

# HEALTH ISSUES

IN THE WORKPLACE



# EVERY YEAR 50,000 CANADIANS HAVE A STROKE

(Canadian Stroke Strategy, 2010).



This equates to someone having a stroke every 10 minutes. Stroke is the third leading cause of death in Canada (Statistics Canada, 2010).

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### WHAT IS A STROKE

A stroke is similar to a heart attack. In fact, you could think of a stroke as a brain attack. A stroke is a sudden loss of normal brain function due to a loss of blood flow to the brain. The brain needs oxygen and nutrient-rich blood to survive. When blood doesn't reach a portion of the brain, that portion of the brain begins to die, causing reduced function (i.e., either partially or completely) or even death.

### KNOW YOUR RISK

While stroke is possible at any point in your life, there are many risk factors that can increase your chance of having one. You could be at risk without even knowing it. Non-modifiable risk factors, such as age, gender, ethnicity, and family history are things you have no control over, but can increase your risk. For example, after age 55, your risk of having a stroke doubles every 10 years. Also, if you have a close family member, like a parent or sibling, who had a stroke before the age of 65, you may be at higher risk.

The good news is there are risk factors you can modify or control, which can reduce your chance of having a stroke. These risk factors include high blood pressure, physical inactivity, tobacco use, alcohol use, unhealthy eating, and being at an unhealthy weight. Making simple lifestyle changes can help lower your risk.

### 9-1-1

A stroke is a medical emergency. Recognizing and treating stroke early can minimize the damage caused by stroke. The early warning signs and symptoms include sudden weakness, trouble speaking, vision problems, headache, and dizziness. If you or someone around you is experiencing one or more of these signs or symptoms, call 911 immediately.

This *Know Stroke* newsletter highlights important information on how you can reduce your risk of stroke and identify the early warning signs, should it affect you or your family.

#### KEY REFERENCES:

Canadian FoStatistics Canada. (2010). *Leading causes of death, by sex (both sexes)* Retrieved July 15, 2011, from <http://www40.statcan.ca/101/cst01/hlth35a-eng.htm>

Canadian Stroke Strategy. (2010). *Canadian best practice recommendations for stroke care*. Retrieved November 9, 2011, from [http://www.strokebestpractices.ca/wp-content/uploads/2011/04/2010BPR\\_ENG.pdf](http://www.strokebestpractices.ca/wp-content/uploads/2011/04/2010BPR_ENG.pdf)

Health Canada. (2006). *It's your health: Stroke*. Retrieved November 9, 2011, from <http://www.hc-sc.gc.ca/nl-vs/iyh-vsv/diseases-maladies/stroke-vasculaire-eng.php>



Stroke has devastating health effects. In fact, stroke is the leading cause of adult disability, with approximately

**300 000**

Canadians living with its effects.

(Canadian Stroke Strategy, 2010).



# BRAIN TALK

The effects of a stroke depend on the part of the brain affected and how much damage occurred. There are two types of stroke:

**Ischemic stroke:** A stroke caused by a blood clot blocking the blood supply to the brain. About 80% of all strokes are ischemic.

**Hemorrhagic stroke:** A stroke caused by a blood vessel breaking and leaking blood in the brain. About 20% of all strokes are hemorrhagic.

## WARNING SIGNS AND SYMPTOMS OF A STROKE

It's important to know and recognize the warning signs and symptoms of a stroke so you can take the appropriate action and call 911. The faster a stroke patient gets to the hospital, the better their chances of receiving treatments that can help reduce or reverse the effects of the stroke. The signs and symptoms are a sudden onset of:



**WEAKNESS,**  
numbness, or  
tingling in the  
face, arm, or leg.



**TROUBLE  
SPEAKING**  
or understanding  
speech  
temporarily.



**VISION  
PROBLEMS**  
(i.e., loss of  
vision or double  
vision) in one or  
both eyes.



**HEADACHE**  
that is severe  
and unusual.



**NUMBNESS,**  
and loss of  
balance,  
especially with  
any of the other  
warning signs.

## THE BOTTOM LINE

If you or someone you know is having a stroke, call 911 right away for an ambulance. Never drive yourself or the person having a stroke to the hospital. Calling an ambulance is the fastest and safest way to receive medical attention.

Did you  
KNOW

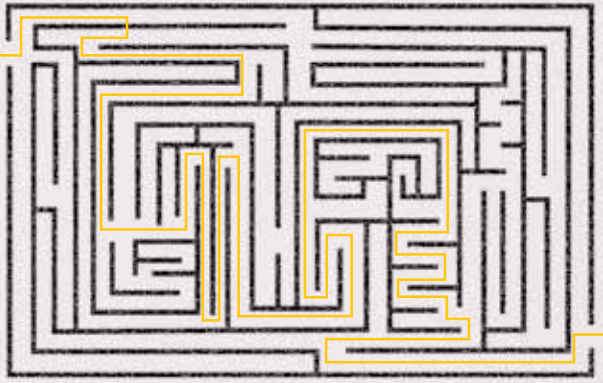
A mini-stroke is called a **transient ischemic attack (TIA)**, which is a risk factor for a major stroke. Many people have a mini-stroke without knowing it because the symptoms go away in a few minutes. Someone who has had one or more TIAs is almost 10 times more likely to have a major stroke.

