



American
Heart
Association.



10 COMMITMENTS FOR HEALTH EQUITY

BUILDING A WORLD OF LIFESAVERS AND BETTER HEALTH FOR ALL

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A MESSAGE FROM OUR LEADERSHIP

Health equity is what the world would look like if we all had the same opportunity to be healthy. Today, health equity is a concept. But tomorrow, it will be a reality.

That is our vision. And that's why our nearly 100-year-old organization has rallied the strength and will of our millions of volunteers and supporters to make health equity a reality for all.

Nearly three years ago, the American Heart Association launched 10 bold Commitments focused sharply on dismantling three barriers to health equity: negative social determinants of health (the environments where people are born and live), the unique challenges faced in rural America and structural racism.

Our Organizational Goal

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.

We are knocking down those barriers on numerous fronts, and we're doing it from a position of strength. Our work is rooted in the research we fund, and in science, advocacy, work with communities and much more.

And while we are focused sharply on these Commitments, it's important to note that this is not a one-time investment. Health equity has been, and will continue to be, at the forefront of all of our work.

As we say in the first sentence of our organization-wide goal: Every person deserves the opportunity for a full, healthy life.

We won't stop until that opportunity is a reality. We are committed to making sure that's what tomorrow will look like.



Handwritten signature of Nancy A. Brown in black ink.

Nancy A. Brown
Chief Executive Officer



Handwritten signature of Gerald Johnson, II in black ink.

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

A MESSAGE FROM OUR VOLUNTEER LEADERSHIP

Nearly three years after the launch of the 10 Commitments — our signature effort to address and remove barriers to health equity — it's gratifying to watch the momentum build. Consider just a few of the American Heart Association's achievements in the 2022-23 fiscal year. We:

- Launched a \$20 million Health Equity Research Network to address health challenges in rural areas.
- Made important inroads in the fight against high blood pressure in Black, Hispanic and Indigenous communities.
- Invested almost \$18 million to support investigators from underrepresented racial and ethnic groups.
- Introduced a Professional Education Hub including health equity courses that address structural racism, social determinants of health and related topics.
- Invested \$12 million in social impact funds to support community-led solutions to health barriers.
- Developed more than 450 new Get With The Guidelines® program contracts. This includes 164 hospitals that treat patients whose health is extremely vulnerable.

We are also celebrating multiple critical advocacy wins. We:

- Helped implement Medicaid expansion in South Dakota and its adoption in North Carolina.
- Supported permanent extensions of postpartum coverage in Medicaid and the Children's Health Insurance Program.
- Worked diligently for a pending ban on the sale of menthol cigarettes and flavored cigars.

Already, we've fully met several of our Commitments — accomplishments that are serving as an impetus for continuing growth and impact. We are grateful for the dedication and diligence of the millions of people who have made this progress possible. Thank you for your continued support.



Ray Vara

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



Michelle A. Albert

Michelle A. Albert, M.D., M.P.H., FACC, FAHA
President, 2022-23
Walter A. Haas-Lucie Stern Endowed Chair in Cardiology,
Professor in Medicine, University of California at San Francisco
Associate Dean for Admissions, UCSF School of Medicine
Director, UCSF CeNter for the StUdy of AdveRsiTy and
CardiovascUlAr Disease (NURTURE Center)

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 during our nearly 100-year history.

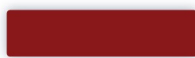
THE SCIENCE JOURNEY | WORKING TOWARD HEALTH EQUITY



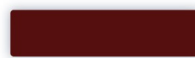
Providing education to health care professionals and the public



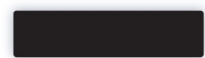
Applying new knowledge to treat heart disease, stroke



Teaching individual prevention



Focusing on health impact through the conditions in which people live, work, play and pray



Fighting against systems, laws and customs perpetuating inequities

The science behind this work

When the American Heart Association was founded in 1924, 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.

