



# CARDIAC HEALTH

## FOUNDATION OF CANADA

# Cardiac Health Fdn Bulletin Spring Edition

## Volume 6

PREVENTION, EDUCATION & CARDIOVASCULAR REHABILITATION

ISSUE 6

## WELCOME to the 6<sup>th</sup> edition! GTA Walk of Life 2018

Welcome to the sixth edition of the bulletin! Our goal is to bring you up-to-date on news/happenings within the Cardiac Health Foundation of Canada. Although we may produce a few print copies of this bulletin, it will be disseminated electronically. If you find it worthwhile and wish to add friends and relatives to our e-blast list, sign up on our website or send the name and email address to Christina Mellos, our Operations Manager, at [cmellos@cardiachealth.ca](mailto:cmellos@cardiachealth.ca).

Within this edition, we will focus on the imminent 2018 GTA Walk of Life, a summary of the 3<sup>rd</sup> successful Healthy Hearts Chef Challenge that was held on February 7<sup>th</sup> 2018 and the opening of the 1<sup>st</sup> Paediatric Exercise Medicine Room & Cardiac Rehab Program in Canada at The Hospital for Sick Children. Also, within our Heart Health Resources, we include a book review and some delicious recipes.

### GTA Walk of Life

We are pleased to announce that our 34<sup>th</sup> Walk of Life is scheduled for May 26<sup>th</sup> 2018 at the Ontario Science Centre & Parklands at 770 Don Mills Rd, Toronto, Ontario. This year we will once again focus our efforts in raising funds for the Cardiac Rehabilitation

Programs across Canada, scholarships, and our other health-related partners including Canadian Congenital Heart Alliance, the Mikey Network, Cardiac Kids in support of SickKids Hospital, and the University of Toronto Dr. Terry Kavanagh Heart Health Lab. We will also be entering the second year of our commitment to funding the 1<sup>st</sup> Paediatric Exercise Medicine Room & Cardiac Rehab Program for kids and adolescents in Canada at the Hospital for Sick Children in partnership with Cardiac Kids and Bike2Play. Cardiac Health Foundation's mission of 'Prevention, Education & Cardiovascular Rehabilitation' will have gone full circle from supporting Dr. Terry Kavanagh's pioneer work in establishing cardiac rehab for adults across Canada. Fifty years ago, Dr. Kavanagh stunned the world by taking seven heart attack survivors to run in the Boston Marathon in 1973 – showing the world that exercise is medicine! This project proved that exercise was both possible and responsible for reducing morbidity and mortality in patients with cardiovascular disease, and also revolutionized the world of Cardiac Rehabilitation in Canada. We know this new program at SickKids will become both the leader and catalyst for the launch of similar paediatric cardiac

rehabilitation & Exercise is Medicine programs across Canada.

In demonstrating the success of Cardiovascular Rehabilitation and helping Rumsey Centre celebrate 50 years of Cardiac Rehabilitation, this edition will profile Archie Huycke and his wife Joan. Archie who is 94 years old had his first CABG followed by participation in Cardiac Rehabilitation with Dr. Terry Kavanagh 44 years ago.

We are also fortunate to once again confirm the participation of Paw Patrol including Marshall and Rubble in the GTA 2018 Walk of Life (courtesy of Kidomo Inc. and Spin Master Ltd).



*Kids Fun Run at the 2017 Walk of Life*

Editor: John Sawdon  
Digital Design & Layout: Christina Mellos  
Executive Director: Barbara Kennedy

Children and families will enjoy a rare opportunity of interacting with their favourite TV mascot characters while having their photos taken. In addition, we will have free parking, t-shirts, snacks & beverages, live entertainment, kids activities/bouncy castles, Ontario Science Centre educational modules, prizes, medals and a BBQ lunch. Registration is free for kids under 14.

You can take part in any 1KM, 3KM & 5KM Walk; 5KM & 10KM Run; Chair Exercises for Seniors and the Kids Fun Run. The 'WALL OF HOPE' will once again offer a forum to identify the names of family members, friends, neighbours or co-workers who have been impacted by cardiovascular disease.

Our goal is to raise \$500,000 and attract 2,000 participants. We encourage everyone to create a fundraising team and register online at [www.walkoflife.ca](http://www.walkoflife.ca).

## Our 3<sup>rd</sup> Annual Healthy Hearts Culinary Challenge

Our 3<sup>rd</sup> Annual Healthy Hearts Chef Challenge was a huge success. This event which drew 202 people was moderated once again by Dr. Peter Lin, MD, the CBC's 'House Doctor'. The culinary talents of six Executive Chefs and their teams representing Chartwell Retirement Residences, Delmanor Communities, Esprit Lifestyle Communities, Revera Retirement Living, Schlegel Villages, and V!VA Retirement Communities created gourmet heart healthy entrees that were absolutely delicious. This year the layout and process followed last year's format at the BMO Institute for Learning located at 3550 Pharmacy Avenue, Toronto, Ontario.

The evening began with the launching of a silent auction and distribution of fruit drinks by Nestle Professional, and sparkling wines by Colio Wines, for the patrons who consumed refreshments while enjoying the music and sounds of Andrew Beg, Tom King, Frances Beg, and Salena Harriman. Our host Executive Chef Murray outdid himself again in organizing the hall, the Chef teams, and delivering on an ambiance that was conducive to socializing while heightening the taste buds for the evening entrees.

The mouth-watering Dinner entrees prepared by the Six Executive Chefs and their Teams included:

1. Chartwell Retirement Residences team of Chefs Stephen Huszczo, Joan McNeill, Victoria Reynolds, Antoneitta Marchese prepared **Ginger-Baked Salmon with Mango Salsa, Fennel, Orange and Mint Salad**

2. Delmanor Communities team of Chefs Divakar Raju, Bernard Attard, Adrian Maputi, Sarah Wagner, Gaurav Saxena, Keith Sullivan, Jordan Bruce prepared **Chia-Crusted Arctic Char, with Golden Beet and Sweet Potato Roesti, Citrus Mango Chutney, Sprouted Mung Beans, and Coconut Relish**

3. Esprit Lifestyle Communities team of Chefs Steve Chapman, Jay Campbell, Richard Cox, Jennifer Crosgrey-Salman, Sarah Lyons prepared **Curried Chick Pea Patty with Zesty Quinoa and Vegetable Salad, Sweet Potato Puree accompanied by a Mint & Yogurt Sauce**

4. Revera Retirement Living team of Chefs Nick Calina, Ian Thompson, Louis-Charles Desjardins, Rounak Shastri, Robert Tarca prepared **Maple and Mustard-Glazed Roasted Turkey Thigh with Sunchoke and Parsnip Puree, Broccolini, Oven Roasted Cherry Tomatoes and a Blood Orange Gastrique**

5. Schlegel Villages team of Chefs George Madalena, Kevin Hughes, Jesse Seguin, Maria Vanhartingsveldt, Caitlin Boucher prepared **Grilled Tandoori Chicken with Julienne Vegetable Salad, Steamed Rice and Cucumber Raita**

6. V!VA Retirement Communities team of Chefs Mitchell Lash, Lindsay Harris, Anthony Rizzo prepared **Braised New Zealand Leg of Lamb with Golden Quinoa Radish, Dill and Avocado Salad, Lemon-Scented Yogurt Sauce**

Needless to say, the food was delicious with the majority of guests continuing to gorge themselves on the delicacies prepared by each team of chefs. Before announcing the Awards, a special thank you is extended to our Healthy Hearts Chef sponsors who donated the entrees, the wines, specialty juices, waters, appetizers and desserts.

