

INDUSTRY ADVISORY FORUM

AMERICAN COLLEGE of CARDIOLOGY®

EARLY ACTION, BETTER OUTCOMES: Prevention, Early Diagnosis & Interventions Across the Care Continuum

July 15, 2026

@ACCINTOUCH

#TRANSFORMCVCARE

The ACC Thanks You For Your Partnership!



INDUSTRY ADVISORY FORUM

AMERICAN COLLEGE of CARDIOLOGY

ACC Industry Advisory Forum (2018-2026)

Purpose and Goals:

- Bidirectional dialogue
- Environmental update and trends
- Address mutual challenges
- Share expertise in innovation, technology, and future direction of CV medicine

Past Topics:

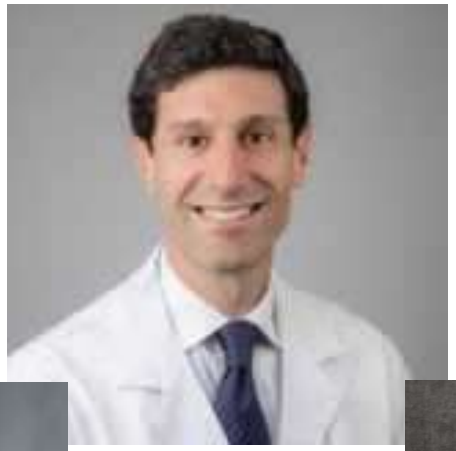
- Health Information & Trust
- CVD in Women
- Implementation Science
- Health Equity & Community Impact
- Diversity in Clinical Trials
- COVID and CV Care
- Advocacy
- Innovation
- Clinical Guidance at the POC

IAF Work Group Members

Edward T.A. Fry, MD, MACC, Chair, IAF



Ty Gluckman, MD, FACC



Jennifer Silva, MD, FACC





Paul Casale, MD, MACC



Modele Ogunniyi, MD, MPH, FACC

IAF December 2025: What We Heard



We Must:

- Meet patients where they are
- Workflow integration is critical

Why ACC:

- Trusted convener
- Implementation supporter
- Leader in standard setting







IAF December 2025: ACC's Response





OpenEvidence

JACC

CVD PLUS

Today's Agenda

9:00 am – 9:20 am	Opening Remarks & Introduction Cathy Gates, ACC CEO & Ty Gluckman, MD, FACC, ACC IAF Work Group Member
9:20 am – 9:40 am	ACC Presidential Update: Why Partnership is Essential to Prevention Roxana Mehran, MD, FACC - ACC President
9:40 am – 9:55 am	ACC Advocacy + Q&A Nick Morse, MBA, ACC Vice President Advocacy
9:55 am – 10:20 am	Keynote: "Calling All Geniuses — Why Prevention & Screening Must Move Upstream" Edward Fry, MD, MACC – IAF Work Group Chair, ACC Past President, ACC Comprehensive CV Prevention Task Force Co-Chair
10:20 am – 10:30 am	BREAK
10:30 am – 11:30 am	Panel 1: Where Prevention Starts - Shifting from 'sick care' to 'healthcare' Goal: Discuss approaches to prevention, screening, and earlier treatment within the policy, primary care and outpatient settings with community engagement. Moderator: Nausheen Akhter, MD, FACC, Associate Professor & Director of Community Partnerships, Northwestern University Feinberg School of Medicine Panelists: • Dick Kovacs, MD, MACC, Chief Medical Officer, ACC - Advocacy & Policy • Andrea Anderson, MD, Med, FAAFP, Associate Chief of the Division of Family Medicine, The George Washington School of Medicine & Health Sciences - Upstream Care • Nyssa Entrekin, MS, RD, Deputy Director, Nutrition Education, The Food Trust - Community Engagement
11:30 am – 12:15 pm	Small Group Discussions and Report Out
12:15 pm – 1:15 pm	Group Picture & LUNCH (60 minutes)
1:15 pm – 2:15 pm	Panel 2: Care Optimization along the Continuum & Leveraging the Care Team Goal: Explore how to enable preventative care at various points along the patient journey. Moderator: Nicole Lohr, MD, FACC, Professor & Director of Cardiology, University of Alabama at Birmingham Panelists: • Ginger Biesbrock DSc, PA-C, MPH, FACC, Sr. Vice President, Advocate Health - Health system implementation & prevention in the workflow • Leslie Davis, PhD, ANP-BC, FACC, Associate Professor, University of North Carolina at Chapel Hill - Transitions of care & ownership along the patient journey • Madeline Sterling, MD, MPH, MSc, Associate Professor of Medicine, Weill Cornell Medicine – Secondary prevention & care beyond the clinic
2:15 pm – 3:00 pm	Small Group Discussions and Report Out
3:00 pm – 3:15 pm	WRAP-UP AND ADJOURNMENT

Materials, Social Media, House Keeping

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Wifi Network: WDC-EVENT
Username: IAFJULY26
Password: IAF_IN_JULY

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PREVENTING CARDIOVASCULAR DISEASE TOGETHER:

Why Collaboration is Key to the Next Era of Prevention

Roxana Mehran, MD, FACC
ACC President

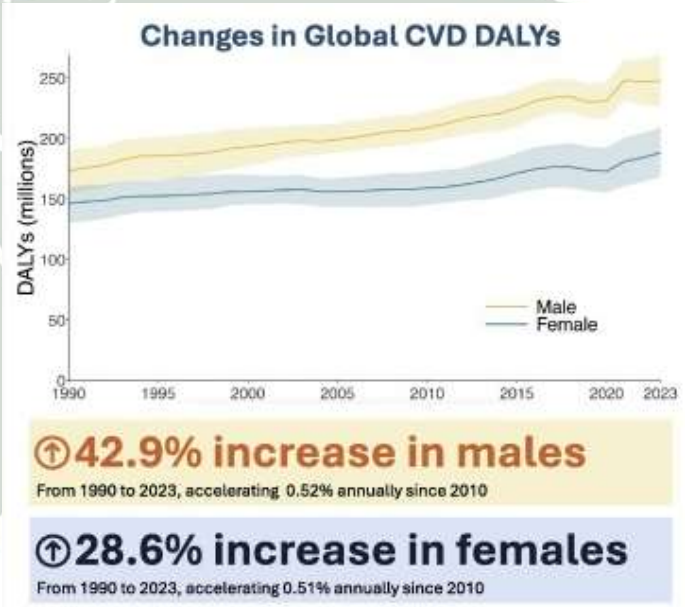
GLOBAL BURDEN OF CVD

Global CVD DALYs rose from 320 million to 437 million (1990–2023) ~ 36% increase

Prevalent cases: More than doubled, from 311 million to 626 million

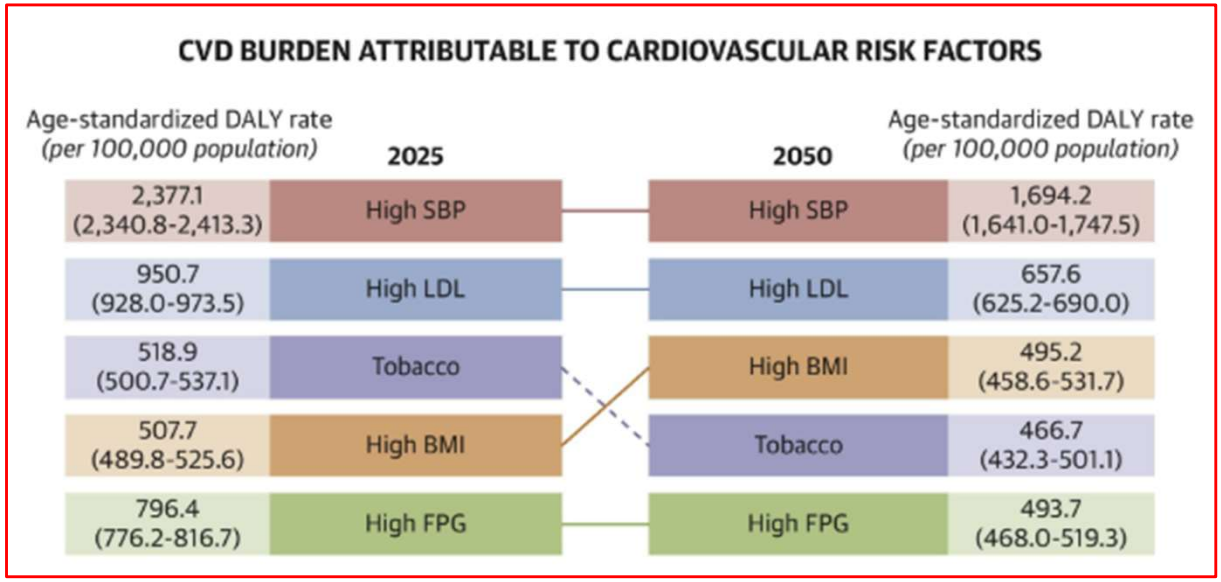
"We cannot improve what we do not measure, and we cannot accelerate progress without a shared understanding of where we are and where we have been."

Harlan M. Krumholz, MD, SM, FACC



Global Burden of Cardiovascular Diseases and Risks 2023 Collaborators. J Am Coll Cardiol. 2025 Dec 2;86(22):2167-2243.

FIGHTING MODIFIABLE CARDIOVASCULAR RISK FACTORS
Projected evolution from 2025 to 2050



Metabolic risk factors combined with continued population aging will remain the primary drivers of increasing CVD burden in coming decades

Chong B, et al. J Am Coll Cardiol. 2025 Jul 22;86(3):165-177

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A ONCE IN A GENERATION OPPORTUNITY

The Future of Prevention Is Predictive, Personalized and Collaborative

- Earlier identification of risk
- Earlier intervention
- More precise prevention
- Better outcomes at scale

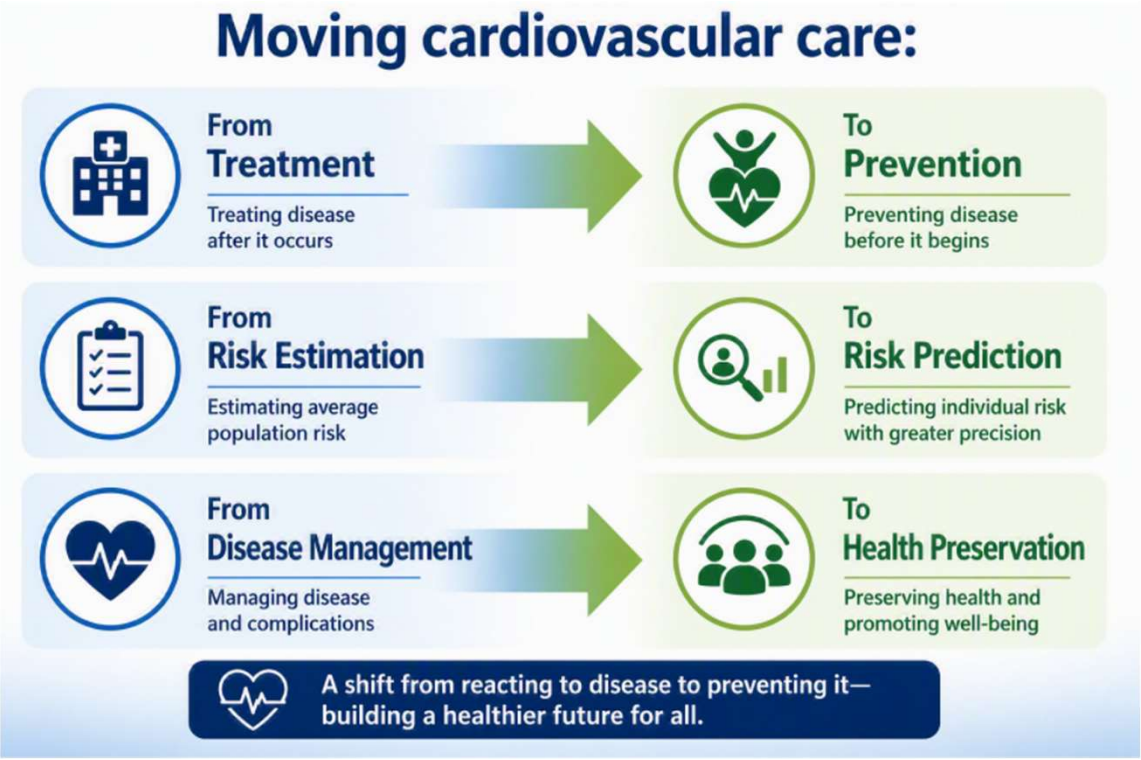


Cardiovascular prevention can no longer be accomplished by any one stakeholder alone.

THE SHIFT FROM RISK ESTIMATION TO RISK PREDICTION

Yesterday:
Estimate Risk

- Population-Based
- Episodic Assessments
- Disease Detected After Progression
- Reactive Interventions



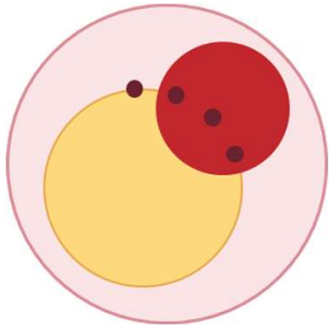
Tomorrow:
Predict Risk

- Individualized
- Continuous Monitoring
- Earlier Detection
- Precision Prevention

→ ULTIMATE GOAL : IMPROVE PREVENTION

THINK OUTSIDE THE BOX TO BRING NEW CONCEPTS

Seeing Beyond the Obvious: A few examples



VULNERABLE PLAQUE

Non-obstructive plaques are not exempt from the risk of rupture



INFLAMMATION

Triggers plaque rupture
→ Towards new therapies



MICROCIRCULATION

Invisible does not mean insignificant

PREVENTION AND INNOVATION

Innovations Transforming Prevention

- Artificial Intelligence
- Genomics & Polygenic Risk Scores
- Advanced Coronary Imaging
- Retinal Imaging
- Wearables & Remote Monitoring
- Multimodal Data Analytics

Together, these technologies create a more complete understanding of risk.

Prevention Ecosystem

A connected approach to preventing cardiovascular disease



PREVENTION AND THE ACC

ACC's Prevention Strategy Spans:

- Science
- Education
- Advocacy
- Professional Development
- Innovation
- Strategic Collaborations

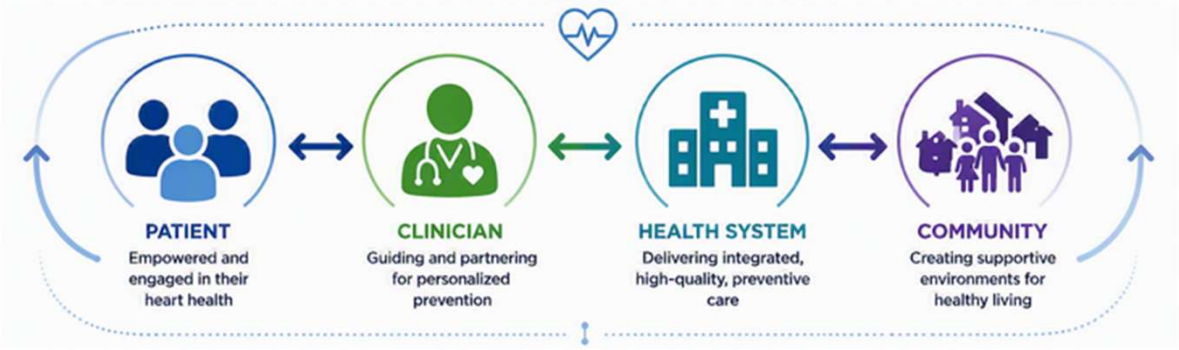


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ACC AS A CONVENER:
TRANSFORMING INNOVATION INTO IMPACT

ACC Connects:

- Clinicians
- Researchers
- Health Systems
- Industry
- Patients
- Regulators
- Policymakers



OPPORTUNITIES FOR COLLABORATION

Industry
- Technology Development
- Evidence Generation
- Responsible Innovation



Researchers
- Discovery & Evaluation
- Clinical Trials
- Real-World Evidence

Health Systems
- Workflow Integration
- Care Delivery Transformation
- Implementation Science

Clinicians
- Adoption & Validation
- Patient Engagement
- Practice Transformation

INNOVATION WITH RESPONSIBILITY

Every Innovation Should Advance:

- ✅ Evidence
- ✅ Equity
- ✅ Transparency
- ✅ Usability
- ✅ Patient-Centered Care



WHAT'S NEXT?