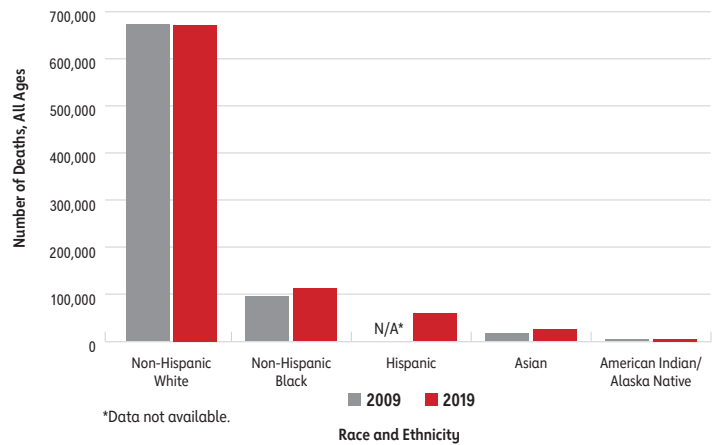
That led us to work toward health equity by addressing social determinants of health. They include social factors that in the past had not been thought of in relation to health, including food insecurity, housing insecurity, education level and employment, just to name a few.

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.

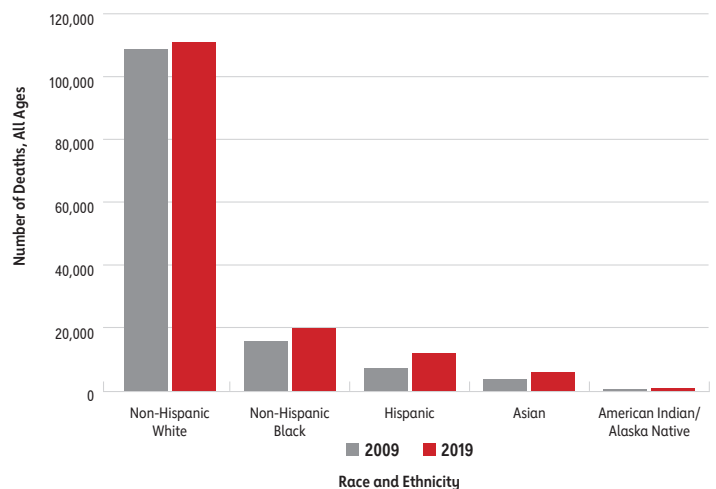
By removing these barriers to health equity, we will have a significant impact on health across the country, ensuring all people have the same chance to live a longer, healthier life.

Editor's Note: This report details progress toward the 10 Commitments during the AHA's fiscal year starting July 1, 2022 and ending June 30, 2023.

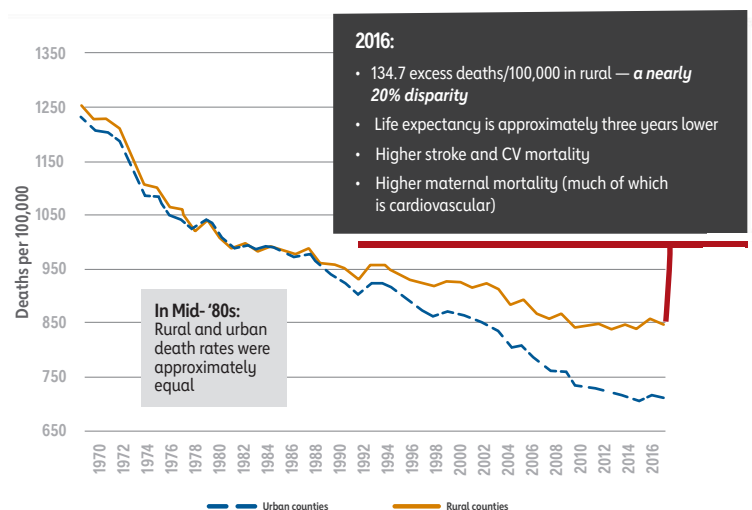
CVD MORTALITY in the U.S. (2009 versus 2019) by race/ethnicity



STROKE MORTALITY in the U.S. (2009 versus 2019) by race/ethnicity



MORTALITY IN RURAL AMERICA



© American Public Health Association, from Cosby et al., American Journal of Public Health, 2019 January; 109(1): 155–162.



