



Legacy of Heart

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**American
Heart
Association.**

Oh, There's No Gift Like Health for the Holidays

You can't literally gift-wrap health, much less stuff it in a stocking. But a gift that helps someone eat, sleep or exercise better can send a powerful message, said Dr. Laurence Sperling, the Katz Professor in Preventive Cardiology at Emory University School of Medicine in Atlanta. Beyond the usual affection a gift demonstrates, something that encourages your recipient to stay well is "an extra comment to somebody about how much you care about them," said Sperling, founder of the Emory Center for Heart Disease Prevention. So we asked him and other experts for healthy gift ideas.



Keeping active

When purchasing a fitness-related holiday gift for someone, first consider what they most enjoy doing, said Dr. Cindy Lin, clinical professor in sports and spine medicine at the University of Washington in Seattle.

Lin is a fan of gear that's portable, versatile and doesn't take up much space, such as a yoga mat, exercise ball, resistance bands or free weights. Other simple gifts include fanny packs or belt packs for carrying a phone or keys while walking or jogging, or a reflective vest or headlamp for evening activities.

Getting technical

"Fitness trackers are a great way to get started with being active," said Lin.

"Monitoring heart rate helps track cardiovascular health and exercise intensity," she said. "It's also useful for people who are working on improving fitness levels or training for walkathons or marathons."

Important features to look for, Lin said, include step tracking, calories burned, a long battery life and sweat and water resistance.

Stepping out

A special gift could be an experience that encourages people to get outside. That could take the form of an annual state park pass, which would let someone enjoy the concept of "forest bathing," or walks in nature, which can help reduce stress. For families, it could take the form of a membership to the local zoo.

When it comes to finding a healthy gift, focusing on things that are simple and sustainable is key, because a healthy lifestyle is about making meaningful changes for the long term, not any one item or experience.

[Find More Healthy Gift Ideas Here](#)

Cinnamon Isn't as Simple as You Might Suspect

Cinnamon, the unofficial aroma of the holidays, is a surprisingly complex spice. It's not just the flavor, both sweet and fiery, that's full of contradictions. Nutritionally, it could be described as both unremarkable and packed with potentially healthy compounds. It comes with an irresistible warm flavor – and also some warnings.

The spice, which is harvested from the bark of a bushy evergreen tree in the laurel family, comes in many varieties. One of the challenges in understanding cinnamon is that studies don't always distinguish the variety, said Dr. Connie Rogers, a professor and head of the department of nutritional sciences at the University of Georgia in Athens.

"There's been a lot of work in clinical trials and in preclinical models, and sometimes the forms haven't been identified clearly," she said. "So I think that one of the questions is, 'Is all cinnamon created equal in terms of health benefits?' And I don't think we really know the answer to that yet."

In any form, cinnamon adds little in terms of basic nutrients. According to the U.S. Department of Agriculture, 1 teaspoon provides traces of vitamins and minerals, plus about 6 calories. That makes cinnamon a "safe and easy way" to flavor food without adding significant calories to the dish, Rogers said. Cinnamon also is full of plant-based chemicals called polyphenols that might offer health benefits. One of them, cinnamaldehyde, gives cinnamon its aroma and flavor.

Such bioactive ingredients, Rogers said, work as antioxidants to prevent tissue damage and limit inflammation. Chronic inflammation is a risk factor for cardiovascular disease and other health problems. And "cinnamon may be a really great dietary addition to help prevent or control that inflammation," she said.

Some studies have shown that cinnamon may help to lower blood glucose for people with Type 2 diabetes. A study [published in March](#) in the American Journal of Clinical Nutrition found that people who ingested Indonesian cinnamon (*Cinnamomum burmannii*) for two weeks had lower glucose levels than people who took a placebo.

Some aspects of cinnamon require special attention. Compared with Ceylon cinnamon, cassia cinnamon contains high levels of coumarin, which can harm the liver. The National Center for Complementary and Integrative Health says that in most cases, consuming cassia cinnamon would not cause significant problems, but prolonged use could be an issue for people living with liver disease.

Overall, Rogers said, cinnamon can add flavor without adding calories, salt or sugar. Of course, it's a favorite in holiday dishes and desserts. And while a sprinkling of cinnamon probably won't turn your favorite pie into a health food, Rogers helpfully noted that "desserts consumed in moderation are perfectly fine."



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What Might the Next Century Hold for Cardiovascular Disease Prevention and Care?

