

Four months after undergoing a triple-bypass, Dave Black tells his story.
See page 2.

HEART AND STROKE FOUNDATION OF ONTARIO

February is Heart & Stroke Awareness Month

Take advantage of annual physicals – Black

by Chris Zabel
Press staff

SOUTH MOUNTAIN — "I'm here to tell you I'm pretty damn glad they're there," said Dave Black of people in the medical profession. It's only four months since his wife found him on the floor with what turned out to be almost complete blockages of both main arteries of his heart. And now, asked how he feels on a scale of zero to 100, he'll unhesitatingly say that the correct number would have to be 110.

"I am so thankful for the wonderful health system in the province of Ontario," said Black. "You're looking at a statistic, one that could have gone either way. I'm so happy to be here it's not even funny."

Black, 53, was taken by air ambulance from his home in South Mountain to the Heart Institute in Ottawa on Sept. 26, and underwent triple bypass surgery the next day. Since then, with one brief return to the hospital to have fluid drained from around his heart, he said he has felt better every day, both physically and emotionally.

By Dec. 1, he was back to work at Weagant Farm Supplies, west of Winchester, where he is a co-owner. And life for the man, who admits many people might describe him as a little intense (maybe hyperactive), is back to normal. "It's one of the bumps in the road and we're over it," he said. "One thing that's very important for everyone to realize is you are not a cardiac invalid. Moderation is the key to everything we do."

Black was first concerned for his health in the middle of August last year when he had high blood pressure and wasn't feeling well. His wife Barb, who is a nurse, measured his blood pressure and found that two or three times a day it was spiking to around 260.

During the spikes, Black said he would feel cold, clammy and drained of energy, but he wasn't too worried because after two or three minutes he'd feel fine again. Still, he was concerned. "At that point I wanted to see what was going on. When a person has blood pressure at 260, there has to be a reason."

At Winchester District Memorial Hospital, Black was given a standard stress test by Dr. Henry Prins. Although Prins didn't think the spikes had anything to do with Black's heart, the test was administered to be on the safe side. The results were inconclusive: not perfect, but not really bad either.



Dave Black

The next step was an appointment at the Ottawa Heart Institute for another stress test. This time, instead of raising his heart rate on a treadmill, Black was given an injection with chemicals to artificially load his heart. "I'm telling you. It's neat how they do it, if you're not scared," he said.

This first trip to the Heart Institute was on Sept. 13 and Black passed the tests he was given with flying colors. Another possibility was that the blood pressure increases were due to a benign glandular tumor, but tests ruled that out as well. "I was told to go back and resume my life. I figured that they're the experts, but I was playing it pretty easy," he said.

He continued going to work. "I thought something was wrong, but it was more difficult to sit at home and do nothing." Less severe blood pressure spikes continued and he was on medication.

Then, at 9 am on Tues., Sept. 26, Black dimly remembers Barb finding him collapsed in the bedroom where he was having trouble breathing and was experiencing heart arrythmia.

"She called 911 and the response was remarkable," said Black. When he heard the beeping of the ambulance backing into the driveway, he could also hear the air ambulance overhead. He was groggy as he was loaded into the land ambulance, and then taken to the South Mountain Fair Grounds where he was taken aboard the helicopter.

When travelling by air ambulance, the trip to the Heart Institute in Ottawa only takes 11 minutes, Black learned later. He was taken in immediately and can remember being conscious to answer questions for the medical staff.

Doctors suspected blocked arteries were causing the trouble and the next day Black was taken for surgery.

Then, when he was in the operating room being lifted onto the table, his heart stopped for eight minutes. Doctors later found that the right main artery was completely blocked and the left main artery was 90 per cent blocked. It's likely that when Black's body contorted as he was lifted, the 10 per cent still open in the left artery was pinched closed. Thankful for small favors, Black said he's aware that if he had to have what amounted to a heart attack, the operating room at the Heart Institute was probably the very best place to have it.

