



## **29<sup>th</sup> Annual Meeting**

**Tuesday, September 19<sup>th</sup>, 2006**

**Four Points by Sheraton  
3530 Schmon Parkway, St. Catharines, ON**

*Financially supported by: Pfizer Canada*



## 29<sup>th</sup> ANNUAL GENERAL MEETING AGENDA

Four Points by Sheraton  
3530 Schmon Parkway, St. Catharines, ON  
Tuesday, September 19<sup>th</sup>, 2006

- 11.30 Symposium and Welcome
- 12:00 Opening Remarks
- 12:15 Lunch
- 12:45 **Keynote Speaker: Dr. Goutham Rao**  
*Rao G. Child Obesity: A Parent's Guide to a Fit, Trim and Happy Child.*
- 1:15 Questions and Discussion
- 1:30 Annual General Meeting
- Adoption of Annual General Meeting Minutes of September 15<sup>th</sup>, 2005
  - Adoption of Committee Reports
  - Adoption of Financial Statements for 2005-2006
  - Adoption of Accounting firm Crawford, Smith & Swallow for 2006-2007
  - Adoption of the 2006-2007 Slate of Officers
  - Welcome to incoming Chair
  - Motion to close Heart Niagara's 29<sup>th</sup> Annual General Meeting

## **Goutham Rao, MD** *A nationally recognized expert on child obesity*

Dr. Rao is currently the Clinical Director of the Weight Management and Wellness Center at Children's Hospital of Pittsburgh and Associate Professor of Pediatrics in the University Of Pittsburgh School Of Medicine. Dr. Rao also serves on the faculty of the family medicine residency and faculty development fellowship programs at UPMC St. Margaret hospital. He has received many teaching honors. Most recently, Dr. Rao was elected to the Academy of Master Educators in the School of Medicine. He has run and taught a highly successful course in clinical epidemiology and biostatistics for all first year medical students for 6 years.

Dr. Rao is the author of many scientific publications including three books. *Primary Care Management: Cases and Discussions*, a textbook for medical students was published in 1998. *Rational Medical Decision Making: A Case-Based Approach*, a textbook of clinical epidemiology will be released by McGraw-Hill later this year. Dr. Rao's first book for a lay audience, *Child Obesity: A Parent's Guide to a Fit, Trim and Happy Child* was published in February, 2006. Dr. Rao is also an accomplished scientific editor. He is Assistant Editor of the *Journal of Family Practice*, Associate Editor of *ACP Journal Club* and serves on the editorial boards of the journals *Family Medicine* and *FP Essentials*. Dr. Rao's current research involves implementation of effective strategies for primary care physicians to provide obesity-related counseling to children and families.

A native of Halifax, Nova Scotia, Canada, Dr. Rao completed both his undergraduate and medical school training at McGill University in Montreal. He completed his residency training at the University of Toronto and his fellowship training in Pittsburgh at UPMC St. Margaret hospital.

### **CHILD OBESITY**

#### **A Parent's Guide to a Fit, Trim, and Happy Child**

**I**s your child overweight? Do you worry about the effects of excess weight on the health and self-esteem of your family's youngest and most vulnerable members? If so, you're not alone. Weight problems among children have now reached epidemic proportions. And it's no wonder. High-calorie fast foods and soft drinks are everywhere, and they are heavily promoted in many of the 40,000 television commercials that kids watch every year. A nationally recognized expert on child obesity, Dr. Goutham Rao uses the latest and best medical evidence available to show you how to help your child avoid or overcome this prevalent and dangerous health problem. In the first part of his easy-to-read and informative book, Dr. Rao gives you the knowledge you need to understand the scope of the problem. He identifies the five principal culprits for obesity among children: soft drinks ("liquid candy"); fast food; television and video games; the inactivity of youngsters both at school and at play; and the changing patterns of family behavior, which have led to irregular meal times and the over-consumption of "convenience" foods. In the second half of the book, Dr. Rao carefully explains a rational approach to helping your child achieve or maintain a healthy weight, including the science of changing people's behavior. You will also find several typical stories of overweight children, ranging from a heavy thirteen-month infant boy to a sixteen-year-old obese and self-conscious girl. With the help of their parents these children managed to achieve a healthy weight by following simple, practical advice without resorting to gimmicks or "miracle cures." Dr. Rao makes it clear that despite all the talk about "low-carb" and other fad diets, there are no magic bullets for treating childhood obesity. But the good news is that armed with the right information and recommendations, parents can reverse this dangerous trend and succeed in helping their children become fit, trim, and happy.

**Signed Copies \$20 – proceeds to support the Niagara Schools' Healthy Heart Program**  
**220 pp • ISBN 1-59102-377-7 • \$18 us**  
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## Dr. Douglas Munkley, Board Chair Annual Report

The morning before I sat down to write these few words for the Heart Niagara Annual Report, I was able to go out for a great bike ride with a friend. It was a wonderful morning, as the sun burned off the haze, and it made me take note once again at how fortunate we are living in the Niagara Peninsula. We enjoy such great access to bike trails, walking paths, hiking trails, indoor and outdoor recreation, all in a beautiful natural setting. It makes the exercise prescription for heart health an easy one to fill.

