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MAY / JUNE 2026

LIFE IN Hearts

The voice of Canadian women
living with Heart Disease or Heart Failure

Live Bravely. Love Boldly. Stronger Together.

SUPPORT ♥ EDUCATION ♥ EMPOWERMENT ♥ HOPE

Life In Hearts

www.LifeInHearts.ca • LifeInHearts@HeartLife.ca
HEARTLIFE WOMEN • Canadian Women With Medical Heart Issues

EDITOR &
FOUNDER
Jackie Ratz, MB
Heart Failure, 2017

J.R. comments:

Welcome to the May/June issue of Life In Hearts!
This issue covers the Heart Failure Update (HFU) conference that was held in Montreal on May 1-2, 2026. There were many learnings, many laughs and so many inspiring moments. HeartLife foundation was welcomed as a patient organization with Marc Bains, Jillianne Code, Jenny Milne (her presentation is our feature story), and Tod Murray on the main stage. We were also invited to provide a mini wellness colouring book and mini pencil crayons to every participant (a first for HFU) - this was particularly exciting for me and a great way to introduce clinicians to some of what HeartLife Women is about. Hope you all enjoy this issue!

And, as always, remember to Live Bravely. Love Boldly. Every day.

Cover Photo Credit:

Heart Warrior Queens United

AI Generated Image

A warm summer sunset reflects across the water as women sit side by side, united in friendship, resilience, and hope. Surrounded by wildflowers and the peaceful beauty of nature, the image captures the strength found in community and the healing power of being understood. It symbolizes the heart of *Life in Hearts* — women supporting women through every challenge, every season, and every heartbeat.

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CANADIAN WOMEN'S HEART HEALTH CENTRE | NATIONAL ALLIANCE

Canadian Women's
HeartHealth Alliance
cwhha.ca / wearredcanada.ca

Global Heart Hub

Global Heart Hub
globalhearthub.org

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Editor's Note:
Jenny Milne presented at Heart Failure Update 2026. This article Is written to reflect the speach she gave at the conference... you could hear a pin drop as she shared her heart journey and her key messages for the audience. As a woman under 30 her voice is critical to improving heart care for all women.

By
JENNY MILNE,
British Columbia
Heart Valve, 2022

The Power of Our Voice: Jenny's Story

When clinicians gather to discuss heart failure, pulmonary hypertension, and complex treatment pathways, the conversation often centers around data, protocols, outcomes, and evidence-based care. But for patients, those experiences are not lived as statistics.

They are lived as moments.

Moments of uncertainty. Fear. Isolation. Advocacy. Resilience. And, sometimes, extraordinary hope.

At the 2026 Heart Failure Update conference, one young woman courageously shared her lived experience navigating pulmonary hypertension, diuretic resistance, severe mitral valve disease, and advanced heart failure as a patient in her early twenties. Her story served as a powerful reminder that behind every diagnosis is a person trying to understand what their future might hold.

A LIFE CHANGED AT 23

At just 23 years old, she found herself sitting alone in a hospital room during the height of the COVID-19 pandemic, being told physicians did not yet understand what was happening to her heart.

They only knew it was enlarged and failing.

After six difficult days in hospital, she was discharged and reunited with her fiancé — a moment she recalls with overwhelming emotion after pandemic restrictions prevented him from being by her side.

Only one month later, at age 24, she was told she might need a heart transplant.

At the same time, she was trying to process a diagnosis of severe mitral valve regurgitation while managing debilitating symptoms and significant fluid retention. At one point, she lost nearly 30 pounds of fluid and required extremely high doses of diuretics simply to remain stable.

Her days quickly became filled with medications, procedures, tests, and uncertainty.

And while she may not remember every right heart catheterization she endured, her husband does.

“He remembers the pain. He remembers the fear — for both of us,” she shared.

THE IMPORTANCE OF LISTENING

One of the most striking parts of her story was not only the severity of her illness, but the fact that her condition was initially missed.

Before receiving her diagnosis, she sought medical attention in her hometown emergency department in 2020. Despite worsening symptoms, she was reassured that nothing serious was wrong and told it was likely related to gallbladder dysfunction.

Her heart was never evaluated.

But she knew something was wrong.

"I knew I was getting worse," she explained. "And I knew I had to advocate for myself."

That advocacy may have saved her life.

"If I had listened to the first ER doctor… I might not be standing here today."

Her experience highlights an important reality faced by many women living with heart disease and heart failure: symptoms are too often minimized, dismissed, or misunderstood.

It also underscores the critical importance of listening to patients when they say something does not feel right.

WHEN THE EXPECTED OUTCOMES CHANGE

As her condition progressed, physicians warned that if her pulmonary hypertension could not be controlled, she might eventually require a heart-lung transplant outside her home province.

Yet after undergoing mitral valve replacement surgery in 2022, something remarkable happened.

Her pulmonary pressures normalized.

Clinicians had not expected that outcome.

"The goal was to get me stable enough to make transplant an option," she shared. "But instead… they normalized."

With that, transplant was removed from the table.

Her story became a powerful example of why advancing cardiovascular science matters — and why medicine cannot always rely solely on textbook expectations.

She credits her recovery to clinicians who continued searching for answers, researchers who kept pushing science forward, and healthcare teams willing to look beyond standard assumptions.

"Understanding the physiology. Treating the root cause. Not giving up when things don't follow the textbook."

MORE THAN SURVIVAL

At one point, based on older data surrounding her diagnosis of endomyocardial fibrosis, she was told she may have only a 50 percent chance of surviving another two years.

Today, she has surpassed those expectations.

And she is not simply surviving.

She is thriving.

Her message to healthcare professionals was clear: advancements in cardiovascular medicine save lives, but partnership between patients and clinicians is equally important.

"The science matters. The medications matter. The systems matter," she said.

"But so does listening to the person in front of you. So does believing them when something doesn't feel right."

THE MOST TIMELESS PRINCIPLE OF ALL

As she closed her presentation, she reflected on the idea of "timeless principles" in healthcare.

While medicine continues to evolve, she reminded the audience that some aspects of care remain deeply human and enduring.

"Sometimes," she said softly, "the most timeless piece of all… is trust."

Her story resonated deeply because it represented more than one patient's journey. It reflected the experiences of countless women living with heart disease and heart failure who continue to fight to be heard, believed, diagnosed, and treated.

