



American  
Heart  
Association.

CHAMPIONING  
EQUITABLE HEALTH  
FOR ALL

## TABLE OF CONTENTS

A MESSAGE FROM OUR LEADERSHIP	2
A MESSAGE FROM OUR VOLUNTEER LEADERSHIP	3
COMMITMENTS OVERVIEW	4-5
COMMITMENT 1	6
COMMITMENT 2	7
COMMITMENT 3	8
COMMITMENT 4	9
COMMITMENT 5	10
COMMITMENT 6	11
COMMITMENT 7	12
COMMITMENT 8	13
COMMITMENT 9	14
COMMITMENT 10	15



## A MESSAGE FROM OUR LEADERSHIP

Health equity blazes at the forefront of the American Heart Association's work and lights the path for everything we do.

We define health equity quite simply as what our world would look like if all people had the same opportunity to be healthy.

Dr. Paul Farmer, who was dedicated to improved health for all and removing inequities around the world, boiled it down this way: "The essence of global health equity is the idea that something so precious as health might be viewed as a right."

We are so committed to health equity that our organization-wide goal is built around it:

*Every person deserves the opportunity for a full, healthy life. As champions for health equity, by 2024, the American Heart Association will advance cardiovascular health for all, including identifying and removing barriers to health care access and quality.*

Now, nearly two years after launching our 10 bold Commitments, we're proud to say the impact of our work is already profound.

As you'll read in the pages that follow, this is a good-news story. We've seen great progress in our communities, our science and research, our advocacy work and many other areas covered in this report.

Yet, there is still much work to be done.

As our 100-year anniversary nears and while inequities persist, we hope our progress will inspire others to join us in this urgent effort. As Dr. Farmer noted, our health is precious.

And we will not rest until everyone has the just opportunity to a longer, healthier life.



*Nancy A. Brown*

Nancy A. Brown  
Chief Executive Officer



*Gerald Johnson, II*

Gerald Johnson, II  
Executive Vice President,  
Health Equity and Chief Diversity Officer



*Ray P. Vara, Jr.*

Raymond P. Vara, Jr.  
Chairman of the Board, 2021-23  
President & CEO Hawai'i Pacific Health



*Donald M. Lloyd-Jones*

Donald M. Lloyd-Jones, MD, ScM, FAHA  
President, 2021-22  
Eileen M. Foell Professor of Heart Research  
Professor of Preventive Medicine,  
Medicine and Pediatrics Chair,  
Department of Preventive Medicine

## A MESSAGE FROM OUR VOLUNTEER LEADERSHIP

As chairman and president of the American Heart Association, it's our privilege to share many of the tremendous strides we've made nearly two years after launching our 10 Commitments.

We're continuing full steam ahead for the millions of people who are struggling because of health inequities. And we've pushed ahead thanks to you, our millions of volunteers and supporters.

Our second year of work on our 10 Commitments produced such impressive results that we are even more encouraged, exhilarated and excited for the future.

We're proud to say that multiple commitments are already complete, and the others are on target. We're also proud to say that we are not resting on these accomplishments. Rather, we are pushing harder than ever, building on this momentum.

Here are just a few of the highlights from the past fiscal year.

- We've surpassed our goals in Commitment 1, investing in new research focused on science-based solutions to health inequities and structural racism.
- Likewise, we've surpassed Commitment 2's aims to build community-led solutions addressing health inequity and structural racism.
- We've advocated for the continued expansion of health coverage through Medicaid to all 50 states, ensuring individuals and families struggling financially can access the care they need.

This is just a glimpse of our exciting work; there's so much more within this report.

Thank you for investing your trust and commitment in us. We look forward to sharing more progress and more milestones in the years to come.

Together, and with your ongoing support, we'll accomplish much more.

## COMMITMENTS OVERVIEW

The American Heart Association developed the 10 Commitments for a simple reason: A terrible problem that affects millions of Americans is getting worse. More specifically, people who already face inequitable health risks are becoming even more at risk.

The Commitments are major actions the AHA is taking to remove barriers to health equity in all areas of our work, including research, community engagement, advocacy and more. This sweeping approach boils down to three focus areas:

### Social factors

Many people face major health problems because of adverse “social determinants of health.” These are the conditions in which people live, shaped by the distribution of money, power and resources.

### Rural health

People in rural America face increased health risks, often because they live in remote areas. They suffer higher death rates from heart disease and stroke, lower life expectancy and higher maternal mortality.

### Structural racism

This is a system in which historical and current public policies, institutional practices, cultural representations and norms perpetuate racial inequity. Structural racism is a significant driver of health disparities.

