

ANNUAL GENERAL MEETING 2005



28th Annual Meeting

Thursday, September 15th, 2005

MacBain Community Centre
7150 Montrose Road
Niagara Falls, ON





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**MacBain Community Centre
Thursday, September 15th, 2005**

- 5:30 Tour of the MacBain Community Centre
- 6:00 Dinner
- 6:30 Symposium and Welcome
- 6:45 Annual General Meeting
- Adoption of Annual General Meeting Minutes of September 28th, 2004
 - Adoption of Committee Reports
 - Adoption of Financial Statements for 2004-2005
 - Adoption of Accounting firm Crawford, Smith & Swallow for 2005-2006
 - Adoption of the 2005-2006 Slate of Officers
 - Motion to close 28th Annual Meeting



ANNUAL GENERAL MEETING 2005

Report from Dr. Doug Munkley Chairman – Board of Directors

The last year for Heart Niagara has been a year of firsts, a year of challenges and a year of advancement in service delivery to improve our communities' cardiovascular health. Our success in providing these services is directly linked to the dedication and enthusiasm of our volunteers, staff, sponsors, donors and partners in the community. I would like to begin by expressing great thanks to all those individuals who keep us ticking. They are the real *Heart* of Heart Niagara. We couldn't do it without you.

This evening's meeting brings us together for the first time at the MacBain Community Centre. This will be the new home and Regional Coordinating Site to the Regional Cardiac Rehabilitation Program. The move of our cardiac rehab program and staff to this wonderful new facility took place on September 10th. As a partner in the centre we look forward to a permanent home that will increase patient access, visibility and our effectiveness.

The move to the MacBain Centre is not the only first for Heart Niagara this year. In partnership with the YMCA's of Niagara we have expanded Cardiac Rehab service to the new "Y" in Welland. We can now truly refer to this as a Regional resource across Niagara with four sites; St. Catharines, Fort Erie, Niagara Falls and Welland. The number of participants continues to increase in each city with over 12,000 patient visits in 2004. The success of this program would not be possible without many volunteers and donors; but special thanks is due to Don Gibson our Nurse Practitioner who heads up the Cardiac Rehab program and who took the lead on expansion of this service.

Our challenge remains a financial one, as Niagara continues to be the most populous area of Ontario without funding dollars from the Provincial government. For this year, thankfully the pharmaceutical industry, notably: Bristol-Myers Squibb and Aventis, AstraZeneca, Merck-Frosst, and Pfizer have stepped up to the plate to financially support cardiac rehabilitation. We continue to lobby locally and provincially with hopes that the government will provide a level fiscal playing field that will allow us to further extend this important service to all Niagara residents who could benefit from it.

Another first for this organization is the opening of our Diagnostic Program in November of 2004. In partnership with Board Member Dr. George Zimakas and long time Heart Niagara supporter Dr. Gurpreet Gill, we now offer cardiac stress testing and heart ECHO imaging for patients. This new initiative is a natural extension of our prescription of primary and secondary prevention of heart disease. It will allow us to assess cardiac function in individuals with cardiac risk factors and others who may be at risk for coronary artery disease. There is a potential as well, for this new initiative to provide revenue to Heart Niagara, to sustain other Heart Niagara programs. The Diagnostic Clinic will remain at the Allied Health Building.

The Schools' Healthy Heart Program had a first in the past year as we delivered a pilot grade 7 program in addition to the on-going region wide grade 9 initiatives. We are grateful to the Branscombe Family Foundation for their financial assistance to the program which delivers CPR training and education regarding healthy heart living to young people.



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Dr. Munkley's Report Con't

Our community preparedness programs include CPR & First Aid Training, Public Access Defibrillation training and over-site. Heart Niagara in partnership with the Regional Niagara Public Health Department and others have recently set a goal for 2008 to be the first community in Ontario to have 50% of our residents trained in CPR. Recently published Canadian studies have re-affirmed the value of CPR in surviving sudden cardiac arrest. Heart Niagara will take the lead on this project providing coordination and promotion of CPR training through the various training agencies across the region.

It has indeed been a year of firsts and a year of challenges and most importantly a year of delivering our services to the community and our prescription of exercise and risk factor reduction to improve heart health.

Research has proven that our programs make an impact, but sometimes it takes a conversation to deliver the message. I recently had a discussion with a nurse who works with us at the Fort Erie Cardiac Rehab site. She did not know I was involved with Heart Niagara; she was talking about a great party she had been at given by a "graduating and very grateful patient" from the program. She went on to explain to me what a difference she sees in the patients in rehab. I listened as she told me how much the Region needs this service and the impact it makes on individual "heart patients". She ended by saying that the biggest change is in the mental outlook of these people. They come into the program uncertain and intimidated by their recent "heart event". When they "graduate" they have developed the knowledge and confidence to control to a large degree their heart health and live a full and active life. I could do nothing but agree with her assessment.



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2004-05 A Year in Review

Dr. Stafford Dobbin, Schools Medical Director

The Niagara Schools' Healthy Heart Programme (NSHHP) is 19 years old and continues to occupy a major part of our resources. It is hard to consider that any National Public Health initiative designed to eradicate future Cardiovascular Disease would not choose this route but at this present time the NSHHP, (HNI, The Niagara Regional Public Health Department and two Niagara School Boards), is alone in the delivery of this service. An ideal scenario would be the teaching of CPR at Grade 7 in all Regional Elementary Schools followed by the Grade 9 programme and then an outcome analysis at Grade 12.

