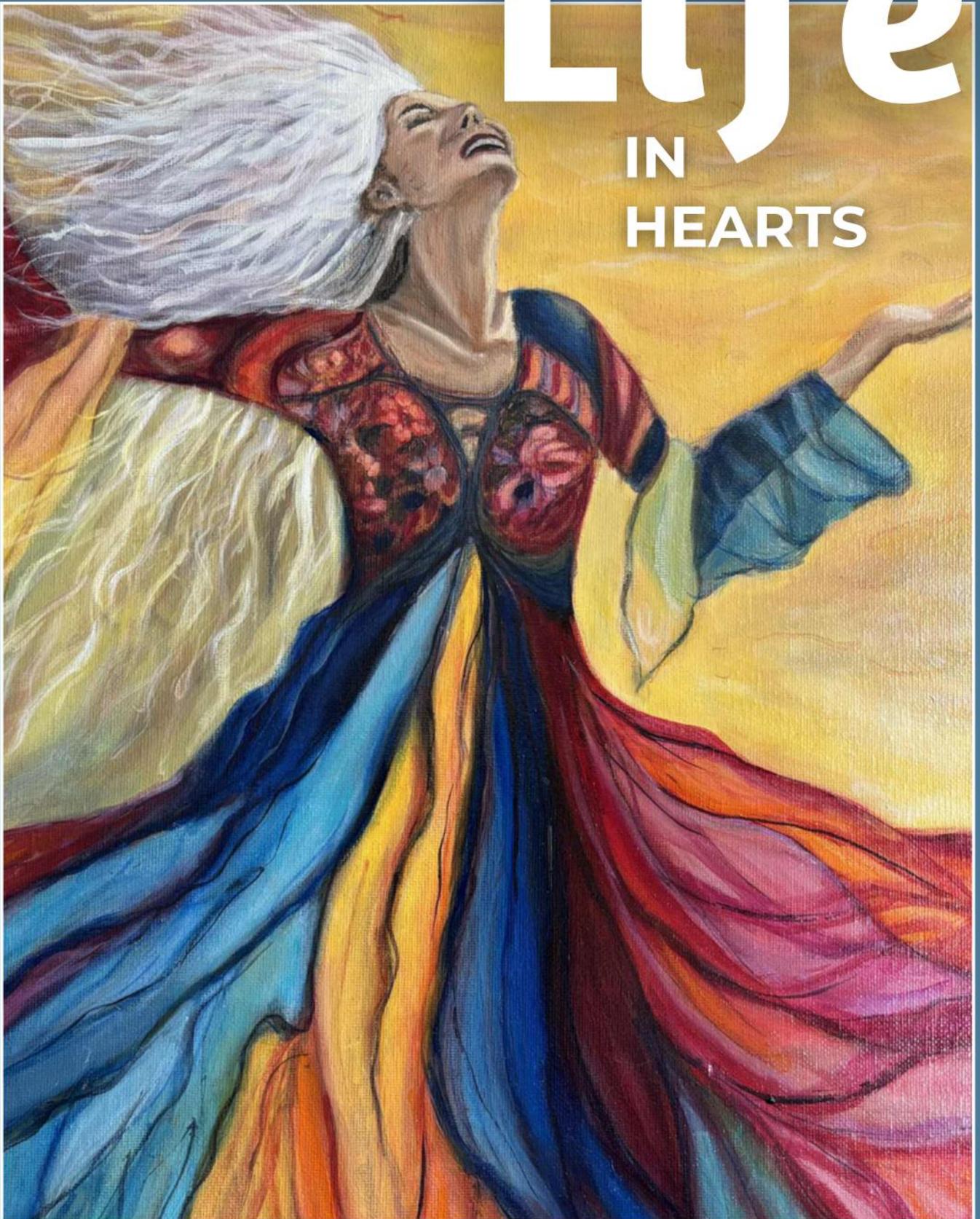


Life

IN
HEARTS



ISSUE 12 • JANUARY & FEBRUARY 2026

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:

As we step into a new year, we carry forward the voices, stories, and strength that shaped 2025 — and we begin with gratitude. This issue is dedicated to momentum: the kind sparked by connection, fuelled by advocacy, and sustained by community. From the launch of the Helen Robert Memorial Fund to the joyful gatherings of various holidays, we're reminded that heart health is not just medical — it's emotional, social, and deeply personal.

Whether you're a patient, a caregiver, a supporter, or a changemaker, your presence matters. Your voice matters. And together, we're building a future where every woman's heart is seen, heard, and protected.

Always remember to Live Bravely. Love Boldly. Every day.

With heart,
The Life in Hearts Team and HeartLife Women

LIFE IN HEARTS TEAM



Rachel Charron, ON



Louise Koch, AB

CANADIAN WOMEN WITH MEDICAL HEART ISSUES TEAM



Jeanette Smith, ON



Charlotte Girard, QC



Lorraine Stratkotter, AB

PROUDLY PARTNERED & SUPPORTED BY:



HeartLife Foundation
heartlife.ca

AFFILIATED WITH:



Canadian Women's Heart
Health Alliance
cwhha.ca / wearredcanada.ca



Global Heart Hub
globalhearthub.org

Cover Photo Credit: Glorious Goddess by Debra Quercetti, BC
Read Debra's heart journey share on page 4

CONTENTS

04 DEBRA QUERCETTI, BC



When My Heart Went Offbeat

HEART JOURNEY SHARE

07 NISSA D'ANDREA, BC



**Raise a Glass, Restart
the Heart (community event)**

HEART JOURNEY SHARE

10 JOY WARD, ON



**Vroom. Vroom. A Conversation
with My Heart**

REFLECTIONS

12 EDWINA NEARHOOD, BC



Life Is How You Frame It

MENTAL HEALTH LIGHTHOUSE

17 RISA MALLORY, ON



**Data Stewardship from a
Lived Experience Perspective**

LEARNINGS & OPPORTUNITIES

20 SHARON GILROY, ON



When 3 V's Collide

HEART JOURNEY SHARE

23 MARION MARTELL, ON



Finding Purpose

HEART JOURNEY SHARE

26 DR. KERRI-ANNE MULLEN, ON & LISA COMBER, ON



**Canadian Women's Heart
Health Alliance (CWHHA)**

ORGANIZATION SPOTLIGHT

29 JACKIE RATZ, MB



**The Heartful Calendar:
Non-Negotiable Days to
Schedule Every Month**

TIPS & STRATEGIES

33 JUDY PRIESTON-PRESTON, MB



Unexpected Medical Pioneer

HEART JOURNEY SHARE

36 CHERYL STRACHAN, AB



**My Connection to
Heart Health**

EATING FOR HEART HEALTH

41 ANNIE SMITH, ON



Finding My Way Back

FITNESS FOR EVERY 'BODY'



WHEN MY HEART WENT OFFBEAT

My Unexpected Battle with AFib, Anxiety — How I Found Peace in Puzzles and Paint



By
DEBRA QUERCETTI,
British Columbia
Atrial Fibrillation, 2023

I thought I understood my body. I'd always been active — a competitive swimmer, a field hockey player, a marathon runner. Even into my fifties, I was still playing soccer. I considered myself strong, resilient, and in control of my health.

So when I began feeling odd heart rhythms in Palm Springs in early 2023 — especially after a glass of wine — I brushed it off. Jet lag? Dehydration? A weird reaction to my latest COVID shot? Back in Vancouver, the sensation didn't go away. Then, on an April morning walk with a friend, my heart suddenly started racing so fast I could barely breathe, let alone keep walking. I was rushed to the emergency room (ER) and diagnosed with Atrial Fibrillation (AFib).

The diagnosis was jarring. But what followed — the persistent, paralyzing anxiety — was far worse than anything I expected.



Anxiety Arrives Loudly and Quietly at Once

AFib is a condition where the heart beats irregularly and often rapidly. Doctors assured me it was manageable — not fatal. But try telling that to a woman whose father and uncle both had heart attacks at 69. (Exactly my age).

I began to fear everything: exercise, medication, social commitments, even sleep. I gained weight. I stopped moving. I started avoiding people who felt like too much emotional work. I didn't feel like "me" anymore. Sometimes I'd go to bed unsure if I'd wake up.

Before this, I thought I understood what anxiety was. I'd heard the word. I'd supported friends through it. But this wasn't just worry — it was *doom*.

My brain became a hamster wheel of catastrophic thoughts:

Will my heart stop tonight? Is this the one episode that ends me?

Between April 2023 and early 2024, I visited the ER over a dozen times. Sometimes I converted back to a normal rhythm with drugs; other times, I had to be electrically cardioverted. I started to feel like I was walking around with a ticking time bomb inside my chest.

And while I desperately needed mental health support, the system was overwhelmed. Many psychologists had year-long waitlists. Others turned me away because they felt unequipped to handle anxiety stemming from a medical condition. The rejection stung. I started to feel like no one could help.



Searching for Control in the Chaos

I tried everything I could think of: breathing techniques, guided meditations, journaling. I became obsessed with tracking my symptoms. I'd lie awake replaying the day: *What triggered it? Did I walk too far? Did I eat the wrong thing? Was it stress?*

The unpredictability was maddening. Sometimes AFib would strike while I was resting. Sometimes in the middle of the night. Sometimes after a walk. There was no pattern. No control.

To make matters worse, I was already a cardiac patient, with mild coronary artery disease. And seven years earlier, I'd experienced a similar heart event — but had been cleared by a cardiologist. Looking back, that moment was probably a warning I didn't fully hear.

I kept going. I leaned on my GP. I had the support of a few good friends. I slowed my pace, rested more, and let go of expectations — of others and myself. I received an ablation in early 2024, and though it helped, the anxiety lingered. A post-procedure spike in blood pressure (228/120) and a terrifying ocular



migraine sent me back to the ER. I felt like I was constantly bouncing between recovery and relapse.