We’re focusing on these three barriers to health equity because science has led us to them over the course of our nearly 100-year history.

## THE SCIENCE JOURNEY | WORKING TOWARD HEALTH EQUITY



## The science behind this work

When the American Heart Association was founded in 1924, very little was known about heart disease. So we focused primarily on research and education. Once we learned more, we focused on treatment for heart attacks, cardiac arrests and other emergencies. Then we realized we needed to promote healthy lifestyles to prevent heart disease and stroke in the first place.

Thanks to these combined efforts, heart and brain health improved over the years — but not for everyone. Statistics showed that Black, Hispanic, Indigenous and Asian people often suffered disproportionately, in rural, urban and suburban settings alike.

That led us to work toward health equity by addressing social determinants of health. They include social factors that in the past had not been thought of in relation to health, including food insecurity, housing insecurity, education level and employment, just to name a few.

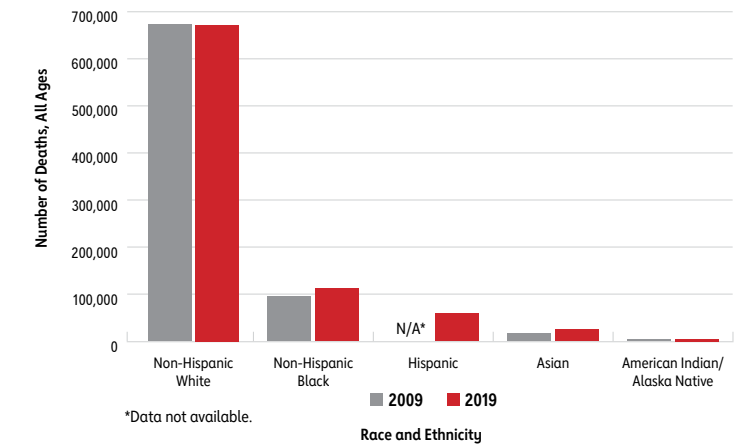
Still, health lagged for many people from historically excluded racial and ethnic groups and people living in rural areas. And so we turned additional focus on addressing the unique health challenges of life in rural America and of structural racism.

By removing these barriers to health equity, we will have a significant impact on health across the country, ensuring all people have the same chance to live a longer, healthier life.

*Editor’s Note: This report details progress toward the 10 Commitments during the AHA’s fiscal year starting July 1, 2021, and ending June 30, 2022.*

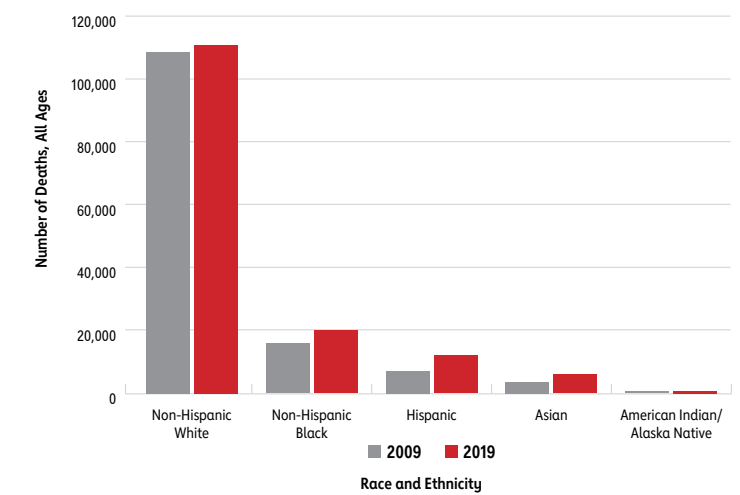
## CVD MORTALITY in the U.S. (2009 vs. 2019)