We extend a special thanks to Sysco Canada, New Zealand & Australia Lamb Company, Toppits Seafood, Maple Lodge Farms and Eska Water for supplying the entrees. Special Thanks extended to Chef Murray Hall & the Culinary Team from Dolce Hotels & Resorts for deserts and appetizers.

Thank you is extended to Nestle Professional and Nouveau Taste for assorted appetizers and to Gravitats Chocolate for desserts. We are grateful for and extend our thanks to Colio Estate Wines for the Colio Lily Sparkling VQA/Colio Predicament Chardonnay VQA/ Colio Predicament Cabernet/Merlot VQA, and Lake Erie North Shores. We are also grateful to Nestle Professional for the assorted non-alcoholic cocktails, and Express Sunkist Juice Machine. We also would be remiss if we didn't express our gratitude and thank you to Globe Houseware who supplied the specialty plates. Before announcing the awards, the Cardiac Health Foundation of Canada wishes to also thank our donors to the Silent Auction who provided 26 items that generated \$3,923.00 towards the 1<sup>st</sup> Pediatric Exercise Medicine Room & Cardiac Rehab Program at the Hospital for Sick Children. A Special Thanks is also extended to Boehringer Ingelheim-Lilly Diabetes Alliance, BMO Bank of Montreal, Sysco Canada and LiUNA Local 183 our Gold Sponsors. Other Silver Sponsors we wish thank include Amgen Canada, The Printing House and The Brand Factory. Our Bronze sponsors that we wish to thank include the six retirement communities, the Bank of Montreal and Dolce Hotel & Resorts. In announcing our Chef Team Awards, we wish to single out Nestle Professional for the gorgeous gift baskets that were both donated and prepared for the Individual Chef Team categories. These were sensational baskets filled with an array of foods and treats for each award category.

The evening continued with a fireside chat between the evening's moderator Dr. Peter Lin and everyone's Mayor "Hazel McCallion", pictured below. Hazel spoke of her longevity in political life, her personal recipe for a healthy and long life (age 96 years) and the challenges being faced in terms of large cities, transportation issues, and the impact of an aging population.

Special Guest Toronto Argonaut Shawn Lemon announced the Healthy Hearts Chef Challenge Award winners as follows:

**Healthy Hearts Nutrition Award Winner is Esprit Lifestyle Communities Chef Team with Curried Chick Pea Patty**

**Healthy Hearts Tasty Entrée Award Winner is Rivera Retirement Living Chef Team with Maple and Mustard-Glazed Roasted Turkey Thigh**

**Healthy Hearts Creative Presentation Award Winner is Schlegel Villages Chef Team with Grilled Tandoori Chicken**

**Healthy Hearts Innovative Entrée Award Winner is V!VA Retirement Communities Chef Team with Braised New Zealand Leg of Lamb**

**Healthy Hearts Inspiration Award Winner is Chartwell Retirement Residences Chef Team with Ginger-Baked Salmon**

**Healthy Hearts People's Choice Awards Winner is Delmanor Communities Chef Team with Chia-Crusted Arctic Char**

The Six Executive Chef's representing the Retirement Communities:



## The 1<sup>st</sup> Paediatric Exercise Medicine Room & Cardiac Rehab Program Opens

On February 9<sup>th</sup>, 2018, The Hospital for Sick Children's Chief of Cardiology Dr. Michael Seed, the President of the Hospital for Sick Children's Foundation Kevin Goldthorpe, and Leo DelZotto President of the Cardiac Health Foundation of Canada announced the official opening of the 1<sup>st</sup> Paediatric Exercise Medicine Room & Cardiac Rehab Program in Canada. The official opening included a ribbon cutting ceremony attended by SickKids Hospital Dr. Barbara Cifra MD the Director of this new program, Jeff Neiman President & Founder of Cardiac Kids, his daughter Sara a Congenital Heart Disease

survivor, AJ DelZotto and Andrew Bin Co-Founders of Bike2Play, Leo DelZotto and Barbara Kennedy Executive Director of Cardiac Health Foundation of Canada who committed to the funding of this Paediatric Exercise Medicine Room & Cardiac Rehab Program.

After the tour, Dr. Barbara Cifra provided an overview of the new program and how it would function. The group then went downstairs for light refreshments and presentations by Dr. Barbara Cifra, Dr. Michael Seed, Leo DelZotto,



Barbara Kennedy, Jeff & Sara Neiman, along with AJ DelZotto and Andrew Bin. The partnership involving the Cardiac Health Foundation of Canada, Cardiac Kids and Bike2Play involves a 3-year funding commitment to this program. This means funds from the 2018 Walk of Life will again be committed to funding this program. In Leo DelZotto's remarks he acknowledged the contribution and pioneering efforts of Dr. Terry Kavanagh in Cardiac Rehabilitation, indicating we are celebrating 50 years since the launch of cardiac rehab for adults. With the opening of this, the 1<sup>st</sup> Paediatric Exercise Medicine Room & Cardiac Rehab program it means it took us 50 years to include children and adolescents in our efforts. He challenged the group to build on their efforts at the Hospital for Sick Children by expanding their efforts across Canada.



## 94-Year-Old Arthur Huycke is Living Proof that Cardiac Rehab Saves & Extends Lives!

I want to introduce you to Arthur Huycke and his wife Joan who live in North Toronto west of Yonge street. Arthur is a remarkable man who had his first CABG 44 years ago. It was 50 years ago that Dr. Terry Kavanagh revolutionized Cardiac Rehabilitation in Canada and the world. Arthur was a recipient of Dr. Terry Kavanagh's approach and attended Rumsey Centre Cardiac Rehabilitation program after his recovery from his first double bypass surgery at Toronto General Hospital.



By way of some background, Arthur is an engineer, was in the Second World War and attended the University of Toronto. He is a Father of four, a grandfather of six and has been married to Joan for sixty years. He indicated he was involved in sports at the University of Toronto.

What makes Arthur remarkable is, he had not one, but two bypass CABG's. He also attended 2 cardiac rehabilitation programs and remarkably at 94 years of age has been approved for a valve replacement surgery this spring.

Arthur had a heart attack in his 40's and in his 50's had a double bypass that required one month in hospital 44 years ago. Twenty-two years later he had another heart attack in Florida and was flown back with a Doctor and nurse to Toronto General Hospital where he underwent surgery. His Cardiologist for all these years and at this time is Dr. Ross. The Thoracic Surgeon was Dr. Tyrone David for both of his bypass surgeries. His second surgery involved a quadruple bypass, which meant redoing the first two bypasses plus two more. His second CABG only required one week in hospital which illustrates the progress made in bypass surgery.

Wow you say, so what is it that keeps Arthur alive and well enough at 94 years of age to be approved for a valve replacement. The teachings of the cardiac rehabilitation that centered around managing symptoms, focusing on what he ate and how his food was prepared, managing the stress in his life and committing to exercise very single day. Arthur remembers attending Rumsey Centre 3 days a week and after each seminar walking the track. He indicated that staff would often tell him to slow down and under his breathe Arthur would say to himself, "Get out of my way, I need to get by".