Doctors found four blockages which they got around with three bypasses with veins taken from Black's right leg. He spent the following week in the Intensive Cardiac Care (ICC) unit where there is one nurse assigned to each patient. Most of what he can remember is a drug-induced haze. On the eighth day, doctors allowed him to regain consciousness and it appeared he was fine.

After already having a week to recuperate, the healing process was well under way by the time Black was moved to the main floor. After a total of 13 days at the Heart Institute, he was back home.

"And life starts again." At first, Black found he didn't have much appetite, and had to force himself to eat anyway. He also had to get used to carrying a Teddy, a pillow used to protect his chest as his breastbone healed back together.

While heart patients are healing, they aren't allowed to put any weight on their chests. Normally when a person gets up from a chair or bed, they use their arms, which transfers pressure across the chest. Heart patients are told to fold their arms across their chests when standing, to ensure that they stand up using only their legs. Having a bear to hug to their chests serves as a reminder to use their legs.

Every day was an improvement until after about two weeks when he had breathing problems. "I went to the emergency department at WDMH. The staff there is expert, fast, wonderful, any word you can find," said Black of the attention he received. He rode by land ambulance back to the Heart Institute where it was found that fluid collecting around his heart was causing the trouble.

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Dave Black

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A tube was inserted into Black's chest cavity. "It's uncomfortable to have fluid around your heart, but it's very uncomfortable to have it drained," he said of the procedure, for which he was completely conscious throughout. However, relief was instantaneous. The problem is actually quite routine in patients with his barrel-chested body type. He was in hospital for another four days, and has been home since. Doctors have told him that any lasting effects of his heart having stopped should be negligible because it happened in the operating room.

He was treated immediately, which isn't the case with most patients. "If there is any permanent damage, it's very minimal," is the diagnosis that Black was glad to hear. More good news is that the leg the vein for the bypasses was taken from is a little numb now. That means that the primary vein in the leg was so strong that the secondary systems are not very well developed. This indicates that the vein used for the bypasses was very healthy.

Recuperation was difficult from someone unused to being around the house. "I found it quite encumbering not to be driving. (Anyone who knows me knows I like to drive). So when I saw the doctor after four weeks, the first three questions I had for him were 'Can I drive yet?'" The doctor relented.

Looking back on why all of this happened to him, Black has some ideas. He knows it's not genetic because his parents and siblings haven't had heart trouble. "It's a multitude of things. The main thing is how we live our lives in the 2001-era."

In his list of potential contributing factors, he sees diet, lack of regular exercise, chronic stress, high blood pressure and smoking. Black happened to quit smoking about three months prior to when his blood pressure began to spike. He now uses a treadmill every day, schedule permitting, and watches about 150 calories tick off on the display. However, with the pace of a typical day at Weagant's, there never was a time when Black believes he was inactive. Wearing a calorie monitor at work, he's found that in two days he'll burn between 1,200 and 2,000 calories, far more than he'd ever work off on the treadmill.

His operation has hardly tuned him into a health-nut. Black has taken the salt shaker off the table at home, but there is so much salt in so many foods he figures that only cuts his intake by about one-fifth. He eats breakfast now, which he never did before. "I'm eating more food now than I ever did, but in small quantities, and with considerably less fat."

Black said that there is probably only one thing he can point to where he thinks he screwed up. If he'd been going in for regular physicals, there would have been enough of a change in his blood tests that his doctor would have known something was wrong. "The only preaching I'm doing is I went two years without physicals. I am preaching that every one of us should have annual physicals," he said. "Maybe medication early on could have stopped it for me. I can't tell you to change your lifestyle, but I can tell you to use something that's free."

The other advice that Black has, and this is plain as day to anyone who talks to him, is to approach a health problem with a positive attitude. At his regular mental acceptance seminar at the Heart Institute, Black said one of the issues raised was whether people were getting tired of being asked how they're doing.

"I put my hand up and said I'm not getting tired of it. I'm just so glad people ask.