by race/ethnicity

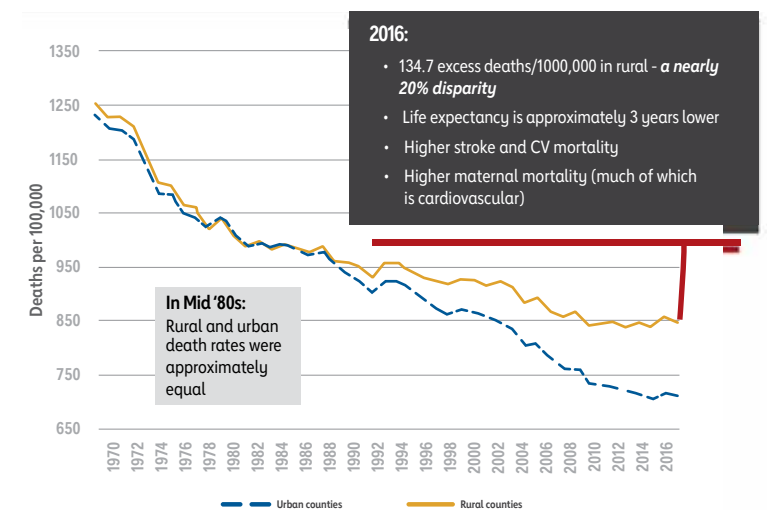


## STROKE MORTALITY in the U.S. (2009 vs. 2019)

by race/ethnicity



## MORTALITY IN RURAL AMERICA







### HSIs pave the way for success

Samantha Bonilla hopes to have a profound impact on her community while understanding its health disparities.

And she's well on her way, pursuing her master's degree in public health through our Hispanic Serving Institutions (HSI) Scholars program.

*"Attending an HSI program allows me to understand the various platforms we can use to address the rising medical complexities affecting the Hispanic community," she said.*

With the AHA's support, undergraduate students enrolled in biomedical and health sciences at HSIs participate in academic and career-enriching experiences. They also learn about health disparities in Hispanic communities and how inclusivity is essential in science.

The program is one of several ways the AHA is working to ensure a much more diverse field of health and science professionals in the future.

## COMMITMENT



**INVESTING** \$100 million in new research programs and grants focused on science-based solutions to health inequities and structural racism. We also will expand diversity-research opportunities for underrepresented racial and ethnic groups in science and medicine through grant funding, STEM (Science, Technology, Engineering and Mathematics) programs, and our HBCU (Historically Black Colleges and Universities) and EmPOWERED to Serve Scholars programs.

### Progress Highlights



Two years ahead of schedule, we topped our \$100 million goal by investing about \$114.2 million in new research, grants and support focused on health inequities and structural racism. That included investing over \$59 million during 2021-22 related to achieving longer, healthier lives for everyone. These efforts included \$20 million for both a new Health Equity Research Network dedicated to the significant issue of maternal-infant health disparities and a new Strategically Focused Research Network to encourage more diverse clinical trials.

Our commitment to fostering a more representative community of scientists and clinicians included \$3.6 million for the EmPOWERED to Serve and Historically Black Colleges and Universities Scholars programs, and \$1.1 million for STEM Goes Red. Even with these accomplishments, we're far from finished with this commitment. We'll continue to build on this momentum, confident that as the largest private not-for-profit funder of cardiovascular and cerebrovascular research, we can maximize our opportunity to address inequities and structural racism on a major scale.

## COMMITMENT



**INVESTING** in community-led solutions to address health inequity and structural racism. Specifically, we will raise and invest at least \$100 million to address the barriers to health equity at the community level through our Social Impact Fund, the Bernard J. Tyson Impact Fund and our community issues campaigns, including Voices for Healthy Kids.

### Progress Highlights

We've surpassed our \$100 million goal for funding community-led solutions two years early, with \$120 million invested in organizations and individuals working to improve health where they live. This investment addressed the economic, environmental and social issues that affect health and health equity in communities across the country. The goal-shattering figure includes more than \$5.8 million through the Bernard J. Tyson Impact Fund and the Social Impact Fund combined. Many donors and partners contributed to our efforts, including \$115,000 from Shifamed for the EmPOWERED to Serve Business Accelerator, which identifies and supports local entrepreneurs working on health equity solutions. An anonymous \$500,000 helped fund the new Doctors with Heart initiative, which provides expert cardiology consultations via online connections to clinics in under-resourced communities.



On the eve of its 10th anniversary year, Voices for Healthy Kids received more than \$4.2 million, enabling the program to make 31 grants to campaigns that make every day healthier for all children. Additionally, Voices has a four-city pilot funding multiple campaigns using solutions provided by the community, about issues identified by the community.





### Medicaid expansion a boon to formerly uninsured people

Frances Trice used to avoid seeing a doctor. She faced thousands in medical debt and couldn't afford health insurance, so she skipped her annual physical and relied on home remedies.

"The only time I would go to the emergency room was if I thought I was dying," said, Trice, who lives in Adairville, Kentucky.

In 2019, Trice was diagnosed with heart failure. Fortunately, by that time, Kentucky had expanded access to Medicaid. Once she had health insurance through Medicaid, she was able to focus on her recovery.