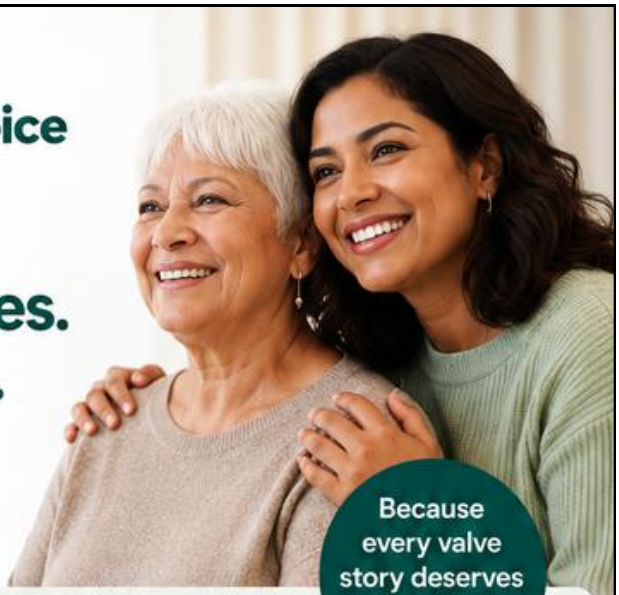
It was also a reminder that patient voices are not an addition to cardiovascular care — they are essential to it.

At Life in Hearts, we believe stories like this matter. Because behind every clinical pathway is a human being. And behind every moment of fear can also be hope, resilience, advocacy, and the possibility of a future once thought impossible.

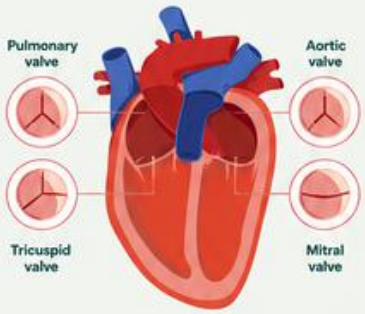
Heart Valve Voice Canada

Your heart has valves. Your voice matters.

Heart Valve Voice Canada is a patient-driven organization dedicated to improving the lives of Canadians living with or at risk of heart valve disease.



Because every valve story deserves to be heard.



WHAT IS HEART VALVE DISEASE?

The heart has four valves that open and close to control blood flow to your body. If one or more of those valves don't open or close properly, that means you have heart valve disease. It may be something you were born with, or that develops during your life.

Heart valve disease is common and serious, but treatable. Knowing the symptoms to look out for and when you should see a healthcare provider are the best ways to detect and treat possible heart valve disease.

WE'RE HERE TO SUPPORT YOU

Empower
We provide trusted information and resources to help you understand your condition and make informed decisions about your care.

Connect
We bring patients, caregivers, and healthcare professionals together to share experiences and build a stronger community.

Advocate
We raise awareness and champion the needs of those affected by heart valve disease at every level.

Educate
We support education and research to improve diagnosis, treatment, and outcomes for patients today and tomorrow.

Support
We nurture hope through peer support, stories of strength, and a commitment to no one facing valve disease alone.

KNOW THE SYMPTOMS

- Fatigue or reduced exercise ability
- Shortness of breath
- Irregular heartbeat
- Dizziness or lightheadedness
- Chest pain
- Fainting
- Ankle swelling

KNOW THE RISK FACTORS

- Older age
- Congenital abnormalities
- Cardiovascular conditions
- Family history
- Rheumatic fever
- Radiation or certain chemotherapy
- Other health conditions

For more information go to **HeartValveVoice.ca**

← Scan to visit our website!

By
RISA MALLORY, Ontario
Spontaneous Coronary Artery
Dissection (SCAD), 2018

There's a moment many of us recognize.

You're sitting in a clinical room, taking in life-changing information, and decisions are being discussed—often quickly, and in language that can feel just out of reach. You listen, you try to absorb it all, and somewhere in that exchange, a quiet question surfaces: Where do I fit in this decision?

As a woman living with heart disease—and as a healthcare advocate—I've come to see that navigating health care decision-making isn't only about understanding medical information. It's also about navigating time pressure, communication styles, and sometimes unspoken assumptions about what it means to be a "good" patient.

For women, this experience can feel especially nuanced. Our symptoms may present differently. Our concerns may not always be immediately recognized. And while our voices are present, they don't always feel fully integrated into the conversation.

This is where patient-led decision-making becomes so important—not just as an idea, but as something we experience in practice.

One of the most meaningful shifts is recognizing that our values belong at the centre of every decision. What matters most to you? Is it maintaining independence? Reducing symptoms? Having the energy to engage in daily life? Being present for the people you care about?

These are not secondary considerations—they are essential.

And yet, decisions can sometimes be presented as though there is a single "best" clinical path, without fully exploring how that path fits into a woman's life. In reality, there are often multiple reasonable options, each with its own benefits, risks, and trade-offs. There may also be uncertainty —and that's okay to acknowledge.

Over time, I've found that a few simple questions can help open up these conversations:
- What are my options—including doing nothing?
- What are the benefits and risks of each option?
- How might this affect my daily life—now and over time?

These questions don't challenge care—they support it. They help create space for dialogue and understanding.

Of course, asking questions isn't always easy. Many of us have been conditioned to be accommodating, to not take up too much time, or to avoid appearing difficult. In busy clinical environments, that feeling can be amplified.

This is where support can make a real difference. Bringing a trusted person to an appointment can help in practical and emotional ways. They can listen alongside you, take notes, and help you reflect afterward. Sometimes, just knowing someone is there can make it easier to speak up.

It's also helpful to remember that uncertainty is a natural part of medicine. Not every answer is definitive, and not every outcome is predictable. Research continues to evolve — particularly in women's heart health — and individual experiences can vary.

Acknowledging that uncertainty doesn't weaken decision-making. It can actually strengthen it, by making space for thoughtful, informed choices.

And then there's time. While some decisions are urgent, many are not. It is reasonable to ask for time to think, to review information, or to seek a second opinion. Taking that time can help ensure that decisions feel right for you.