Heart Niagara has branched out this year in many program areas and I am personally very pleased with our health and exercise promotion program, *Niagara on the Move*. In fact, in many ways, the past year could be called “Heart Niagara on the Move”. It has been an eventful year of growth, successes, challenges and the delivery of health services to cardiac patients and continued care to the community through heart health promotion. Our mission could not be accomplished without the awesome support of our community; from municipal leaders, partners, corporate sponsors, and dedicated volunteers. To all of them we are very grateful; Heart Niagara could not do it without you.

As Heart Niagara nears its 30<sup>th</sup> year of service to the community, we can see an evolution of our organization and the programs we provide to encourage heart healthy living. Although cardiac disease remains the leading cause of death in the Western world, it is proven that each and every one of us can determine our own heart health through exercise, smoking cessation, lowering blood sugar, blood pressure and cholesterol. Heart Niagara delivers programs and provides tools to make this happen.

The *Niagara on the Move* project encourages and promotes the benefits of exercise and Tori Reep has been brought on to our staff to lead this great new program. This initiative has been supported in part by a grant from the Ontario Ministry of Health Promotion.

The Niagara Schools’ Healthy Heart Program is a unique and valuable initiative that continues to grow reaching over 7,000 students and with more schools involved each year. Aside from the educational value of the program 350 high risk students were identified and referred for further cardiac assessment. Heart Niagara submitted the program for a review and has continued to work with Ontario Heart Health Resource Centre to have the Program identified as an evidence based practice program and to share the learning across the province. We partner with Regional Public Health and each of the school boards in teaching and with Healthy Living Niagara and Brock University in evaluating this program.

The Niagara Regional Cardiac Rehab Program has certainly been in the news this past year. Thank you for the constructive support from our community as we work with our partners to improve access, delivery and systems to increase health services necessary to recover from heart disease. It is ironic that despite controversy, we are called on to provide this valuable service to more and more individuals who have had heart attack, bypass or stent. In 2005-06 we provided services to over 500 Niagara residents, while meeting or exceeding Provincial benchmarks for program delivery. I’d like to recognize the vision of Dr. Stafford Dobbin over the last 27 years in the development of cardiac rehab services in Niagara and to Don Gibson RN(EC) for continuing to work daily to increase access and improve program outcomes. In the next 12 months we may face a decision in our role due to program costs and Heart Niagara’s ability to fund this program. We will continue to deliver services and work with the NHS and those who would also want to provide cardiac care to ensure uninterrupted CR services in Niagara.

Our Diagnostic Program, providing Stress Testing and Echo Cardiography is now well established. This service provides testing to patients who are at risk of heart disease, hypertension or surgery and those who are referred for evaluation of chest pain. Thanks to Doctors’ Zimakas, Gill and Poblete for their work to deliver these services, as well as the technicians and office staff.

In closing, I would again like to give credit to the vitality of Heart Niagara, which is a product of our volunteers and sponsors. The exceptional support that we receive allows us to fulfill our mission. Our staff; Karen, Don, Jo-Anne, Joyce, Tori, Roxanne, Kate and Sara, go above and beyond the call, to get the job done and for that I am very grateful. There are three volunteers who need special mention and these are 3 long-serving members of our Board, whose terms on the Board are up. They have worked long and hard for Heart Niagara; Dr. Stafford Dobbin, founder of Heart Niagara, has completed his term and will step-down from the Board at the Annual Meeting. Much as I cannot imagine Heart Niagara's Board without him, I can ensure you that he will continue to lead the Schools' Program and will be called on to provide experience and advice to our organization through the Professional Advisory Committee.

Mrs. Joanna Mataya, again a long-serving Board member and an integral part of the Cardiac Rehab team, has stepped-down to meet the growing need in other areas of her personal and professional life; a huge thank you for her years of support, leadership and dedication to our cause. Mr. Ted Sauer has been with Heart Niagara for almost as long as Stafford and his term on the Board is also up. As someone from outside the medical profession, his insights and advice have been very helpful in guiding our organizations' path. We will miss you all at those 8:00 AM Board meetings. Thank you once again. I also will be retiring from my position as Board Chair at the Annual Meeting. I will continue as part of the team on the Executive.

It has been a great privilege for me to serve as Chair with the challenges and satisfaction that come from working within this organization, whose commitment of purpose comes from our staff, volunteers, friends, partners and the community at large. Heart Niagara is "On the Move".