He is a firm believer that you have to exercise your muscles and your body, or you atrophy. I heard Arthur's engineering influence as I interviewed he, Joan and their daughter, Allison, he would indicate that the cardiac rehab program changed the way we ate and also cooked our food. I was also committed to exercise and thus walked daily in the afternoons. He also did aqua fit twice a week until they closed the community pool at the community centre. He indicated that his family cut back on red meats, increased fish and chicken consumption, and quit frying foods. He also indicated both of his doctors indicated he should develop a reward for his daily commitment to exercise. For Arthur this daily reward became a martini.

after his daily walk. He has maintained that approach since his Bypass 44 years ago. When I asked him what advice he would give to others, he indicated:

- Many people unwittingly live unhealthy lives. Many people tempt fate by eating crappy foods,
- Be careful and sensible about what you eat
- Make the machine work if you do not use it, it will atrophy the muscles and body
- Reduce stress and you must "want to live"



Arthur also indicated he was lucky, he had good parents, went to a good school, had good friends, a supportive family and a loving wife. He indicated that without the love and support of his wife and family he doesn't know how this might have turned out. Arthurs family all have committed to being active and to addressing the first-degree relatives risk factor that came with his heart disease.

I learned of Arthur and his remarkable longevity after heart disease from his daughter. Allison Boughner works with March of Dimes in creating support groups and transitioning support for individuals who have had a stroke. I suspect Arthur's life has had some influence on her journey. This is a remarkable man who has an incredibly supportive family and has committed to the principles learned from Cardiac Rehabilitation. I hope Arthurs story inspires you, your loved ones and friends. If you have a story about survival from heart disease that you are willing to share, please connect with us at [jsawdon@cardiachealth.ca](mailto:jsawdon@cardiachealth.ca).

## Cardiac Corner

### WHAT CAN CANADIANS LEARN FROM AMERICAN BARBERSHOPS?

By: Dr. Shane Marshall

How often do you get your hair cut? If you're like me, it depends on how many obstacles exist between you and the haircut appointment. Scheduling time off work, getting in the car, driving to town, finding parking, and quickly returning to my office, are all deterrents to keeping a sharp hairdo. For a long time, Caroline, my trusted hairdresser, tried to convince me to commit to an every-three-week schedule of trimming. I just laughed. When it comes to haircuts, there's no way I'm that organized. As result, I usually end up calling her a few months later when I've run out of Got2B Glued gel and can no longer tolerate the unkempt look.

A lot of people treat doctor's visits the same way I treat haircuts. They only go to their doctor when something hurts. Are you one of those? If you're nodding your head, chances are you're a man. A lot of things keep men from the doctor's office – in Bermuda, where patients have to pay to see their doctor, sometimes it's money, sometimes it's the poking and prodding, and for some life is going well (or not well) and they don't want to risk the possibility that the doctor will find some new problem to worry about. To be fair, these anxieties are shared by women, and yet for some reason they are better than men at making and keeping doctors' appointments.

But back to haircare for a minute. So, it turns out not all men are haphazard with their approach to haircuts. For instance, in Bermuda a lot of black men faithfully get a trim every two week. Part of this may be about keeping their line-up haircut or temple fade looking good, but in some communities the neighborhood barbershop is also a favorite place to convene, shoot the breeze, and catch up on politics while getting a trim. So, what if barbers, in addition to sprucing up a man's look, could also spruce up his blood pressure? If you're a black man, or married to a black man, don't stop reading, because not only do black men see doctors less frequently than black women, the risk of black men dying from heart attack or stroke is 80% higher than for black women or, for that matter, for white men. Wow.

*"Black men, in particular, have the highest high-blood-pressure-related death rate of any group"*

*Dr. Ronald Victor, Principal Investigator, Barbershop Blood Pressure Study*

It was with this sobering statistic in mind that Dr. Ronald Victor of Cedars Sinai Medical Center in Los Angeles conceived a novel approach to managing blood pressure in black men in his city. Dr. Victor enlisted the participation of 52 black-owned barbershops. In half the shops, while administering a trim, the barbers talked to their patrons about healthy lifestyles, measured their blood pressures, and those with high pressure were encouraged to see their doctor. Sounds like a nice idea, right? But then Dr. Victor pushed the envelope a little further: In the other half of the barbershops the same thing happened, but he also placed a specially trained pharmacist on-site who, using a study-sanctioned guideline to treat high blood pressure, dispensed medications directly to patrons with high pressures. The pharmacists were in regular attendance every two weeks when the

clients returned for their next haircut. As the months passed, if the client's blood pressure was not responding, the pharmacist introduced additional medications according to the study protocol.

The results were surprising. The mean systolic blood pressure at the start of the study in both barbershop groups was over 150 mmHg - this, despite the fact that most of the clients already had a personal doctor and health insurance. That's high! That, on its own, says something about the failings of the present-day healthcare system – the current approach to identifying and treating high blood pressure (“make an appointment to see your doctor”) is not working. If you need more convincing, get this: amongst the barbershop clients with high blood pressure who were advised to see their doctor, after six months their mean systolic blood pressure fell a mere 9 points - from 154 to 145 mmHg - not impressive. You might wonder if those advised to see their personal doctor ever did. That may be, but it also appeared that some personal doctors may have taken a rather ho-hum approach to getting the job done. Contrast this to the barbershops with the on-site prescribing pharmacist – over six months the mean blood pressure fell from 152 to 125 mmHg. That's worth celebrating. I say, point me to the barbershop with the on-site pharmacist.

*Hypertension is one of the most common chronic diseases affecting Canadians across their lifespan – from approximately 2% of children and adolescents, to 7% of pregnant women, to 25% of the adult population.*

*From Hypertension Canada's 2018 Guidelines for Diagnosis, Risk Assessment, Prevention, and Treatment of Hypertension in Adults and Children*

Whether American or Canadian, black or white, male or female, there are lessons here for everybody. Once hypertension was demystified for barbershop patrons, they came to appreciate that blood pressure needs attending to, just as hair does. Furthermore, when treatment and monitoring is provided “in-house” by someone non-intimidating and trustworthy (oh, let's say for example, a pharmacist instead of a doctor), without a lot of obstacles between you and medical care, the results were impressive.

*“The program saved my life. It motivated me to help myself out and to help others in my community. I stopped smoking, I started exercising every day and I changed my diet.”*

*Marc Sims, Study Participant.*

*Entry BP 175/125 mmHg; final BP 125/85 mmHg*

By bringing medical care to a familiar place, Dr. Victor showed that barbers and pharmacists could work together with behind-the-scene doctors to successfully identify and treat high blood pressure in men who for one reason or another weren't getting close medical attention.

For me, this study was a welcome example of how out-of-the-box thinking can produce better results than conventional treatment. Clearly, barbershops are one important gathering place where education, treatment, and support can take place. But this study also illustrates that it's not enough to make people aware and point them in the direction of a doctor. If you remove another obstacle by bringing the solution (in this case lifestyle counselling, medication, and monitoring equipment) right to the barbershop, you have a better chance of saving lives.

What about you? Do you know what your blood pressure is? What are the obstacles between you and a fantastic blood pressure?