The past century brought profound advances in the understanding and treatment of cardiovascular disease, leading to dramatic reductions in deaths linked to heart disease and stroke. But what will the next 100 years bring?

While no one can say for certain, experts point to three areas they expect may play a crucial role in the decades ahead: a push to halt the rise of cardiovascular risk factors using the knowledge gained in previous decades; the continued development of innovative technologies; and a heightened focus on the root causes of health disparities to prevent them from widening as the U.S. population grows more diverse.

Prevention: Putting knowledge gains to use

Research shows the rates of many cardiovascular risk factors have been rising in the U.S. – and are projected to keep doing so. High blood pressure, diabetes and obesity rates are expected to continue to climb over the next 30 years, along with coronary artery disease, heart failure, stroke and atrial fibrillation. Similar increases are projected among children. Better education about how to manage those risks – delivered early in life – will be critical, said Dr. Alex Crystal, chief of cardiology at Mackenzie Health and director of Lawrence Park Cardiology, both in Toronto.

Teens and young adults don't understand those long-term health risks, such as the development of diabetes or cardiovascular disease early in life, he said. "Prioritizing educational initiatives targeting adolescents and young adults to emphasize the importance of healthy lifestyle choices, including regular exercise, proper nutrition and preventive screenings, and investing in targeted public health campaigns that effectively communicate these long-term health risks could be beneficial."

Innovative technologies and therapies

Genetics will likely play a growing role in identifying – and lowering – a person's risk for disease in the future. Polygenetic risk scores, calculated by the presence or absence of gene variants, tell people their chances of developing medical conditions. Gene editing, a field that has emerged over the past decade, allows scientists to change the DNA of an organism, making it theoretically possible to reduce disease risk. While still experimental, it has been successfully used to treat childhood leukemia and has led to the development of new therapies for hemophilia and cystic fibrosis.



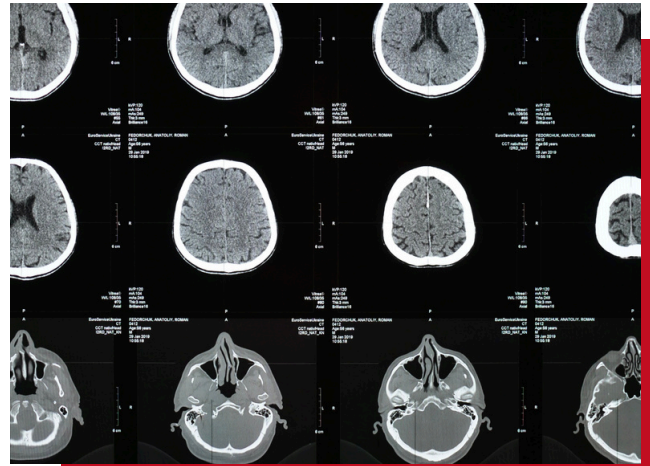
In the future, wearable technology could evolve beyond smartwatches to include devices implanted in clothing or eyeglasses that gather data not just from individuals but from the environment they're in. It could even be able to alert people to other contributing health factors, such as poor air quality, to help them reduce their personal risks.

"Decades ahead, we should have much more information about our individual health and health trajectories than ever before," said Dr. Adrian Hernandez, executive director of the Duke Clinical Research Institute and vice dean of Duke University School of Medicine in Durham, North Carolina. "The combination of where someone stands with cardiovascular risk factors, their genome sequencing and assessments of daily health through passive, digital technology should allow us to better understand their total health and what it might look like over the coming years. It closes the loop for precision health."

Faster treatment may reduce brain damage

Dr. Hugo Aparicio, an associate professor of neurology at Boston University, noted a growing area of research into medications that could be given immediately following a stroke, even in an ambulance, could possibly improve stroke outcomes. "They could protect the brain immediately," Aparicio said. "A lot of this is being developed right now."

Other innovative technologies such as mobile CT scanners that can fit in an ambulance also would allow faster diagnosis and treatment of people who have strokes. They are already being used in some areas and will likely become more commonplace, he said. Aparicio envisions a time when other non-invasive technologies, such as MRIs, might also be deployed in this way.



There are also exciting new technologies on the horizon to help resuscitate people who experience cardiac arrest, when the heart suddenly stops working, said Dr. Sarah Perman, an associate professor of emergency medicine at Yale University School of Medicine in New Haven, Connecticut.