Stillness in Small Pieces

After the ablation, I stayed with close friends. Betty, a puzzle enthusiast, thought puzzling might help distract my spiralling thoughts. She even bought a puzzle illustrated by the same artist who had illustrated my first children's book.

I sat down hesitantly. Then something surprising happened: I felt quiet. Focused. When my brain was locked in on shapes and colours, it couldn't spiral off into catastrophic thinking. The anxiety, for a few moments, paused.

Her husband Robert, a poet turned amateur artist, encouraged me to return to painting — something I'd loved but had long abandoned. I reached out to my old art mentor and began showing up in the studio again. Once more, I found relief. When I painted, I wasn't panicking. I wasn't ruminating. I was fully present.

Focused on brush strokes, light, color, and composition. It was the first real sense of peace I'd felt in months.



The Rhythm of Healing

During this time, I also found the Canadian Women's Heart Health Alliance (CWHHA) electrophysiology support group. It was a revelation. Finally, I wasn't alone in this strange space between heart disease and fear. The group gave me not just information, but solidarity.



Check out: debraquercetti.com

And something unexpected happened. I started creating again — not just as distraction, but as declaration. I painted Glorious Goddess (see cover), a piece inspired by the rhythm of life and the freedom of spirit. It symbolized my body, my

healing, and my open — albeit imperfect — heart. It's not a masterpiece. But it's mine. And it's evidence of what I survived.

I'm Still Here

There are still hard days. I still live with heart disease. Anxiety doesn't disappear overnight. But I am learning to live beside it, instead of under it. I'm fortunate to have access to a wonderful psychiatrist with the Healthy Heart Program at my local hospital.

If you're walking a similar path — through health uncertainty, anxiety, or both — I want you to know this: You're not weak. You're not alone. And you're not broken. The heart may go offbeat, but healing can still find its own rhythm.

Sometimes in puzzles. Sometimes in paint. Sometimes just in stillness.





By

NISSA D'ANDREA, British Columbia

Sudden Cardiac Attack (SCA) - unknown cause, 2024



At 2025 "Raise a Glass. Restart the Heart"

When I look back at the Fall of 2024, it feels like my life split into two chapters: The one before November, and the one after. At 36, I was a mom of two young girls, a devoted wife, a Certified Public Accountant (CPA), and a guide and mentor for prospective CPAs in the CPA Professional Education Program. I was someone who moved quickly through life without ever imagining that my heart— steady and dependable — could suddenly stop.

It started quietly. A strange numbness in my hands and sudden weakness in my legs that would drop me to the ground. These episodes lasted only about ten minutes so at first, I brushed them off.

Moms are good at that — powering through, convincing ourselves “it is nothing,” focusing on the well-being of others instead of our own. But as the episodes grew more frequent and more frightening, I knew something was not right. Still, I found myself in the emergency room multiple times being told that everything “looked normal;” and I repeatedly was sent home. This kind of dismissal is something so many women experience – often at the exact moment we need to be heard the most.

Eventually, on my third or fourth visit to the emergency room, my husband and sister insisted that I be admitted to the hospital until someone figured out what was happening to me. My husband saw the fear I was trying to hide. My sister, calling me from across the continent, urged me to keep pushing for answers when I was too exhausted and scared to do it myself.

Just days after I was admitted, while still in the hospital, my heart stopped.



“Hearing the words ‘You suffered a sudden cardiac arrest’ is something no one prepares you for.”

I do not remember collapsing. I do not remember the alarms or the rapid response team rushing into my hospital room. I pieced together the events of that day through the testimony of those who witnessed it and the medical records I feverishly reviewed afterward. I learned that my heart stopped for 17 minutes; that I was resuscitated after persistent CPR and the repeated use of defibrillator paddles; and that I was placed on life support for 24 hours. By the time my sister arrived in Kelowna, BC, Canada, where I was hospitalized, after dropping everything and flying overnight from Virginia, USA, I was beginning to wake up. She sat by my bedside, listening to every breath and every medical update, and answering my repeated and confused questions about what had just taken place.

Hearing the words “you suffered a sudden cardiac arrest” is something no one prepares you for.

Physically, I recovered quickly. For the most part, the odd episodes that preceded my

cardiac arrest stopped; and I received an Implantable Cardioverter Defibrillator (ICD) to protect me from future arrests. Emotionally and mentally, it was a different story. I struggled with the residuals from my ICD surgery: the visible scars, the outline under my skin, and the knowledge that wires were now threaded around my heart. But slowly, I learned to see them differently—not as frightening reminders, but as proof of survival.

What remains hardest is the uncertainty. No one knows why my heart arrested. There is no clear explanation, no prescribed treatment, to “tidy box” in which I can place this experience. I have had to learn how to live without answers—how to build a life in the space between fear and gratitude, between unknowns and hope.

But something unexpected grew out of that uncertainty: Purpose.

As I healed, I began sharing my journey on Instagram — about my ICD, my recovery, the anxiety, the strength, the grief, the gratitude – all of it. So many people connected with my experience.

Women messaged me with their own symptoms, their own fears, their own stories of being dismissed. Survivors reached out. I realized my voice had power — not only because I survived, but because I was willing to talk about the truth of surviving.



The last text conversation just before my SCA



That led me to embark on a project I never imagined: My first community-wide event focused entirely on cardiopulmonary resuscitation (CPR) and sudden cardiac arrest awareness.

I called it “Raise a Glass, Restart the Heart.” I held it at Grey Monk Estate Winery, a stunning venue overlooking the lake in Lake Country, BC, Canada. The entire community showed up to support this endeavor: Friends, neighbours and strangers attended; and local businesses donated money and resources to ensure the event was a success. Local firefighters volunteered to teach hands-on CPR and how to use an Automated External Defibrillator (AED). That was the heart of the event: Giving ordinary people the skills that saved my life. Indeed, I learned the hard way that sudden cardiac arrest is survivable only when someone nearby knows what to do.



Family photoshoot post ICD Implantation

Watching people practicing compressions, learning how to use an AED, and overcoming the fear of “doing it wrong” was one of the most healing moments of my recovery. It transformed something traumatic into something empowering.

Women deserve to be believed when we say something feels off. We deserve research and care that reflect our realities. If there is one message that I want every woman to hear, it is this: Trust yourself. If something feels wrong, it is wrong. Keep pushing. Ask again. Advocate fiercely. Your life is worth insisting on.

I survived because the people who loved me refused to give up. Now, I am committed to doing the same for others—one story, one event, one trained pair of hands at a time.



ICDandMe

Sudden Cardiac Arrest: Every Second Counts

- **What is it?** Sudden Cardiac Arrest (SCA) happens when the heart suddenly and unexpectedly stops beating due to an electrical malfunction. It is not the same as a heart attack—a heart attack is a circulation problem, while SCA is an electrical one
- **Why Awareness Matters:** Immediate CPR and use of an AED (Automated External Defibrillator) can double or triple survival chances
- **Call to Action:** Learn CPR • Know where AEDs are located • Support initiatives that expand AED access.

Together, we can restart more hearts!



A Conversation with My Heart

Vroom. Vroom...



By
JOY WARD, Ontario
Heart Valve repairs,
Double Bypass, Atrial
Fibrillation, Heart
Failure, 2017

I have been having a conversation with my heart. I call her Harriet. We have been remembering all our journeys in the good old days, but I had to apologize for the way I took her for granted. I did not give her enough essential nutrients (additives or premium fuel.) I overworked her with speeding and rough cornering and I neglected servicing. Oh, but we had fun! We did need some regular servicing due to Patty PMS fender benders, Betty Births interruptions in service, and Marilyn Menopause overheating, but nothing too serious. Until Harriet said “Enough!” and had a major breakdown. She was shuddering and leaking and revving up constantly and uncontrollably. I had to take her to the shop for a major repair job – a valve job and repairs to the radiator pipes. She appreciated that, settled



down after a few months, and purred along for a few more years while I gave her the premium fill-ups and babied her a bit—no speeding, good additives, etc. But then I forgot to fill ‘er up and I exposed her to the dreaded deprivation of nutrients, additives, water and activity (in the form of a colonoscopy.). She threw a fit and went back to the shuddering and revving up, indicating a defective electrical system. The mechanic recommended a boost to act as shock treatment. It worked and she was chugging along, happy again, until I made another mistake with her additives and changed too many too quickly. Another hissy fit! Have you noticed Harriet is temperamental? So we boosted her again, went back to the good stuff, and she has been motoring along pretty well with just a few hiccups. We just take it easy and baby her a lot. Then the mechanic suggested a complete rewiring of her electrical system. We decided she deserved it and are hoping it gives her a few more trouble-free years. In any case, I have promised not to trade her in. (I didn’t tell her that, due to her age and many repairs, she has basically no trade-in value. I was afraid of another hissy fit.) We have decided just to keep cruising and limping along together as long as we can, enjoying the views and the people willing to ride with us. When she is ready for the junk heap, we’ll go together with no regrets. She has served me well in spite of my neglect. The least I can do is go with her.



