



American  
Heart  
Association.

# CHAMPIONING EQUITABLE HEALTH FOR ALL



10 COMMITMENTS IMPACT REPORT | 2020-21

## A message from our leadership



Nancy A. Brown  
Chief Executive Officer



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

The term “health equity” has been around for quite some time. It means, simply, what our world would look like if all people had the same opportunity to be healthy.

The tragic reality is that social, historical and systemic factors have led to a lack of health equity in under-resourced communities and among many Black, Hispanic, Indigenous and Asian people. Gaps are evident everywhere people live: urban, suburban and rural environments.

While the American Heart Association has long pushed for health equity, the turmoil and trauma that brought historical inequities to the forefront in 2020 prompted us to ramp up our already aggressive approach.

We launched **10 bold Commitments** and backed them with action and urgency — an investment of over \$200 million to fulfill them by 2024. We also changed our organization-wide impact goal, aligning around these words:

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**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.**

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Now, nearly a year later, this document is the first of our annual progress reports. We are offering these updates to be transparent and accountable to millions of volunteers, donors, patients, consumers, partners and collaborating organizations.

And we hope these reports will inspire others to join us in this urgent effort.

As champions of health equity, and an organization that has worked to improve public health throughout our nearly 100 years of existence, we are deeply committed.

We will not rest until **all** people have the just opportunity to enjoy longer, healthier lives.

Handwritten signature of Nancy A. Brown.

Nancy A. Brown  
Chief Executive Officer

Handwritten signature of Gerald Johnson, II.

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



## A message from our volunteer leadership

As chairman and president of the American Heart Association, it's our privilege to represent over 40 million volunteers and supporters. We are honored to hold these positions at such a pivotal moment in history.

The first year of rallying around our **10 Commitments to the 2024 Impact Goal** was inspiring. This important work toward health equity has galvanized and energized all aspects of the association — science, advocacy, quality of care initiatives, work in communities and beyond.

**Improving health equity truly touches everyone. This report is filled with examples of impact we're already making. They include:**

- Funding much-needed research into the science of health inequities and structural racism — and rethinking research systems with a focus on equity. For example, we've developed an entire research network dedicated to studying high blood pressure prevention in underrepresented populations.
- Investing in community efforts where people and organizations across the nation are bringing health solutions to their communities through our **Social Impact Fund** and **Bernard J. Tyson Impact Fund**. One example is the **Chief Seattle Club**, which works to reduce housing insecurity among Native American people.
- Launching **a nationwide initiative** to control blood pressure at hundreds of sites across the country, taking on a main source of poor cardiovascular health in Black, Hispanic and Indigenous communities.
- Publishing **Driving Health Equity in the Workplace**, a road map commissioned by the American Heart Association's CEO Roundtable to help employers identify and dismantle practices and policies that contribute to structural racism and health inequities.

**These are just a few examples of our earliest steps in this critical journey, and we have a lot more work to do. We urge others to join us as we continue this momentum and drive for health equity.**