*"The expansion of Medicaid has helped a lot of people around here, including myself," she said. "There would have been absolutely no way I could have afforded everything I had to have done."*

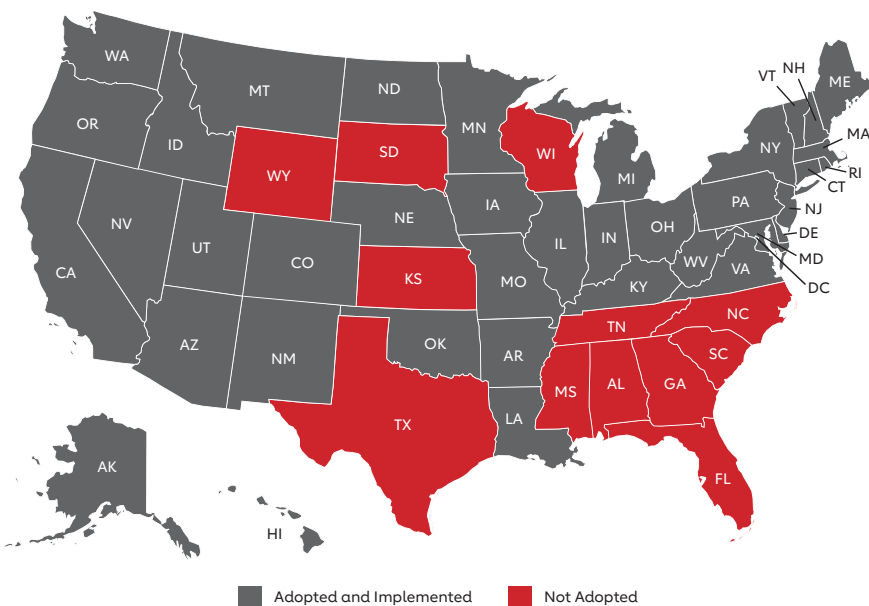
## COMMITMENT



**IMPROVING** access to and the quality of health care for under-resourced populations and those in rural communities, as part of our 50-state focus on Medicaid expansion. We also will dedicate our advocacy and community resources to secure this coverage in all states lacking expanded access.

### Progress Highlights

We continued to build momentum for expanding Medicaid coverage – and successfully defended against efforts to reduce this coverage for those who need it. Low-income adults who do not qualify for Medicaid coverage due to disability, pregnancy, age or parenthood depend on this crucial expanded coverage. Without expansion, they are not eligible for any coverage. We worked with partners for a constitutional amendment to extend Medicaid on South Dakota's November 2022 ballot while protecting expansion in Missouri and Arkansas. We also drove efforts to create and implement "Easy Enrollment" programs in Illinois, Maine, New Jersey and New Mexico and recently celebrated the passage of new coverage notification pathways in California. We had 39 successful campaigns for postpartum coverage extension policy or funding and were involved in initial efforts to extend in several states yet to implement the augmented coverage. Additionally, we helped retain insurance coverage and affordable care for millions of people by supporting the extension of Affordable Care Act premium subsidies for three years, as part of the Inflation Reduction Act. We successfully advocated to extend telehealth flexibilities enacted in response to the pandemic – ensuring innovative approaches to delivering essential health services weren't prematurely terminated. This expansion has been a lifeline for many patients.



## COMMITMENT



**LEVERAGING** our advocacy, science and news media enterprise against companies targeting individuals in disadvantaged communities with unhealthy products including sugary beverages and tobacco products (including e-cigarettes) with addicting flavors and menthol.



### Progress Highlights

We scored major victories in our long-running battle to stop industry tactics that aggressively market unhealthy products to Black, Hispanic and LGBTQ+ communities, children, and people living in under-resourced areas. Following years of advocacy from our nationwide network of advocates, the U.S. Food and Drug Administration proposed regulations to remove from the market menthol cigarettes and flavored cigars – which are relentlessly marketed to under-resourced communities. Our advocacy campaign generated more than 4,100 comments from You're the Cure advocates and others to the FDA supporting the draft rules. Our ads helped raise awareness, with nearly 5 million media impressions and nearly 48,000 clicks to our advocacy site. At the state and community level, we helped pass 25 policies to eliminate the sale of flavored tobacco products, strengthen tobacco retail licensure requirements, repeal tobacco purchase/use/possession penalties and defend tobacco control policies including industry-sponsored efforts to preempt local decision-making. Our communications efforts aiming to end tobacco use resulted in 3.2 million impressions. Our efforts to reduce consumption of sugary drinks helped increase funding for SNAP incentives and healthy school meals in 18 states and communities. And Voices for Healthy Kids led message research with Hispanic and Native Hawaiian communities in support of a National Healthy Hydration Collaborative plan for policy action.