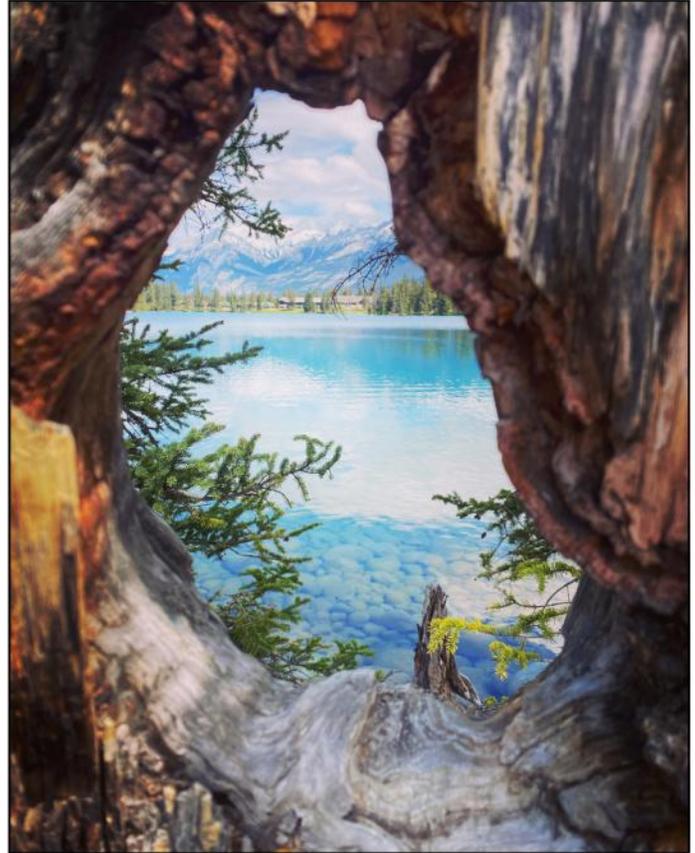


LIFE IS HOW YOU FRAME IT



By
EDWINA NEARHOOD,
British Columbia
Heart Transplant, 2022

February—heart month and my physical birthday—is my favourite time of year. As we celebrate Valentine’s Day in countless ways, I’m reminded of the extraordinary gift of borrowed time, generously given by my donor family.



“Life is how you frame it” photo was taken by me June 2022, three months before I lost my sight. It is of Lac Beauvert in Jasper. It won a photo contest and was subsequently put on the front of a calendar!

Heart transplant was always the likely path as my hypertrophic cardiomyopathy progressed. When the time came, I believed I was ready. Just twenty-one days after being listed, the call arrived. What followed, however, was a curveball I never saw coming. Twelve days post-transplant, I awoke to complete blindness—a result of low blood flow during a difficult surgery. Despite entering the procedure full of hope and commitment to living my best life, I was met with a blanket of darkness at what should have been a moment of triumph.

The vision was to leave the hospital two weeks after surgery. Reality extended that timeline by four and a half months. In those early days, shock froze me. Known for seeing the glass half full, I could only say, “I have a glass.” A personal narrative emerged: the eyes were traded for the gift of life.



To protect my fragile spirit, I asked my care coordinator to ensure only positive, encouraging staff entered my room. Pity parties and worry muffins had no place in my healing space. Determined not to waste this second chance, I focused on the next step rather than the mountain ahead. First came removing the feeding tube, then a trip outside while still in CCICU, followed by eating real food, standing, walking, and dressing independently. Each milestone was celebrated—day 100 in the hospital marked a joyful victory.



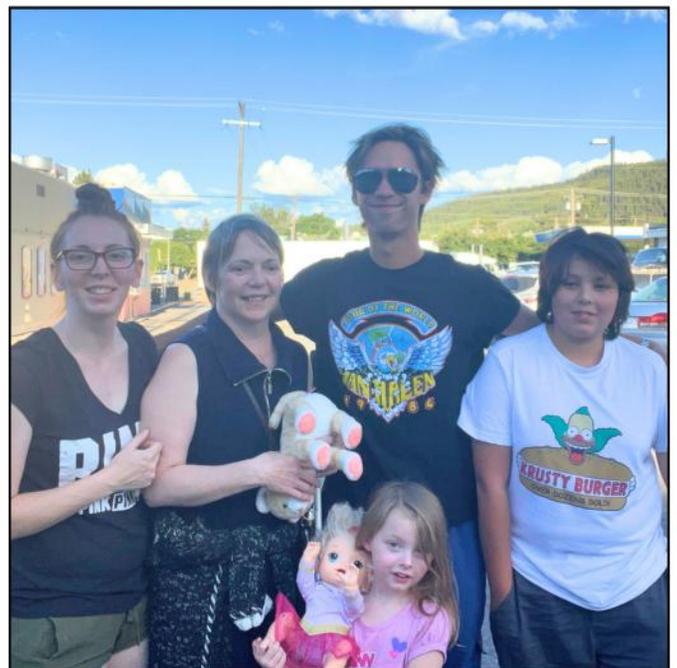
“Pity parties and worry muffins had no place in my healing space.”

Healing continues, with occasional setbacks. A daily meditation and yoga practice now anchors me. The exuberance and excitement for life have returned. The darkness has become a canvas for inner reflection. As layers of self-imposed limitations are peeled away, possibilities expand. Today, I live my best life and prepare to honour this beautiful heart through an event called Grind for Gratitude, set for the Grouse Grind in September 2026. This awareness campaign will support BC Transplant and CNIB. We all face mountains. Thanks to one family’s tragic loss, I get to climb mine — with community by my side. Together is better.

Life truly is how you frame it. Gratitude for this second chance shaped my perspective. The naysayers were ignored. Even the offer of MAID from a Service Canada agent during my long-term disability application was dismissed without hesitation. Grief had to be felt, and the many layers of loss acknowledged. Eventually, grace and gratitude embraced the surgeon’s hands that saved me. Letting go of old stories, dreams, and expectations made room for acceptance.

That acceptance became the greatest gift — allowing me to rise, brush off my knees, and move forward with clarity.

The glass that once felt empty now overflows — with the most delicious sparkling pink lemonade imaginable.





The glass that once felt empty now overflows—with the most delicious sparkling pink lemonade imaginable.

Mortality is a wonderful gift. I have put down the badge of busy and carefully choose where and when to place my attention. My community and family are very important to me. I have worked very hard at reestablishing my place as a blind person. I have found many barriers to navigate. My yoga teaching has taught me there is a way through every block. I had to learn that life was not happening to me. I replaced the victim way of thinking to one of “life is happening through me”. As I navigate my new world and test the edges of my beautiful new heart; I am fascinated by a world I have never before experienced. I was standing on the shores of a northern lake in Jasper on Christmas day listening to the sound of the ice crystallize. I have stood on the shores of the pacific ocean with wonderment as I heard the surf roll with the waves. I have heard the world from so many interesting viewpoints that I could never have imagined. I triumph in myself on each milestone accomplished. My homemade Friday Night Pizza Night has become epic. I can smell the yeast bloom when it is ready to process. I can hear the sound of the dough slapping against the bowl when it has been needed enough. I carefully prepare the pizza with carefully chosen and sliced ingredients. The best part of the pizza when it comes out of my accessible smart oven is the family and friends that come to share and celebrate life with me!



Pre-transplant




Do You Have 2 Minutes?

That's how much time it takes to register as an organ donor. One organ donor can save eight lives.

90% of Canadians support organ donation, yet only 30% have registered. We can change this with 2 short minutes!

Simply go to
organtissuedonation.ca

Click your province. It is that simple.
Thank you.

TO THE WORLD
YOU MAY BE
ONE PERSON,
BUT TO
ONE PERSON,
YOU MAY BE
THE WORLD.

- Dr. Suess



Risk Screen Tool

Knowing your risks could save your life.

Our free Risk Screen tool helps you understand your risks for heart disease and stroke.



Heart disease and stroke are the #1 cause of premature death in women in Canada.

Knowing your risks is key to preventing heart disease and stroke, but 90% of women don't know their unique risks. Our new Risk Screen tool gives you a personalized risk profile and action plan so you can make the best choices for your heart and brain health.

Why use the Risk Screen tool?



Be aware

Understand your risks. It could save you or a loved one.



Take action

Take the right steps. Your personalized Risk Screen report will outline your risks and how to reduce or manage them.



Get support

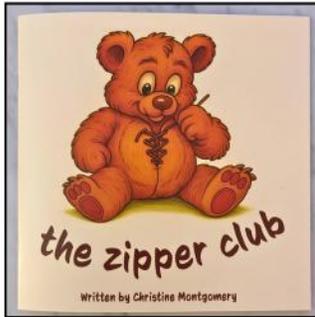
Access ongoing evidence-based support and resources you need to stay on track.

Scan to start your Risk Screen journey.





1



“ZIPPER CLUB”

By: Christine Montgomery | October 2025
To order email:

Inspired by her own open heart surgery as a child and as an adult, this children’s book is a story of courage, friendship and hope.



2

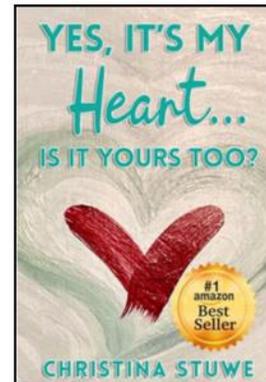
“YES, ITS MY HEART...IS IT YOURS TOO?”

By: Christina Stuwe | February 2023
Amazon Link

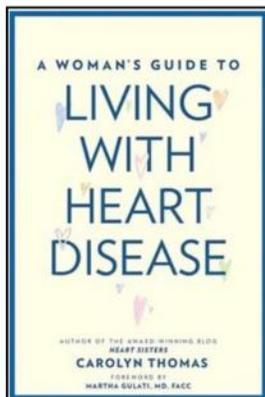
“My heart was crying out for attention!”

Too many women are suffering and dying from heart disease. Because healthcare systems are mainly designed to diagnose and treat cardiac issues in men, women are being neglected. This should not be so.

In this book, you will read the story of one woman’s journey with heart disease. Her story is not just full of heart, but it will guide yours as well. Impactful yet informative, sincere yet serious, it provides a candid and intimate look at heart health in women, what to expect, and what needs to change.



