Foot Care, Lung Health, the Ottawa Model Smoking Cessation, and Chronic Disease Management. Our service delivery utilizes an 'Advance Access and Efficiency' model and incorporates telemedicine for client consultations. We work closely with quality improvement advisors to maximize our work and achieve our client-centered goals.

We offer a broad range of Health Promotion programs designed to meet client needs for physical and mental health, nutrition and health education. Walking is very popular and we host many groups. This year, our "Get WITH It" program participants walked the equivalent distance from Beachburg to Toronto and back, just short of 1,000 kms. We offer Nordic Pole Walking training programs and personal coaching. The "Every Step Counts" outdoor walking program provides an opportunity to enjoy the beautiful outdoors while increasing fitness. Through the "Stand UP!" Falls Prevention program, information and exercise are coordinated to reduce the risk of falls for seniors. The "Fit Fun and Fully Alive!" fitness classes for older adults are offered throughout the year in several locations. Through programs such as; Chronic Pain Self-Management, Living a Healthy Life with Chronic Conditions, Smoking Cessation, Weight Management, and Change Your Mind (a program to cultivate self-understanding), our staff respond to an array of client needs.

Through partnerships with community organizations and other health service providers we strive to increase access to health services and to address the social determinants of health. Some of our partners include: Country Haven Retirement Home, Alzheimer's Society, Opeongo High School Nurse Practitioner Program, Community Paramedic Response Unit Program, Diabetes Outreach Program, and Cardiac Rehabilitation Program with Pembroke Regional Hospital.

Our recently renovated facility in Cobden is now home to a growing number and type of programs and community services. Dr. Steve Olsen provides chiropractic services; Petra Zangerl-van Veen delivers personal and group fitness training; Susan Martensen makes available Breastfeeding 101 courses; Julie Keon leads childbirth education classes, breastfeeding support groups and death café discussion groups; Shirley Hill provides foot care; and Patrick and Diane O'Kane-McHugh offer a variety of yoga classes. We are working to further enhance our primary care and health promotion services at both the Cobden and Beachburg sites.



Our participation in a number of community coalitions and networks helps us influence and have an impact on community issues. We have representation in groups and networks designed to meet health needs that have been identified on a local, regional and provincial level. Through our involvement we are able to stay current on provincial trends and learn new ways to provide the highest quality of service to our community members of all ages and abilities.



Peer support is a naturally occurring, mutually beneficial support process, where people who share a common experience meet as equals, sharing skills, strengths and hope; learning from one another how to cope, thrive and flourish. Formalized Peer Support begins when people with lived experience, who have received specialized training, assume unique, designated roles within the mental health system, to support an individual's expressed wishes.

This past spring, the Mental Health Support Project (MHSP) and Lanark County Mental Health (LCMH) partnered in training an energetic group of 18 area residents to become provincial peer support specialists. MHSP staff Margaret Edwards and Halina Shannan, are also highly skilled provincial trainers with the Ontario Peer Development Initiative (OPDI) and they provided the training. OPDI provides this Formalized Peer Support training throughout Ontario. The training consists of a week of fun and intensive activities made up of 8 Modules covering best practices, defining peer support, recovery-inspired peer support, core connecting skills, the peer/supporter relationship, trauma-informed peer support and much more. MHSP—The Link and Lanark County Mental Health are continuing a variety of training opportunities for the graduates, such as suicide Intervention, group facilitation skills, conflict resolution and other topics as requested or needed.



Here is what some of the participants said about the training: "What I learned in the training has become integral to my day-to-day living, part of my lifestyle." "I never thought I could manage this training – I'm so happy to have succeeded." "We felt as though the world had changed during the week – we felt so connected and we learned so much".

The graduates of this program now go forward into a 50-hour internship, working one-on-one with peers from the community. Having such a large group of trained peers will allow for much more peer support to be available throughout the region. We are still working out how to utilize this amazing resource! Hopefully support groups will develop a community of practice in Carleton Place, Almonte and Perth as well as Smiths Falls.

Members of MHSP who have benefitted from peer support are excited by the social connections they have made, the possibilities that have opened up and the ongoing safe and supportive environment they share at The Link (the name of MHSP's activity centre in Smiths Falls). We have witnessed strong links develop between new friends that continue into the community.



Photos courtesy of Andrea Schaefer

It's been a little over 15 years since the Township of Lanark Highlands and the North Lanark Community Health Centre joined forces to create a community-wide vision for the newly amalgamated Township comprised of the former municipalities of Lanark Township, Lanark Village, and Lavant, Dalhousie and North Sherbrooke Township and Darling Township.

Through a series of community conversations, nearly 200 residents, businesses, politicians and professionals contributed to the development of a collective vision for the future of the Highlands. For the benefit of all "Highlanders", we wanted...a special place for youth; a stronger community workforce supported by a literacy program; help for youth, seniors and the housebound; water and sewer for Lanark Village; a pharmacy, a dentist and other new shops in Lanark Village; seniors housing; a high-speed communication network reaching all Highlands communities; new "home grown" businesses that respect our rural life, with good jobs for our young people and new investment; and a plan to conserve our natural areas.

By having a community-wide vision and working together, the Township, the Health Centre and the community-at-large have achieved many successes. Here's what we have to celebrate!