Some final thoughts on blood pressure and barber shops

Sometimes a doctor's expertise is best kept in the background, devising policies and protocols based on science. The idea of barbers measuring blood pressures and pharmacists treating high blood pressure is another example of non-physicians getting the job done where doctors, for one reason or another, could not. We have similar successful enterprises in Bermuda, where some maverick nurses have changed the landscape of some common diseases here – diabetes and asthma are two that come to mind. I'm certain similar examples exist in Canada. The Bermudian nurses who pioneered public health measures in these areas will tell you that some of the biggest obstacles they faced were from physicians who, for one reason or another (go ahead, say it: chingching), resisted taking healthcare out of the doctor's office and into the public arena. Will we now see pharmacists and barbers taking on blood pressure? Let's hope so. Are we to next expect a shampoo, cut, and finger-prick cholesterol test? (Well, yes, if Dr. Victor has his way: stay tuned). Until then, here's a few easy steps to lower your blood pressure before your next haircut.

1. Buy the Tyrrell's Naked (salt-free) chips at your grocery store. The first week you'll think they're bland, the second week you'll think they're alright, and the third week when offered a regular salted chip you'll decline (ugh, too salty!) It's called retraining your taste buds and it works.
2. Get on the internet, click YouTube, and look up Yoga with Adriene for Complete Beginners – the first week you'll be self-conscious about striking Buddha poses, the second week you'll start missing Adriene, and the third week you'll be signing up for eight classes at your local yoga studio.
3. Go for a 10-minute walk. The first week you'll think that's nice, the second week you'll find 10 minutes isn't long enough, and the third week, you'll be signing up for the Cardiac Health Foundation's next Walk of Life.
4. Cut your alcohol consumption in half. The first week you'll mourn the loss of your liquid friend, the second week you'll wonder where your afternoon sluggishness went, and, the third week your scale will register three pounds less.

Nice! Your doctor, not to mention your pharmacist and your barber, will be proud.

For more news on the latest developments in cardiology, visit [ShaneMarshallMD.com](http://ShaneMarshallMD.com), subscribe to the free newsletter The Annals of Cardiology, and follow Dr. Marshall on Twitter @ShaneMarshallMD.

# Advocacy News from the National Office

Since our last newsletter, we have been busy building our capacity to advocate on behalf of patients and caregivers affected by cardiovascular disease.

## National Educational Sponsors

In our last edition of the Bulletin we introduced our two National Educational Sponsors, Amgen Canada who has provided funding for our redesigned website which will be launched live right after the Walk of Life. Additionally, Amgen has provided funding to expand our Bulletin from 3 editions annually to four editions beginning in the fall. Our other Educational Sponsor is Boehringer Ingelheim-Lilly Diabetes Alliance. With this group we participated in housing more information on Diabetes as it relates to Heart Disease. Did you know that 60% of Diabetics will die of cardiovascular disease? Because Diabetes is a major risk factor for heart disease we need to be aware of this and to take steps to reduce our risk. In addressing this issue, we have added a new risk assessment on our website for individuals with diabetes in determining if they are at risk for cardiovascular disease. This is currently on our website and will be expanded within our new website. Visit us at [www.cardiachealth.ca](http://www.cardiachealth.ca) and complete the risk assessment.

## Value-Based HealthCare

We have also been exploring Value based healthcare which focuses on outcomes and has been influenced by the writings of Michael E. Porter and Elizabeth Olmstead Teisberg. The challenge for everyone in healthcare including Cardiovascular Rehabilitation is on producing outcome results that demonstrate the effectiveness of services in improving patient's quality of life. In thinking about this I don't think I have ever seen published outcome studies that compare cardiovascular rehabilitation programs, nor the cost benefits accruing from each program. We do know from one study that was highlighted in the Toronto Star that completion of cardiac rehabilitation resulted in a \$3,000 saving to the healthcare system, but this is not universal. Additionally, I do not think I have ever seen results of return to work post heart attack or cardiac arrest, out comes that compare services across the province or region, nor comparisons by gender and or race/ethnicity. While we think this approach holds a great deal of promise, it also requires a lot of work and openness by everyone involved in healthcare. For pharmaceutical companies the challenges are even greater with potential payoff. We all know biologics and personal medicine drugs are considerably more expensive. If a new drug coming on the market meant an individual who was previously unable to work and required multiple hospitalizations could now return to work without fear of multiple hospitalizations that has been demonstrated in outcome studies, would we be prepared to pay more for that medication? This same principle applies to hospitals, long term care homes, cardiovascular rehabilitation programs. If the service

reduces mortality, hospitalizations, improves quality of life would we publicize those services and pay for them while either cutting or reducing reliance, usage of services that do not achieve those outcomes? As novices we have engaged with other patient advocacy groups in exploring the value and feasibility of this approach. I will keep you apprised of our journey but encourage those with interest to research and explore value-based healthcare.

## Patient and Caregiver Advocacy

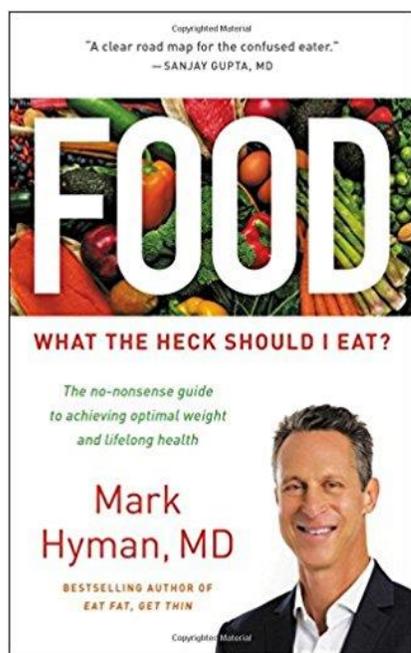
Since our last edition of the Bulletin I have continued to work with patient groups in learning more about patient access to medications and treatments in Canada. In continuing with this journey, I have applied for and was approved for a patient travel grant to attend the Cadth symposium in Halifax on April 15<sup>th</sup> to 17<sup>th</sup> 2018. My attendance at this event gave me the opportunity to learn more about the drug and medical devices approval process in Canada while meeting other patient representatives afflicted with other conditions. The symposium offered over 80 Poster sessions which highlighted research and clinical trial outcomes from numerous projects across Canada. The symposium was held at the new Conference Centre in Halifax that is spectacular while also affording us an evening of great food and music at Pier 21.

I have also enrolled in St Michael's Hospital Patients involved in Research PIR course that enrolled researchers and patient reps from across Canada. The course is focused on involving patients in research design teams in ensuring the experience of patients and caregivers is a vital component of research and knowledge translation across Canada. This course really demonstrates the influence that patients can have for research from the crafting of research questions, to design, interpretation and publication of findings. It is increasingly becoming a requirement for research teams in applying for general grants as well as CHIR grants.

We will continue to reach out to the Cardiac Rehab programs and Healthy Heart groups across Canada in alerting you about a call for patient submissions to Provincial and Territorial Pharma's and to requests from Cadth. It has been suggested that we create posters announcing these calls that can be posted on bulletin boards at your program sites. If you have other ideas for involving patients and their caregivers in providing input on their experiences with their condition generally or on the experiences with certain medications, please let us know. Send an email to [jsawdon@cardiachealth.ca](mailto:jsawdon@cardiachealth.ca).

## Heart Health Resources and Links

Within this section we are providing a summary of one book that may be of particular interest to our readership. The book is by Mark Harman, MD Director of Cleveland Clinic Centre for Functional Medicine. Additionally, we will provide three Healthy Hearts Recipes, and a listing of Did You Know articles that have been written since our last Bulletin and appear on our website under Heart Health Publications.