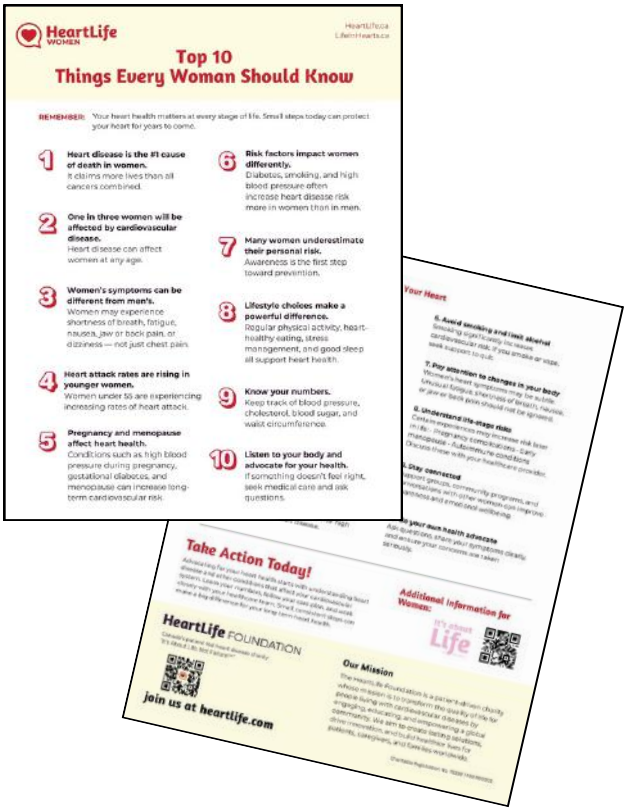
At its heart, shared decision-making is about partnership. Clinicians bring medical knowledge and experience. Patients bring their lived experience, preferences, and priorities. Both perspectives matter.

For women living with heart disease, this kind of partnership can be especially meaningful. Because we are not only managing a condition — we are living full, complex lives beyond the clinical setting.

The decisions we make about our care are part of that larger picture.

So if you find yourself in that clinical room, wondering where you fit — know that your voice belongs there. Not as an interruption, but as an important part of the conversation.

Discover Patient Voices and Practical Tools at LifeInHearts.ca



Finding reliable, relatable information about living with heart disease isn't always easy — especially resources that truly reflect the patient experience. Information created by patients, for patients is still surprisingly rare.

LifeInHearts.ca was created to help fill that gap.

The website offers clear, practical information sheets designed to be easy to read, share, and print. Each topic is presented in a simple one-page format that works for both patients and healthcare providers looking for accessible educational tools.

With a focus on women's heart health, topics include menopause and heart health, understanding personal risk, navigating social isolation, and practical guidance on advocating for yourself within the healthcare system.

All information sheets are free to access and print, making them a helpful resource for individuals, families, clinics, and community organizations.

Explore the resources and learn more at **LifeInHearts.ca.**

Peer to Peer Support

HeartLife Women is leading the way with casual monthly in person peer to peer support.

We are looking for leads in all communities.

Interested?
Send an email:
Jackie@HeartLife.ca

HeartLife WOMEN

HeartLife.com
LifeInHearts.ca

Myth and Misconception Busting

Lets start with a definiation of a myth and misconception: Myths are stories we've been told that simply aren't true. Misconceptions are misunderstandings that can lead us astray.

When it comes to women and heart disease, both myths and misconceptions have clouded the facts for far too long. Clearing them up is a vital step toward better awareness, smarter risk assessment, and more equitable care.

Too many voices have muddied the truth—so let's set the record straight. Here are some of the most common myths and misconceptions, busted wide open:

1. **Heart disease is a "man's disease."**

   Fact: Cardiovascular disease is the leading cause of death for Canadian women, claiming more lives than all cancers combined.

2. **Breast cancer is the biggest health threat for women.**

   Fact: While breast cancer is serious, 5 times more women die of cardiovascular disease than breast cancer. In Canada, one women dies of heart disease every 20 minutes.

3. **Women don't get heart disease until they're older.**

   Fact: Heart disease can strike at any age. Risk factors like high blood pressure, diabetes, smoking, and pregnancy complications can increase risk earlier in life.

4. **Heart attack symptoms are the same for men and women.**

   Fact: Women often experience additional symptoms such as fatigue, nausea, shortness of breath, or jaw/back pain — symptoms that are frequently missed by clinicians.

5. **Women who are fit and eat well won't get heart disease.**

   Fact: Lifestyle helps, but genetics, hormones, and other risk factors mean even healthy women can develop heart disease. Being fit and athletic reduces your risk but it does not eliminate the possibility entirely. Conditions like high blood pressure, high cholesterol, diabetes, and smoking can increase your risk, even in otherwise healthy individuals - Your age and ethnicity can come into play as well.

6 **Women are well represented in heart disease research.**

Fact: Women remain under-represented in clinical trials, leading to gaps in diagnosis, treatment, and tailored therapies.

7 **Only women after menopause need to worry about heart disease.**

Fact: Heart disease can affect younger women too, especially those with risk factors like hypertension, diabetes, or prior chemotherapy. Heart disease is a threat for all women, even those in their 30s. For example, the rate of sudden cardiac death of women in their 30s and 40s is increasing much faster than in men their same age, rising 30% in the last decade. Risk factors also accumulate thoughout life.

8 **Once a stent is placed after a heart attack, the heart disease is gone."**

Fact: A stent can open a blocked artery and restore blood flow after a heart attack, but it does not cure heart disease. Ongoing management through lifestyle changes, medications, and follow-up care are needed to reduce the risk for future events.

9 **There is nothing a woman can do to prevent heart disease.**

Fact: There's actually quite a bit that you can do! You can significantly reduce your risk of heart disease if you get the information you need, know the questions to ask your physician, and commit to making heart-smart changes to your lifestyle. Experts estimate that up to 80% of heart disease is preventable.

10 **Awareness about women's heart disease is improving.**

Fact: Alarmingly, awareness among women has declined significantly in the past decade, leaving many unaware of their risks.

Take Action Today!

Advocating for your heart health starts with understanding heart disease and other conditions that affect your cardiovascular system. Learn your numbers, follow your care plan, and work closely with your healthcare team. Small, consistent steps can make a big difference for your long-term heart health.

Additional Information for Women:

It's about Life IN HEARTS

HeartLife FOUNDATION

Canada's patient-led heart disease charity
"It's About Life, Not Failure™"

join us at heartlife.com

Our Mission

The HeartLife Foundation is a patient-driven charity whose mission is to transform the quality of life for people living with cardiovascular diseases by engaging, educating, and empowering a global community. We aim to create lasting solutions, drive innovation, and build healthier lives for patients, caregivers, and families worldwide.