"One of the things I have changed in my way of life is having more concern about people's health. You have no idea how it feels now when people ask you how you are, or when someone sends you a get well card. And the consideration of me from other people, while I was in there — there's no description. I haven't got the words to describe it."

And similarly, Black can't find the words to fully express how impressed he was with the medical treatment he received throughout the process. "We have a super, super, super health system. I can't say that enough."

Chapter president's message

The year 2000, while notable for marking the turn of the millennium, was even more notable for the foundation because two key milestones were achieved.

We achieved a 34 per cent increase in our net revenues over the previous year, raising them to a remarkable $68 million. This is truly outstanding when you consider that we raised less than half that total only 10 years ago.

The other significant event is that we've been able to devote a record amount to our mission — funding lifesaving heart and stroke research and promoting healthy lifestyles. We remain committed to ensuring as much of our new revenue as possible is translated into increased spending on that mission.

As a result of substantial revenue gains over the past two years, the foundation is in the important position of being able to build for the future by funding larger and longer-term programs. This will enable us to attract the best scientists to Ontario and keep them here, to continue the world class research which has been our hallmark since the foundation's inception nearly 50 years ago.

This opportunity will undoubtedly translate into better heart health, both in our communities and around the world.

Margaret Reynolds
President, Dundas County Chapter

Foundation wages war against stroke

The Heart and Stroke Foundation of Ontario believes the people of this province should have access to the best stroke care, regardless of where they live. This goal is proving to be an achievable reality.

The foundation showed just what can be accomplished when it helped create four regional stroke-care demonstration sites. The foundation set out to encourage a streamlined, consolidated stroke-care delivery system — one that would save lives and set a new standard in treatment and rehabilitation.

This success did not go unnoticed by the provincial government.

On June 19, 2000, Elizabeth Witmer, Health Minister of Ontario, announced the provincial government would invest $30 million every year as a reflection of its "commitment to transforming stroke care across Ontario".

At the same time, the Ministry of Health, in partnership with the Heart and Stroke Foundation of Ontario, released "Towards an Integrated Stroke Care Strategy", a document described as a road map for stroke care in Ontario.

With its release, the Co-ordinated Stroke Care Strategy developed by the foundation began the move from demonstration status to the mainstream of emergency medicine in the province.

Direct cost of stroke to Ontario per year: $529 million.

Including direct costs, the total burden to the economy per year: $860 million.

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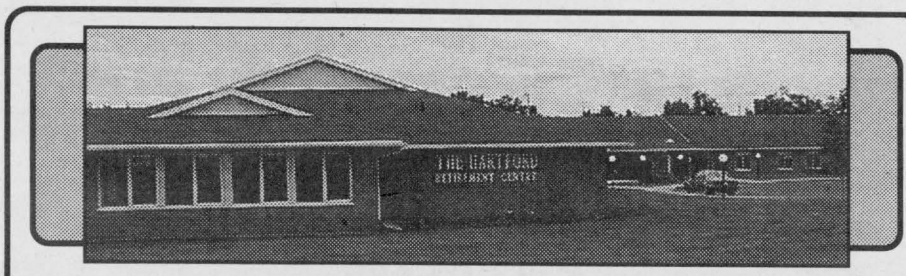

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Iroquois woman unsuspecting of her heart trouble

by Sandra Lee Johnston

IROQUOIS – "I was shocked!" says Maple Avenue resident Leona McIntosh, "I never suspected anything like heart trouble. I was never short of breath. There was nothing bothering me. I was always busy and just carried on."

She was preparing for a trip to Tennessee with her husband Ron in the spring of 2000. When a bubble, that she says felt like indigestion of sorts, high on her left side near her ribcage, caused some concern, she took appropriate action.

Always one to err on the side of caution, she called her doctor and was seen that very afternoon. "I was not expecting anything, but felt I should know for sure, especially since the trip was imminent." After a cardiogram, her doctor asked whether or not Ron was along with her on this visit. "When I replied in the affirmative, he suggested, after doing the second cardiogram 10 minutes later, that perhaps we should drive directly to Winchester District Memorial Hospital.

