



THE PULSE

CorVitaē
Society

Paul Dudley White
Legacy Society

*Celebrating 100 Years of Health and Hope
at the American Heart Association*



FROM THE CEO



Since our founding on June 10, 1924, AHA-led science, advocacy, education and outreach have transformed the way the world understands, prevents, detects and treats cardiovascular disease and stroke.

A century ago, heart disease treatments were limited, and outcomes were poor. But our founders gave patients hope.

Inspired by hospital social worker Mary E. Wadley's work with undertreated heart patients in 1911, New York cardiologists Lewis A. Conner, Robert H. Halsey, Joseph Sailer, James B. Herrick, Hugh D. McCulloch and Paul Dudley White proved heart disease was not an inevitable death sentence.

They ignited cardiovascular research, with AHA-funded studies producing the first artificial heart valve, implantable pacemakers, CPR techniques and more.

Their legacy informs our mission: To be a relentless force for a world of longer, healthier lives.

Thank you — our dedicated donors and supporters — for joining us as we enter our second century of impact guided by a new 100-year vision: Advancing health and hope for everyone, everywhere.

Our future is about improving yours.

With heart,

A handwritten signature in black ink that reads "Nancy A. Brown". The signature is fluid and cursive.

Nancy Brown
Chief Executive Officer
Cor Vitae Society
Paul Dudley White Legacy Society



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COMMEMORATING OUR CENTENNIAL





CELEBRATING 100 YEARS OF THE AHA

THE AMERICAN HEART ASSOCIATION TURNS 100

This June marked a significant milestone for the American Heart Association - turning 100! Meaningful celebrations of this landmark event have taken place over the past year, including special announcements, commemorative publications, incredible media coverage, local events, and so much more. The AHA's 100th birthday celebrations culminated on June 10 - Founders Day - with a Second Century Campaign Cornerstone Luncheon and Bold Hearts Celebration held at the historic Drake Hotel in Chicago. This venue is especially meaningful, as it was here that six visionary physicians and cardiologists gathered on June 10, 1924 to sign the founding documents that officially established the American Heart Association.

Our centennial celebrations were a heartfelt tribute to our dedicated volunteers, supporters, and leaders who have brought our mission to life over the past hundred years.

During the Bold Hearts Celebration, we were especially honored to welcome descendants of our six founders and other historic AHA luminaries to the event. These descendants were able to witness first-hand the remarkable growth and progress the AHA has achieved over the past century, all made possible by your unwavering support.

A highlight of this celebration was bestowing the AHA's 2024 Award of Meritorious Achievement to the National Football League (NFL). The NFL was recognized for their outstanding efforts in prioritizing CPR education and awareness, and for initiating the Smart Heart Sports Coalition, which advances public policy to prevent fatal outcomes from sudden cardiac arrest among high school students.



The historic Drake Hotel



NFL Commissioner Roger Goodell and CEO Nancy Brown

Throughout our celebrations, we reflected on how far we've come in the past 100 years and shared our ambitious plans for the future. This 100-year milestone is a testament to the unwavering dedication and support of our volunteers and community, especially donors like you who make our mission possible.

We are profoundly grateful for the century of lifesaving impact we have achieved together and are inspired as we look ahead to the next 100 years of hope, progress, and continued mission to save lives.



THANK YOU SECOND CENTURY CORNERSTONE DONORS



With relentless resolve for the future of our lifesaving work and equitable health for all people, we are deeply grateful to those who have boldly stepped forward to generously support our Second Century Campaign.

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AstraZeneca
AT&T
Bank of America Charitable Foundation
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* Cor Vitae Society, Heart and Torch Circle

Photos Opposite Page, L to R | Centennial Celebration at the Drake Hotel, June 10: 1. Descendants of our AHA founders and luminaries 2. Katrina McGhee, Champion's Circle & Jamal Smith 3. Lee Shapiro, Heart and Torch Circle & Kevin Harker, Champion's Circle 4. Elizabeth Haynes, Gretchen Geitter and Micheal Price 5. The Temptations 6. TikTok Influencer JT Laybourne and wife Brooklyn 7. Joe & Linda Chlapaty, Heart & Torch Circle, Paul Dudley White Legacy Society 8. Jim & Beverly Postl, Heart & Torch Circle 9. Joan & Paul Rubschlager, Heart & Torch Circle, Kevin Harker 10. Reese Brooks, Lynne Braggs, Amanda Gorczyński & Crystal King 11. Sally & Bill Soter, Heart & Torch Circle. Paul Dudley White Legacy Society & Zoe Ziegler 12. AHA President Joseph Wu, Star Jones, AHA Chairperson of the Board Marsha Jones 13. Denise Bradley-Tyson and Nancy Brown 14. Vishal Patel & Kernika Gupta, President's Circle



WOMEN'S HEART HEALTH





THE HEART OF A WOMAN

THE EVOLUTION OF RESEARCH ON WOMEN'S HEART HEALTH

A century ago, so little was known about heart disease that people who had it resigned themselves to years of bed rest or, worse, an early death. Even less was known about how heart disease affected women, because at first no one thought it did.

By the 1940s, heart health in women was acknowledged. Louise Baer, a popular Ziegfeld Follies showgirl at the time, suffered a near-fatal heart attack in 1946. She was one of the first recipients of the American Heart Association's Gold Heart Award, and she devoted her remaining years to raising funds for women's heart research.

In the later part of that decade, the New York affiliate of the AHA created a program to help housewives with heart issues manage the home.

By 1951, more than 50 AHA affiliates nationwide had adopted the program which was later expanded nationally.

Influential home economist and industrial engineer Lillian Moller Gilbreth created a demonstration "Heart Kitchen" for female cardiac patients that did not require bending and heavy lifting "since the woman with heart disease must in most cases go right on with her household chores," as stated in the Association's 1951 Annual Report.

Research into women's heart issues was not a priority. Heart disease was still considered a man's disease. If women had a role to play, it was in taking care of the men in their lives.

The AHA hosted a conference in the 1960s themed "How Can I Help My Husband Cope with Heart Disease?" and published a nutrition pamphlet titled "The Way to a Man's Heart."

That attitude persisted throughout the 20th century. "It was, 'Get a pap smear and a mammogram and you're good,'" said Dr. Gina Lundberg, clinical director of the Emory Woman's Heart Center and a professor at Emory University School of Medicine in Atlanta. "We left out all the things we were checking men for, like diabetes and cardiovascular disease."

It wasn't until the mid-1980s that evidence began to slowly emerge that women also faced a substantial risk from heart disease, beginning at a much earlier stage in life and with sometimes differing symptoms than men.

That's when the Framingham Heart Study, the first in-depth, long-term cardiovascular investigation in the U.S., began reporting sex-specific patterns of heart disease, questioning whether the magnitude of this condition in women was being overlooked.



They also pointed out that prior investigations had failed to adequately assess sex differences in heart disease because an insufficient number of women were included in the research. Since heart disease was thought to predominantly affect men, only men were being studied.

"We thought that you could treat men and women the same," said Dr. Jennifer Mieres, the first woman to be a full-time faculty cardiologist at Northwell Health's North Shore University Hospital. "We had great advances in treatment strategies, but we were applying a one-size-fits-all approach and clearly that wasn't working."

In 2001, a landmark report from the nonprofit Institute of Medicine highlighted the underrepresentation of women in clinical trials and sex biases in medicine, calling for a better understanding of differences in how men and women were affected by disease.

This realization led to a push for sex-specific clinical trials, allowing researchers to focus exclusively on how cardiovascular disease develops in women. And that led to the discovery that heart disease caused by narrowed heart arteries is more complex and behaves differently in women than in men.

One of the biggest questions driving the push for more research was why, despite developing heart disease about 10 years later than men, more women were dying from it? And why were women under 65 twice as likely to die from a heart attack as their male peers?

As researchers began to dig, a new picture of women's health emerged.