### The heavy toll of tobacco companies' aggressive marketing

*How long will you target me? ...*

*I applaud your ability to market my people at a time when my people weren't considered marketable — but at what cost? Your infiltration methods have produced more Black coffins.*

So begins a chilling American Heart Association video outlining the devastation of tobacco, especially menthol cigarettes, in Black communities.

Nearly a century of disgraceful behavior by the tobacco companies has made clear that menthol and other flavored tobacco products threaten public health and perpetuate inequities — they should no longer be sold. And our Commitment 4 is working to make that happen.

*Can't you see the error of your ways? But is it error when it's done intentionally? Our death rates rise with your profits.*



COMMITMENT

5

**LAUNCHED** in partnership with the U.S. Department of Health and Human Services (HHS), the National Hypertension Control Initiative is a \$121 million effort to address a main source of poor cardiovascular health in Black, Hispanic and Indigenous communities, funded by the federal government. Under the partnership, we select Health Resources and Services Administration (HRSA)-funded health centers and associated communities. Our aim is to elevate quality of care delivered in these Centers, provide evidence-based education to providers and clinicians and engage patients with training to effectively control hypertension. We also continue to leverage and expand existing hypertension programs in Federally Qualified Health Centers (FQHC).



*This initiative is critical in our drive for health equity because high blood pressure — a major risk factor for heart disease and stroke — disproportionately hurts Black, Hispanic and Indigenous people.*

**Progress Highlights**

Since its launch in December 2020, over 300 health centers have been engaged in the initiative. These health centers, working with the AHA, experienced a 2.6% overall blood pressure improvement from 2020 to 2021, with more than a 4% improvement for Hispanic people. We continue to focus on training and technical assistance at the centers, as well as with other health care teams through webinars with Primary Care Associations. Six community-based organizations have joined the program to help reach under-resourced people outside traditional health care settings. They are three national organizations, Black Nurses Rock, Jack & Jill and The Links Inc., along with Catholic Charities of Southeast Texas, Florida State University Center on Better Health and Life for Under-resourced Populations and Central Maryland Area Health Education. We've also encouraged remote blood pressure patient monitoring programs through social support platforms, including Unite Us and FindHelp, that connect patients to services in their neighborhoods. Our expanded website continues to make science-based information available to patients and organizations in English and Spanish.



**NHCI's bilingual outreach crucial for patients**

National Hypertension Control Initiative, or NHCI, is determined to raise awareness about high blood pressure across language barriers.

That can help people like Jose Rosales Campos and his family.

Rosales Campos suffered two strokes, but his immediate treatment was hampered by language difficulties. Daughter Alejandra had to stand in as translator through his ordeal that included partial paralysis and speech problems. Along the way, she learned more about strokes and realized her father had been at high risk.

*"My dad would go to the doctor once a year and was always told he needed to take better care of himself, but he never did," she said.*

The NHCI's bilingual outreach touches the people who need it most.

COMMITMENT

6

**USING** our extensive clinical registry programs to capture data and create new scientific knowledge on the health effects of social determinants of health and health care quality variances among racial and ethnic groups, and reporting on this data regularly through our quality improvement programs.

**Progress Highlights**

We continued to improve the diversity of health data that helps ensure equitable patient care, and now 2,720 hospitals nationwide can better track patient information related to social determinants of health, gender identity and sexual orientation. Data from patient registries power the AHA's Get With The Guidelines® programs, which are designed to help health care professionals follow science-based care guidelines. Get With the Guidelines has been proven to eliminate or decrease disparities in care and biases. Last year, we expanded data elements to capture this important patient information (which of course is de-personalized). And two years into this commitment, we focused on reaching all hospitals in the program. We continue to make sure the data elements in these registries are used appropriately and effectively for patient and community benefit. We also moved aggressively into "equity priority" hospitals to ensure quality care is available in communities disproportionately impacted by heart disease and stroke. Over 1,000 of these hospitals are now enrolled in Get With The Guidelines. All told, Get With The Guidelines now contributes to more equitable care for about 80% of the population.

**2,660**

hospitals nationwide follow AHA's science-based care guidelines to eliminate or decrease disparities in care

**80%**

The percentage of the U.S. population that can receive more equitable care through Get With The Guidelines.







## Companies taking a hard look at health equity

As a global media company, Hearst reaches billions of people every day with information about societal issues, including inequities, disparities and discrimination.

These issues are important to the audiences Hearst serves — and to the global media company itself.

Like other companies that are part of the American Heart Association’s CEO Roundtable, Hearst is sharply focused on ensuring an equitable workplace.