- 1. The Lanark Highlands Youth Centre received consistent and steady resources and support from the Health Centre, the Township and Lanark County in order to become a well-established and well-run non-profit incorporation, with strong community support behind it. It provides a consistent, safe place for rural youth to gather outside of school, learn new skills and be engaged with other youth.
- 2. Services for at-risk seniors have increased through the new Falls Prevention program and Primary Care Outreach to Seniors program offered by the Health Centre.
- 3. The Township and the Health Centre successfully advocated to Lanark County government to have an Emergency Response Vehicle (ERV) located in the Highlands to reduce emergency response times. A new ambulance station was built in 2009 to facilitate this service.
- 4. A full-time pharmacy has opened in the village and the new pharmacists are very responsive to local community needs.
- 5. A dental suite has been installed at the North Lanark Community Health Centre, in partnership with the Leeds Grenville Lanark District Health Unit, and preventative and restorative dental care has been provided for some high needs populations. Obtaining operating funding to maintain dental programs is a current priority and challenge for the CHC.
- 6. Internet access has improved significantly across the Highlands in the past 15 years. Advocating for the installation of internet and cell-phone towers remains a priority for the Township.
- 7. The County's network of trails has increased, and includes the development of the Baird Trail and the upcoming purchase of de-commissioned rail lines. The Mississippi Madawaska Land Trust Conservancy has also been a leader in protecting natural areas across north Lanark.

As a result of the "Highlands That We Want" planning process, the Township of Lanark Highlands and North Lanark Community Health Centre created a "Joint Planning Committee" which has been meeting consistently over the past 15 years to share information, address common issues, and move forward on shared priorities. The success of this partnership has inspired the creation of a similar Joint Planning Committee between the Whitewater Bromley Community Health Centre and the Township of Whitewater Region. This committee's inaugural meeting took place in December 2015.

All of these initiatives are helping to create a healthier community for all residents in Lanark Highlands. We look forward to doing more.

IMAGINE THIS!

Township Council working with businesses and residents on major decisions

working together to make The Highlands a great place to live and work

help to get around for youth, seniors and the "house bound"

a high speed communication network reaching all Highlands communities

water & sewer in Lanark Village

The Village as the community's town centre

support for volunteers

a pharmacy, a dentist & other new shops in Lanark Village



new "home grown" businesses that respect our rural life, good jobs for our young people, and new investment

seniors housing in our different communities; an extended care facility in Lanark Village

a special place for youth



a plan to conserve our natural areas



- a stronger community workforce supported by:
- a literacy program
 - an easy to use catalogue of skills, businesses and professionals
 - local job training



a place where people think of themselves as part of a larger community, as ... Highlanders

a project of North Lanark County residents and businesses supported by:



North Lanark County Community Health Centre
Telephone: 259-2182



Township of Lanark Highlands
Telephone: 259-2398

THE HIGHLANDS WE WANT BY THE YEAR 2020



Rural residents pride themselves on being resourceful, thrifty, pragmatic and generous. Both the Whitewater Bromley and North Lanark Community Health Centres provide tailor-made community-based exercise classes for older adults and seniors that use all of these attributes and more. This helps explain in a small way, the steady growth, popularity and sustainability of this program. Without core funding or ready access to gyms, fitness centres or municipal recreation departments, the backbone of our program is based on community members who willingly endure a rigorous training, apprenticeship, evaluation and certification process in order to become *volunteer* (yes, VOLUNTEER) fitness instructors.

Ankaret Dean, an enthusiastic program participant, invited her brother who was visiting from England, to attend a fitness class with her. "He was so inspired by this amazing community program that he went home and promoted the idea within his own community. Over this last month, he has been successful in receiving a start-up grant, finding instructors, renting a suitable location, and getting folks in his community excited about attending."

While the program numbers are impressive (see inset)... the real success of this program is in the benefits realized by the participants and volunteer instructors. Here are three perspectives:

David Moat



"When I joined this program 4 years ago, I was recently retired from a sedentary desk job. I weighed 212 lbs., and both my flexibility and balance were not what they should have been. I was initially hard-pressed to keep up with the class, but that glorious day came when I could, and the even more glorious one when I managed to keep up with the instructor (Jim)! Within a year I was down to 200 lbs. and so much improved in flexibility and balance that I volunteered to take the instructor's course. By December of 2014 I still weighed 200 lbs., but a bout of atrial fibrillation and the discovery that I am diabetic led to a drastic change in diet, and getting down to a slim-and-trim 175 lbs. Last summer my balance was so much improved

that I got back on my bicycle after a hiatus of about 15 years and spent many pleasant evenings touring the Clayton-Middleville-Scotch Corners area. Today I have my diabetes totally under control without insulin, and recently I got the news that I can cease taking the blood pressure medication I have been on for about 20 years (after successively trimming the dosage under my doctor's direction over the past couple of months), and just take a mild diuretic. I am in the best shape I have been in for the last 25 years, and while certain medications have helped, I attribute most of my very significant physical improvement to my participation in the exercise program".