Women were less likely to be counseled by health care professionals to reduce their cardiovascular risk factors, such as by losing weight, eating a healthier diet or becoming more physically active. It became clear that women needed better information so they could take control of their own health decisions.

A tipping point in the women's heart health movement started in 2003.

That year, the cover of Time magazine boldly told women they were wrong to think breast cancer was their biggest worry and proclaimed, "ONE OUT OF THREE women will die of heart disease."



Sarah "Sally" Ross Soter remembers casually picking up a Time magazine while waiting to see her doctor.

Glancing at the cover, the startling headline caught her attention. It read: "Women & Heart Disease: Is your biggest worry breast cancer? Think again."

That day in 2003 changed her life. She remembers being shocked to learn the high risks women face for heart disease – and the fact that most science about heart disease comes from studies of men.

The story hit her hard, especially considering her recent diagnosis with atrial fibrillation – a quivering of the heart that can greatly increase risk of heart disease and stroke.

"I knew that to reduce death rates, women needed to become keenly aware of this killer disease," she said. "I wanted to help in any way I could, especially in research."

She was also fighting for her own life since being diagnosed with AFib in her 50s. Soter recalls one doctor telling her she'd just have to live with her condition. She quickly answered: "No. I am not going to live with it!" And with that, she had a new doctor and her work advocating for women's heart health was underway in earnest.



*Dr. Jennifer Mieres accepting the Chairman's Award in 2014.
Photo by American Heart Association/Phil McCarten*



THE START OF A RED REVOLUTION

It was also that year the American Heart Association joined forces with the National Heart, Lung, and Blood Institute, which was developing its own campaign, The Heart Truth. They unveiled the Red Dress as the national symbol for women and heart disease.

It was in 2004 when the American Heart Association launched **Go Red for Women**, a national campaign to raise awareness of heart disease and stroke as leading killers of women and to advance the science of sex differences in heart disease. The organization also released women-specific, evidence-based heart disease prevention guidelines.

Mieres, a member of AHA's national board of directors during Go Red's formative years, said the idea for a media campaign was heavily influenced by an AHA-sponsored survey showing women were more likely to turn to media sources than their doctors for health information.

"To me, that was an 'aha' moment," she said. "That's when we realized the way to get accurate science out to women and encourage women to become heart health literate was through these partnerships that could provide the tools and information needed to truly begin the journey of heart-healthy living. We used the power of storytelling. We produced public service announcements and documentaries. We wanted women to know that heart disease could be prevented by making lifestyle changes."

The number of women recognizing heart disease as a major health risk nearly doubled, from 7% in 1997 to 13% in 2003. By 2009, 65% of women understood heart disease was their leading cause of death. Mortality from cardiovascular disease began to decline in women. But those gains did not last. By 2019, only 44% of women recognized heart disease as their No. 1 killer. There is still much work to be done.

"IT HAS BEEN A SLOW EVOLUTION. AND WE NEED TO DO MORE."

- Dr. Jennifer Mieres
Professor of Cardiology, Associate Dean for Faculty Affairs
Zucker School of Medicine at Hofstra/Northwell



Many knowledge gaps remain, especially in the ways heart disease disproportionately affects women from different racial and ethnic groups. Compared to other women in the U.S., Black women have the highest rates of high blood pressure, stroke, heart failure and coronary artery disease. They also have been less likely to be included in clinical studies.

A growing body of evidence suggests structural racism and other social determinants of health play a role, such as having less access to health care services and healthy foods. Many of these conditions likely add to their stress, Lundberg said, which in turn can contribute to higher cardiovascular risks. “We know that stressful things in these women’s lives cause heart disease, but we don’t know exactly how or how to prevent it,” she said.

There is a dire need for women to be equally represented, allowing us to understand their specific risks, symptoms, diagnosis and treatment. As of 2020, women still only represent 38% of research participants. Since 2019, Research Goes Red has sought to remedy that. The continued vision for Research Goes Red is to create the world’s most engaged and largest women’s health registry and platform for research. The more we know about women and their overall health, the better we can treat, beat and prevent cardiovascular disease.

In addition to supporting Go Red for Women, champions of the American Heart Association and women’s heart health also have the unique opportunity to fund the type of specific research they are passionate about through a Strategically Focused Research Network (SFRN), a mechanism that provides the Association an opportunity to focus on understanding, preventing, diagnosing and treating a particular research topic of interest.

Currently, the AHA has multiple active SFRNs spread across the nation focused on different issues such as vascular diseases, obesity, and more. Funding support is needed for our newest SFRN, scheduled to launch in 2025, which will advance research and focus on solutions related to Cardio Kidney Metabolic Syndrome in Women.

INVESTING IN A FUTURE OF DISCOVERY

In 2016, the Go Red for Women Strategically Focused Research Network was launched through generous funding by longtime donors Sarah (Sally) Ross Soter and Bill Soter, with supporting funds from the AHA.

Columbia University Medical Center, Johns Hopkins Medicine, Magee-Women's Research Institute, UC San Diego School of Medicine and The Sarah Ross Soter Center for Women's Cardiovascular Research at NYU Grossman School of Medicine make up the research institutes in the Go Red for Women SFRN studying a range of topics in women, including stress, sedentary behavior, poor sleep, pregnancy and heart failure.

The Sarah Ross Soter Center for Women's Cardiovascular Research is a perfect example of how generous donors can help move the needle for heart health research in a meaningful way. Since 2016, this Center has been focused on evaluating the causes of heart attacks in women and their relationships to treatable stress.

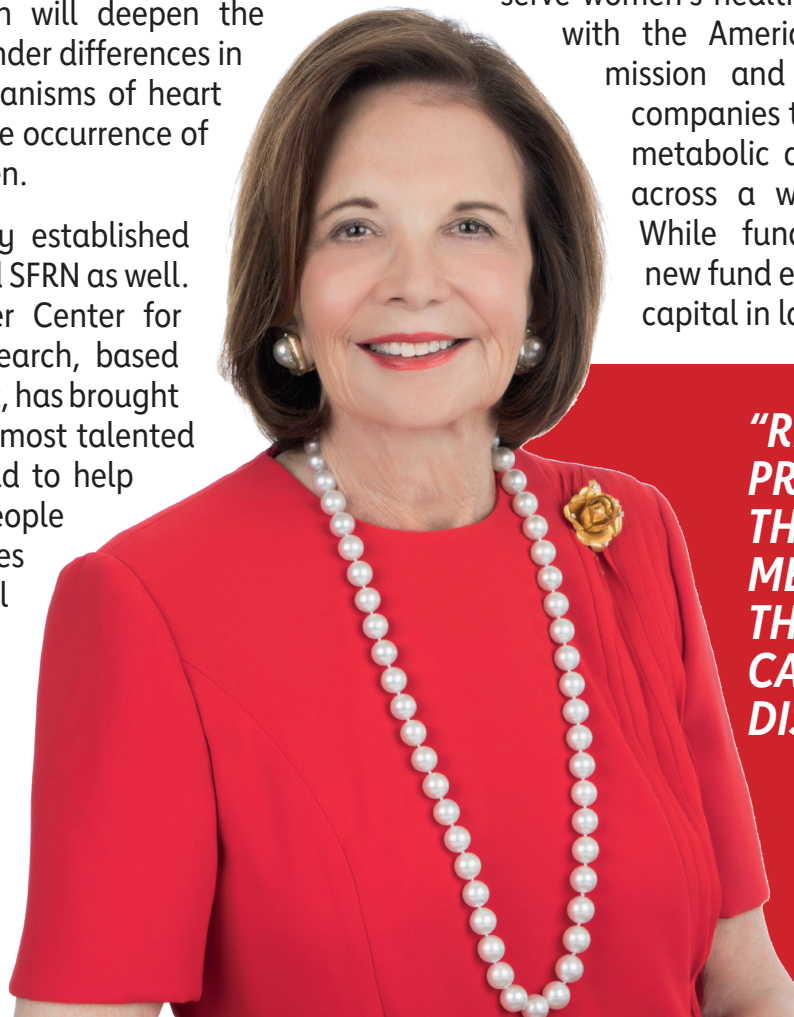
This seminal research will deepen the understanding of gender differences in the causes and mechanisms of heart attacks and reduce the occurrence of heart attacks in women.