**Mitchell S. V. Elkind, M.D., M.S., FAHA**  
AHA President  
2020-2021



**Bertram L. Scott**  
Chairman of the Board  
2019-2021



**Bertram L. Scott**  
Chairman of the Board  
2019-2021



**Mitchell S. V. Elkind,**  
M.D., M.S., FAHA  
AHA President  
2020-2021

# 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

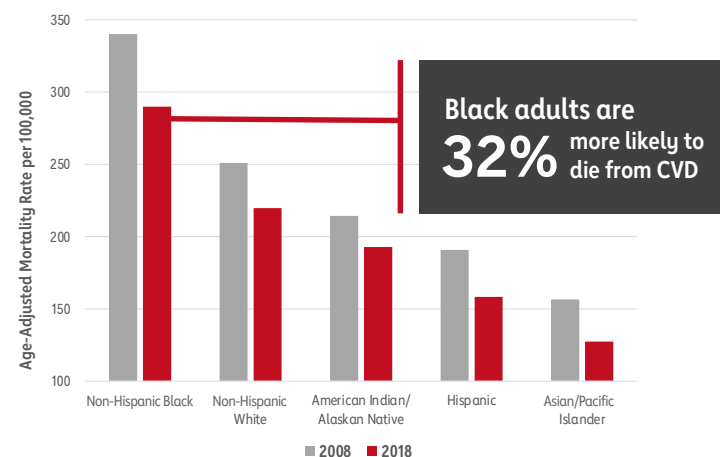
People in rural America face increased health risks, often because they live in remote areas. They suffer higher death rates from heart disease and stroke, lower life expectancy and higher maternal mortality.

## Structural racism

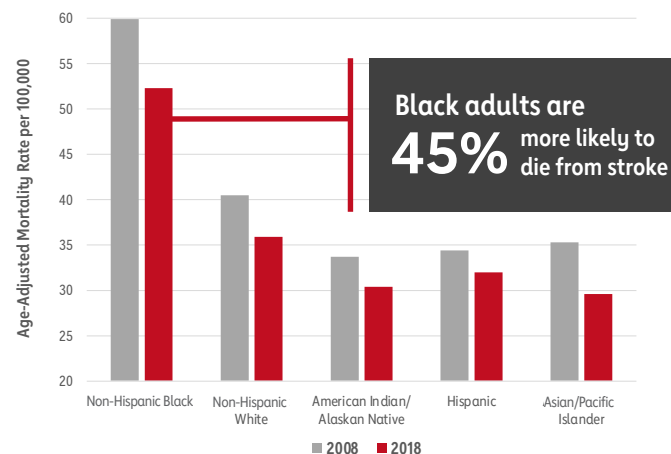
This is a system in which historical and current public policies, institutional practices, cultural representations and norms perpetuate racial inequity. Structural racism is a **significant driver of health disparities**.

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.

## AGE-ADJUSTED TOTAL CVD MORTALITY RATES by Race/Ethnicity



## AGE-ADJUSTED TOTAL STROKE MORTALITY RATES by Race/Ethnicity



# Commitments Overview *continued*

## 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.

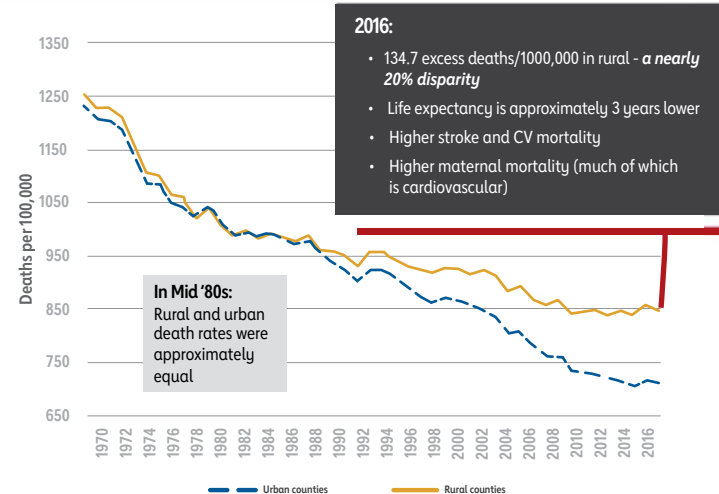
That led us to work toward health equity by addressing social determinants of health. They include social factors that in the past had not been thought of in relation to health, including food insecurity, housing insecurity, education level and employment, just to name a few.

Still, health lagged for many people of color 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, 2020, and ending June 30, 2021.*

## MORTALITY IN RURAL AMERICA



## THE SCIENCE JOURNEY WORKING TOWARD HEALTH EQUITY



# 1

## 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) Program and EmPOWERED to Serve Scholars programs.

### PROGRESS HIGHLIGHTS

As the largest private not-for-profit funder of cardiovascular and cerebrovascular research, the American Heart Association has a unique opportunity to address inequities and structural racism on a major scale. In our first year of work, we've surpassed the halfway point of our \$100 million Commitment.