Inspired by her community and her lost friend

Sofia Johnson is studying to become an athletic trainer because she wants to help the people in her community live healthier, happier lives.

She also has a much more personal motive: honoring her best friend, who died from heart disease after high school graduation.

“I realized after his passing how few resources regarding his condition there were for him, as an African American young man,” she said.

Sofia is a sophomore at Florida Gulf Coast University and an American Heart Association EmPOWERED to Serve scholar, and she’s ready to make a difference.

“I want to combat the stigmas of health surrounding minority individuals, but also foster a community of inclusion and love — ultimately to inspire people to advocate for what they believe in,” she said.

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



We’re determined to foster science that can help all people live longer, healthier lives. Our investment in new research programs, grants and support focused on health inequities and structural racism now surpasses the \$100 million goal by nearly \$70 million.

For the fiscal year, \$29 million was directed toward health equity, structural racism and social determinants of health. That included almost \$20 million to launch a new Health Equity Research Network on improving care and reducing inequities in the rural U.S. and more than \$9 million for other new individual grants on structural racism, health equity and health disparities.

We also invested almost \$18 million for investigators from underrepresented racial and ethnic groups and almost \$3 million to support AHA awardee trainees from these groups.

Our commitment to promoting broader representation among scientists and clinicians included raising more than \$3 million for the EmPOWERED to Serve, Historically Black Colleges and Universities Hispanic-Serving Institutions, Scholars programs and more than \$1 million for STEM Goes Red.

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 Social Impact Fund and our community issues campaigns, including Voices for Healthy Kids.

Progress Highlights

We've far surpassed the goal of this commitment, working alongside people and organizations that best understand the health inequities in their own communities. This past year, we invested more than \$133.4 million in community-led efforts, rounding out a total investment of \$253.4 million.

This included \$12 million in the Social Impact Fund and the Bernard J. Tyson Impact Fund. The two funds have made 113 total investments in 17 states and the District of Columbia, with tremendous results: 96% of the investees are meeting or exceeding performance metrics and 89% of the investees are led by women or racially diverse entrepreneurs.

EmPOWERED to Serve supported faith-based organizations addressing substance use disorders with \$1 million from the Opioid Response Network. Voices for Healthy Kids secured \$15 million to focus on the health of children prenatal to age 3, including contributions from the Pritzker Children's initiative (\$9 million) and the Robert Wood Johnson Foundation (\$6 million). Voices also took over the coordination of the National Collaborative for Infants and Toddlers, bringing an array of community perspectives and lived experience to decision-making.

Community issue-based fundraising campaigns also generated \$102 million to increase health impacts nationwide, more than doubling its \$50 million goal.



Voices for Healthy Kids awarded more than \$2.7 million, to 33 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.



Numbers to live by



7.7%

of people in the U.S. were uninsured, as of March 2023, a historic low.



93.8 million

covered by Medicaid or CHIP, as of May 2023.



Over 32%

increase in Medicaid and CHIP enrollment (Feb. 2020–May 2023).

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.