"He smiled and noted that probably he was waving a red flag for no reason, but felt it best to be safe rather than sorry later, especially with a trip on the agenda," adds Leona as we speak in her kitchen.

"Thirty-five days later I was undergoing bypass surgery. Who'd have guessed?!" she shrugs.

Explaining how after 10 days in the ICU (Intensive Care Unit) at WDMH she went on to the Heart Institute in Ottawa, she says that then the waiting began. "I waited, and waited and waited.

"Three weeks after, Dr. Keon had checked things out and Dr. Beanlands announced that tests showed an angiogram would not help my situation. I had four blockages, two in the same artery. One was completely blocked, two were 80 per cent blocked and one was 90 per cent blocked!" A visit from Dr. Keon in the fourth week suggested that things were going to start moving immediately, and they did.

"I can't recall anything from the day of the operation. They must have given me some kind of sedative, for the day was a total loss for me. The May, 2000 operation took five hours according to reports I received afterwards, but the next thing I recall after speaking to Dr. Keon was the nurses asking me if I would like to get up and walk. There was nothing I would have rather NOT done right then, but I was up and moving. And even though the leg where the vein had been used to repair the arteries did not seem able to hold me, I walked!"

Leona continues with how her recovery progressed. She has nothing but praise for the hospital staff: "The care I received at the Heart Institute was excellent. I have to say they were wonderful. The pre-op fifth floor people were great!"

She tells how during the long wait prior to her operation when she felt there was really nothing wrong with her, and while she wanted so badly to be on a trip to the United States, she did see other local folks in the hospital. "Earl Baker, Sally Black and Dan Bilmer were there and we heard that Sandra Beckstead was coming, although I never did see her. Each time a bed became available we wondered if she would be in it the next day!"



Leona McIntosh of Iroquois still finds that she can take time to enjoy a favorite pastime. She has knit sweaters, scarves, mittens etc. for her grandchildren as well as for local charities, and continues to do so. Open-heart surgery has hardly slowed her down at all. Photo – Johnston

Perhaps the most prominent thing she recalls is that there was no "doom and gloom" at all in the hospital. "Everyone was very, very happy, very upbeat all the time, and that certainly helps when you are a patient. How they do it is beyond me, but I was grateful indeed."

A short five days after her operation she was up and ready to go home. "They sure don't let you lie around! I was walking to the door of my room the second day, with help of course. But the third day I was under my own steam, and would have been home the fourth day, except they discovered that my heart was going too fast and so I was forced to stay another day so they could regulate my medications."

When asked about pain, she notes her chest. Even though they opened the entire sternum and ribcage up, she says the metal they left in there (the closures) do not bother her. "The worst part has been the leg where the vein came out. It has been most troublesome for me. My chest was sore of course, but right now I have no problems at all with any pain."

Always a very active volunteer in her community, Leona is well known for her tireless efforts in a variety of areas. Her kitchen table was always ready to serve a "cuppa tea" and she was usually ready for a visit if you dropped by and were lucky enough to find her home. Now the finding part is easier!

Although her family history did not look great, especially since she lost a brother when he was only 44 years of age due to a heart attack, and her mother had experienced high blood pressure and high cholesterol levels, it never occurred to her that she too might be at risk for heart trouble.

"I have since learned that women are prone to what are referred to as 'silent heart attacks'. We females do not endure the crushing pain that our male counterparts do when a heart attack strikes. It is easier for them to know it is happening."

While in the Heart Institute, she was asked to join an educational study. HEAL (HeartHealth Education About Lipids) provides the person with information to allow them to "Learn their cholesterol number...and Lower their risk."

Cholesterol is a waxy, fat-like substance, most of which is made in the body, but some does come from the food we eat. Foods high in saturated fat and cholesterol raise levels of cholesterol. LDL cholesterol is bad while HDL is healthy cholesterol. The HDL removes LDL cholesterol from the arteries. Problems occur when LDL becomes trapped in the arteries and clogs them, allowing less oxygen to get to the heart and causing chest pain to occur. If a blood clot forms in the narrowed artery, a heart attack may occur. It may even be that death results.