Charitable Registration No. 76199 7493 RR0001

The Rhythm of Us: A Mothers Day Story

By
JACKIE RATZ,
Manitoba
Heart Failure, 2017

The kitchen table tells a story of two hearts. There is the one sitting here now, rhythmic and intentional, and the one that exists only in the echoes of the hallway — the mother who came before.

For those of us living with heart failure, Mother's Day isn't a Hallmark card; it is a quiet, breathtaking act of defiance. We are the women who know that heart disease doesn't just stay in the chest; it whispers through the whole body, turning a walk to the park into a mountain climb and simple fatigue into a system gap. We are the mothers who have learned to parent through the "traffic jam" of our own circulation, teaching our children that love isn't measured by the speed of our pulse, but by the depth of our presence.

But as we sit in the soft light of May, we also feel the tug of the "missing beats" — the mothers who are no longer at the table.

We remember the women who were told their symptoms were just "atypical." We remember the mothers whose jaw pain was called stress, whose shortness of breath was called anxiety, and whose exhaustion was dismissed as the weight of womanhood. They were the pioneers of a lived reality that the medical system wasn't ready to see. They didn't fit the male-dominated algorithm, and so they slipped through the implementation gap.

They are the reason we no longer stay silent.

To live with heart disease today is to carry their story forward. It is to look at our children and know that this is fixable. We honor our missing mothers by refusing to let "vague" be a reason for dismissal. We honor them by demanding that medical education reflects the unique biological realities of the female heart, ensuring that the next generation of daughters doesn't have to fight just to be heard.

Today, the Northern Lights of our landscape — the pink of underdiagnosis and the purple of dismissal— are finally being named. We are moving from awareness to accountability.

If you are a mother holding your breath today, or a daughter holding a memory, know that your heart's story matters. We are building a system that finally fits us, turning the gaps of the past into bridges for the future. We breathe for those who can't, and we advocate for those yet to come.

Because a mother's love is a rhythm that never truly stops — it just finds a new way to beat.

For many women living with chronic illness, the hardest symptoms are not always the ones people can see.

It may be the exhaustion that lingers after a full night's sleep. The brain fog that interrupts conversations. The anxiety before a medical appointment. Or the emotional weight of navigating uncertainty every day.

Increasingly, researchers are recognizing that the connection between the heart and the brain is far more significant than previously understood — especially for women living with heart disease, heart failure, diabetes, autoimmune disease, and other chronic conditions.

The message emerging from current research is clear: heart health, brain health, and mental health are deeply connected.

By
Jackie Ratz, Manitoba Heart Failure, 2017

Editors Note: this article is a collaboration of various ideas and sources from recent conferences and webinars. Chat GPT was used to pull these ideas together.

More Than "Just Stress"

For years, many women experiencing memory changes, poor concentration, fatigue, or emotional overwhelm were often told they were simply stressed or overworked.

Today, experts understand that chronic illness itself can affect cognitive and emotional functioning. Conditions such as heart failure, atrial fibrillation, hypertension, diabetes, and chronic inflammation may influence blood flow, sleep quality, nervous system function, and inflammation in ways that impact the brain.

Research shows that people living with cardiovascular disease may experience higher rates of:

- Brain fog and memory changes
- Anxiety and depression
- Sleep disturbances
- Difficulty concentrating
- Emotional exhaustion
- Social isolation

For women, these challenges may be even more complex.

Hormonal changes, caregiving responsibilities, financial pressures, and healthcare inequities can intensify the burden of chronic illness. Women are also more likely to have invisible symptoms dismissed or minimized.

Understanding Cognitive Impairment?

Cognitive impairment refers to changes in how the brain processes information. It can affect memory, attention, concentration, reasoning, and executive functioning — the skills we use for planning, organizing, and managing daily life.

In heart failure specifically, researchers are studying how reduced cardiac output, vascular changes, and repeated hospitalizations may contribute to cognitive changes over time.

Some women describe it as:
“I can’t think as clearly as I used to.”
“I forget appointments or medications.”
“I feel mentally exhausted all the time.”

These experiences are real — and they are not personal failures.

The Emotional Toll of Chronic Illness

Living with chronic illness can place enormous emotional strain on patients and families.

Many women balance medical appointments, work, caregiving, changing identities, and uncertainty about the future while trying to appear "fine" to those around them.

Canadian healthcare conversations are increasingly emphasizing the importance of recognizing mental health challenges early. Anxiety and depression are common among people living with heart disease and heart failure, yet many patients still struggle to access adequate emotional support.

Experts now recognize that mental health directly influences physical health outcomes. Emotional distress can affect sleep, physical activity, medication adherence, and a person's ability to manage complex care plans.

At the same time, social connection, peer support, and compassionate care can improve resilience and quality of life.