### KEY REFERENCES:

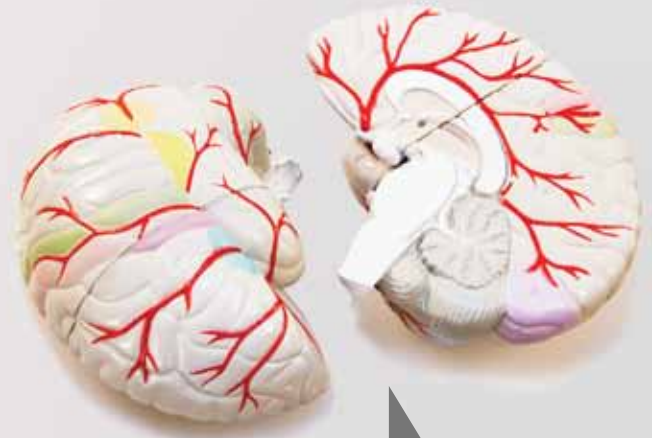
Canadian Stroke Strategy. (2010). *Canadian best practice recommendations for stroke care*. Retrieved June 14, 2011, from [http://www.strokebestpractices.ca/wp-content/uploads/2011/04/2010BPR\\_ENG.pdf](http://www.strokebestpractices.ca/wp-content/uploads/2011/04/2010BPR_ENG.pdf)

Canadian Stroke Network. (2011). *The quality of stroke care in Canada*. Retrieved June 14, 2011, from <http://www.strokebestpractices.ca/wp-content/uploads/2011/06/QoS-EN.pdf>

# UNDERSTANDING



# STROKE



The effect of a stroke in the brain depends on its location and how much brain tissue is affected. Different parts of the brain control different functions. The brain is made up of three separate parts: the brain stem, cerebellum, and cerebrum.

## BRAIN STEM

The brain stem is at the base of the brain, which links to the top of the spine. The brain stem controls your breathing, swallowing, digestion, eye movement, and heartbeat. A stroke that affects the brain stem can be fatal. It can also cause speech or movement loss below the neck.

## CEREBELLUM

The cerebellum is located at the back of your head, under your cerebrum. The cerebellum controls the body functions we don't think about, such as muscle tone, the coordination of movement, as well as posture and balance. In the cerebellum, a stroke can cause movement disorders, coordination issues, shakiness, and clumsiness.

## CEREBRUM

The cerebrum is the largest part of the brain and is where thinking and muscle control occurs. The cerebrum is separated into two halves, right and left, and four lobes known as: frontal, parietal, temporal, and occipital. In general, a stroke that affects the right side of the cerebrum can paralyze the left side of body, affect your vision and artistic abilities, and can cause memory loss. Strokes that affect the left side of the cerebrum can paralyze the right side of the body, affect speech, language and scientific abilities, may create slow or cautious behaviour, and also cause memory loss. The following list shows how a stroke located in one of the four lobes in the cerebrum can affect you:

1. Frontal lobe: stroke on the left side affects movement on the right side of the body and vice versa.
2. Parietal lobe: stroke on the right side may cause agnosia (i.e., no understanding of what you're feeling, seeing, and hearing). A condition called neglect can also happen when you have a stroke. It typically occurs in the right parietal lobe and causes issues with the attention to, and awareness of, the left side of your body.
3. Temporal lobe: impacts hearing and memory. Stroke can cause Wernickes aphasia, a speech disorder, which occurs on the dominant side of your brain, usually your left side if you write with your right hand. Memory loss can also occur, but is usually short-lived unless both the right and left temporal lobes are damaged.
4. Occipital lobe: damage to the right side of the lobe causes vision loss in the left eye and vice versa.

The brain is a complex organ which regulates many of your body's functions. While the brain does have some ability to adjust, adapt, and relearn after a stroke, most stroke survivors may never be the way they were before the stroke.

*Stroke survivors and their families should work closely with a stroke care team to better understand how to cope with, and manage the recovery of, a stroke.*

### KEY REFERENCES:

Caswell, J. (2007). *A tour of the brain: A user-friendly guide to the components of the human brain and how they function*. Retrieved July 8, 2011, from [http://www.strokeassociation.org/idc/groups/stroke-public/@wcm/@hcm/@sta/documents/downloadable/ucm\\_310375.pdf](http://www.strokeassociation.org/idc/groups/stroke-public/@wcm/@hcm/@sta/documents/downloadable/ucm_310375.pdf)

Heart and Stroke Foundation. (2011). *Anatomy of the brain*. Retrieved July 8, 2011, from [http://www.heartandstroke.com/site/c.ikiQLcMWJtE/b.3484155/k.D19B/Stroke\\_\\_Anatomy\\_of\\_the\\_brain.htm](http://www.heartandstroke.com/site/c.ikiQLcMWJtE/b.3484155/k.D19B/Stroke__Anatomy_of_the_brain.htm)

# ALCOHOL SMOKING

WHAT DO THEY HAVE IN  
COMMON...