### **Book Review for "Food: What the Heck Should I Eat?"**

Written by Mark Harman, MD Director of Cleveland Clinic Centre for Functional Medicine

Little, Brown and Company, Hachette Book Company, 1290 Avenue of the Americas, New York, NY 10104, littlebrown.com ISBN 978-0-316-33886-8 LCCN 2017958899

#### **Part 1 - Ending Food Confusion, Fear, and Insecurity**

Mark begins this book with a questionnaire to test our knowledge of good foods versus bad. He queries the reader on oatmeal, eggs, orange juice, red meat, low fat diets, gluten free foods, weight loss, dairy, butter and vegetable oil. He indicates that Health Care spending in the United States in 2016 was \$3.35 trillion dollars. He argues that food is medicine and that the foods we eat today are largely responsible for chronic disease. He indicates that 80 % of the 2016 Health Care expenditures goes towards treatment of chronic lifestyle diseases that are preventable and reversible. He points out the role of the Food Industry in creating convenience foods that lead to obesity and disease. He indicates that food stamp programs- the supplemental Nutrition Assistance Program (SNAP) largest budget item was soda's. He uses a family as a case study in demonstrating that the cure is in the kitchen. He then suggests that much of the cause for us arriving at this stage is due to two factors, the first is researchers and health agencies are funded by the food industry which creates bias and ultimately serves the food industry agenda. The second is related to reporting on individual ingredients, which is misleading because food items contain multiple ingredients. He points out that the American Heart Association receives \$300,000 for each food group that it certifies with its healthy heart slogan/symbol. He closes the first part of the book with the answers to the quiz posed at the beginning of the book.

#### **Part 2 - What the Heck Should I Eat?**

**Meat:** Mark opens this part with a quiz about meats, red meats and processed meats. He then takes on the research related to red meats and indicates that saturated fats associated with cholesterol has been responsible for the condemnation of meat in North America. He indicated a study involving 600,000 people in 19 countries found no link between saturated fat and heart disease. He pointed to another study of 135,000 people from 18 countries and 5 continents over ten years showed lower risk of heart disease and death from eating saturated fat. He indicates that 5% of Americans claim to be vegans and then compares protein sources from meat to vegetables including peanut butter. He indicated that Ansel Keys convinced the World Health organization in 1955 that when you raise cholesterol you increase heart disease. Since saturated fat is found primarily in animals they targeted this as the reason for raising cholesterol levels and increasing prevalence of heart disease. He points to a few studies that have refuted this including a nationwide study of 250,000 people admitted to hospital for heart attacks and found that 75% of patients had low or normal levels of LDL cholesterol. Another study that compared people fed saturated fats from milk, cheese and beef to a group that had saturated fats removed and replaced with corn oil or vegetable oil in their diet. This study found higher rates of mortality with diets of vegetable oils and no saturated fats. He then focuses on what meats to eat and suggests that we should stick with grass fed meats or organic meats and should avoid hotdogs and grilling our meats at high temperatures.

**Poultry and Eggs:** The author once again opens this section with a quiz. He takes the reader on a journey of exploring the shift from beef to poultry. Currently the average American consumes 92 pounds of chicken each year. He suggests right away that pasture raised poultry is healthiest and worth the extra money spent on them. He indicates that experts were right in suggesting chicken had less calories, and fat than beef. What they got wrong he indicates was information about saturated fat, he indicates beef is 37% saturated fat, chicken is 29% saturated fat and brook trout is 26% saturated fat. He indicated experts got it wrong for eggs. A new study found that eating dozen eggs a week had virtually no effect on cholesterol. The USDA has finally dropped the cholesterol warnings from their diet/nutrition guidelines. He also uses a case study of a 117-year woman to make his point. *He then indicates five things you should know about Chicken labelling* in particular, "Natural" is meaningless, "Fresh" only means not previously frozen. Cage free does not apply to chickens raised for meat. "Free Range" means nothing, it doesn't guarantee they were raised outside cages or ever saw light. "Anti-biotic free" is good but says nothing about how they were raised. "Arsenic-free" is important because most birds are fed arsenic to fatten them up and change their skin to a pink colour. "Hormone- Free" is meaningless because it is illegal to give poultry hormones. "Vegetarian" is deceptive, birds are supposed to get grubs in their diet and especially if they are pasture fed. He indicates "Organic" is your best label and guide. "Certified Humane" assumes the site was inspected by animal welfare organization, but this is often untrue. Pastured is not an official designation but is the preferred way to raise and purchase poultry. He indicates new rules were to come into effect that would prevent factory farms from raising chickens in cramped cages using antibiotics to fatten them. The Trump administration has delayed these from coming into force effective March 20<sup>th</sup>, 2018. He indicates eggs should be washed to prevent salmonella and if possible purchase either organic, pasture fed and grazed. Chicken McNuggets are identified as harmful containing harmful additives and very little if any chicken. He indicates that John Hopkin University did a study and found arsenic in both cage raised and organic chickens. He suggests you should shop for pasture raised or organic chicken, ducks and turkey. He indicates that eggs should be fresh, and pasture raised or omega 3 eggs. He sums this section by providing a list of websites to find organic, pasture raised poultry and eggs. He suggests avoiding traditional raised poultry and eggs that are probably filled with antibiotics and arsenic.

**Milk and Dairy:** again, the author provides a true/false quiz. He begins by suggesting through bad science, influence of junk lobbyists Americans have been fed lies and bad advice in relation to food and especially dairy. He suggests that milk does have added vitamins and minerals however these are added. He also indicates that milk makes things grow, however he indicates the production of Lactase which is an enzyme that helps with the digestion of dairy plummets from age two on. He indicates the experts got it right through creating National Dairy Promotion and Research Board and the National Dairy Council to market milk and dairy. What they got wrong is that "Milk is Good for You". Milk does not build strong bones, nor does it

contribute to calcium intake. *He identifies 8 things we know:* Big Dairy is Behind Guidelines; you do not need milk for strong bones; Sources of calcium without added junk; milk increases risk for cancer; dairy fat is not the problem; butter is back; grass fed dairy is the kind you should eat; goat's milk is different than cow's milk. He suggests if you suffer from autoimmune disease, digestive issues, weight gain, type 2 diabetes, PMS, infertility, heavy menstrual bleeding, skin disorders, sinusitis, or chronic disease, stay away from dairy. He suggests grass fed whole milk in small amounts is ok. Goats milk is better for you. Stay away from 1% and 2% milk and processed cheeses.

**Fish and Seafood:** the author continues with the quiz in setting the reader up for false teachings or messaging that has occurred previously. He then identifies why we should eat fish at least twice a week. In commenting on the science of seafood, he indicates that fish are full of good nutrients that help to fight cardiovascular disease and inflammation, type 2 diabetes, autoimmune disease, cancer and rheumatoid arthritis. He indicates that experts were right in recommending fish however McDonald's fish sandwich, nor fish and chips are healthy choices. He indicates that cholesterol scares from seafood have now been proven wrong. He then identifies *8 things you should know about fish:* Small fish are the best fish-sardines, herring, salmon(wild), mackerel, trout, oysters, mussels, tuna and last swordfish; Fish goes to your head (considered brain food); Pregnant women are not getting enough; Your fish could be fake (87% of snapper fake); canned fish okay but not every kind; go for Sashimi instead of sushi; forget farmed go Wild; Farmed salmon has been associated with diabetes. He goes on to give web-based sites that offer both organic raised fish and wild fish for consumption. He suggests being careful of mercury of large fish and antibiotics and parasites on farmed raised fish. He sums up each section with answers on what the heck should I eat and what shouldn't I eat.