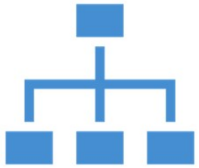
We Must:

- Generate Evidence
- Build Clinical Competencies
- Advance Data Interoperability
- Improve Access & Equity
- Modernize Prevention Policy
- Scale What Works

PREVENTING CV DISEASE IS A TEAM SPORT



Opportunity is extraordinary



Responsibility is shared



The future of prevention will be built through collaboration

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Advocacy Update:
Yes, There Is a Lot Going On

Nick Morse, MBA
ACC DVP, Advocacy

Congress

- Very few days remaining
- Obstacles aplenty
- Bipartisan effort on Medicare payment reform




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LEGISLATIVE
CONFERENCE
OCT. 4 – 6, 2026
SAVE THE DATE
#ACCLegConf

Regulatory Hot Topics



- TAVR NCD Update
- OMB Proposed Rule on Research Funding

NATIONAL ARCHIVES

FEDERAL REGISTER

The Daily Journal of the United States Government

Regulation for Federal Financial Assistance

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Medicare OPPS Proposed Rule

- Site-neutral payment for imaging w/o contrast
- IPO/CPL shift continues
- 340B payment policy
- APC changes
- Payment for software-based medical services



CMS Releases 2027 Medicare Physician Fee Schedule Proposed Rule

Jul 14, 2026

ACC News Story

Save to Library Print Font Size A A A

On this page: Resources

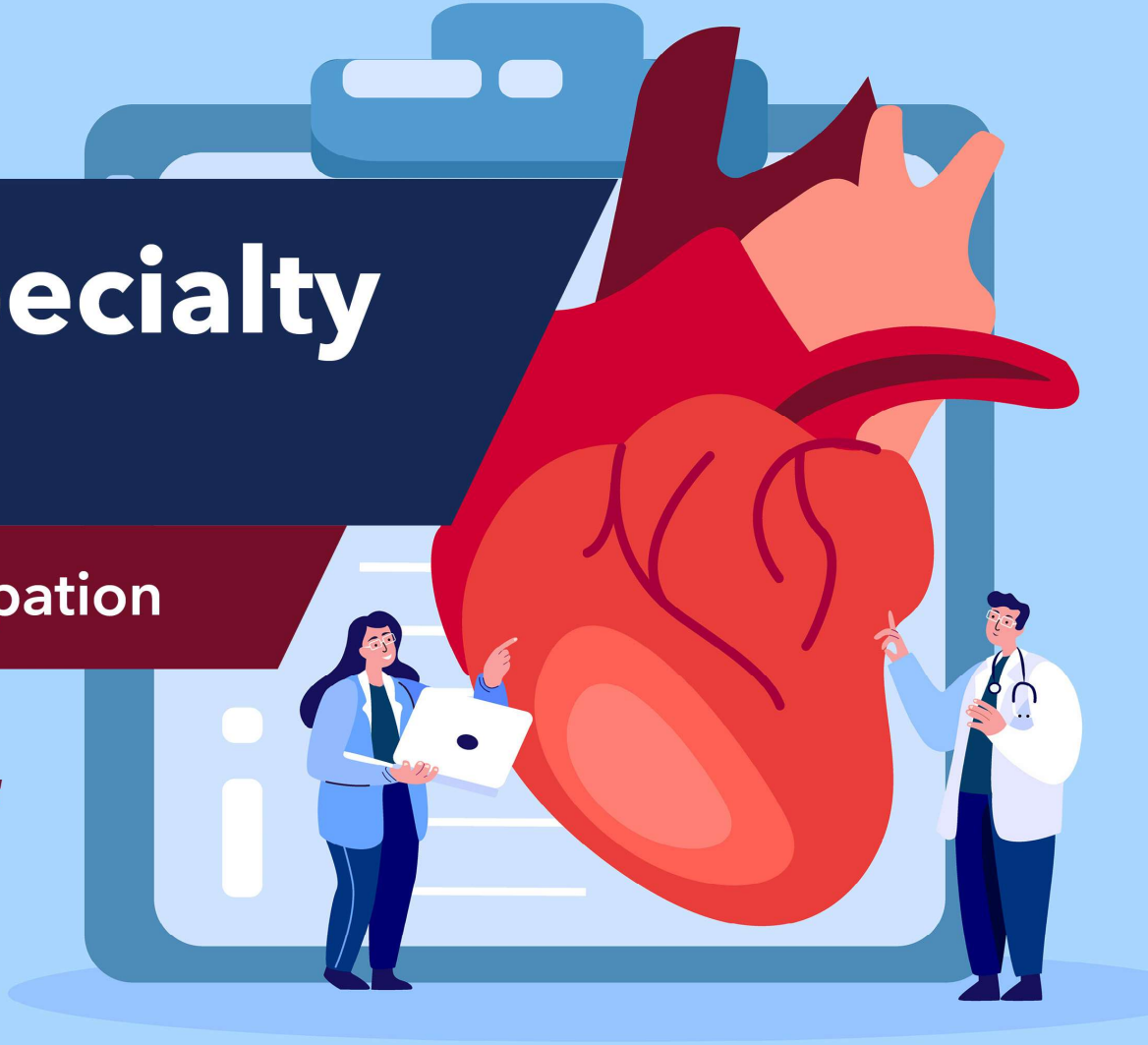
The Centers for Medicare and Medicaid Services (CMS) released the 2027 Medicare Physician Fee Schedule (PFS) proposed rule on July 14, reducing the PFS conversion factor from $33.5675 to $33.1693 for qualifying alternative payment model (APM) participants and from $33.4009 to $32.8409 for non-qualifying APM participants.

- Work, practice expense, liability inputs for CV codes
- Ambulatory Specialty Model (ASM) clarifications
- Reduction for same day E/M
- 2029 MIPS Sunset – Transition to MVPs (proposes Hypertension MVP)
- Redesigning Primary Care RFI

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Ambulatory Specialty Model For HF

Prepare For Mandatory Participation



ACC.org/ASMForHF

Cardiovascular Prevention:

Calling All Geniuses —
Why Prevention & Screening Must Move Upstream

Edward T. A. Fry, MD, MACC, FSCAI, (Hon.) FRCPI

Past President, American College of Cardiology
Chair, Ascension Health CV Service Line
Ascension - St. Vincent Heart Center
Indianapolis, IN, USA

ACC Industry Advisory Forum
Washington, DC
July 15, 2026

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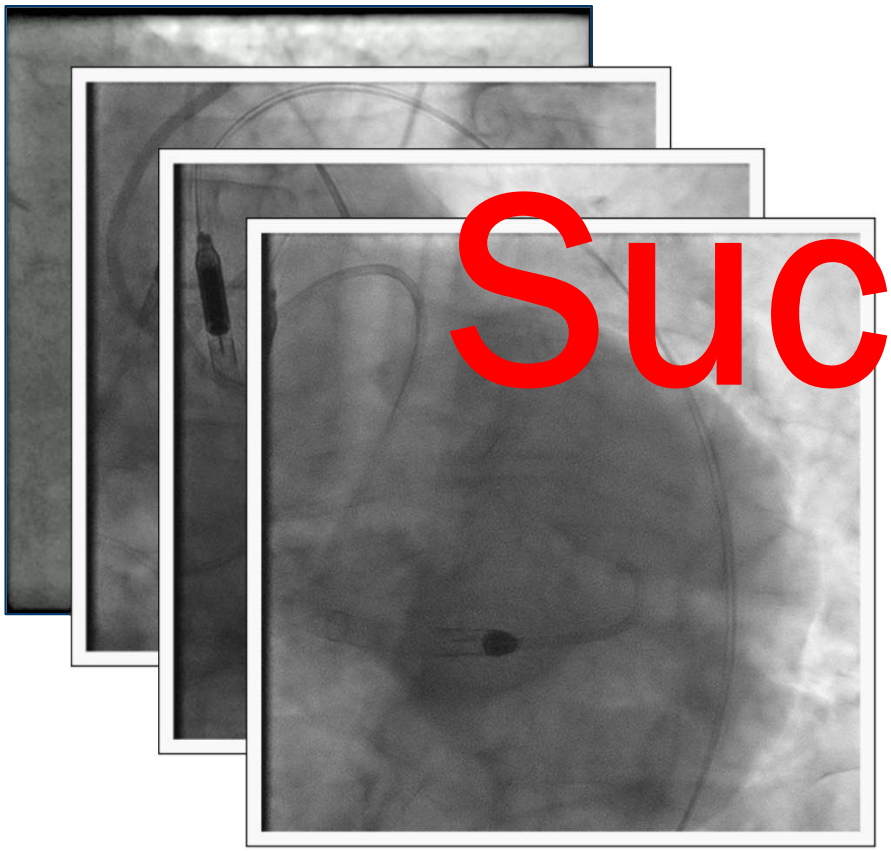
Disclosures

- Former Interventionalist, now “Preventionist”
- Financial
  - Prolocor: Advisory Board
  - SmartWeave: Board of Directors, Equity
  - On-file at acc.org and Ascension Compliance Dept.
- None for this presentation



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Case Study: MI



Success?

- 55 y/o WM
- HTN, HLP, Smoker, Obese, Fam Hx
- Heard Statins cause dementia
- Ran out of meds, No PCP
- One hour of sudden, severe CP
- EKG = Acute MI. Low BP, Shock
- Emergent cath, MCS/PCI/Stent
- Survived, LVEF 25% improved to 50%, D/C'd day 4 on DAPT, BB, ACEi, HD-Statin
- Bill = $100K

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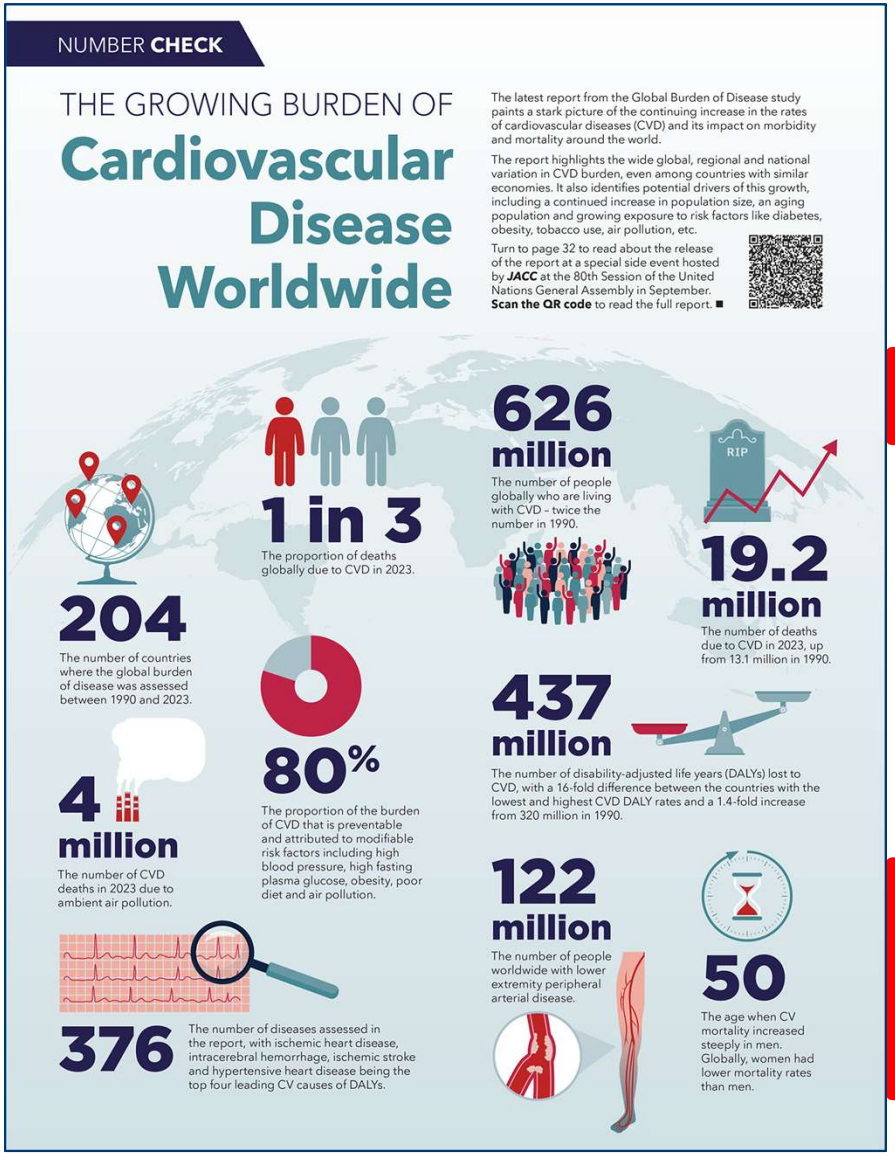
Case Study: MI

Failure

- Failure to Prevent
- Failure of Awareness
- Failure of Access to Care
- Failure to Treat
- Failure to Trust Science



