

SPRING 2024 POLICY REPORT

Linking Scientists, Clinicians and Policymakers to be a Relentless Force for a World of Longer, Healthier Lives.



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Letter from Chair: Dr. Cheryl Pegus



We believe everyone deserves the opportunity for longer healthier lives. For 100 years it's been our mission to fulfill that vision. Working alongside a global family of scientists, volunteers, donors and advocates, the American Heart Association is innovating the way the world researches, understands and treats cardiovascular diseases and brain health. As we celebrate our centennial, we can feel proud of the impact and progress we have made, while recognizing that it is going to take bold, innovative leadership and partnerships to reach everyone where they are.

As chair of the American Heart Association's Advocacy Coordinating Committee (AdCC), I am pleased to share with you the latest issue of our *Policy Report*. The *Policy Report* summarizes the Association's latest policy research, policy statements and publications.

In Fall 2023, the American Heart Association released our *Progress Toward Expanding Access to Quality Health Care* and our *Nutrition in Public Policy Impact Statements*. These progress reports highlight the impact the Association has had in public policy by leading and supporting campaigns at the state, local and federal levels.

We have also recently published, *Principles for Health Information Collection, Sharing and Use*, which outlines key equity and legal background relevant to health data sharing and offers principles to improve policy to support the use or reuse of health information in ways that are respectful of patients and research participants, equitable in impact in terms of both risks and potential benefits, and beneficial across broad and demographically diverse communities in the United States.

Our statement on *Novel Cardiovascular Disease and Stroke Blood Biomarkers* discusses ways that the Association can contribute meaningfully and significantly to the advancement of CVD and stroke patient care through the integration of novel biomarkers in public policy. An updated policy statement on *Cardiac Emergency Response Planning (CERP)* that supports our important Nation of Lifesavers work to increase access to CPR and AED training and also ensures that schools and communities are prepared to respond to this time-sensitive emergency and improve survival from a sudden cardiac arrest.

In this edition, we showcase our newest policy statement, *Addressing Structural Racism Through Public Policy Advocacy*. This statement builds on our **Presidential Advisory** and discusses specific opportunities to leverage public policy in promoting well-being and suggested solutions to rectify structural barriers that impede the progress for the health of all communities. Accompanying this statement, the AHA policy research team prepared a historical analysis of the role of structural racism on water access and consumption of sugary beverages.

We are also pleased to share our issue brief on *Value-Based Care Delivery and Payment*, which defines the Association's support toward efforts to transform to a more effective system that is person-centered and improves individual and population health outcomes.

Finally, you will find our policy statements on *Heart-Healthy Sustainable Cities*, which describes seven urban provisioning systems that lie at the core of human health, wellbeing, and sustainability – and outlines principles for transforming those systems to heart-health and sustainability outcomes and *Civic Engagement and Population Health*, which discusses the power that civic engagement in communities has to increase community-driven policy reform in the fight against heart disease and stroke.

I am thankful for the dedicated staff at the American Heart Association and all that they do across the globe. With bold hearts, together we continue to forge ahead in our public policy advocacy into our Second Century, elevating knowledge, science, and innovation; funding lifesaving research and prevention; and partnering with scientists, clinicians, patients, advocates, and communities working to implement proven treatments. This relentless pursuit will continue so the greatest discoveries in health reach people where they are.

Sincerely,

Cheryl Pegus, M.D., M.P.H.



The American Heart Association's Progress Toward Expanding Access to Health Care: An Impact Statement



Access to quality, affordable health care is one of the American Heart Association's most central advocacy priorities. The Association advocates for the changes needed to make the health system work for all, including: improving patient access to affordable health care and coverage; addressing health care disparities that limit the equitable delivery of health care; organizing health care delivery systems to ensure the highest quality and most efficient care; and ensuring that policies and programs are adequately funded and implemented to promote sustainable outcomes.

