The American Heart Association and its thousands of science volunteers are poised to provide urgent support to ensure optimal care for cardiovascular disease patients who contract COVID-19 (coronavirus). The association recognizes the urgency for the approximately 120 million people in the U.S. who have one or more cardiovascular diseases who may be at greater risk for poor outcomes should they contract COVID-19.

“COVID-19 presents us with a compelling challenge and opportunity to fulfill our health care mission to serve, care and protect,” said AHA President Robert A. Harrington, M.D., FAHA, the Arthur L. Bloomfield Professor of Medicine and chair of the Department of Medicine at Stanford University in California.

“In response to the COVID-19 pandemic, the AHA is:

- Recommending strategies to mitigate the spread of COVID-19 as well as preparedness among health care teams to adapt quickly.
- Supporting AHA clinical care volunteers on the front lines of helping patients with COVID-19.
- Monitoring and convening experts to ensure timely and accurate dissemination of the latest COVID-19 evidence to the public, patients, caregivers and health care professionals.
- Collaborating with national and global health colleagues to address urgent clinical care issues as they arise for people with cardiovascular disease.
- Monitoring the impact of COVID-19 on underserved communities and advocating for policies that support equitable health for people living in areas with limited resources.

To combat COVID-19, the AHA will continue to be a catalyst, convener and collaborator with government, public and private partners nationally and around the globe, including the National Institutes of Health, the Centers for Disease Control and Prevention and the World Health Organization. Read the full article.
The American Heart Association in March announced a $2.5 million initiative to fund research aiming to turn around results in a year or less on how COVID-19 affects the heart and brain.

The fast-tracked Cardiovascular Impact Rapid Response Grant program will delve into diagnosing, preventing, treating and clinically managing COVID-19, the disease caused by the coronavirus.

The initiative will fund one national coordinating center and at least 10 project grants of $100,000 each. From more than 700 applications, 12 grant recipients were just announced. Projects will begin by June.

“Approximately 120 million people in the U.S. have one or more cardiovascular diseases, which may place them at higher risk for contracting COVID-19 and experiencing complications of the virus,” said AHA President Robert A. Harrington, M.D., FAHA, the Arthur L. Bloomfield Professor of Medicine and chair of the Department of Medicine at Stanford University in California. “This makes it even more critical that we find out all we can about this disease and urgently work on reducing its impact.”

“We are committed to quickly bringing together and supporting some of the brightest minds in research science and clinical care who are shovel-ready with the laboratories, tools and data resources to immediately begin work on addressing this emergent issue.”

COVID-19 primarily affects the respiratory system. However, several reports in the U.S. and other countries suggest people with high blood pressure, heart disease and history of stroke face higher odds of severe disease and poor outcomes. The mortality rates in COVID-19 patients with these conditions are two to three times higher than in the general population.

Some accounts of the disease have included infected people without underlying complications who develop deadly heart rhythm abnormalities from infection and inflammation that damages heart muscle. Stroke and other brain diseases also have been reported in people with COVID-19 in China.

“I am extremely proud of the agility of our volunteer leadership and of the staff of the American Heart Association that allows us to pivot so quickly to initiate vital research to find much-needed answers in these challenging times,” Harrington said.

Read the full article.
$14 Million in Grants to Focus on Technology Solutions for Heart and Brain Health

The American Heart Association recently announced more than $14 million in scientific research grants for four multidisciplinary teams to create its Strategically Focused Research Network on Health Technologies and Innovation.

The teams will work on developing breakthrough technology solutions to improve outcomes related to heart and brain health, including special projects that will focus on issues related to the COVID-19 pandemic.

“The widespread consumer adoption of health care technology, fueled by increasingly sophisticated technology on digital media including tablets, smartphones and wearable devices, offers a unique outlet to find new solutions to improve health outcomes,” said AHA President Robert A. Harrington, M.D., FAHA, the Arthur L. Bloomfield Professor of Medicine and chair of the Department of Medicine at Stanford University in California.

“As the peer review team moved forward with their selection of the centers for our latest Strategically Focused Research Network right at the onset of the COVID-19 pandemic in the U.S., the association felt this was an incredible opportunity to provide additional support in harnessing new innovations to tackle the challenges that are crippling the nation, and frankly the globe.” (continued)
$14 Million in Grants to Focus on Technology Solutions for Heart and Brain Health (continued)

The projects, which commenced on April 1, are:

- **Active Detection and Decentralized Dynamic Registry to Improve Uptake of Rheumatic Heart Disease Secondary Prevention (ADD-RHD) at Cincinnati Children’s Hospital**: Led by Andrea Beaton, M.D., a pediatric cardiologist, the team will address the global health issue of rheumatic heart disease, which affects more than 40 million people, most living in poor countries or poor areas in wealthier countries. The team will concentrate on getting more people living with rheumatic heart disease into guideline-based care — using technology to find more people with rheumatic heart disease, keep them in care and generate the investment case to scale up national rheumatic heart disease action plans in low-income countries. They’ll also look for early career doctors and scientists who want to help people get better care using technology and educate the next generation in solutions developed to improve global health.