**Vegetables:** he opens again with a quiz on vegetables. He begins by indicating the adage of Eat Your vegetables they are Good for You, is true. He indicates that veggies except for starchy ones do not spike your sugar. He also indicated that our hunter gatherer ancestors used to eat between 100 and 150 grams of fiber a day compared to the average American of 8 to 15 grams a day. He then draws on the science of vegetables indicating that most vegetables we eat today are lacking in phytochemicals, loaded with fast acting carbs and sprayed with pesticides. He indicated we should be eating wild or heirloom variety of vegetables. *Seven things we need to know about vegetables are:* Eat the rainbow = red - indicates carotenoid lycopene in tomatoes, bell peppers, carrots preferably home grown or organic; blue-purple - indicates anthocyanins in eggplant, beets, red cabbage, purple potatoes; green - indicates brassicas in broccoli, Brussel sprouts, bok choy, cabbage, cauliflower, kale, collards, arugula; pale green white - indicates alliacins in garlic, onions, leeks; orange - indicates alpha carotene & beta carotene in carrots, winter squash, pumpkin, acorn, sweet potatoes; yellow-green indicates carotenoids lutein & zeaxanthin in spinach, collard, mustard, turnip greens, yellow corn, peas & avocado. Buy organic except for cabbage, frozen sweet peas, onions, asparagus, eggplant, cauliflower. He indicates that some vegetables can make you sick including white Idaho potatoes unless peeled and soaked in water overnight. He indicated that some people are allergic to foods such as gluten, dairy, nuts, & soy. Others may have difficulty metabolizing tomatoes, bell peppers, potatoes, and eggplant. One of the best vegetables doesn't grow on farms, it is seaweed. Additionally, fermentation performs magic on our foods. He concludes this section by providing a list of foods that have low glycemic index which is described as 11 or less. He also summarizes this section with foods I should eat and those you shouldn't eat.

**Fruit:** The author again provides a quiz to assess your knowledge level of fruits. He indicates that 115 million Americans are either pre-Diabetic or Diabetic with 70% of Americans overweight or obese. The issue with fruit is the natural sugar or fructose that it contains. He indicated there used to be 15,000 varieties of apples and today there are only a dozen. He indicates that science suggests people have ten servings of fruit a day which is wrong and means they are getting too much sugar. He then indicates that there are *six things you need to know about fruit:* **Fructose with fiber is not the problem**, studies show that consuming fructose spikes your triglyceride's which plays a role in heart disease and metabolic syndrome. Studies show that drinking one soda twice a day for 10 weeks raised liver fat, muscle fat, triglycerides and visceral belly fat in the abdomen. Reducing sugar, reduces weight and belly fat. Fiber in fruit also feeds friendly flora in your gut and cleans intestines. **All fruits are not created equal**, glycemic index is a scale that measures how much a food raises blood sugar. He suggests let GI be your guide for purchasing, purchases should have a GI index of 11 or less. (apricots 3, oranges 3, watermelons 4, nectarines 4, wild blueberries 5, golden delicious apples 6, pineapples 6, kiwis 7, mangoes 8, cherries 9, black grapes 11, bananas 16, dried figs 16, raisins 28). **Berries may be the best:** berries carry powerful anti-oxidants and include goji berries, black raspberries, wild blueberries, blackberries, raspberries, elderberries, cranberries, strawberries, cultivated blue berries. Other non-berries that have high anti- oxidants include plums, cherries, red delicious apples, figs, granny smith apples, pears. **Dirty makes a difference:** crops are sprayed with toxic chemicals. More than 9% of strawberries, apples, nectarines, and peaches tested positive for insecticides and pesticides. Buy organic if possible. **Fresh Fruit isn't always the best:** Frozen fruits contain their nutrients because they are flash frozen and are ripe. Shipping often means fruits are picked early and un-ripened without their nutrients. **Don't drink your fruit:** fruit juices are full of sugar, eat fresh fruit not juice. He then summarizes what you should eat, websites that provide organic and farmers markets and ends with what you should avoid.

**Fats and Oils:** The author again opens with a quiz in introducing the concept of fats and oils. Mark then indicates to the reader that much of the discussion about fats and oils has been faulty leading to Walter Willett, chair of Harvard's Nutrition department indicating that the shift to trans fats has contributed to 228,000 heart attacks in America annually. He points to numerous studies including the Cochrane Collaboration and the meta-analysis of 51 studies conducted by Lancet Diabetes and Endocrinology that found high-fat low carb diets led to most weight loss and reduction in inflammation. He then suggests *8 things we should know about fats and oils:* 1. Monounsaturated fat is our friend- they have been shown to lower blood pressure, improved insulin sensitivity and lower LDL-Cholesterol. They reduce the small sticky oxidized LDL particles that lead to atherosclerosis or hardening of the arteries. 2. Polyunsaturated Fat...the Good, Bad and the Ugly - this explores the need for omega 3's and omega 6's including how foods cooked with or prepared with omega 6's cause higher mortality rates. He cautions against processed foods which are full of omega 6. 3. Saturated Fat was once the enemy, but not anymore - he quotes the Annals of Internal Medicine in which data from 72 studies was analyzed involving 500,000 people that showed that fats in the blood which come from sugar and carbs are linked to metabolic syndrome, insulin resistance and cardiovascular disease. 4. Trans Fats were Never our Friends-he suggests that margarine, Crisco vegetable shortening, and fake butter spreads are far more toxic than saturated fats. He suggests never eating anything hydrogenated. In 2015, trans fats were removed from safe foods list. 5. Fats and Veggies are a perfect pairing- he suggests adding olive oil and full fat salad dressings in the future. 6. But even Olive Oil can be a problem - he cautions against using olive oil for frying or high temperature cooking, instead go to coconut oil. 7. Coconut Oil has gotten a bad rap - he attacks the American Heart Association which gets its funding from major sugar and carb food companies and he states contributes to the death of many

Americans. Within this section he advises that breast milk has 24% fat which is good for you and is 6% higher than American Heart Association recommendations. 8. Is the hype of Ketogenic Diets and Intermittent Fasting True? - He indicates the ketogenic diet decreases the size of your organs, increases stem cell production, reduces visceral or belly fat, improves gene expression, reduces cancer, increases brains hippocampus, improves immune function, improves mitochondrial function, enhance cognitive function and reduces inflammation and oxidation. He concludes this section with where to buy oils and fats through internet addresses and summarizes with what the heck you should eat and what you shouldn't eat.