Our biggest investment infused \$20 million into the **Health Equity Research Network on Prevention of Hypertension**. High blood pressure is a major risk factor for heart disease and stroke. And, for systemic and historical reasons, it's a major source of health problems among Black, Hispanic and Indigenous people.

Teams from five institutions in this network are studying high blood pressure prevention in underrepresented populations: Beth Israel Deaconess Medical Center, Johns Hopkins University School of Nursing, NYU Grossman School of Medicine, the University of Alabama at Birmingham and Wayne State University.

We invested another \$15 million in our **Strategically Focused Research Network on Cardio-Oncology**, dedicated to addressing health disparities among people with heart disease and cancer. Teams in this project are from Medical College of Georgia at Augusta University, Boston University School of Medicine, Medical College of Wisconsin and University of Pennsylvania.

Other highlights include nearly \$5 million in new grants to research structural racism, health equity and health disparities. Supporters and partners donated \$3.8 million to our EmPOWERED to Serve and HBCU Scholars programs. And we're funding research trainees from underrepresented racial and ethnic groups. **This program** will ensure many more diverse early scientists.



### EmPOWERED scholar takes on food insecurity

Growing up in the Philippines, Lady Dorothy Elli witnessed childhood hunger and poverty that left her with lasting impressions.

She has made it her mission to address the problem of food insecurity and the negative impact it can have on the academic and personal well-being of students of all ages.

"Health inequity plays a big role in this," said Lady Dorothy, a University of Arizona student who has started a garden on campus and also speaks to kids about healthy eating. "If health equity is present in the world, you wake up not having to worry about having an empty stomach and then going to school."

Lady Dorothy, a first-generation immigrant, earned a \$10,000 scholarship from the American Heart Association's EmPOWERED to Serve Scholars program. She was one of 10 college students honored for work to help close health disparity gaps and improve the health and well-being of their communities.

*"I want to help bridge that gap and make sure that everyone is able to get access to nutritious and healthy food,"* Lady Dorothy said.



# 2

# 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

Change in communities is crucial to achieving equitable health for all people.

Our impact funds play a pivotal role in these efforts, in large part because of how they work: The money we raise and invest goes to organizations or individuals working to improve health in their own communities — which they understand best.

So far we've raised and invested over half of the \$100 million in this Commitment. That includes over \$15.9 million supporting community-led solutions through the **Bernard J. Tyson Impact Fund** and the **Social Impact Fund** combined.

Generous donors and partners also stepped up to contribute about \$23 million for various efforts to address inequities and structural racism through issue-based campaigns in communities across the U.S. For example, in Baltimore, LifeBridge Health committed \$750,000 to control blood pressure for people at risk.

Our volunteers and staff in communities across the nation are working to drive this issue-based work in areas such as blood pressure, nutrition security and tobacco control.

**Voices for Healthy Kids**, with support from the Robert Wood Johnson Foundation, continued amplifying the needs and solutions of community leaders in pursuit of equitable health. This year Voices for Healthy Kids helped pass 294 public health policies affecting 273 million people across the country. For example, in Multnomah County, Oregon, we supported a "preschool for all" program prioritizing toddlers and children with the least access to resources, who speak languages other than English or have developmental delays and disabilities.



Neighborhood Foods Farm is a network of green spaces in Philadelphia that produces sustainably grown vegetables. (Photo courtesy of Urban Tree Connection)



Link Market offers staple grocery items in its retrofitted shipping containers and mobile units, while emphasizing fresh fruits and vegetables at affordable prices. (Photo by Serena Buggett-Teague)



The Unity Council provides groceries to the community at a weekly food distribution event. (Photo by Nikolasi Saafi)



Urban Renaissance Center executive director Rev. Robert McCathern (Photo courtesy of Derrick Poe)



## The lasting impact of our Impact Funds

Native Americans and Alaska Natives dealing with housing insecurity in Seattle have a place to go for shelter, health care and social services.