**Watch for the *Get Active* insert September 29 in Niagara daily papers**

### **NIAGARA ON THE MOVE PHYSICAL ACTIVITY TOOL KIT**

- Pedometer
- Tote Bag
- T-shirt
- Regional Niagara Bicycling Map
- Whistle
- Activity Journal
- Active Living Guides
- Canada's Physical Activity Guide
- Canada's Food Guide
- Healthy Lifestyle magazine

\*tool kits will be ready in June and September 2006



## **Dr. Stafford Dobbin**, Medical Director Niagara Schools' Healthy Heart Program Annual Report

The Niagara Schools' Healthy Heart Program (NSHHP) continues into its 20<sup>th</sup> year. The original Grade 9 protocols in the high schools have only been altered in the design of the questionnaire to the students, and a reduction in the intensity of the follow-up procedures due to time restraints placed on the Youth Connection Nurses from the Regional Health Department. The program is still delivered through the Physical Education departments to emphasize the importance of physical activity and heart health. The program has been extended into elementary schools in Grade 7 using Cardio-Pulmonary Resuscitation teaching as a starting model for a Heart Health curriculum. In the past year we have benefited from the input of Heather Kilty PHD and Dawn Prentice PHD from the Brock University Nursing Program, who are doing outcome analysis on the programs to date. Also, Dr. Robin Williams, the Regional Medical Officer of Health (MOH), has directed Andrea Feller Associate MOH, a Pediatrician in the Health Department, to assess the project as a whole while looking at other programs around the world which have studied methods of influencing adolescent behaviour.

In retrospect, one would have to admit that there was more support for this concept 20 years ago, than there is today. Everyone admits now-as they did not all admit then-that arteriosclerosis begins in adolescence, and that the factors that promote it are genetic and environmental. But directly impacting on each individual student with an awareness of the genetic luggage they were provided with and their need to make environmental and lifestyle choices which negate the future health problems created by those genes is problematic. There is more of an emphasis now on "evidence based" practices and it is very difficult (and costly) to produce longitudinal evidence after 20 years in a childhood program aimed at preventing health problems which commonly occur in the 5<sup>th</sup> and 6<sup>th</sup> decades.

The NSHHP was not designed as a research study, but rather as a tool to help individual awareness of the impact of genes relating to blood pressure, lipids, fitness and obesity on environmental factors such as smoking, poor nutrition and inactivity. If the only thing the project achieved was minimizing the number of students in the higher percentiles of blood pressure and lipids, who continued to smoke cigarettes; it would have been a success. But that requires a lot of resources to ascertain. Neither I or Hazel Ann Blew or Bobby Irwin when we first presented this idea to the Niagara Principals in 1985, conceived that 21 years later, society as a whole would not have taken some similar approach to counseling adolescents at risk of developing future heart disease. Especially, now that numerous studies have shown that adolescent choices in smoking, nutrition and activity can be very positively influenced by lifestyle education and counseling.

Also, the medical community as a whole has not really bought into the concept, and too many high risk students who are referred to their family physicians have been given a very negative response and told to ignore the program. As with many other issues in Niagara Regional heart health, the fact that Heart Niagara is pivotal to the project has its downside. The organization is perceived as professional and visionary in Niagara Falls and Fort Erie, but is perceived with more skepticism elsewhere.

The basic tenet of the program remains: atherosclerotic changes begin at a very young age (even in utero), and are associated with certain factors: low birth weight, family history, etc. The Bogalusa Heart Study has shown that adolescents with higher levels of Low Density Lipoprotein Cholesterol and blood pressure are at increased risk, especially if they also smoke cigarettes. Notwithstanding the need for huge whole population changes in the approach to smoking and nutrition and activity, there still remains a case for notifying those at increased risk of their status at a time when they can make positive choices to protect their future health.

***FITNESS FACT - Did you know that there are 336 half-hour blocks each week?***

**Spend at least 5 doing your favourite physical activities. You will feel great and your body will thank you for it!**

**Karen Stearne**, Executive Director of Heart Niagara

It is with great pleasure that I include details of our last fiscal year in the 2006 Annual Meeting program. The mandate of Heart Niagara, which is primary and secondary prevention of cardiovascular disease, meets a growing need in Niagara. Heart Niagara believes the bedrock of any strategy which seriously contemplates eradicating cardiovascular disease must provide education on individual genetic vulnerability and supply tools to modifying the smoking habits, the activity patterns and the nutritional choices of the whole population. As an organization Heart Niagara brings strong work ethics to the table and believes in the power of partnership with a willingness to continuously take on work that benefits the greater good of Niagara; setting the bar high for partnership exchanges. Heart Niagara was/is a faith based organization built on evidence and today is an evidence informed practice organization sustained by believing that cardiovascular disease is preventable.

In 2005-06, Heart Niagara's exemplar leadership and contributions reached new heights with a strengthened resolve to deliver regional cardiac rehabilitation services and to work with community partners to improve cardiac services across Niagara.

The impact was felt further through heart health programming in secondary schools which included a health review of fitness, blood pressure, cholesterol, lifestyle and family history to over 5,000 students in the grade 9 phys. ed program. The health information was re-enforced when the program also provided over 5,000 G9 and 1,500 G7 students with bystander CPR training. The Schools' Program could not be this successful without partnership; thank you to the school boards, teachers, consultants, youth connection nurses, staff and the Niagara Region Public Health Department whose partnership makes this program possible and to Healthy Living Niagara and the Brock University Nursing Faculty a thank you for their role in evaluation and research enhancements to improve the Program.