**Beans:** The author begins with a quiz in attempting to explode myths related to bean consumption. He suggests that while beans legumes are promoted they are not healthy for everyone. *Nine things about beans:* 1. Beans are not a great source of vitamins- a 50-year woman who weighs 140 lbs. requires 53 grams of proteins a day, a cup of beans which have 123 grams of carbohydrates has 15 grams of protein. 2. Beans contain a Special Starch and a lot of Fiber - beans resist digestion and go straight to the intestines. 3. Beans are not great for your gut-those with gut problems should avoid beans. 4. Beans contain substances that may cause disease - legumes contain lectins and phytates; lectins are inflammatory proteins that penetrate the wall of the small intestines leading to leaky gut. Inflammation can lead to autoimmune disease, type 2 diabetes, obesity and neurodegenerative disease. 5. Canned Beans are convenient but not risk free - cans contain BPA or bisphenol which is the same ingredient in plastic bottled water, look for BPA free. 6. Green Peas and Green Beans are more like vegetables than Beans - they are full of vitamins and nutrients. 7. Peanuts are legumes too, but not so good for you-peanuts have lots of inflammatory omega 6, go with almonds, cashews or macadamia nuts instead. 8. Soybeans can be good for us - fermented soybeans are good for you such as tempeh, natto, miso and soy sauce. Tempeh and Tofu are protein rich and low carb vegetables. 9. And this Soy product is a Pure Health Hazard - soybean oil is hydrogenated fat or trans-fat which leads to omega 6. Soy milk and soy substitutes are not healthy, go with almond or coconut milk but not soy milk. Beans should be soaked overnight with the water being thrown out afterwards. He concludes with what the heck should I eat and what should I avoid.

**Grains:** This section includes the true or false section in creating an understanding of our belief about grains. Grain based foods are the number one source of calories in the United States. Whole grains have benefits including fiber which passes through our intestines and keeps us regular, eliminates toxins, and maintains colon health. All grains we eat today are processed which also means they are full of starch. *Ten things to know:* 1. You don't have to eat them "at all" - our ancestors survived on meats not grains. 2. "Flour = sugar" - grains are starch and starch are sugar. What matters is how much your blood sugar is raised with this carb. Two slices of bread on the glycemic index scale is 75 and table sugar is 65. 3. Your body doesn't know what to do with Gluten. Although only 1% of us is diagnosed with Celiac, many others are sensitive to celiac gluten sensitivity. 4. The grains we eat aren't the grains our grandparents ate - there is a new hybrid dwarf wheat that contains super starch. This has a greater impact on blood sugar and promotes insulin resistance. 5. This is not to say Gluten free is always good for you-gluten free cookies still means sugar. 6. You should be a "Cereal Killer" - most breakfast cereals are 75% sugar that kicks off your day with an addictive cycle of sugar splurges. 7. Oatmeal is not Health food-oatmeal spikes your sugar and makes you hungrier. 8. Your corn has been abused - the best is corn but corn which is organic. 9. And Your Rice isn't so nice either - white rice is linked to type 2 diabetes. Stay with rice one meal a week or go to weird rice, rice of colours including black, purple, brown. 10. Some Grains are always okay to eat - go to ancient grains or grains which have not been processed. He then addresses the impact of pesticides on the soil and provides what you should eat and what you should not eat. He again also provides a listing of web-based addresses for organic farming.

**Nuts and Seeds:** the author again begins with a quiz of true or false. One of the facts pointed out is related to Peanuts and peanut butter. Peanuts are a legume not a nut and peanut butter contains high fructose corn syrup and hydrogenated oils. Nuts are generally good for you however the condemnation of fats meant nuts were somehow included in this group. A handful of nuts daily is good for you. *Seven things you need to know about nuts:* 1. Nuts look like a Miracle Food - in 2016 a team of researchers published a meta-analysis of 29 rigorous studies and found eating a handful of nuts daily resulted in reduced coronary heart disease risk by 30%, cancer risk by 15% and diabetes risk by 40%. It protected against kidney and neurodegenerative disease. 2. Nuts can help you lose weight. 3. Nuts are antioxidant Powerhouses - pecans, walnuts, hazelnuts, pistachios and almonds in this order contain the most. 4. Which Nuts Should I eat for What? This section actually responds to this question. 5. Be Sure to Leave the Skin on. 6. Don't forget about Seeds. 7. Nut Butters, Flours and Milks can be Healthy - but only certain ones. The author sums up this section with a caution on the amount of water required for growing nuts and the impact on the environment. He provides on line internet addresses for organic nuts and seeds and again addresses the question: What the heck should I eat? And what nuts and seeds should I avoid.

**Sugars and Sweeteners:** once again a quiz provides an intro to this section. He reviews the science of sugar pointing out that the world health organization identified type 2 diabetes rates in 1980 as 108 million worldwide. 1980 was also the recommendation that people avoid fats and switch to carbs. In 2014 the diabetes rate published by WHO is 422 million which Mark attributes to the switch to sugar. He uses an analogy of a hibernating bear who gorges on wild salmon and doesn't gain weight but when the bear gorges on blueberries gains 500 lbs. for the winter hibernation. *Seven things you need to know about sugar:* 1. It was sugar all along - in addition to the role that Ancel Keyes played in switching people off saturated fats to carbs, the sugar lobby funded two Harvard scientists in 1967 to write papers that refuted the connection with sugar and heart disease. In 2016 Coke, Pepsi, Kraft, Hershey's, Mars and other multinational published a high-profile paper calling recommendations to reduce sugar "untrustworthy and unscientific". 2. Sugar is addictive. 3. Quitting sugar improves your health rapidly. 4. There are many ways to say sugar - agave, fructose corn, rice syrup, cane, fructose-dextrose-maltose, sucrose, trehalose, iso, syrup, molasses, sugar. 5. Artificial sweeteners are Bad for You. 6. The Bitter Truth about Sugar Alcohols. 7. Some natural sweeteners are Better than others - date sugar, blackstrap, dark molasses. He again sums up this section by relaying the impact on the environment from growing sugars and corn fructose. He then provides Sweeteners what the heck should I eat? And concludes with Sweeteners what the heck should I avoid?

**Beverages:** also begins with a quiz in an attempt to explode myths. He begins with the assumption that we should drink 2 litres of liquid a day and then points out that the American Beverage Association suggests that soda can be a part of that equation. *Eights things you should know about drinks:* 1. Soda and all sugar sweetened beverages are as bad as you think. 2. Coffee is neither poison nor a Panacea. 3. The best water does not come in a bottle. 4. Soy Milk in Not what it used to be. 5. Juicing may be beneficial, depending on what you juice. 6. The Bottom line on Wine. 7. Toss Sports and Energy drinks in the trash. 8. Green tea helps you burn fat without Breaking a Sweat. He concludes with the environmental impact including deforestation occurring in poor countries in growing coffee beans and addresses the question Beverages: what the heck should I drink? Beverages what the heck should I avoid?

### Part 3 - What else you need to know about food?

Within this section he addresses things to keep out of your food including unhealthy processed foods. The impact of pesticides and herbicides and the negative impact of additives on foods. The author then addresses genetically modified organisms, antibiotics and hormones. He explores the negative impact of emulsifiers and gums, BPA or Bisphenol A and Phthalates which are plastic additives in addition to the protective linings in cans. He also addresses phony fats and fake butters and concludes this piece with commentary on refined oils that are high in Omega 6- fatty acids. He addresses the kinds of things you add to your diet to enhance taste, including spices, herbs and condiments which have a medicinal effect. He recommends adding salt but staying away from iodized salt. He suggests adding dressings full fat not diet along with vinegars and sauces. He then addresses what healthy processed foods you should buy, what foods you should keep and what foods you should toss. He then addresses taking supplements and what brands you should consider.