Hearst worked with the roundtable - a group of nearly 50 CEOs dedicated to understanding and eliminating health inequities in the workplace and communities — to develop resources that other companies can use in their equity journey.

The resources in *Driving Health Equity in the Workplace* aim to ensure everyone has the same chance to be healthy regardless of race, ethnicity, gender, sexual orientation, age, ability, veteran status or other factors.

## COMMITMENT



**COLLABORATING** with our CEO Roundtable to create a road map, conceptual framework and related tools for employers to identify and dismantle practices and policies in the workplace that contribute to structural racism and health inequities, all based on the AHA Presidential Advisory Call to Action: Structural Racism as a Fundamental Driver of Health Disparities.

### Progress Highlights

The CEO Roundtable continued to leverage the expertise and prestige of nearly 50 CEO Roundtable members and their companies to find workplace health solutions and reduce barriers to make more equitable and inclusive business environments. A new three-year collaboration with the Deloitte Health Equity Institute will develop much-needed insights, evidence and tools for achieving equitable health at work. And we continued to build momentum on last year’s release of *Driving Health Equity in the Workplace* – which provides resources organizations can use on their equity journey.

The Health Equity Editorial Series presented compelling real-world examples and best practices from companies such as ADP, Levi Strauss & Co., Quest Diagnostics and Hearst to inform and inspire employers and their employees. It’s generated an average of 200,000 impressions for each story through social media. Website traffic for *Driving Health Equity in the Workplace* averaged 970 monthly views and nearly 800 report downloads.

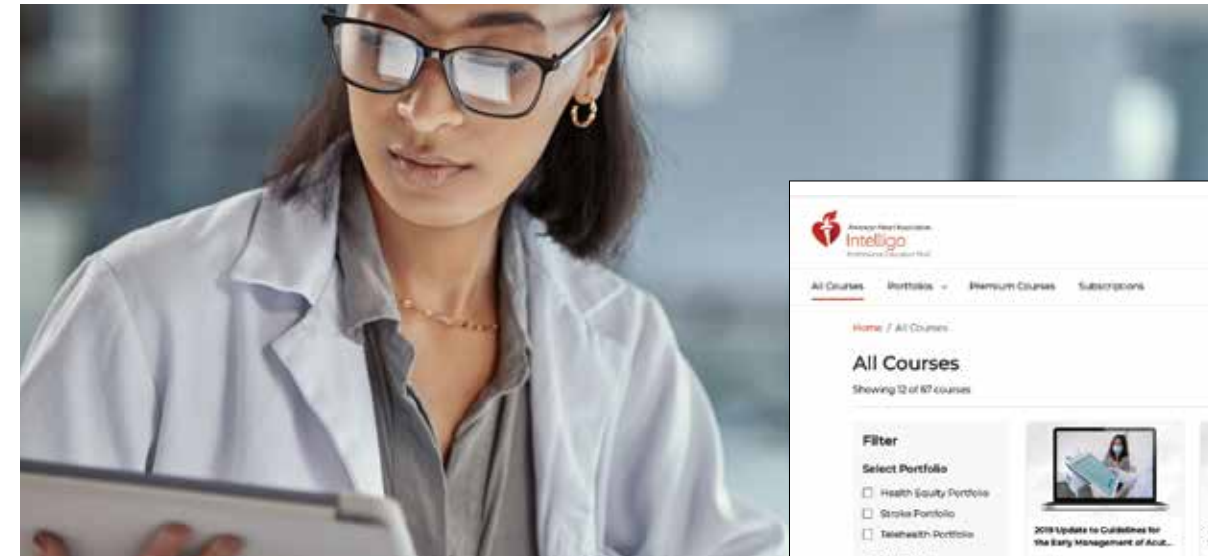


Additionally, multiple “Community Conversation” events and key stakeholder convenings are taking place throughout the nation to share our resources and inspire company leaders to adopt strategies to achieve equitable health. Our improved Workplace Well-being Scorecard helps corporations gauge their progress toward key health equity measures and benchmark with others.

## COMMITMENT



**CREATING** a digital learning platform for clinicians, health professionals and scientists, with courses on issues of reversing structural racism and improving health equity in the delivery of health care, and courses on professional development of the science and clinical workforce. In our scientific meetings, we will continue pushing for a diversity of speakers and commentators.