The Soter's generosity established another much-needed SFRN as well. The Sarah Ross Soter Center for Atrial Fibrillation Research, based at the Cleveland Clinic, has brought together some of the most talented researchers in the field to help the 6.1 million people in the United States who live with atrial fibrillation (AFib), a number expected to double by 2030. Sally herself lives with AFib and understands the dire need for more research.

The latest investment in women's health made by Sally and Bill Soter was just announced as the AHA celebrated its centennial. Women make up more than half of the US population, yet women's health has long been viewed by investors as a niche market, representing just 2% of the more than \$41.2 billion in healthcare venture funding in 2023. To begin closing these gaps, the American Heart Association has announced plans to address the historic and pervasive lack of investment in women's health by creating a \$75 million women's health venture fund.

The Go Red for Women Venture Fund is seeded with direct funding from the Association and supported by a \$15 million anchor gift from the Soters.

The new fund will help fill the massive capital gap for women's health companies that translate science to real clinical action and implementation that directly benefits patients and the healthcare system. The fund will invest in companies that serve women's health needs in areas aligned with the American Heart Association's mission and that bring capital to companies targeting cardiovascular, metabolic and neurologic solutions across a woman's entire lifespan. While fundraising continues, the new fund expects to start deploying capital in late 2024.



“RESEARCH, PEOPLE, PROGRAMS AND THE AHA INSPIRE ME TO CONTINUE THE FIGHT TO CURE CARDIOVASCULAR DISEASE.”

- Sarah (Sally) Ross Soter
Cor Vitae Society,
Heart and Torch Circle



THE SCIENCE OF CPR





SAVING LIVES WITH CPR AND AEDS

THE DOCTORS THAT REVOLUTIONIZED RESUSCITATION

Over the course of its 100 year history, American Heart Association-funded research has had a positive impact on rare diseases, birth defects and common conditions.

There is one bit of funded research, however, that has had the ability to make every trained human capable of saving a life. Among many brilliant minds, a trio of doctors are most well-known in bringing the science of lifesaving to life.

In 1951, William Kouwenhoven, a professor of electrical engineering at Johns Hopkins University, began researching a closed-chest defibrillator, one he described as “portable, effective, simple to operate and the shock of which would be sent through the chest of an individual whose heart was beating normally, without fear of injury.”

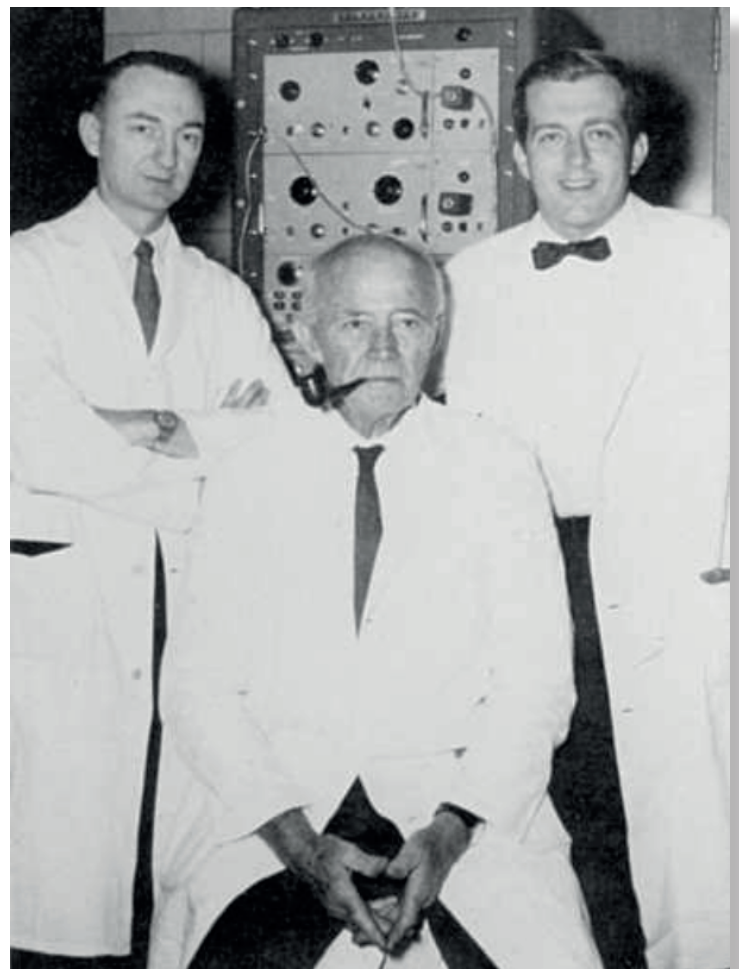
In 1954, Guy Knickerbocker, who had just received an undergraduate degree in electrical engineering, joined Kouwenhoven’s research team. James Jude, MD, a protégé of pioneering cardiovascular surgeon Alfred Blalock, MD, joined the group in 1958.

Knickerbocker noticed when a defibrillator paddle was placed on a dog’s chest, the animal’s blood pressure would rise. The trio began experimenting with different hand positioning and rhythms, determining that what they deemed a “closed chest cardiac massage,” combined with “artificial respiration” would restore 40 percent of the normal blood circulation and revive someone in cardiac arrest.

They called the technique cardiopulmonary resuscitation (CPR), building upon the work

of Dr. James Elam and Peter Safar who had established rescue breathing as an effective technique a decade before. Over the course of the next two years, 20 cardiac arrest patients would be administered CPR - all were successfully resuscitated.

By 1961, the 45-pound, suitcase-sized defibrillator developed by the trio of doctors was ready for marketing and the group published their findings in the *Journal of the American Medical Association*.



from L to R: James R. Jude, MD, William B. Kouwenhoven, PhD, and G. Guy Knickerbocker, PhD.
Photo from Springer Science + Business Media

American Heart Association seized on the findings and began training physicians in the technique, though it would take some time before it was taught outside of medical personnel. In 1963, the American Heart Association established the CPR Committee and formally endorsed the technique. In 1966, the National Academy of Sciences convened a committee on CPR at the request of several agencies that wanted standardized training.