Wayne Church



Newly retired, recently moved to the area, recovering from knee surgery and then diagnosed with colon cancer, the past 3 years in Wayne's life have been eventful. His surgery, followed by 6-months of chemotherapy, left him so weak, numb in the hands, and with such a brain fog that he couldn't even deal or play cards. Then two years ago, with an invitation and encouragement from volunteer fitness instructor Carolyn Jarvis and his own determination, things changed. Since then, every Monday and Thursday morning, Wayne and his wife make the 30 km trek to Snow Road Station to join in the community-based fitness classes - the first organized exercise program Wayne has ever attended in his life. Wayne credits the Snow Road fitness classes for helping to re-build his strength, clear the

chemo fog and get connected to a network of people who have now become friends. After many years of sedentary living and long distance commuting, Wayne believes he is "better than I ever was". One of the surprising ironies of the program for Wayne is that it is offered free-of-charge. "People join fitness clubs and spend a lot of money on memberships, gear and clothing and then don't go. This program is designed by professionals for our age group, is led by trained members from the community-at-large, and the participants try not to miss any sessions! It's jaw-dropping to get something like this for free! I think we all respect and admire the amount of work that goes on behind the scenes to make this happen – it truly is a community effort and it's much better than what you'd get at a local gym because of that". Wayne has also found a way to use his skills to help out. With his love of music and computer skills, he has become the music mixer/master and has created new hour-long mixes for the instructors to use.

Susan Ethier



"I have participated in the Fit, Fun and Fully Alive program in Westmeath for several years and think of it as a top-notch fitness activity for seniors. Our instructor is an enthusiastic person and an excellent leader who encourages us to strive to do our best but also emphasizes safety and working at our own pace and fitness level. In September, I couldn't fully extend my arms over my head because of an old shoulder injury but by May I found I could do so with ease; this was also the case with several other mobility exercises. Following a fitness class I

feel invigorated and motivated to be more active on a daily basis. I certainly recommend this program for anyone who is looking for increased strength and stamina as well as better flexibility and balance. And, as an added incentive, there is also the social aspect of meeting friends and having some great chats. Remember to arrive early!"

FAST FACTS ABOUT OUR EXERCISE PROGRAM

- 17 years at NLCHC and 14 years at WBCHC
- 25 classes each week
- 13 different Locations
- 1053 classes each year
- 209 registered participants
- Over 6000 annual hours of exercise
- 24 Volunteer Instructors
- 2300 hours of volunteer hours
- \$57,000 worth of volunteer contribution
- 100% of participants said classes had a positive impact and increased their ability to do day-to-day activities*
- FREE to attend by any community member

(* from NLCHC evaluation tool)

IT TAKES A VILLAGE TO RAISE A CHILD

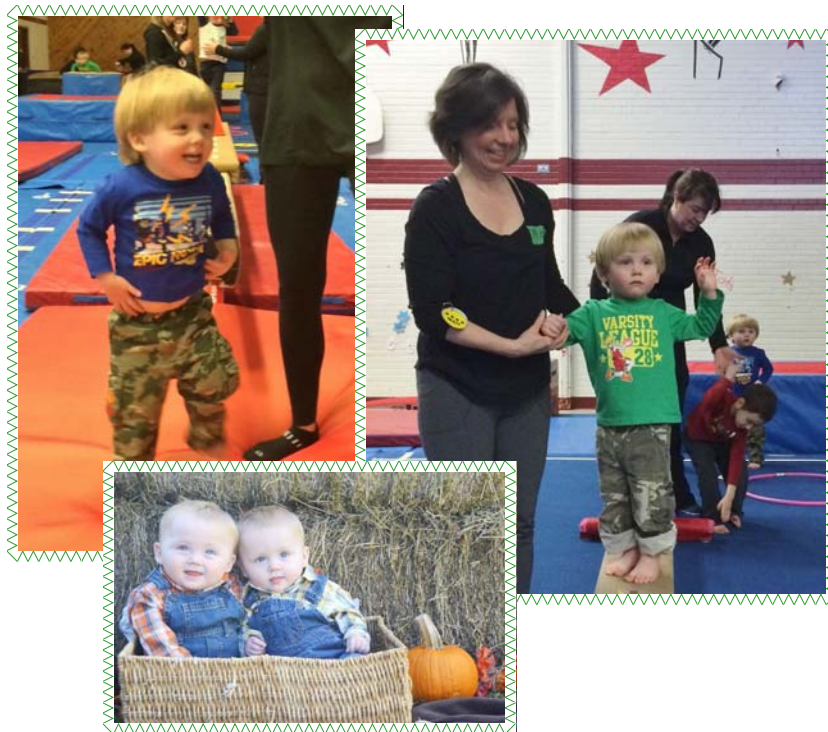


This well-known Nigerian proverb speaks to the communal effort and responsibility required in raising children. Every parent knows the importance of having a supportive family and a supportive community to help them and their children survive – let alone thrive. So imagine how important this support would be if you had a child with special needs? Or twins? Or twins with special needs! Fortunately for mom Jen and her three-year old twin boys Michael and Joseph, Lanark Community Programs (LCP) staff and fellow program participants form that supportive village of helping hands.

Like all moms, Jen wants her boys to have the best start in life. When Monica Dando, Infant and Child Development Worker, observed that the twins were not meeting their developmental milestones, Jen agreed to have LCP staff contact the children’s doctor about the concern so they could get a referral to the Children’s Hospital of Eastern Ontario (CHEO). Eventually the boys were diagnosed with global developmental delay. What this means is that they will take longer to learn new skills (i.e. waiting their turn), to build physical strength (i.e. sitting upright, standing or walking) and to develop coordination (i.e. using a cup or crayons). They will need lots of extra support along the way. And like all kids, the best way to learn is in a safe, caring and consistent environment. Mom Jen gets lots of support and information from LCP staff so she can help her boys through play and practice, repetition and loving reminders.