Partnership was and is key in the development of Niagara on the Move; the campaign provides residents of Niagara with tool kits and messaging to promote daily walking. This work brought in \$145,011 new dollars to Niagara for programming and was matched with in-kind that raised the total contribution to Niagara to approximately \$500,000 with significant support from Healthy Living Niagara and the Public Health Department. Towards Evidence Informed Practice (TEIP), a provincial initiative through the Ontario Public Health Association brought \$27,000 into Niagara to improve key messaging on the risk factors of heart disease. Both of these programs have strengthened linkages amongst several community partners including corporate Niagara and the District Stroke Centre.

After a year with a steep learning curve and a fiscal expansion greater than most Fortune 500 companies by percentage in a fiscal year, Heart Niagara is stronger. This could not happen without our leadership from our Board, direction from our community, corporate and community donations, and our staff who put their "heart" into the work.

An organization built to deliver community health programs and evolve into a community health system built supported by partnerships, Heart Niagara's contributions have made an enormous and positive impact in the Niagara Region; we look forward to the future and greater linkages with other "health systems".

**In Niagara**

19.2% are daily smokers compared to 16.7% in Ontario, 17.8% Canada  
42.3% are inactive daily compared to 47.3% in Ontario, 46.9% Canada  
37.3% have healthy diet compared to 39.8% in Ontario, 39% Canada

In 2002 those Niagara residents 65 years or older;  
44.8% were identified with high blood pressure  
17.2% were identified with diabetes

In Niagara age adjusted death rates from heart disease are 19% higher than the provincial average

## Cardiac Rehabilitation in 2005/06: Access to Regional Cardiac Rehabilitation within 30 Minutes for Niagara Cardiac Patients

In the past year the Niagara Regional Cardiac Rehabilitation Program (NRCRP) has continued to provide services and improve access to cardiac clients throughout Niagara. Heart Niagara Inc. (HNI) moved the NRCRP regional coordinating office to the MacBain Community Centre which established HNI as the regional cardiac rehab provider in Niagara. The new cardiac rehab regional coordinating office was a key factor in supporting the continued growth of the NRCRP respect to public awareness and partner support. The awareness and support are demonstrated in continued growth in two ways; (1) an increasing interest in cardiac rehab services by the community, and (2) operating the program in four sites, Niagara Falls, St. Catharines, Welland 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. 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 Centre infrastructure support, 2 days of nursing each week, and, Vascular Risk Management workshop facilitators (pharmacy and dietitian).

The partnership with the YMCA of Niagara has continued to develop with HNI providing cardiac rehab in all three of their YMCAs. The Fort Erie YMCA partnership continues with the financial support from the Town of Fort Erie. These YMCA partnerships make it possible to provide cardiac rehab in therapeutic, positive environments at 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 some staffing from the NHS. In October 2005 the Ministry of Health and Long term Care (MOHLTC) provided \$200,000 on an annual basis to Hamilton Health Sciences Corporation (HHSC) to develop cardiac rehab satellites in their region. In January 2006 HNI was contacted by HHSC to discuss funding for cardiac rehab. In February HHSC, the NHS, West Lincoln Memorial Hospital, Brock University and HNI began discussions for cardiac rehab funding.

### REFERRALS

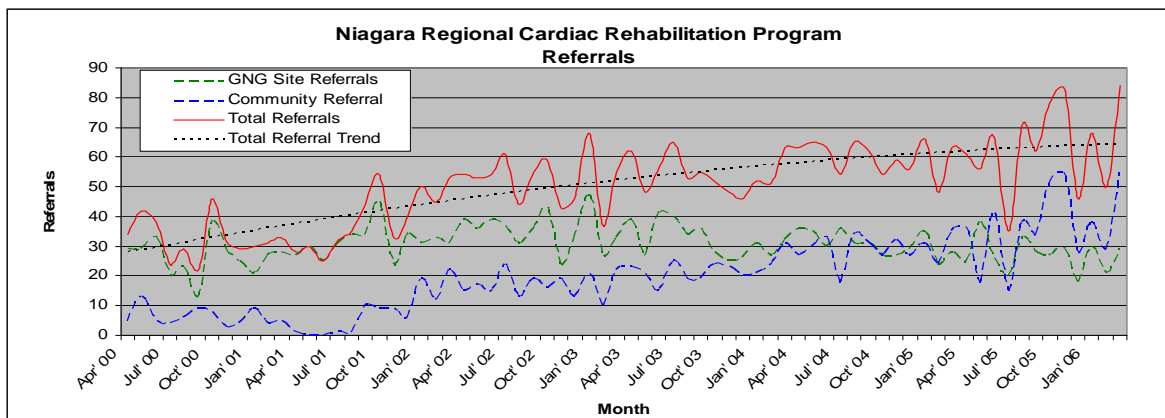
2005/06 has seen a continually increasing demand for cardiac rehab services. Community referrals continue to increase as more physicians are referring from their practice and patients are calling HNI directly to find out how to access the program. Cardiac Centre referral rates continue to rise. It is anticipated that referrals will significantly decrease in 2006/07 due to issues rising from cardiac rehab funding discussions.