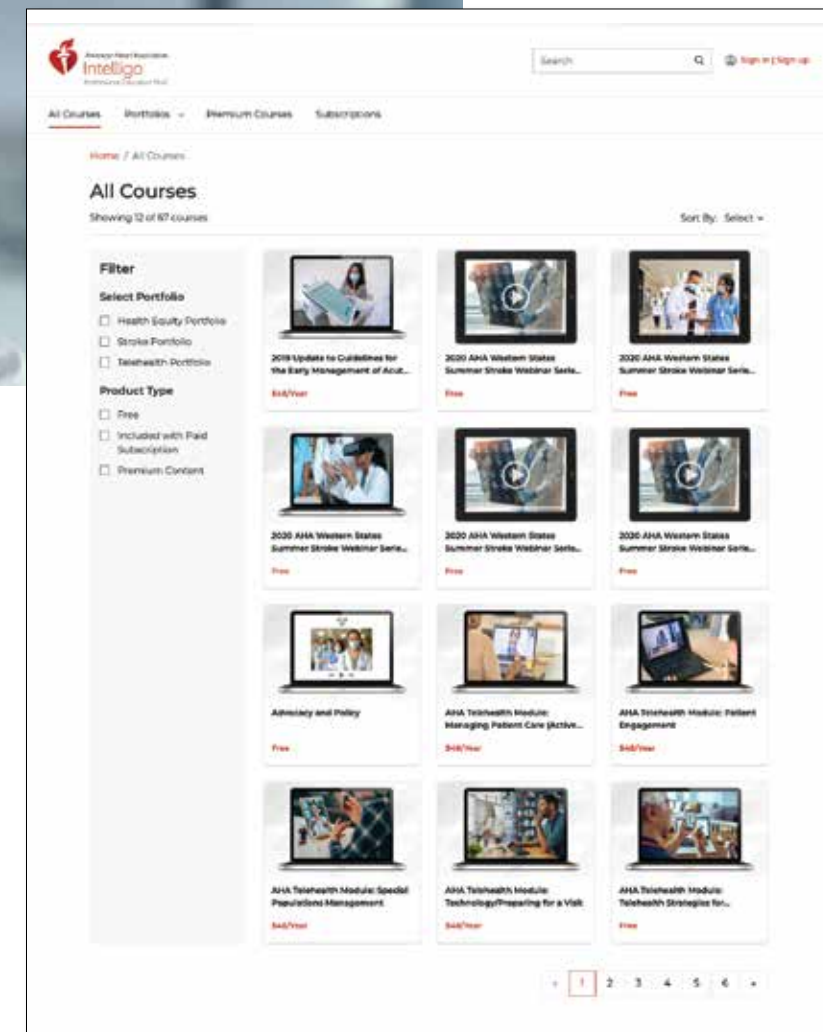


### Progress Highlights

We launched a new digital learning platform that includes health equity-themed educational courses designed to help health care professionals identify and remove barriers to care due to structural racism, adverse social determinants of health and social needs of patients.

The Intelligo Professional Education Hub™ includes our enhanced Health Equity Portfolio that features courses available at no cost to the learner. The portfolio also includes a bundle of courses for a subscription fee. New courses will be added continually and will address topics such as disparities related to LGBTQ+ health and rural health.

We’ve published science-based papers on these critical areas, which will ground the curricula. Course development is advised by Diversity, Equity and Inclusion Ambassadors from our 16 Scientific Councils, as well as a Health Equity Advisory Committee of AHA volunteers. We’re working to launch Intelligo to international audiences this fiscal year. And we continue to prioritize equitable representation of faculty at our scientific meetings.







**Here's a look at our broadened base of invited authors and reviewers:**

Invited women authors composed **27%** of total authors. (2019-20 baseline: 17%)

Invited women reviewers composed **22%** of total reviewers. (2019-20 baseline: 19%)