BOTH  
INCREASE  
YOUR RISK  
FOR STROKE



## MAKING THE LINK

Beginning in 1970, a Scottish study began looking at the link between smoking, drinking, and health problems in 5000 men, between 34 and 64 years of age. The study revealed that current daily and occasional smokers who didn't drink were about twice as likely to die from a stroke. Individuals who never smoked but drank fifteen or more standard drinks a week were also about twice as likely to die from a stroke. Those individuals who were daily and occasional smokers and drank fifteen or more standard drinks a week were over three times more likely to die of a stroke when compared to those who had never smoked and didn't drink alcohol (Hart, Smith, Gruer, & Watt, 2010).

## DRINKING AND SMOKING IN COMBINATION INCREASES THE RISK OF STROKE

In addition to impairing the way our body makes healthy blood clots, regular heavy alcohol intake in combination with smoking tobacco can raise blood pressure and triglycerides (Mukamal, 2006). A high triglyceride level in the blood is often linked with obesity, high blood pressure, too much fat around the waist, high glucose level, and not enough good cholesterol in your blood. These are all risk factors for stroke.

## ALCOHOL:

Heavy drinking is associated with an increased risk of stroke. For those who drink two to four drinks or more a day, the risk for stroke is about ten times higher compared to those who don't drink (Reynolds, et al., 2003).

## SMOKING:

Smoking is a well-known risk factor for stroke. The risk of stroke increases with the number of cigarettes smoked each day. Smoking is directly linked to 25% of all strokes in the U.S. (Shah & Cole, 2010).

## DRINKING ALCOHOL INCREASES THE RISK FOR HEMORRHAGIC STROKE

Alcohol can thin the blood and reduce the ability of the blood to clot. Our body needs blood clots because they act like a plug to stop excessive bleeding (e.g., stops a cut from bleeding too much). Sometimes, a blood vessel in the neck or the brain starts to leak blood into the brain. If the blood is thin and unable to make a clot to stop the bleeding, there is an increased chance of a hemorrhagic stroke (i.e., bleeding into the brain).

## SMOKING CIGARETTES INCREASES THE RISK FOR ISCHEMIC STROKE:

Cigarette smoking is a risk factor for stroke because smoking activates platelets. Platelets are cells in the blood that help the blood to clot. Sometimes, our bodies have clots that can be dangerous.

For instance, if a clot breaks away from a blood vessel and travels to the brain, it could plug the blood vessel that carries blood to the brain. This can increase the risk of an ischemic stroke (i.e., blood is blocked and cannot reach the brain).

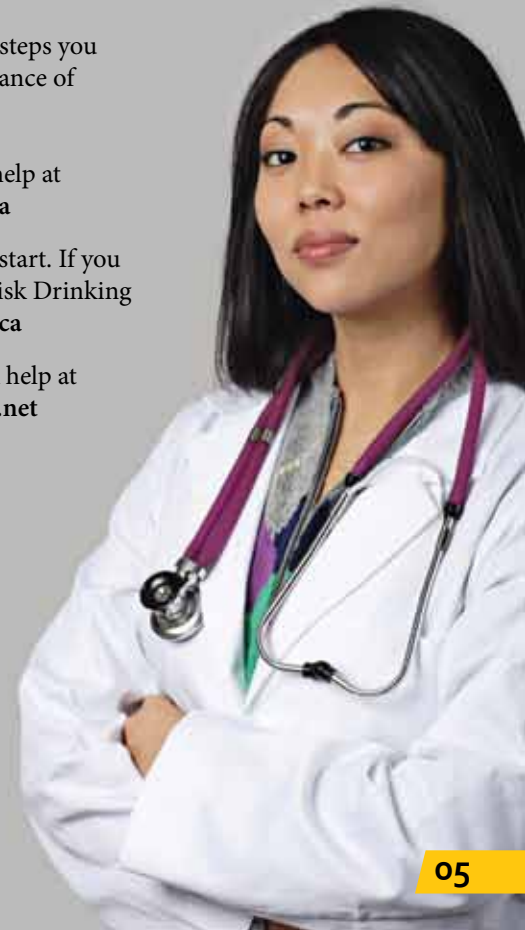
## WHAT YOU CAN DO

There are a few important steps you can take to reduce your chance of having a stroke:

- If you smoke, quit. Get help at [www.smokershelpline.ca](http://www.smokershelpline.ca)
- If you don't drink, don't start. If you drink, follow the Low-Risk Drinking Guidelines at [www.ccsa.ca](http://www.ccsa.ca)
- Heavy drinkers can seek help at [www.alcoholhelpcentre.net](http://www.alcoholhelpcentre.net)

