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In 2020, the COVID-19 pandemic began to fundamentally change the way we live and work. We’ve changed, changed and changed some more. Throughout all the uncertainty, we, like many other organizations, are continually rethinking how we work — and how we should work.

Is our workplace in step with the communities and societies of our volunteers, supporters, employees, clients and partners?

Is our corporate governance transparent, ethical and sustainable?

How is our work affecting the environment?

More simply put: Are we being a good citizen of our communities and our planet?

This inaugural American Heart Association Environmental, Social and Governance Report addresses those difficult questions. And I’m proud to say that indeed we are being a good corporate citizen as we fulfill our lifesaving mission.

Like all organizations, we can and will improve. But overall, I am extremely excited about how we do the work we do, and I hope the millions of people involved in our mission will wholeheartedly agree.

One thing that has not changed is our mission. Our work has never been more relevant and critical. Heart disease and stroke remain the world’s top killers. We will continue to adapt, relentlessly and steadfastly working to save lives as the world changes around us.

This report highlights key ways our organization is impacting the environment, the communities where we work, and the ethics and sustainability of how we do business. We appreciate the trust you’ve placed in us, and we look forward to keeping you updated on our efforts.

Sincerely,

Nancy A. Brown
Chief Executive Officer
The American Heart Association is a volunteer-led health organization that has been saving and improving lives for nearly a century by funding scientific research, working with communities, advocating for public health policies and much more.

Our mission is to be a relentless force for a world of longer, healthier lives — which is crucial because heart disease and stroke are the world’s leading causes of death. We serve our mission by working toward an organization-wide Impact Goal:

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

This goal frames all of our work. Because of the depths of health inequities driven by negative social factors, rural health challenges and the damages of structural racism, we recently committed to 10 urgent, bold actions.

We call them our **10 Commitments**. They’re designed to remove barriers to health equity in all areas of our work, including our own workplace.

As a transparent and ethical organization, we hold ourselves accountable to eight Guiding Values:
It starts with ensuring a diverse, equitable and inclusive workplace that promotes health and well-being for our employees — and for employees at organizations around the country. Plenty of research shows the health impacts of structural racism, microaggressions and everyday difficulties in “not seeing yourself” at the workplace.

We are committed to ensuring our workforce, workplace and mission have a shared impact across America’s diverse populations and are intentional

**OUR COMMITMENT**

**INCREASING** the diversity of our workforce, including leadership. We are committed to filling at least one-third of hires with diverse people. We will mitigate bias in the recruitment, development, advancement and retention of diverse colleagues by providing ongoing learning and development experiences, leveraging our behavioral and integrated interviewing system, incorporating industry leading platforms and working with diverse alliance partners.
We accomplished those results through a multifaceted approach, including stronger recruiting and training, sourcing techniques, outreach and processes. At the end of the fiscal year, 38% of our staff were diverse, including 31% of managers. We view staff diversity through the lens of race and ethnicity, veteran status, people with disabilities, and LGBTQ+ people. In terms of gender, more than half of our staff members are women.

We increased our equity and inclusion training options across the organization. We launched “Courageous Conversations,” an interactive educational series for all staff, as well as training on health equity and structural racism. Black, Hispanic and Asian staff also are participating in McKinsey’s Connected Leaders Academy.

We are also on a journey to grow the diversity of our AHA Board of Directors to reflect our diverse communities.

Everything we do revolves around people. This encompasses our staff, volunteers, donors and communities. We are a trusted partner, convener and contributor working toward equitable health and well-being for all.

**PROGRESS**

In the 2021-22 fiscal year, 46% of the people we placed in newly filled positions were diverse. And 38% of newly filled positions among senior managers were filled by diverse candidates.

Our objective is to achieve at least 30% diversity in our workforce.

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**NATIONAL BOARD DIVERSITY**

- Non Diverse
- Diverse
  - includes diversity based on gender, race and ethnicity, veteran status, people with disabilities, and LGBTQ+ people.

58%
PROMOTING EMPLOYEE HEALTH AND WELL-BEING

The events of the past two-plus years have emphasized that health is everyone’s business. We’re helping lead the way in improving employee health and well-being equitably, both as an employer and by convening and empowering others.