The teaching of heart health through CPR Training in Elementary school's Grade 7 – as an introduction to the project – continues to expand. Newly enrolled schools are asking the students for a \$3.00 donation to finance the programme with support from Parent Councils. The Schools' programme has raised a number of issues with respect to community minded individuals who wish to donate a public access defibrillator to schools. Whether this is a valuable use of community funding is up for discussion but certainly supports our contention that CPR teaching should be standardized and offered throughout the entire school system.

The last year has seen major changes in the HNI delivery of services. On a positive note we have extended cardiac rehabilitation services to all the major satellites in the Region: St. Catharines, Fort Erie and Welland, Don Gibson and the entire HNI CR staff deserve credit for carrying out a commitment that began 27 years ago but was continually frustrated by bureaucracy. In Niagara Falls the coordinating site for rehab has a new home in the MacBain Community Centre and associating with a number of other stakeholders - of which the YMCA is one - and thus the cycle has turned 360 degrees as the original HNI CR programme began in the Niagara Falls YMCA on September 30th, 1978. Regrettably the original design of having a volunteer physician and volunteer nurse present to provide medical supervision has come to an end. Following an exchange of views with personnel from the Medical Review Committee (MRC) of Ontario Health Insurance Program at the end of last year it was decided to abandon the role of the volunteer Physician. The MRC were of the opinion that it was not necessary to have a physician present at a CR Activity Class – contradicting the CACR guidelines which are endorsed by the Ministry of Health – and that continued donations to HNI from the volunteer physician's fee-for-service would place the physician at the risk of being investigated for fraud. Ridiculous as this must appear to any outside observer we were not prepared to put our volunteers into this line of fire. HNI owes an overwhelming debt of gratitude to all those physicians and nurses down the years who donated their expertise – three times a week – to ensure the continuation of the Niagara Regional Programme. Other methods of funding CR are still being pursued as the Provincial Liberal Government are not prepared to expand the present CR funding to any new sites.

The Stress/ECHO lab has been busy since its inception in 2004 and increasing there is a numbers. Physicians are referring into both procedures with the gradual realization of the stress echocardiogram technique being a valuable tool in diagnosis and assessment of ventricular function and of risk stratification.

As in the past I have to thank all the volunteers who run our various fundraising events and those who provide ongoing donations such as The Branscombe Family Foundation – who again have supported the Schools' programme in 2005. We also received a bequest from the Estate of an Arlene Szickzai whose husband Charles was a popular figure in Niagara Falls and was a friend to Heart Niagara in its early years; enabling Heart Niagara to work towards a program fund.

September 15, 2005



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Dr. Dobbin's Report Con't

Finally all of the HNI family should express our thanks to Karen Stearne and her staff and to the volunteer members of the Board for their commitment and dedication in keeping "this little engine that could" on the rails.

Stafford



ANNUAL GENERAL MEETING 2005

Niagara Regional Cardiac Rehabilitation Program Annual Report 2004 - 2005

Cardiac Rehabilitation in 2004/05: Stable Service Provision and Planning for Continued Change And Growth

In the past year the Niagara Regional Cardiac Rehabilitation Program (NRCRP) has continued to provide services and improve access to cardiac clients throughout Niagara. The continued growth of the NRCRP has been sustained in respect to services provided, staff mix and staffing hours despite lack of Ministry funding. The continued growth has occurred for two reasons; (1) an increasing interest in cardiac rehab services by the community, and (2) operating the program in three Sites, Niagara Falls, St. Catharines and Fort Erie.

The partnership with the Niagara Health System (NHS) continues in regards to access to health information through MediTech and direct staff support. Heart Niagara Inc.'s (HNI) user access to a regional Meditech improves the opportunity for regional referrals and quickly locating test reports. In the past year the NHS has supported the Niagara Regional Cardiac Rehabilitation Program with the Allied Health Building infrastructure support, 2 days of nursing each week, and, Vascular Risk Management workshop facilitators (pharmacy, dietitian and social worker).

In the past year the partnership with the YMCA of Niagara has continued to develop in preparation for the Niagara Falls Site to move to the MacBain Community Centre and the opening of the Welland Site. The Fort Erie YMCA partnership continues with develop with the financial support from the Town of Fort Erie. These YMCA partnerships will make it possible (in 2005/06) to provide cardiac rehab in four state of the art exercise facilities that are within 30 minutes of all Niagara cardiac patients.

FUNDING

The NRCRP continues to be supported financially through fundraising, donations, and, some infrastructure and staffing from the NHS. In October 2004 HNI supported a campaign that delivered over 20,000 signatures from Niagara residents to the Legislative Assemble of Ontario. HNI delivered a brief to one of the Minister of Health's senior staff members describing the state of Niagara's cardiac health. HNI has had no response from Minister Smitherman to date. It is apparent that funding will not likely be available until the Local Health Integrated Networks are operational.

REFERRALS

2004/05 has seen a continually increasing demand for cardiac rehab services. Community referrals continue to increase as more physicians are referring from their practice and patients are calling HNI directly to find out how to access the program. Cardiac Centre referral rates continue to rise. Referrals will significantly increase in 2005/06 when the Niagara Health System's AMI Clinical Pathway becomes regionalized. This was identified as one of the main goals to achieve before the next NHS accreditation.