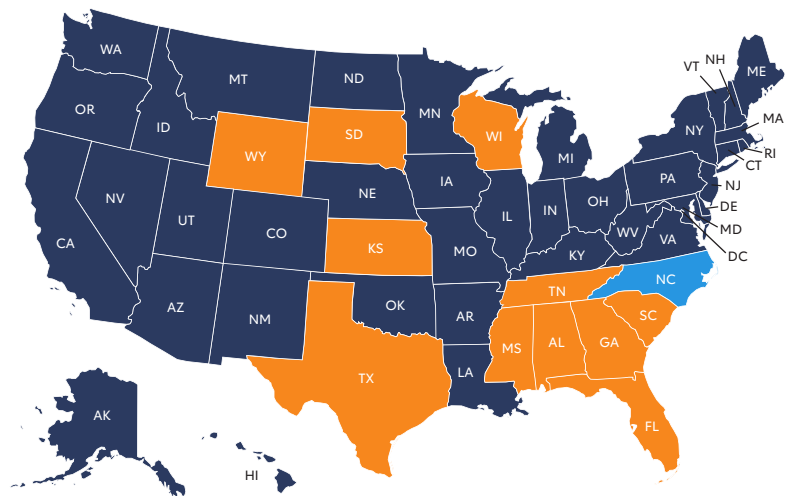
Progress Highlights

We continued to make progress toward our goal to expand Medicaid in all states with the addition of North Carolina and South Dakota. Forty states and Washington, D.C., have now expanded Medicaid, giving millions of low-income families access to quality health care.

We held the line elsewhere as well, defeating proposed Medicaid work requirements in South Dakota, stopping repeal of Medicaid expansion in Idaho and fending off Medicaid service restrictions in Arkansas. Improving access to care and providing a range of coverage options are crucial to fostering health equity.

We helped keep care affordable for millions by successfully advocating to extend Affordable Care Act premium subsidies. Telehealth is a lifeline for many in the wake of the COVID-19 pandemic, especially rural residents. We pushed for the two-year extension of telehealth flexibilities and to make some of those services permanent.

We also championed more equitable postpartum care. We backed federal legislation enabling states to extend postpartum coverage in Medicaid and the Children’s Health Insurance Program from 60 days to up to one year after birth. We successfully urged 12 more states to take that step, bringing the total number of states to 46 states and the District of Columbia. In addition, 10 states dedicated the necessary funds to fully implement coverage.



■ Adopted and Implemented ■ Adopted but Not Implemented ■ Not Adopted

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



Progress Highlights

Our decades-long advocacy helped set the stage for what would be a monumental achievement in the movement to stop companies from marketing unhealthy products, particularly among Black and Hispanic people, women, children, LGBTQ+ people and under-resourced communities.

The Food and Drug Administration is drafting regulations due for release by the end of 2023 to stop the sale of menthol cigarettes and flavored cigars. This follows years of the tobacco industry heavily marketing menthols to Black people, women, LGBTQ+ communities and others in the U.S.

In another win, tobacco companies lost their last challenges to a court order requiring they post “corrective statement” signage about the health risks of tobacco in more than 210,000 retail stores nationwide. We’ll use information about where those retailers are located to research how industry marketing affects communities.

We’ve aggressively monitored the FDA’s review of e-cigarette products – which represent a particular threat to the health of younger people in the U.S. This monitoring has resulted in court-ordered quarterly status reports from the FDA. So far, the FDA has reviewed 99% of the 26 million applications and has authorized only 23 tobacco-flavored e-cigarette products.

One out of 4 of our state and community policy victories were tobacco-related, including the defeat of a California ballot referendum that would’ve removed the state’s ban on flavored tobacco products.

TOBACCO COMPANIES ARE TARGETING



A little goes a long way

The tobacco industry spends more than \$8 billion a year on advertising and marketing in the U.S. For a tiny fraction of that, we make a big difference. A single \$70,000 advertising effort for our “Targeting You” campaign in early 2023 generated more than 11 million impressions in key markets of messages emphasizing the lifesaving importance of tobacco endgame policies.



Understanding the stakes

Insurance broker Richard Horton survived two strokes and kidney damage caused by high blood pressure, which he called “a ticking time bomb in my body” that he lived with for years.

At the time of his strokes in 2011, Richard’s blood pressure was 220/124. A normal blood pressure is at or below 120/80. His doctor at the time told him that “because you’re an African American, your blood pressure is normally high,” and didn’t even prescribe medication.

While Black people in the U.S. indeed face disproportionately higher levels of blood pressure, it’s something that can be treated.

Today, Richard takes heart and blood pressure medication, watches what he eats and works to strengthen his body. And he stays busy making “positive change with other folks.”

The National Hypertension Control Initiative is determined to improve awareness and treatment of high blood pressure.