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Increased Clinical Burden

Global Burden of Diseases, Injuries and Risk Factors Study 1990-2023

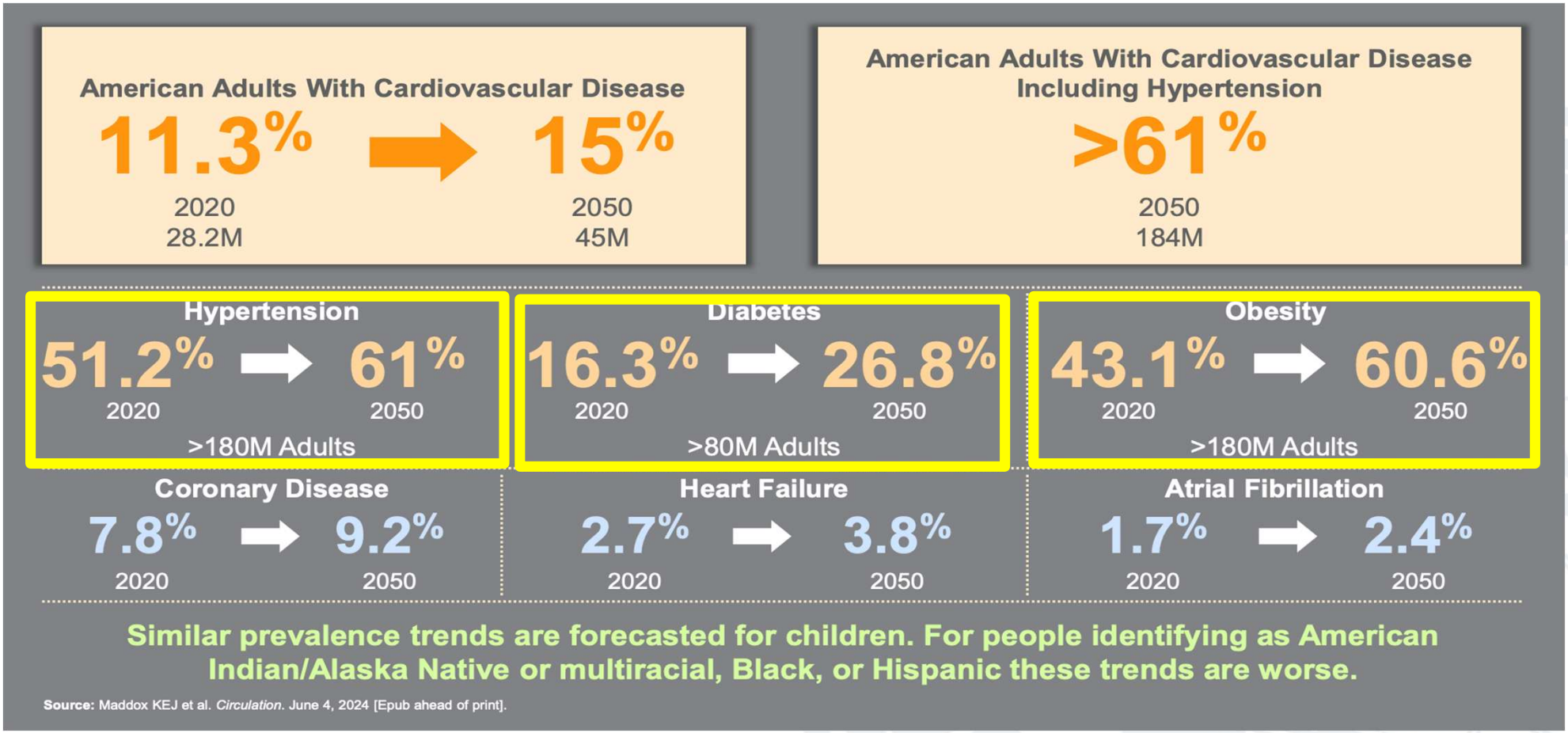
JACC 2025; 86:2167-2243

- CV cases = 626M, up >2x
- CV deaths up 50% to 19.2M per year
  (COVID-19 = 1.9M in 2020)
- 60% are 30-70 years old.
  Male: 43% increase, Female 29%
- IHD accounts for ½ of cases and death
- DALY's 437M, up 40%
- Death rate rising in US + globally driven by Age, Pop. growth, Diabetes, Obesity
- Disparities –In US **and** globally

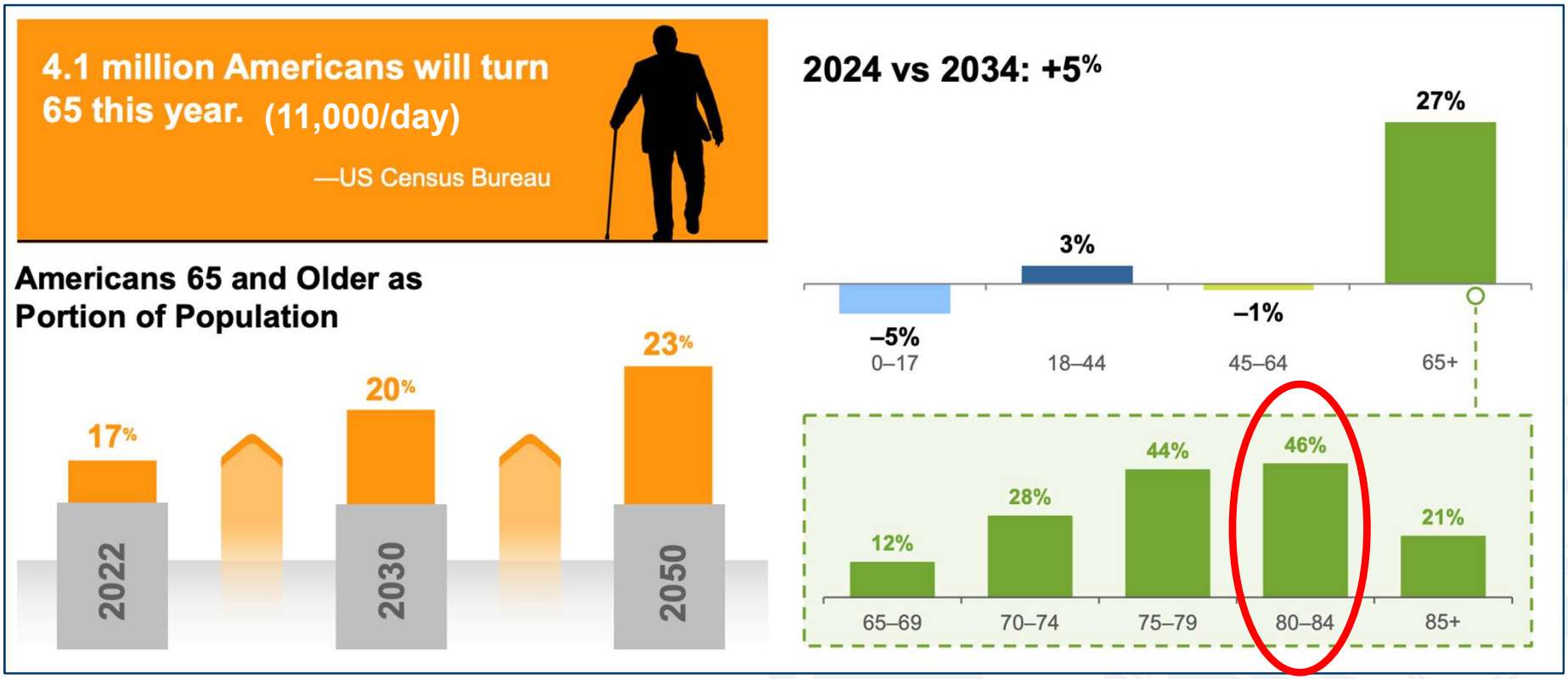
CARDIOLOGY

Demand: Increased Risks

Maddox KEJ, et al. Circulation 2024; on-line June 4, 2024



Demand: "Grey Tsunami" - Aging



2024 U.S. Census Bureau
Sg2: 2024 CV Landscape

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ORIGINAL INVESTIGATIONS

Cardiovascular Disease Projections in the United States Based on the 2020 Census Estimates

Reza Mohebi, MD,[a,b] Chen Chen, PhD,[a,b] Nasrien E. Ibrahim, MD,[c] Cian P. McCarthy, MB, BCh, BAO,[a,b] Hanna K. Gaggin, MD, MPH,[a,b] Daniel E. Singer, MD,[a,b,d] Emily P. Hyle, MD, MSc,[a,b] Jason H. Wasfy, MD, MPhil,[a,b] James L. Januzzi, Jr, MD[a,b,e]

ABSTRACT

BACKGROUND Understanding trends in cardiovascular (CV) risk factors and CV disease according to age, sex, race, and ethnicity is important for policy planning and public health interventions.

OBJECTIVES The goal of this study was to project the number of people with CV risk factors and disease and further explore sex, race, and ethnical disparities.

METHODS The prevalence of CV risk factors (diabetes mellitus, hypertension, dyslipidemia, and obesity) and CV disease (ischemic heart disease, heart failure, myocardial infarction, and stroke) according to age, sex, race, and ethnicity was estimated by using logistic regression models based on 2013-2018 National Health and Nutrition Examination Survey data and further combining them with 2020 U.S. Census projection counts for years 2025-2060.

RESULTS By the year 2060, compared with the year 2025, the number of people with diabetes mellitus will increase by 39.3% (39.2 million [M] to 54.6M), hypertension by 27.2% (127.8M to 162.5M), dyslipidemia by 27.5% (98.6M to 125.7M), and obesity by 18.3% (106.3M to 125.7M). Concurrently, projected prevalence will similarly increase compared with 2025 for ischemic heart disease by 31.1% (21.9M to 28.7M), heart failure by 33.0% (9.7M to 12.9M), myocardial infarction by 30.1% (12.3M to 16.0M), and stroke by 34.3% (10.8M to 14.5M). Among White individuals, the prevalence of CV risk factors and disease is projected to decrease, whereas significant increases are projected in racial and ethnic minorities.

CONCLUSIONS Large future increases in CV risk factors and CV disease prevalence are projected, disproportionately affecting racial and ethnic minorities. Future health policies and public health efforts should take these results into account to provide quality, affordable, and accessible health care. (J Am Coll Cardiol 2022;80:565-578) © 2022 by the American College of Cardiology Foundation.

Mohebi R, et al. JACC 2022;80:565-578

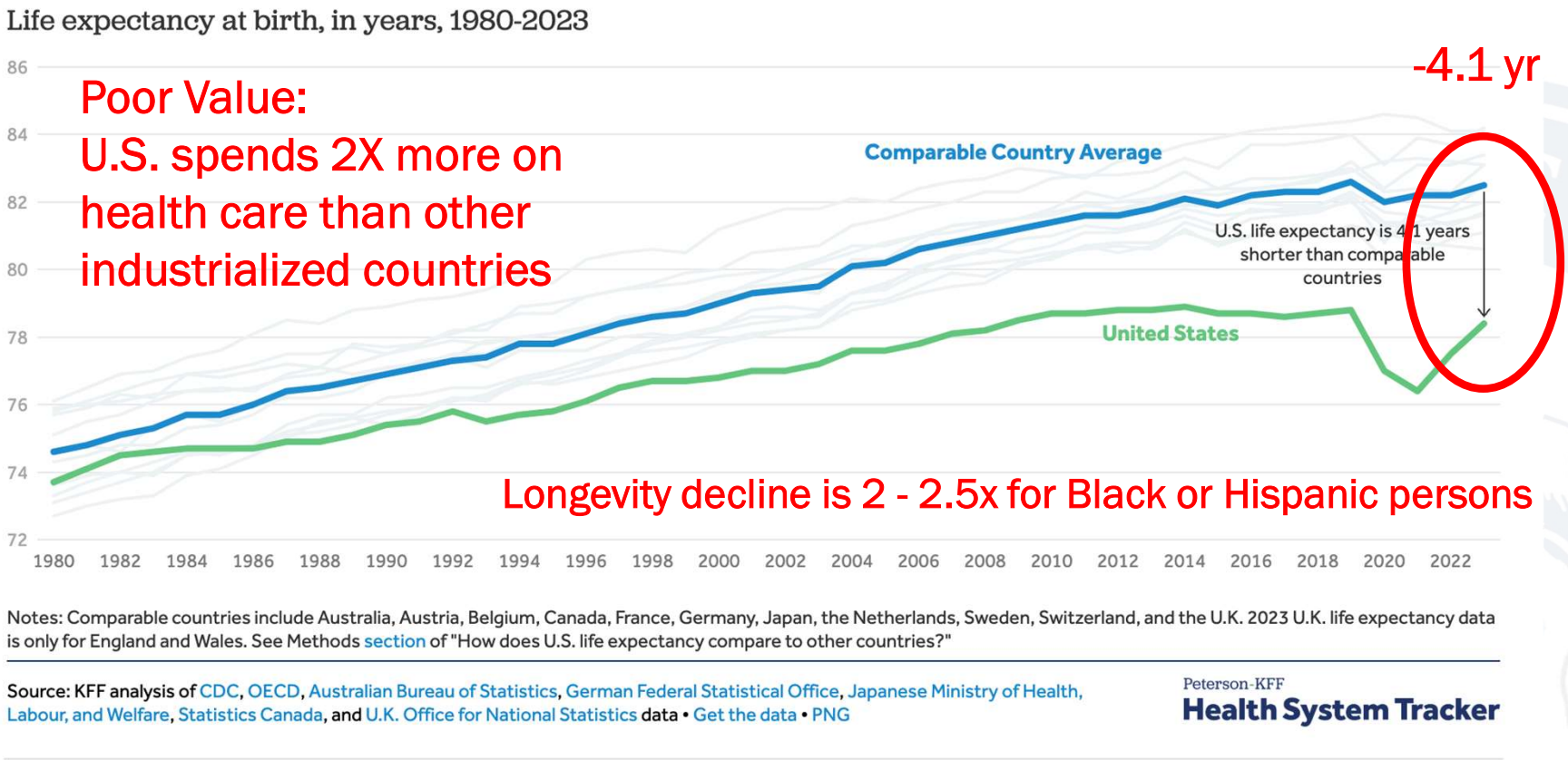
Increasing Burden 2020-2060

- 2013-2018 National Health and Nutrition Examination Survey + 2020 U.S. Census Data
- 2060 Prevalence Increase:
  - IHD: 29 million persons (31%)
  - CHF: 13 million persons (33%)
  - MI: 16 million person (17%)
- Driven by DM>HTN>HLP>Obese

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Life Expectancy: U.S. vs The World

- CV disease
- Obesity
- Diabetes
- Suicide/GSW's
- Opioids
- COVID



Medicare: "Waiting for the Crash"



- Aging Baby Boomers
- Fewer (young) contributors
- Medical >> General Inflation
- US: Total Health Spend $4.5T
  - CMMS: $975B (2022)
  - 15% of U.S. Fed. Budget
- MCTF insolvent by 2035?