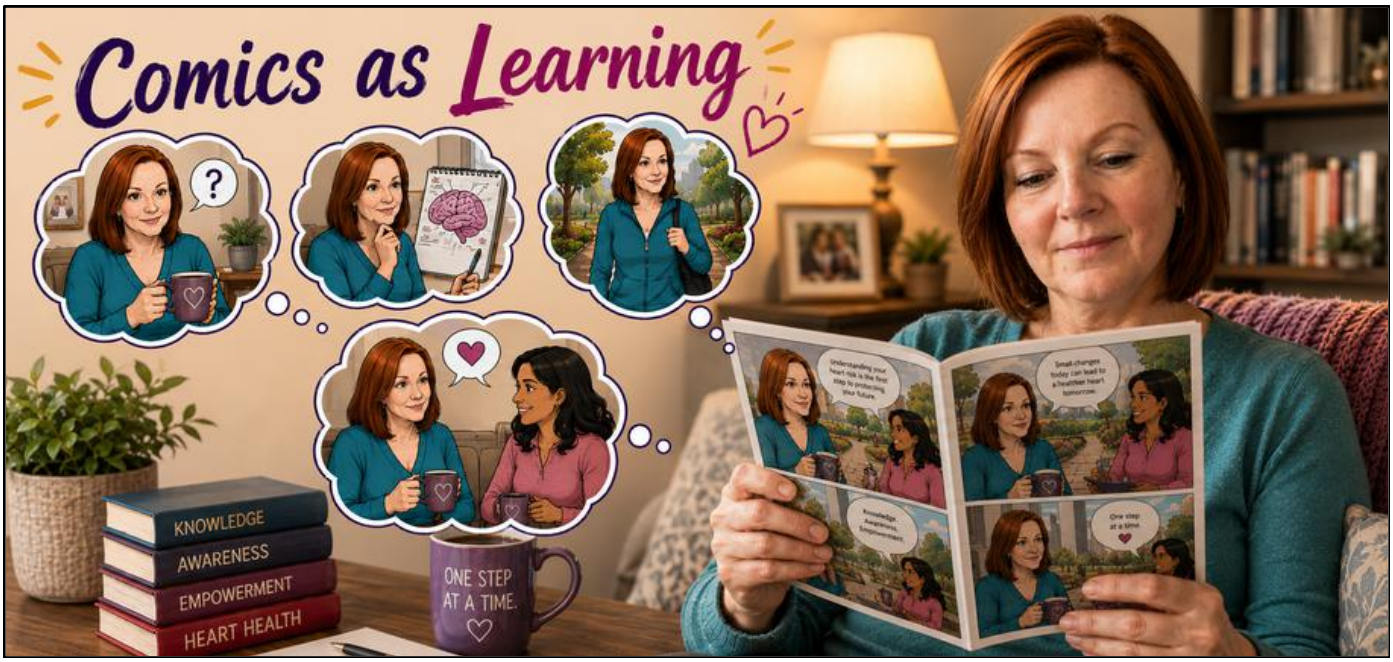
Protecting Both Brain and Heart Health

Experts emphasize that protecting cognitive and emotional health is not about perfection. Small, sustainable steps can support both heart and brain health over time:

- Staying physically active within your abilities
- Prioritizing rest and sleep
- Managing blood pressure and diabetes
- Seeking support for anxiety or depression
- Staying socially connected
- Using calendars, reminders, or medication tools
- Asking questions and involving caregivers or supports

Most importantly, women should feel empowered to speak openly about brain fog, memory concerns, emotional overwhelm, or mood changes with their healthcare teams.

Because healing is not only about surviving. It is also about being heard, supported, and understood.



Recently, I attended a webinar exploring innovative ways to make health information more accessible and engaging for patients. When the presenters shared examples of using AI and comic strips as educational tools, I immediately knew I had to try it for Life in Hearts and HeartLife Women.

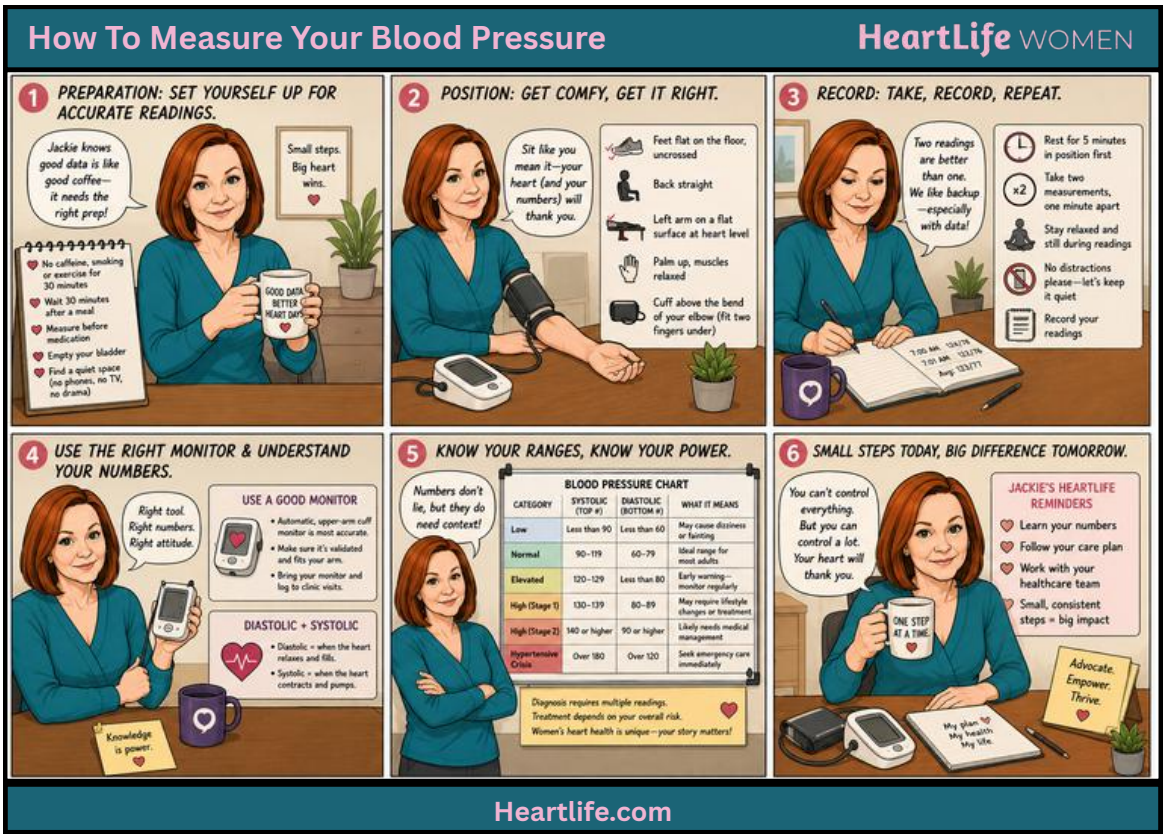
These comic strips were created to make important heart health information more approachable, relatable, and easier to remember for women living with or at risk of cardiovascular disease. Through the main character — a warm and relatable patient advocate named Jackie (LOL) — complex topics are translated into everyday conversations, practical moments, and encouraging reminders that women can connect with personally.