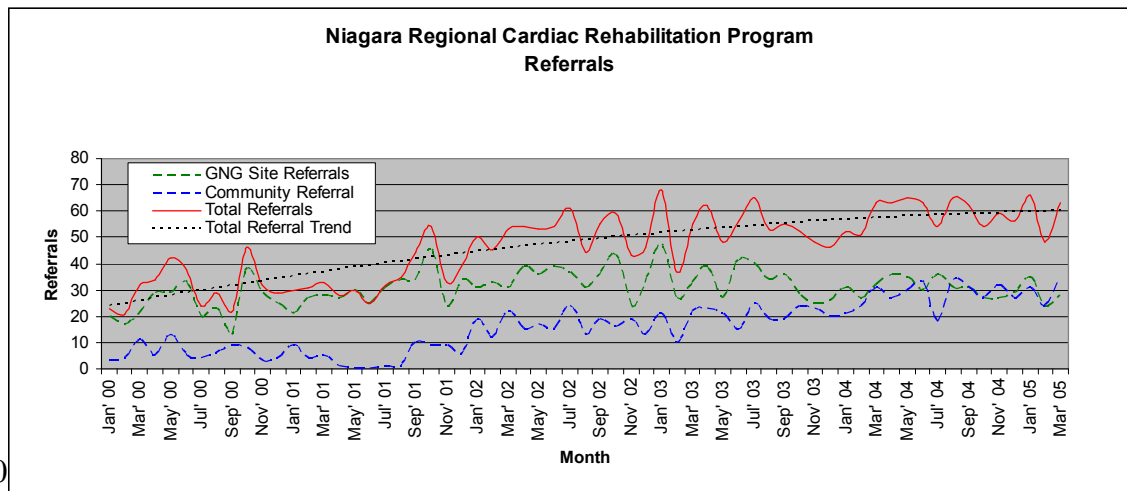
Figure 1

In this figure note the improving community referral pattern and stabilized GNG Site referrals. Overall referrals continue to increase indicated a positive trend line.

Total Referrals

- 2000: 372
- 2001: 415
- 2002: 617
- 2003: 645
- 2004: 718

September 15, 200





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Niagara Regional Cardiac Rehabilitation Program Annual Report 2004 - 2005

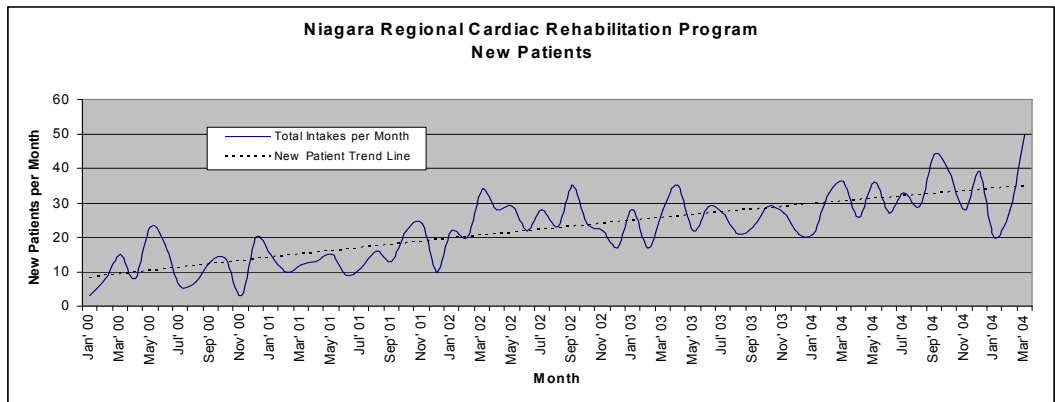
INTAKES

The NRCRP is considered a limited service program and has exceeded it's capacity to provide services. At present there is no wait time to access the Program in Niagara Falls. With the move to the new Niagara Falls Site it is expected that there will be an increase in demand for services which will cause a Niagara Falls wait list. Wait lists of less than 14 days are being managed at all other sites. A wait list will unfortunately exist for all sites in 2005/06.

There has been no aggressive marketing in the community to increase awareness of the Program due to the potential demand of almost 3,000 referrals per year in Niagara. Resources to provide CR services for 49% of the potential 3,000 referrals (1,470) requires MoHLTC funding. With aggressive marketing the intake could reach about 72% of referrals or 2,160 new clients annually in Niagara. At present it is obvious the demand far outweighs the supply of CR services.

Figure 2
The intake of new clients into the NRCRP increases annually. The intake trend predicts a 2005/06 intake volume of 540 new patients.