Source: CMMS 2023, Congressional Budget Office 2023

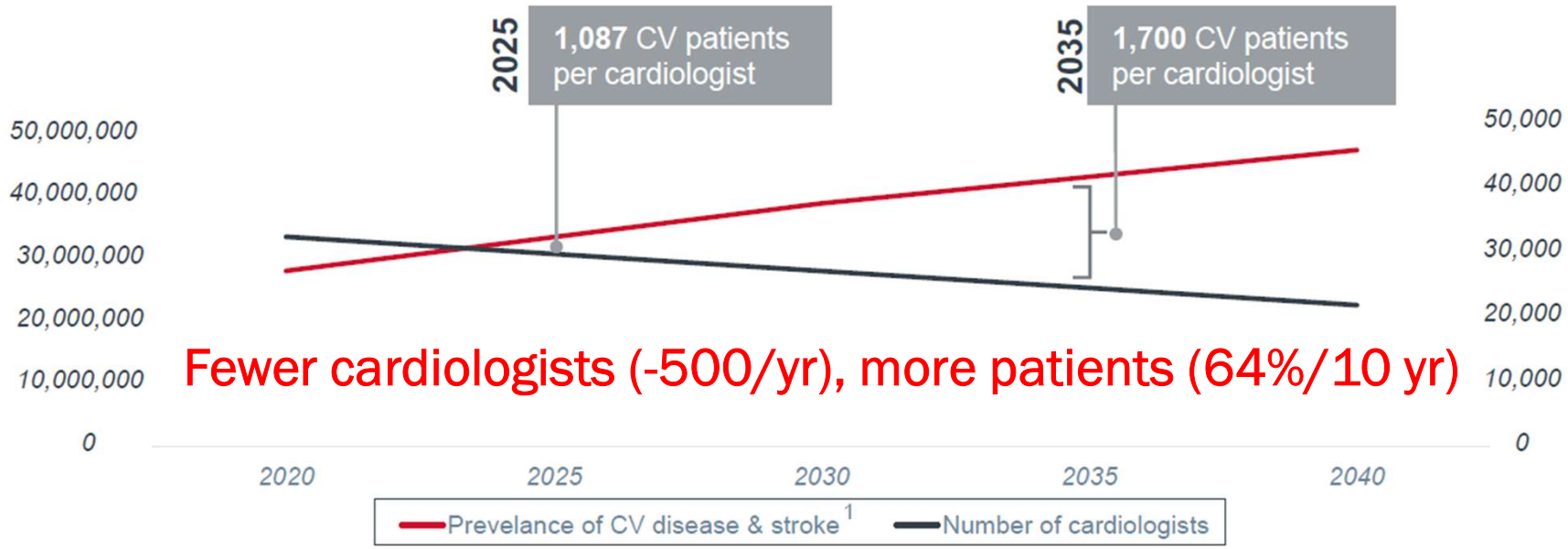
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Workforce Crisis:

CV supply and demand imbalance to intensify by 2035

A look at potential cardiovascular (CV) service demand and cardiologist supply

Projections from American Heart Association, American College of Cardiology, and MedAxiom



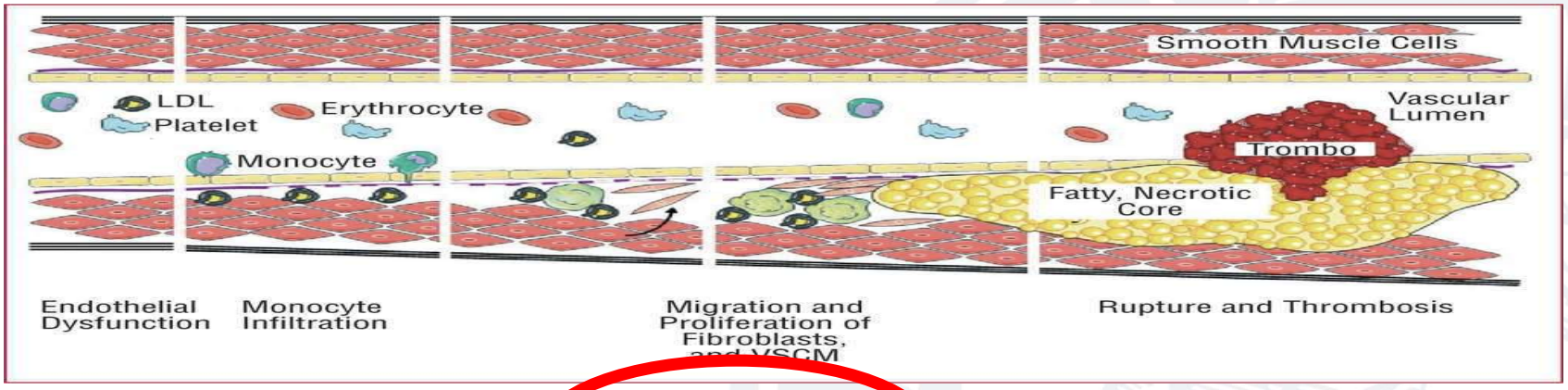
Fewer cardiologists (-500/yr), more patients (64%/10 yr)

1. Maximum projection of total patients with coronary heart disease, heart failure, atrial fibrillation, or stroke.

Sources: Workforce in Crisis: Charting the Path Forward. *ACC*. June 2, 2023. Joynt Maddox, KE, et al. Forecasting the Burden of Cardiovascular Disease and Stroke in the United States Through 2050—Prevalence of Risk Factors and Disease: A Presidential Advisory From the American Heart Association. AHA Journals. June 4, 2024.

Spectrum of Ischemic Heart Disease and Prevention

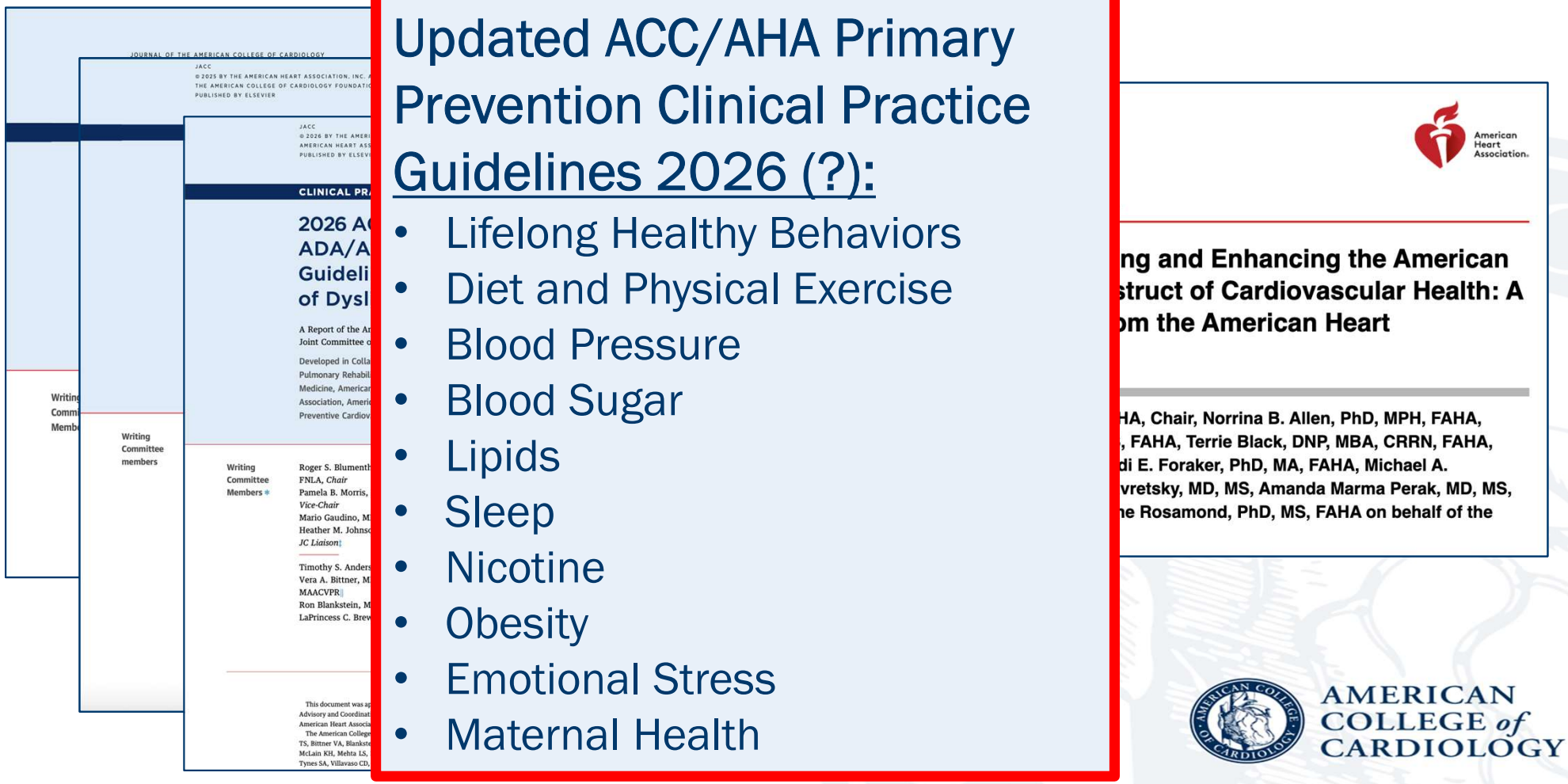
Process:	Risk	Atherosclerosis	Stable Plaque	Unstable Plaque	Thrombosis
Clinical:	At risk	Asymptomatic	Chronic Stable	ACS	Infarction



Primordial Prevention | 1º Prevention | 2º Prevention | 3º Prevention

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Prevention: Clinical Guidance



Updated ACC/AHA Primary Prevention Clinical Practice Guidelines 2026 (?):

- Lifelong Healthy Behaviors
- Diet and Physical Exercise
- Blood Pressure
- Blood Sugar
- Lipids
- Sleep
- Nicotine
- Obesity
- Emotional Stress
- Maternal Health

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ACC POC ASCVD Risk Calculator

CVD Risk Estimator Plus

Estimate 10- and 30-year risks for total CVD, ASCVD, and heart failure, using the combined strength of the new AHA PREVENT™ equations, as well as the previous Pooled Cohort Equations, for reference and comparison.

Access the Web Version >

Find out more >

Download on the App Store

GET IT ON Google play



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Risk: AI and Data Analytics



Move from Population-based risk assessment to personalized assessment:

- Physiologic: Wearables, Implantables
- Health Data: EHR, labs, SDOH's
- 2nd and 3rd order Imaging Analysis: EKG, CT, U/S
- Precision Medicine: Genetics

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CVD Risk – Moving Closer to the Source

“Do I have CAD?” “What’s my risk?”

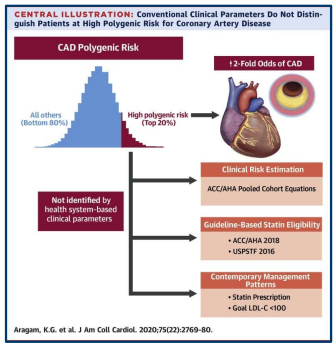
Possible … → Yes/No … → How much … → How bad …

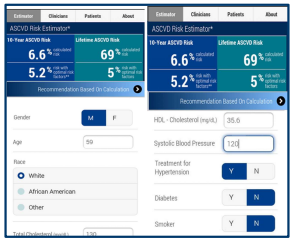
- ASCVD calculators
- Polygenetic Score

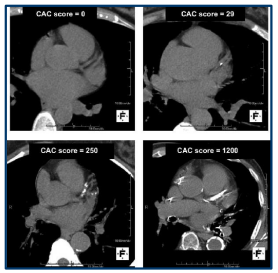
- Calcium Score
- CCTA

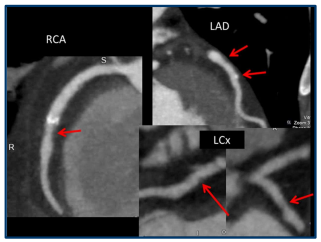
- CCTA-FFR
- IVUS/OCT

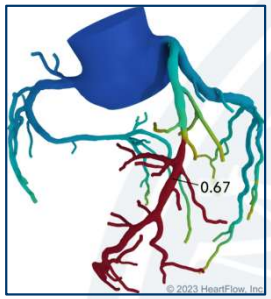
- QCPA: Total Plaque Volume
- Low Attenuation Plaque/TFC

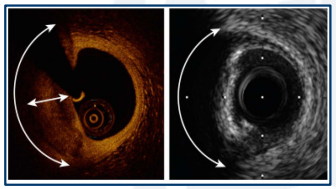


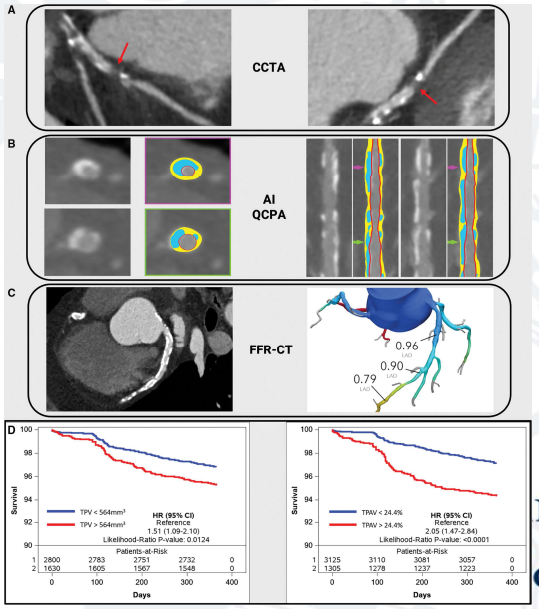












GLP-1 RA's use in Patients at Risk for ASCVD

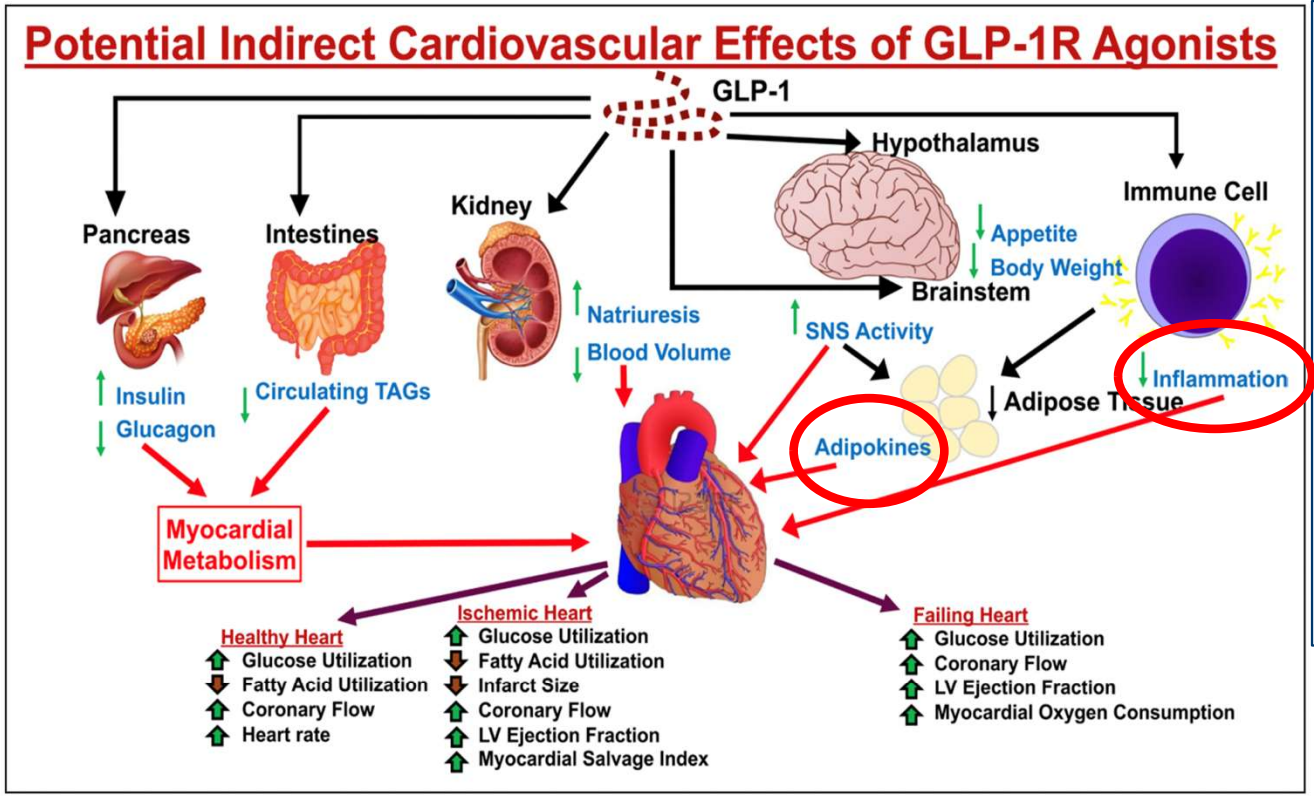


Figure 2. Proposed indirect effects of GLP-1R agonists.
GLP-1 indicates glucagon-like peptide 1; LV, left ventricular; and SNS, sympathetic nervous system.
Adapted with permission from Ussher et al.[135] © 2014 American Heart Association, Inc.