3



“A WOMAN'S GUIDE TO LIVING WITH HEART DISEASE”

By: Carolyn Thomas | November 2017
[Amazon Link](#)

Heart disease is the leading cause of death for women worldwide. Yet most people are still unaware that heart disease is not just a man's problem. Carolyn Thomas, a heart attack survivor herself, is on a mission to educate women about their heart health. Based on her popular Heart Sisters blog, which has attracted more than 10 million views from readers in 190 countries, A Woman's Guide to Living with Heart Disease combines personal experience and medical knowledge to help women learn how to understand and manage a catastrophic diagnosis.





Health Data Stewardship from a Lived Experience Perspective



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

Living with cardiovascular disease has taught me to pay closer attention—not just to my body, but to the systems that affect my care. One of the most overlooked, yet crucial, parts of our healthcare journey is how our health data is collected, stored, shared, and used. This is where health data stewardship comes in. If you're a woman living with heart disease, here's what you need to know—and why it matters to us.

What Exactly Is Health Data Stewardship?

Health data stewardship or supervision is all about responsibly managing our personal health information. This includes data from medical tests, doctor visits, wearable devices, hospital records, and even patient surveys. Good supervision means keeping this data secure, using it ethically, and helping improve care for individuals and communities—especially women, who've historically been underrepresented in cardiovascular research.

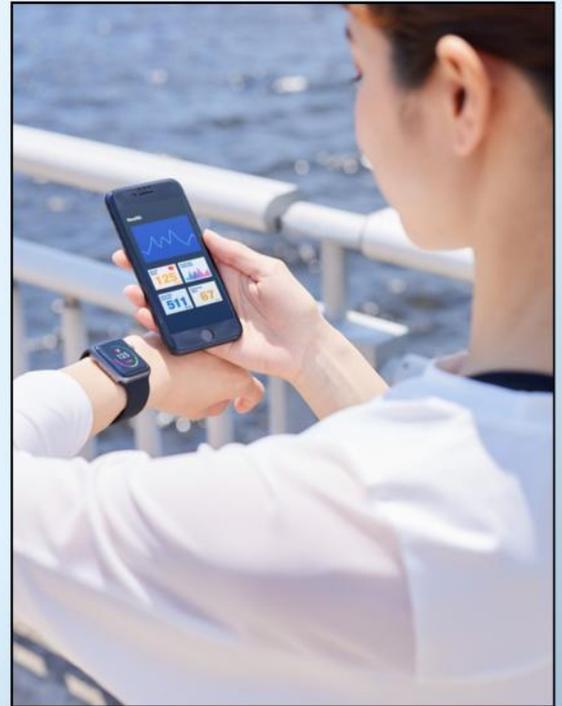


Why Should Women with Heart Disease Care?

For too long, women's experiences with heart disease have been misunderstood or dismissed. We now know that heart attacks often present differently in women than in men, yet much of the research and data has been based on male physiology. By ensuring our health data is collected and used properly, we can help close this gap and shape care that truly reflects our realities.

I want my experiences—not just my lab results—to contribute to better care for the next woman who walks into an emergency room with chest pain. But for that to happen, I need to trust that my data will be used with care and respect.

From a patient's point of view, especially as women living with heart disease, there are a few key principles of health data stewardship or supervision that we should insist on:



TRANSPARENCY

We have the right to know what data is being collected about us, who is using it, and for what purpose. Whether it's part of a research study, a digital health app, or a hospital system, we should never be left in the dark. Plain language, not medical jargon, is essential.

CONSENT AND CONTROL

Our data is personal. We should be asked for our permission—clearly and respectfully—before it's used beyond our direct care. This includes research, quality improvement, or artificial intelligence development. And we should have the ability to say “yes,” “no,” or “only for this purpose.”

PRIVACY AND SECURITY

Our health information must be kept safe. That includes protection from breaches, misuse, or commercial exploitation. Women often worry about stigma—especially if we have multiple conditions or complex care needs. Our data should never be used against us in insurance, employment, or any other setting.



REPRESENTATION AND EQUITY

Historically, women—especially women of colour, Indigenous women, LGBTQ+ women, and those from lower-income communities—have been left out of health data or grouped into categories that don't reflect our needs. Stewardship should actively work to include all of us so care is equitable, not biased.

RETURN OF VALUE

If we share our data for research or system improvement, we should get something back. That could mean getting study results, learning how our data is improving care, or seeing changes in how women's heart health is treated. Our contributions deserve acknowledgment.



HOW CAN WE MAKE A DIFFERENCE?

You don't have to be an expert to advocate for good data supervision. Ask your healthcare team how your data is used. Join patient advisory councils or research projects. Support organizations that prioritize patient voices in data governance. When we speak up, systems start to shift.

Let's make sure our heart stories, our medical information, and our lives are treated with the dignity they deserve.

"Health data stewardship isn't just about numbers—it's about justice. For women living with heart disease, it's the key to visibility, equity, and survival."



Canadians can learn about health data stewardship through the Pan-Canadian Health Data Charter, CIHI's stewardship principles, and provincial reports like Ontario's Data Governance Working Group. These resources outline national standards, privacy protections, and Indigenous data sovereignty frameworks.



By
Sharon Gilroy-Deher, Ontario
Cerebellar Stroke, 2015

In 2015, at 48, I experienced a rare cerebellar stroke. I'd been a healthy, active mom of three with a to-do list that never stopped. I thought I had life under control. The stroke arrived suddenly with what I now call the three V's: a violent headache, vomiting, and vertigo — symptoms I didn't know could signal a stroke.

Looking back, I realize my cardiovascular risk had been quietly building for decades. Years earlier, I was hospitalized with severe preeclampsia during my first pregnancy — a complication that left a long, quiet shadow on my health. That risk wasn't just mine; I shared it with my sisters and my mother. Cardiovascular disease runs through my family. I lost both parents to heart disease, yet none of that prepared me for what came next.

I woke up in a body that didn't behave the way it used to, in a system I didn't know how to navigate. I wasn't paralyzed, but I wasn't me. Everything felt off — balance, coordination, memory, planning. Baking became overwhelming. Planning a vacation was impossible. My hearing and vision had shifted, and when fatigued, my words slurred and my balance faltered. These were hidden disabilities; to the outside world, I looked fine.

Although I spent five nights on a dedicated stroke floor in one of three District Stroke hospitals in Southwestern Ontario, I never saw a neurologist or received a referral after discharge. I also wasn't referred to the Secondary Stroke Prevention Clinic or for Neuro Rehab, even though both existed in my city. My recovery came through private therapy, hard work — learning to be comfortable with being uncomfortable — and relentless self-advocacy. I've been gifted time: to watch my children become adults and to experience the joy of becoming a first-time Nana. And with that time came perspective. This sudden, disorienting chapter opened doors I never could have imagined. It was the start of a new path — one that led to advocacy and research partnership.



My first step into advocacy came out of frustration. Discharged without referrals, I was left to figure out recovery on my own. Ten months later, I reached out to share my experience with the hospital — not to complain, but to help the next person. Fourteen months after my stroke, I attended a Heart & Stroke women’s heart health hackathon. That day changed everything. During a small-group discussion, the topic of preeclampsia came up — and its connection to cardiovascular disease later in life. It was like a light bulb went off. I had been hospitalized for preeclampsia — could that have led to my stroke? Health-care providers there encouraged me to seek a referral to a neurologist. I learned that best practice was for

me to have been referred to the Secondary Stroke Prevention Clinic — but I hadn’t been.

I emailed the hospital demanding an appointment with the Chief of Neurology — one my family physician said could take a year. It took two weeks. The neurologist’s first words were, “We’re sorry. We dropped balls, and we missed blood work.” Those follow-up tests opened doors to more care and information. The hackathon gave me more than access; it reminded me that the old me was still there. I am more than my diagnosis, and I have a voice that deserves to be heard.

Over time, advocacy shifted from being about my own experience to helping others. I said yes to opportunities I never imagined: joining women’s health initiatives, helping to launch a survivors community with Heart & Stroke that began with 17 members and now has over 3,400, and speaking publicly at conferences. Sharing my story on that first conference plenary panel was deeply emotional — my voice shook — but I learned something powerful: when we speak from our scars, not our scabs, we make an impact.

Soon, I was invited to advisory committees, provincial working groups, webinars, and more conference panels. I contributed articles, a book chapter, and appeared on the Manulife Beyond Age podcast. Last year, I helped lead a workshop to engage patients and early-stage researchers at Stroke Congress 2024. This year I’m on the Scientific Program Committee for Stroke Congress 2026, and have joined the Executive Steering Committee for the Canadian Women’s Heart Health Alliance as Patient Advocate Co-chair, Advocacy. None of it was planned; each opportunity built on the last. I’ve also been a patient partner on more than a dozen research grant applications and am currently active on two nationally funded projects. By engaging in stroke research, I’m helping shape better outcomes for others.





Ten years later, I still think of the old me as a friend I miss and don't get to visit — that girl who ran on high-octane gas and had endless energy. I miss her, but I'm grateful I got to be her for 48 years. I'm filled with gratitude for this new version of me — for her recovery, her loving family, her steadfast friends, and her supportive employer. I'm grateful, too, for the chance to turn a difficult experience into purpose.

I believe that when we share our stories, we change lives. When we speak up or engage in research, we help shape better care and outcomes for everyone.



Canadian Stroke Supports and Information ...

Partial list of resources...

After Stroke



- Support for patients
- Support for life partners/care givers

Thrombosis Canada



Heart & Stroke



- Community of Survivors FB Group
- Best Practices / Guidelines

Testing Assessment Suggestions:

- Neuro Optometrist
- Occupational Therapist
- Vestibular Physical Therapist
- Regular Physical Therapist
- SLP
- Neuro Psych Assessment (private)
- Bubble test (rule out PFO in the heart)
- Blood testing for any blood clotting disorders

ADVERTISEMENT



The **Canadian Women's Heart Health Alliance (CWHHA)** is a volunteer network of experts and advocates aiming to improve women's cardiovascular health across the lifespan.