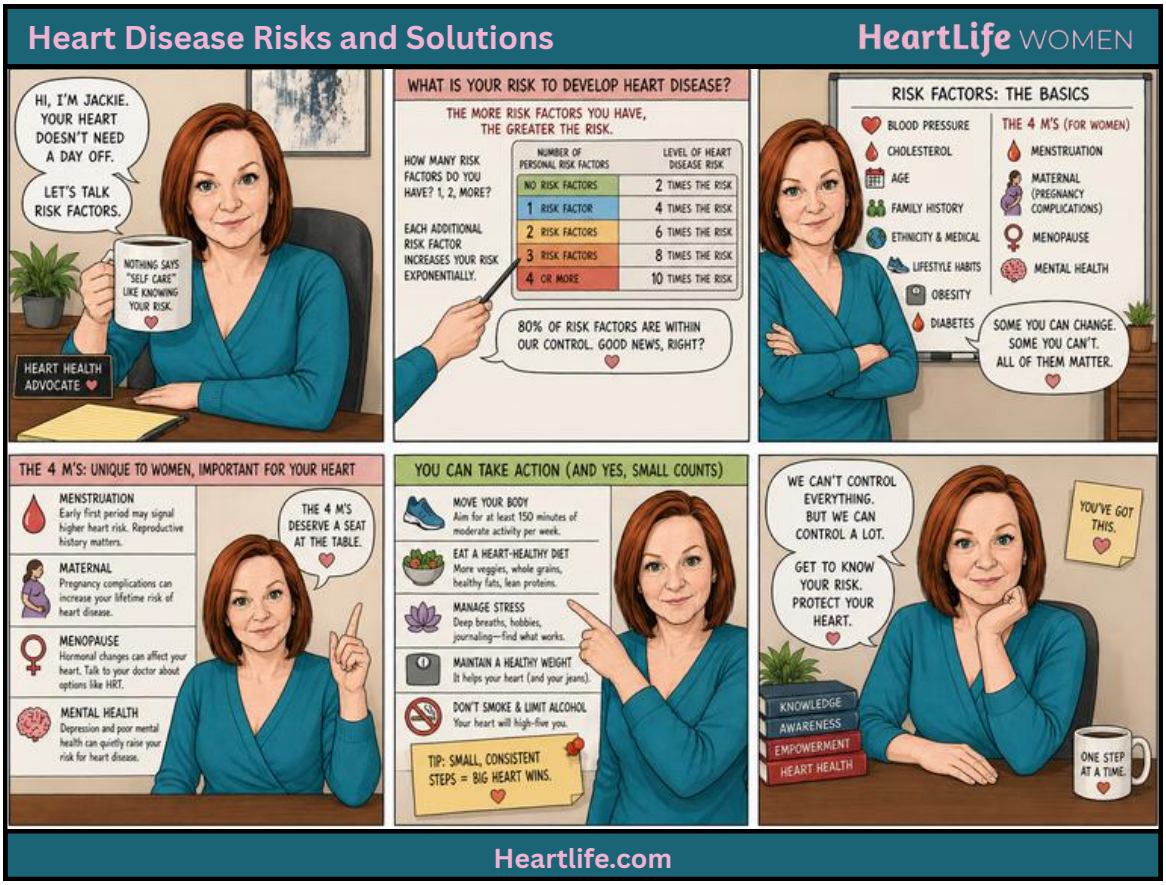
By combining storytelling, visual learning, and evidence-informed education, the comics aim to empower readers to ask questions, trust their instincts, advocate for themselves, and feel more confident navigating their heart health journey.

At Life in Hearts and HeartLife Women, we believe education should not only inform — it should connect, encourage, and inspire.

So with that, I'd like to introduce "Jackie" — your friendly advocate here to share, support, and encourage learning along the way.

I would love to hear your ideas and feedback. You can email me at Jackie@HeartLife.com.


How To Measure Your Blood Pressure
HeartLife WOMEN
1 PREPARATION: SET YOURSELF UP FOR ACCURATE READINGS.
Jackie knows good data is like good coffee—it needs the right prep!
Small steps. Big heart wins.
No caffeine, smoking or exercise for 30 minutes
Wait 30 minutes after a meal
Measure before medication
Empty your bladder
Find a quiet space (no phones, no TV, no drama)
GOOD DATA BETTER HEART DAY
2 POSITION: GET COMFY, GET IT RIGHT.
Sit like you mean it—your heart (and your numbers) will thank you.
Feet flat on the floor, uncrossed
Back straight
Left arm on a flat surface at heart level
Palm up, muscles relaxed
Cuff above the bend of your elbow (fit two fingers under)
3 RECORD: TAKE, RECORD, REPEAT.
Two readings are better than one. We like backup—especially with data!
Rest for 5 minutes in position first
Take two measurements, one minute apart
Stay relaxed and still during readings
No distractions please—let's keep it quiet
Record your readings
4 USE THE RIGHT MONITOR & UNDERSTAND YOUR NUMBERS.
Right tool. Right numbers. Right attitude.
USE A GOOD MONITOR
Automatic, upper-arm cuff monitor is most accurate.
Make sure it's validated and fits your arm.
Bring your monitor and log to clinic visits.
DIASTOLIC + SYSTOLIC
Diastolic = when the heart relaxes and fills.
Systolic = when the heart contracts and pumps.
Knowledge is power.
5 KNOW YOUR RANGES, KNOW YOUR POWER.
Numbers don't lie, but they do need context!
BLOOD PRESSURE CHART
CATEGORY | SYSTOLIC (TOP #) | DIASTOLIC (BOTTOM #) | WHAT IT MEANS
Low | Less than 90 | Less than 60 | May cause dizziness or fainting
Normal | 90–119 | 60–79 | Ideal range for most adults
Elevated | 120–129 | Less than 80 | Early warning—monitor regularly
High (Stage 1) | 130–139 | 80–89 | May require lifestyle changes or treatment
High (Stage 2) | 140 or higher | 90 or higher | Likely needs medical management
Hypertensive Crisis | Over 180 | Over 120 | Seek emergency care immediately
Diagnosis requires multiple readings.
Treatment depends on your overall risk.
Women's heart health is unique—your story matters!
6 SMALL STEPS TODAY, BIG DIFFERENCE TOMORROW.
You can't control everything. But you can control a lot. Your heart will thank you.
JACKIE'S HEARTLIFE REMINDERS
Learn your numbers
Follow your care plan
Work with your healthcare team
Small, consistent steps = big impact
ONE STEP AT A TIME
Advocate. Empower. Thrive.
My plan. My health. My life.
Heartlife.com