We encourage businesses to participate in our Workplace Health Achievement Index, a voluntary scorecard that measures the comprehensiveness of a business’ culture of health and well-being based on scientific and industry best practices. We recently relaunched the index as the Workforce Well-being Scorecard to reflect new science related to mental health, well-being, health equity and burnout prevention. The scorecard, which recognizes organizations from “Bronze” to “Platinum,” also includes best practices that address health promotion and wellness, paid family and medical leave, health insurance, equality, diversity, fairness, financial literacy, pay practices, physical environment and community involvement.

Our objective is to achieve “Platinum” status on the Workforce Well-being Scorecard.

Since its inception in 2016, the index has reached over 2,000 companies. In 2021, 627 companies, including the AHA, completed the index, reaching more than 4 million employees.

Another one of our 10 Commitments also reinforces workplace health and well-being:

OUR COMMITMENT

COLLABORATING with our CEO Roundtable to architect a road map, conceptual framework and related tools for employers to identify and dismantle practices and policies in the workplace that contribute to structural racism and health inequities, all based on the AHA Presidential Advisory Call to Action: Structural Racism as a Fundamental Driver of Health Disparities.
The American Heart Association CEO Roundtable, made up of nearly 50 CEOs from major companies committed to advancing employee health, assembled a writing group composed of experts in health, equity and business to develop the report Driving Health Equity in the Workplace. This report includes actionable strategies and guiding principles that employers can implement no matter where they are in their equity journey. CEO Roundtable companies and other organizations are using these science-backed tools and resources to create healthier, more inclusive workplaces for their teams.

In January 2021, over 2,500 people tuned in as we announced the release of the report during the “Achieving Equitable Health for All” CEO panel that was co-hosted with the Business Roundtable, a nonprofit organization of CEOs of leading companies. On its release, the report had a reach of nearly 100 million people through traditional and social media, and the web page is visited hundreds of times each month.

But publishing the report was only part of this Commitment. Stories, feedback and employee perspectives continue to roll in, and we will keep updating the site and spreading the word because we know improving the health of employees leads to healthier businesses, families and communities.

At the American Heart Association, the message is loud and clear from the very top of the organization: We support our employees’ health journeys, whether through structured programs, resources or simply checking in to see how people are doing. In short, health and well-being are part of the fabric of our work culture.
In fact, we have so many offerings and resources for every aspect of health that all employees can access in our Championing Your Well-Being Guide. Those resources include links and contact information pertaining to physical, social and financial well-being, as well as work-life balance. Here is a brief look at some of those resources:

In terms of **physical well-being**, we offer several ways employees can make simple changes, set smart goals and stay on target. One program provides ways for employees to earn rewards and incentives for completing healthy actions. Other offerings include one-on-one coaching, fitness plans and digital self-management programs.

**Social well-being** opportunities include helping staff give back with one day of paid time off annually to connect with their communities, and offering staff options for social interaction, camaraderie and personal growth through Employee Resource Groups.

For **financial well-being**, we offer retirement plan benefits, including employer contributions that increase based on tenure, matching contributions and free “financial wellness checkups.”

**Mental well-being** is equally important. Staff members can connect with a certified counselor virtually and confidentially, even on evenings and weekends.

We offer **work-life balance** resources such as paid family leave — to provide new parents bonding time and to give employees the flexibility to care for ill family members — and a generous paid time off benefit, including observed holidays each calendar year. We also offer flexible work arrangements, when possible, as an alternative to traditional work schedules.
RESEARCH INVESTMENT

Funding research is a cornerstone of our lifesaving mission. We’re the largest not-for-profit funding source for cardiovascular and cerebrovascular disease research next to the federal government.

While some may view this work solely as medical science, we’ve learned that societal factors are at work well beyond the lab and hospital. Social factors, structural racism and health challenges in rural areas take a heavy toll on a person’s health.

In 2020, an American Heart Association Presidential Advisory called for science-based solutions to structural racism, a fundamental driver of health disparities in the United States. And the very first of our 10 Commitments began making significant changes in what we research and who does that research.