In recent decades, the advocacy of the Association has contributed to significant progress toward realizing these goals, including the passage of the landmark Affordable Care Act legislation, which marked the biggest expansion of health coverage since the formation of Medicare and Medicaid. However, there is still much work to be done to ensure that every person in the United States can access the health care they need to lead longer, healthier lives.

This impact statement provides a look at the work the Association has done at all levels of government and in all 50 states in the last decade to inform and influence the public policy dialogue, drive policy change, and catalyze and support the work of others in the interest of equitably expanding access to quality health and health care for every person in the United States.



100+
Goal Wins

3 THREE THINGS TO KNOW

- 1 In the last decade, the AHA has achieved over 100 goal wins in the area of access to care, advancing policies including Medicaid expansion, coverage of self-measured blood pressure monitors in Medicaid, regulation of non-ACA compliant health plans, and the extension of postpartum Medicaid coverage for new Moms to a full year.
- 2 The AHA continues to advocate for implementation of the ACA, nationwide expansion of Medicaid, and other policies that eliminate regulatory, legislative, and legal barriers to affordable public and private health insurance coverage, particularly for those who have been historically marginalized.
- 3 Longstanding structural inequities across US systems and institutions and racial, ethnic, socioeconomic, and geographic disparities in health and health care access, drives the AHA's ongoing commitment to champion health equity and address the social determinants that influence access to quality health care.

The American Heart Association's Progress Toward Nutrition Security: Through Public Policy



Chronic diseases, such as diabetes, cardiovascular disease, and cancer, are the leading causes of death in the United States, accounting for 90% (\$3.8 trillion of annual health care costs). An unhealthy diet, characterized by a high intake of calories, sodium, added sugars, and saturated fats, and low intake of vegetables, fruits, and whole grains, contributes to the development of the leading risk factors of chronic diseases, including obesity, hypertension, and prediabetes. Considering the connection between diet quality and chronic diseases, the American Heart Association has prioritized the implementation of policy solutions to improve nutrition security in the U.S.

Since the Association established its federal advocacy office in 1981, and added state and local staff in 1998, improving food and nutrition security has been a priority. The nutrition impact statement outlines the work the Association has done across all levels of government to advocate for policies and programs that support food and nutrition security.

At the state and local level, the Association has advocated for reducing sugary drink consumption through taxes; ensuring restaurant beverages and meals offered to kids meet healthy beverage and nutrition standards; supporting access to the Supplemental Nutrition Assistance Program (SNAP) and establishing or expanding SNAP incentive programs; and expanding healthy school meals for all. At the federal level, our staff has advocated for updating the Dietary Guidelines for Americans; expanded policies in the farm bill to improve diet quality and protect access to programs; updated school nutrition standards to be aligned with the Dietary Guidelines for Americans; and continued to advocate for and educate on healthy school meals for all.

3 THREE THINGS TO KNOW

- 1 An unhealthy diet, characterized by a high intake of calories, sodium, added sugars, and saturated fats, and low intake of vegetables, fruits, and whole grains, contributes to the development of the leading risk factors of chronic diseases, including obesity, hypertension, and prediabetes.
- 2 Almost half (47.8%) of all Americans consume unhealthy diets, with higher rates found among Black (55.5%) and Mexican American households (48.8%) due to societal, systemic, and historical inequities.
- 3 The AHA is committed to creating an equitable, sustainable food system that ensures nutrition security for all by leveraging advocacy efforts and working with strategic partners to implement our policy priorities.

Principles for Health Information Collection, Sharing and Use



The evolution of the electronic health record, combined with advances in data curation and analytic technologies, increasingly enables data sharing and harmonization. Advances in the analysis of health-related information have accelerated research discoveries and improved patient care. This American Heart Association policy statement discusses how broad data sharing can be a driver of progress by providing data to develop, test, and benchmark innovative methods, scalable insights, and potential new paradigms for storage and workflow.

Along with these advances comes concerns about the sensitive nature of some health data, equity considerations about the involvement of historically excluded communities, and the complex intersection of laws attempting to govern behavior.