Immigrants in Boston have somewhere to turn to learn about integrating into the U.S. and healthy choices available to them.

These are just two of dozens of examples of the powerful work of the American Heart Association's **Bernard J. Tyson Impact Fund** and the **Social Impact Fund**. These funds provide grants to organizations and individuals who are working on health solutions within their own communities.

In Seattle, the nonprofit **Chief Seattle Club** is completing an “?ál?al” building that includes 80 studio apartments for low-income households and will include space for health care and social services. “?ál?al” is a Lushootseed word for “home.” Lushootseed is spoken by Indigenous groups in the Puget Sound area of Washington.

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*“We’re about healing our community,” said Derrick Belgarde, executive director of Chief Seattle Club. “Revitalizing our spirit, as a culture, as a people — one body, one heart, one mind.”*

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Chief Seattle Club is funded by the **Bernard J. Tyson Impact Fund**. The fund invests in local, evidence-based efforts to reduce social and economic barriers to health equity.

In Boston, the **Immigrant Family Services Institute** helps reduce the challenges faced by Caribbean, African and Hispanic immigrants. Adopting a “village model,” the nonprofit organization provides academic support for children; advocates for immigrant rights; and acts as a bridge for employment, health care and education services. With a staff of 15 and a team of 200 volunteers, IFSI serves about 5,000 clients.

*“We embrace the concept of the whole family, which means that we work with children, parents and grandparents,”* said Geralde Gabeau, the creator of the institute who emigrated from Haiti 26 years ago. *“The idea is to facilitate the integration of immigrating to their communities a little faster than usual.”*

The institute received a grant from the **Social Impact Fund**, which supports enterprises in several cities that are helping to overcome social and economic barriers to health equity.



Chief Seattle Club executive director Derrick Belgarde gives thanks at a ground blessing ceremony for the housing complex “?ál?al.”  
(Photo by Alicia Diamond)

Geralde Gabeau, who emigrated from Haiti 26 years ago, started the Boston-based Immigrant Family Services Institute.  
(Photo courtesy of Geralde Gabeau)

Shon Hart founded the Flint, Michigan-based nonprofit InvolvedDad in 2015.  
(Photo courtesy of Leni Kei Photography)



# 3

# 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

The AHA continues to advocate for states to expand health coverage through Medicaid, which ensures that individuals and families who are struggling financially can access needed care.

With our support, 38 states and the District of Columbia have expanded Medicaid coverage to millions of low-income, working families. We are urging the 12 remaining states to provide access to health care for their uninsured residents.

“ Medicaid provides critical access to prevention, disease management and treatment of cardiovascular disease. We know that low-income populations are disproportionately affected by cardiovascular disease. So having health care coverage is a matter of life or death for them. ”

**Dr. Denise Hooks-Anderson**  
St. Louis Board President



We also supported legislation this year giving states the option to extend postpartum health coverage in Medicaid from 60 days to a full year so people who have recently given birth have access to care.

We continue to defend the patient protections of the Affordable Care Act. We were one of 20 national patient groups calling for the U.S. Supreme Court to uphold the law. The court announced in June 2021 that the law would stand, continuing provisions that have given millions of people in America access to quality health care.

We are encouraging eligible individuals and families to purchase affordable health coverage through the ACA marketplaces. Our awareness efforts helped boost enrollment

by 2.8 million people. That brings the total to 12.2 million, the largest number since the law passed in 2010.



## 4

## 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**

The AHA has long opposed industry tactics aggressively marketing unhealthy products to Black, Hispanic and LGBTQ communities, children and people living in under-resourced areas.

