

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH MANUAL	
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LEEDS, GRENVILLE & LANARK DISTRICT HEALTH UNIT

It is by what we ourselves have done, and not by what others have done for us, that we shall be remembered in after ages.

Francis Wayland

Beginnings

Originally founded on July 1, 1947, the Leeds and Grenville Health Unit was established to meet the need for integrated public health services throughout Brockville, Gananoque and surrounding municipalities.

The Health Unit was initially set up in the Brockville Court House. However, a rapid growth in the area's population over the next few years resulted in an increased need for the agency's services, so the Health Unit soon expanded its operation into the neighbouring Victoria Building.

Staff at that time consisted of a Medical Officer of Health, eight public health nurses, three sanitary inspectors, and three office support workers.

1948 saw the introduction of the Health Unit's first branch office, which was located in Gananoque. Two more offices were added over the next few years: one in Kemptville in 1950, and another in the town of Prescott in 1954.

Growing to meet the need: the '60s and '70s

Two years later, Smiths Falls and Perth were welcomed to the Health Unit's jurisdiction. In 1967, Lanark District also joined in and an office was set up in Carleton Place.

To more accurately reflect the geographical area served by the agency, a new name was adopted: the Leeds, Grenville and Lanark District Health Unit.

Staff numbers continued to grow, warranting the relocation in 1963 of the Brockville office to a larger building at 70 Charles Street.

Several new programs and services were added over the next decade to meet the expanding health needs of the population.

1968 – Director of Nursing and Director of Dental services appointed

1975 – Rabies surveillance started

1976 – Director appointed for Environmental Hygiene

Home Care and Nutrition Departments created

1977 – Adult Protective Services contract work begins

The Health-Conscious '80s

The Health Protection and Promotion Act in 1984 brought new direction to public health, and to the Leeds, Grenville and Lanark District Health Unit. There was increased emphasis on promoting a higher profile of healthy lifestyles, and in using marketing concepts for promotion activities. In keeping with the healthy lifestyles mandate, the Health Unit became a smoke-free workplace in 1985.

New programs were introduced in the '80s that reflected the prevention/promotion directives mandated by the province.

- In 1981, the Lanark Community Mental Health Program and Placement Coordination Services were added
- Immunization of school children became mandatory in 1982
- Two new programs were launched in 1987: the dental department's CINOT (Children in Need of Treatment), and an AIDS program in the nursing department

In 1989, the Ministry of Health introduced its Mandatory Programs, which further expanded the scope of the Health Unit's existing services.

The early 1990's

Early in 1990, the 43-year-old Health Unit was accredited for the first time by the Ontario Council for Community Health Accreditation (OCCHA). To be accredited by OCCHA, a health unit must demonstrate that it complies with a set of provincial standards in the delivery of public health programs and services. The Leeds, Grenville and Lanark District Health Unit received a two-year accreditation standing award, and was among the first health units in the province to be accredited by OCCHA.

The Health Unit moved its head office from the cramped quarters on Charles Street to a newly constructed facility on Laurier Boulevard in January 1991. All programs in Brockville were finally under one roof.

1991 brought the introduction of the Epidemiology and Resource Services Department, which provided consulting services to all staff on epidemiology, nutrition, communications and resource services.

In 1993, a strategic planning committee was formed to develop a three-year operational plan. Throughout most of the next year, the committee worked to design a meaningful long-term plan based on ideas from staff and the community.

In early 1993, the Health Unit received its second accreditation award from OCCHA, this time for the maximum period of four years. The four-year award, one of the first in the province, was another tangible sign of the agency's ongoing commitment to excellence.

The Dental Department and Epidemiology and Resource Services Department merged in 1994 to make the new Professional Resource Services Department. New positions came from this merger – a health promotion consultant, a dental consultant, and a computer support specialist.

In 1995, there were 233 people employed by nine departments and seven offices over the three counties of the Leeds, Grenville and Lanark. Public health programs were flourishing, one of which was a Healthy Lifestyles campaign that distributed information to the public through fact sheets given out at grocery store check-out counters.

Regrettably, the boom didn't last long. In 1996 at the end of Ontario's Social Contract significant cuts in funding were experienced in public health. As a result, staff numbers were cut and offices were closed in Prescott and Perth. These changes took effect on January 1, 1997.

However, the cutbacks didn't slow the evolution or delivery of public health programs. In 1996, the provincial measles campaign immunized 30,000 children in the area; the HEROES program taught injury prevention to thousands of students and their parents; and a toll-free access line to health information was introduced.

Celebration and Change

A mix of celebration and change was the theme of 1997, when the Health Unit celebrated 50 years of public health services by publishing a commemorative tabloid tracing its history.

The year saw significant change in the provincial funding structure of public health, with municipalities set to provide 100% funding to the Health Unit as of January 1, 1998, following the previous funding arrangement of 75% provincial and 25% municipal.