With nine different programs under the LCP roof targeted at different ages and stages, Jen and her boys are becoming quite familiar with LCP staff, programs and services. According to Jen, each program she has participated in, or service she has received, has been “exactly what we needed at the time”. Penny Pitcher, Coordinator of the Infant and Child Development program, mapped Jen’s journey with LCP programs: Infant and Child Development, Connections, Language Development, Behaviour Development (Tumbling Together), Lanark Early Integration, Family Relief, and Therapeutic Riding. Their journey illustrates the fluid, integrated and comprehensive way that LCP provides service to children with intellectual or developmental disabilities and their families.



And when LCP doesn't have the in-house expertise or resources, they partner with those who do, or advocate for additional resources in order to address the gap. This coordination and collaboration across disciplines and between service providers (*see list below) has proven to be very beneficial for Jen and her family. Not only has it increased the range of services and expertise she and her boys can access such as an occupational therapist, physiotherapist, and speech-language pathologist, but it has also reduced the length of wait times because of the early screening and identification, appropriate referrals, effective communication, sharing of information, and coordination of care LCP staff are known for.



With wisdom beyond her years, Jen seems to know when and how to accept the offers of help that come her way. She jokingly thinks she should "rent a room" at LCP because she's there so often...and when Michael and Joseph come into the building they want to know "which way do we go today". Once that is settled, they "proceed down the hall and can't pass a doorway without being greeted". The village is that strong.

(*) Infant Child Development Program partners include: the Ottawa Children's Treatment Centre, Child Development Centre Hotel Dieu Kingston, Lanark Best Start, Lanark Occupational Therapy Consultation Clinics, Early Years Centres Playgroups, LGL District Health Unit, Open Doors, Healthy Young Families, Family and Children's Services of Lanark Leeds Grenville, Communication Disorder Assistant program at St Lawrence College, among others.

FAST FACTS ABOUT INFANT/CHILD DEVELOPMENT

- 101 referrals for the Infant Child Development Program (ICDP) in addition to 92 children already receiving active service
- Direct intervention to 193 children.
- Assessment of 22 children at early childhood screening clinics
- Developmental screening of children's global skills at Connections playgroups—78 consultations



Laurie has a lot of respect for the law and tries to obey the traffic rules ...so when she was pulled over by the police for erratic driving, she was disbelieving. At the hospital, her blood sugar levels were checked and they were "through the roof" (at 37 when the norm should be under 7). Without a history of diabetes, Laurie doubted the diagnosis and flushed the medication she was provided down the toilet. A visit to her family doctor confirmed the diagnosis in February 2015, and in a state of shock, she wandered into the Health Centre seeking information. Dietitian Nicola Day and Nurse Lori Campbell invited Laurie to attend the monthly "Diabetes Connection – a get-together for people with diabetes" to learn about living with diabetes in a relaxed and friendly environment. Nicola also encouraged Laurie to attend the 5-week "Diabetes Friendly Cooking" program offered in partnership with the Table Community Food Centre in Perth. This is where she learned how to prepare and eat healthier foods, understand the connection between food, exercise, her blood sugar levels and how she felt. It is when her transformation started.

Laurie credits Nicola for being her "guardian angel who encouraged me through the bad days and gave me pep talks. She sat with me, coached me and inspired me to start exercising and to eat healthier. Without Nicola, Lori and those programs, I don't think I would have been able to change my life around. I took everything that I learned home - the information, the recipes, the attitude – and I've shared it with my whole family. I've totally changed my diet and daily habits and have lost 60 pounds in the process. We cleaned out all of the junk food in the pantry and fridge – it's all gone. We used to eat a lot of 'fast' food or pre-made food. Now my granddaughter cuts the veggies and we eat spinach brownies (my granddaughter's favourite), turkey burgers and beans – things I never would have thought of. We're all healthier now!

Before, I sat round a lot and used to make excuses that I couldn't do things. Now I have energy to burn. My house is clean, I can "shoot hoops" with my granddaughter and we go for family walks. I even went on a sleigh ride at Conlon Farm – something I've never done before. My granddaughter said, 'I have a whole new nanny. You're totally different now and I love it more.' I feel so amazing! It's never too late to start taking care of yourself...so start where you are at."

Black Bean Brownies

Ingredients:

- 1 1/2 cups black beans (1 15-oz can, drained and rinsed very well)
 - 2 tbsp cocoa powder
 - 1/2 cup quick oats
 - 1/4 tsp salt
 - 1/3 cup pure maple syrup or agave (or honey)
 - pinch uncut stevia OR 2 tbsp sugar (or omit and increase maple syrup to 1/2 cup)
 - 1/4 cup coconut or vegetable oil
 - 2 tsp pure vanilla extract
 - 1/2 tsp baking powder
- 1/2 cup to 2/3 cup chocolate chips

Total Time: 15min **Yield: 9-12 brownies** Weight Watchers Points Plus: 3 points

Instructions:

Preheat oven to 350 F. Combine all ingredients except chips in a good food processor and blend until completely smooth. Really blend well. (A blender can work if you absolutely must, but the texture—and even the taste—will be much better in a food processor.) Stir in the chips and then pour into a greased 8×8 pan. Optional: sprinkle extra chocolate chips over the top. Cook 15-18 minutes, then let cool at least 10 minutes before trying to cut. If they still look a bit undercooked, you can place them in the fridge overnight and they will magically firm up! The trick with these: serve them first, and then reveal the secret ingredient. People will never guess!