Data-sharing principles are therefore necessary across a wide swath of entities, including parties who collect health information, funders, researchers, patients, legislatures, commercial companies, and regulatory departments and agencies.

This policy statement outlines some of the key equity and legal background relevant to health data sharing and responsible management. It then articulates principles that will guide the American Heart Association's engagement in public policy related to data sharing/exchange and data privacy - informing its work across the research enterprise, and specific examples of how these principles might be applied in the policy landscape. The goal of these principles is to improve policy to support the use of health information in ways that are respectful of patients and research

participants, equitable in impact, and beneficial across broad and demographically diverse communities in the United States. Broad data sharing can be a driver of progress by providing data to develop, test, and benchmark innovative methods, scalable insights, and potential new paradigms for data storage and workflow. Data sharing can also improve collaboration between researchers across multiple disciplines, resulting in significant new discoveries.

Moreover, increased data circulation can create a valuable common resource that facilitates reproducibility of results, leading to a more robust evidence base and informed health decision-making.

3 THREE THINGS TO KNOW



- 1 Broad data sharing can be an enabling driver of progress by providing data to develop, test, and benchmark innovative methods, scalable insights, and potential new paradigms for data storage and workflow.
- 2 However, these advances bring concerns about the sensitive nature of some health data, equity considerations about the involvement of historically excluded communities, and the complex intersection of laws attempting to govern behavior.
- 3 Data-sharing principles are necessary across a wide swath of entities, including parties who collect health information, funders, researchers, patients, legislatures, commercial companies, regulatory departments and agencies; and this policy statement articulates principles which will guide the American Heart Association's engagement in public policy related to data sharing/exchange and data privacy to continue to inform its work across the research enterprise, as well as specific examples of how these principles might be applied in the policy landscape.

Addressing Structural Racism Through Public Policy Advocacy



In 2020, the American Heart Association, in recognition of the increasing health disparities in our country and the overwhelming evidence of the damaging effect of structural racism on cardiovascular and brain health, published a Presidential Advisory that recognized racism as a fundamental driver of health disparities. The advisory directed the American Heart Association to advance antiracist strategies regarding science, business operations, leadership, quality improvement, and advocacy.

This policy statement builds on the call to action put forth in our **Presidential Advisory**, discussing specific opportunities to leverage public policy advocacy in promoting overall wellbeing, and rectifying those longstanding structural barriers that impede the progress that we need and seek for the health of all communities. This statement examines the history of structural racism and offers policy considerations across several social drivers of health including health care, healthy food and nutrition access, access to capital, housing, education, and the environment. The Association also suggests a multipronged approach to addressing structural racism through public policy and articulates a set of principles to guide its advocacy and help to provide a roadmap for other organizations seeking to pursue a successful policy agenda focused on mitigating the various manifestations of structural racism. While the statement discusses difficult aspects of our past, ultimately, it is meant to provide a forward-looking blueprint that can be embraced by a broad spectrum of stakeholders who share the Association's commitment to eliminating structural racism and realizing true health equity.

3 THINGS TO KNOW

- 1 The history of structural racism in the U.S., and the resulting inequities persisting across generations, did not occur by chance; public policy and governmental authority, by design, were used historically and often to impose and promote discriminatory policies, practices and societal norms that advantaged white Americans at the expense of other minoritized racial and ethnic groups.
- 2 Significant evidence demonstrates structural racism as a cause of poor health and premature death from heart disease and stroke, with Black, Hispanic, and Asian populations disproportionately experiencing cardiovascular disease mortality.
- 3 The Association offers several principles for addressing structural racism through public policy focused on centering equity, prioritizing lived experience, building adaptable and sustainable frameworks, cultivating powerful cross-sector partnerships and defining metrics for success.