CLICK HERE

EXAMPLES OF INITIATIVES AND INFORMATION:



Wear Red Canada - February 13

Wear Red Canada is celebrated annually across Canada on February 13th to raise awareness about women's heart health.

Events are held across the country to encourage everyone to be proactive in the management of our heart health.



Women's Peer Support Heart Hub

The purpose of the Canadian Women's Peer Support Heart Hub is to connect women with peer support that is right for them.



Women's Heart Health e-Course and Toolkit

To address the need to increase awareness and knowledge regarding heart disease in women, 9 educational modules have been created.



By
Marion Martell, Ontario
Idiopathic Heart Block, 2008

At the time of my incident, I was 58 years old. A professional woman, in good physical health, exercised regularly, ate well, not overweight, not on any medication. I was rarely, if ever sick.

On Friday, May 23, 2008, I was teaching a Communication Course at our local college. As I started to deliver the afternoon component of the course I did not feel well. I experienced shortness of breath and dizziness, so I sat down and passed out.

The next thing I remember was hearing someone asking me about my heart rate. It was a paramedic. My normal heart rate was usually in the 50s and my normal blood pressure is below 100. This time my heart was 43, it was never that low before. I was connected to a heart monitor. The paramedic told me I was in Second Degree Heart Block. I could not believe it. I had already gone from First Degree to Second Degree Heart Block. I knew I was in trouble.

Things quickly got worse. I went from Second Degree Heart Block into Complete Heart Block. I was taken via ambulance to the University of Ottawa Heart Institute where I stayed from May 23- May 29, 2008. Initially, I was stabilized with a temporary Pacemaker and later I had surgery to have a permanent Pacemaker inserted to regulate my heart rate.



With Heart Block, there is a problem with the electrical conduction system in the heart. Initially, I had one lead inserted, but it proved insufficient as I was still experiencing symptoms of shortness of breath and dizziness. In January 2009 a second lead was inserted.

This time I improved greatly, I was symptom-free and felt as healthy as I had before my heart event.

I had genetic studies done at the Heart Institute to determine the cause of my Complete Heart Block. The Doctors were puzzled as to why this had happened to me and why I required a permanent pacemaker. The outcome of the study determined my Heart Block was idiopathic (no known cause). To this day I entirely depend on my pacemaker to help me live a normal and active life.

Today at 74 years old, I remain as active as ever. I work out regularly, golf, bike, walk, and cross country ski.



Life is good, thanks to the University of Ottawa Heart Institute.

It gives me great pleasure to give back to the University of Ottawa Heart Institute by supporting, educating, and raising awareness for women's heart health.

In 2012-2013 I co-chaired an event to fund raise for the University of Ottawa Heart Institute. (UOHI) This charity event was an all-female golf tournament to raise awareness of heart disease in women. At this event I learned that the UOHI was planning to launch the Canadian Women's Heart Health Centre(CWHHC) with the focus on women's heart health.

My Involvement with the Women@Heart Peer Support Program.

The CWHHC was officially launched in 2013. One of their first initiatives was the Women@Heart Peer Support Program. This program is designed to support women post heart event. I had the privilege of being involved in the development of this

program and in the Fall of 2014, I was trained as a facilitator to deliver this program.

The Women@Heart Peer Support Program is a peer support program led by women with heart disease for women with heart disease. Its goal is to create a caring and supportive environment where women can learn from one another, share their experiences and gain confidence as they recover. The program provides emotional and educational support helping participants better understand women's heart health and how to manage their recovery. Because the facilitators themselves are women with lived experience of heart disease, they truly understand what the participants are going through.

The program was officially launched in January 2015 in the Ottawa Champlain region, and I had the privilege of facilitating

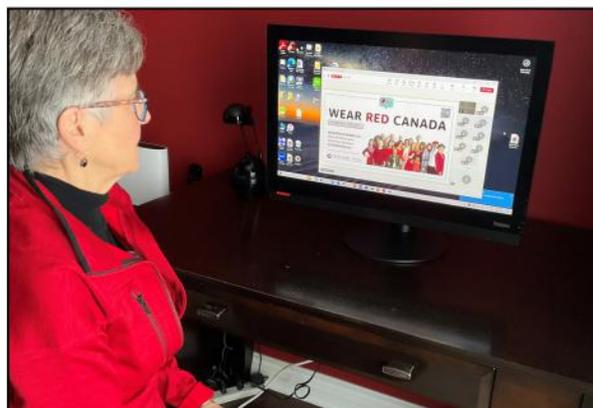
Ten Women@Heart Peer Support groups. It was inspiring to see how the women progressed in a positive way throughout the program, growing in confidence and taking control of their heart health journey.

Since the onset of Covid the Women@Heart Peer Support program is now being offered virtually and has expanded Nationally , allowing women across Canada to be a part of this program.

When I had my own heart event this program did not exist. At the time, I was single, working full time and living on my own. I felt scared, isolated, and anxious, about the possibility of having another event.

I know I would have benefited greatly from this program having the opportunity to connect with other women who were going through a similar experience would have helped ease my fear, isolation, and anxiety.

For more information on the Women@Heart Peer Support Program find us under programs at OttawaHeart.ca



CLICK HERE



In Memorium: July 6 1965 - October 6 2025

Our Dearest Helen,



By
Jackie Ratz, Manitoba
Heart Failure, 2017



On behalf of the heart community that loved you, admired you, and was forever inspired by you—thank you.

Thank you for your unwavering dedication to women’s heart health. You didn’t just advocate—you transformed the landscape with compassion, clarity, and courage.

Thank you for your patience with those of us who faltered, hesitated, or took time to catch up. You never judged—you simply kept the door open and the light on.

Thank you for your deep caring nature. You saw people, not just problems. You listened with your whole heart and responded with grace.

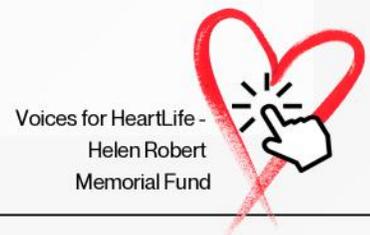
Thank you for your vision—bold, inclusive, and unapologetically focused on what women’s heart advocacy could be. You showed us that equity isn’t a dream—it’s a direction.

Thank you for your support, your wisdom, and your steady presence. You lifted others even when the weight was heavy.

Thank you for being you. Your light will not dim. Your legacy will live on—in every conversation sparked, every policy shifted, every woman who feels seen because of the path you lit.

We will remember. We will treasure. And we will keep walking forward, guided by your brilliance and your love.

With deepest gratitude,
Your heart community.





CANADIAN WOMEN'S
HEART HEALTH CENTRE

NATIONAL
ALLIANCE



By KERRI-ANNE MULLEN, PhD

- Scientist & Director, Canadian Women's Heart Health Centre, University of Ottawa Heart Institute
- Assistant Professor, School of Epidemiology & Public Health, Faculty of Medicine, University of Ottawa
- Chair, Canadian Women's Heart Health Alliance



By LISA COMBER, BA, KTPC

- Manager, Canadian Women's Heart Health Alliance
- Knowledge Translation Manager, Canadian Women's Heart Health Centre
- Division of Cardiac Prevention and Rehabilitation University of Ottawa Heart Institute

HELPING WOMEN'S HEARTS: WHY YOUR VOICE MATTERS IN THE CANADIAN WOMEN'S HEART HEALTH ALLIANCE

In 2018, Heart & Stroke released a report with a powerful name: **Ms. Understood**. It revealed something many women already knew but the healthcare system had overlooked for decades: women's heart and vascular health has not received the attention it deserves.

For years, most heart and vascular research was conducted on men. That means the signs of cardiovascular disease in women—things like unusual fatigue, nausea, jaw pain, or back discomfort—were often missed or dismissed. As a result, women continue to be underdiagnosed, undertreated, and experience poorer health outcomes.

The **Canadian Women's Heart Health Alliance (CWHHA)** was created to change that.

WHO WE ARE?

The CWHHA is a national, volunteer-driven network of more than **300 members** across **10 provinces**. Our community includes physicians, nurses, scientists, researchers, allied health professionals, trainees, and—importantly—**persons with lived and living experience (PWLEs)**.

Our vision is simple and bold: **to improve women's cardiovascular health across the lifespan.**

Everything we do is built on true partnership. Clinicians, researchers, and people with lived and living experience work together as a team—each bringing a vital voice, perspective, and strength.

PWLEs are not "advisors on the side." They are **co-leads, co-creators, and co-champions** of our work, shaping projects, informing decisions, and helping drive meaningful change across Canada.





WHAT WE DO?

The CWHHA focuses on five key areas:

Advocacy & Awareness • Training & Education • Research • Knowledge Mobilization • Health Systems & Policy

Here's what that looks like in action:

- Improving Education & Training

Most medical students and residents still receive limited training on how heart and vascular disease differs between women and men. We're working to change that by delivering classroom sessions, creating bilingual accredited e-courses, and piloting the **first Canadian cardiology residency program** focused on women's heart and vascular health.

- Driving Better Care

We have helped develop an emergency department protocol for chest pain in women, contributed to national clinical updates, and supported specialized women's heart programs across Canada.

- Raising Awareness

Every **February 13**, we lead **Wear Red Canada**, a national movement that sparks thousands of conversations about women's heart and vascular health. Our resources are available in **17 languages**, and in 2025 alone, our volunteer presenters reached more than **5,000 people** through community talks.

- Sharing Knowledge

From our widely used **State of the Science** publication in JAHA to the **CWHHA Atlas** published in CJC Open, we help turn research into accessible tools for the public, healthcare workers, and policymakers.

WHY YOUR VOICE MATTERS?

Heart and vascular disease is the **leading cause of death** for women worldwide. And while statistics matter, **stories change systems**.