- **Center for Mobile Technologies to Achieve Equity in Cardiovascular Health at Johns Hopkins University in Baltimore**: Led by cardiologist Seth Martin, M.D., M.H.S., and neurologist David Newman-Toker, M.D., Ph.D., the team’s mission is to leverage mobile and wearable technologies to empower patients and clinicians, enhance quality of care, increase value and improve the diagnosis and management of heart diseases and stroke. The collaborative project will span the patient experience to improve care from diagnosis to management. The team will develop and test a smartphone application for stroke diagnosis, following their experience with a goggle-based eye tracking technology in Johns Hopkins’ Armstrong Institute Center for Diagnostic Excellence. On the management side, the team will work on a virtual cardiovascular rehab that builds on the Corrie Health platform to empower patients in guideline-based prevention.

- **Center for Heart Health Technology (H2T): Innovation to Implementation at Stanford University**: The H2T Center is led by Mintu Turakhia, M.D., M.A.S., executive director of Stanford’s Center for Digital Health, associate professor of medicine and a cardiac electrophysiologist at the VA Palo Alto Health Care System. Its mission is to rapidly develop technologies that address unmet needs for heart health, evaluate them quickly and then implement these solutions at scale. The team will address high blood pressure, which affects more than 115 million Americans and costs the U.S. health care system more than $22 billion each year. The team will develop a clinician- and patient-facing digital health system for semi-automated management and evidence-based titration of blood pressure medications.

- **Wearables In Reducing Risk and Enhancing Daily Life-style (WIRED-L) at the University of Michigan**: Led by Brahmajee Nallamothu, M.D., M.P.H., a professor in the Division of Cardiovascular Diseases at the University of Michigan, the team will establish the WIRED-L Center to build and test mobile health (mHealth) apps that leverage wearables such as smartwatches to improve physical activity and nutrition in hypertensive patients. The apps will use “just-in-time-adaptive” digital interventions to deliver notifications to participants when they are most likely to be responsive using contextual information obtained from their devices.

Read the full article.

With the recent launch, the American Heart Association has now invested more than $190 million to establish 12 Strategically Focused Research Networks.
AHA COVID-19 Patient Data Registry to Provide Insights into Care and Adverse Cardiovascular Outcomes

As physicians, scientists and researchers worldwide try to understand the COVID-19 pandemic, the American Heart Association is developing a registry to aggregate data and aid research on the disease, treatment protocols and risk factors linked to adverse cardiovascular outcomes.

COVID-19 can cause serious and sometimes fatal illness, with strong evidence linking the virus to adverse cardiovascular outcomes. Moreover, patients with existing cardiovascular disease or related risk factors may be at higher risk for serious complications from the virus — including death.

“Having sufficient data is the first step to understanding the impact of COVID-19 on cardiovascular health.”

The registry, powered by the AHA’s Get With The Guidelines® (GWTG) hospital quality improvement program, will be available to more than 2,400 hospitals currently participating in a GWTG module starting in May. In addition, aggregate data will be available to researchers through the association’s Institute for Precision Cardiovascular Medicine.

“Having sufficient data is the first step to understanding the impact of COVID-19 on cardiovascular health,” said John Warner, M.D., chair of the quality oversight committee, past AHA president and executive vice president for Health System Affairs at the University of Texas Southwestern Health System in Dallas. “As a trusted resource for data and research, with an entry point in more than 2,400 U.S. hospitals, the American Heart Association is uniquely positioned to gather data quickly and accurately.”

Several studies have reported COVID-19 patients presenting with or developing heart failure, cardiogenic shock, stroke and lethal arrhythmias secondary to the disease. But these studies have lacked structured collection of data — raising concerns about indication bias for most laboratory testing. Further, several of these studies are single-center descriptive assessments, limiting the ability to generalize them.

In response, the AHA’s multicenter registry will collect biomarkers, clinical data and cardiovascular outcomes in COVID-19 patients. The registry will focus on granular data collection from centers that routinely test biomarkers in COVID-19 patients.

Read the full article.

To participate in the registry, contact qualityresearch@heart.org.
AHA Social Impact Fund Providing Support to Combat Social and Economic Barriers to Health

The American Heart Association’s Social Impact Fund provides grants or loans for local organizations, small businesses or individuals to break down social and economic barriers to health. The not-for-profit fund is for programs in rural and urban communities related to issues that can affect a person’s health, such as:

- Social cohesion
- Employment
- Education
- Housing
- Food access

Established a year ago, the fund is needed even more as COVID-19 further imperils vulnerable communities.