Historical Analyses of Structural Racism and Water Access



Water is essential for life. Drinking water helps to protect muscles, joints, and tissues; improve the digestive system and keep the body hydrated. In the U.S., more than half of all children and youths and a third of adults do not drink enough water. This is particularly concerning among communities of color. Black children are 1.3 times and Hispanic children are 1.2 times less likely to drink enough water each day when compared to white children.

When water is not readily available, people are more likely to consume other beverages such as sports drinks, fruit-flavored drinks with added sugar, energy drinks and soda, which contain empty calories and are linked to chronic diseases such as heart disease and type 2 diabetes. Communities of color are more susceptible to increased consumption of sugary drinks and higher rates of chronic diseases in part because of discriminatory practices embedded in structural policies and programs that prevent them from accessing safe, affordable water.

Structural racism creates large disparities in access to quality, affordable water for communities of color in the US, particularly for Black, Latino, and Indigenous populations. Several US policies and programs, such as fracking, a drilling method for extracting oil, natural gas, or water from deep underground, and redlining, the practice of concentrating Black and other people of color into certain neighborhoods, have contributed to disparities in water access and quality within communities of color.

This issue brief examines the role that structural racism plays in water access and quality to people of color in their communities and in their schools. The American Heart Association advocates for policy solutions at all levels of government that support an improvement in water access.



3 THINGS TO KNOW

- 1 Black children are 1.3 times and Hispanic children are 1.2 times less likely to drink enough water each day when compared to white children.
- 2 Black and LatinX households are twice as likely and Indigenous households are 19 times more likely to lack complete plumbing than their white counterparts.
- 3 A 2018 nationwide survey by the Government Accountability Office (GAO) found that only 43% of school districts tested water for lead and of those, 37% had lead above levels deemed safe.

Historical Analyses of Structural Racism — Sugary Beverages



Sugary beverages are the leading source of added sugar in the American diet and account for 25% of all added sugar consumed by the U.S. population ages 2 and older. Almost two-thirds of children and half of all adults consume sugary beverages every day. Among Black and Hispanic children, these rates are higher at 65.5% and 76.9%, respectively. High sugary beverage consumption is associated with weight gain and an increased risk of chronic diseases. It is estimated that 50,000 deaths are associated with high sugary beverages consumption each year. Of that, 40,000 deaths are attributed to type 2 diabetes.

The beverage industry targets communities of color through investment into these communities and predatory marketing. This targeting has impacted how communities of color perceive and consume sugary drinks. Communities of color are also disproportionately exposed to sugary drinks through factors related to the built environment. Individuals with low income and communities of color, especially Black and Latinos, are more likely to be facing issues of food deserts and experience a lack of high-quality grocery stores and other healthy food retail. Instead, their communities may be more inundated with fast food and convenience stores making unhealthy options more readily available.

In communities of color, the health impact of sugary drinks is particularly acute and diet-related chronic diseases are more prevalent. The American Heart Association advocates for policy solutions at all levels of government that support a reduction in consumption of sugary drinks. This issue brief looks at the role that structural racism plays in how the beverage industry interacts with and impacts sugary drink consumption and perception in communities of color.



3 THREE THINGS TO KNOW

1 Sugary beverages - any nonalcoholic beverages, carbonated or noncarbonated, sold for human consumption that contains added sugar - are the leading source of added sugar in the American diet and nearly 25% of all added sugar consumed by the United States (US) population ages 2 and older come from sugary drinks.

2 A report by the Rudd Center for Food Policy and Obesity found that advertising of sugary drinks and energy drinks increased 26% to \$1.04 billion annually from 2013 to 2018.

3 The American Heart Association supports efforts to reduce consumption of sugary drinks through policy campaigns, like removing sugary drinks from schools, improving the beverage options in restaurant children's meals, and trying to get a pilot passed to disincentivize sugary drinks from the Supplemental Nutrition Assistance Program (SNAP).