If you are a woman, intersex, gender-diverse, or underserved person living with heart or vascular disease, **your experience offers something no study ever could: a real-world understanding of what needs to change**.

As a PWLE member of the CWHHA, you can:

- ✓ **Share your story** to help others feel less alone
- ✓ **Shape research** so it reflects women's real needs
- ✓ **Advise healthcare teams** on what compassionate care looks like
- ✓ **Speak at events** or help design educational tools
- ✓ **Support awareness campaigns** like Wear Red Canada
- ✓ **Connect with a national community** that understands your journey

There is no medical background needed—just your lived experience and your voice.

Participation is flexible. You can join one project or many, volunteer occasionally, or take on a leadership role. Every contribution counts.





HOW TO GET INVOLVED?

Joining the CWHHA is **free**. All members get access to our new digital portal with tools, resources, and opportunities to participate in national initiatives.



Visit CWHHA.ca



Email admin@cwhha.ca

Follow us on social media at [@CWHHAlliance](https://twitter.com/CWHHAlliance) to see what our members are doing across Canada.

What can you do to reduce your risk?

- Be active, keep moving
- Eat a variety of healthy foods
- Limit alcohol
- Manage stress
- Live free from commercial tobacco and vaping
- Get regular check ups (ask for blood sugars, blood pressure and cholesterol)

HEART AND VASCULAR DISEASE IN WOMEN

DID YOU KNOW?

To take care of others, you need to first take care of yourself.

Women can be at greater risk for heart and vascular disease.

The following conditions lead to a greater risk of heart and vascular disease:

- Certain pregnancy complications
- Earlier menopause (before the age of 45)
- Cysts in ovaries and hormonal imbalance (polycystic ovarian syndrome)
- Inflammatory and autoimmune disorders (ie, rheumatoid arthritis, lupus)
- Cigarette smoking
- Diabetes

To learn more about women's heart and vascular health, visit CWHHA.ca or talk to your healthcare provider.

CWHHA.CA

RED HEART MATTERS: KEEP THE HEARTBEAT GOING | CANADIAN HEARTS: HEART HEALTH MATTERS | ALL ABOUT ALLIANCE

LOOKING AHEAD...

This is an exciting time for the CWHHA as we are preparing to launch our **three-year Strategic Roadmap**, which focuses on:

1

Building a coordinated **National Strategy for Women's Cardiovascular Health**

2

Transforming health systems so women receive equitable, evidence-informed care

3

Amplifying advocacy and awareness to make women's heart health a national priority

To do this well, we need the voices of those who know the system best: **the people who have lived through it.**

JOIN THE MOVEMENT...

If you've lived through a diagnosis, felt unseen, or simply want to make things better for the next woman —you belong here.

Together, we can change the future of women's heart health in Canada.



To learn more about the benefits of joining the CWHHA:



- Member Portal to stay in the loop
- Mentorship / Friendship
- Short term & long term projects
- Respect for life experience

Find us on:





THE HEARTFUL CALENDAR: NON-NEGOTIABLE DAYS TO SCHEDULE EVERY MONTH

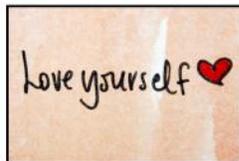
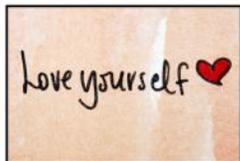


By
JACKIE RATZ, Manitoba
Heart Failure, 2017



Living with heart failure—or any chronic condition—means constantly navigating energy, emotions, and unpredictability. But what if we could build in small, intentional resets each month to help us feel more grounded, connected, and alive?

Inspired by a simple but powerful concept, here are seven non-negotiable days to schedule every month. These aren't just wellness tips—they're lifelines. Whether you're managing your health, caregiving, or simply trying to stay afloat, these days offer structure, joy, and a gentle reminder that your heart deserves care in every sense.



7 CHOICES FOR NON-NEGOTIABLE DAYS OF SELF CARE:



1. GET YOUR LIFE TOGETHER DAY

This is your reset button. One full day to tackle the clutter—physical, mental, and digital. Pay the bills, clean out your inbox, prep meals, fold laundry, run errands. It's not glamorous, but it's grounding. For those of us managing medications, appointments, and fatigue, this day helps us feel in control again. Think of it as a tune-up for your life engine.

Try:

- Organize your pillbox
- Update your calendar
- Declutter one drawer
- Prep meals that support heart health

Why it matters: Stability reduces stress—and stress reduction is heart protection.



2. UNPLUG DAY

Turn off the notifications. Step away from the screens. Give your nervous system a break. Whether it's a walk in nature, a book you've been meaning to read, or a quiet coffee with a friend—this day is about presence. The world won't fall apart while you're offline, but your mind might just find peace.

Try

- Leave your phone in another room
- Journal by hand
- Sit in silence for 10 minutes
- Watch the clouds move

Why it matters: Digital overwhelm can trigger anxiety and fatigue. Unplugging helps your heart rest.



3. BE-A-TOURIST DAY

Explore your own city like you've never lived there. Visit a new neighbourhood, try a new café, take photos like you're on vacation. This day is about perspective—seeing the familiar with fresh eyes. It's also a gentle way to reconnect with joy and curiosity, especially when routines feel heavy.

Try:

- Ride a bus route you've never taken
- Visit a local museum or garden
- Snap photos of street art
- Try a dish you've never tasted

Why it matters: Novelty boosts dopamine and reminds you that life is still full of wonder.



4. RECONNECTION DAY

Call your sister. Message that friend you've been meaning to check in on. Meet a mentor for tea. This day is about rebuilding bonds—with no agenda, just love. Chronic illness can be isolating, but connection is a powerful antidote.

Try:

- Send a voice memo to someone you miss
- Write a letter to someone who helped you
- Invite someone to share their story
- Host a virtual Heart-to-Heart Circle

Why it matters: Social connection improves emotional resilience and heart health outcomes.





5. MINI-ADVENTURE DAY

Try something new. It doesn't have to be big—rock climbing, a new museum, a recipe you've never attempted. The goal is movement, excitement, and memory-making. These small adventures break up the monotony and remind us that we're still growing, still exploring, still alive.

Try:

- Take a dance class
- Visit a new park
- Cook a dish from another culture
- Try a new creative tool (watercolours, clay, collage)

Why it matters: Adventure sparks joy, and joy is medicine.

6. BODY AND BREATH DAY

This is your day to reconnect with your physical self—gently, intentionally, and with love. Whether you're stretching, breathing deeply, or simply resting, this day is about honouring your body's wisdom and needs.

Try:

- Gentle yoga or tai chi
- Body scan journaling: "What does my body need today?"
- Guided breathwork or meditation
- A warm bath with calming music

Why it matters: Listening to your body builds trust, reduces anxiety, and supports healing.

7. CREATIVE EXPRESSION DAY

Let your soul speak — through art, writing, music, or any form of creation. Creativity helps process emotions, reduce stress, and remind you that you're more than your diagnosis—you're a creator, a storyteller, a spark.

Try:

- Color a page from Life In Hearts
- Make a playlist that reflects your journey
- Write a poem or letter to your heart
- Create a collage of your dreams

Why it matters: Creative expression is a form of emotional release and self-celebration.



Scheduling these seven days isn't about perfection — it's about intention. It's about creating space for healing, joy, and connection in a life that often feels dictated by symptoms and schedules. So grab your calendar, pick your 3, 5 or 7 days, and protect them like the sacred rituals they are.

Your heart deserves it. You deserve it.





By
Judy Prieston-Preston, Manitoba
Congenital Heart Disease 1950,
Pacemaker, starting 1967

December 6, 1967 58 yrs ago I had a temporary pacemaker lead implanted so my heart rate could be increased from 20 beats per minute to 60 beats per minute. I was born with complete congenital heart block which meant the upper chambers (atria) were completely blocked off from the lower chambers (ventricles). The atria beat at their own rate and the ventricles were controlled by the outer layers of the ventricles at a rate of 20-40 beats a minute. My heart was completely blocked off at the AV node.

As I got older my heart rate continued to drop. I waited until I was 17 to receive a pacemaker, a few reasons for that were pacemakers were not invented when I was born in 1950, another reason Canada did not get them until the early 60's and also I was a kid, pacemakers at that time were quite big.



Largest to smallest - my pacemakers



My symptoms and heart rate were so bad it got to the point that I would not survive if I did not have a pacemaker inserted. The temporary pacemaker was inserted so I had a better chance of surviving the open chest surgery (trans-thoracic surgery). My doctor knew I would need a pacemaker for the rest of my life so that was the route they chose. The temporary pacemaker was huge so it was worn outside my body like a necklace and the lead was inserted in my right inner arm to my heart.

I was the youngest in Manitoba in 1967 to have a pacemaker inserted and my cardiologist Dr. Ted Cuddy said to me "Judy, you and I are going to learn about pacemakers together. He also told me 1 in a 1000 reject their pacemakers." Guess what? I was that one in a thousand.

December 7, 1967 at 2pm my permanent pacemaker was inserted with a few problems along the way, I went into ventricle tachycardia (V-Tach) when the lead was sewn onto my heart, when they got me back and thought they were done I got the hiccups so bad they could not stop them so they had to go back and shorten the leads as they were touching my



External Pacemaker



Early Medtronic pacemaker - Lasted only 10 months to a year



Cordis pacemaker - Failed me on my honeymoon



Newest - good for 5-7 years

diaphragm. A planned two hour surgery took over four hours.

I remained in intensive Care Unit (ICU) at Winnipeg General for a couple weeks and then another couple weeks on the ward. Rejection was not a pleasant experience and last over a year and a half. Terrible pain, tons of fluid around and in the heart lining, Intermittent Positive Pressure Breathing (IPPB) machines to exercise and clear lungs, physical therapy where techs tilted my bed head down and pummelled my body to loosen mucus which caused more pain. Many tears and prayers for it to end. When I got home I was in hospital more than I was at home or school. Many, many trips to Winnipeg by ambulance for Pericardiocentesis.