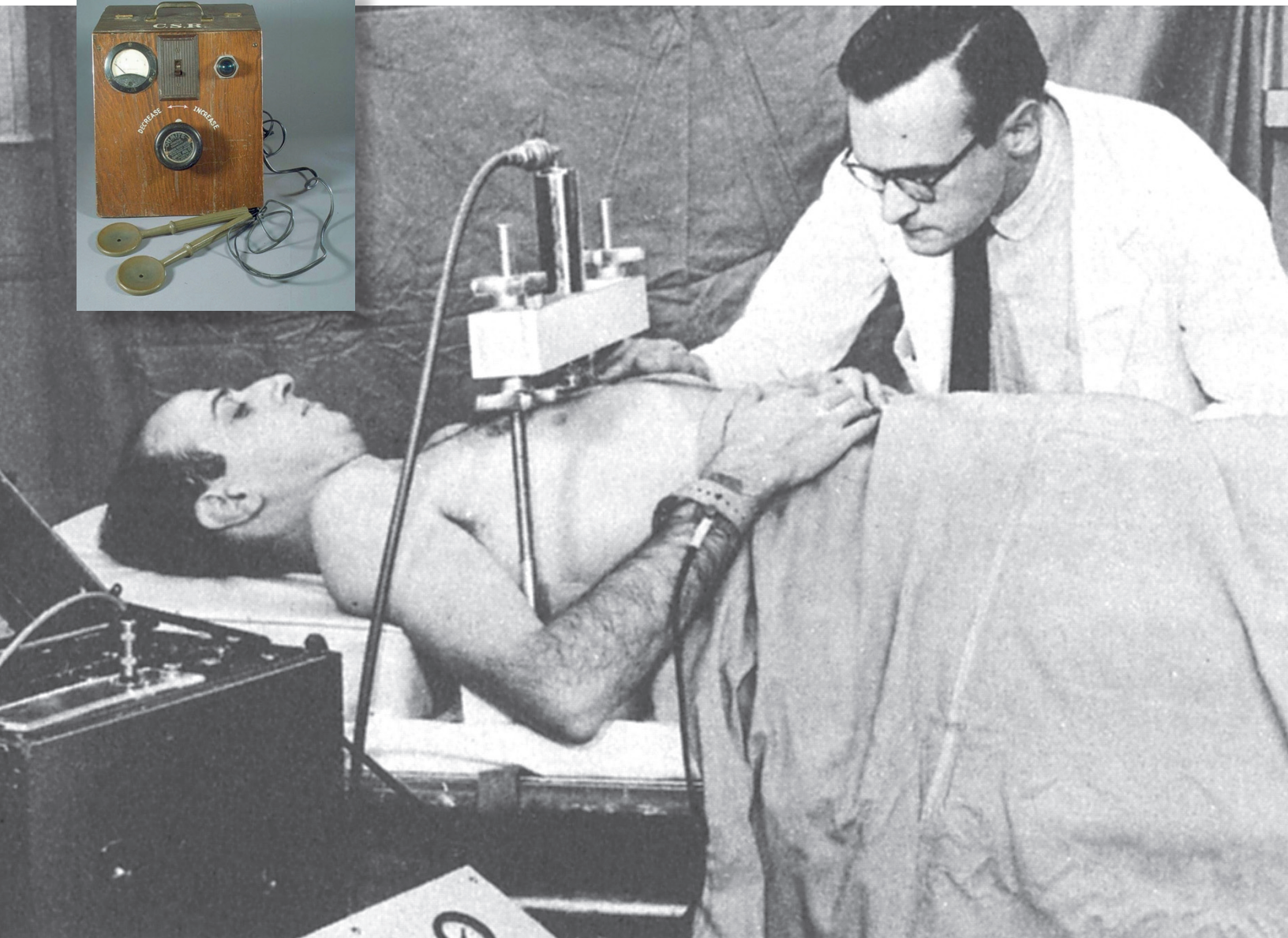
By 1967, the American Heart Association had established four regional training centers in Pittsburgh, Albuquerque, San Francisco and Miami to train professionals, who would then organize and train others. The Association hosted regional conferences as well, and worked with

the American Dental Association to establish CPR training in dental schools.

Training the general public still had not been widely accepted. The American Heart Association continued to move forward, however, conducting what the Annual Report termed “controlled pilot projects with select lay personnel.”

The Association’s position was that “mouth-to-mouth resuscitation be taught to as many people as possible.” With the increase in understanding the addition of funds and the growth of research throughout the 1960s, the AHA increased its responsibility and expanded into the future, and has been working to build a nation of lifesavers ever since.

Two early versions of the external defibrillator





A PASSION FOR CPR

PERSONAL CIRCUMSTANCES IGNITED A PASSION

As an accomplished businessman and President and Co-founder of SWBC, a prominent financial services company, Gary Dudley understands the importance of being prepared for any circumstance. This belief extends beyond the boardroom into crucial health preparedness, like CPR training. Gary's journey with the American Heart Association (AHA) began twenty years ago when he underwent a life-saving triple bypass surgery.

Diagnosed with severe arterial blockage due to genetic high cholesterol, his friend Dr. John Calhoun performed the surgery and encouraged him to become involved with the AHA. This pivotal moment not only saved Gary's life but also ignited his passion for heart health and CPR advocacy.

Personal tragedy further fueled Gary's commitment to championing longer, healthier lives for all. His father passed away from stroke complications, his mother from a heart attack, and his brother required a triple bypass. Gary knows firsthand the importance of proactively prioritizing heart health. "There's not a person that I've met that doesn't have a relative or loved one who has not been affected by stroke or heart health," he says.

In 2021, as president of the SWBC Foundation, Gary facilitated a generous donation to the AHA's CPR in Schools program, which provides CPR kits and training to San Antonio schools. Gary's advocacy for Automated External Defibrillators (AEDs) was strengthened when an SWBC employee's son collapsed at work. The employee's son was saved because a nearby company had an AED that could be accessed. This incident highlighted the need for AEDs in all workplaces and inspired Gary to ensure that SWBC offices were equipped with AEDs and that employees received CPR training. "People have a way of being in the right place at the right time, and CPR will save lives," Gary emphasizes.

At SWBC's headquarters in San Antonio, Texas, the commitment to health extends beyond donations. The company partnered with a wellness organization and opened a clinic on its 8th floor. This move provides employees and their dependents with access to quality healthcare. SWBC also encourages employees to participate in CPR training, reinforcing their commitment to community health.

Gary's hope is for widespread CPR training and AED accessibility for communities around the world, and he believes proactive health measures are crucial in preventing heart disease. His message to the community is clear: "By helping the AHA, you are helping yourself, your relatives, friends, and co-workers. The work the AHA does is helping all of us who know someone or personally have conditions that require a healthier heart. That's an organization that does what they say they will do, including utilizing research to help all of our communities." Gary's dedication to the AHA and his passion for CPR and AED education stem from deeply personal experiences and a genuine desire to save lives.

His leadership and philanthropy demonstrate the profound impact one person can have on the health and well-being of an entire community. "The AHA is a cause I believe in, and others should believe in it, too."



Gary Dudley

"PEOPLE HAVE A WAY OF BEING IN THE RIGHT PLACE AT THE RIGHT TIME, AND CPR WILL SAVE LIVES."

- Gary Dudley



A SMART START FOR STUDENTS' HEARTS

NFL FOUNDS COALITION TO ADVANCE ADOPTION OF LIFE-SAVING POLICIES FOR STUDENT ATHLETES

As the Nation of Lifesavers™ campaign got underway in 2023, the National Football League - a longtime collaborator with the American Heart Association - made an exciting announcement.

The Smart Heart Sports Coalition, a collaboration among the NFL, NBA, MLB, MLS, NHL, NCAA, the American Heart Association, American Red Cross, Korey Stringer Institute, National Athletic Trainers' Association and Damar Hamlin's Chasing M's Foundation, officially launched with the purpose of advocating for all 50 states to adopt policies that will prevent fatal outcomes from Sudden Cardiac Arrest (SCA) among high school students.

As many as 23,000 people under the age of 18 experience SCA annually (out-of-hospital). Given that SCA is the leading cause of sudden death among young athletes, the coalition advocates for the implementation of three best practice policies to prevent death from Sudden Cardiac Arrest:

- 1. Ensure that schools have athletic Emergency Action Plans (EAPs) for each high school athletic venue that are venue-specific, widely distributed, posted, rehearsed, and updated annually;**
- 2. Ensure clearly marked automated external defibrillator (AEDs) are at each athletic venue or within 1-3 minutes of each venue where high school practices or competitions are held; and,**
- 3. Ensure all coaches receive CPR and AED training and education.**

To mark the beginning of this effort, The Smart Heart Sports Coalition sent letters to the Governors of 43 states where additional polices - whether through legislation or regulation - were needed.

As part of this campaign, the NFL Foundation committed more than \$1 million in grants to support nationwide CPR education and AED access and made \$20,000 in grants available to each NFL club to promote CPR education and training.

The NFL Foundation club grants also support high schools - especially those in financially distressed communities - in purchasing and maintaining AEDs. With this targeted funding, clubs may help states meet the goal of making AEDs available in every secondary school athletic setting.

The Smart Heart Sports Coalition is making significant progress after its first full year.

Over its first year, the Coalition expanded from 11 founding members to nearly 40. The coalition has made significant changes and progress with new laws enacted in California, Florida, Kentucky, Louisiana, New Mexico, Tennessee and West Virginia.