This year, teaming with other public health organizations, we continued opposing these predatory practices around the country. Our campaigns against tobacco and nicotine use reached nearly 117 million people through earned media efforts. The total for sugary drinks was over 907,000.

One major success story came in San Jose, California. Our multi-year advocacy efforts helped end the sale of menthol cigarettes, flavored electronic cigarettes and most other flavored tobacco products.

In Kansas City, where tobacco ads target Black and Hispanic people, we placed ads in newspapers that focus on those audiences. In all, our ads and earned media in these outlets resulted in a reach of 3 million.

We also developed communication resources to raise awareness of the ways the tobacco industry targets communities of color, youths and other populations with flavored tobacco products. These resources include a powerful **spoken-word video** that calls out these industry practices and compelling messages that speak directly to the impact on Black people.

**TOBACCO COMPANIES ARE TARGETING**

Tell the KCMO City Council. It's time to restrict the sale of all flavored tobacco products and protect us all.



Learn more at [yourethecure.org/kcflavors](http://yourethecure.org/kcflavors)

**Targeted Advertising**

- Black children and teens see 90% more ads for snacks and sugary drinks on TV than white youths.
- 82% of ad dollars are spent on Spanish-language TV marketed unhealthy foods.
- The tobacco industry markets its latest products to Black communities.
- More than 80% of Black smokers use menthol tobacco products due to racialized targeting.
- Children exposed to marketing for unhealthy food, beverages and tobacco products are more likely to consume them.

Source: Rudd Center for Food Policy and Obesity, 2019

## 5

## C O M M I T M E N T

**LAUNCHING**, in partnership with the U.S. Department of Health and Human Services (HHS), a \$121 million-dollar nationwide hypertension initiative to address a main source of poor cardiovascular health in Black, Hispanic and Indigenous communities, funded by the federal government. Under the partnership we will team with HHS to support select Health Resources and Services Administration (HRSA) funded health centers and associated communities. The collective 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. AHA will also leverage and expand its existing hypertension programs in Federally Qualified Health Centers (FQHC).

**PROGRESS HIGHLIGHTS**

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

This massive national multi-year collaboration with the federal government is being implemented in communities across the country.

Since its launch in December 2020, 350 health centers have been recruited and onboarded at more than 1,000 locations, with 124 community organizations committed to working with the AHA. **These centers are estimated to reach 8.5 million patients each year.**

The **initiative's website** was launched this year with several tools and resources.

Patients can find science-based information about living with high blood pressure, learn how to monitor blood pressure at home and connect with other patients. Health care professionals can find helpful information including best practices in clinical settings, particularly at health centers that serve at-risk communities.

We also developed training and support for the centers and health care professionals to help them better understand the communities where they work. This includes a webinar, workshop, office hours and one-on-one support.





# 6

# COMMITMENT

**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

The AHA's **Get With The Guidelines**<sup>®</sup> programs — in place at about 2,500 hospitals across the country — have been proven to build health equity by eliminating or decreasing disparities in care and biases.

The program is designed to help health care professionals follow science-based approaches to treatment based on patient data registries. Six hundred studies, 11 from the past year alone, have demonstrated that when Get With The Guidelines is consistently applied, treatment is consistent for all patients.

This year we recruited diverse hospitals, including more than 1,000 “equity priority” hospitals in urban and rural areas, and created a nationally representative data set to shine a light on care variation and disparities in care.

We secured 442 new contracts that include 171 hospitals in the 89 counties with the highest number of deaths from cardiovascular diseases. And we added data elements to track racially and ethnically diverse people and social determinants of health.

Our **Target: BP**<sup>™</sup> national initiative, created by the AHA and the American Medical Association, focuses on controlling high blood pressure and now serves over 28.4 million patients.



# 7

# COMMITMENT

**COLLABORATING** with our CEO Roundtable to architect 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. We collaborated with the Business Roundtable to launch this effort with a CEO Broadcast in January 2021.