COMMITMENT



PARTNERING with the U.S. Department of Health and Human Services (HHS) on a more than a \$121 million nationwide hypertension initiative to address a main source of poor cardiovascular health in Black, Hispanic and Indigenous communities, funded by the federal government. The goal is to improve blood pressure control through health centers that connect with those communities.



Progress Highlights

In its third year, the National Hypertension Control Initiative supported Black, Hispanic and Indigenous communities on numerous fronts: providing technical assistance to health centers, broadening relationships with community-based organizations, working with communities through Learning Collaboratives and increasing access to social services.

Over 300 of the 350 federally funded community health centers are participating in the initiative. These centers served more than 4 million people with high blood pressure in the past calendar year.

Community organizations — Mission YMCA, Northern California Center for Well Being and Samuel Merritt University in California, Hope Village Revitalization in Michigan and One Stop Career Center of Puerto Rico — have joined Black Nurses Rock in committing to work with the NHCI. They do so through outreach events, health education and self-measured blood pressure programming.

The NHCI’s Clinical Quality Improvement team developed several resources to encourage best practices in blood pressure monitoring and treatment. It’s also developing a Community Health Worker pilot program that will initially recruit 300 participants to focus on blood pressure control and cardiovascular health.

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 grow our Get With The Guidelines® program where it's most needed, with more than 450 new contracts.

Among these are 164 hospitals that treat patients whose health is extremely vulnerable — known as equity priority hospitals. This is critical because Get With The Guidelines has been proven to result in equitable care. Through retention and renewal efforts, and implementation of the Rural Health Care Outcomes Accelerator, we increased the total Get With The Guidelines modules in equity priority hospitals from 1,760 to 1,945.

We're using expanded data, including social determinants of health, gender identity and sexual orientation, to build an even more effective program. We're ensuring these new data fields are implemented across all 2,840 U.S. hospitals enrolled in Get With The Guidelines, and health care professionals are trained to use them to help patients.

Get With The Guidelines is designed to help health care professionals follow science-based approaches to treatment based on patient data registries. Half of U.S. hospitals participate, covering about 80% of the population. The program continued to bolster health care and patient outcomes, confirmed by 46 studies in the latest fiscal year.

2,840

hospitals nationwide follow the 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





Aramark sees workplace equity as essential ingredient

Food service company Aramark believes all people should have access to healthy, nutritious foods.

CEO John Zillmer is a member of the AHA's CEO Roundtable, which developed a roadmap for workplace equity to improve the health and well-being of the nation's workforce.

"As part of our work together with the American Heart Association, we have been focused on creating a culture of health at the individual, community and national levels through healthy menu innovation and deep collaboration and innovation in the areas of consumer, community and employee health," said Dan Wainfan, Aramark's vice president for Health, Wellness and Nutrition.

It's all part of the company's mission to do "great things" to empower healthy choices for all, Wainfan said. "We view health and health equity as central to what we do every day."

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

While we achieved this goal in our first year working toward the 10 Commitments, we're not done striving for healthy, equitable workplaces.

Our Health Equity in the Workforce initiative, in collaboration with Deloitte Health Equity Institute and the Society for Human Resource Management (SHRM) Foundation, is leveraging the expertise of business leaders to build a comprehensive roadmap and set of resources to help advance health equity in the workforce.

Conversations with business leaders have elevated the initiative's profile in executive suites.