## KEY REFERENCES:

- Hart, C., Smith, G., Gruer, L., & Watt, G. (2010). The combined effect of smoking tobacco and drinking alcohol on cause-specific mortality: A 30 year cohort study. *BMC Public Health*, (10), 789-800.
- Mukamal, K. (2006). The effects of smoking and drinking on cardiovascular disease and risk factors. *Alcohol Research & Health*, (29)3, 199-202.
- Reynolds, K., Lewis, L., Nolen, J., Kinney, G., Sathya, B., & He, J. (2003). Alcohol consumption and risk of stroke. A meta-analysis. *American Medical Association*, 289(5), 579-589.
- Shah, R., & Cole, J. (2010). Smoking and stroke: the more you smoke the more you stroke. *Expert Review of Cardiovascular Therapy*, 8(7), 917-932.



# BLOOD PRESSURE & STROKE



## FACT

19% of Canadians have HT and about 20% have pre HT\*. Unfortunately, almost 42% of Canadians with HT are unaware of their condition\*\*.

\*(Statistics Canada, 2010 a).  
 \*\*(Statistics Canada, 2010 b).

## HIGH BLOOD PRESSURE

or hypertension (HT) is one of the most important risk factors for stroke. If left untreated, it also increases the risk of heart attack, heart failure, and kidney failure. It's sometimes called the silent killer because a person can have HT and have no warning signs. This condition is very common.

Blood Pressure (BP) is the force of blood against the blood vessel walls. BP is measured at two times: when the heart beats to pump blood to the body (i.e., systolic BP) and when the heart is at rest between beats (i.e., diastolic BP). BP is reported as systolic over diastolic pressure (e.g., 120/80 mmHg). Studies show that people with systolic HT are at higher risk of stroke (Vokó, et al, 1999). The chart shows various categories of BP:

NORMAL	HIGH-NORMAL (pre-hypertension)	HIGH (hypertension)*
Systolic blood pressure less than <b>120</b>	Systolic blood pressure between <b>120 - 139</b>	Systolic blood pressure greater than <b>139</b>
Diastolic blood pressure less than <b>80</b>	Diastolic blood pressure between <b>80 - 89</b>	Diastolic blood pressure greater than <b>89</b>

\* In people who have diabetes or chronic disease, 130/80 mmHg is considered high BP or hypertension.

### WHY DOES BP MATTER?

The higher a person's systolic and diastolic numbers and the longer they are high, the more the person's blood vessels are damaged, increasing the risk of stroke. High BP puts extra stress on blood vessel walls, causing them to thicken. Increased pressure can also contribute to plaque breaking off the artery walls and blocking the blood supply to the brain causing an ischemic stroke. In other cases, the increased pressure can weaken blood vessel walls, leading to a vessel breakage, or a hemorrhagic stroke in the brain.

### WHAT CAN YOU DO?

Since you can't see or feel high blood pressure, it's very important to get your BP checked on a regular basis. If you have high BP, you may be able to lower it by making some lifestyle changes. Here are some tips to help get you started:

- Don't smoke. If you smoke, get help to quit or cut back.
  - Be physically active every day.
  - Manage Stress. Learn to handle stress by managing your time wisely, by understanding your reactions to stress-provoking situations, or by asking for help when you need it.
  - Reach and keep a healthy body weight.
  - Limit alcohol. If you drink alcohol, limit your intake to three standard drinks a day for men or two standard drinks for women.
- Visit [www.ccsa.ca](http://www.ccsa.ca) for more information.

- Limit sodium intake by reducing intake of processed foods and replacing table salt in cooking and at the table with non-sodium substitutes (e.g., potassium chloride, herbs, spices).

If lifestyle modifications aren't enough to manage your high BP, work with your healthcare provider to discuss which medications will be best to manage your high BP. If you are on prescribed medication, make sure you take them as directed.

#### KEY REFERENCES:

Statistics Canada. (2010a). Blood pressure in Canadian adults. *Health Reports*, 21(1), 37-46.  
 Statistics Canada. (2010b). Resting blood pressure and heart rate measurements in Canadian Health Measures Survey, cycle 1. *Health Reports*, 21(1), 71-78.  
 College of Family Physicians of Canada. (2010). *High blood pressure: Things you can do to help lower yours*. Retrieved July 8, 2011, from <http://www.cfpc.ca/english/cfpc/programs/patient%20education/high%20blood/default.asp?s=1>  
 Sharma, M., and Hakim, A. (2011). The management of hypertension for primary stroke prevention: a proposed approach. *International Journal of Stroke*, 6, 144-149.  
 Vokó, Z., Bots, M., Hofman, A., Koudstaal, P., Witteman, J., and Breteler, M. (1999). J-Shaped Relation Between Blood Pressure and Stroke in Treated Hypertensives. *Hypertension*, 34, 1181.