## Driving Health Equity in the Workplace



### PROGRESS HIGHLIGHTS

The American Heart Association CEO Roundtable, made up of nearly 50 CEOs from major companies committed to advancing employee health, assembled a writing group composed of experts in health, equity and business to develop the important report **Driving Health Equity in the Workplace**.

This report includes actionable strategies and guiding principles that employers can implement no matter where they are in their equity journey. CEO Roundtable companies and other organizations are using these science-backed tools and resources to create healthier, more inclusive workplaces for their teams.

Over 4,000 people tuned in as we announced this Commitment during the **Achieving Equitable Health for All** CEO panel, co-hosted with the Business Roundtable. On its release, the report had a reach of nearly 100 million people through traditional and social media, and the web page is visited thousands of times each month.

But publishing the report was only part of this Commitment.

Stories, feedback and employee perspectives continue to roll in, and we will keep updating the site and spreading the word because we know improving the health of employees leads to healthier businesses, families and communities.



# 8

# 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

The AHA has developed a new digital learning platform to help health care professionals identify and remove barriers to care due to racism, adverse social determinants of health and social needs of patients.

Several new online courses are set to go live in the coming year through our new **Health Equity Portfolio** on the **AHA Insights Professional Academy™** website.

These courses are designed to educate professionals along the care continuum on methods to identify and remove barriers to health equity.

New courses also will address disparities related to **LGBTQ+ health**, **maternal health** and **rural health**. The AHA has published science-based papers on each of these critical areas, which will be used as a base for the curricula. Course development is advised by Diversity, Equity and Inclusion Ambassadors from our 16 scientific councils.

Equitable representation of faculty at our scientific meetings continues to be a priority for the association. Planning is underway for meetings in 2022, with the goal of at least 10% representation of underrepresented racial and ethnic groups and 35% women.





# 9

# 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 AHA publishes 13 scientific journals that help science and medical professionals keep up with the latest in cardiovascular and cerebrovascular research.

Our revered scientific journals *Circulation* and *Stroke* each published important issues as part of our new Health Equity Collection.

*Stroke* published a series focused on identifying interventions that could reduce stroke disparities among racial and ethnic groups. *Circulation* published a robust **inaugural special issue** addressing a broad spectrum of racial and ethnic disparities in cardiovascular medicine.



The AHA journals launched their **Health Equity Collection** in June 2021. This collection pulls together original research, scientific statements, guidelines, review articles and commentary that address ideas related to these important topics from across the AHA portfolio of journals.

We also continue to increase the diversity of our invited journal authors and reviewers. Authors from racial or ethnic groups who are under-represented in medicine increased 20%, and women increased 17%. Reviewers from under-represented racial and ethnic groups increased 26%, and women increased 14%.



# 10

# 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

The AHA has long focused on **diversity in hiring**, and this year we surpassed goals for all staff, as well as leadership.

This past year **41%** of the people in newly filled positions were diverse, which we identify as candidates from underrepresented races and ethnicities, veterans, people with disabilities and LGBTQ people. And **40%** of new positions in upper management were filled by diverse candidates.

We accomplished those results through several measures, including stronger recruiting and training, sourcing techniques, outreach and processes. At the end of the fiscal year, our totals were **33%** diversity among all staff and **24%** among officials and managers.

Through HeartU, our online learning platform for all employees, we increased our equity and inclusivity training options across the organization. Staff completion rates were high for our health equity workshop (**87%**) and structural racism workshop (**88%**).

We launched “Courageous Conversations,” an interactive educational series for all AHA staff, presenting more than 40 sessions. Topics included redlining, microaggressions, immigration, LGBTQ+ health, advocacy and listening. Black, Hispanic and Asian staff also are participating in executive leadership and management accelerator programs through McKinsey’s Connected Leaders Academy.







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.

**Here's how you can help.**