It has also actively promoted legislation in more than 20 states since March 2023, including having former NFL legends Aeneas Williams, Torrey Smith and Delanie Walker support the cause by participating in meetings and hearings with lawmakers in Maryland, Missouri and Tennessee.

Most recently, the Smart Heart Sports Coalition was present at Super Bowl LVIII in Las Vegas.



Representatives of Smart Heart Sports Coalition were present at Super Bowl LVIII in Las Vegas. Damar Hamlin and AHA CEO Nancy Brown in center.

The coalition was represented by the NFL, the American Heart Association and Hamlin’s Chasing M’s Foundation to announce Hamlin’s foundation donating an AED to all Nevada Title I high schools with athletic programs - 47 schools that receive need-based federal funding.

Further progress lies ahead for the coalition as it continues to engage with lawmakers to ensure all 50 states have the three policies in place.

At the Bold Hearts Celebration on June 10, Nancy Brown was honored to present the NFL with the AHA’s Award of Meritorious Achievement for initiating the Smart Heart Sports Coalition as part of their outstanding efforts in prioritizing CPR education and awareness. Learn more at smartheartsports.com.

“SCHOOLS IN EVERY STATE SHOULD HAVE POLICIES IN PLACE TO DELIVER CPR EFFECTIVELY, HAVE IMMEDIATE ACCESS TO AN AED, AND KNOW WHAT TO DO IN CASE OF AN EMERGENCY.

STUDENT ATHLETES DESERVE IT.”

- Jeff Miller
Executive Vice President,
Communications, Public Affairs and Policy
National Football League



BASKETBALL PLAYER SAVED BY CPR HELPS WIN CHAMPIONSHIP

When 17-year-old Ben Blankenhorn received his CPR certification as part of his lifeguard training, the lessons carried added resonance. Just 10 months earlier, Blankenhorn was saved by CPR.

The morning of Aug. 22, 2017, he woke up about 5:30 a.m. He drove to San Marcos High School near his home in Santa Barbara, California, and warmed up with some running drills on the track with his basketball team. The next thing he remembers is waking up at UCLA Medical Center in Los Angeles and being told he'd survived a cardiac arrest.

He soon learned he had collapsed while walking toward the gym. His teammates screamed for help and called 911. A water polo coach heard the commotion and ran over, saw Blankenhorn wasn't breathing and began CPR. A doctor who happened to be running on the track also came over. The doctor and the coach took turns giving chest compressions until emergency medical services arrived.

Paramedics shocked Blankenhorn's heart back into rhythm using an automated external defibrillator. They took him to the local hospital, which then sent him by helicopter to UCLA Medical Center so he could be treated by a pediatric cardiologist.

After testing failed to identify a cause, the teenager received an implantable cardioverter defibrillator to shock his heart if it ever went into a life-threatening rhythm again. Blankenhorn was released a week later and ordered to rest for the next several weeks.

The down time was difficult. Blankenhorn struggled to process what had happened and what it could mean for him. "I was unsure of how this would affect my life, if I could ever play sports again, or if I would have other limitations," he said. Eight weeks later, he underwent a stress test. Doctors cleared him to resume playing basketball. "I was so excited, I planned to play all day," he said.

About 30 minutes into his first basketball practice, his heart went into an irregular rhythm. The ICD delivered a shock. Studying data recorded by the ICD and other testing, doctors identified an extra electrical circuit that became active only when there was a fast, racing heartbeat, or tachycardia, making it difficult to identify on an EKG. Doctors figured out that at the time of Blankenhorn's cardiac arrest, his heart may have been beating so fast it couldn't get adequate oxygen, causing it to go into the life-threatening rhythm.

After a procedure to fix the problem, Blankenhorn soon returned to regular activity, including basketball. His team went on to win the California CIF Southern Section 2A basketball championship – the first in school history – and Blankenhorn played briefly in the title game.

Blankenhorn said being part of the team provided important support as he worked to recover emotionally from the potentially fatal event.



“For a while, I was just scared, not about anything specific, but I didn’t know if my heart was going to give out again,” he said. “My teammates were amazing in supporting me and helping me to have a more positive outlook.”

Now 19, and a freshman at the University of San Diego, Blankenhorn said surviving a cardiac arrest was an “awakening” moment for him.

“I knew I had to get CPR certified in case I need to save a life, and I wanted to give back to the community the way that others did for me,” he said. “If I didn’t have people who knew CPR around me, then I wouldn’t be here today.”

His sister Grace Blankenhorn also became certified. She helped organize a CPR class at the high school where she’s a senior. David “Chip” Blankenhorn, their dad, trained in CPR decades earlier as a teenage lifeguard. He now makes certain to keep his training current.

“Conceptually you know you could save a life, but it didn’t really resonate until this event,” he said. “We were extremely fortunate that there were people close by who knew CPR and administered it right away.”

“IF I DIDN’T HAVE PEOPLE WHO KNEW CPR AROUND ME, THEN I WOULDN’T BE HERE TODAY.”

- Ben Blankenhorn



Ben Blankenhorn with his family in 2019. From left: Ben, sisters Lily and Grace, mom Kim and dad Chip. Photo courtesy American Heart Association.



ADVOCACY





ADVOCACY ADDS UP TO IMPACT

MISSION ADVOCACY ISN'T ABOUT POLITICS, IT'S ABOUT POLICY

In the 1970s, two stubborn challenges stood between the American Heart Association and its mission to raise awareness about preventing heart disease: inadequate public funding for cardiovascular research, and tobacco use.

AHA leaders, who had largely avoided directly lobbying elected officials since the organization's founding in 1924, realized they had to engage. So in 1981, the organization established a dedicated government affairs team and opened the AHA Office of Public Advocacy in Washington D.C., focused on educating policymakers about the most pressing scientific and public health issues impacting cardiovascular disease.

"It was really a watershed moment," said Mark Schoeberl, the AHA's executive vice president for advocacy. "We recognized that mission advocacy isn't about politics; it's about good public policy and changing societal norms."

From the beginning, AHA advocacy has been a nonpartisan and trusted voice guided by an ever-growing base of scientific evidence.

The advocacy office's initial focus at the federal level was on increasing the research budget of the National Institutes of Health and lobbying against tobacco use — topics that remain important today.

In the 1980s and 1990s, the AHA extended advocacy efforts to all 50 states, at capitals and in communities across the country. "That's where there was and continues to be tremendous opportunity to influence public policy important to the AHA," Schoeberl said.

Over the years, the AHA has led thousands of successful advocacy campaigns powered by volunteers. What started with a small group of employees has grown into a sophisticated staff and volunteer structure covering every level of government.

Advocates from the AHA join Wisconsin Lt. Gov. Sara Rodriguez (front), legislators and others at the State Capitol to talk with legislators about important policy priorities, including extending Medicaid postpartum coverage, nutrition incentive programs and youth tobacco use. (Photo courtesy of Wisconsin State Senate)



"OUR ADVOCACY PROGRAM HAS BEEN ONE OF THE MOST SUBSTANTIAL WAYS WE HAVE ACHIEVED OUR MISSION. IT'S HELPED TO CHANGE THE FABRIC OF COMMUNITIES, OF STATES AND OF OUR NATION."

- Nancy Brown
Chief Executive Officer, American Heart Association

CELEBRATING SOME OF AHA'S ADVOCACY SUCCESSES

Preventing Tobacco Use

The AHA works to counter a decades-long public campaign by tobacco companies aimed at undermining the scientific evidence. One initiative, the Tobacco Endgame Movement, enlists advocates ages 13 to 24 to challenge manipulative marketing and to pledge to end tobacco use and nicotine addiction for good.

Since 1998, the AHA has led or actively engaged in more than 3,000 tobacco-related campaigns at the local, state and federal levels.

A major accomplishment, beginning in the 1980s, was the AHA's involvement in passing comprehensive smoke-free laws, which protect people from second-hand smoke in workplaces including restaurants and bars. As of January 2024, 36 U.S. states had passed such laws, protecting 262 million people, or 82% of the population.