Cardiac Emergency Response Planning for Schools



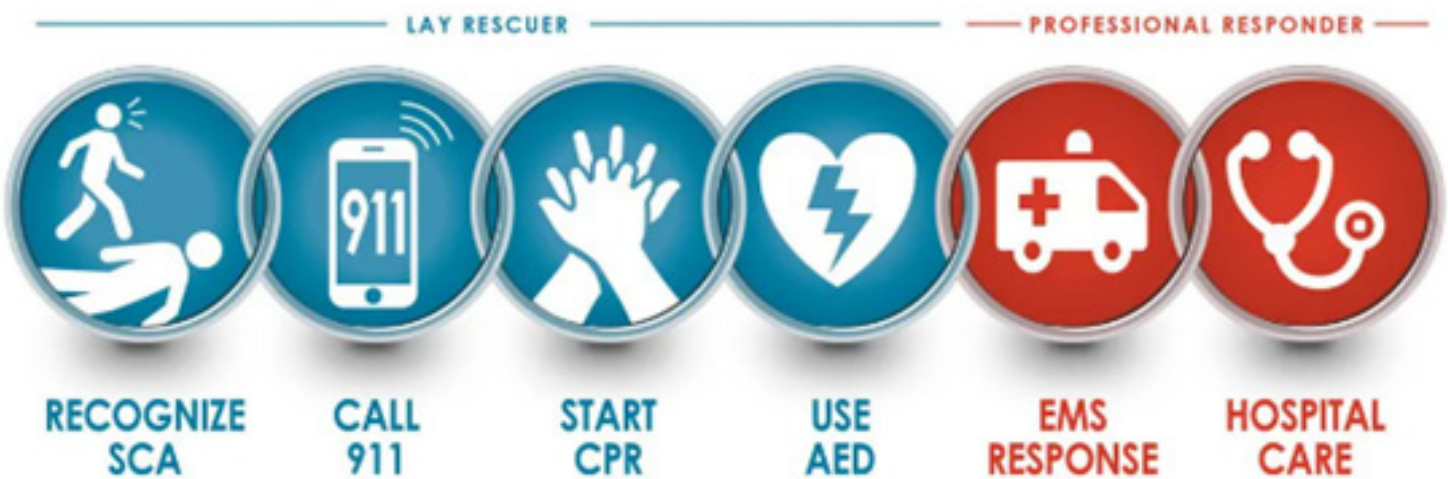
Providing a safe learning environment is a key responsibility for schools not only for students, but also for staff and visitors. A sudden cardiac arrest in school or at a school event, such as an athletic event, is potentially devastating to families and communities. Schools should create an appropriate response to this time sensitive emergency.

By developing, implementing, and practicing a cardiac emergency response plan (CERP), survival

rates can increase. A well-planned, well-trained, and well-resourced lay-responder team will be able to respond at any time and at any place in the school, which can make a difference in the crucial minutes between the time when a person collapses and when emergency medical services arrive.

In response to the cardiac event during the 2023 Buffalo Bills football game, the American Heart Association convened a group of stakeholders to update

the 2016 policy statement which provided the tools to assist schools in developing CERPs. This article reviews and updates the critical components of a CERP, a CERP team, and the factors that should be considered when implementing the CERP, as well as providing recommendations for policy makers to support the response to cardiac events in schools.



Heart-Healthy and Sustainable Cities



Nearly 56% of the global population lives in cities, with this number expected to increase to 6.6 billion or over 70% of the world's population by 2050. Given that cardiometabolic diseases are leading causes of morbidity and mortality in urban populations, transforming cities and urban provisioning systems toward health, equity and economic productivity will enable both climate and health goals.

This policy statement describes seven urban provisioning systems that lie at the core of human health, wellbeing, and sustainability: food, energy, mobility-connectivity, housing, green infrastructure, water management and waste management. These provisioning systems transcend city boundaries and require transforming an entire regional system. Poorly designed urban provisioning systems are evident worldwide, resulting in unprecedented exposures to adverse cardiometabolic risk factors including limited physical activity, lack of access to heart healthy diets, reduced access to greenery and beneficial social interactions.