ECPR, or extracorporeal cardiopulmonary resuscitation, allows a machine to pump blood for the heart. This allows doctors to preserve organ function as they try to determine what caused the cardiac arrest and treat it. ECPR for in-hospital cardiac arrests has been shown to reduce mortality and is becoming more widespread, but efforts to use it to treat out-of-hospital cardiac arrest are fairly new, gaining traction in Europe and in a few trials in the U.S., Perman said.

According to AHA's [advanced life support guidelines update](#) co-authored by Perman, ECPR is reasonable to use on people who have a cardiac arrest but their heart remains unresponsive after extended CPR attempts. But it would require a well-trained and equipped team.

"It's pretty rare right now, still in the early stages," Perman said. "But there are some pretty exciting opportunities here to save lives."

[Read More Here](#)

After Two Decades of Military Service, He Learned He Had a Tear in His Aorta

During multiple tours in Afghanistan, Jeff Pharris conducted countless combat patrols and narrowly survived two bomb blasts. After 20 years of U.S. Army service as a communications specialist and combat advisor, he was honorably retired from active duty. Soon after, he started substitute teaching at his local middle school and elementary school in Hope Mills, North Carolina. The job was great in many ways.



Veteran Jeff Pharris

His wife, Jennifer Pharris, teaches fourth grade, so the couple often had lunch together. Plus, by working part time, Jeff was able to care for their kids, Tristan, 13, Isabelle, 15, and Madison, 17. This was especially fulfilling since he'd missed years of their childhood during deployments.

Jeff's students brightened his day, too. At 5-foot-10, with a full beard and bald head, middle schoolers fondly nicknamed him "the Viking sub." Around two years after retiring, Jeff was home alone on a Thursday afternoon. As he tidied up in the 10 minutes before Tristan got home from school, Jeff noticed a slight, sharp pain in his chest.

Jeff figured it was from a workout. He lifted weights and did cardio six to seven days a week to stay in shape and help manage his stress and anxiety. Then he became lightheaded. He lowered to the floor. A layer of sweat covered his body. He looked at the clock. Tristan would walk through the door any minute. Jeff didn't want him to worry, so he got up and wiped the sweat away.

Five minutes later, Jeff left to pick up Jennifer from school and they went directly to the nearby Veterans Affairs hospital. Jeff had blood work done and got an electrocardiogram, or EKG, to check his heart's electrical activity. All tests were normal. Next, he was told he'd need to have a CT scan so that doctors could take a closer look at his heart and blood vessels. Soon after, doctors told Jeff his CT scan looked OK. But they did a second one, just to be sure. As Jeff waited for those results, his chest still hurt. Doctors recommended doing a stress test, which measures how well the heart works when pumping hard. They could do it the next day. Jeff decided to spend the night in the hospital to make it more convenient.

When the results of the second CT scan came back, a doctor called Jennifer to let her know that everything still looked good. Not long after, the door to Jeff's room flew open. "Don't move, don't do anything," the emergency room doctor treating him said. "You have an aortic dissection." It's a rare, life-threatening tear in the inner layer of the aorta, the body's main artery. Although tests kept saying nothing was wrong, the ER doctor could see that something was causing Jeff's symptoms. The ER doctor consulted with his father, a thoracic surgeon, which led to the ER doctor and a radiologist making the diagnosis. The best option was to transport Jeff via helicopter. But none were available. So paramedics drove him an hour and a half to a hospital in Raleigh. Jennifer was at her desk at school that morning waiting for her fourth graders to arrive when her phone rang. It was the hospital. "Jeff needs open-heart surgery," the caller said.

"He needs what?" she said, her voice rising. With tears in her eyes, she arranged for a substitute, readied her lesson plan and called her children. The family drove to Raleigh.

In the meantime, Jeff spoke with his surgeon. The doctor wanted to wait until Monday to operate. The first part of Jeff's aorta, where the aortic valve is located, was enlarged. If they waited, it might improve. Otherwise, Jeff would need a replacement valve and he'd have to take blood thinners for the rest of his life.

During surgery, fluid built up around Jeff's heart. His heart started beating irregularly, too, and doctors shocked his heart to restore a regular heartbeat. The next day, when doctors removed a drainage tube, part of Jeff's lung collapsed. They had to reinflate his lung with another tube. Jeff stayed in the hospital for 12 days.



Jeff Pharris recovering in the hospital after open-heart surgery.