"This program study that traces the genes in a family under the guidance of Doctor Ruth McPherson will help myself and others," says Leona. "She works closely with Dr. Keon throughout the study." The HEAL program is designed to get people started and keep them going with an action plan to reach their cholesterol goals. Developed by the heart specialists at Ottawa hospitals, it works together with advice from heart specialists and personal physicians.

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Leona McIntosh

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Leona mentions that a case manager from the program contacts her by telephone several times over the 12 months following entry into the program, to check on progress and offer tips to keep her on track. She has to have her cholesterol re-tested after three and 12 months to find out how well her risk reduction program is actually working. "My target is 2.5 LDL and I am presently at 3.0 LDL."

She mentions that the calls help a lot with making her feel generally better, and if there is anything wrong, she can tell the case manager, and since the calls are regular, her confidence builds too.

Her experience and the program have already taught Leona numerous things that will undoubtedly prolong her life while reducing risk factors. Those items learned include that heart disease is a long-term process in which the arteries that supply the heart with blood become narrowed with deposits of fat and cholesterol. People become aware that they have the disease when they experience angina (chest pain) or have a heart attack (myocardial infarction). In most cases, heart disease will have been developing over a number of years, and without treatment it typically gets worse over time. For most people, heart disease can be reversed with the right combination of medical treatment and lifestyle change. A long-term commitment to these is necessary.

Risk factors contribute to the development of heart disease: some of these can be controlled, like high cholesterol (a problem for Leona), high blood pressure, diabetes (which Leona has also been diagnosed with) and obesity. Certain risk factors cannot be changed, such as family history (a factor in Leona's case), being of the male gender and being older than 55 years of age (another one Leona lists). Those factors that can be changed are smoking, poor eating habits, lack of exercise and coping with stress. Most people do not realize stress is even a problem for them.

Cholesterol-lowering medication can lower LDL levels by 25 to 60 per cent. A lower fat, higher fibre diet can account for lowering LDL cholesterol some 10 to 20 per cent. And by dropping 10 pounds (4.5 kilograms) of body weight, another 5 to 10 per cent lower LDL results.

Leona takes Lipitor, which is a type of cholesterol-lowering medicine which belongs to the class of drugs called "statins". The job of the medication is to break down the bad cholesterol by reducing its production in the body.

As we speak, Leona notes that the program has included three in her family who are at risk. "They went all the way to grandchildren. It seems to be genetic and often diet won't be enough."

"I have been fighting high cholesterol for some seven or eight years now, even though we have never been big fat-eaters," says Leona. She says she is pleased with her medicine. "My arteries were 80 and 90 per cent blocked on one side, and in a year the Lipitor has brought both sides down to 70 per cent. While this was not the reason for the heart problems, it needed attention."

Confidently she says that being healthy boils down basically to knowing what you should and should not do.

True to form, she is also involved in a project being carried out by the Institute of Research in Rochester on genetic heart problems.

She stops and it is evident she is reliving the entire experience. "I remember my stress tests went nuts. Yet, I felt good and wasn't sure why I was in hospital instead of being en route to the United States. I had things to do!"

When discussing her life now, after the operation, she smiles and seems ready to live the rest of her life to the fullest. "I know my limits. For one thing, I tire quicker now. I am very careful with my medication, always making sure I don't miss any and always taking them on time. I set them out one week at a time, and if we travel, I take two days' of pills, just in case." She admits she has attempted to lower her stress level. "I always was a volunteer and I still do some things. I just cut down on the number of them I am involved with. I do the Christmas exchange and my church work, nothing too physical. I still knit and I still babysit for my children."

After a brief stop, she continues: "My life has not changed a lot. I was quite confident when I came home. I had, and still have, good care. My blood sugar and blood pressure are good and I think I've recuperated fine, thanks in no small part to the wonderful care I received, in hospital and since I came home."