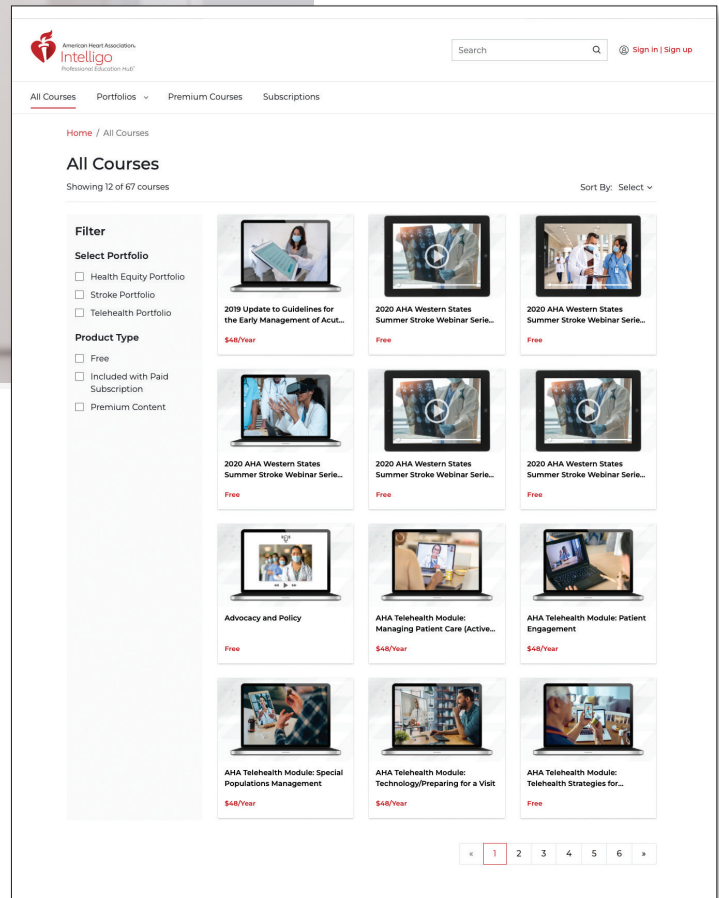
A media release and supporting efforts helped fuel an earned media reach of 74 million, while LinkedIn was vital in driving a social media reach of 94,000. As a new component on our "Well-being Works Better" website, the initiative has drawn about 4,000 unique page views.

We continue to learn from the experiences and expertise of nearly 50 CEO Roundtable member companies, all working to support our mission to ensure employees everywhere have an opportunity for a longer, healthier life.





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've invested more than \$5 million to make health science education more accessible and relevant to all communities. The new Professional Education Hub includes health equity-themed courses that address structural racism and the social determinants of health, among other issues. We've engaged an expert in diversity, equity and inclusion education to create a formal health equity curriculum.

Six new educational activities were created for the Health Equity Portfolio this past year. The portfolio now includes nine free courses, as well as a 13-course subscription for \$48 a year. Two more free and two subscription courses will be moving from the Lifelong Learning platform to the portfolio.

Since its launch, nearly 100,000 users have accessed the Professional Education Hub, and about 7,000 have created accounts to get content. Participation is expected to grow as more than 4.4 million learners migrate from Lifelong Learning and the platform is expanded to international audiences.

We also continue to enlist faculty at scientific meetings who reflect our communities. Of the more than 4,300 faculty roles at scientific conferences the past fiscal year, about 600 speaker/moderator roles were people from underrepresented racial and ethnic groups and over 2,000 were women.



Voices heard:

We're broadening the pool of invited journal authors and reviewers:

Invited women authors,

31%

(2019-20 baseline: 17%)

Invited women reviewers,

26%

(2019-20 baseline: 19%)

Invited authors from under-represented groups,

9%

(2019-20 baseline: 6%)