**Figure 1**

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

#### Total Referrals

2000: 372  
 2001: 415  
 2002: 617  
 2003: 645  
 2004: 718  
 2005: 761



## INTAKES

The NRCRP is considered a limited service program and continues to exceed its capacity to provide services. At the end of the fiscal year there was no wait time to access the Program at any site. A wait list will unfortunately exist for all sites in 2006/07.

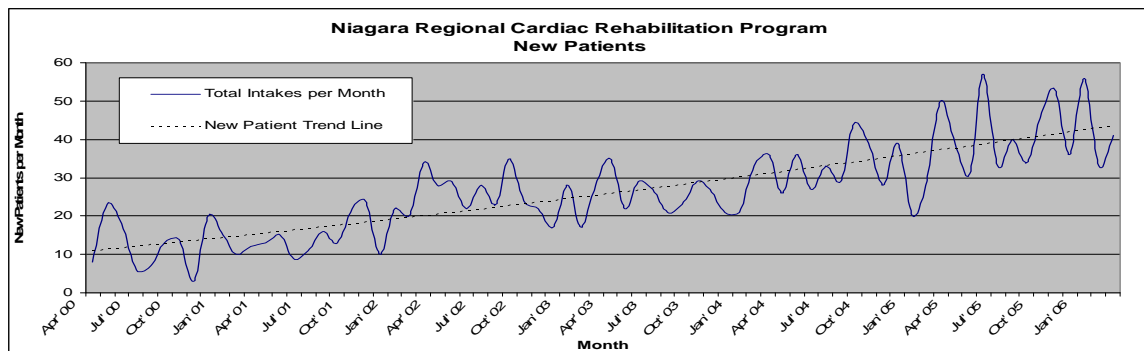
There has been no aggressive marketing in the community to increase awareness of the Program due to the potential demand of almost 3,000 referrals per year in Niagara. Resources to provide CR services for 49% of the potential 3,000 referrals (1,470) require MoHLTC funding. With aggressive marketing the 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. Starting in September all new patients were seen for their intake assessment in the clinic rooms at the Regional Coordinating office in the MacBain Community Centre.

**Figure 2**

The intake of new clients into the NRCRP annually. Overall new patient intakes continue to increase indicated by a positive trend line.

### Total new clients:

2000: 138  
 2001: 170  
 2002: 304  
 2003: 314  
 2004: 399  
 2005: 500



## ATTENDANCE

Attendance at the NRCRP translates to access. Over a six year period HNI has more than tripled the access to cardiac rehab in Niagara. Tracking NRCRP access is made possible by the HNI cardiac rehab database with and 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 increased in 2005/06. The graduate component of the Vascular Risk Management Program was phased out with the move to the MacBain Centre.

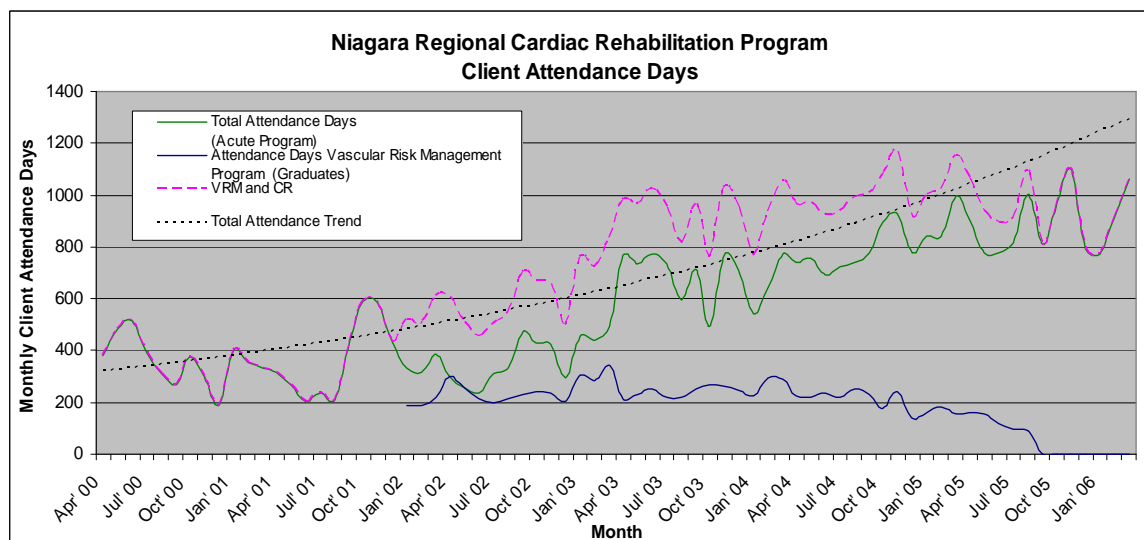
**Figure 3**

Program attendance has increased with new intakes and better facilities. The positive upswing of the trend line continues and reflects the workload of the staff in the program and patient satisfaction.