She shares her diet with us: lots of fish, chicken, pastas, veggies, not much red meat, no sugar (Splenda is good!), no gravy and no bacon. "We limit ice-cream and have gone to one per cent milk."

She walks, increasing the time spent walking each day and each week. "When I can't get outside to walk, I use my treadmill, although I do have a problem with my bad hip (She has had a hip replaced) which slows me, as well as limiting my length of time per walk."

As we wind down the interview, she explains how a side-effect of the life-support during the operation resulted in a blind spot in her vision, which she is confident will return to normal eventually.

"Know what you are taking and why. You will enjoy it more if you know it will not hurt you. Ask questions of your doctor and be sure you get answers," says Leona, who also takes some natural medicines: folic acid, chromium and CoEnzyme Q10 VTC-preventative meds to strengthen the upper-respiratory system and heart muscles.

It looks like things are well under control and life is still good on Maple Avenue in Iroquois.

Health fair promotes heart health

February is Heart and Stroke Month and the Dundas Chapter of the Heart and Stoke Foundation of Ontario represents the local community in promoting the event. The chapter is holding a Health Fair at the Park Lane Senior Support Centre in Williamsburg on Thurs., Feb. 1 from 7 to 9 pm.

The purpose of the Health Fair is to increase awareness of heart disease, and to describe the health, lifestyle and support services available within the communities of Dundas County.

The risk factors of heart disease are well documented. A healthier lifestyle and a wellness approach to health should be a part of everyone's daily life. There will be a cross-section of health professionals and registered nurses present during the evening's fair to answer any questions people may have.

Participating in the fair are representatives from the St. Lawrence Medical Clinic, Winchester District Memorial Hospital, Winchester Physiotherapy and Acupuncture Centre, Feet First, aerobics instructor Pat Kelly, massage therapist Kim McGinnis, Victoria Order of Nurses, Eastern Ontario Health Unit, Bradson Home Health Care, Paramed Home Health Care, Odyssey Consulting, St. Elizabeth Health Care, Park Lane Senior Support Centre, Dundas County Hospice, Meals on Wheels, Canadian Diabetes Association, Arthritis Society Consultation and Therapy Service, and the Canadian Red Cross Society.

Nurses will provide blood pressure, blood sugar and random blood cholesterol screening tests. Admission is free. Refreshments will be served and there will be door prizes. Everyone is invited to take this opportunity to learn about heart health and what health services are available for them to work with for an overall healthier community.

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COUNTRYWIDE

Heart attack survivor beats depression following surgery

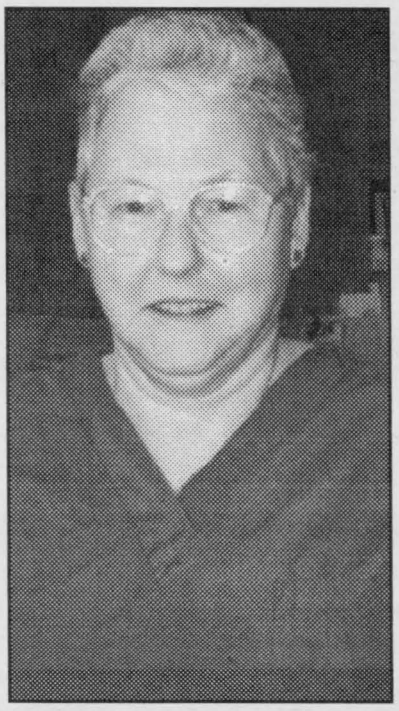
by Samantha Thompson

DUNDELA – Canadians must remember Heart and Stroke statistics are more than just numbers. The stats represent real people: people with families, with obligations, with hopes and dreams.

The stats represent people just like you and me, people like Jean Markell of Dundela. Jean and her family, like many thousands of Canadians, live with heart disease.

Some 13 years later, Jean still remembers all of the details of her first heart attack as if it happened yesterday.