Total new clients:
2000: 138
2001: 170
2002: 304
2003: 314
2004: 399

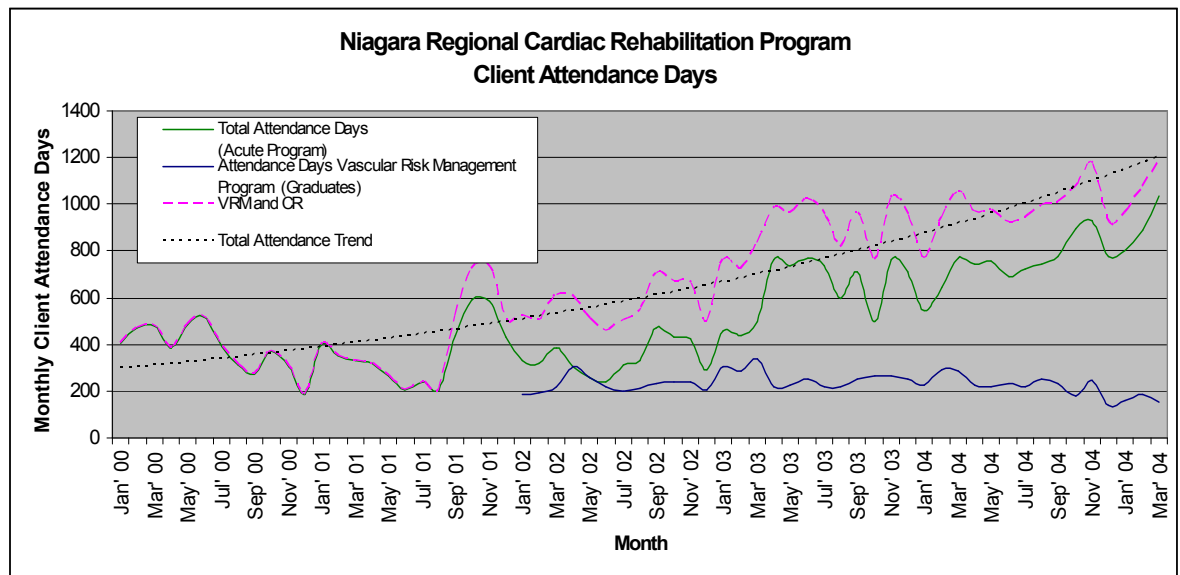


ATTENDANCE

Attendance at the NRCRP translates to access. Over a five year period HNI has more than doubled the access to cardiac rehab in Niagara. Tracking NRCRP access is made possible by the HNI staff digitally documenting all client visits, including nursing assessments, dietitian appointments, case management follow-ups and exercise visits, and, workshop attendance. The retention and attendance rates at all sites is predicted to increase in 2005/06. The graduate component of the Vascular Risk Management Program will be phased out in 2005/06 with the move to the MacBain Centre.

Figure 3
Program attendance has increased with new intakes, better facilities and capturing workshop attendance. The positive upswing of the trend line continues and reflects the workload of the staff in the program.

Total client visits:
2000: 6,612
2001: 6,059
2002: 8,985
2003: 10,312
2004: 12,202





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Niagara Regional Cardiac Rehabilitation Program Annual Report 2004 - 2005

2005/06 Program Planning

Community and Health Professional Awareness

In 2004, MoHLTC funding for the Niagara Regional Cardiac Rehabilitation Program was again aggressively pursued without success. In 2004/05 HNI increased community awareness of the high rate of heart disease and lack of cardiac services in Niagara by taking a grass roots approach with presentations to the Municipal governments in Niagara and supporting a 20,000 signature petition to the MOHLTC.

Opportunities to increase health professional awareness of the Niagara Regional Cardiac Rehabilitation Program also took a grass roots approach informing the ICUs in the NHS sites, and, the cardiologists and internists that treat NHS heart patients about the use of MediTech to directly refer inpatients to cardiac rehab. Packages describing the cardiac rehab program and the MediTech electronic referral process were distributed.

Continuous Quality Improvement

In 2005/06 managing improvements to the Program will continue to progress on the development of an operations framework in accordance with the ISO (the International Organization for Standardization), IWA 1:2001(E) *Quality Management Systems: Guidelines for Process Improvements in Health Service Organizations* and the Canadian Association of Cardiac Rehab: *Cardiac Rehabilitation Guidelines*. The draft will be presented in September.

Major Program Modifications

In 2005/06 the NRCRP will open the Welland Site and move the Niagara Falls Site to the MacBain Community Centre. After 28 years of providing cardiac rehab in the Niagara Falls General Hospital the program will no longer see patients in the hospital environment. All services will be co-coordinated from a community based co-ordination office with all services provided in four (4) YMCAs throughout the Niagara Region. All site program standardization will progress as a continuous quality management process.



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Niagara Vascular Risk Management Program 2004/2005 Annual Report

Vascular Risk Management in 2004/05: Piloted

In the past year the Niagara Vascular Risk Management Program (NVRMP) has been offered to cardiac rehab graduates and the people who are interested in understanding and managing their vascular disease risk factors. The program is based on a global risk factor interventional model that parallels cardiac rehab. The patients' family doctor is the hub for medical care with nurse case management, exercise, nutrition and education being provided by Heart Niagara. Marketing was restricted to informing the graduating cardiac rehab patients of the NVRM Program. The graduating patients were clearly not interested in paying a nominal fee to continue in a structured long term cardiovascular program.

The growth of the NVRMP is expected to be slow and gradual due to most resources being spent providing, and securing Ministry funding for, cardiac rehab.

The NVRMP has a structured stream (involves a fee) and an unstructured stream (no fee). The structured stream is not being utilized while the unstructured stream, which includes the long time graduates from the cardiac rehab program, is in the process of being restructured. The long time graduates will no longer be attending the program after August 2005 due to the cardiac rehab program moving to the MacBain Centre.

It is anticipated that the NVRMP will develop into a program that takes on a supportive role to YMCA members, Coronation Centre members and mall walking groups. Offering a core Vascular Risk Factor assessment and feedback services with a-la-cart options may be how this program is eventually stabilized.

FUNDING

The NVRMP will eventually require a minimal fee from all participants and provide structured services. Other funding sources may include, but not limited to, research grants, pharmaceutical grants, and partnerships in-kind.

REFERRALS

A referral process (including self referral) is planned in the long term but initially access is through self referral.

INTAKES

Twelve people have been seen for cardiac risk assessment in 2004/05.

ATTENDANCE

Attendance to the NVRMP is documented in the Niagara Regional Cardiac Rehabilitation Program Annual Report and will continue to be a cardiac rehab statistic until August 2005.

2005/06 Program Planning

The NVRMP will not be marketed in 2005/06. The program will be reviewed for sustainability and restructured to move into a supportive role as described above.

Development will be placed on hold.

A long term planning milestone for the NVRMP is the move to the MacBain Community Centre and developing a stronger partnership with the YMCAs.