American Heart Association.

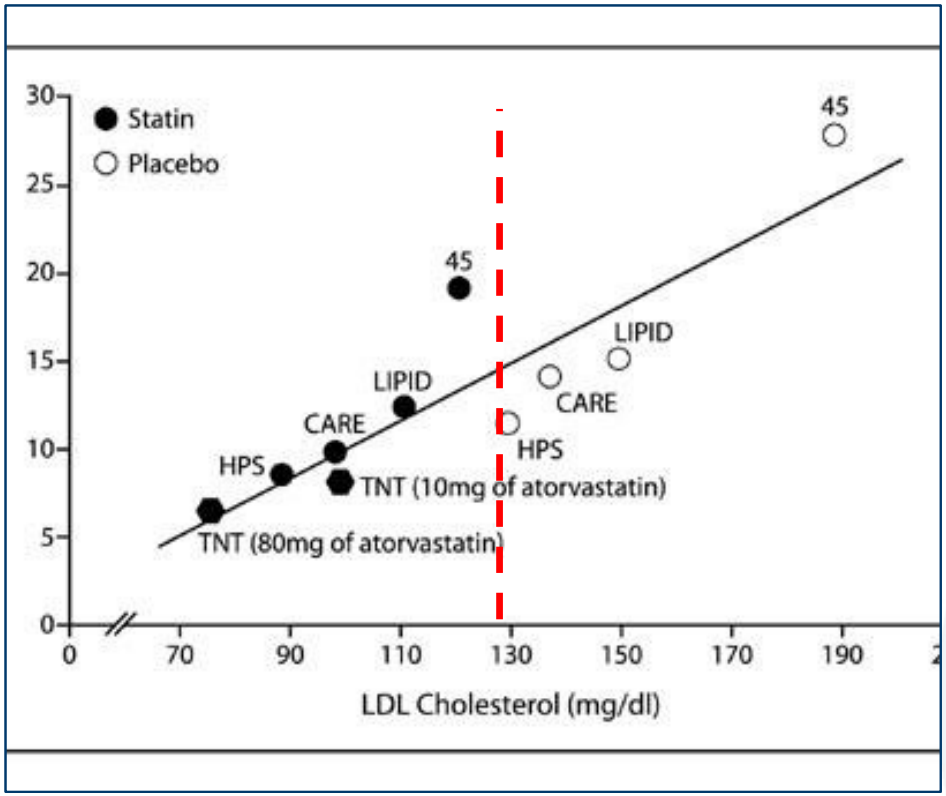
- Class effect? – No
  - Sema-, Lira-, Dula-, Terzep.
- 3-point MACE: RR ~25%
- No CV harm
- NNT (if ASCVD) = 18
- ACC-ECDP/ESC/ADA guidelines in pts with CAD or ASCVDz risks

Sheahan K et al. BMJ/PMJ 2020
https://pmj.bmj.com/content/96/1133/156

Sandeep R. Das et al. J Am Coll Cardiol 2020; 76:1117-1145

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LDL Cholesterol, CV Risk, and Statins

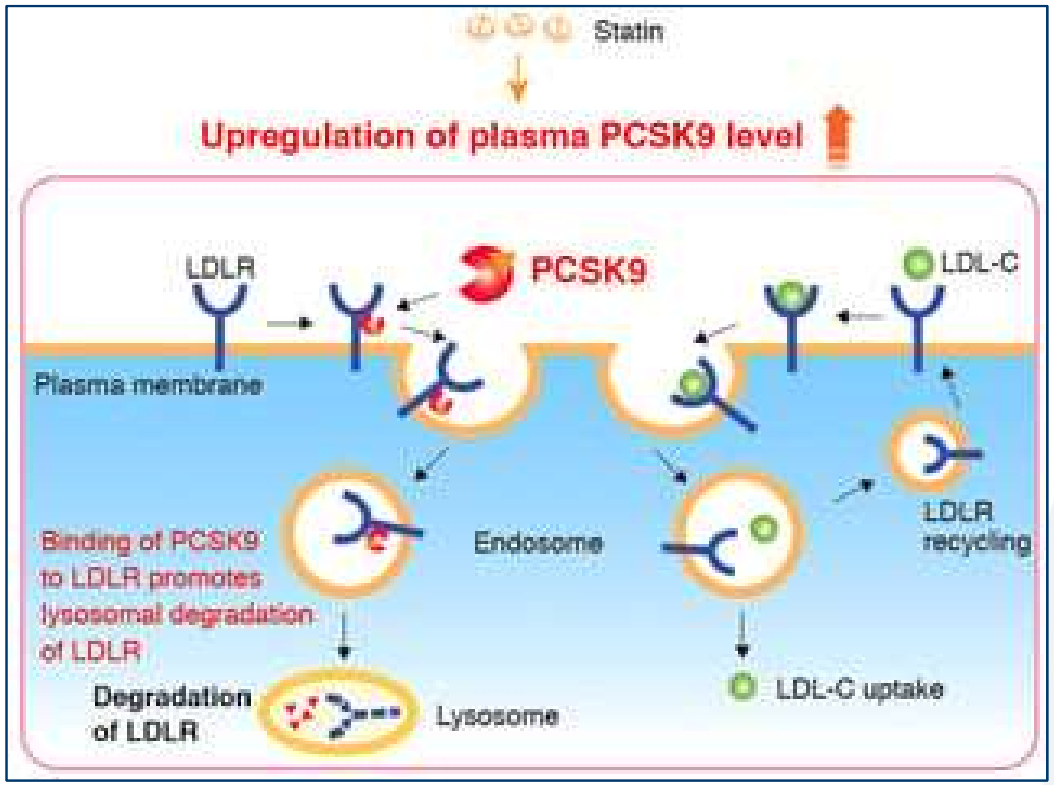


- 1% reduction in LDL translates to 1% reduction in CV events. - Linear.
- Post MI: Lower LDL is associated with lower recurrence, mortality.
- Statins reduce LDL and events safely, effectively.

NCEP Expert Panel. JAMA 2001;285:2486-2497.

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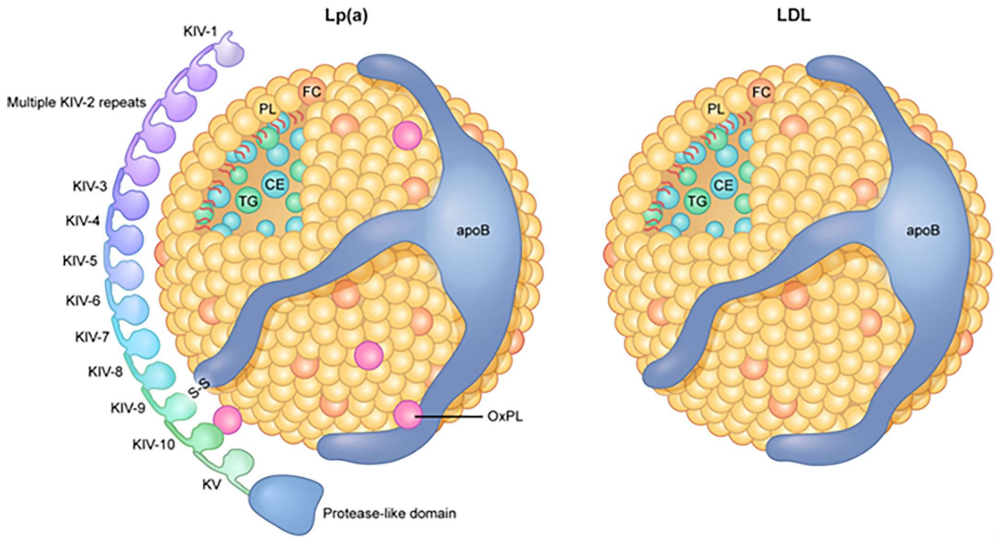
PCSK9-Inhibitors and LDL Cholesterol



- PCSK9 binds to LDL receptor and degrades the receptor
- Inhibiting PCSK9 increases LDL receptors and clearance
- Mechanism discovered in pts lacking the gene for PCSK9
- Drugs: Evolocumab (Repatha) Alirocumab (Praluent)

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Novel CV Risk: Lipoprotein(a) – Lp(a)

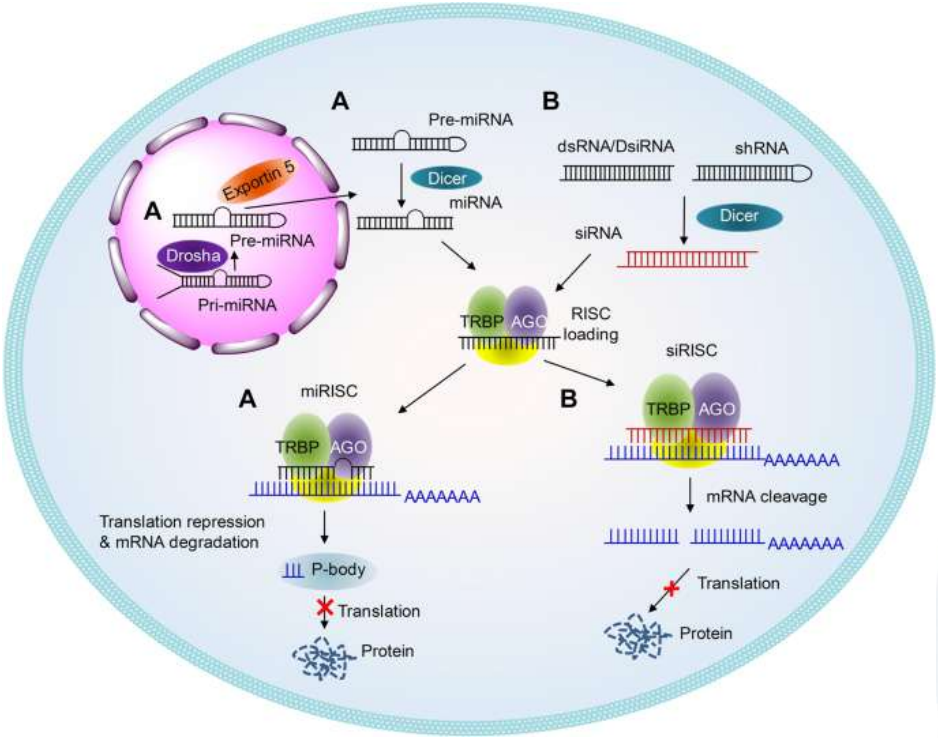


- Elevated levels associated with ASCVD and Aortic Stenosis
- Unique structure: LDL + ApoB + OxPL + Plasminogen kringles (K2) – inhibit fibrinolysis – Thrombosis?
- 20% on pop. have elevated levels
- Pro-inflammatory
- Measure one time (?), cascade
- Current therapy - reduce LDL
- Emerging new treatments

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Volgman AS, JAHA, June 2024. https://doi.org/10.1161/JAHA.123.033654

Small Interfering RNA's: siRNA Concept of Gene "Silencing"



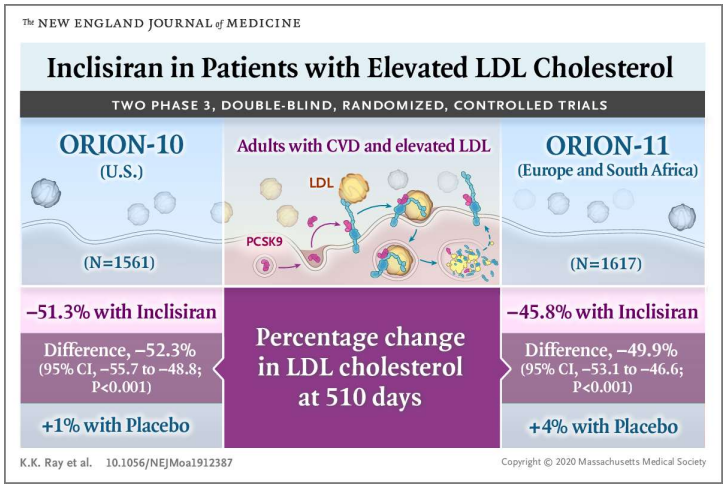
- Natural defense mechanism against exogenous genes
- "RNA Interference" or "silencing" of transcription.
- Leads to degradation of targeted messenger RNA (mRNA) that codes for a specific protein (and function)

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Prevention: siRNA's for PCSK9, Lp(a), BP

ORION-10 and -11 Trails

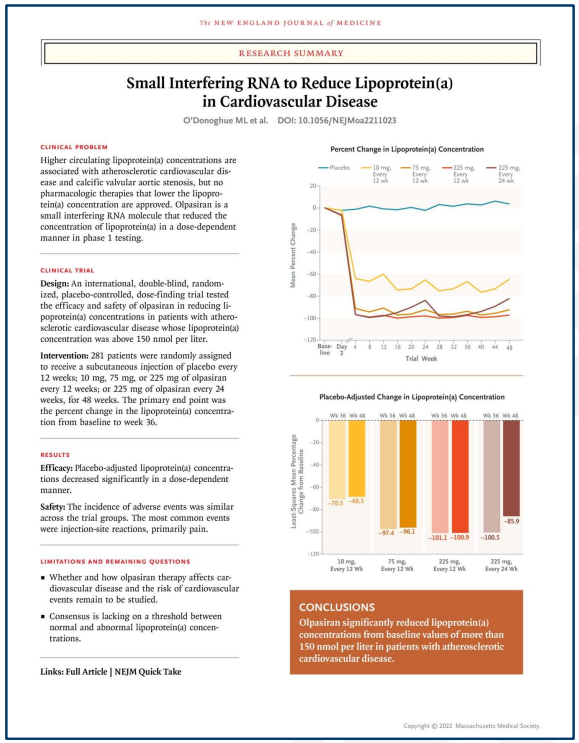
"Vaccine" against LDL?



Inclisiran

OCEAN(a)-DOSE Trial

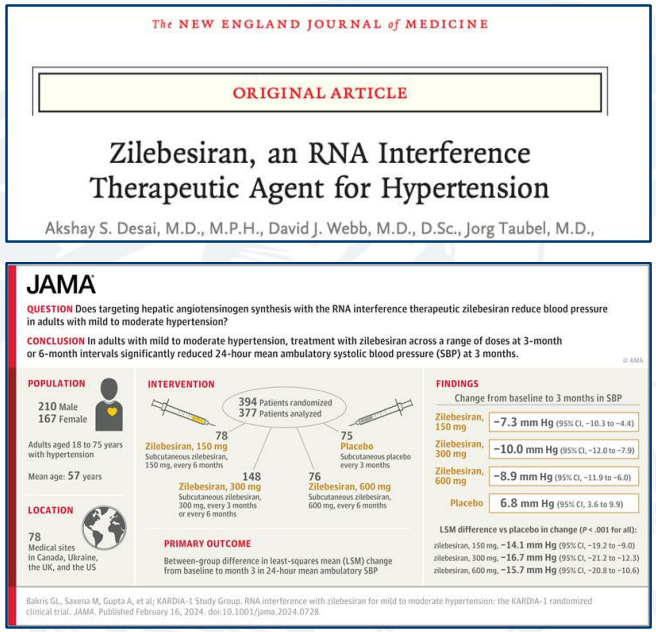
"Vaccine against Lp(a)?"