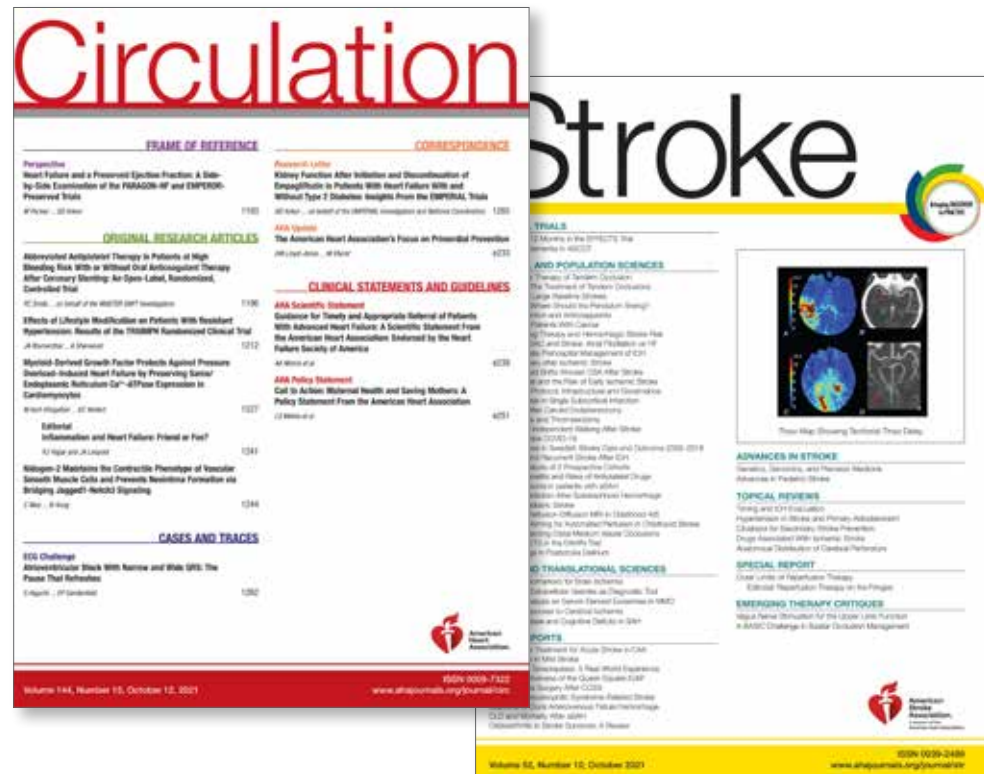
Invited authors from racial or ethnic groups who are under-represented in medicine composed **9%** of total authors. (2019-20 baseline: 6%)

Invited journal reviewers from under-represented racial and ethnic groups composed **6.4%** of total reviewers. (2019-20 baseline: 4.75%)

COMMITMENT



**ELEVATING** the focus of our scientific journals, including *Circulation* and *Stroke*, on disparities, anti-racism, health equity, community engaged/community-based participatory research and implementation science. We will ensure these topics are prioritized for publication, and we will assess the diversity of authors in our journals, including editorial commentaries



**Progress Highlights**

The second year of work toward this commitment saw progress across our revered collection of scientific journals. All 14 journals, which help science and medical professionals keep abreast of the latest in cardiovascular and cerebrovascular research, promoted health equity on a broad front. We launched the Equity, Diversity and Inclusion Editorial Board to facilitate more and better science related to health equity and diversity, and to increase representation among authors and reviewers.

We also continue to update the Health Equity Collection, with 6.3% of published articles dealing with issues such as discrepancies in research and under-representation (up from 4.2% the first year of the collection). *Circulation* dedicated an annual issue to disparities in cardiovascular medicine and *Stroke* published its annual focused update on health equity.

COMMITMENT



**INCREASING** the diversity of our workforce, including leadership. We are committed to filling at least one-third of hires with diverse individuals. We will mitigate bias in the recruitment, development, advancement and retention of diverse colleagues by providing ongoing learning and development experiences, leveraging our behavioral and integrated interviewing system, incorporating industry leading platforms and working with diverse alliance partners.

**Progress Highlights**

We eclipsed important goals by filling 45.5% of new positions with diverse candidates and 38% in senior management. Diverse candidates are defined as people from underrepresented races and ethnicities, people who identify as veterans, people with disabilities and people who identify as LGBTQ+. We were honored as a leading disability employer by the National Organization on Disability and won a Davey Award for the Diversity, Equity and Inclusion marketing video "You Matter Here." Our commitment to training and development continued strongly in our second year of this commitment. Highlights included microaggressions sessions attended by 90% of the staff.

We also launched the Emerging Hearts employee support group and an initiative called Be Seen, Be Heard, Be Valued to recognize and affirm employee diversity and identity. The robust "Courageous Conversations" series continues to tackle mission-focused topics such as mental health and well-being, the spectrum of structural racism implications, maternal health, ageism and neurodiversity. On average, more than 215 staff members tuned in each week. These new offerings align with actionable strategies outlined in the *Driving Health Equity in the Workplace* framework.



**45.5%** of new positions filled with diverse candidates

**38%** of upper management positions filled with diverse candidates







**American  
Heart  
Association.**

**The American Heart Association's work  
toward the 10 Commitments is powered  
by the hard work and generosity of our  
millions of volunteers and supporters.**

**Please consider joining us on this  
important journey toward health equity.**

**Visit [heart.org/10](http://heart.org/10) to stay up to date on our  
10 Commitments.**

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