He went home with a walker two days before his 48th birthday with his aortic root still partially dilated. It wasn't clear if he'd need another surgery to replace the valve. At home, he needed Jennifer's help to eat and bathe. Picking up a glass of water hurt. He could barely walk 10 feet.

Because doctors weren't sure what caused Jeff's heart problems, they weren't sure how to plot his recovery. One doctor said he couldn't work out anymore. Another thought it was fine. Jeff ended up going back to the gym two months after surgery, with an important concession: He lifts lighter weights. In addition to the physical benefits of working out, the experience itself is important for his mental health. "The gym is kind of like my personal church," he said.

A similar mood-lifter was returning to substitute teaching. "I love it," he said. "It's almost therapeutic. The kids are so excited to see me." The surgery was in February and he still takes blood pressure medication to relieve pressure on the aortic root. He's getting genetic testing done to see if it offers any explanations.

During recovery, Jeff also contended with a new fear of death. In the Army, he accepted dying as a possible part of the job. But after surgery, he worried that every twinge in his chest was a life-threatening problem. Jeff's thoughts spiraled. He thought he could keep another dissection from happening by eating specific foods, exercising precise amounts of time and strictly monitoring his vital signs. He went to the ER five times after surgery.

"Some of the issues were just in my head," he said. Not all, though. Over the summer, he learned the cause of severe abdominal pain was multiple stomach ulcers. "It was almost like I stopped living my life," he said. "I was living to not die."

Jeff decided to see a therapist who specializes in veterans and post-traumatic stress disorder. He is actively participating in a treatment program for his mental health. "Therapy has helped a lot," Jeff said. "I'm not afraid anymore. I don't check my blood pressure every 10 minutes." He's also developed a bond with a fellow heart disease survivor.

Jennifer has noticed a change in Jeff over the past few months. "It is a journey, I'm always reminding him," she said. "But Jeff is in a much better place now."



American Heart Association,

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ASK AN ADVISOR

What Happens Next? Succession Planning for Donor Advised Funds

Written by Darin R. Shebesta



There's a lot of discussion about starting and using a Donor Advised Fund (DAF) as a philanthropic and tax planning strategy, and you may be among one of the many generous donors who have discovered the power of a donor advised fund to streamline and simplify your giving. A donor advised fund is like a charitable investment account. When you contribute to it, you may receive an immediate income tax deduction, and over time you can donate to the causes you care about directly from your DAF.

A DAF allows you to combine the most favorable tax benefits with simplicity and flexibility. But if you have a DAF or considering one, you may wonder what happens to the remaining funds if there is a balance after your lifetime. Just like the rest of your estate, planning for your DAF is an important step. The good news is that you have several options for the succession of your DAF.

Here are three opportunities to consider when planning for the future of your DAF:

- 1. Designate Successor Advisors:** You can appoint an individual or individuals to decide where the DAF balance should go after your passing. The successor donor advisors may be a spouse, relative(s) or other individual(s) who are at least 18 years of age. This option allows the opportunity for the next generation to continue supporting causes that matter to you and keep your legacy alive. It's a good idea to discuss your philanthropic goals with your successors while you are still living to ensure they understand your values and priorities. It can also be a tool to teach philanthropy to future generations.
- 2. Direct Designation to Causes:** You can specify that the remaining funds be distributed immediately after your passing to one or more charities you care about. This ensures that the organization(s) important to you receive the funds promptly, allowing them to further their mission(s) without delay. You can also choose to provide continuing grant amounts as a dollar amount or a percentage paid in quarterly, semiannual or annual installments until the funds have been given completely.
- 3. DAF Provider's Discretion:** You can allow the DAF provider to determine where the remaining funds should go. While you may not have control over the specific allocations, you can provide guidance, such as "in support of heart health," while you're still living to influence their decisions.

Some of these options may or may not be available based on the DAF provider that you select. It's important to ask the right questions and get answers before you move forward so you can feel confident about who you do business with. Types of questions you can ask may include:

- What investment options are available for accounts (i.e. fixed income, moderate, etc.)?
- Is there a minimum balance that is required to be in a DAF account?
- Is there a minimum or maximum grant size that can be awarded to a charity?

When you establish and fund a DAF, you create a lasting legacy. You have the flexibility to grant from it as you wish and add more funds over time. By planning ahead, you can ensure that any remaining funds are handled according to your wishes to continue your philanthropic goals beyond your lifetime. It's all in your hands—you've got this!