The AHA also advocated for higher excise taxes on tobacco, one of the most impactful strategies to reduce its use. Over the years, the Association has successfully supported passage of tobacco tax increases at the federal level and in almost every state, and continues to pursue further increases.

The AHA and partners advocated for the 2009 Family Smoking Prevention and Tobacco Control Act. That legislation gave the Food and Drug Administration authority to regulate tobacco products and included provisions prohibiting "characterizing flavors" in cigarettes. Advocates have continued efforts to prohibit the sale of menthol cigarettes, which were exempted in the federal law, and all other flavored tobacco products including electronic cigarettes.

In 2019, advocacy efforts paid off when Congress raised the federal minimum legal sales age for all tobacco products from 18 to 21. Extensive state-level advocacy for this measure, known as "T21," helped lead to the federal law.

Better Health for All

Cardiovascular disease remains the top killer of Americans and, with its related risk factors, accounts for nearly 40% of the disparity in life expectancy between Black and white people. Largely because of social determinants of health and historical and systemic discrimination, life expectancy at birth is about 71 years for Black people, compared with over 76 years for white people, 2021 figures show.

Women with diabetes are 44% more likely to develop cardiovascular disease than men with diabetes. Certain risk factors such as high blood pressure and diabetes increase heart attack risk in women more severely than in men.

The AHA advocates for and works with communities in their efforts to reduce health disparities, and is committed to addressing barriers to health equity so all people in all communities have the opportunity to live longer, healthier lives.

Advocacy efforts include working to further expand access to health care nationwide, addressing barriers to participation in cardiac rehabilitation, and eliminating racial and rural disparities in maternal health outcomes.

Differences in cardiovascular disease between women and men have long been a major AHA priority (and are the key focus of the organization's 20-year-old Go Red for Women movement).

One crucial victory was passage of the 1998 Women's Cardiovascular Diseases Research and Prevention Amendments to advance research and screening for cardiovascular and other diseases in women.

The AHA also promotes increased federal funding for WISEWOMAN, a program that provides free screening and lifestyle intervention services to low-income, uninsured or underinsured women.

Affordable, Accessible Health Care

The AHA has advocated for changes to make the health care system work for all, including improving patient access to affordable, quality health care.

Perhaps the most significant outcome was the landmark Affordable Care Act legislation of 2010. It marked the biggest expansion of health coverage since the 1965 establishment of the federal Medicare and Medicaid programs. The Affordable Care Act incentivized states to expand Medicaid coverage to millions of low-income individuals and families, prohibited insurance companies from denying coverage to patients with preexisting conditions, created health insurance marketplaces, and created tax credits to help families afford health insurance.

From 2011 to 2022, the AHA led 120 successful campaigns at the state level to improve health insurance access and coverage. As of May 2023, some 21.2 million people had gained health care coverage thanks to Medicaid expansion.

The AHA also has successfully urged more than 45 states to extend postpartum coverage in Medicaid. Since the early 2020s, the AHA also has been instrumental in the passage and strong implementation of the federal No Surprises Act. The law protects people from unexpected bills for air ambulances and unplanned out-of-network care provided at an in-network hospital. Estimates show the law has prevented more than 10 million surprise bills since it was enacted in 2022.

“ADVOCATING IS AN ON-GOING PROCESS, BUT THAT’S WHY YOU GET INVOLVED WITH LIFESAVING CAMPAIGNS – TO MAKE A DIFFERENCE.”

- Tina Marie Marsden

Photo courtesy of Tina Marie Marsden

At 4-months post-partum, Tina Marie Marsden, then 28, continued to experience shortness of breath. She knew something was wrong. Tina had always been healthy – athletic, fit, and unaware of her paternal history of heart disease. Eventually, she was forced to visit the emergency room because her symptoms became too difficult to live with.

She was quickly discharged with a diagnosis of walking pneumonia, then returned home and continued to experience shortness of breath so debilitating she couldn’t lie down.

Tina returned to the hospital, advocating for herself when she knew something else was wrong. Multiple diagnostic tests on this visit led to her diagnosis of a form of pregnancy-related heart failure called postpartum cardiomyopathy (PPCM).

In her case, multiple missed early warning signs during and after her pregnancy and an inability to recover eventually led to her needing a mechanical heart pump - an LVAD.

Tina felt passionate about advocating for post-partum health for other new mothers and extending Medicaid’s coverage window to help ensure women get the post-birth care they need. “For many people, heart failure is an invisible illness,” she said. “There’s a lack of awareness about it, and the symptoms that we suffer with in silence people can’t see.”

At a Go Red For Women event in Atlanta, Tina connected with an AHA Government Relations Director who invited Tina to advocate for other women by sharing her story with the Senate Health and Human Services Committee.

After the hearing, Expanded Postpartum Medicaid Coverage passed unanimously.



Nutrition Security

AHA advocates have worked in numerous ways to improve nutrition security, reduce obesity and help people live healthier lives by making healthy foods more accessible and affordable.

The AHA has been integral in supporting federal and state policies that maintain benefits and maximize participation in the federal Supplemental Nutrition Assistance Program, or SNAP, helping those who qualify get groceries. In 2021, 41.5 million people participated in SNAP, up from 35.7 million people pre-pandemic, reinforcing the program's value as an essential safety net.

In schools, the AHA has helped pass policies that increase access to healthy school meals, including the Healthy and Hunger-Free Kids Act of 2010.

Voices for Healthy Kids, launched in 2013 by the AHA and Robert Wood Johnson Foundation to drive policy affecting children's health, has successfully supported measures and secured funding at the state and local level to help increase access to safe drinking water.

The Association's Health Care by Food initiative is engaging in public policy advocacy to promote the adoption of interventions that reduce chronic health conditions and curb health care costs.

Other AHA advocacy highlights include:

- Working to secure critical funding for stroke research. Deadly strokes have increased among younger and middle-aged adults. The AHA also continues to push for expanded insurance coverage of expert stroke care through telehealth.
- Advocating for telecommunicator CPR (T-CPR) policies that ensure when someone calls 911, the person on the other end of the line can recognize a cardiac event and coach the caller through CPR while dispatching emergency response. 25 states now have T-CPR policies.
- Helping to inform the 2018 federal physical activity guidelines, which outline how much physical activity people need to be healthy. Current priorities in this area include more and better physical education in schools, and "complete streets" that are safe and friendly for all users, not just drivers.
- Supporting legislation across the U.S. that has resulted in 8 million babies being screened each year for critical congenital heart defects. Current work includes a focus on ensuring survivors have access to psychological and other needed care.
- Advocating successfully for federal legislation to support vital research into valvular heart disease, which killed more than 23,000 people in the U.S. in 2021. That legislation has opened the door for nearly \$24 million in additional funding to enhance a national cardiac arrest registry that can improve emergency care.



"WHAT MAKES THE AHA SO FORMIDABLE IN ADVOCATING FOR FACT- AND EVIDENCE-BASED PUBLIC POLICY IS OUR UNPARALLELLED STAFF AND VOLUNTEER PARTNERSHIP."

- Mark Schoeberl
Executive Vice President, Advocacy, AHA
Cor Vitae Society, Champion's Circle



American
Heart
Association.

Cor Vitae
Society

Paul Dudley White
Legacy Society

The American Heart Association recently celebrated four decades of nonpartisan advocacy — and I'm proud to say I've been a volunteer for each of those years, including service as the Chair of the inaugural National Advocacy Coordinating Committee in the late 1990s.

Thanks to your support, the AHA continues to advocate for public policies that improve the cardiovascular health for all. Like so many of you, the Association's mission is personal to me. My grandfather, my hero, passed away from a massive heart attack when I was 12.

This inspired me to become a cardiovascular nurse and an AHA volunteer. That service commitment put me on a path to serve as the Louisiana Affiliate Chair and eventually National Chairman of the Association's Board of Directors. My motivation for staying engaged, even now, is being able to give to grandchildren the gift of time with their grandparents.