Submitted by Don Gibson RN(EC)

September 15, 2005



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2004 Community Preparedness Report

A cornerstone of Heart Niagara programs is to provide the skills to the Niagara Region that will strengthen each link of the Chain of Survival: *Healthy Choices, Early Recognition, Early Access, Early CPR, Early Defibrillation, Early Advanced Care, Early Rehabilitation*

Adolescent Population

Heart Niagara in co-operation with the Regional Niagara Public Health Department and the School Boards are delivering the CPR program to each grade nine student in the Niagara Region. The Schools' Healthy Heart program provides students with enough information about their individual heart health profiles to guide them in making responsible lifestyle choices. The five day teaching block includes a review of fitness, height, weight, blood pressure and total cholesterol and CPR training.

In 2003-04 school year Heart Niagara delivered a pilot program in the Niagara Catholic District School Board – Niagara Falls sites to G7&G8; The pilot provided risk factor information and trained students and teachers in CPR.

Location	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Grade 9	102	250	589	935	120	118			131	305	1059	504	4113
Grade 7	55	142	72		210	128						72	679
Co-Op					25					16		11	52

CPR

CPR is a skill that enables the trained public to save lives in cases of heart attack and other causes of sudden death. Specifically, the course will teach you: how to reduce the risk of heart disease, recognize the signs/symptoms of a heart attack, recognize the value of the Chain of Survival, how to open a victim's airway, perform artificial respiration, perform external blood circulation, perform the Heimlich Maneuver

Location	Jan	Feb	Mar	Apr	May	June	Jul/ Aug	Sept	Oct	Nov	Dec	Total
Community	6		11	8	12	8	120	13	9	22	8	217
Industry							6					6
Medical	6		6	26		51	15	27		15		146
Niagara Health System	25	22	27	24	19	22	34	23	37	37	17	287
Public Health Dept.												
Instructors Courses		6		2			1		11	1		21

First Aid Training

The program provides practical first aid and CPR training that can be applied at the workplace, in the community and at home. First aid training will allow those trained to effectively deal with both minor and life threatening situations. Heart Niagara provides Perri-Med First Aid certification

Location	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Community		9	15		12	10		20	14	12	12		104
Industry	10	43			30	33			24	57			197
Medical													



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Community Public Access Defibrillation (PAD)

HNI provides comprehensive defibrillation training, advocating for timely access to defibrillation throughout the Niagara Region. The program supports 47 locations in Niagara.

Location	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Community				6			8			24	6		44
Industry			12	15	46	48		3	32	6	103		265

Community Forums

Heart Niagara is committed to provide health services, public education, health promotion and to continue to build community linkages and partnership.

Location	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Baby Talk				26									26
Health Fairs				100	300	120				450			970

In 2004-05 Heart Niagara is committed to the increase of CPR training to 30% in every community, this initiative will save additional lives in Niagara. Heart Niagara will provide a leadership role to further improve each link in the chain of survival.

Press Release: Study states CPR is essential to improve outcomes of a cardiac arrest

Niagara Falls, ON, August 13 / - The first results of the *Ontario Prehospital Advanced Life Support (OPALS) Study* were published August 12, in the *New England Journal of Medicine*. This landmark 10 year study of which Dr. Munkley was a co-author confirmed the importance of CPR and rapid defibrillation; validating the cornerstone of Heart Niagara's programming since 1977. Cardiac arrest witnessed by a bystander, CPR by a bystander, and use of a defibrillator in eight minutes or less were each strongly associated with improved survival in the study.

In order to save lives, health care planners should make cardiopulmonary resuscitation by citizens and rapid-defibrillation responses a priority for the resources of emergency-medical-services systems. It has been recommended that public health and emergency-medical-services managers should recognize and address the two key modifiable links in their communities — namely, CPR by bystanders and rapid defibrillation.

Background

- Cardiovascular Disease is the leading cause of death in Canada.
- In Canada over 25,000 cases of sudden cardiac arrest occur annually 50% outside of hospital;
- Sudden cardiac arrest is a serious public health problem.
- Victims of cardiac arrest need to have heartbeat restored with CPR or defibrillation the sooner CPR is started the more likely an individual is to survive. After about 9 or 10 minutes, the chance of survival falls to zero.
- Cardiopulmonary Resuscitation (CPR) is a skill that enables the trained public to save lives in cases of heart attack and other causes of sudden death. A CPR course will teach: how to reduce the risk of heart disease, recognize the signs/symptoms of a heart attack, recognize the value of the Chain of Survival, how to open a victim's airway, perform artificial respiration, external blood circulation and the Heimlich Maneuver



ANNUAL GENERAL MEETING 2005

COMMITMENT AND SERVICE RECOGNITION

Cardiac Rehabilitation Program

*Dr. K. Armstrong, Dr. Y. K. Chan, Dr. J. Clark, Dr. D. Dec,
Dr. S. Dobbin, Dr. K. Foster, Dr. G. Gill, Dr. M. Goodwin
Dr. R. Ledray ♥, Dr. J. Morin, Dr. D. Munkley, Dr. B. Werhun, Dr. G. Zimakas*

Rhonda Armstrong, Bill Biletski, Virginia Cecchini, Ted Clarke, Al Colquhoun, Alan Dalton, Jerry Eyles, John Friese, Glen Giles, Jim Grassie, Carl Grice, Roger Hart, Art Holowalchuk, Dorcas Howie, George Howse, Margaret Hines, Barney Leach, Steve Lumbley, Harry Marjoram, Vito Menzella, Joe Mewett, Marilyn Mewett, Lorraine Miller, Liz Pasco, Pam Paulo, Katie Pirko, Ria Schriver, Gerry Schneider, Donald Shanks, Bob Short, Elvin Wightman, Charles Worden