In the shuffle, four programs were divested of sponsorship: Home Care, Placement Coordination Services, Adult Protective Services and Lanark Community Mental Health Program.

Healthy Babies/Healthy Children program, an initiative funded 100% by the Ministry of Health, was launched in October 1997. This was, and continues to be, a very successful program.

In 1997, the Health Unit was poised to amalgamate with Kingston, Frontenac and Lennox & Addington Health Unit, but declined in September, choosing instead to function independently.

Additional cuts and a restructuring of the agency rounded out a few difficult years.

The three counties of Leeds, Grenville and Lanark, along with many communities throughout Eastern Ontario and Quebec, were devastated by an ice storm in January of 1998 that left homes without electric power for weeks in some areas. The Health Unit responded with information and services to the community: nurses worked in shelters, inspectors made sure food was safely prepared and stored, and a psychosocial emergency response plan was produced to help people deal with the trauma.

Despite the turbulence and challenges faced by the agency during the mid-'90s, the Health Unit once again displayed its exemplary performance by earning the highest possible (4-year) accreditation award from OCCHA in May of 1998.

The first half of 1998 saw a significant change to provincial legislation governing the Land Control program; most municipalities however, chose to continue having the Health Unit provide this service.

In the summer of 1999, the first Canadian case of raccoon rabies was discovered in the Prescott area. This required the activation of response plans for several agencies, including the Health Unit, the Ministry of Health, the Ministry of Natural Resources, and the Canadian Food Inspection Agency. Rabies has since been maintained under tight control.

Also in 1998 - 1999:

Partnerships and coalitions increased, with some health unit staff being seconded to play key roles in initiatives including:

- Ontario's first Safe Communities Coalition
- Tri-Health, the provincially funded heart health program
- Risk Watch, which helps teachers in their classrooms to teach children different aspects of safety.

The Board of Health received and endorsed Long Range Resource Planning Options 1999-2004, a report produced by staff to determine the numbers and types of additional staff required to comply with the province's Mandatory Health Programs and Services guidelines.

The agency's structure was reviewed and changed by the formation of a Clinical Services Department. Eighteen new positions were approved over a three-year period.

Into the new century

In 2000, a new logo was selected for the Health Unit. As well, a web site coordinator was hired and the agency's website was officially launched in June.

The new web site featured the tri-county health status report 2000. The findings of this report stimulated the creation of a health improvement plan addressing the determinants of health within a new multi-agency group called the Lanark, Leeds and Grenville Health Forum. The Forum continued its work until the fall of 2003.

In April of 2000, the Health Unit became the lead agency for the district's preschool speech and language program (Language Express).

The new century also brought with it many unexpected challenges.

The year 2000 witnessed the community water contamination tragedy in Walkerton, Ontario. Shortly before this, the Health Unit experienced the onset of its own groundwater contamination crisis with the discovery of a 9-kilometer plume of trichloroethylene, affecting 140 homes in Beckwith Township. This difficult situation required close work between the Health Unit, the affected citizens, the municipality, and the Ministry of the Environment.

As a result of the lessons learned from Walkerton, there have been many far-reaching changes to water safety legislation that continue to have an impact on public health units.

Just one year later, the agency faced even more trials related to its role in public health and safety. After the international events of September 11, 2001, several health units throughout Ontario experienced a series of scare incidents related to the potential for anthrax and other forms of bioterrorism. The Health Unit responded by working with partner agencies to address the incidents, and by reviving its psychosocial emergency response plan.

Also in 2001:

- The Early Years program was introduced to partner agencies
- A pandemic influenza plan was developed
- The Ministry of Health initiated a new campaign for all residents to receive free influenza vaccinations
- West Nile virus became a public health issue that attracted much media attention
- The Safe Communities Coalition of Brockville and District was awarded the designation of "Safe Community" by the World Health Organization
- Public health inspectors hosted the 62nd annual Canadian Institute of Public Health Inspectors Association, Ontario Branch educational conference in Gananoque
- The Health Unit's 2001-2003 strategic plan was completed and launched in March.

In 2001, a tobacco strategic plan was launched. A survey in Leeds, Grenville and Lanark demonstrated public support for smoke-free bylaws. This led to the tobacco bylaw campaign of 2002 with a significant strengthening of Brockville's tobacco legislation in 2003, and modification of the bylaws of a number of other municipalities.

The year 2002 marked the fourth consecutive accreditation award for the agency, raising the status of the Leeds, Grenville and Lanark District Health Unit to that being recognized with a Seal of Excellence by OCCHA.

In 2002, health units across the province began Early Child Development programming, with dedicated funding from the province. In Leeds, Grenville and Lanark, these took the form of activities to address fetal alcohol syndrome, injury and violence prevention, and a child health survey.