Transforming urban systems with a cardiometabolic health first approach can be accomplished via integrated spatial planning along with addressing current gaps in key urban provisioning systems. This will help mitigate undesirable environmental exposures, improve cardiovascular and metabolic health while improving planetary health. This policy statement presents a conceptual framework, summarizes the evidence and outlines principles for transforming key urban provisioning systems to heart-health and sustainability outcomes.



56%
of the global
population lives
in cities

3 THREE THINGS TO KNOW

- 1 As the global urban population grows, projected to encompass over two-thirds of humanity by 2050, the necessity to adapt our cities for heart-healthy, sustainable living is paramount.
- 2 Populations in cities in the US and across the globe face high levels of economic, environmental, and social inequality.
- 3 This policy statement provides a blueprint for creating urban environments and provisioning systems that nurture the heart health of inhabitants and sustain a healthy planet.





FOR MORE INFORMATION:

- 1 For a resource from CMS that provides an overview of the basics of value-based care, go to [CMS Value-Based Care Spotlight](#).
- 2 For additional information about the CMS Medicare Shared Savings Program, click [here](#). For information about CMS Innovation Center models of care, click [here](#).
- 3 For a glossary of select terms from CMS, please see Exhibit C (pages 17-19). Also, a more comprehensive glossary of terms from CMS can be found [here](#).
- 4 For additional information about alternative payment models, visit the [Health Care Payment Learning & Action Network \(HCPLAN or LAN\) website](#). The HCPLAN is an active group of public and private health care leaders dedicated to providing thought leadership, strategic direction, and ongoing support to accelerate our care system's adoption of alternative payment models (APMs). AHA is a member of the Accountable Care Action Collaborative.
- 5 For state specific information from the National Conference of State Legislators, click [here](#).

Value-based care (VBC), also called value-based payment (VBP), value-based arrangements, accountable care, accountable care arrangements, or alternative payment models (APMs) are programs and/or contracts between a public or private payer and providers of health care services that hold the providers of health care services accountable to varying degrees for cost of care, quality/outcomes, and consumer/patient experience.

The United States spends more per capita on health care than any other country even though it does not guarantee universal coverage for Americans. We also perform poorly on overall indicators of population health compared with other developed countries and our health disparities are profound. Our fee-for-service system rewards doing more, not better, focuses on sickness rather than health and prevention, has manifested in fragmentation of care, and is provider centric not consumer or patient centric. VBC, if done correctly, holds significant promise for improvement across five main areas: better experience of care, better health of populations, smarter spending, improved health equity and optimization, and enhanced provider accountability, support, and satisfaction.

The American Heart Association has published extensively on this topic and supports efforts to transform to a more effective system that recognizes and pays for better care and outcomes over volume. We support a health care system that is person-centered, focused on improving individual and population level experience and health outcomes, promotes health equity, and rewards our health care workforce for how well they do versus how many billable services they can provide regardless of outcomes.

The Association supports a measured approach away from fee-for-service and into increasingly sophisticated accountable arrangements tied to quality and equity across the risk continuum as providers gain experience in population health management. The Association is monitoring the policy landscape and assessing what policies and at what level of government to focus our advocacy efforts.

Civic Engagement and Population Health



Civic engagement means working to make a difference in the civic life of our communities and developing the combination of knowledge, skills, values, and motivation to make that difference. It means promoting the quality of life in a community, through both political and non-political processes. Examples of public and private-sector civic engagement activities include voting, volunteering, advocating for policy change, joining social and religious organizations, and donating to charities.

With over 40 million volunteers nationwide, The American Heart Association recognizes the power of civic engagement to increase community-driven policy reform in the fight against heart disease and stroke. The American Heart Association believes that the value of civic engagement lies in the empowerment and collective agency communities gain by maximizing their efforts to influence and inform the

institutions that shape their lives and health. The American Heart Association recognizes that meaningful civic engagement can help mitigate inequality, and can empower historically marginalized communities.