Invited reviewers from under-represented groups,

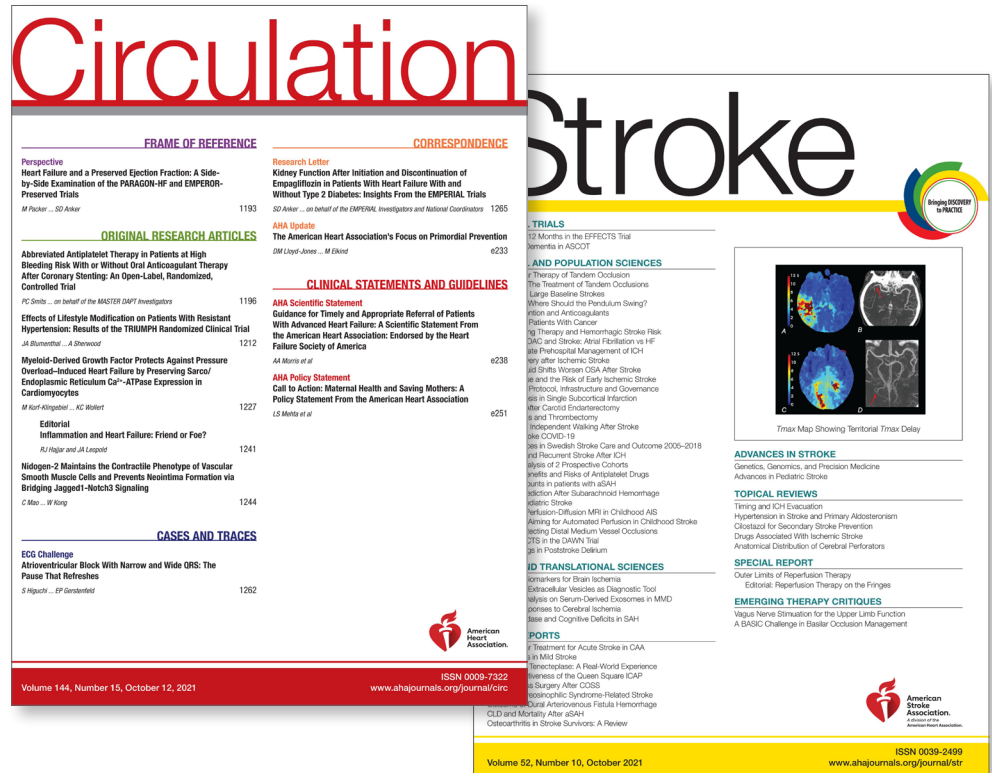
7%

(2019-20 baseline: 5%)

COMMITMENT

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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

We're determined to reflect diversity of content and representation in our 14 scientific journals that provide medical and science professionals with the latest cardiovascular and cerebrovascular research.

In its first full year of operation, the Journal Equity, Diversity and Inclusion Editorial Board reviewed 154 manuscripts with the mission to present more and better science in health equity and to broaden representation.

Circulation and Stroke published annual issues on disparities and health equity, respectively. Also this past year, four journals published Go Red for Women issues. And *Circulation: Cardiovascular Quality & Outcomes* published a special issue on implementation science.

These articles are included, along with others, in the Health Equity Collection. The percentage of articles published in this space was 8%, up from 6.3% the previous year.

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

Inclusion and equity start right here. This past year we achieved 46.5% diverse candidates for newly filled positions, surpassing the goal of 33%. Diverse candidates are defined by race, ethnicity, veteran status, disabilities and LGBTQ+ status. For executive director and vice president-level positions and above (about 300 positions), diverse candidates made up 38%.

For the fourth year in a row, we were recognized as a Leading Disability Employer by the National Organization on Disability. We also were honored in DiversityInc's Top Hospitals and Health Systems, Top Companies for Board of Directors and Noteworthy Companies. DiversityInc is a leading source of human capital diversity, equity and inclusion data and insights.

We worked to expand training and develop opportunities for all employees. The new "Phase II DE&I Learning Journey: Roundabout," consisting of an on-demand course and book summary, was completed by 87% staff. Engagement with Employee Resource Groups increased 37% with 680 staff members participating in at least one ERG, including the AHA's newest, "Emerging Hearts" for early-career professionals.

We're following our own best guidance, the "Driving Health Equity in the Workplace" framework, by adding four weeks of third-party approved family medical leave, PTO cash-out exchange and tuition assistance.



Beyond the water cooler

"Courageous Conversations" has become a vibrant forum for talking about diversity, equity and inclusion, clocking about 100 sessions since its launch in 2020, with average attendance surpassing 200 participants each week.

Key topics included bold conversations on highlights of our 10 Commitments progress, overcoming the stigma of mental health, social justice events that impact our mission, discussion on anti-DEI efforts and its impact on AHA, accentism, plus the launch of the maternal health series hosted by the Somos Corazon ERG.



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 to stay up to date on our 10 Commitments.