In 1971 I had a new Cordis pacemaker put in - smaller and newer technology. I got married on August 7 and for our honeymoon we went to the states. Well, the device dropped 10 beats over night so we had to cut the honeymoon short and head back to Winnipeg. Those early devices were not without issues and clinicians were often learning on/with me. We arrived in the Peg late at night and I wanted to stay in a hotel as



I didn't want to overnight in the emergency room. Dennis stayed up all night checking my pulse.

When I went to the hospital in the morning, I went to the EKG department and asked for Dr. Cuddy and I was told he was at the cafeteria. I went down tapped him on the shoulder and he turned around and asked what I was doing there, you are supposed to be on your honeymoon. I said well my cardiologist told me my pacemaker would be good til fall but it dropped 10 beats overnight. He had me in the operating an hour later and decided to keep me overnight.

By the time the surgery was done, everyone knew we were on our honeymoon. Thanks to Dr. Cuddy, I was put in a private room set up with flowers, food etc. I think he felt bad for the pacemaker failing so he tried to make up for it. I could ask him anything at anytime and he would take time to answer my questions.



Dr. Cuddy - My oldest son is named after him.

There were lots of malfunctions with the early pacemakers and lots they learned along with me. The other thing I would mention is back in 1967 there was very little information supplied to patients and doctors.

There were no support systems and practically no one knew what I was going through or understood what to do about it. It was all trial and error. This is why I think support groups like ours are so beneficial because we all understand not being heard or it's all in our head or whatever else they would tell us. Even if we are not going through the same thing we are all women and know how persistent we have to be to make ourselves understood.



Sharing my heart journey to raise awareness.

Move ahead 58 yrs and by the grace of God I am still here with a wonderful family and two awesome grandchildren. I have outlived three siblings which the doctors never thought I would. I just believe we have to be thankful for every day we are given and live it to the fullest.



ADVERTISEMENT



About us

HeartLife has evolved from heart failure organization into one of North America's leading patient-led cardiovascular charities - because all roads lead to heart failure. Our mission is to raise public awareness of cardiovascular diseases, empower patients, families and caregivers through education and support, and advocate for better care for everyone.



ABOUT US



Editor's Note: Life In Hearts E-Magazine is for everyone who has a heart journey of their own or a passion for caring for their hearts or others ... Cheryl has kindly agreed to share her journey on how she found her way to focussing on Heart Health as her calling.



FINDING MY HOME AT THE CROSSROADS OF FOOD AND HEART HEALTH



By
CHERYL STRACHAN, RD
Alberta
• Author of 'The 30 Minute Heart Healthy Cookbook'
• SweetSpotNutrition.ca



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

You might have read one of my columns here in Life in Hearts, or stumbled across my Sweet Spot Nutrition blog. People sometimes ask how I became a dietitian focused on heart health. It was an unusual path, but every step taught me something.

I started in the right direction, turning an interest in human health into a biology degree at the University of California, Irvine. (I'm from Calgary, but my father had moved to nearby Huntington Beach years earlier, and four years without my winter coat was hard to resist.)



But what to do after graduation? Medicine seemed too stressful, research too painstaking. A pharmaceutical company, Merck, was recruiting on campus, so I ended up with a job promoting a new cholesterol-lowering drug, and later a blood pressure medication.

That led to ten years in sales and marketing, along with an MBA from UC Berkeley, taking me to Denver, Philadelphia, and San Francisco — a grand adventure.

I gravitated toward customer care, answering questions and solving problems, but eventually realized that although companies talk about being “customer-centric,” it’s seldom the highest priority. By 2002, I was ready for a change. I wanted to have more impact! I wanted helping people to be the heart of my work.

On the personal side I was an avid cyclist increasingly interested in nutrition. I loved experimenting in the kitchen,

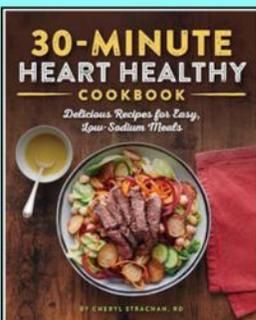
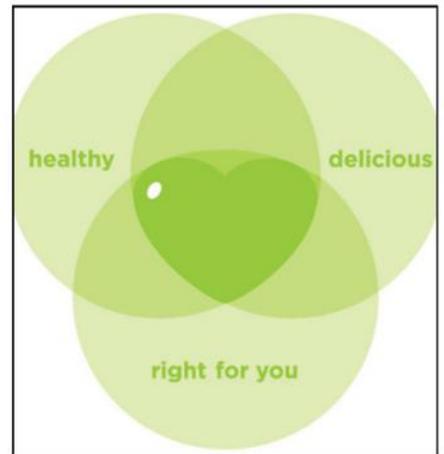
trying to crack the code on food that was both healthy and genuinely enjoyable.

After a lot of research and soul-searching, (with a few raised eyebrows), I went back to school at age 32 to become a dietitian. Thanks to my biology degree, it would take just over two years, including the required internship.

I wanted to move back to Calgary, but there’s no dietetics program here, and Edmonton felt a bit too arctic. Instead, I enrolled at San Francisco State University, a short bus ride from my apartment.

I was in heaven. “People get paid to do this?! I would talk about it all day just for fun!” I loved nutrition science, but also psychology, counselling, and health communication.

My internship through the UC Berkeley School of Public Health took me to diverse settings, from



Quick, nourishing meals for your heart—even on your busiest days.

If you’re living with high blood pressure, high cholesterol, diabetes — or just want to eat better without spending hours in the kitchen — the 30-Minute Heart Healthy Cookbook offers the clarity and flavour you’ve been looking for.

Whether you’re new to heart-healthy eating or just looking for some quicker options, this cookbook helps you feel good about every bite.

ORDER HERE



a cooking program for at-risk youth to a seniors' lunch program in Chinatown.

When I reached the outpatient lipid and diabetes clinics, something clicked. With my background in heart meds, I knew about the importance of addressing heart disease risk factors. Helping people do that through food felt important and doable.

A talk by cardiologist Dean Ornish sealed my interest in cardiac health. His research showed that a comprehensive lifestyle program, including a largely plant-based diet, could allow heart attack survivors to live longer without another event.

When I moved home to Calgary in 2005, I attended a meeting of local dietitians interested in cardiology. By sheer luck, a dietitian from the Cardiac Wellness Institute of Calgary (CWIC) was there and pulled me aside because her partner had just unexpectedly gone on maternity leave early. I sent my resume and soon began working in cardiac rehabilitation.

It was incredibly rewarding! People recovering from a heart attack or other cardiac event are often highly motivated to learn. We offered six nutrition classes, including a popular grocery store tour, creating a real sense of community.

Later I split my time between clinical work and coordinating an exciting new program to raise awareness of heart disease in women. I gave talks in the community alongside volunteers with lived experience, which felt long overdue. (And still does!)

By 2012 though, tight budgets had forced us to cut back to just one nutrition class, and funding

for the women's program dried up. I was keen to offer more – an alumni program, an email newsletter – but there just wasn't funding.

So in 2014, I took another leap, into private practice. My husband inspired the name, when he said that I helped him discover that healthy food can also be delicious. That's the sweet spot!

Today, I write, teach, and host an online community that feels like those early days of cardiac rehab: personal and practical. Helping people is the heart of the job — exactly what I hoped for all those years ago.



PRINCIPLES OF HEART-HEALTHY EATING

- 1 *Focus on satisfaction first* - When you find heart healthy food you truly enjoy, you'll keep doing it for life.
- 2 *Nourish your body* - Think about fueling yourself with cardio protective foods, rather than restricting nutrients like fat and sugar.
- 3 *Let go of the food guilt and relax* - If 80% of what you eat supports your health, and 20% is chosen for perfectly good other reasons - like convenience or enjoyment - you're doing great!
- 4 *Don't measure your success by weight loss* - the pursuit of better health is more about what you DO than what you weigh.
- 5 *Aim for your "sweet spot"* - Healthy delicious, right for you. It can take some time to find, but it's out there.



Sweet Spot Nutrition
Heart health, for life.

Do-It-Yourself Chocolate Spread

By CHERYL STRACHAN, RD, Alberta

Did you know you can make your own chocolate spread, tastier than the original? It has a less sweet, more dark chocolate flavour.

And instead of being mostly sugar and palm oil, it's mostly creamy cashews, with their heart-healthy fat. In less than 10 minutes!

This spread is lovely on whole grain rye crackers or sprouted-grain toast. You can also use it to dip bananas, apples, or pears. Enjoy!



Ingredients:

- ¼ cup unsalted cashew butter
- 3 tablespoons water
- 1-½ tablespoons unsweetened cocoa powder
- 2 teaspoons honey
- 1 teaspoon extra-virgin olive oil
- ½ teaspoon vanilla extract
- Pinch of ground cinnamon
- Pinch of salt

Prep Time	Cook Time	Total Time
10 mins	0	10 mins



Directions:

Stir together all ingredients in a large bowl until smooth. It will take 2-3 minutes of stirring to come together. You may find a food processor or electric mixer helpful, but it's not necessary.



Cooking Tips:

- 1** If you measure the olive oil first and then the honey into the same measuring spoon, it won't stick.
- 2** Start with one teaspoon of honey, and add another if you prefer more sweetness. Even three teaspoons of honey will be much lower in sugar than the original. Make sure it tastes good to you!
- 3** If it's too thick for dipping fruit, add more water, a tablespoon at a time.
- 4** If the bottom of your cashew butter gets dense and hard, there's no harm in adding a little extra oil. Canola or sunflower are neutral tasting heart-healthy options, despite what you may have heard.
- 5** Cashew butter is pricey, but it has a neutral taste, which lets the chocolate sing. If you use peanut or almond butter, it won't taste as chocolatey. Look for cashew butter in the natural foods section of a well-stocked grocery store.