OUR COMMITMENT

INVESTING $100 million in new research programs and grants focused on science-based solutions to health inequities and structural racism. We also will expand diversity-research opportunities for underrepresented racial and ethnic groups in science and medicine through grant funding, STEM programs, and our HBCU and EmPOWERED to Serve Scholars programs.
Aligned with our commitment to addressing inequities, our Research Supplement to Promote Diversity in Science is a mechanism for American Heart Association grant holders to support fellows from underrepresented groups in science. In its first two years, the program supported 36 trainees with a total of more than $3 million.

COMMUNITY INVESTMENT

We’re putting our money where our mission is and investing millions of dollars to deconstruct barriers to equitable health in communities around the country.

In short, we are providing funding to drive change. Specifically, we’re making investments to address significant barriers to health equity through our Social Impact Funds, our community issues campaigns including Voices for Healthy Kids and other community initiatives.

The money we raise and invest goes to organizations or individuals working to improve health in their own communities — which they understand best. So far, we’ve raised more than $32 million through our Social Impact Funds. This has helped drive $246 million in new revenue and investments for under-resourced communities — a return of nearly 7 times our original commitments into Social Impact Funds.

PROGRESS

Here are some results from the second year of that bold Commitment:

• We’ve exceeded the $100 million goal two years early. To date, our total investment in new research programs, grants and support focused on health inequities is $114 million.

• Over 38% of our research funding in fiscal year 2021-22 was related to structural racism, health equity and inclusion.

• We’re rethinking research systems with a focus on equity. For example, we’ve developed an entire research network dedicated to studying high blood pressure prevention in underrepresented populations.

OUR COMMITMENT

Investing in community-led solutions to address health inequity and structural racism. Specifically, we will raise and invest at least $100 million to address the barriers to health equity at the community level through our Social Impact Fund, the Bernard J. Tyson Impact Fund and our community issues campaigns, including Voices for Healthy Kids.
Organizations funded by our Social Impact Funds since 2019 are having an extraordinary impact:

- One million more people have access to health care.
- More than $10 million worth of fresh produce and healthy meals were purchased in communities with food and nutrition insecurity.
- Several thousand people gained access to stable housing, got jobs, or improved educational outcomes leading to economic resilience and poverty reduction.

With support from the Robert Wood Johnson Foundation, Voices for Healthy Kids amplifies the needs and solutions of community leaders in pursuit of equitable health. On the eve of its 10th anniversary year, Voices for Healthy Kids funded dozens of community-based organizations and helped pass 51 public health policies affecting 168 million people across the country in fiscal year 2021-22.

In addition to direct investments, we’re working to reduce social inequities in communities across the country by addressing issues such as blood pressure, tobacco and nutrition security at schools, worksites and clinics. For example, we launched the National Hypertension Control Initiative to reduce high blood pressure, a major risk factor for heart disease and stroke. This initiative built on our existing work with community health centers and community-based organizations to help drive equitable blood pressure control. With a multiyear investment of $32 million and a focus on blood pressure control among Black, Hispanic and Indigenous people, the initiative is part of a multipronged pledge to address health disparities.
We’re working to improve the health of the planet and the whole person, building upon a foundation in science and convening experts to effect change.

HEALTHY FOODS NOW AND IN THE FUTURE

Food is among society’s — and our planet’s — most pressing challenges and opportunities. We need to transform food systems through equity-focused, data-driven innovations to build healthier communities that are less vulnerable to food system disruptions.

Ever wonder how what we eat is influenced by the environment and what this means for our health? We’re delving into those mysteries with the Periodic Table of Food Initiative (PTFI), a science-based approach to providing tools, data and training to ensure equitable access to healthy foods.
The global effort was launched with multiple partners to inform data-driven innovations across the food system. It’s co-managed by the AHA and the Alliance of Bioversity and CIAT, with funding from the Rockefeller Foundation, Foundation for Food & Agriculture Research, Seerave Foundation and Four Fold Foundation.

Using a sustainable food systems approach and the latest technology, the Periodic Table of Food Initiative aims to improve human and planetary health by uncovering what’s in food, how this varies across the food system and the health implications. We are enabling an ecosystem of partners to populate an open-access database representing the world’s food supply.