To date, we’ve provided more than $12.8 million for 19 organizations that use a bottom-up approach to find solutions with a high rate of return.

To date, we’ve provided more than $12.8 million for 19 organizations that use a bottom-up approach to find solutions with a high rate of return. The fund is currently supporting efforts in Boston, Chicago and Flint, Michigan, for specific periods.

Learn more about how the AHA’s Social Impact Fund is helping people at risk.

Serving Seniors on Chicago’s South Side During COVID-19

As the coronavirus spreads, the specter of hunger looms for low-income seniors sequestered in their homes with no access to meal service.

That’s why Sweet Potato Patch — a nonprofit investee of the American Heart Association’s Social Impact Fund — is delivering free daily meals to 100 senior households in Chicago’s Washington Heights.

Stacey Minor, founder and CEO of Sweet Potato Patch, describes the meals as “healthy with a touch of soul,” including dishes such as spinach-stuffed salmon, gumbo with scallion rice, or rotisserie chicken with black-eyed peas.

With additional funding, the service area will expand to meet demand, Minor said.

Meanwhile, the association is working with the Chicago Housing Authority, Trinity United Church of Christ and other community partners to identify seniors in need, particularly those with underlying health conditions such as heart disease or diabetes.

Read the Chicago Sun-Times article.
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Being Happy is Good for Your Health During COVID-19 Pandemic

Studies show a mind-body connection between psychological and physical well-being, including better cardiovascular health. That connection is reflected in many factors, said Laura Kubzansky, Ph.D., M.P.H., co-director of the Lee Kum Sheung Center for Health and Happiness at the Harvard T.H. Chan School of Public Health in Boston.

“People who have higher psychological well-being are more likely to engage in healthy behaviors, particularly doing more physical activity and eating a healthier diet, and they’re less likely to smoke,” Kubzansky said. “Folks who are happier tend to have better social relationships, and that’s associated with better cardiac health. And they’re better at regulating emotions, so they’re able to manage stress a bit better.”

Kubzansky recently co-authored a meta-analysis of 15 studies of nearly 230,000 people that linked an optimistic mindset to lower risk of heart attack, stroke and death. The 2019 review, published in JAMA Network Open, suggested promoting an optimistic mindset could be good preventive medicine.

“People who have the positive psychology aspect feel more energized and optimistic, and in our preliminary work it appears to be more effective in helping people be active than the goal-setting program alone,” Kubzansky said. “You can enjoy happy moments here and there, but for long-term effects, you really need to sort of change your outlook on a sustained basis.”

The challenge is greater during the COVID-19 pandemic, she said. During social distancing and the rise on social media of #stayhome, people can help spread happiness by chatting on the phone with a family member, friend or neighbor, particularly those who are alone.

“Many people live in really difficult circumstances,” Kubzansky said. “You can’t just say, ‘Be happy.’ That seems naive or flippant. But if people can find even small ways to increase their ability to see the world in a more positive way, that can be very beneficial to their health.”

Read the full article.

Tips on Well-Being and Dealing with Stress

- Use an unexpected change of pace to practice mindful eating.
- Establish a new morning or bedtime routine.
- Manage a stressful circumstance by cleaning up your sleep hygiene or with some tech tweaks.
- Practice loving-kindness meditation.
- Take action to control stress this week.
- Fight stress with healthy habits to manage your circumstance.
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John Cullum, CFP®
(864) 517-2154
john.cullum@heart.org
(AL, DC, FL, GA, LA, MD, MS, NC, PR, SC, TN, VA)

Charlie Goldsmith
(303) 981-6617
charles.goldsmith@heart.org
(AR, CO, OK, NM, TX, WY)

Lauren Iwema, CAP®
(630) 212-7864
lauren.iwema@heart.org
(IA, IL, IN, KS, KY, MI, MN, MO, ND, NE, OH, SD, WI)

Ed Rodbro
(847) 721-8010
ed.rodbro@heart.org
(CT, DE, MA, ME, NJ, NY, PA, RI, VT, WV)

Carl A. Wayne, JD
(818) 919-5556
carl.wayne@heart.org
(AK, AZ, CA, HI, ID, MT, NV, OR, UT, WA)

National Center • 7272 Greenville Avenue • Dallas, TX 75231 • 888-227-5242
Heart.org/AdvisorNetwork • AdvisorNetwork@Heart.org

For more information on COVID-19 and a list of helpful resources, please visit heart.org/coronavirus.

Editor’s note: Because of the rapidly evolving events surrounding the coronavirus, some facts and advice may have changed since publication. Visit heart.org for the latest coverage, and check with the Centers for Disease Control and Prevention and local health officials for the most recent guidance.