### Total client visits:

2000: 6,612  
 2001: 6,059  
 2002: 8,985  
 2003: 10,312  
 2004: 12,202  
 2005: 12,439\*

\* The cardiac rehab graduates follow up program was discontinued in Sept. at the move to the MacBain Community Centre.



## **2006/07 Program Planning**

### Partnerships and Funding

In 2006/07 Heart Niagara will continue to work with HHSC and the NHS on an equitable fair cardiac rehabilitation funding solution.

Heart Niagara will continue to work with the YMCAs on improving the access to cardiac rehab and in developing a follow up program for cardiac rehabilitation graduates.

### Continuous Quality Improvement

A draft operations framework developed 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* has been developed and is pending review. The review will not begin until a permanent MOHLTC cardiac rehab funding solution is available.

### Major Program Modifications

In 2006/07 the NRCRP will progress according to the level of MOHLTC cardiac rehab funding available.

**Submitted by:** Don Gibson RN (EC), Program Manager, Niagara Regional Cardiac Rehabilitation Program

## **Vascular Risk Management in 2005/06**

In the past year the Niagara Vascular Risk Management Program (NVRMP) has been reevaluated following the move to the MacBain Community Centre. Discussions continue with the YMCAs in working with them to develop a Y program with a Heart Niagara (HNI) health services component. These discussions are not being aggressively pursued due to the effort and resources used in the expansion of cardiac rehab to 4 sites and the move to the MacBain Community 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 of Vascular Risk Factor assessment and feedback services with a-la-cart options. The NVRMP cardiac rehab graduate group was discontinued when HNI moved the Niagara Regional Cardiac Rehabilitation Program coordinating office to the MacBain Community Centre.

### **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**

It is intended that all patients will be interviewed at the clinic rooms in the MacBain Community Centre.

### **ATTENDANCE**

Attendance to the NVRMP will no longer be documented in the Niagara Regional Cardiac Rehabilitation Program Annual Report.

## **2006/07 Program Planning**

The NVRMP will not be marketed in 2006/07. The program will be developed in partnership with the YMCAs.

**Submitted by:** Don Gibson RN (EC)

Providing cardiac services in the Niagara Region for over 29 years, Charitable Registration Number 107473316RR0001  
905-358-5552 [www.heartniagara.com](http://www.heartniagara.com)





## Diagnostic Program

For over 27 years, Heart Niagara has provided community cardiac care programming to the Niagara Region. In December 2004, it began providing echocardiography and stress tests using state of the art equipment under the supervision of medical specialists to members of the public who are referred to the program by their family physician, or a Hospital Emergency Physician.

Research has shown that two percent of Emergency Department chest pain patients who are discharged will present again within 30 days with a cardiac event. The American Heart Association recommends that anyone over 45 years of age who has any one risk factor (Smoking, Hypertension, High Cholesterol, Family History of Heart Attack and particularly Diabetes) undergo stress testing.

The Diagnostic Program is located at the Allied Health Centre, 5673 North Street attached to the Greater Niagara General Site in Niagara Falls. In April/05 - March/06 the program provided 1,213 stress tests, 1,009 echocardiography, 39 stress-echocardiography and 10 video echocardiography. Thanks to Drs' Zimakas, Gill and Poblete for delivering their office practice through Heart Niagara.

Heart Niagara's Diagnostic Program has contributed to the heart health of our community in a number of ways:

- By improving the range of preventative screening and diagnostic services for those at risk of cardiovascular disease;
- By providing improved access to and use of state-of-the-art equipment for Niagara physicians; and
- By improving access to testing for patients through flexible scheduling.

## Community Preparedness Program

In 2005-06 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. 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. Heart Niagara will provide leadership and develop strong community linkages to increase community preparedness.

### 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 Manoeuvre



The Niagara on the Move program is designed to help inactive Niagara residents increase their daily physical activity levels and lead to healthier lifestyles. The program is supported by the Ministry of Health Promotion's Active 2010 campaign which aims to increase Ontario's sport participation and physical activity rate so that by the year 2010, at least 55 percent of Ontarians are physically active. The program received funding December 20, 2005 and made great successes in the first fiscal year (March 31, 2006). Please note that over \$50,000 in tool kit items were prepaid in the fiscal year.

The Physical Activity Tool Kit is an exciting component of the program. Packaged in an attractive tote bag, each kit contains great motivating tools with lots of suggestions for fun activities to help residents move from inactivity to daily physical activity. Key items in the kit include: pedometer, t-shirt, safety whistle, Canada's Guide to Healthy Eating and Physical Activity, Regional Niagara Bicycling Map, and a DVD on Physical Activity Benefits for Teens. Niagara on the Move will be working with Niagara Support Services and Niagara Training and Employment Agency to assemble the tool kits and to further support community initiatives.

The website [www.niagaraonthemove.com](http://www.niagaraonthemove.com) is an important part of the project and links consumers and partners while showcasing the benefits of staying active. The highly interactive website allows users to track their progress in their own exercise journal and provides a resource of healthy living information including surveys and various tools to track success and keep participants motivated.