Turkey Burgers

Ingredients

- 1/2 cup finely shredded carrot
- 1/4 cup thinly sliced green onions
- 2 tablespoons fine dry bread crumbs
- 2 tablespoons fat-free milk
- 1/4 teaspoon dried Italian seasoning, crushed
- 1/4 teaspoon garlic salt
- 1/8 teaspoon black pepper
- 12 ounces uncooked ground turkey or chicken breast
- 1/4 cup Dijon-style mustard
- 1/2 teaspoon curry powder
- 4 whole wheat hamburger buns, split and toasted



Directions

1. In a medium bowl stir together carrot, green onions, bread crumbs, milk, Italian seasoning, garlic salt, and pepper. Add ground turkey; mix well. Form the turkey mixture into four 1/2-inch-thick patties.
2. Place patties on the greased rack of an uncovered grill directly over medium coals. Grill for 11 to 13 minutes or until patties are done (165 degrees F),* turning once halfway through grilling time.
3. Meanwhile, in a small bowl stir together mustard and curry powder. Spread buns with mustard mixture. Top with burgers and, if desired, lettuce and tomato.
4. TO BROIL: Place patties on the unheated greased rack of a foil-lined broiler pan. Broil 4 to 5 inches from the heat for 11 to 13 minutes turning once halfway through broiling.

Note

Doneness: The internal color is not a reliable doneness indicator. A turkey or chicken patty cooked to 165 degrees F is safe, regardless of color. Insert an instant-read thermometer through the side of the patty to a depth of 2 to 3 inches.

Nutrition Facts Per Serving

Servings Per Recipe: 4

PER SERVING: 287 cal., 11 g total fat (3 g sat. fat), 68 mg chol., 470 mg sodium, 26 g carb. (3 g fiber), 21 g pro.

Diabetic Exchanges

Starch (d.e): 1.5; Medium-Fat Meat (d.e): 2; Vegetables (d.e): 0.5

FAST FACTS ABOUT DIABETES

You can help prevent diabetes or maintain appropriate blood sugar levels if you do, by:

- not smoking or by quitting if you do
- maintaining a healthy weight
- getting plenty of exercise (150 minutes a week)
- eating healthy balanced meals every 4-6 hours and
- keeping a diet low in saturated and trans fats, cholesterol, and sodium, and high in vitamins, minerals, unsaturated fats, and fibre

There is no "diabetic diet". Everything fits- just in moderation.

If you do an internet search for quotes or jokes about ageing, you'll be inundated with ones that are hilariously funny, supremely vulgar, or achingly poignant. Ones about memory and memory loss in particular abound.

Many of us have personal experience with this – either in ourselves or in our ageing friends and family. Not only are **we** ageing, but the overall Canadian population is as well. In 2011, an estimated 5.0 million Canadians were 65 years of age or older. This number is expected to double in the next 20 years to reach 10.4 million seniors by 2036. By 2051, about one in four Canadians is expected to be 65 or over.



But all joking aside, the impacts on society of this “silver tsunami” are far-reaching – with both opportunities and challenges presented by our ageing demographics. Health planners, policy makers, academics, statisticians and governments have been aware of the ageing trend for a long time now. This, coupled with economic necessity, is motivating people to look more critically at the current way we do “business”, to try new things and to form new partnerships. In our area, the Champlain Local Health Integration Network (1) has made it a priority to help seniors stay safely in their own homes longer. An essential component of this initiative will be to improve access to health care for people experiencing memory loss, dementia, Alzheimer’s and other complex chronic conditions associated with aging, and their caregivers.

Facilitated by the Champlain LHIN, 15 staff teams from health service providers (including teams from both the Whitewater Bromley Community Health Centre and the North Lanark CHC) readily agreed to receive intensive training and mentoring/coaching from Dr. Linda Lee (2) to set-up Memory Loss Clinics using the “Memory Clinic Model of Care” she pioneered at the Center for Family Medicine in Kitchener, Ontario. Memory Clinics are designed to provide timely access to comprehensive assessment and treatment in a primary care setting, and to improve referring physicians’ knowledge of the management of dementia through collaborative care and practice-based mentorship.



Photo credit to Chris Mikula/Ottawa Citizen

Team members, which can include a Doctor, Nurse Practitioner, Nurse, Social Worker and/or Community Health Worker plus external partners such as a Pharmacist, Outreach Worker/Educator from the Alzheimer Society and a consulting Geriatrician, provide comprehensive care for patients and family members dealing with dementia and other conditions involving memory loss. For many of these conditions, early diagnosis and treatment can help to maintain independent living and quality of life for as long as possible.

Margie Cliché, Chronic Disease Nurse, and the rest of the WBCHC team received training from Dr. Lee and her team in December 2015. By January, they were eager to hold their first clinic. Communication with the client and caregivers is done thoroughly and thoughtfully. Prior to the first appointment, the Memory Clinic team sends a package to the client and caregivers to help them prepare for the visit and to provide them with more information about what to expect during the appointment.

Supporting phone calls review the information and provide an opportunity for the client or caregivers to ask questions at the outset. During the appointment, the client and caregivers meet with the clinical team for a comprehensive assessment. This process can take approximately two hours. The appointment concludes when the team provides a thorough and careful report of their findings to the client and caregivers - ensuring they leave with a plan of care and follow-up steps and/or referrals according to the individual's needs. A subsequent or follow-up appointment could be scheduled monthly, bi-monthly or at the three-month mark.