# CHOLESTEROL & STROKE



*Almost 40% of Canadian adults have **high blood cholesterol levels***

*(Heart and Stroke Foundation, 2010).*

Cholesterol plays an important role in our bodies. It's a building block for cell walls, vitamin D, and some hormones. However, when you have too much of the wrong kind of cholesterol, it becomes a health concern.

There are two different forms of cholesterol: blood cholesterol, which is made by your liver, and dietary cholesterol, which is found in food from animal sources. Cholesterol in food is not directly responsible for raising blood cholesterol levels. Rather, foods that are high in cholesterol (e.g., fatty meats, milk products containing fat, processed foods) often contain high amounts of saturated and trans fats, which can raise blood cholesterol levels.

## THE GOOD AND THE BAD

Blood cholesterol is moved through the body by the following two lipoproteins (i.e., proteins that move fat): low-density lipoprotein (LDL – “the bad”) and high-density lipoprotein (HDL – “the good”). LDL delivers cholesterol to the body. On the other hand, HDL helps move cholesterol out of your blood vessels and back to your liver for removal. The amount and type of lipoproteins in a person's body affects their risk for certain conditions such as heart disease and stroke (see the chart for target zones).

### CHOLESTEROL LEVEL TARGET ZONES:

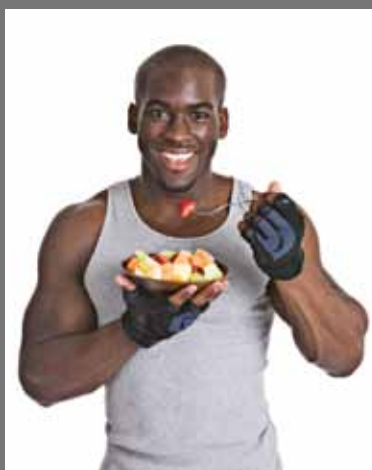
	Total Cholesterol	LDL Cholesterol	HDL Cholesterol	Total Cholesterol: HDL Cholesterol Ratio
Target Level	Less than 5.2 mmol/L*	Less than 3.5 mmol/L	Greater than 1.0 mmol/L for men and 1.3 mmol/L for women	Less than 5.0 mmol/L



\*mmol/L = millimoles/litre

## HOW DOES CHOLESTEROL IMPACT YOUR RISK?

When LDL levels get too high, a thick, hard substance called plaque collects in your blood vessels. Over time, this buildup can block blood flow to the brain or heart causing an ischemic stroke or heart attack.



## PREVENTION

Eating a diet that's **lower** in saturated and trans fats and **higher** in fibre and omega-3 fatty acids can help keep your LDL levels in the target zone. In addition, being physically active (i.e., 150 minutes of moderate to vigorous activity each week) and reaching and keeping a healthy body weight will help raise HDL levels. Get your cholesterol levels tested on a regular basis and discuss your results with your health care provider.

While your body needs cholesterol, too much of the wrong kind can be harmful. If lifestyle changes don't work to get your levels in check, your health care provider may prescribe medication. Be sure to take medication as prescribed – your health depends on it.

#### KEY REFERENCES:

Heart and Stroke Foundation. (2010). *Living with cholesterol: Cholesterol and healthy living*. Retrieved August 25, 2011, from <http://www.heartandstroke.com/atf/cf/%7B99452D8B-E7F1-4BD6-A57D-B136CE6C95BF%7D/Living-with-cholesterol-en.pdf>

# WEIGHING IN ON THE RISKS OF STROKE

*Over the past few decades, obesity rates in Canada have almost doubled.*

This isn't surprising, given the nation's trend toward poor eating habits and low physical activity levels. A recent report released by the Public Health Agency of Canada (2011) states that approximately 25% of Canadian adults are obese. When taking into account the population that is overweight (37%) and obese (25%), nearly two-thirds of adults are at risk of serious health problems.

Being overweight can lead to stroke risk factors such as high blood pressure, high blood cholesterol, and high blood sugar levels. Excess weight can also increase the risk of stroke because too much fat tissue can slow down blood flow throughout the body and lead to blockage. In fact, a recent study found that overweight people are 22% more likely to suffer an ischemic stroke than people at a healthy body weight, while the risk for obese people is 64% higher (Strazzullo et al., 2010).



## REACHING AND KEEPING A HEALTHY WEIGHT

can help lower your chance of stroke. The good news is that even a small weight loss can produce health benefits and decrease your risk of disease. For example, losing as little as 10 pounds can lower your blood pressure enough to help reduce your risk of stroke (Heart & Stroke Foundation, 2011).