"On June 17, 1988, I took an evening spell. I had pain and indigestion. Overall, I was not feeling well. The doctors said it was possible that I may have taken a heart attack."



Jean Markell

Six days later, just three hours after taking a heart stress test at the hospital, Jean felt chest discomfort. The doctors confirmed she was having a heart attack.

"My first thought was if I hadn't taken that stress test I would have been okay. Then my common sense kicked in and I realized I would have had the heart attack sooner or later. It was best to be there (at the hospital) when I had it," Jean recalls.

Jean was diagnosed with hardening of the arteries and was placed on heart medication. Looking back, Jean says she had warning symptoms before the attack.

"I had pain in my upper back, indigestion and a vague feeling of being unwell. At the time, I was attributing it to my job at the factory. Now I realize they were warning signs," she explains.

Jean had four risk factors for heart disease: her father had hardening of the arteries, she smoked, she had high cholesterol and she was 47 years old.

Jean's doctors put her on heart medication and told her to alter her lifestyle. Jean did as she was told. The first thing she did was quit smoking.

She also began walking. And by walking a little bit further everyday, within a few short months she was walking two miles a day.

She changed her eating habits. She stopped eating high fat, high cholesterol foods. With her spouse Lloyd's help, she completely changed her way of living.

Unfortunately, her condition was too advanced and the medication and lifestyle changes were not enough. On Nov. 12, 1991, Jean underwent double bypass heart surgery at the Ottawa Heart Institute.

Following the surgery, Jean had to rest and let her body heal. Other than that, she was fine physically. Emotionally, however, she was far from being OK.

"I had to get rid of the anger, self-pity and frustration. I was very, very angry. I kept thinking, 'I wasn't old enough. Why me?' I couldn't do the things I had normally done, so I ate."

Jean dealt with these emotions for six months. In that time she gained 60 pounds.

"I didn't know who to call. I didn't have the emotional support then that's available now," she remembers.

"Every day was a struggle. I was very depressed. Actually, I went on medication for it."

She says her mood changed from one degree to another.

"I remember being uninterested in Christmas that year. I didn't want to do anything. But, by New Year's Day, I was planning a party. My mood changed completely. Once I reached the top, I went right along."

Jean wasn't able to return to her previous job. Three months after the surgery, she went to work for the Red Cross as a home care attendant.

"If you can't lick 'em, join 'em," she laughed.

As a way to give back, Jean began canvassing for the Heart and Stroke Foundation.

"I have canvassed for three or four years. I have also signed up to speak at Heart and Stroke meetings at the Winchester District Memorial Hospital."

February is Heart and Stroke Month.

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Nation River - Carol Hezman
Winchester Springs - Elsie Allison
Winchester Village East - Betty McDonald
Winchester Village North - Joyce McIntosh
Chesterville Village - Virginia Patenaude
Chesterville Village North - Stephen Defalco
Hallville I - Linda Dumoulin
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East Mountain Rural - Mary Vanderlaan
Mountain - Gloria Summers

Time to 'Paint the town red'!

WINCHESTER — Volunteers across Ontario are getting together to "Paint the Town Red" during Heart Month in February. Businesses, schools and members of the community will participate in a range of activities to raise funds for life-saving research into heart disease and stroke.

"We are thrilled to launch Heart Month 2001 in the community," said Margaret Reynolds, Dundas County chapter president. "Whether it's hanging up hearts or canvassing to help save them, everyone can get involved and help the foundation."

The goal for Heart Month is $5.4 million, from all activities combined. The money raised will help support the 270 world-class research teams in hospitals and universities across the province.

Heart Month includes:

— Paint the Town Red (Feb. 1 - Feb. 14), a high-profile community-based program that encourages restaurant and business-owners to sell red paper hearts and hang them up for a spectacular display of the bright red organs. Paper hearts are available for a $2 donation.

— Person to Person (Feb. 1 - Feb. 28), a community-based program in which thousands of dedicated volunteers go door-to-door to request donations and distribute health promotion information.