Store in the fridge for up to a week or so.

Nutrition: (Approximate)

Serving:
2

Calories:
108

Fat: 9 g
Saturated Fat: 2 g
Cholesterol: 0 mg

Carbohydrates: 8 g
Fibre: 1 g
Protein: 2 g

Sodium: 93 mg
Potassium: 92 mg
Sugar: 3 g
Vitamin K: 5 mcg



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





Editor's Note: Life In Hearts E-Magazine is for everyone who has a heart journey of their own or a passion for caring for their hearts ... Annie has kindly agreed to share her own heart journey for this Heart Month issue.

FINDING MY WAY BACK



By

ANNIE SMITH, PTS, FIS, RAB II

Ontario,

Cardiac Sarcoidosis, 2015

• All the Right Moves Personal
Training & Fitness



Happy New Year, one and all! I hope you enjoyed the holiday season, celebrating beautiful You!

As another year begins, mindsets stir about making New Year's Resolutions or a change of some kind. These are carefully planned and thought-out mindsets. What if, suddenly, your mindset had to prepare for a shocking resolution – to stay alive!

Welcome to my heart journey...



I was 48 (April 2015). I was a group fitness instructor and personal trainer for 20 years. Instructing fitness was (and still is) my passion! I was fit. I had a healthy heart. So, I thought.

I was enjoying a personal workout in my fitness studio – the choice of the day was indoor spin (aka Spinning). Oh, how I loved a good ride (both indoors and outdoors – 45km/week)!

I was focused and thrilled with the speed and endurance I was achieving that day. I was nearing 90% of my maximum heart rate (HR), in my target HR zone.

My beats per minute (BPM), also known as heart rate (HR), was climbing. My end goal was in sight for this ride. I was elated!

Suddenly, without warning, my breath failed me and it felt like my heartbeat just stopped. Immediately, I ceased pedalling and two fingers raced to my carotid artery (on my neck). This is when I felt the very faint, thump, thump, thump. I sat on my bike, unable to

move, feeling the blood pump very, very slowly through my fingers on this one artery, for what seemed like forever. I counted every single beat. My HR had plummeted from 155 bpm to 30 bpm, just like that.

I hoped for a quickening pulse. Within 30 seconds, my hope came true as it sped up on its own, continuing where it had left off. Having a deep connection with my body, I knew what had just happened was unusual.

With heightened awareness, I commenced spinning once my HR came back. However, it became a pattern every time my HR increased: sudden HR drop, stop to check HR, HR target zone returned and I would restart cycling.

After the fifth time (I told you I love my bike), I listened to my intuition and removed myself from my bike. Something was not right.

My life as I knew it was beginning to spiral out of control on that fateful day. I just didn't know it yet.

My GP sent me to a local cardiologist for testing. When the testing revealed a serious conductive issue with my heart, I was sent to a well-known cardiologist/electrophysiologist, Dr. Janmohamed (Dr. J) in Scarborough.

That first appointment with Dr. J was unlike any other I've experienced, I witnessed him simultaneously talk on a landline,



Before - June 2016



During - December 2016



Now - December 2025



a BlackBerry, and another phone, trying to secure me a rushed Cardiac MRI at St. Mike's Hospital in Toronto.

Watching him in action and listening to him discuss my health and the immediacy of what was required for me was amazing and absolutely terrifying! I knew I was in great hands.

Three weeks after that appointment, I experienced four, 911 calls due to dangerous arrhythmias. The last call was for ventricular tachycardia (VT) speeding HR. I thought my heart was going to race out of my chest and I honestly thought I was going to die. I'd never experienced such a scary feeling, ever.

On that last unexpected 911 trip to the ER, Dr. J had me medically evacuated to Scarborough for an emergency ICD.

Following my ICD surgery, my arrhythmias continued. Frequently. It was too much. I was safe from sudden death with the ICD, but daily, I was challenged. I was put on beta-blockers. My dose was tripled within weeks to find out what my heart needed to calm it down.



Less than a year later, I was struggling to walk up the stairs, breathless. What was happening now? After more testing, I was referred and expedited to Dr. Heather Ross in Toronto. I was in heart failure.

Dr. Ross told me I had a "very, very sick heart". I had exercise-induced, 2nd degree heart block. My heart was severely inflamed in many places. And the worst part (I thought at the time), was when she told me I couldn't exercise - at all. I could walk. That was it. There was no compromising this at all (you bet I tried - a person in shock does that). I was shattered.

The tests and procedures were endless. The biopsies were extremely scary. When a heart biopsy with 5 samples failed to confirm their suspicions, a spleen biopsy was completed next.

The diagnosis: Cardiac Sarcoidosis. A very rare, incurable

and life-threatening heart disease. I also had systemic Sarcoidosis - it was in my spleen, liver, lymph nodes, endometrial cavity and esophagus. My medical team just increased by six more doctors.

I was put on high-dose prednisone and oral methotrexate with the hopes of bringing the inflammation down in my heart.

My life as I knew it was done. I was deflated. I didn't even walk. I didn't understand what walking could do for me, not until 3 years later.

I continued instructing my fitness classes, with 100% verbal cues and corrections. I needed normalcy and teaching gave me the ability to be myself.

Six months after treatment, the PET scan showed an incredible decline in widespread Sarcoidosis! My meds were now titrated slowly for the next 14 months.



“My life as I knew it was done. I was deflated. I didn’t even walk. I didn’t understand what walking could do for me, not until 3 years later.”

At the same time, I was informed by Dr. J that my ICD had a battery recall. Say what now? Once I learned the statistics and pros and cons of replacing the ICD at that time, I opted to keep the implant. However, I had an entirely new ICD (pack change) 1-1/2 years later when a faulty atrial lead needed replacement.

In January 2018, I completed the wean off prednisone and 6 months later, weaned off methotrexate. Now immunosuppressant-free, 4 weeks later, I was 911’d out of Algonquin Park. I knew my symptoms. It was back. I just knew it.

After release from the local hospital, I called Dr. Ross and told her my feelings and asked for a PET. It was rushed and the results showed the Sarcoidosis was back on my heart.

High-dose immunotherapy began once again. This time it worked faster and I didn’t need to remain on high-dose treatment for long. Thank goodness!

I now thought about the once-again prescription from Dr. Ross, about only walking for exercise. I took it as a personal challenge. I decided I could let the prednisone ‘blow me up’ once again, or I could do something about it.

My personal challenge: If I walked 10km/day, 6 days a week, could I combat the side effects of prednisone on my body? I began this in Oct 2018. I LOVED walking immediately. I was the most surprised person to realize how FUN it actually was.

The majority of my walking was on a treadmill in my Fitness Studio. That way I knew I was safe and could get on/off whenever I wanted. I maintained that rhythm for 2.5 years! The challenge was a success (however, the moon face came along for the ride), and I was happy! My endorphins were at a high! I was back to strength training as well.

Once the Sarcoidosis was in remission again, it was important for me to raise awareness for

heart failure research and show that heart disease can happen to anyone, even a fitness trainer.

I created Annie’s Pace Global Adventure (APGA) in May 2019. It unites the world for four days every May in health and fitness and heart health awareness. APGA has raised \$27,500/7 years, with all proceeds going to Dr. Ross’ Test Your Limits Initiative (TYL) at the Peter Munk Cardiac Centre (PMCC) for heart disease and heart failure research. TYL has raised over \$4M in 19 years, raising awareness and support for heart failure research, cardiac transplantation and heart health.





I have been in complete heart block for a few years now, with recent worsening heart failure.

This past June, I had a CRTD-ICD implanted. Within 2 weeks of implant, I felt amazing (compared to the past 2 years). A follow-up echo in January will reveal the results of my heart failure status.

I remain on low-dose prednisone and the same original methotrexate dose. It still works for my heart! The last PET scan a few years ago showed everything is quiet.

Yearly bone tests monitor the osteopenia (side effect of long-

term prednisone). I have had arthritis since I was 20, which is worse due to the prednisone side effects, however, it still outweighs the risks of the Sarcoidosis returning in my heart. I'm closely monitored by an extensive team of doctors.

I'm back on an outdoor bike (the first time in 10 years) with the amazing assistance of an E-bike. I've had to modify my personal workouts considerably over the past 10 years and I learn more about who I am each time that happens. It's been a frustrating journey at times, but I'm alive and all is well. I continue to share my love of health and fitness with clients of all ages and

abilities and just marked 30 years of instructing! I couldn't be happier!

Maintaining a positive mindset throughout this journey is necessary. The most important thing is to keep moving your body the best way that you can, every day.

Movement is key! Motion is Lotion. Stay Positive.

I hope to inspire and help you to achieve the best version of yourself daily and choose courage over comfort and fear.

Your life is worth 1 hour a day!



Congratulations on showing up for you and choosing to start creating a healthy lifestyle of physical fitness and mindfulness.

I am so proud of you! See you next time! Namaste.

Annie is a regular contributor to the Ted Rogers Patient information website. Her 'HEARTFIT' videos can be found at OurHeartHub.ca



For more information on Sarcoidosis please check out SARCOIDOSIS.UK.

[CLICK HERE](#)

You can also check out the 09 May/June issue of Life In Hearts and read Tracy's journey with Sarcoidosis.

[CLICK HERE](#)



HEARTY

Strive to LOVE BOLDLY



WARRIOR

LIVE BRAVELY every day



QUEENS

LEAD in your journey!



LIFE IN HEARTS

Living Bravely. Loving Boldly.



www.LifeInHearts.ca



www.HeartLife.ca

Life In Hearts E-Magazine is the property of
Jackie Ratz and HeartLife Foundation