Heart Disease Risks and Solutions
HeartLife WOMEN
HI, I'M JACKIE. YOUR HEART DOESN'T NEED A DAY OFF.
LET'S TALK RISK FACTORS.
NOTHING SAYS "SELF CARE" LIKE KNOWING YOUR RISK.
HEART HEALTH ADVOCATE
WHAT IS YOUR RISK TO DEVELOP HEART DISEASE?
THE MORE RISK FACTORS YOU HAVE, THE GREATER THE RISK.
HOW MANY RISK FACTORS DO YOU HAVE? 1, 2, MORE?
EACH ADDITIONAL RISK FACTOR INCREASES YOUR RISK EXPONENTIALLY.
NUMBER OF PERSONAL RISK FACTORS | LEVEL OF HEART DISEASE RISK
NO RISK FACTORS | 2 TIMES THE RISK
1 RISK FACTOR | 4 TIMES THE RISK
2 RISK FACTORS | 6 TIMES THE RISK
3 RISK FACTORS | 8 TIMES THE RISK
4 OR MORE | 10 TIMES THE RISK
80% OF RISK FACTORS ARE WITHIN OUR CONTROL. GOOD NEWS, RIGHT?
RISK FACTORS: THE BASICS
BLOOD PRESSURE
CHOLESTEROL
AGE
FAMILY HISTORY
ETHNICITY & MEDICAL
LIFESTYLE HABITS
OBESITY
DIABETES
THE 4 M'S (FOR WOMEN)
MENSTRUATION
MATERNAL (PREGNANCY COMPLICATIONS)
MENOPAUSE
MENTAL HEALTH
SOME YOU CAN CHANGE. SOME YOU CAN'T. ALL OF THEM MATTER.
THE 4 M'S: UNIQUE TO WOMEN, IMPORTANT FOR YOUR HEART
MENSTRUATION
Early first period may signal higher heart risk. Reproductive history matters.
MATERNAL
Pregnancy complications can increase your lifetime risk of heart disease.
MENOPAUSE
Hormonal changes can affect your heart. Talk to your doctor about options like HRT.
MENTAL HEALTH
Depression and poor mental health can quietly raise your risk for heart disease.
THE 4 M'S DESERVE A SEAT AT THE TABLE.
YOU CAN TAKE ACTION (AND YES, SMALL COUNTS)
MOVE YOUR BODY
Aim for at least 150 minutes of moderate activity per week.
EAT A HEART-HEALTHY DIET
More veggies, whole grains, healthy fats, lean proteins.
MANAGE STRESS
Deep breaths, hobbies, journaling—find what works.
MAINTAIN A HEALTHY WEIGHT
It helps your heart (and your jeans).
DON'T SMOKE & LIMIT ALCOHOL
Your heart will high-five you.
TIP: SMALL, CONSISTENT STEPS = BIG HEART WINS.
WE CAN'T CONTROL EVERYTHING. BUT WE CAN CONTROL A LOT.
GET TO KNOW YOUR RISK. PROTECT YOUR HEART.
YOU'VE GOT THIS.
KNOWLEDGE
AWARENESS
EMPOWERMENT
HEART HEALTH
ONE STEP AT A TIME.
Heartlife.com

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FITNESS FOR EVERY 'BODY'

Hello Everyone,
I hope you are enjoying the beautiful weather and taking the opportunity to get outside for a walk or to enjoy the fresh air.

As we mark the 8th annual Annie's Pace Global Adventure (APGA), I am incredibly proud of our reach. APGA has now expanded to Hong Kong, Scotland, Thailand, Greece, and numerous locations across North America.

We can all do our part by encouraging family, friends, and neighbours to get active every day for their heart health. That is APGA. Welcome!

Namaste,
Annie

By
ANNIE SMITH,
PTS, FIS, RAB II
Ontario,
Cardiac Sarcoidosis, 2015
• All the Right Moves
Personal Training & Fitness

Heart-Healthy Shrimp, Corn, and Farro Salad

Originally published 2024

By
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Alberta
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• SweetSpotNutrition.ca

Sweet Spot Nutrition
Heart health, for life.

For more delicious heart-healthy food ideas, join "Sweet Spot Heart-Healthy Cooking Club" on Facebook.

This salad is for you if you love the classic corn and lime combination… if you enjoy shrimp… if you prefer a salad that's not all lettuce… and one with substance… something that can be a complete meal.

And this salad is for you if you have heart concerns but still want to eat well (that's what I mean by "sweet spot.") I'll explain below why even shrimp and corn deserve a spot in your heart-healthy kitchen.

Let's take a look...

So what is in it?

The salad itself has just six ingredients:
• Farro • Shrimp • Corn • Cherry Tomatoes
• Red Onion • Avocado

The dressing is simply:
• Extra virgin olive oil • Lime zest and juice
• Fresh basil • Black pepper

SELECTING AND SUBSTITUTING INGREDIENTS

Farro

Farro is a whole wheat kernel with a nutty flavour and a satisfying, hearty, chewy texture. A staple of traditional Mediterranean cooking, farro has three times as much fibre as brown rice! It has a medium glycemic index. Like other whole grains, it's a good source of vitamins, minerals, and antioxidants.

You might find pearled, semi-pearled or whole farro. All good! The pearled products cook fastest, while the whole ones have a bit more nutrition. Even with pearled farro, this salad has 9g fibre per serving (32% of the daily value or DV).

If you can't find farro, you can substitute a cup of cooked barley, brown rice, or black beans.

Shrimp

Sodium

Frozen shrimp is often high in sodium, so check that on the label. (Shrimp has a small amount of sodium naturally, but solutions used in freezing add quite a bit more.)

Cholesterol?

Shrimp, like eggs, is higher in cholesterol than other animal protein foods. (Plant foods have no cholesterol.) Do you need to limit these and other cholesterol-rich foods? Shrimp is higher in cholesterol than most animal proteins, but moderate dietary cholesterol isn't a concern for most people. It's also a lean protein with iron, B12, and selenium.

Shrimp substitutions

If you're concerned about the cost or the cholesterol in shrimp, the salad is still delicious with half as much. You can add a handful of black beans to replace the protein. Or switch it all to black beans for a colourful vegetarian salad!

Sweet Corn

Are you worried about corn being too high in sugar? No need. While there is a small amount of natural sugar in corn, we don't worry about that because, like with fruit, the sugar comes packaged with fibre and other nutrients. Yes, even corn has nutrition, including potassium and magnesium, two minerals we value for heart health.

Plus it's delicious! I wouldn't substitute the corn in this recipe. It's kind of central.

If you have the inclination, using fresh corn would be divine, but it is equally delicious with frozen corn or a can of drained no salt corn.

Cherry Tomatoes

While cherry tomatoes are sweeter, you can substitute grape tomatoes if you like. I even made this last week by chopping up two vine-ripened tomatoes we had. Salads are flexible.

Red Onion

Red onion will give you a sharp, sweet kick and beautiful colour, but if you don't have one, the best substitute is a shallot, similarly mild and sweet. You could also use a sweet (Vidalia or Walla Walla) onion. Just don't use a white or yellow onion – too pungent when raw.