### TO REDUCE YOUR RISK OF STROKE

- **Reach and keep a healthy body weight.** One way to find out if you are at a healthy weight is to calculate your Body Mass Index (BMI). For more information on BMI, visit <http://yourhealthyweight.ca> Extra weight around the waistline is more dangerous to the heart than extra weight that's on the hips and thighs. To learn how to accurately measure your waist circumference, visit [www.heartandstroke.ca](http://www.heartandstroke.ca)
- **Eat a healthy diet.** A well-balanced diet that includes vegetables and fruit, lean protein, whole grains, and healthy fats may help lower blood pressure and cholesterol, and keep blood sugar levels in check. Portion control is also essential to healthy eating. Check out Canada's Food Guide to learn what a serving size of different foods looks like and how many servings you need.
- **Get moving.** Physical activity helps prevent stroke by helping you lose weight, lowering blood pressure and cholesterol, reducing inflammation, and improving blood sugar levels (Sattelmair et al., 2010). According to the new Canadian Physical Activity Guidelines, adults should get at least 150 minutes of moderate to vigorous physical activity per week. However, you should aim for more as, in general, the more physical activity you get, the greater the health benefits.



*Start your journey to a healthier you today!*

If you're having a hard time reaching and keeping a healthy weight, you may need to speak to your health care provider to help get yourself on the right track. What are you waiting for?

#### KEY REFERENCES:

- Heart and Stroke Foundation. (2011). *Basic principles for a healthy weight*. Retrieved August 10, 2011, from [http://www.heartandstroke.on.ca/site/c.pv13leNWJwE/b.3581707/k.2ED8/Basic\\_principles\\_of\\_Healthy\\_Weight.htm?src=home](http://www.heartandstroke.on.ca/site/c.pv13leNWJwE/b.3581707/k.2ED8/Basic_principles_of_Healthy_Weight.htm?src=home)
- Public Health Agency of Canada. (2011). *Obesity in Canada: A joint report from the Public Health Agency of Canada and the Canadian Institute for Health Information*. Retrieved June 28, 2011, from <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/oic-oac/index-eng.php#toc>
- Strazzullo, P., D'Elia, L., Cairrella, G., Garbagnati, F., Cappuccio, F., & Scalfi, L. (2010). Excess body weight and incidence of stroke. *Stroke*, 41: e418-e426.
- Sattelmair, J., Kurth, T., Buring, J., & Lee, I. (2010). Physical activity and risk of stroke in women. *Stroke*. ISSN: 1524-4628.

>> SCHEDULE OF EVENTS

# CALENDAR

Windsor-Essex County Health Unit Services

## INTAKE NURSE

The Intake Nurse is available to provide information and telephone counselling on a wide variety of topics (e.g., parenting, infant care, pregnancy, community resources). Hours of operation are from Monday to Friday 8:30 a.m. to 4:30 p.m. Call 519-258-2146 ext. 1350.

## OFF TO A GREAT START PROGRAM

Many researchers have identified birth to age six as the most important time for development. It sets the stage for a child's success in school and into adulthood. For help along the way, the Windsor-Essex County Health Unit is now offering the Off to a Great Start Program. Check out the website at [www.offtoagreatstart.org](http://www.offtoagreatstart.org) for current information, activities, and resources for the early years.

## BREASTFEEDING SUPPORT

If you're breastfeeding your baby and have questions, call the Intake Nurse at 519-258-2146 ext. 1350. If further assistance is needed, you can make an appointment to visit a Public Health Nurse at a breastfeeding clinic.

## READING, RHYTHM & MOVEMENT: ALTERNATIVES TO TV (PREVENTING OBESITY IN PRESCHOOLERS)

A resource kit, "Reading, Rhythm & Movement: Alternatives to TV (Preventing Obesity in Preschoolers)" is available for loan at your local library or Ontario Early Years Centre. This kit includes a music CD and children's books that encourage movement, booklets on feeding infants and preschoolers, an Activity Planner, and a booklet on physical activities for children.

## STARTING EARLY: KEEPING YOUR PRESCHOOLER AT A HEALTHY WEIGHT

This booklet offers easy, helpful advice on active living and healthy eating for your one to five year old child. Call the Windsor-Essex County Health Unit at 519-258-2146 ext. 1340 or 1-800-265-5822 ext. 1340 to have the booklet mailed to your home.

## HAVE FUN AND PLAY SAFE AT THE PLAYGROUND

Playgrounds are a great place for children to be active, make friends, and develop skills. Children can also get hurt at playgrounds. Supervision is the key to preventing injuries. For tips on how to have fun and play safe, go to [www.wehealthunit.org/playground-safety](http://www.wehealthunit.org/playground-safety)

## CINOT PROGRAM

The Children in Need of Treatment (CINOT) program provides urgent dental care for children up to the age of 18 who don't have dental coverage.

## HEALTHY SMILES

Healthy Smiles Ontario is a new, no cost dental program for children 17 and under who don't have access to any dental coverage and who meet the program's eligibility requirements. Eligible children will receive preventive and early dental treatment services at no cost.

## JUST FOR MOMS AND BABIES

This informal group provides health information and support for new moms and their infants up to 6 months of age. This group meets for six weeks and is facilitated by a Public Health Nurse.