### Part 4 - The Pegan Diet and How to Eat for Life

Before embarking on the Pegan Diet, he suggests you need to detox the sugar from your system. Within this he provides 3 easy steps, first *he gives a list of foods to avoid*: 1. Eliminate Sugar, processed Food, and potentially Inflammatory or Toxic foods for 10 days. 2. He suggests Focusing on eating real, whole foods for Ten days and provides a list of what to eat. 3. He then provides a list of supplements to take. He then introduces the reader to the Pegan Diet in the next section. He shares his experience with Paleo and Vegan and ends up in between, this he calls Pegan. *The 13 Principles of Pegan Diet are*: 1. Stay away from sugar. 2. Eat mostly plants. 3. Easy on Fruits. 4. Stay away from pesticides, antibiotics, hormones, and GMO foods. 5. Eat foods containing healthy fats. 6. Stay away from most vegetable, nut and seed oils. 7. Avoid or limit dairy. 8. Think of meat and animal products as condiments. 9. Eat sustainably raised or harvested low mercury fish. 10. Avoid gluten. 11. Eat gluten free whole grains sparingly. 12. Eat beans only once awhile, and 13. Get tested to personalize your approach. He then suggests a Pegan diet is a two-step process that includes a 10-day detox and added supplements along with paying attention to your body and its functioning. He then provides a 7-day Pegan Meal Plan along with detailed recipes of this seven-day plan.

This is an excellent read for anyone wanting the science behind becoming healthy and reducing chronic disease through modifying the foods you eat. As we know Cleveland Clinic is one of the leaders for Heart Disease and Diabetes. Mark Hyman MD is the Director of the Cleveland Clinic Center for Functional Medicine.

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## HEART HEALTHY RECIPES:

### Chicken in White Wine Sauce

By: Florentina

Course: Main; Cuisine: Italian; Servings: 4; Prep Time: 10 mins; Cook Time: 45 mins; Total Time: 55 mins

Italian garlic chicken in white wine sauce, the best ever, easy and healthy with fragrant thyme and broiled cherry tomatoes!

#### Ingredients:

12 cloves large garlic – smashed with the side a knife and peeled  
 ¼ cup extra virgin olive oil  
 2 ½ lb. organic chicken thighs boneless/skinless  
 1 cup white dry wine & an extra splash for the winos  
 1 cup cherry tomatoes or grapes sliced in half  
 10 thyme sprigs or tarragon  
 1 bay leaf  
 ¼ cup flat leaf Italian parsley roughly chopped  
 1 tsp sea salt & more to taste  
 Black pepper to taste freshly cracked  
 1 pinch sweet paprika

#### Directions:

1. Dry the chicken well on a paper towels and sprinkle it generously on both sides with the sea salt, black pepper and a pinch of paprika. The paprika will help with the browning.
2. In a wide cast-iron pan heat up a lug of the olive oil on medium low flame, just enough to coat the bottom nicely. Add the garlic cloves and sear them on low heat until golden brown all over making sure not to burn them. Remove from the pan, set aside and reserve.
3. Add the chicken pieces to the hot oil skin side down first and sear until golden brown on both sides. (Work in batches if necessary, don't overcrowd the pan and add a little bit of oil in between batches if necessary).
4. Remove the chicken and set it aside while you add the wine scrape all the brown bits from the bottom of the pan. Add the chicken back to the pan together with the garlic, thyme and bay leaf. Make sure you add enough wine to come up ¾ of the way up the sides of the chicken. Bring to a simmer and allow it to reduce for 5 minutes.
5. Cover with a tight lid and continue cooking on low flame for 45 minutes or until the chicken is fork tender and the white wine sauce has reduced to your liking.



6. Meanwhile toss the tomatoes with a lug of olive oil and pinch of sea salt. Broil for a few minutes until nice little char marks form on top and the tomatoes collapse.

7. Spoon the broiled tomatoes on top of the chicken and serve with a nice drizzle of extra virgin olive oil on top, crusty bread or bruschetta, and garnished with the fresh parsley.

#### Oven Method!

1. Follow the above steps and transfer the chicken to a preheated 375°F oven. Cook for 45 minutes until the chicken is tender and the sauce reduced to your liking. Sprinkle with the tomatoes or grapes in the last 10 minutes of baking.

### **Crunchy Tortilla Fish Sticks with Purple Cabbage Slaw**

By: Woman's Day Kitchen, April 2018

#### Ingredients:

1 navel orange  
 ¼ cup fresh lime juice  
 2 tsp sugar  
 Kosher salt  
 Pepper  
 ½ cup sour cream  
 2 carrots, coarsely chopped  
 ½ small red cabbage (about 1 lb.), cored and shredded  
 1 ½ lb. tilapia fillets  
 4 cups tortilla chips, crushed  
 ½ cups fresh cilantro, chopped  
 Lime wedges and hot sauce, for serving

#### Directions:

1. Heat oven to 425°F. Finely grate 1 tsp zest from orange into a large bowl, then squeeze in juice (about 1/3 cup). Whisk in lime juice, sugar, ¾ teaspoon salt, and ½ teaspoon pepper to dissolve; whisk in sour cream. Transfer ½ cup mixture to a shallow bowl and whisk in ¼ teaspoon each salt and pepper; set aside. Add carrots, onion, and cabbage to the large bowl and let sit, tossing occasionally, 15 minutes.
2. Meanwhile, line a rimmed baking sheet with foil. Cut tilapia into large chunks. Dip fish in reserved sour cream mixture and then in crushed chips, pressing gently to help them adhere.
3. Transfer fish chunks to the baking sheet and cook until light golden brown and opaque throughout, 8 to 10 minutes. Fold cilantro into slaw and serve with fish, lime wedges, and hot sauce if desired.



### **Spaghetti Squash and Chickpea Sauté**

By: Woman's Day Kitchen, February 2018

#### Ingredients:

3 lb. spaghetti squash  
 1 small red onion, finely chopped  
 4 tbsp fresh lemon juice  
 2 tbsp olive oil  
 2 cloves chopped garlic  
 1 15-ounce can chickpeas, rinsed  
 1 cup fresh flat-leaf parsley, chopped  
 2 oz. crumbled feta  
 Salt and pepper

#### Directions:

1. Using a large serrated knife, halve spaghetti squash lengthwise; discard seeds. Place both halves cut side down on a large piece of parchment paper, and microwave on high until just tender, 9 to 11 minutes. Use a fork to shred squash strands, and transfer to a bowl.
2. In a small bowl, toss onion, lemon juice, and a pinch each salt and pepper.
3. In a nonstick skillet, heat 1 tablespoon olive oil and chopped garlic until beginning to turn golden brown. Add chickpeas; cook for 2 minutes. Toss with spaghetti squash, 1 tablespoon olive oil, and ¼ teaspoon each salt and pepper. Fold in parsley and onion (and juices). Top with crumbled feta.



## Cardiac Health Foundation of Canada Website with Did You Know Articles

We encourage you to visit our website and keep abreast of the Heart Health Publications. These articles are intended to provide awareness of the health issues and preventative actions you can take in both managing cardiovascular disease and engaging in healthy lifestyle change. Due to our patient advocacy activities, we have deferred the content of this section to the next bulletin. If you find these articles interesting or wish to have information on other heart conditions, please let us know by contacting [jsawdon@cardiachealth.ca](mailto:jsawdon@cardiachealth.ca) and we will try to include an article for future Heart Health Publications.

# Cardiac Health Fdn Bulletin Spring Edition

Volume 6, Issue 6

If you would like to be updated with our foundation's news and bulletins, you can sign up for our free membership at [www.cardiachealth.ca](http://www.cardiachealth.ca)! Also, go to Newsletter Archive for previous editions.

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