More precise dietary guidance for communities to reduce heart disease and obesity and more sustainable agricultural that nourishes people and the planet are just a couple of the outcomes we’re anticipating. We aim to share knowledge on what is in food in accessible ways so that all people are empowered to make decisions that help prevent, treat and manage diet-related chronic disease while improving the environment so it continues to nourish humanity.

We also annually convene the Foodscape Innovation™ Summit. We bring together leaders from across the food system — from field to fork — to explore collaborative solutions. Learnings from the summit inform data-driven, cross-sector, coordinated action for the health of people and planet.
We’re working to protect people and the planet from the effects of smoking and vaping. Our Tobacco Centers of Regulatory Science are studying the release of carcinogens into the environment due to the compounds in cigarettes and vaping devices. In addition, access to clean indoor air is a key driver of health. For decades, we’ve joined with partners to help pass comprehensive smoke-free laws that now help protect 67% of the U.S. population from secondhand smoke.

Multiple studies show the critical relationship between ambient air pollution and cardiovascular risk factors, such as high blood pressure. A growing body of knowledge is demonstrating particulate air matter is a driver of health inequities. We’re committed to advancing the science of air quality and its relationship to healthier people and a healthier planet.

By the nature of our work, we don’t have a large environmental footprint. To minimize our impact on the environment, we continue to take many proactive steps such as:

- To reduce energy consumption, we’ve added motion-sensor lighting.
- To reduce emissions, we offer public transportation assistance, flexible work arrangements, and virtual events and meetings where appropriate.
- To reduce waste, we provide water bottle fountains and recycling collection, including our National Technology Recycling Program.