## PRENATAL IN-CLASS PROGRAM

Pregnant moms and their coaches can attend these five evening classes for free. The topics include: Steps to a Healthy Pregnancy, Managing Labour and Delivery, The Postpartum Experience, Care of the Newborn, and Breastfeeding and Infant Nutrition.

## PRENATAL ONLINE PROGRAM

A free online prenatal course is available. Participants will be supplied with a booklet and can do the online course on their own schedule.

## TRIPLE P PARENTING

Be the best parent you can be with Triple P - "Positive Parenting Program" As we all know, kids don't come with an instruction manual. Whatever your need, no matter how simple or complex, Triple P has the information to help you. We provide FREE parenting classes in Windsor, Essex, and Amherstburg. To register, and for more information, call 519-252-2313 ext. 231 or visit [www.triplepwindsor-essex.ca](http://www.triplepwindsor-essex.ca)



## 2012 Upcoming Events in Windsor-Essex

### WALK FOR MEMORIES

The Alzheimer Society will be hosting two charity walks.

- **JANUARY 28, 2012**  
*Location: Devonshire Mall, Windsor*
- **FEBRUARY 4, 2012**  
*Location: Kinsmen Recreation Complex, Leamington*

For more information or to register online, visit [www.walkformemories.ca](http://www.walkformemories.ca)

### ST. DENIS COMMUNITY CENTRE FAMILY DAY

- **FEBRUARY 20, 2012**  
Get Active! All families (adult must be present) are welcome! There will be access to indoor track, basketball, volleyball, and badminton courts. The Forge Fitness Centre will be open to users over the age of 17 years. The pool is open for recreational swimming from 12 p.m. to 2 p.m. and 8 to 10 p.m.  
■ *Cost: Free*  
*Location: St. Denis Community Centre, 2555 College Ave., Windsor*

For more details contact the St. Dennis Centre at 253-3000 ext. 2456 or visit [www.goLancers.ca](http://www.goLancers.ca)

**2012**

## Upcoming Events in Windsor-Essex

### 16<sup>TH</sup> ANNUAL BOWL-A-THON

■ FEBRUARY 11, 2012

Proceeds will benefit the Windsor & Essex County Cancer Centre Foundation. Register your team of four to five people today! Participants are asked to raise a minimum of \$25

Registration begins at 12:30 p.m., Bowling starts at 1:00 p.m.

Location: REVS Bowlero Family Fun Centre

675 Tecumseh Rd. W., Windsor

For more information, contact: Nancy Gibbons at 519-253-3191 ext. 58506#

[Nancy\\_Gibbons@wrh.on.ca](mailto:Nancy_Gibbons@wrh.on.ca)

### BLACK & WHITE EVENT

■ FEBRUARY 25, 2012

The Canadian Mental Health Association is hosting another spectacular evening of music and culture. The evening will be filled with live music, gourmet delights, and a luscious desert buffet specially prepared by Culinary Producer, Chef Mimmo and Koolini Italian Eatery.

Tickets: \$125

8 p.m. to 12 a.m.

Location: Overseas Motors, BMW and Mercedes Showrooms.

For more information visit [www.cmha-wecb.on.ca](http://www.cmha-wecb.on.ca).

To reserve your tickets, please call 519-255-7440 ext. 225.

### CANADIAN CANCER SOCIETY SMOKERS HELPLINE – DRIVEN TO QUIT CONTEST

■ FEBRUARY - MARCH, 2012

Get help to quit smoking and a chance to win a new car!

Register in February and stay smoke free for March 2012.

For more information or to register please call

1-888-513-3333.

### CANADIAN DIABETES ASSOCIATION DIABETES EXPO & TRADE SHOW

■ MARCH 31, 2012

There will be light refreshments draws, and prizes.

Cost: Free

Location: Windsor Croatian Centre, 5259 Tecumseh Rd. E, Windsor

Time: 10:00 a.m. to 3:00 p.m.

For more information contact

[Joyce.montrose@diabetes.ca](mailto:Joyce.montrose@diabetes.ca)

[Katie.vanner-sylvester@diabetes.ca](mailto:Katie.vanner-sylvester@diabetes.ca) or call the Canadian Diabetes Association at 519-253-1797.

### CANADIAN CANCER SOCIETY APRIL IS DAFFODIL MONTH!

DAFFODIL DAYS

■ MARCH 29 - APRIL 1, 2012

Coin-box sales: April 1 to 30, 2012.

Donate & wear your Daffodil in support of people facing cancer.

Let them know they are not alone. Volunteer and help make cancer history! For more information, please call

519-254-5116.

### CANADIAN CANCER SOCIETY RESIDENTIAL CANVAS

■ APRIL 1 TO 30, 2012

Volunteers needed. Help raise money as you go for a healthy walk. For more information, please call 519-254-5116.

### CANADIAN CANCER SOCIETY

Relay For Life Events in June, 2012. Celebrate, Remember, Fight Back. Register and/or sponsor a team. Hold your own fundraising events. Activities from January to June, 2012 For more information, please call 519-254-5116.