YMCA of Niagara, Fort Erie YMCA, Niagara Health System, Town of Fort Erie

Fundraising Events

Vineyard Cycle Tour Committee-

Gary Bellhouse, Bob Eby, Marcus Klein, Al Luciano, John MacDonald, John May, Brian Mulligan, Al Pizzi, Mario Toffolo, Nancy Trachuk

Bingo Committee-

Ben Vacca, Rachael Patterson, Palma Lucarelli, JoAnn Cheevers, Diane Davies

Events

Silvana Auld, Stan Bain, Lorne Bjorgan, Barbara Campbell, Francesca Carrera, Dr. Donald Chew, Robyn Chew, John Corfield, Jen Cuthbert, Carol DeGiuli, Val DeLuca, David Fast, Anita Fiorentino, Laura Fiorentino, Peter Fisher, Wendy Fisher, Bill Gascoigne, John Henning, Margaret Holowachuk, JoAnn Kares, Tim Kares, Paul Kent, Kim Koz, Billie Maxfield, David Maxfield, Mark Maxfield, Chris McQueen, Sherri McQueen, Pat Millington, Joyce Morocco, Garry Murphy, Diane Neiwstagg, Andrew Pasco, Jenny Pasco, Mike Pasco, Patti Pasco, Rebekah Pasco, Terra Pasco, Elizabeth Peterson, Claude Pilato, Wendy Pilato, Liz Ryan, Fred Sacco, Pat Simon, Rick Stokes, Bob Thiel, Ben Vacca

Staff and Board Members

Thank you to every volunteer who has supported Heart Niagara, as well as all our community sponsors for their contribution, making it possible for Heart Niagara to deliver regional programs for the twenty seventh year



ANNUAL GENERAL MEETING 2005



Corporate & Community Sponsors

- ♥ Al Reid Tournament
- ♥ An Affair to Remember
- ♥ AstraZeneca
- ♥ Aventis
- ♥ Bain Printing
- ♥ Branscombe Family Foundation
- ♥ Bristol-Myers Squibb
- ♥ Canadian Niagara Hotels
- ♥ Chippawa Lions Club
- ♥ City of Niagara Falls
- ♥ CIBC
- ♥ Cogeco Television
- ♥ Copperlen Marketing Group
- ♥ Crawford, Smith & Swallow
- ♥ Design Electronics
- ♥ Eby & Associates
- ♥ David J. Fast Chartered Accountant
- ♥ Fort Erie Kinettes
- ♥ Fort Erie Kinsmen
- ♥ Fort Erie YMCA
- ♥ Hang-ups
- ♥ Health & Wellness Fort Erie
- ♥ Kent Heritage Farms
- ♥ Mari-Lynn Eastland Graphic Design
- ♥ Maple Leaf Collision Centre
- ♥ Merck-Frosst
- ♥ Niagara Falls Golf Club
- ♥ Niagara Falls Lions Club
- ♥ Niagara Falls Lioness
- ♥ Niagara Health System
- ♥ Niagara Neurological Services
- ♥ Niagara Parks Commission
- ♥ Niagara Ten Club
- ♥ Pfizer Pharmaceutical
- ♥ Play the Puck 55
- ♥ Queenston-Lewiston Duty Free
- ♥ Sanofi-Synthelabo
- ♥ Stamford Lions Club
- ♥ Sunrise Rotary Club
- ♥ Tastes of Niagara
- ♥ Tender Wishes
- ♥ The Review
- ♥ The Standard
- ♥ Town of Fort Erie
- ♥ Track Niagara
- ♥ YMCA of Niagara
- ♥ Many Local Restaurants and Businesses



ANNUAL GENERAL MEETING 2005



2005 – 2006 Slate of Officer

Dr. Douglas Munkley, Chair
Mrs. Joanna Mataya, Vice Chair
Mr. John Carter
Dr. Stafford Dobbin
Mrs. Mary Fickel
Mary Catherine Lindberg
Mr. Ted Sauer
Ms. Karen Stearne
Ms. Ellen Wodchis
Dr. George Zimakas

Professional Advisory Committee

Dr. Stafford Dobbin, Chairman
Dr. Yun K. Chan – Cardiac Rehab NHS Internal Medicine
Dr. Rose Tannous - Cardiac Rehab NHS Cardiology
Dr. George Zimakas – Cardiac Rehab HNI Internal Medicine
Dr. Douglas Munkley - Regional Public Access Defibrillation

2006 Fundraising Events

Heart Niagara Lobsterfest - May 12, 2006
Vineyard Cycle Tour - May 28, 2006
Walk of Life Cardiac Walk - June 10, 2006
Hearts in Motion Golf Tournament - October 4, 2006
November Fundraiser - To be Announced