Olpisiran

KARDIA Trials

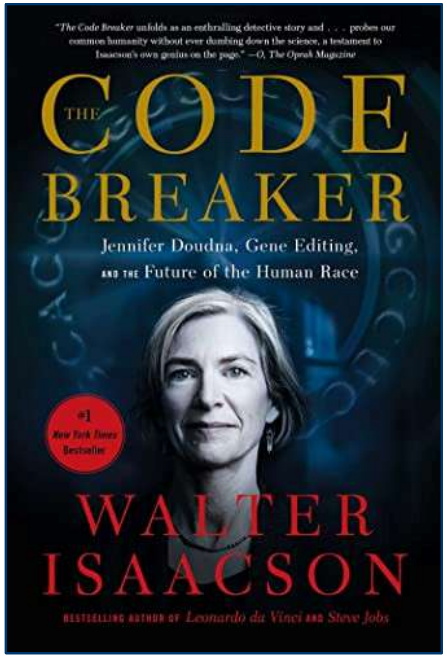
"Vaccine against HTN?"

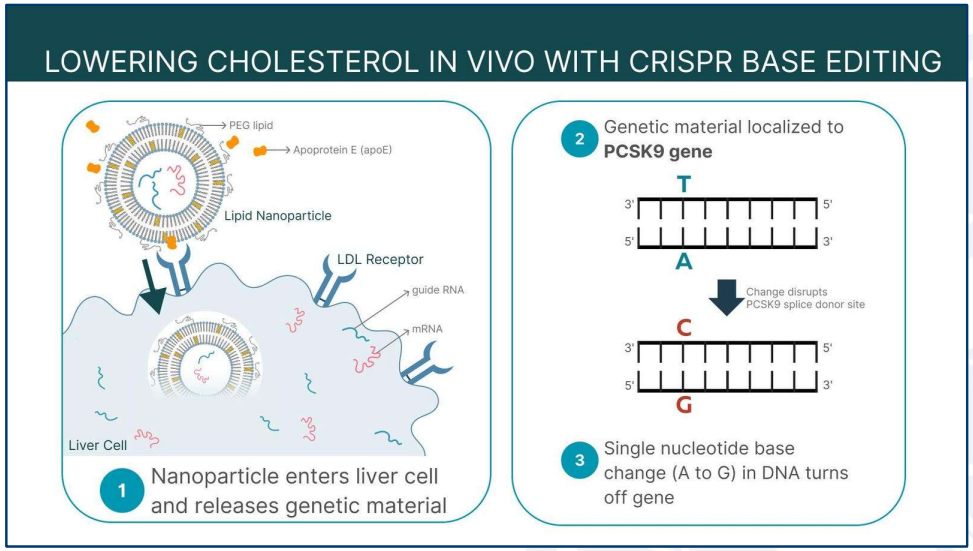


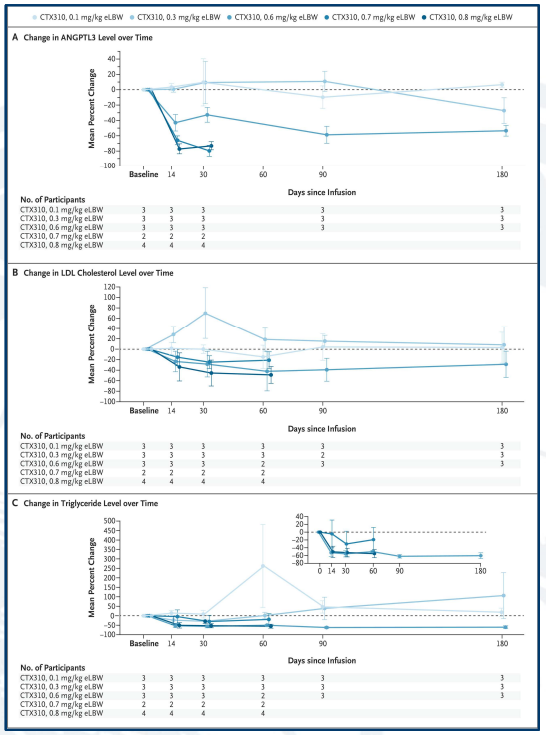
Zilebesiran

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CRISPR Gene Editing:
PCSK9 and ANGPTL-3 genes



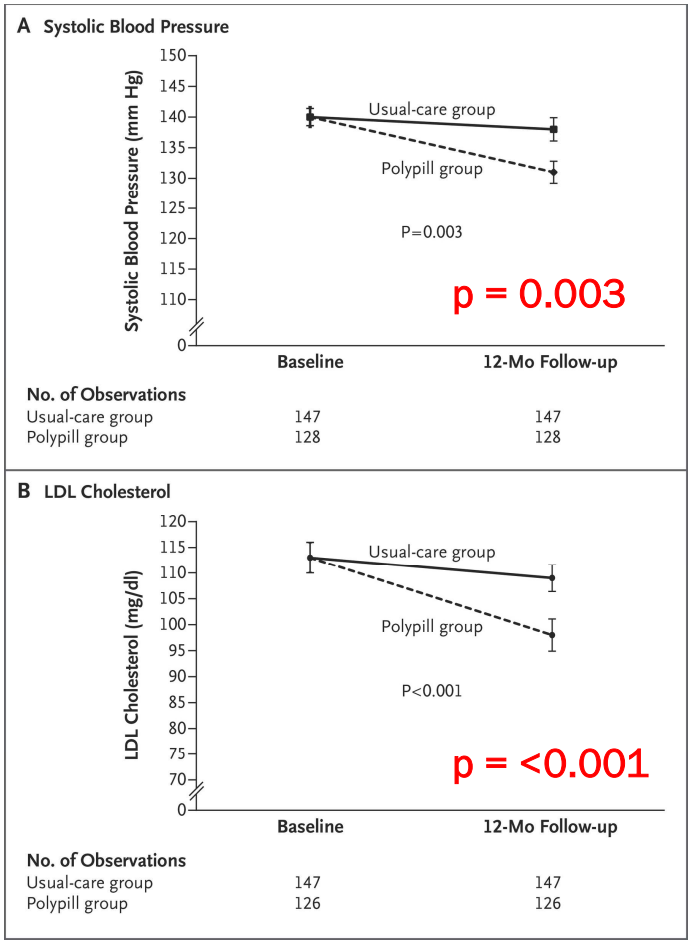




Isaacson, Walter. *The Code Breaker: Jennifer Doudna, Gene Editing, and the Future of the Human Race*. Simon & Schuster, 2021.
Laffin LJ, et al. N Engl J Med 2025;393:2119-2130

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"*Keep it Simple*" - Polypill in CV Prevention



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Munoz D, et al. NEJM 2019. 381:1114-1123

Polypill for Cardiovascular Disease Prevention in an Underserved Population

Daniel Muñoz, M.D., Prince Uzoije, M.D., Cassandra Reynolds, B.S., Roslynn Miller, M.S., David Walkley, Susan Pappalardo, Phyllis Tousey, M.S.P.H., Heather Munro, M.S., Holly Gonzales, M.D., Wenliang Song, M.D., Charles White, M.P.H., William J. Blot, Ph.D., and Thomas J. Wang, M.D.

- 303 pts, randomized, open label. Single FQHC, Alabama, US
- 96% black, 60% Female, Poor 75% (<$15K/yr.)
- No prior CV event, 10 yr ASCVD Risk = 10.7%
- PolyPill (Atorvastatin 10 mg, Amlodipine 2.5 mg, Losartan 25 mg, HCTZ 12.5 mg) vs Usual Care
- SBP: -9 vs -2 mm, LDL: -15 vs -4
- Advantages: access, cost, compliance, rapid, effective
- 91% compliance with PolyPill

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Wadhera RK, et al. JACC Jan. 1, 2026

CV Risks: Two Steps Froward, … Two Steps Back

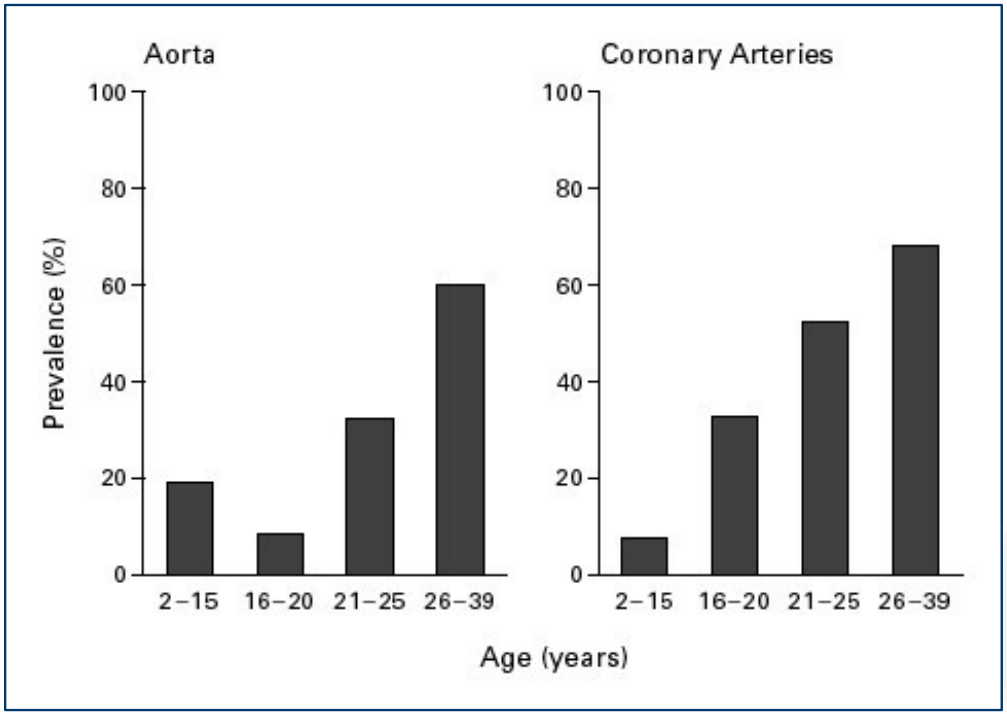
- Tobacco use declining*
  - Use 2x in low-income adults
  - *Not counting e-Cig or non-Tob smoking
- LDL lowering improved
  - Mean LDL down, but <1/2 of pop. at goal
- ~50% are Obese, increasing
  - Black and Hispanic > White, M = F
- Diabetes – increasing
  - Young, Black, Poor

Implementation Failure?

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ASCVD Starts Early

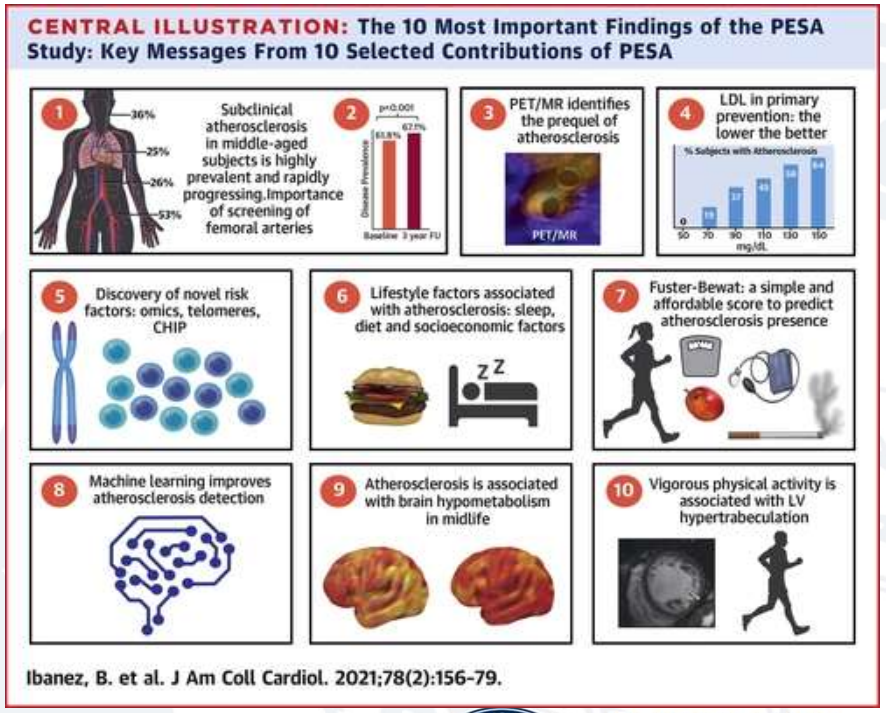
Bogalusa Heart Study



Berenson G, et al. N Engl J Med 1998;338:1650-1656

PESA Study:

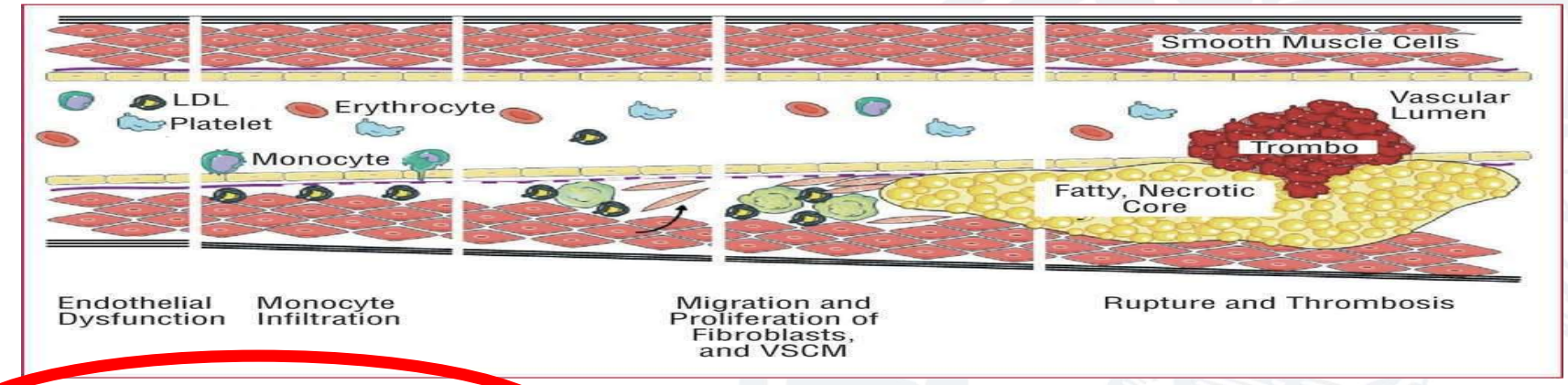
Progression of Early Subclinical Atherosclerosis



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Spectrum of Ischemic Heart Disease and Prevention

Process:	Risk	Atherosclerosis	Stable Plaque	Unstable Plaque	Thrombosis
Clinical:	At risk	Asymptomatic	Chronic Stable	ACS	Infarction