Already, Margie is seeing the benefits of having the clinics in her community. "With the new assessment and treatment skills we have learned, our team is better able to provide quality care to people who are experiencing some form of cognitive impairment. With earlier detection, clients and their family members have more choices available to them. They can have access to treatment and other services that can delay decline, they can seek counselling or support to ease their burden and to prevent crises. Earlier detection and treatment can also help prevent some risks such as motor vehicle accidents, medication errors, financial difficulties, caregiver burnout, early institutionalization, elder abuse, and higher health care costs". These benefits are being seen by the Memory Clinic Team members at the North Lanark CHC as well. With a shortage of geriatricians in Canada, and the difficulties of accessing these specialized services in rural communities, Doctors Alicja Gruder and Leigh Wahay have expressed appreciation for the "improved access we have to a consulting Geriatrician as a result of this partnership."



(1) The mandate of the Champlain Local Health Integration Network (LHIN) is to plan, integrate and fund local health care services, including hospitals, community care access centres, community support services, long-term care, mental health and addiction services, and community health centres located in the Champlain Region.

(2) Dr. Linda Lee is a Kitchener Ontario based Family Physician who has developed an innovative Primary Care Memory Clinic model and Training Program which has assisted 78 other primary care settings in Ontario to develop new Memory Clinics. The Centre for Family Medicine has received recognition from the Ontario College of Family Physicians and their model of care is now being replicated by other Family Health Teams in Ontario. Dr. Lee holds certification in Care of the Elderly, is Director of the Centre for Family Medicine Memory Clinic, Associate Clinical Professor in the Department of Family Medicine at McMaster University, and Schlegel Chair in Primary Care for Elders. In recognition for her leadership in helping to improve the care of seniors with memory disorders, in 2014, she was awarded the Ontario Minister's Medal Honouring Excellence in Health Quality and Safety. In 2015, she was the recipient of the Canadian Institutes of Health Research (CIHR) Institute of Aging Betty Havens Award for Knowledge Translation in Aging.

FAST FACTS ABOUT DEMENTIA

- In 2011, 747,000 Canadians 65 and older had Alzheimer's and other dementias. By 2031, it will be 1.4 million.
- The direct and indirect costs of dementia total \$33 billion per year. By 2040 this will climb to \$293 billion a year.
- One in five Canadians aged 45 and older provides some form of care to seniors living with long-term health problems.
- 1/4 of all family caregivers are seniors themselves; 1/3 of them are older than 75.
- The physical and psychological toll on family caregivers is considerable; up to 75 per cent will develop psychological illnesses; 15 to 32 per cent experience depression.

Many cultures have a long history of storytelling including our families here in Lanark. However, some people struggle with being able to understand language, express themselves and use language effectively with others. Our program works with our clients to enable them to develop their communication skills so they can each successfully share their stories and learn from the stories around them.

Chapter 1: “The Beginning” The Language Development Program was one of the 3 original programs when Lanark Community Programs was formed in 1979. Over 30 years the program has evolved but our commitment to our families and community remains stronger than ever. In the fall of 1979 we hosted our very first workshop. This workshop from the Hanen Centre (*) informed our parent training/intervention model. In this model we recognize the parents/caregivers’ important role in their child’s communication development and work closely with them to help them facilitate speech-language development with their children in everyday life and routines.



(*) The Hanen Centre is a Canadian charitable organization founded more than 35 years ago by Ayala Hanen Manolson, a speech-language pathologist from Montreal. Hanen Manolson developed an innovative program for groups of parents whose children had significant language delays. Instead of giving children speech therapy once a week, Ms Manolson gathered their parents in a group for a series of sessions and taught them how they could assume a primary role in helping their children develop improved communication skills.

Chapter 2: “Here, There and Everywhere” Our dynamic team not only has a direct impact on our local community; we spread the word and share our ideas everywhere we travel and work. In Ontario we have been part of research studies on Motor Speech Disorders and have piloted new programs. Tracy Rait-Parkes, a certified Hanen instructor, travels internationally for the Hanen centre. She shares her work here and brings back ideas from around the globe. Leslie Greene has recently been accepted as a Hanen trainer and is working towards certification. Our story traveled to China in 2008 with Sarah Sark and Leslie Greene who joined the Canadian Speech-Language delegation. The entire team traveled to Chicago in 2013 for the American Speech and Hearing Association and most recently to Halifax NS for the Speech-Language Audiology Canada convention. Through our travels and work we continually add to our knowledge and connections as we learn about and adopt Best Practices.



Chapter 3: “Changing with the Times” In a field where research and trends are constantly evolving and we are expected to do “more with less” our team has had to be innovative in how we provide quality, effective and equitable service. Several of these innovations such as Kelly Millar’s adaptive parent training program and our group intervention methodology have been adopted in various areas of Ontario. To more effectively meet the needs of our clients and keep our wait time within 3 months, in 2012, we hired a Communicative Disorders Assistant, Gillian Purdy, to provide intervention to, on average, 40 children per month. This staffing decision frees up the Speech-language pathologists’ time so we can keep up with the assessment demands.

Chapter 4: “Augmentative and Alternative Communication” (AAC) More and more research and support for the use of AAC to facilitate language and speech development is emerging. Our team is very committed to using AAC to help our clients understand their world and tell their stories. In addition to the strategies we develop and implement locally, we work closely with our colleagues at the AAC clinics in Ottawa and Kingston. The story continues.... If you would like to learn more please feel free to contact us.