I am particularly passionate about the AHA's efforts to help all people enjoy healthier lives. This work has become even more critical as we see the impact of health inequities in our local and national communities. People suffer when they lack access to basic needs and access to care. Addressing barriers that prevent people from living their healthiest life has been a calling for many years, and the American Heart Association provides opportunities and solutions for doing such work.

My husband Buddy and I are members of both the Cor Vitae and Paul Dudley White Legacy societies. It was a family discussion and a family decision to invest in the American Heart Association. We can help communities by contributing to local and national initiatives as members of these societies, and we encourage your continued participation.

As a registered nurse, I have the opportunity to impact patients' lives one at a time. As a hospital administrator, I impact the health of my local community. But as an AHA advocate, Cor Vitae and Paul Dudley White Legacy Society contributor, I can impact the health of whole populations of people to live longer, healthier lives.

Thank you for joining me in these efforts and for your dedication to the American Heart Association.

Coletta Barrett

Coletta C. Barrett RN, FACHE, FAHA
Cor Vitae Society – Champion's Circle
Paul Dudley White Legacy Society
2003-2004 Chairman of the National Board of Directors



Buddy and Coletta Barrett



STROKE AND BRAIN HEALTH





A BEACON OF HOPE FOR STROKE HEALTH

25 YEARS OF THE AMERICAN STROKE ASSOCIATION

In the last 100 years, our understanding of stroke and brain health has undergone a remarkable evolution, thanks in large part to the groundbreaking research supported by the American Heart Association and later, the American Stroke Association.

From humble beginnings to cutting-edge innovations, many milestones have shaped our knowledge of stroke and brain health. At the turn of the 20th century, stroke was often regarded as a mysterious and untreatable condition. Medical knowledge about the brain and its functions was limited, and strokes were frequently fatal or left survivors with debilitating disabilities. However, pioneering physicians and researchers began to recognize the importance of understanding the underlying causes of stroke and developing strategies for prevention and treatment.

As the decades unfolded, AHA-sponsored research served as a pillar for groundbreaking insights into stroke etiology, risk factors, and preventive measures. Notable among these was the Framingham Heart Study, initiated in 1948, which laid the foundation for comprehending the multifaceted interplay of factors predisposing individuals to strokes. This landmark investigation identified hypertension, smoking, diabetes, and high cholesterol as primary culprits, reshaping public health discourse and policy.

In the 1950s, the AHA's president organized the Princeton Conferences, a series of gatherings of leading stroke researchers. In 1964, the AHA co-sponsored the first National Stroke Congress in Chicago 'to spearhead an expanded attack on the problem.'

Recognizing the urgent need for stroke education, advocacy, and research, a group of visionary healthcare professionals, researchers, and volunteers came together under the umbrella of the American Heart Association (AHA) in the early 1970s.

In 1976, the first International Stroke Conference gathered in Dallas – a major conference that continues to this day. In 1978, the American Heart Association established the Stroke Council, a pivotal step towards addressing the specific needs of stroke patients. This council laid the foundation for what would later become the American Stroke Association. During this period, efforts primarily centered on raising awareness about stroke risk factors, symptoms, and the importance of early intervention.

As the 1980s and 1990s unfolded, the American Stroke Association continued to expand its reach and influence. It launched various initiatives aimed at educating both healthcare professionals and the general public about stroke prevention and treatment. Research funding became a key focus, driving innovation in stroke care and rehabilitation.

The quest for efficacious stroke treatments gained momentum with the advent of thrombolytic therapy. In 1986, the landmark National Institute of Neurological Disorders and Stroke (NINDS) trial demonstrated the efficacy of intravenous tissue plasminogen activator (tPA) in restoring cerebral blood flow and salvaging brain tissue in acute ischemic stroke. This pivotal finding heralded a new era of acute stroke management, and revolutionizing stroke care worldwide.

In 1998, our Stroke Division officially became the American Stroke Association.

The dawn of the new millennium brought significant milestones for the American Stroke Association and its work in addressing disparities in stroke risk, education and treatment. In 2001, it published the first-ever guidelines for the prevention of stroke in women, shedding light on gender-specific risk factors and treatment strategies. Subsequent years saw the launch of campaigns such as Power to End Stroke, targeting underserved communities disproportionately affected by stroke. In 2006, the American Stroke Association launched its Power To End Stroke® campaign, raising awareness to the increased stroke risks that Black people face and that they can take action to prevent it.

The American Stroke Association has been at the forefront of advocating for advancements in stroke care. It has played a pivotal role in promoting the adoption of stroke systems of care, facilitating faster and more effective treatment for stroke patients nationwide. Additionally, the Association has been instrumental in promoting research into groundbreaking treatments such as clot-busting drugs and endovascular therapy.

Beyond medical advancements, the American Stroke Association has been a pillar of support for stroke survivors and their families. Through support groups, educational resources, and advocacy efforts, it has provided a lifeline for those navigating the challenges of life after stroke. Its commitment to empowering survivors and caregivers remains unwavering.

As we reflect on the journey of stroke and brain health research and action, it's evident that its impact transcends mere statistics. Behind every milestone and achievement are countless lives touched, stories of resilience, and hopes rekindled. As we look to the future, we will continue to embrace new technologies, research findings, and partnerships to drive progress in stroke prevention, treatment, and rehabilitation.

Over the last quarter-century, the American Stroke Association has continually proven that an association in motion stays in motion.

The organization's more recent achievements include:

- *The launch of the open-access journal **Stroke: Vascular and Interventional Neurology**.*
- *A new research network on hemorrhagic stroke and an innovative collaboration to help reduce stroke disability and death rates in the southeastern U.S.*
- *The first international stroke center certification.*
- *A Thrombectomy-Capable Stroke Center certification, in collaboration with the Joint Commission.*
- *Phase III of **Target: Stroke**, setting more aggressive targets for timely treatment with alteplase as well as targets for prompt treatment with endovascular therapy.*
- *Expansion of the **Get With The Guidelines**® quality improvement initiative to address hemorrhagic stroke. More than 3,600 hospitals have participated in Get With The Guidelines-Stroke since the program was launched in 2001.*



Photo courtesy of Ashanti Coleman (second from L)



FINDING PURPOSE THROUGH ADVERSITY

A STROKE SURVIVOR STRIVES TO MAKE AN IMPACT

In November 2017, a regular morning turned critical for Ashanti Coleman. Despite experiencing a severe headache, she went about her usual routine—dropping her children at school and grabbing coffee—when suddenly, the escalating pain became impossible to ignore. She felt numbness on her left side, and her speech began to slur. Suddenly, her legs gave out, and she couldn't stand up. She managed to call 911, but her speech was so garbled that the operator couldn't understand her. As a nurse, she knew she was having a stroke.

At the hospital, lab work confirmed a clot on the right side of her brain. Ashanti spent nearly a month in the hospital, determined to be home by Thanksgiving. Despite being otherwise healthy, she had to accept the reality of having had a stroke. She spent a week in the ICU, followed by time in the neuro ward and then rehab. She struggled with slurred speech and even developed what sounded like a Jamaican accent for about six months. Thankfully, she was home just in time to celebrate Thanksgiving with her husband and two children. Her recovery was challenging, but by January 2018, she was feeling much stronger and resumed everyday life, including her role as a nursing professor at the University of Memphis.

However, in May 2019, Ashanti felt a similar excruciating headache. She tried to manage it but eventually went to the ER. Despite being in intense pain and having a history of stroke, she waited for hours before being seen. She was finally admitted with a diagnosis of a mini stroke but felt her pain and risk were not being taken seriously. She never received IV fluids and had to advocate fiercely to receive any pain medication. Her doctor, who had treated her first stroke, now seemed to be dismissing her pain. She was discharged from the hospital still in agony. That night, she woke up experiencing the worst pain of her life—it felt like the muscles in her neck were tearing. She immediately went to a different hospital's ER, where an examination revealed a 50% blockage and a torn artery, a condition threatening another stroke. She had emergency surgery within 48 hours of being discharged from the first hospital, which saved her life.