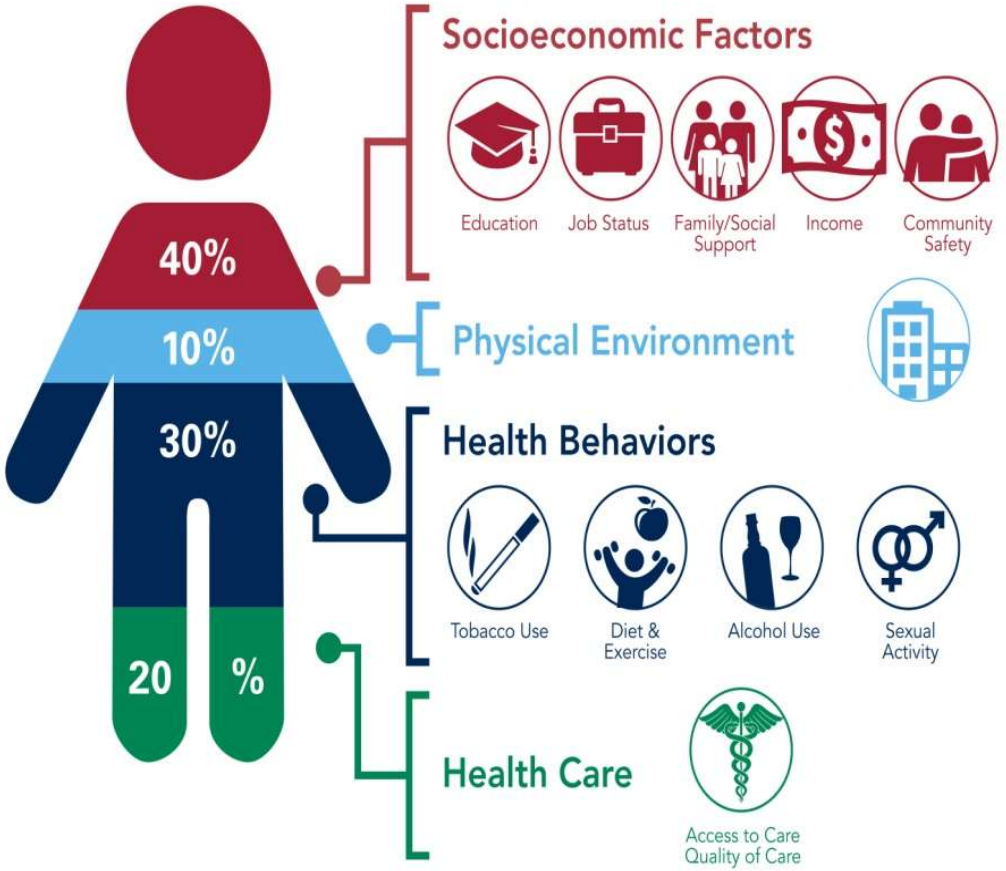


Primordial Prevention | 1º Prevention | 2º Prevention | 3º Prevention

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IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



SDOH Impact

- **20 percent** of a person's health and well-being is related to **access to care** and **quality of services**
- The **physical environment**, **social determinants** and **behavioral factors** drive **80 percent** of health outcomes

20%

80%

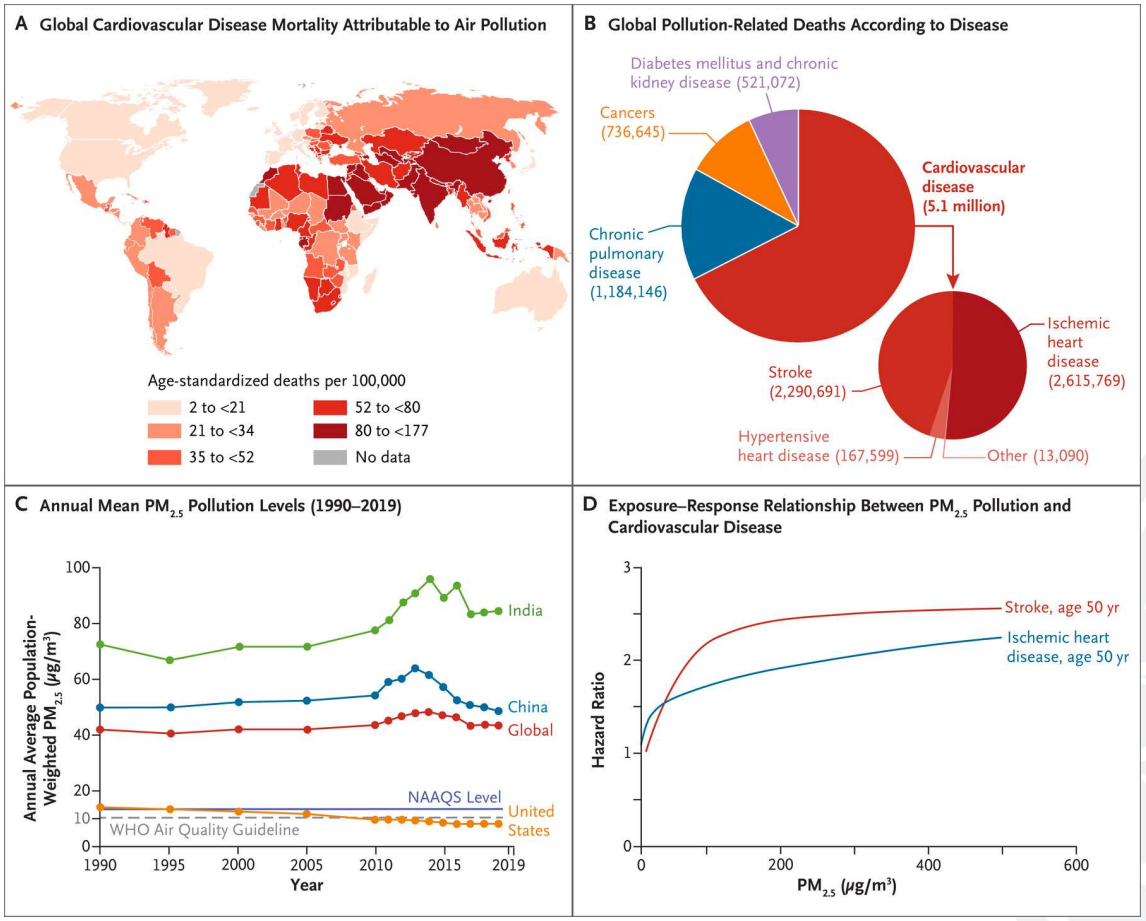
COVID has highlighted the importance of SDOH's on risk and outcomes

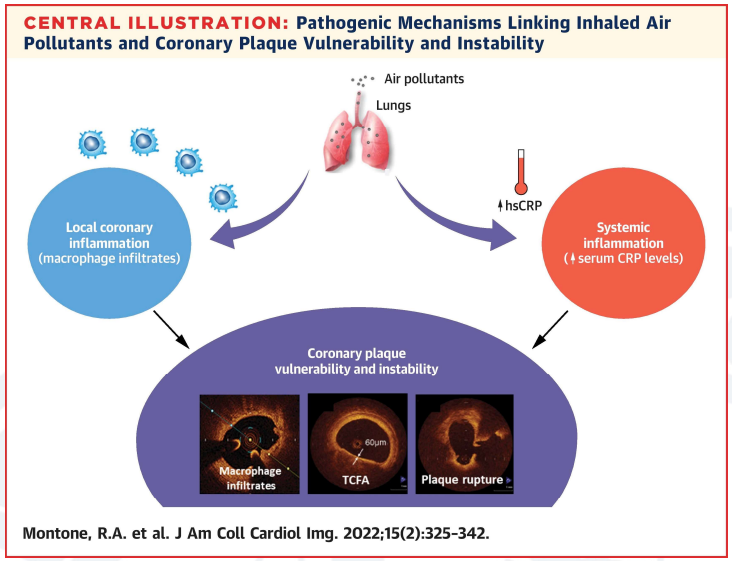
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Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Sol omplex Problems, 2014 Graphic designed by ProMedica.

©2018 American Hospital Association

Prevention: Environment



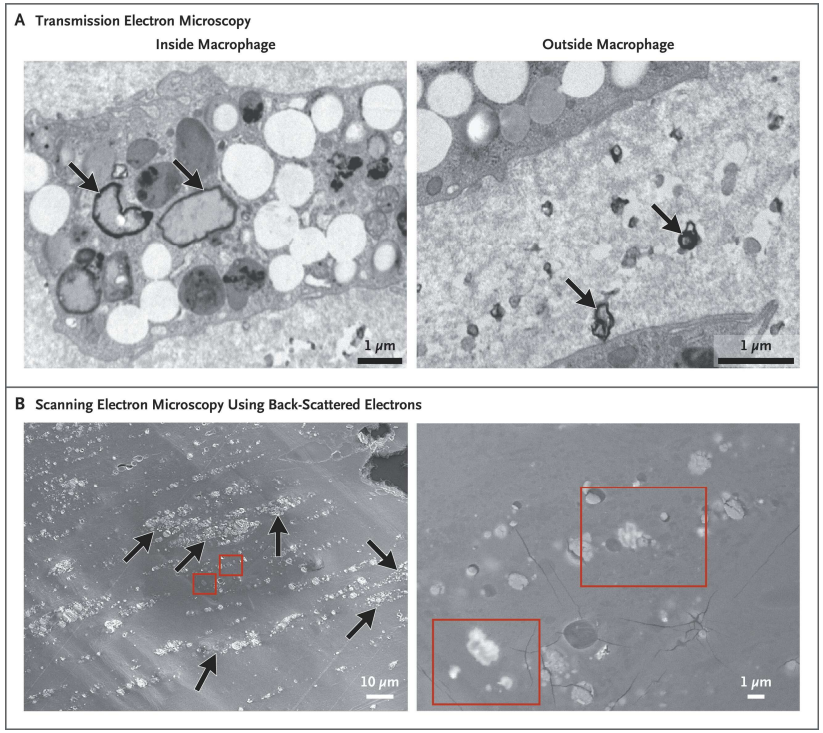


- Fine particulate matter (<2.5 uM)
- Fossil Fuels/Climate Change (fires)
- Environmental toxins/Pollution
- Vascular inflammation

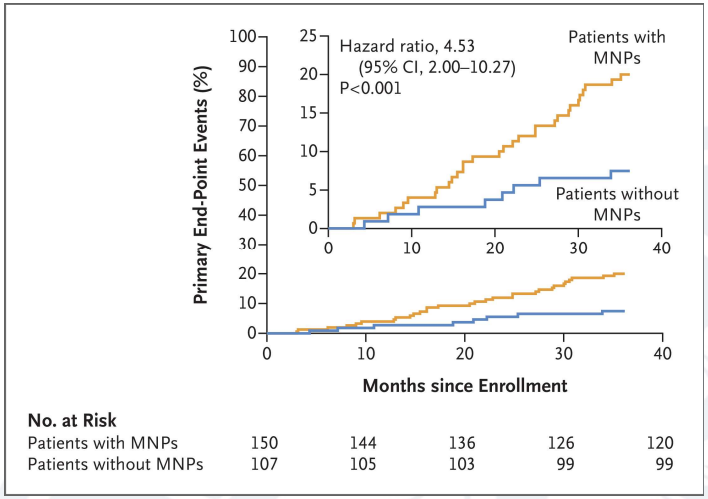
Rajagopalan S, Landrigan PJ. NEJM 2021;385:1881-1892

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Microplastics and Nanoplastics in ASCVDz



Marfella R, et al. N Engl J Med 2024;390:900-910



- 257 patients, Carotid Endarterectomy
- Electron microscopy and mass spectroscopy.
- 58% Polyethylene, 12% Polyvinyl Chloride
- Primary Endpoint: MI, CVA, Death
- RR = 4.5 if MNP present

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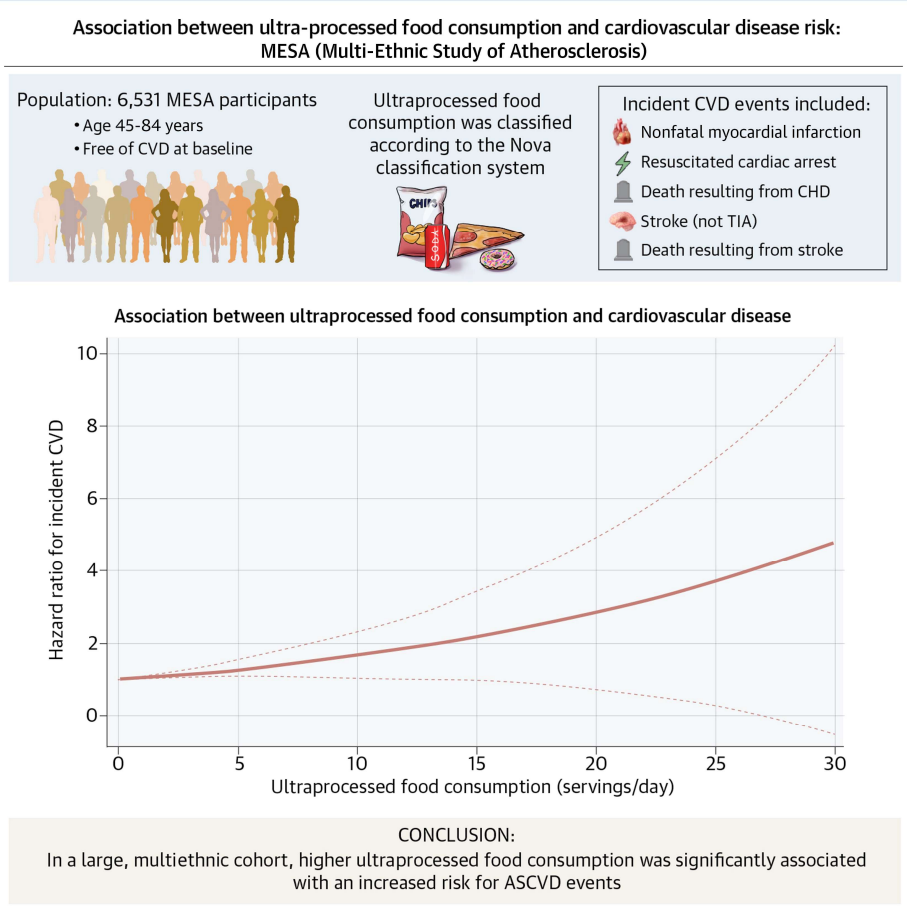
Ultra-processed Foods (UPF) and CV Events

- MESA Cohort, 6814 patients
- No prior CVD
- Intake classified by NOVA

  "Industrial formulations made from from food derived substances and cosmetic food additives with little, if any, whole food.