The World Health Organization estimates that nearly 99% of the world’s population is exposed to ambient and household air pollution that exceeds air quality limits and accounts for up to 6.7 million deaths annually and the loss of 147 million healthy life years.
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<td><strong>PURPOSE AND GOVERNANCE</strong></td>
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<td><strong>Governing Purpose</strong></td>
<td>The organization’s stated purpose, as the expression of the means by which an organization proposes solutions to economic, environmental and social issues. This purpose should create value for all stakeholders.</td>
<td>The AHA is a mission-driven organization, rooted in our Guiding Values, and driving toward our 2024 Goal and 10 Commitments. (see p. 4 and 10 Commitments Impact Report.)</td>
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<td><strong>Quality of Governing Body</strong></td>
<td>Composition of the highest governance body by diversity.</td>
<td>The AHA is on a journey to grow the diversity of our volunteer leadership. This includes diversity based on gender, race and ethnicity, veteran status, people with disabilities, and LGBTQ+ people. In the 2021-22 fiscal year, the AHA’s National Board diversity was 58%. (see p. 6)</td>
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<td><strong>Stakeholder Engagement</strong></td>
<td>A summary of the topics that are material to key stakeholders and the organization, how the topics were identified and how the stakeholders were engaged.</td>
<td>The AHA serves a broad range of stakeholders including patients, health care professionals, researchers, business and nongovernmental organization leaders, government officials, donors, volunteers, advocates, community members, and many more. We regularly assess the topics most material to them in various ways such as science councils, community health needs assessments, surveys and other forms of listening. Pages 4-15 of this report summarize those topics and the AHA’s response.</td>
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| **Ethical Behavior** | A description of internal and external mechanisms for seeking advice about ethical and lawful behavior and organizational integrity and reporting concerns about unethical or unlawful behavior and lack of organizational integrity. | • All staff are required to abide by the AHA’s ethics and conflict of interest policies.  
• All staff and volunteers are provided a third-party ethics hotline for anonymous reporting. All reports are fully investigated, mitigated and reported to the AHA’s Ethics Officer.  
• All staff are required to complete workplace harassment prevention training.  
• All staff engaged in the AHA’s international relationships are required to complete global anti-bribery/anti-corruption training.  
• All suppliers are required to abide by the AHA’s Supplier Code of Conduct. |
| **Risk and Opportunity Oversight** | Process to clearly identify the principal material risks and opportunities facing the organization. | • Compliance and Risk Management — The AHA is committed to a culture of compliance and risk management. In conducting the business of the AHA, checks and balances guide staff through appropriate decision-making and risk mitigation. AHA’s corporate relationships are vetted by volunteers on the Corporate Relations Review Committee commissioned by the AHA Board of Directors.  
• Cybersecurity and Data Stewardship — Data privacy and security is a priority for the AHA. Leadership is committed to mitigating cybersecurity risk and addressing changes in regulations and compliance requirements. All new technology project requests and third-party contracts are vetted to ensure controlled data stewardship and cybersecurity. |
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<td><strong>PEOPLE</strong></td>
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<td><strong>OBJECTIVE:</strong> 30% diversity for all staff and managers</td>
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<td>Total percentage of diverse staff and managers at the end of the reporting period.</td>
<td>The AHA is committed to improving diversity, equity and inclusion through policies and practices in place to attract and retain a diversity of people. In the 2021-22 fiscal year, our objective was to achieve at least 30% diversity among all staff and managers. This includes diversity based on race and ethnicity, veteran status, people with disabilities, and LGBTQ+ people. By the end of the 2021-22 fiscal year, we exceeded that objective, with 38% diversity overall and 31% diversity among managers. In terms of gender, more than half of AHA staff are women. The AHA fosters an inclusive environment through initiatives such as employee resource groups, mentoring and training programs. (see p. 5-6; p. 18, Skills for the Future)</td>
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<td>Diversity, Equity and Inclusion</td>
<td>Total percentage of diverse internal and external hires during the reporting period.</td>
<td><strong>OBJECTIVE:</strong> 33% diversity among newly filled positions</td>
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<td>The AHA's objective is to achieve at least 33% staff diversity in newly filled positions. This includes diversity based on race and ethnicity, veteran status, people with disabilities, and LGBTQ+ people. In the 2021-22 fiscal year, we surpassed this objective, with over 46% of the people in all newly filled positions and 38% in newly filled senior manager positions (Executive Director and Vice President and above positions) being diverse. (see p. 5-6)</td>
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<td>Total number and rate of employee turnover during the reporting period.</td>
<td><strong>OBJECTIVE:</strong> Below 20% turnover</td>
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<td>The AHA strives to be a welcoming employer that retains a diverse and inclusive workforce. We monitor our turnover across several dimensions of diversity and have set an objective to maintain turnover below 20% at the Association level. In the 2021-22 fiscal year, we achieved that objective.</td>
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<td>Pay Equality and Living Wage</td>
<td>Policies to ensure all employees receive fair compensation and a living wage.</td>
<td>The AHA is committed to equal pay for equal work. Compensation paid to employees is based upon the AHA-wide salary structure that is consistent for each position relative to its responsibility and authority that is determined to be reasonably competitive with both nonprofit and for-profit peers. All employees make a living wage.</td>
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<td>Child and Forced Labor</td>
<td>Policies to prevent child labor and forced labor.</td>
<td>The AHA prohibits the use of child and forced labor through our policies and procedures. Similar requirements apply to our suppliers through our Supplier Code of Conduct.</td>
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<td>Health and Well-Being</td>
<td>An explanation of how the organization facilitates employees’ access to medical and health care services, and the scope of access provided to employees.</td>
<td><strong>OBJECTIVE:</strong> Achieve platinum recognition on the Workforce Well-being Scorecard</td>
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<td>Employee health, safety and well-being are important to the AHA and our mission. We encourage businesses to participate in the Workforce Well-being Scorecard that measures the comprehensiveness of a business’ culture of health and well-being based on scientific and industry best practices. Organizations are recognized with “Bronze” to “Platinum” achievement levels. In 2021, 627 companies, including the AHA, completed the index, reaching more than 4 million employees. The AHA lives the mission by providing comprehensive health, insurance and wellness benefits to our employees. Furthermore, the AHA provides a variety of well-being programs related to physical, social, mental and work-life balance. The AHA achieved Platinum recognition for the 2021-22 fiscal year. (see p. 7-9)</td>
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| Skills for the Future | Hours of training per person that the organization’s employees have undertaken during the reporting period. Additional resources and opportunities provided for professional development. | The AHA is committed to the professional development of all our employees. This includes resources such as:  
• HeartU: an online learning and skills development platform available to all AHA employees. In the 2021-22 fiscal year, staff completed 22,300 learning hours.  
• “Courageous Conversations” and other training in structural racism and health equity. Over 38 sessions took place in the 2021-22 fiscal year.  
• M.O.R.E. Mentorship program with participation from 6% of employees.  
• Employee Resource Groups with participation from more than 17% of employees.  
The AHA’s Employee Resource Group and M.O.R.E. Mentorship program provide professional development of future leaders by giving staff an opportunity to showcase their leadership skills and enhance their problem-solving and management skills. |
| PROSPERITY          |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Economic Contribution | Total revenue and expenses, covering the basic components for the organization’s operations. | For the 2021-22 fiscal year:  
Total revenue of $881 million including:  
• Public Support: $637 million (including $16 million from government agencies)  
• Other revenue: $244 million  
  » Sales of educational materials: $202 million  
  » Program fees: $107 million  
  » Investment gain (losses), net: ($113 million)  
  » Misc. other revenue: $48 million  
Total expenses of $914 million including:  
• Public Health Education: $263 million  
• Professional Education/Training: $255 million  
• Research: $172 million  
• Community Services: $64 million  
• Supporting Services: $160 million  
Included in the above expenses is $389 million of salaries, taxes and benefits. |
| Financial Investment | Total capital expenditures (CapEx) minus depreciation.                  | Fixed asset capital investments, including those for enterprise strategic technology transformation, totaled $32 million during the 2021-22 fiscal year. Depreciation and amortization for that same period totaled $27 million.                                                                                                                                                                                                                                               |
| Research Investment | Total amount of granted research funding.                              | **OBJECTIVE:** $100 million invested in new research programs and grants focused on science-based solutions to health inequities and structural racism.  