A media campaign in partnership with Osprey highlighted the launch period and will demonstrate the program's success across Niagara in a special feature insert on September 29 which will further support women, families and employers to improve the activity levels of Niagara residents.

This project would not be possible without the combined efforts of over 20 partners; the partnership contributions focus on monetary, in-kind, promotional, logistical and staff contributions to ensure that all 10,000 tool kits are distributed and the website is utilized to improve the health status of Niagara residents through daily physical activity.

The program was launched on Saturday June 17 at Canadian Tire stores across the Niagara Region; partners and volunteers promoted the physical activity tool kits, gave away temporary tattoos and attracted families with a 'quick game'. A second media campaign and the launch of the Niagara on the Move Workplace program will take place in fall 2006.

**Submitted by:** Tori Reep, Program Manager, Niagara on the Move

### **PEDOMETER FAQs**

**What is a Pedometer?** It's a simple device that counts the steps you take each day. It is about the size of a pager. Clip it onto your belt or waistband directly above your hip.

**Why should I wear one?** Doctors and researchers have found that a pedometer is a great way to track your daily physical activity and inspire yourself to get moving on a day when you've been sedentary.

**I've got one.....now what?** Put it on and wear it all day, every day. Record your step count each day for a week. Calculate your daily average to get your start point. Set goals to gradually increase your daily average over several weeks. You may consider increasing your daily average by 500 steps each week. Most healthy adults should aim for 10,000 steps per day.

## **COMMITMENT AND SERVICE RECOGNITION**

### ***Cardiac Rehabilitation Program***

Rhonda Armstrong, Remi Aubin, Bill Biletski, Virginia Cecchini, Linda Cernecca, Ted Clarke, Al Colquhoun, Gail Cournynea, Glen Giles, Jim Grassie, Carl Grice, Roger Hart, Margaret Hein, Margaret Hermann, Art Holowalchuk, Dorcas Howie, Olivia Ioria, Elizabeth Katsikas, Barney Leach, Rajeanne Leveille, Vito Menzella, Joe Mewett, Marilyn Mewett, Lorraine Miller, Pamela Paulo, Claire Rochette, Lionel Rochette, Karen Rogers, Gerry Schneider, Barbara Starboda, Elvin Wightman, Charles Worden, Posthumously: Elizabeth (Liz) Pasco  
Niagara Health System  
YMCA of Niagara; Niagara Falls, St. Catharines, Welland  
Fort Erie YMCA,  
Town of Fort Erie, City of Niagara Falls

### ***Vineyard Cycle Tour Committee***

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

### ***Bingo Committee***

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

### ***Community Events***

Stan Bain, Barbara Campbell, Dr. Donald Chew, John Corfield, Val DeLuca, Anita Fiorentino, Laura Fiorentino, Kelly Foster, Bill Gascoigne, John Henning, Paul Kent, Kim Koz, Billie Maxfield, David Maxfield, Mark Maxfield, Chris McQueen, Sherri McQueen, Andrew Pasco, Jenny Pasco, Patti Pasco, Rebekah Pasco, Mike Pasco, Terra Pasco, Claude Pilato, Wendy Pilato, Jim Russell, Fred Sacco, Pat Simon, Rick Stokes, Jill Taylor, Gary Taylor, Bob Thiel, Ben Vacca

### ***Staff and Board Members***

Dr. Douglas Munkley, Joanna Mataya, John Carter, Dr. Stafford Dobbin, Mary Fickel, Mary Catherine Lindberg, Ted Sauer, Karen Stearne, Ellen Wodchis, Dr. George Zimakas, Don Gibson, Kate Gardiner, Jane Berezuk, Fiona Mercer, Claudia Gilchrist, Helena Wilkinson, Monica Hlywka, Maureen Fowler, Val Deluca, Jo-Anne Gale, Josie Bozzo, Joanne Manson, Dawn McInnis, Tori Reep, Ashley Soetmans, Joanna Brusutti, Roxanne Russell, Jill Cappa, Anita Fiorentino, Joyce Harris, Janet Standish, Tamara Veljkovic, Diane Pouliot, Karen Acuri.

*Thank you to every volunteer who has supported Heart Niagara as well as all our community sponsors for their contribution; thus making it possible for Heart Niagara to deliver regional programs*

**Karen Stearne**, Executive Director of Heart Niagara

It is with great pleasure that I include details of our last fiscal year in the 2006 Annual Meeting program. The mandate of Heart Niagara, which is primary and secondary prevention of cardiovascular disease, meets a growing need in Niagara. Heart Niagara believes the bedrock of any strategy which seriously contemplates eradicating cardiovascular disease must provide education on individual genetic vulnerability and supply tools to modifying the smoking habits, the activity patterns and the nutritional choices of the whole population. As an organization Heart Niagara brings strong work ethics to the table and believes in the power of partnership with a willingness to continuously take on work that benefits the greater good of Niagara; setting the bar high for partnership exchanges. Heart Niagara was/is a faith based organization built on evidence and today is an evidence informed practice organization sustained by believing that cardiovascular disease is preventable.