FAST FACTS ABOUT OUR SPEECH/LANGUAGE PROGRAM

- We had 181 referrals last year
- We saw 375 clients last year
- We served 752 parents/caregivers
- We provided 32 group interventions (240 clients served)
- We provided 65 consultations in the community
- We see preschoolers and adults
- Our combined experience at LCP is 78 years





I first met Greg in August 2007 when I came to the NLCHC to do my rural rotation as a resident and Greg was my preceptor. I remember coming home from the first day of my rotation and telling my husband that my supervisor was a really amazing doctor who was so different from the previous supervisors I had had.

He hugs his patients. He has invited some to his house for a meal or for Christmas dinner. He has made special trips to Ottawa or Kingston to have a friendly visit with a patient who was hospitalized. He really listens to people's stories and truly cares about their personal lives. To many patients he is like a family member or a friend.

As you know, Greg wears glasses - but they are not ordinary glasses. They are magical. Through these glasses he can only see good in people. Whether it's a patient or co-worker, a resident or cleaning staff, Greg finds the best in everyone.

We have heard him say many times "Oh – 'so and so' – isn't he/she simply the best? We are SOOO lucky to have him/her". Somehow we always get "THE BEST" residents, dietitians, receptionists, counsellors, nurses, students, etc. Why is that? How can that be? It's because Greg can see the best in everyone. He brings the best in all of us. He makes us feel good about ourselves and it motivates us to do even better.

He uses his magical glasses on his patients as well. He gives them hope and encouragement, and because he believes in them, they start to believe in themselves.

As a physician, Greg doesn't always follow the so called "guidelines" of "evidence-based medicine" – he follows most of them, but then follows the most important one, the guideline of his heart, of humanity, of respect and love for his patients. He always strives toward preservation of each person's dignity and independence.

Greg is also a "Big Kid" who loves to laugh and joke – whether he's in the lunchroom, during consult or in the exam room. Often, he makes us laugh until we cry. With a mischievous sparkle in his smiling eyes, he acts out a scene from a movie or from 'real life' - sometimes standing up, dancing or doing a little jump. He does this because he loves to engage people, to make them laugh and to distract them from some of life's difficulties or routines.



As a "Big Kid" he connects with our youngest patients. He takes time to play with them during visits, to blow up a glove, to show a hand shadow on the wall, or to photocopy their hands for them to take home.

We all know that Greg never refuses to see a patient. No matter how late or inconvenient for him. He always makes time for whoever is in need. He makes after-hours house-calls and hospital visits and has provided support for a patient at court appearances.



When we think of the true meaning for the words "Family Doctor", we think of Greg, a wonderful doctor with a golden heart. So when patients ask us "Are you replacing Dr. Walsh?" the answer is "No, no one can really replace Dr. Walsh." It is like trying to replace someone's parent or best friend. We will look after Greg's patients, but no one can replace Dr. Greg Walsh. You are an inspiration and a role model. We wish you all the best.

(by Dr. Alicja Gruder on behalf of the NLCHC staff)



To hear Bonny Johnson tell it, you wouldn't think to call Whitewater Bromley Community Health Centre "the House that Bonny Built." But for all those who witnessed or assisted in the development of this rural CHC first-hand, Bonny was the one who provided consistent leadership and vision when the community was losing its primary care physician in the mid-1990s. After gathering around her dining room table so many years ago, those same witnesses came together to nominate Bonny for the 2016 Joe Leonard Award, the highest honour given out by the Association of Ontario Health Centres (AOHC). The award is

reserved only for individuals who have made outstanding contributions to improving the health and wellbeing of people and communities facing barriers to health.

Bonny received the Joe Leonard award at a gala presentation on June 8, 2016. Nomination letters from far-and-wide highlighted her commitment to educating people about the community health centre (CHC) model, and her work mobilizing a small army of citizen and healthcare leaders in lobbying for the creation of a centre to serve the specific health care needs of a large rural population.

A Registered Nurse turned Nurse Practitioner, Bonny's advocacy on behalf of her community over the lifetime of her career resulted in a hub for primary health care and health promotion programs and services in Beachburg and Cobden – under the umbrella organization of Lanark Renfrew Health & Community Services (LRHCS).



Equal parts visionary, pragmatist, and roll-up-her-sleeves advocate, Bonny faced down unsuccessful applications, Ministry refusals for funding, political hurdles, personality conflicts, and other roadblocks with abundant creative problem-solving skills, and a joyful sense of how to bring people to consensus while keeping the bigger picture goal in view. That bigger picture goal was always to promote better health and wellbeing for everyone in her community. Doing so meant promoting innovative health strategies, such as pioneering a partnership with area paramedics

where they would visit isolated seniors during idle times for health monitoring, or by developing a falls prevention program, a fitness program for seniors, and services ranging from cardiac rehab to Alzheimer's outreach. Her energetic lobbying led to the creation of a CHC for her area, but her drive to create one began with a focus on delivering health care *and* wellbeing services where people needed them, when they needed them, and in creative enough ways to make use of limited resources.

Congratulations Bonny on a lifetime of outstanding service!