The scope of The American Heart Association's civic engagement work will continue to evolve in response to the policy environment and the needs of individuals with heart disease and stroke. Ultimately, The American Heart Association strives to use civic engagement to transform the environments in which people live to promote health, support robust scientific research, improve medical treatment, and create quality health care.

Research suggests improvements in health outcomes can occur through a variety of mechanisms. Civic participation can help build social capital, that is, belonging to social networks and the development of social trust that enables people to

benefit themselves and the groups to which they belong. People with more social capital have more support to adhere to healthier diets and to be more physically active. Civic engagement can also increase feelings of belonging which can lead to decreased feelings of social isolation and improved psychological health. Volunteering is a particularly effective form of civic engagement for improving both mental and physical health; research suggests it can expand supportive friend networks which can reduce levels of anxiety and depression while simultaneously lowering the risks of cognitive impairment and hypertension.

The American Heart Association supports civic engagement as a tool to increase civic responsibility and build social connections, which can reduce cardiovascular disease risk, enhance community resilience, and improve inequities.

3 THINGS TO KNOW



- 1 Healthier people are more likely to be civically engaged, and civic engagement improves participants' health.
- 2 The Robert Wood Johnson Foundation's (RWJF) Culture of Health action framework identifies civic engagement as an important driver for addressing unhealthy conditions in communities.
- 3 Acknowledging residents' health and social needs is particularly relevant to effective civic engagement efforts.

Public Policy Considerations of Novel Cardiovascular Disease and Stroke Blood Biomarkers

The American Heart Association can play a key role in the development of novel cardiovascular and stroke biomarkers. The Association can encourage and support extensive research, which includes funding for studies that enroll diverse patient populations in the validation and clinical utility of novel biomarkers. The Association also advocates for standardized biomarker testing and validation protocols. Furthermore, promoting collaborative development pathways between academics/science, industry, clinical experts, policy and regulatory bodies has the potential to streamline the approval and integration of novel biomarkers into clinical practice. Doing these things can ensure that the novel biomarkers under investigation can meet the high standards needed to be integrated into clinical practice.

These standards include: (1) the cost, ease, and timely results of using the biomarker;

(2) the informational value of the biomarker to provide information not available otherwise; (3) being validated on a large, diverse (sex, race/ethnicity, gender-identification, socioeconomic, etc.) population to ensure reproducibility and generalizability; (4) performance characteristics using strong statistical tests that demonstrate the biomarker's ability to discriminate and/or classify disease risk or prognosis, diagnose disease, and/or identify the etiology of disease; and (5) demonstrate strong clinical decision-making support by providing valuable information that can guide clinicians and public health professionals in making more informed treatment decisions for their patients.

Additionally, the Association should advocate for policies that ensure equitable access to those novel biomarkers that meet the standards for use in clinical practice. While also advocating for high ethical standards in the

development and utilization of novel biomarkers, particularly with respect to the rapidly growing areas of genomic, proteomic, and metabolomic biomarkers.

Furthermore, the Association should implement initiatives to educate both the public and health care professionals about the benefits, limitations, and ethical considerations of biomarker use.

Lastly, the Association should promote mechanisms for ongoing monitoring and evaluation of biomarkers used in clinical settings. By focusing on research support, validation, access, collaboration, education, ethical practices, economic considerations, advocacy, and continuous evaluation, the American Heart Association can significantly contribute to the advancement of CVD and stroke patient care through the integration of novel biomarkers.

3 THREE THINGS TO KNOW



- 1 Novel cardiovascular and stroke biomarkers hold significant promise in advancing the prevention and treatment of these diseases.
- 2 Before a novel biomarker can be integrated into clinical practice it must meet high standards that include: affordability/user-friendliness/timely results, informational value, adequate validation, high performance, and clinical decision-making support.
- 3 The American Heart Association's policy efforts should focus on endorsing robust research, fostering equitable access, and promoting the integration of biomarkers into clinical care, while maintaining a strong ethical framework.