The Heart and Stroke Foundation of Ontario is a community-based volunteer organization whose mission is to reduce the risk of premature death and disability from heart disease and stroke by raising funds for research and health promotion.

For further information, please log on to www.heartandstroke.ca.

Thank you from Barb Wells

Since Heart Month is here, I would like to thank the schools in Dundas County for participating in the Jump Rope for Heart and Hoops for Heart programs.

I must also thank the principals, school co-ordinators, students, communities and volunteers.

The true facts about nutrition, exercise and how the heart works will help develop healthy choices in the years to come.

The Heart and Stroke Foundation of Ontario has created many programs for the schools to use.

There are many willing workers and volunteers that keep the great team in motion.

Thanks again.

B. Wells,
Chair of school-based exercise events,
Dundas Chapter of Heart and Stroke

Special Events planned at Dundas Manor

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Special events planned for February

Monday, Feb. 5	An afternoon of jokes
Tuesday, Feb. 6	Mayor Claude Cousineau visits for an information session
Tuesday, Feb. 13	Valentine's Ball, 7:00 pm
Thursday, Feb. 22	February Birthday Party
Friday, Feb. 23	P.J. Day, Fabulous Friday in February Celebration!
Sunday, Feb. 25	Ice Cream Floats
Wednesday, Feb. 28	Slide Show

Hugs for Heart Campaign on all month! Give someone a hug today!
All money raised will be donated to the Heart and Stroke Foundation

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Health show hits the airwaves

Hosted by Dini Petty and airing on the Global Network, the *Heart & Stroke Health Show* will launch on Sun., Feb. 4, for a 26-week run. The whole world of Heart and Stroke will be there — physicians, patients of all ages, caregivers, family members, volunteers and researchers.

It's an absorbing and fascinating series, one that opens doors to the experiences, struggles and triumphs that everyone at Heart and Stroke have heard about. However, it's never been done like this, never before with the personalities up front, with the human face of heart disease and stroke unforgettably delineated.

Among the topics covered in the half-hour program are: women, heart disease and stroke; the future of research; nutrition; love and sex; heart and stroke drugs; quitting smoking; and surviving the impossible. And that's just a sampling of the informative and entertaining subject matter.

How to spot a Heart and Stroke canvasser

The Heart and Stroke Foundation has taken steps to ensure easy recognition of its volunteer canvassers during Heart Month in February. Look for the familiar red and white foundation logo button pinned to your volunteer canvasser's coat. The logo is also prominently displayed on materials in the information kit distributed by the foundation volunteer. As well, the logo appears again on your tax receipt, should you make a donation.

"This is the third year of this canvasser identification program. It's working wonders in taking the guess-work out of door-to-door giving," says Margaret Reynolds, Dundas County chapter president.

Last year during Heart Month, the foundation's volunteer ranks swelled to over 40,000 people. "We need to try and cover almost every community in the province," says Reynolds. "Only with such dedicated volunteers can this life-saving campaign reach its goal."

Last year, these volunteers raised $4.7 million in donations. The goal this year is to match that total.

If you miss the visit by a Heart and Stroke Foundation canvasser, you'll find materials they have left for you, including a donation envelope with information on heart disease and stroke, again all with the familiar foundation logo.

Send a new Heart and Stroke e-Valentine

Valentine's Day is a celebration of love and friendship, so what better way to acknowledge those important to you than with the new Heart and Stroke e-Valentine and romance quiz? This colorful e-mail "card" helps you show friends, family and lovers that they are close to your heart, while taking care of theirs. The cost to send a card will go to the Heart and Stroke Foundation's lifesaving research into cardiovascular disease.

The option to customize the card allows the sender to express fun, flirting, humor or romance. Everyone who receives the e-valentine will have the chance to find out how they rate on the romance scale by taking the interactive Heart and Stoke romance quiz.

The greeting is paid for on-line via credit card, so it's one-stop shopping for Valentine's Day sentiments. Log onto www.heartandstroke.ca for a look at this February's hottest card!

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