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Steve	Acs	Jack	Chew	Lucy	Gentilcore	Joseph	Cerminara
Anita	Alessandrini	Angelo	Chiarelli	G.	Giacci	Y. K.	Chan
Geoff	Allanson	Antonio	Chiovitti	Don	Gibson	Rosemary	Chew
Rosaria	Allegra	Earl	Christie	Helena	Girardo	John	Koop
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Teresa	Allen	Fred	Ciszek	John	Gonzo	W.	Krumwiede
Liz	Allen	Cindy	Clarke	Alex	Gorgel	Pearl	Kuczma
George	Alsop	Harold	Claussen	E.	Gottfried	Bob	Kuhns
Walter	Andres	P.	Colosimo	Robert	Goulah	Valerie	Kuhns
Lisa	Antonio	Allan	Colouhoun	Lena	Goulah	Joseph	Kurp
Tony	Antonio	Marguerite	Conte	Sue	Grantis	Jody	Kyle
Angelo	Anzovino	Matthew	Coote	Virginia	Green	Kurban	Lalani
Sam	Anzovino	Diane	Corkum	James	Grice	Dominic	Lancia
Gerardo	Aquilar	Frank	Covatta	Donna	Grinton	Rod	Landon
D.	Arp	Rose	D'Aprile	Anna	Guerin	C.	Lee
Liberta	Ascolese	Marilyn	Dawson	Gordon	Harmer	Marie	Lenart
Roy	Atamanuk	Doris	Del Vecchio	Joyce	Harris	Joseph	Leo
John	Bates	Val	DeLuca	Doris	Hartmann	Eli	Levanoni
Dieter	Bauer	Marcel	Denis	Barbara	Hauer	Honore	Levasseur
Larry	Bayer	Joseph	Desson	Betty	Hawken	Al	Luciano
Kathleen	Bean	Pat	Devereaux	Raymond	Heile	Nancy	Morgan
Linda	Bean	Michele	Dilella	Ida	Hein	Douglas	Morningstar
Murray	Beange	Maria	Dilonardo	Ed	Hein	Robert	Morris
James	Beatie	Enrico	DiRisio	Emil	Hein	John	Morton
Debbie	Beaudoin	Stafford	Dobbin	Ed	Hein	Franca	Moss
Charles	Beck	Joan	Dodds	Karen	Hein	Ellen	Muchlius
Gema	Benard	JoAnne	Donohue	Oswald	Hein	Mary	Multari
Laura	Biamonte	John	Dulong	Sandra	Hemphill	Doug	Munkley
William	Biletchi	Julie	Dunseith	Susan	Hendriksen	Andy	Murdock
Marion	Booth	Matt	Ede	Julie	Hendriksen	Annie & Anita	Murphy
Anna	Bowman	Mary	Eged	Bonnie	Hickey	Doreen	Murray
Richard	Brady	Irene Rose	Elliott	Tom	Ho	John	Nagy
Gordon	Bral	Edna	Ennett	John	Horvath	Carmen	Nave
T. Douglas	Brant	B.	Evans	Campbell	Hughes	Giovanni	Neri
R.	Bridin	B. A.	Fanny	Kevin	Iggulden	Christina	Newlands
Mr.	Britte	Mark	Farmer	Glenna	Ingold	Diane	Nieuwesteeg
Maria	Bronizewski	David	Fast	G.	Luongo	Albert	Opatovskiy
Ian	Brown	Witold	Felsch	Allison	MacTavish	J.	Overall
Nora	Brunet	Becky	Fiello	L. A.	Makerewich	Florence	Palma
Sam	Buemi	Abelia	Finn	Doug	Mann	Teresa	Paonessa
Yvonne	Bukator	Frank	Fiore	James	Manuel	Elizabeth	Pasco
Louise	Burke	Anita	Fiorentino	Mitchell	Marchuk	Marilyn	Patel
Stephen	Butz	Joseph	Fishburn	M.	Marinelli	James	Pengelly
Ida	Cain	Pamela	Foster	Reno	Martin	Rudy	Penner
Carol	Cameron	Don	Fowler	Joe	Martino	Arthur	Perkins
Corey	Canham		Frey	Bosko	Masanovich	Donoto	Perrella
Nick	Carbone	James	Frizzell	Flory	Massi	Mike	Petis
Teresa	Carbray		Frucci	Joanna	Mataya	Mr.	Pettay
Maria	Carlucci	Pearl	Gable	Jeff	Mateka	K.	Pflif
John	Carter	William	Gall	Francis	Matthews	Claude	Pilato
Robert	Caruso	Yvonne	Jack	Mary	Matthews	Lancelot	Johnson
Betty	Caughey	Margaret	Jackson	Julie	Max	William	Kandracs