During the 2021-22 fiscal year, the AHA’s total research investment was $155 million. This included an investment of over $59 million in new research programs, grants and support focused on health inequalities and structural racism. Since the 2020-21 fiscal year, the AHA has invested a total of $114 million in new research programs, grants and support focused on health inequalities, surpassing our objective. (see p. 11) |
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| Community Investment      | Total direct investments to equitably improve community health.        | **OBJECTIVE:** Raise and invest $100 million to address the barriers to health equity at the community level by 2024.  
To improve community vitality, the AHA has raised and invested $120 million of support over the last two years, exceeding our objective. During the 2021-22 fiscal year, the AHA invested approximately $72 million in community-led solutions addressing health inequities and structural racism.  
This includes over $7 million supporting community-led solutions through the Bernard J. Tyson Impact Fund and the Social Impact Fund combined. Additionally, through generous donors, the AHA contributed more than $51 million to support various efforts addressing inequities and structural racism through issue-based campaigns in communities across the United States. As part of the Voices for Healthy Kids initiative, the AHA also invested over $4 million to amplify the needs and solutions of community leaders in pursuit of equitable health.  
In addition to direct financial contributions, the AHA is working in thousands of schools, worksites and clinics to help address social inequities in communities. For example, the National Hypertension Control Initiative aims to improve blood pressure control and address health disparities in clinics and communities across the country.  
(see p. 11)                                                                                                                                                                                                                                                                                                                                             |
| PLANET                    | Summary of critical research and collaborative activities connecting environmental and population health. | The AHA is working to improve the health of the planet and the whole person, building upon a foundation in science and convening experts to effect change.  
(see p. 13-15)                                                                                                                                                                                                                                                                                                                                                                                                       |
| Healthy Planet and People | Responsible use and protection of the natural environment through conservation and sustainable practices.  
For all relevant greenhouse gases (GHG), report in metric tons of carbon dioxide equivalent (tCO2e) GHG Protocol Scope 1 and Scope 2 emissions. Estimate and report material upstream and downstream (GHG Protocol Scope 3) emissions where appropriate. | The AHA is on a journey to minimize our environmental impact, including comprehensive recycling programs, commuter/transit benefits and facility improvements for more efficient use of energy and water.  
By the nature of our work, the AHA’s contribution to greenhouse gas emissions is limited. Our current GHG emissions are:  
• Scope 1 and 2: Not material.  
• Scope 3: 738 metric tons for the 2021-22 fiscal year as it relates to employee business travel.                                                                                                                                                                                                                                                                                                                                                         |