SARS in 2003

The SARS outbreak of 2003 in the Greater Toronto Area had a major impact on the entire province. There were no SARS cases reported in Leeds, Grenville and Lanark; however, managing the many directives from the province, coordinating surveillance activities, and dealing with public and media reaction placed a heavy burden on the Health Unit and its partner agencies. To help deal with the demands, the Health Unit made good use of its pandemic influenza plan, maintained effective links among affected health care agencies of the region, and provided staffing assistance to the province and to the health units in the Toronto area.

The years 2003 – 2005 saw the national and provincial commissions/expert panels/reviews on SARS and the renewal of public health. The Health Unit participated in these reviews and worked with partner agencies to improve community emergency response and infection control by developing regional infection control networks based out of Kingston and Ottawa

2004 – 2006: moving ahead

In 2004, the Health Unit helped to establish the Every Kid in our Communities initiative to promote children's assets. To improve access to healthy nutrition, Health Unit staff worked with the Upper Canada District School Board and its contracted catering company to establish the "Eat Smart!" program in high schools.

Additional highlights:

- Three new childhood universal vaccination programs were begun in January, for pneumococcal and meningococcal C disease, and varicella.
- With the passing of the provincial Smoke-Free Ontario Act, health units were called upon to develop enhanced tobacco surveillance, education and enforcement activities.
- The Health Unit's pandemic plan was revised taking into account the changes to the provincial pandemic plan, as well as the expansion of Avian influenza internationally.
- The Ottawa Heart Institute engaged the health units of eastern Ontario, as well as other partner agencies, in the development of a regional heart health prevention program.
- The Health Unit engaged the school boards of the district to look at ways of implementing a healthy schools initiative.

2005 saw implementation of provincial public health renewal initiatives, including a shift in funding of public health programs to 55% from the province, with the intent of returning to 75% provincial funding by 2007.

In 2006, the Health Unit unveiled its new five-year strategic plan: *Moving Upstream*, which was based on the premise of "upstream thinking" and its relationship to public health. The 2006–2010 plan is based on a continuous quality improvement framework and for the first time in the agency's strategic planning history, identifies formal performance indicators and outcomes to guide ongoing improvement.

2007 represented significant growth and development as well as a move to 75% provincial funding. OCCCHA granted us a 4 year accreditation. The Board created a new Quality Improvement Department with a director as well as two additional staff to assist us in our quality journey. The new director expanded the senior management complement to seven. In addition two new middle managers positions were created, one in Health Protection and one in Clinical Services. A new vaccine delivery program for the newly approved HPV vaccine was mandated by the province and implemented for grade 8 girls. Also a mass influenza immunization exercise was carried out at the end of November to test our readiness to cope with this requirement in an influenza pandemic. This was the first year in many that saw our PHI complement completely filled and nearly all of our food premises inspected on schedule. This was achieved despite the fact that the Health Protection Department had to cope with a new health threat – the North Shore of the St. Lawrence River and the Thousand Islands were recognized as being endemic for Lyme Disease.

2008 was a year of consolidation following the expansion in staff in 2007. The budget expanded to allow for the full annual salary for the staff brought on part way through 2007. We learned to augment our limited nursing resources by hiring nurses on the Health Force Ontario program that paid 6 month's salary for a new nursing graduate in return for the employer paying 6 week's salary. A concerted effort was made to persuade the MOHLTC that the level of provincial funding of LGLDHU was unacceptably low in comparison to other health units of similar size and location. The southern Leeds Grenville area was declared endemic for Lyme Disease and the health unit collected and tested ticks found on domestic pets in order to determine the area affected. The Small Drinking Water Systems program was transferred to LGLDHU effective December 1, 2008. We were now responsible for approximately 800 public water systems.

In January 2009 the new Ontario Public Health Standards were launched. In response, we embarked on a complete review of all health unit programs in order to meet several goals: determine the best programs to meet the new OPHS; meet the Board request that we conduct a service review; and develop a logical prioritization of our activities so that we could determine the best allocation of limited resources. Due to limited resources and in an effort to avoid staff layoffs we were forced to close the Almonte office in February 2009. Staff were redeployed to the Smiths Falls office or allowed to work from home. A teleworking policy was approved in 2009 allowing staff to fulfill their regular hours of work away from their office location for some or all of the regular work week. Efforts continued to persuade the MOHLTC to increase our base funding and this led to a promise that the provincial funding formula would be examined as part of a provincial accountability framework. The HedgeHog computer program was purchased to assist Public Health Inspectors and was implemented April 1st. Then at the end of April, the H1N1 influenza pandemic hit and the Health Unit went into IMS (Incident Management System) mode. All non-essential activities were gradually cut back and then stopped as the pandemic grew. The week of maximum activity in Leeds, Grenville and Lanark was the last week of October, with the epidemic subsiding by the end of the year. Once the vaccine became available at the end of October we implemented mass immunization clinics and encouraged primary care to also provide the vaccine. Together we immunized over 30% of the population before the outbreak subsided by Christmas. The entire pandemic experience taught us that we could handle anything by working together.