2004-05 Community Donors



ANNUAL GENERAL MEETING 2005

Guy	Celli	Frank	Jacob	Charles	Maxfield
John	Kassey	Lois	McCabe	Donald	Shanks
Karl	Kaufman	Helen	McGinty	Rudy	Sicoli
Lisa	Kendall	Beverly	McInnes	Irene	Tothfaluse
David	Kerr	Joanne	McKinley- Molodynia	John	Tries
Lawrence	Kitney	Ruth	Melody	Edward	Umbriaco
Andrea	Kitney	Patti Jean	Messina	Rick	Upton
Fred	Kleber	Mike	Miljus	Rita	Vacca
C.	Kleber	Patricia	Miller	Cornelius	Van Vliet
Robert	Liefl	Lorraine	Miller	Jake	Vanderzweer de
Fern	Limoges	K.	Millington	Felix	Pingue
Mary Catherine M.	Lindberg	Nick	Minov	Valerie	Toth
Ester	Lombardi	Paul	Molnar	Mike	Vescio
Albert	Lombardi	Karoline	Monrad	Mary	Veysey
Hugh	Lorinzi	G.	Montesi	Angela	Villeneuve
Fortunato	Love	Ken	Moore	Gino	Visca
Jill Anne	Porpiglia	J. Berverly	Moote	Karlis	Vizbulis
Jim	Pyke	Margaret	More	Branko	Vladisavlje
Barbara	Rapattoni	Madeleine	Morgan	David	Volk
Melvina	Reece	Janet	Siden	Selina	Volpatti
Gertrude	Reichel	Mario	Silvestrone	Jozef	Vomberg
Lloyd	Reinaerts	Antonio	Sirignano	John	Walker
Peter	Riches	Jim	Smart	David	Warriner
Gwen	Rinaldis	Jack	Smith	Marietta	Waterling
Patrick	Robinson	Christine	Smith	Darlene	White
Don	Roche	Kenneth	Smith	Jack	White
Adam	Rode	Madeline	Solose	Harry	Wielink
Aldo	Rogozinski	A.	Sommise	Joyce	Wilkie
William	Romanin	Lise	St. Amand	Martha	Wilkins
Roger	Rootes	Janet	St. Amand	Marie	Wills
John	Rose	Roy	Steadman	Madeleine	Winter
Doug	Rose	Elizabeth	Stearne	Olga	Winter
Lorraine	Roy	Karen	Stearne	Ellen	Wodchis
Angelo	Rudolph	Henry	Stefanowski	Anton	Woelfl
Antonio	Ruscitti	Margaret	Still	Tony	Woelfl
Ernest	Ruscitti	Marsha	Stoutenburg	Rita	Wreggitt
Frank	Sallows	Tony	Stranges	Shizuko	Yano
Nancy	Salvatore	Ed	Strohak	Tony	Yu
Anthony	Sansalone	Lucy	Strohak	Tony	Yu
Bernice	Sattin	David	Swan	Gary	Zalot
Gunter	Sauer	R.	Szabo	Tony	Zappitelli
Ted	Sauer	Toni	Taddeo	Aldo	Zappitelli
Joseph	Sauer	Lorna	Tellier	Dora	Zappitelli
Judith	Schankula	Wilma	Tennier	L.	Zappitelli
Sally	Schrader	Maria	Terrigno	Nicoletta	Zarlenga
Olive	Schuyler	Paul	Theroux	Mary	Zeman
Mrs.	Seibel	Larry	Thompson	George	Zimakas
Charles	Serafini	Joe	Thompson	Jack	Zwarts
Bruno	Shafley	Reta	Thornton	Stephen	Kassay
Enea	Piva	William	Tjepkema		
	Pividor	Sterling	Tooke		

2004-05 Community Donors



ANNUAL GENERAL MEETING 2005

HEART NIAGARA INC. ANNUAL BOARD OF DIRECTOR'S MEETING

Tuesday, September 28, 2004
Niagara Shrine Club

Present: Dr. Doug Munkley (Chair), Joanna Mataya (Vice-Chair), John Carter, Dr. Stafford Dobbin, Ted Sauer, Karen Stearne (Executive Director), Ellen Wodchis, Dr. George Zimakas, Jo-Anne Gale (recorder)

Regrets: Mary-Catherine Lindberg

Attended: Josie Bozzo, Dr. Ian Brown, Steve Butz, Corey Canham, Francesca Carrera, Dr. Y. K. Chan, Don Gibson, Sue Grantis, Joyce Harris, Bonnie Hickey, JoAnn Kares, Bob Kuhns, Jody Kyle, Dr. Joanne McKinley-Molodynia, Franca Moss, Pam Paulo, Lorraine Rudolph, Janet St. Amand, Selina Volpatti, Gary Zalot,

1. Karen welcomed everyone and thanked all of Heart Niagara's Community Partners.
2. Dr. Ian Brown who is the Chair of the Niagara Falls Community Centre spoke with the group and explained that there will be six community agencies in one building and spoke a little bit about the Circle of Wellness Campaign which has raised approximately \$70,000 towards the walking track. Dr. Brown reiterated the fact this will be beneficial to our community and belong to everybody.
3. Dr. Doug Munkley the Chair of HNI welcomed everyone to Heart Niagara's 27th Annual General Meeting and mentioned the re-designed format for the Annual General Meeting featuring a guest speaker. Dr. Munkley thanked the staff and volunteers for all their hard work and stated without them Heart Niagara would not be able to run the programs. Dr. Munkley also acknowledged how fortunate Heart Niagara was to have received donations from donors and corporate donors.

Dr. Munkley introduced Dr. Ivy Fettes, Director, Division of Endocrinology & Metabolism, Co-director, Mature Women's Clinic Sunnybrook & Women's College Health Sciences Centre, Associate Professor of Medicine at the University of Toronto, who spoke on the "Treatment & Prevention of Heart Disease in Women What are the Differences?" Dr. Fettes answered questions after her presentation.

Karen Stearne thanked Dr. Fettes for speaking at Heart Niagara's Annual Meeting and presented her with a gift as a token of appreciation for her presentation.

4. Adoption of Annual General Meeting Minutes of November 5, 2003. Motion made by Ted Sauer and seconded by Ellen Wodchis.
5. Adoption of Committee Reports as published. Motion made by John Carter and seconded by Joanna Mataya.

September 15, 2005



ANNUAL GENERAL MEETING 2005

6. Adoption of Financial Statements for 2003-2004. Motion made by George Zimakas and seconded by Dr. Dobbin.
7. Adoption of Accounting firm Crawford, Smith & Swallow for 2004-2005. Motion made by Karen Stearne and seconded by Ted Sauer.
8. Adoption of the 2004-2005 Slate of Officers. Motion made by Doug Munkley and seconded by John Carter.

2004 – 2005 Slate of Officers

Dr. Douglas Munkley, Chair
Mrs. Joanna Mataya, Vice Chair
Mr. John Carter
Dr. Stafford Dobbin
Mary Catherine Lindberg
Mr. Ted Sauer
Ms. Karen Stearne
Ms. Ellen Wodchis
Dr. George Zimakas

9. Motion to close 27th Annual Meeting. Motion made by Dr. Dobbin and seconded by Ellen Wodchis.

Meeting Adjourned.