### SPRING INTO ACTION WALK/RUN EVENT

■ MAY, 2012

For more details regarding this event, please contact Kendra Aubry at

[kaubry@cmha-wecb.on.ca](mailto:kaubry@cmha-wecb.on.ca)

519-255-7440 ext. 197 or visit [www.cmha-wecb.on.ca](http://www.cmha-wecb.on.ca)

# ac·ci·dents

Events that happen for no apparent reason.



These were not ACCIDENTS.

These were PREVENTABLE.



It's time “a” to drop the “a” word.

No more ~~ACCIDENTS!~~ Call it what it is... **INJURY, COLLISION, INCIDENT or CRASH**

**SWIPN** Southwest Injury Prevention Network

**WEC** Windsor-Essex County Injury Prevention Coalition



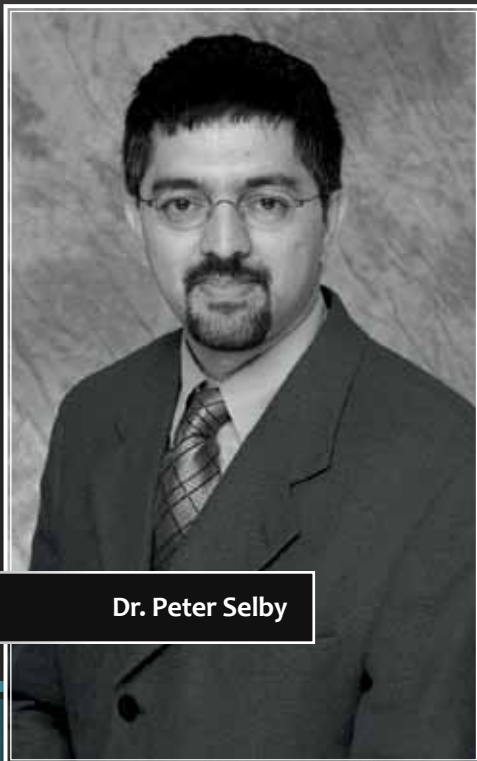
# LIGHTS OUT

Comprehensive Smoking  
Cessation Strategy Forum

## DID YOU KNOW

- “About 19% of Windsor-Essex residents ages 12 and over smoke - that’s nearly one in five people.” (Statistics Canada, 2010)
- “Tobacco-related diseases cost Ontario \$5.8 billion in lost productivity annually.” (Ontario Ministry of Health Promotion and Sport, 2011)
- “60% of Ontario’s smokers want to quit within the next six months.” (Statistics Canada, 2008)

The purpose of the Lights Out: Comprehensive Smoking Cessation Strategy Forum is to bring together key local decision makers and stakeholders to discuss the “business case” for establishing a comprehensive smoking cessation strategy for Windsor-Essex and outline what workplaces can do to support smoking cessation among their employees.



Dr. Peter Selby

### Event Information:

Wednesday, February 8, 2012  
8 a.m. to 12 p.m.  
Windsor Regional Hospital - Clinical Education Room  
1995 Lens Ave.  
Windsor, ON N8W 1L9

**Cost:** Free (Includes a Heart Healthy Breakfast)

### Featured Speaker:

Dr. Peter Selby Clinical Director, Addictions Program at Centre for Addiction and Mental Health (CAMH) and Executive Director and creator of the TEACH project.

### Registration:

Register by contacting Yvette Reaume by phone or e-mail.  
Phone: 519-258-2146 ext. 3100 E-mail: [yreaume@wehealthunit.org](mailto:yreaume@wehealthunit.org)

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**STORY**

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INTERESTED IN  
BRINGING WELLNESS TO  
YOUR WORKPLACE

**DO YOU HAVE SUGGESTIONS FOR FUTURE TOPICS?  
SUBMIT YOUR IDEAS TO THE WORKPLACE TEAM.**

The *Working Toward Wellness* program offers consultation and support to help workplaces start and maintain a wellness program that works.

**CALL US TODAY!**

WEBSITE: [www.wehealthunit.org](http://www.wehealthunit.org)  
EMAIL: [workplace@wehealthunit.org](mailto:workplace@wehealthunit.org)  
PHONE: 519-258-2146 ext. 3100  
FAX: 519-776-6102

*Resources and*  
WEBSITES



THE CANADIAN STROKE NETWORK  
[www.canadianstrokenetwork.ca](http://www.canadianstrokenetwork.ca)

CANADIAN PHYSICAL ACTIVITY GUIDELINES  
[www.csep.ca/guidelines](http://www.csep.ca/guidelines)

HYPERTENSION CANADA  
[www.hypertension.ca](http://www.hypertension.ca)

LOW RISK DRINKING GUIDELINES  
[www.lrdg.net](http://www.lrdg.net)

SMOKER'S HELPLINE  
[www.smokershelpline.ca](http://www.smokershelpline.ca)