Ashanti's experience exemplified a harsh reality: pain and symptoms manifest differently across individuals, and the medical world needs to recognize and address this variability, especially in communities of color. To channel her experiences into positive change, she became actively involved with the American Heart Association (AHA).

As a Doctor of Nursing Practice and a clinical professor, Ashanti is driven by a passion to educate future healthcare professionals about the nuances of patient care. She emphasizes empathy, understanding, and the critical importance of taking patients' pain and symptoms seriously, regardless of how they present. Each challenge has not only motivated her to improve her own life but has also inspired her to instill valuable lessons in the next generation of healthcare providers. Ashanti is deeply grateful to everyone who supports the AHA. She knows their contributions are crucial; they empower survivors like her to educate, advocate, and drive innovation, bringing substantial improvements in care and offering hope to millions. Ashanti thanks everyone for joining her in championing for longer, healthier lives for all.





A BOLD FUTURE LIES AHEAD





A SECOND CENTURY OF IMPACT

OUR FUTURE IS ABOUT IMPROVING YOURS

As we celebrate a century of dedication and groundbreaking achievements in cardiovascular and brain health, the American Heart Association is excited to embark on another century of progress and innovation. Our vision for the next hundred years is embodied in our Second Century Vision Statement: “Advancing health and hope for everyone, everywhere.” This vision is not just a statement—it is a guiding light for our mission to improve health and well-being worldwide.

As we step into our second century, we have set clear and ambitious goals to achieve by 2028, ensuring a strong start to our next hundred years. We are committed to driving breakthroughs and implementing proven solutions in science, policy, and care, fostering healthier communities. These goals reinforce our dedication to innovation and equitable health access, with a focus on making the latest health discoveries available to everyone.

Our 2028 Impact Goal

Building on over 100 years of trusted leadership in cardiovascular and brain health, by 2028 the AHA will drive breakthroughs and implement proven solutions in science, policy, and care for healthier people and communities. The greatest discoveries in health must reach people where they are.

Our health impact will be measured by increased access to healthcare, improved quality of care, better health factor control, and increasing the number of people ready and willing to perform CPR.

Increasing awareness of the AHA is crucial for helping more people access our resources and education. By 2028, we aim to reach an additional 13 million people, ensuring nearly two-thirds of U.S. adults are familiar with the AHA. This heightened recognition will allow more individuals to benefit from our life-saving information and support. With greater awareness, more people will know they can turn to the AHA for trusted guidance on heart health and stroke prevention.

On the financial front, we aim to increase the annual total amount of donated support, as well as total number of supporters, to ensure funding of the American Heart Association’s mission to save and improve lives.

Thank you for being part of our journey and for your unwavering commitment to our mission. With your continued support, we are confident that the American Heart Association will not only meet but exceed these goals, and build a future filled with promise and possibility for all. Together, we will advance health and hope for everyone, everywhere.

“WE ARE MEETING THE MOMENT AND ARE READY FOR THE FUTURE.”

- Nancy Brown
Chief Executive Officer, American Heart Association



A LEGACY OF HEALTH AND HOPE

THE CHLAPATY'S PURSUIT OF MEANINGFUL CHANGE



Joe and Linda Chlapaty

For Joe and Linda Chlapaty, supporting future generations is more than a goal—it's a heartfelt commitment that has defined their philanthropic efforts for years. Joe's successful career as chairman and CEO of Advanced Drainage Systems (ADS) has afforded them the opportunity to give back generously.

Recently, they have taken a significant step by leaving a \$10 million legacy gift to the American Heart Association through their estate planning. This significant contribution is a testament to their dedication to championing longer, healthier lives for all.

Joe Chlapaty, who lives with atrial fibrillation (AFib), began his involvement with the AHA in Columbus, Ohio where he first served on the local Board of Directors. His own heart condition has driven his passion for supporting cardiovascular research. He and Linda previously supported the AHA's Strategically Focused Research Network for AFib.

Reflecting on his health journey, Joe shares, "AFib is just one component of cardiac care. We've gotten to know people and understand the other health issues that arise. Our relationship with the AHA is about quality of life and being able to live a fulfilling life for as long as you are able."

The Chlapatys are deeply passionate about their community and state. Their commitment to achieving health equity and improving health outcomes extends beyond their home state of Ohio, reaching across the country and even internationally. They have made significant contributions to the AHA's HBCU (Historically Black Colleges and Universities) Scholars Program, which supports students pursuing professional degrees in biomedical and health sciences. Linda, a former teacher and court-appointed special advocate, says, "Children are our future, and whether it's ensuring they have appropriate food so that they can learn or just the opportunity to expand their learning, that's something we are very much behind."

The Chlapatys' generous support is not confined to financial contributions; it is rooted in a deep-seated desire to create opportunities and improve lives. Joe and Linda's commitment to better health outcomes for future generations is also evident in their support for Nationwide Children's Hospital, focusing on mental and emotional health for children and supporting research in pediatric cardiac care.

The Chlapatys are also generous supporters of KIPP Public Charter Schools and find supporting educational opportunities incredibly rewarding. Additionally, Linda actively supports their local food bank, serving the community of Dublin, Ohio.

Joe and Linda believe that donors play a crucial role in advancing the AHA's mission and they envision a future where medical advancements and healthcare equity are within reach for all.

Their decision to leave a transformative legacy gift to the AHA was driven by a desire to make a lasting impact beyond their immediate family. Joe explains, "We've made provisions in our estates to take care of our kids and grand kids in an appropriate manner. So now, we try to disperse our wealth among organizations that can create meaningful change."



*Above: HBCU Scholars participating at the 2023 AHA Scholars Symposium event.
Right: Melissa Mason, Graduating Senior Chemistry Major at Stillman College at the symposium*

"HAVING A GREATER PRESENCE OF BLACK STUDENTS IN CARDIAC CARE IS VERY IMPORTANT.

CREATING OPPORTUNITIES FOR YOUNG PEOPLE THAT THEY MIGHT NOT OTHERWISE HAVE, THAT REALLY SPEAKS TO BOTH OF US."

- Joe and Linda Chlapaty
Cor Vitae Society, Heart and Torch Circle
Paul Dudley White Legacy Society



Bold Heart. Bold Life. Bold Legacy.

August is National Make-A-Will Month. It's a great time to map out your plan for the future. Creating a solid plan will give you peace of mind. Your will lets you provide for your loved ones and the causes you care about, ensuring your assets are protected and your wishes for the future are carried out the way you planned.

3 Reasons to Write Your Will:

1. **Enjoy Peace of Mind:** eliminate uncertainty with the comfort of knowing that your affairs are in order.
2. **Protect Your Loved Ones:** ensure that your assets are distributed according to your wishes, providing security for your loved ones and dependents.
3. **Build a Legacy:** leave a lasting impact on the causes that matter most to you by remembering the charities you hold close to your heart in your will.

Reasons to Update Your Will:

Already have a will? You don't have to miss out on Make-A-Will Month! You should review your plans every 3 to 5 years or whenever there is a significant change in your life.

Some examples include:

- » Birth of child or grandchildren
- » Death of an heir or beneficiary
- » Marriage or divorce
- » Move or purchase property in a different state
- » Change to financial situations or wishes
- » Desire to create a lasting legacy

A gift in your will or estate plan to the American Heart Association also helps us to advance our progress and help save more lives in our Second Century of impact. **Bold legacies begin with you!** We invite you to celebrate our 100 years of lifesaving impact by helping to secure a future where everyone, everywhere can live a longer, healthier life. Join the thousands of others who are writing their wills this month, supporting hearts for generations to come. By planning now, you can ensure a bold life today and a bold legacy for generations to come. Learn more at [Heart.org/MAWM](https://www.heart.org/MAWM).