LIFETIME OF SERVICE— BONNY JOHNSON

35 YEARS OF SERVICE

Heather Ballinger, LCP

20 YEARS OF SERVICE

Diana Dobbie, NLCHC

Teri Mullins, LCP

Tracy Rait-Parkes, LCP

15 YEARS OF SERVICE

Angella Johnston, LCP

Carolyn Brunet, LCP

Christina Crampton, LCP

John Jordan, LRHCS

Leslie Greene, LCP

Maureen Hampton, LCP

Melanie Ferguson, LCP

Sherry Baltzer, NLCHC

10 YEARS OF SERVICE

Angus Daniel, WBCHC

Anne Crampton, LCP

Kelly Millar, LCP

Lindsay McLeese, WBCHC

Maggie Chapman, NLCHC

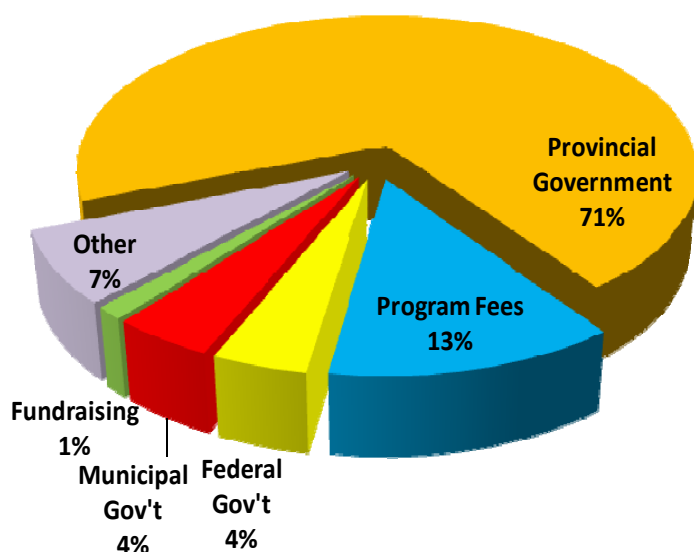
Monica Dando, LCP

Sara Cooke, LCP

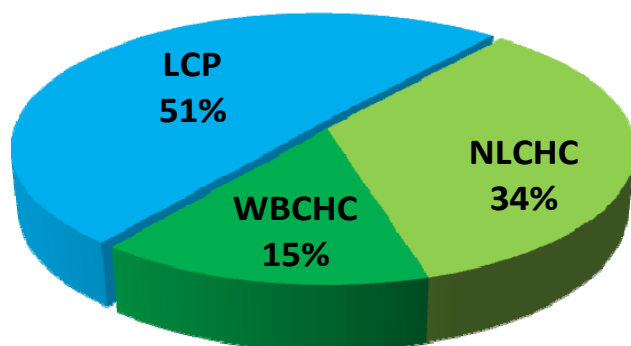
Sharon Bullock, LCP



REVENUES



EXPENDITURES



LRHCS Financial Summary

Year 2015-16

REVENUES:

Revenue from government	9,932,142
Amortization of deferred cont.	229,890
Fundraising and donations	157,622
Program Fees	1,563,462
Other Revenues	487,217

TOTAL REVENUES: 12,370,332

EXPENSES:

Advertising and recruitment	7,445
Amortization	254,028
Computer, medical, resource	203,229
Insurance	47,571
Meeting, memberships	52,428
Non-recurring expenditures	118,830
Office Supplies, postage and courier	87,639
Professional fees	45,830
Programs and project funding	609,808
Purchased services	351,079
Rent and accomodations	323,102
Repairs and maintenance	241,182
Salaries and benefits	9,621,659
Telephone	126,187
Travel, training and transportation	328,643

TOTAL EXPENSES: 12,418,659

Draw on reserves (Note 1): (48,326)

FAMILY RELIEF CLIENT FUNDS (Note 2)

Client Funding	3,567,152
Client Services and Expenses	3,564,857

Carry forward to next fiscal year: 2,295

FUNDING AND ALLOCATIONS

NOTES ABOUT THE FINANCIAL STATEMENTS

1. Management made a decision to use reserves, this fiscal year, to address several capital needs for our facilities—including a new roof for a respite home, repairs to the North Lanark building and remaining set-up at the Cobden building. Reserves are funds that the organization has saved from previous years' surpluses.
2. This year, we changed the layout of the Statement of Operations (Income Statement). The Client Funding for our Family Relief Clients was pulled out of the main statement and is now listed separately. This change will clearly segregate the Family Relief Client funds from the LRHCS funds, on the statement (these funds have always been tracked separately in our accounting software and are audited).

How to Find Us



Lanark Community Programs (LCP)

30 Bennett Street
Carleton Place, Ontario K7C 4J9
Phone: 613-257-7121
www.lcp-home.com



North Lanark Community Health Centre (NLCHC)

207 Robertson Drive
Lanark, Ontario K0G 1K0
Phone: 613-259-2182
www.nlchc.ca



Whitewater Bromley Community Health Centre (WBCHC)

20 Robertson Drive
Beachburg, Ontario K0J 1C0
Phone: 613-582-3685
www.wbchc.ca



Contributors: Alicja Gruder, Ann Munroe, Ashley Boudens, David Moat, Jean Dunning, Jen Flint, Joanne Foster-Komendat, John Jordan, Kara Symbolic, Lara Mylly, Laurie Wark, Margie Cliché, Nic Maennling, Pam Fergusson, Penny Pitcher, Sarah Sark, Stephen Bird, Susan Ethier, Wayne Church, Wendy Coombs.