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About the Author

Darin Shebesta, CFP®, AIF®, CAP®, CPFA® is passionate about making a difference in the lives of others. A Certified Financial Planner® professional, Accredited Investment Fiduciary®, Chartered Advisor in Philanthropy®, and Certified Plan Fiduciary Advisor®, he empowers clients to pursue their passion for life through integrated and comprehensive financial planning and investment management, taking a patient and empathetic approach.

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Tax-Smart Ways to Make a Lifesaving Difference This Season

As we approach the end of the year, it's a great time to review your financial plans and consider ways to maximize your tax benefits. Some smart giving strategies may help you reduce your tax burden and make a lasting difference at the same time.

Here are three ways to make your giving go further:



Give From Your IRA (Qualified Charitable Distribution)



Donate Appreciated Stock



Use Your Donor Advised Fund (DAF)

You can make a tax-smart gift easily and securely using our online platform powered by FreeWill.

[Give a Smart Gift Now](#)

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A Love Story of Giving: Sharon and Larry Beeman's Journey with the AHA

Arlington, Virginia residents Sharon and Larry Beeman have been married for almost 60 years, sharing a life full of adventure, love, and giving back. Their story began in Rochester, New York at an amusement park on Lake Ontario when Larry spotted Sharon on a merry-go-round. That night, a connection sparked that would lead to a lifetime of partnership and shared purpose.

Decades later, their love continues to inspire their mission of making a difference. Now in their 80s, Sharon and Larry have found countless ways to support the causes they care about, with the American Heart Association (AHA) holding a special place in their hearts.

Their connection to the AHA began with Sharon's personal experience of having a family history of heart disease. Sharon herself has Atrial Fibrillation and a pacemaker. "Both sides of my family have heart issues," Sharon shares. "Both of my grandmothers died of strokes, and my grandfather and father passed away from heart attacks."

Knowing her family history, Sharon has proactively cared for her heart health for years. Biking, skiing, travelling, and boating have kept Sharon and Larry active. They have a bike trail right behind their house, which Sharon often used for her daily 25-mile rides. As Larry jokes, "I learned to cook because she was always out biking!"

The Beemans' generosity and commitment to heart and brain health are reflected in their decision to make a planned estate gift to the AHA. "Quite a few years ago, we decided to include charities in our will, knowing we had to focus our giving. The AHA was one of our chosen causes," said Larry. They are particularly passionate about the AHA's research and how it can advance new techniques and treatments to save lives. Their legacy gift was inspired by knowing their generosity could fund future groundbreaking research long after their lives.

"We want to see it progress and keep going, and anything we can do to help, we will," says Sharon.



Sharon and Larry Beeman

Apples with Almond-Apricot Sauce

Baked apples are always a treat, but coring whole apples can be a hassle. Just buy larger apples and cut them in half! Then all you have to do is scoop out the easily accessible core, add the sweet toppings, and let your slow cooker take it from there.

Slow Cooker Size/Shape: 4- to 6-quart round or oval

Slow Cooking Time: 2 to 2 1/2 hours on low, OR 1 hour to 1 hour 15 minutes on high

Servings: 4

Serving Size: 1/2 apple, 1 tablespoon sauce

Fiber: 4g per serving

Calories: 149 per serving

Protein: 2g per serving



Ingredients:

- Cooking spray
- 2 tablespoons water
- 2 large apples (about 8 ounces each), halved and cored
- 1/4 cup chopped almonds
- 2 tablespoons chopped dried apricots
- 2 tablespoons firmly packed dark brown sugar
- 1/4 teaspoon ground ginger (or) OR 1/4 teaspoon ground allspice
- 1/2 teaspoon ground cinnamon
- 1/2 teaspoon vanilla extract
- 1 tablespoon plus 1 teaspoon light tub margarine

1. Lightly spray the slow cooker with cooking spray. Pour in the water. Add the apple halves with the cut side up.
2. In a small bowl, stir together the remaining ingredients except the margarine. Spoon onto each apple half. Top each with 1 teaspoon margarine. Cook, covered, on low for 2 to 2 1/2 hours or on high for 1 hour to 1 hour 15 minutes, or until just tender. Be careful not to overcook; the apples will continue to cook while cooling.
3. Carefully transfer the apples to plates, leaving the sauce in the slow cooker. Stir the sauce. Spoon over the apples. Let cool completely, about 30 minutes. The sauce will thicken slightly while cooling.

Heart-Healthy Recipes Available Anytime!

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