You could also leave the onion out, but when we're trying to limit sodium, ideally we have as much flavour from vegetables (as well as herbs and spices) as possible.

Avocado

Your heart loves avocado, thanks to its healthy (mostly monounsaturated) fats, abundant fibre, vitamins, minerals, and other nutrients.

Avocado has been shown in several studies to help improve cholesterol levels.

If you don't happen to have a fresh avocado on hand, no worries — just leave it out. Don't use frozen avocado. It's usually too mushy for salads.

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Heart health, for life.

HEART-HEALTHY SHRIMP, CORN, AND FARRO SALAD

By CHERYL STRACHAN, RD, Alberta

A delicious, hearty salad that can be a complete meal. Shrimp, corn, and farro are paired with other heart-healthy summer flavour favourites: tomato, basil, avocado, and lime.

Prep Time	Cook Time	Total Time
5 mins	25-35 mins	40 mins

Ingredients:

Salad:

- 1/2 cup uncooked farro (or 1 cup cooked)
- 14 oz frozen cooked large shrimp, thawed(400g)
- 2 cups cooked corn, fresh or frozen
- 1 pint cherry tomatoes
- 1/4 cup red onion, finely diced
- 1 avocado

Dressing:

- 1/4 cup extra virgin olive oil
- 1 lime, zested
- 2 limes, juiced or 1/4 cup bottled lime juice
- 1/4 cup fresh basil, chopped
- 1/4 tsp black pepper, freshly ground

Directions:

1. Cook the farro according to package directions. When it's done, drain if needed and leave it in the strainer for a few minutes to cool.

2. Meanwhile, if you're using frozen corn, add it to a large bowl first so it has time to thaw.

3. Cut each piece of shrimp in half, after removing the tails. Add those to the bowl also.

4. Cut the cherry tomatoes in half and add to the bowl, along with the red onion and farro.

5. Whisk the dressing ingredients together in another bowl, pour over the salad, and toss to combine.

6. Add the chopped avocado and toss gently. Enjoy!

Notes

(1) If you're using frozen corn, the warm farro can help thaw it.
(2) If you need the shrimp to thaw more quickly, submerge it in a bowl of cold water, in a leak-proof bag. After 30 minutes, change the water, removing any ice that may have formed. At that point the shrimp should be nearly thawed.
(3) To save time, you could skip the step of cutting each shrimp in half. I just like to do that so there can be a tasty piece in each bite.

SHOPPING: HEART PRODUCTS

There are so many great products available to help us live better and products that make us feel good or support a cause that is close to our hearts...

1

HILLARY DRUXMAN HEART NECKLACE

HillaryDruxman.com

Special Edition HeartLife Women Necklace

A unique fundraiser to support local events and H3: Her Heart Hangouts in your community. $10.00 from each necklace supports HeartLife Women. Ships across Canada and cost includes shipping.

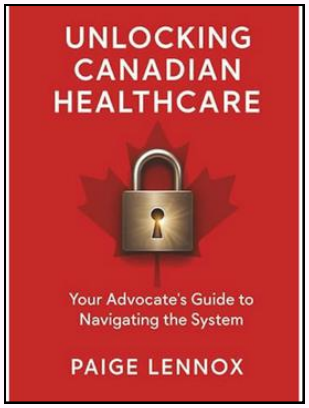
2

200 PIECES HEART SHAPED JIGSAW PUZZLE, 11.2" X 10.8" MEDIUM SIZE

Amazon Link

The heart flower puzzle is inspired by nature, coluorful, unique wooden puzzle. Original and vivid hand-painted art. Top production technology. Made of HDF wood, UV printing, laser cutting to a precision of 0.03mm. The texture is extremely smooth, the pieces will not break or fade, free of formaldehyde and odor, and have perfect locks!

3



"UNLOCKING CANADIAN HEALTHCARE: YOUR ADVOCATES GUIDE TO NAVIGATING THE SYSTEM"

By: Paige Lennox | Aug 7 2025

Amazon Link

The Canadian health system can be confusing, overwhelming, and inconsistent, especially when you're sick, stressed, or speaking up for someone you love. Unlocking Canadian Healthcare is a practical, compassionate guide for anyone who wants to take charge of their health journey.

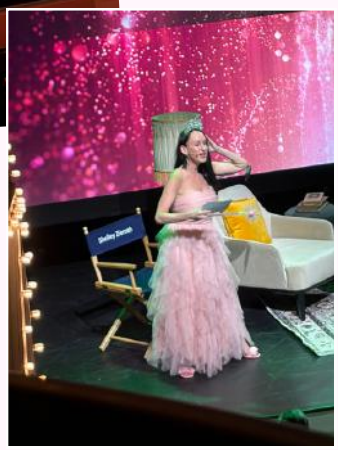
Written by a nurse and patient advocate with over 30 years of experience, this book equips you with the knowledge, tools, and confidence to navigate appointments, understand your rights, communicate clearly, and get the care you deserve — wherever you live in Canada.

Heart Failure Update - Montreal, May 2026

ALL ABOUT YOU!

HeartLife Foundation

Main Stage -
Live feed of a Mitral Valve procedure



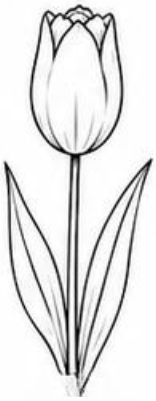
Theatre Presentations of research and other

Main Stage -
Jillianne Code center stage!

SPRING FLOWERS

Match Up Fun!

Spring is in the air!
Match each flower picture on the left with its common name and nature name on the right.

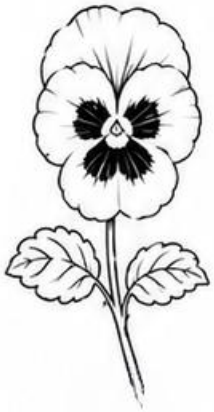
1. 

2. 

3. 

4. 

5. 

6. 

7. 

8. 

9. 

10. 

Match the number to the correct flower!

___ **Crocus** (Crocus vernus)

___ **Magnolia** (Magnolia grandiflora)

___ **Lily** (Lilium)

___ **Daffodil** (Narcissus)

___ **Cherry Blossom** (Prunus serrulata)

___ **Hyacinth** (Hyacinthus orientalis)

___ **Peony** (Paeonia lactiflora)

___ **Lilac** (Syringa vulgaris)

___ **Tulip** (Tulipa)

___ **Pansy** (Viola tricolor)

Answer Key

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