In 2005-06, Heart Niagara's exemplar leadership and contributions reached new heights with a strengthened resolve to deliver regional cardiac rehabilitation services and to work with community partners to improve cardiac services across Niagara.

The impact was felt further through heart health programming in secondary schools which included a health review of fitness, blood pressure, cholesterol, lifestyle and family history to over 5,000 students in the grade 9 phys. ed program. The health information was re-enforced when the program also provided over 5,000 G9 and 1,500 G7 students with bystander CPR training. The Schools' Program could not be this successful without partnership; thank you to the school boards, teachers, consultants, youth connection nurses, staff and the Niagara Region Public Health Department whose partnership makes this program possible and to Healthy Living Niagara and the Brock University Nursing Faculty a thank you for their role in evaluation and research enhancements to improve the Program.

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# Heart Niagara Inc.

## Annual Board of Director's Meeting

Thursday, September 15, 2005  
*MacBain Community Centre*

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

**Regrets:** Joanna Mataya (Vice-Chair), Kate Gardiner

**Attended:** Josie Bozzo, Don Gibson, Joyce Harris, Roxanne Russell, Ashley Soetemans, Tamara Veljkovic and Rebecca Iudiciani from Crawford, Smith & Swallow

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1. Dr. Munkley welcomed everyone and explained because of the move to the new Community Centre and all the activities going on at Heart Niagara, the Annual General Board Meeting would just include the Heart Niagara Board of Directors and Staff as well as a representative from Crawford Smith and Swallow.
2. A tour of the new MacBain Community Centre by YMCA staff was given to the Board and Staff. A light dinner was served by Café Centre Court Catering right before the Annual meeting
3. Adoption of Annual General Meeting Minutes of September 28, 2004. Motion made by Ted Sauer and seconded by Ellen Wodchis.
4. Adoption of Committee Reports as published. Motion made by John Carter and seconded by Karen Stearne.
5. Adoption of Financial Statements for 2004-2005 as prepared by Crawford Smith & Swallow. Motion made by George Zimakas and seconded by Stafford Dobbin.
6. Adoption of Accounting firm Crawford, Smith & Swallow for 2005-2006. Motion made by Karen Stearne and seconded by Mary Catherine Lindberg.
7. Adoption of the 2005-2006 **Slate of Officers**; Dr. Douglas Munkley, Chair Mrs. Joanna Mataya, Vice Chair Mr. John Carter Dr. Stafford Dobbin. Mrs. Mary Fickel Mrs. 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. Motion made by Doug Munkley and seconded by John Carter.
8. Motion to close 28<sup>th</sup> Annual Meeting. Motion made by Stafford Dobbin and seconded by Ellen Wodchis.

Meeting Adjourned.

## **Retiring Board Members**

Dr. Stafford Dobbin  
Mr. Ted Sauer  
Mrs. Joanna Mataya (July 4, 2006)  
Dr. Douglas Munkley

## **2006 – 2007 Slate of Officers**

Dr. George Zimakas, Chair  
Mr. John Carter, Vice Chair  
Mrs. Mary Fickel  
Mrs. Mary Catherine Lindberg  
Ms. Carol Maiden  
Ms. Karen Stearne  
Ms. Ellen Wodchis  
Niagara Health System - TBA  
YMCA of Niagara - TBA  
Community Liaison - TBA

Dr. Douglas Munkley Past Chair

## **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  
Mr. Don Gibson RN (EC) – Community Development  
Dr. David Dec – Community Health Centre  
Dr. Sven Pallie - Community Internal Medicine  
Dr. Joseph Vedova - Community Family Practice  
Dr. Khal Salem – Community Internal Medicine

## **Community Partnerships**

Active 2010 Network  
Brock University – Nursing Faculty  
Brock University – Sport Management  
City of Niagara Falls  
District School Board of Niagara  
Fort Erie YMCA  
Greater Niagara General Hospital Site  
Healthy Living Niagara  
Niagara Falls Review  
Niagara Health System  
Niagara Health Services  
Niagara Council on Smoking and Health  
Niagara District Catholic School Board  
Town of Fort Erie  
Osprey Media  
Queen Street Medical Group  
YMCA of Niagara

## **Funding and Project Funding**

Ministry of Health Long Term Care – NP Underserviced Program  
Ministry of Health Promotion – Active 2010 Initiative  
Drs' Zimakas, Gill, Poblette - Diagnostic Program  
Bristol Myers Squibb Pharmaceutical  
Branscombe Family Foundation  
Speck Family Fund  
Emil Breuer Friends and Family Fund  
Town of Fort Erie  
Fort Erie Kinsmen  
City of Niagara Falls  
Regional Municipality of Niagara  
Health Canada  
Merck Frosst  
Aventis  
Sanofi  
AstraZeneca  
Shering Canada  
Servier  
Pfizer Canada  
Niagara Health System  
Healthy Living Niagara



**With partnerships the sky is the limit**  
September 19, 2006