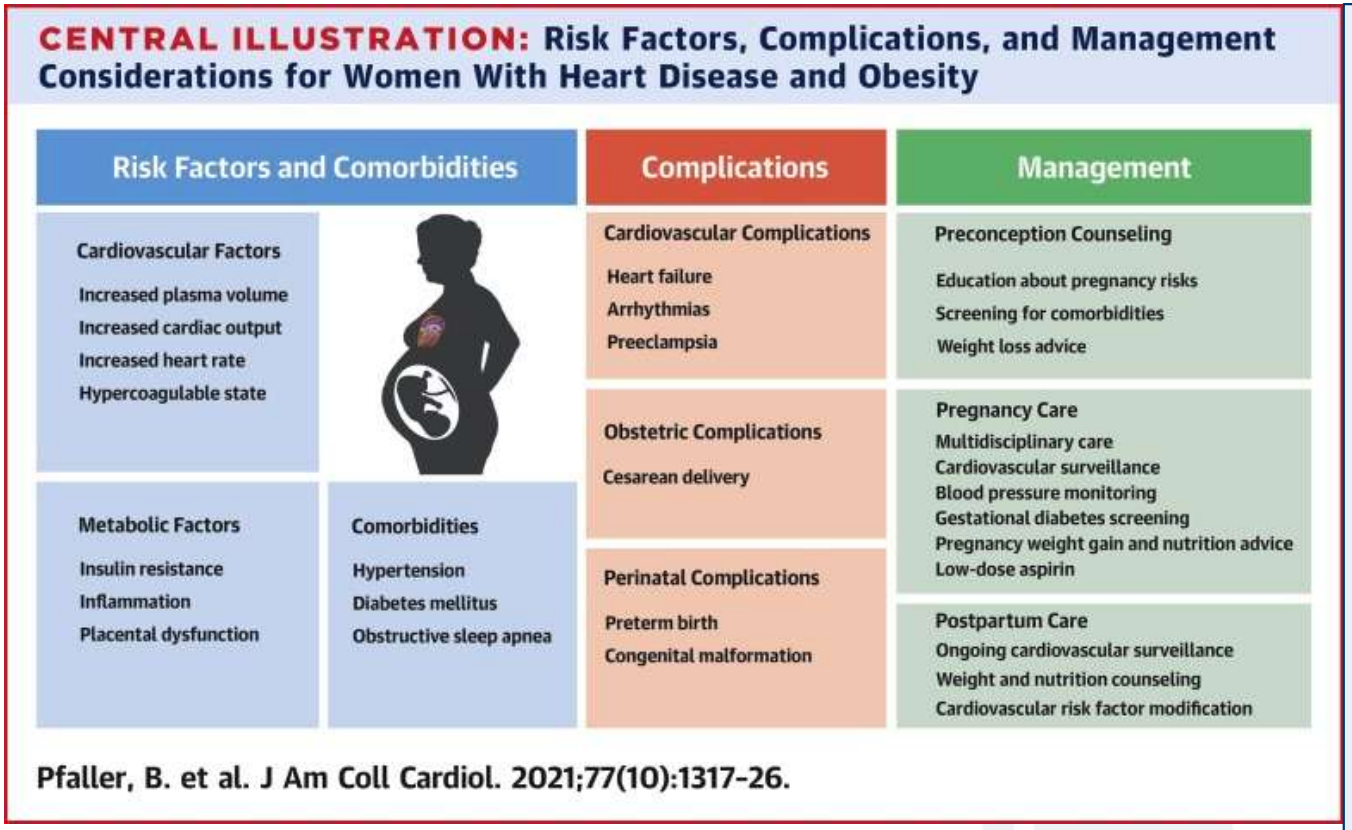
- PEP: CVD, MI, CVA, CA
- For each daily serving of UPF, CV risk increased 5.1%
- Effect 6% greater for Blacks

CENTRAL ILLUSTRATION: Restricted Cubic Spline Curve Showing the Dose-Response Association Between Daily Ultraprocessed Food Consumption (Servings/Day) and Risk of Incident Cardiovascular Disease



Haidar A, et al. JACC Adv. 2026;10.1016/j.jacadv.2025.102516

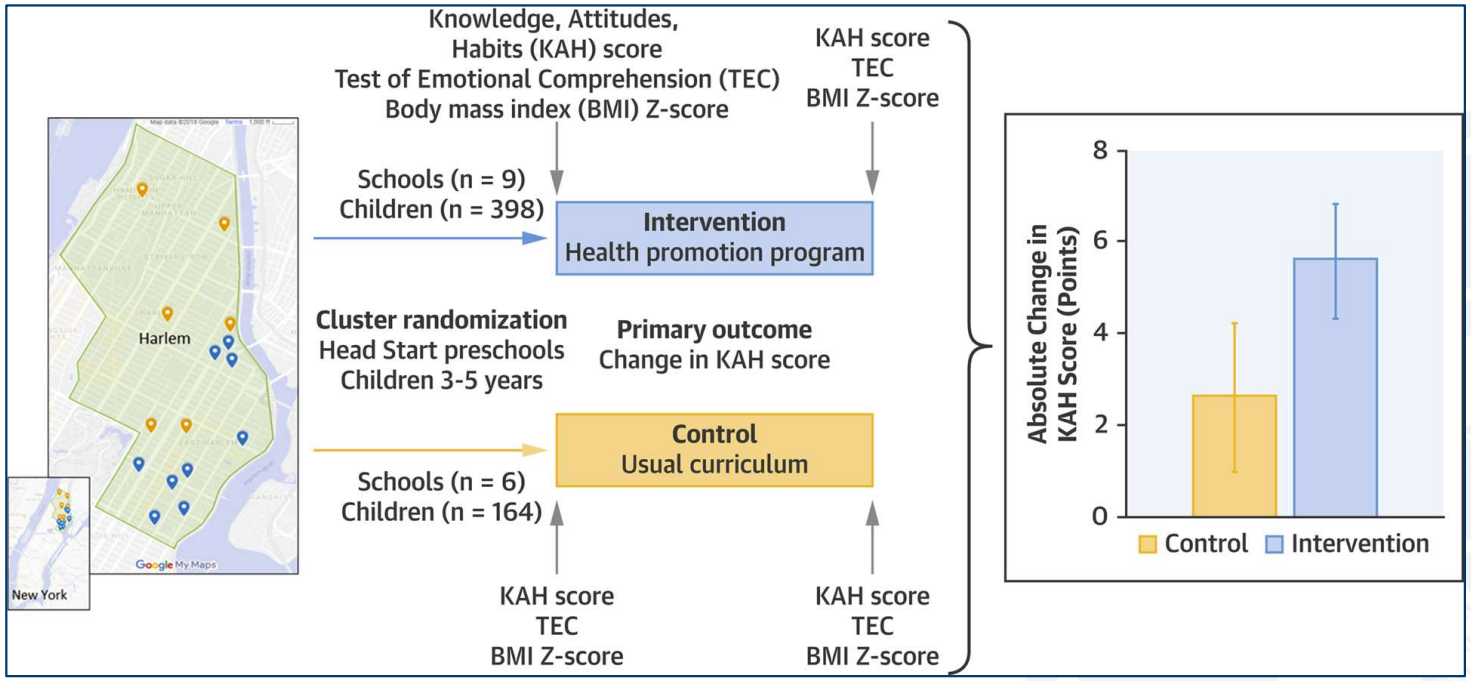
Pregnancy Related Complications = Late CV Risk



"Maternal Health = CV Health"

- CV disease is the leading cause of Maternal Mortality. Risks extend to child.
- Pre-eclampsia and Eclampsia are risks for later ASCVD
- Risk Factor modification improves pregnancy outcomes (CHAP Trial, NEJM 2022)
- Large racial disparities. Health Equity, SDOH's

FAMILIA Trial: Childhood Prevention



- Based on "Si!" Trial
- 15 Head Start sites in Harlem, NY
- 562 children
- Mean age = 4 yrs
- 91% Black or Latino
- 50 hrs education over 4 months: Diet, Activity, Human Body, Emotions
- Significant improvement in KAH

Fernandez-Immenez R, et. al. JACC 2019;73:2011-2021
Penvalo JL, et al. JACC 2015;66:1525-1534

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Prevention: SDOH's + Advocacy

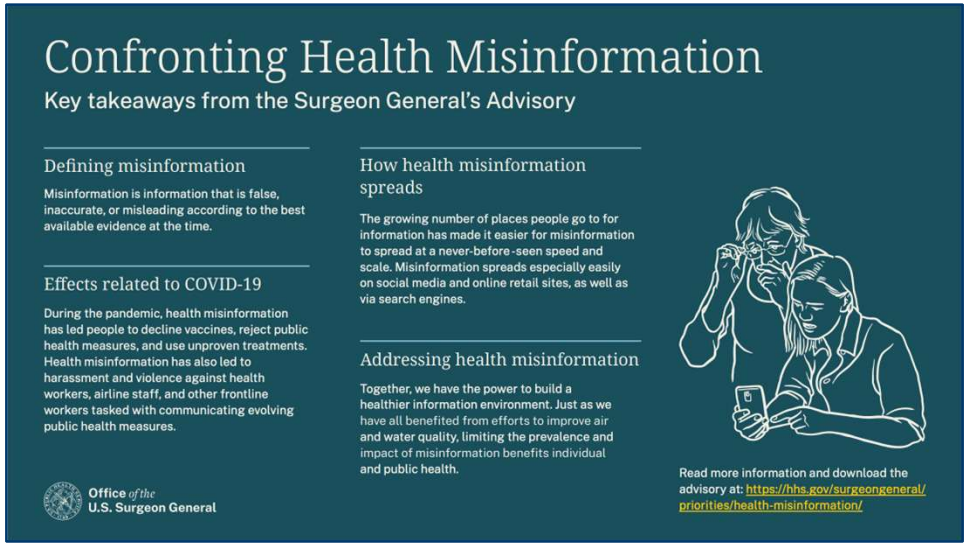
Arnett DK, et al. ACC/AHA Prevention Guidelines JACC 2019;74:1367-1414

TABLE 2 Example Considerations for Addressing Social Determinants of Health to Help Prevent ASCVD Events

Topic/Domain	
Cardiovascular risk	← **Education** funding, Literacy programs, Language support
Diet	← **Food** desserts, Gov't: SNAP, + WIC vouchers, New "Pyramid" ← Restrict SSD's, Subsidize healthy foods, School lunches
Exercise and physical activity	← **Physical education**, SB 1301: Promoting Physical Activity Act
Obesity and weight loss	← **Weight**, record, discuss, track = Quality metric
Diabetes mellitus	← **Access** to low glycemic foods, Physical Fitness
High blood pressure	← FDA: Food labeling, Restaurant industry, Sleep, **Work hours**
Tobacco treatment	← **Tobacco** tax, e-Cigarettes, "Tobacco-21", **Environment**

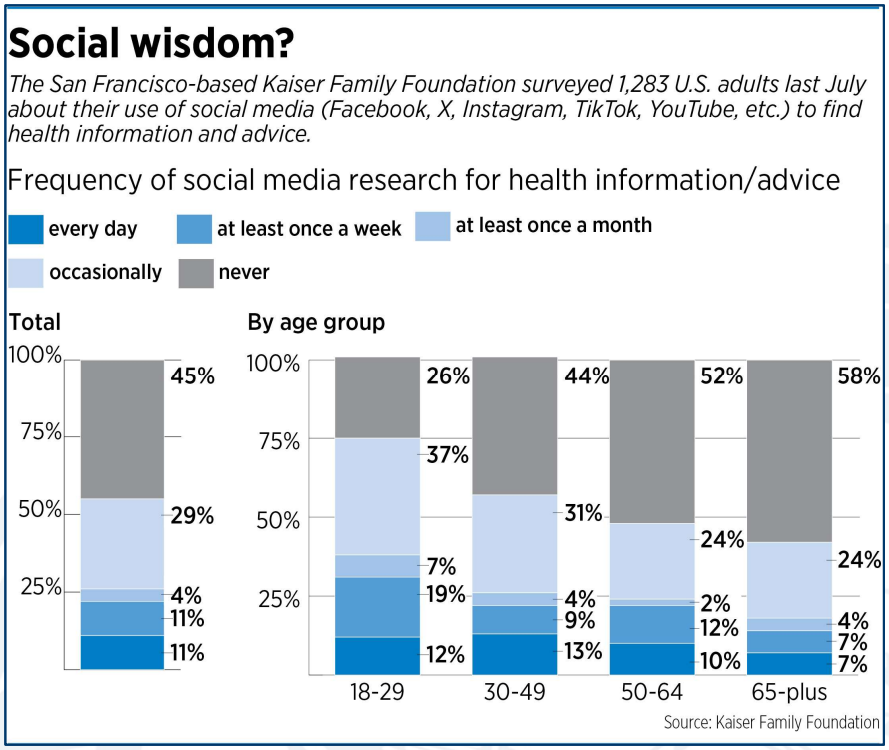
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Danger: Misinformation!



"The danger of unlimited information is, it does not come with unlimited wisdom … Knowledge without wisdom is really dangerous."

– *R. Singerman, MD,*
IN State Med. Assoc.

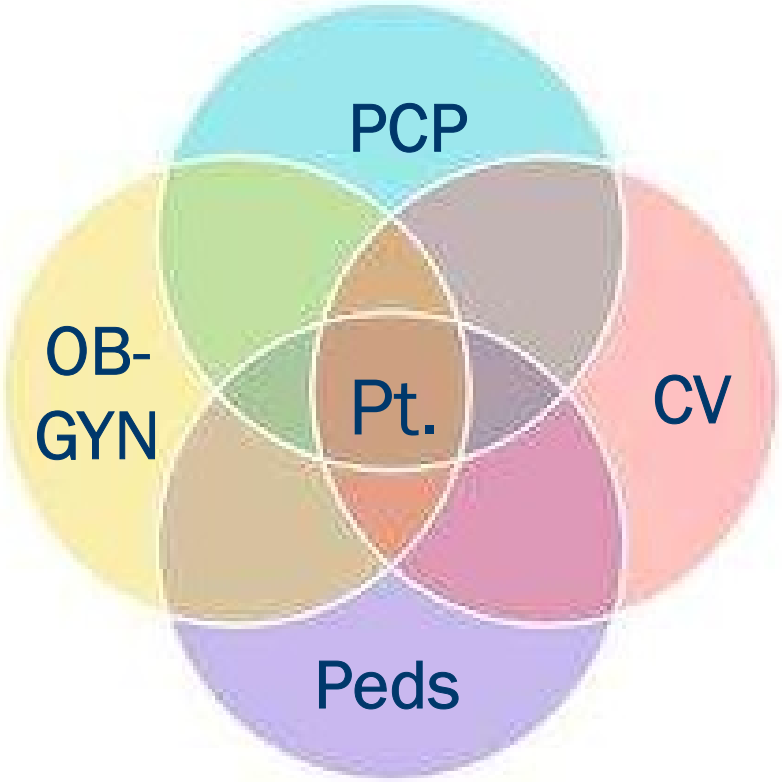


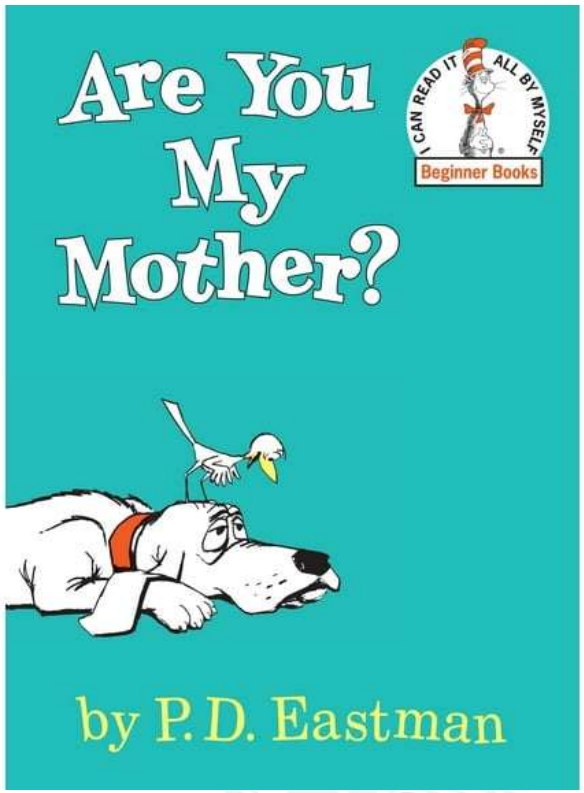
"We must win the mis-information battle on the same turf."

Keith Ferdinand, MD

May 2025

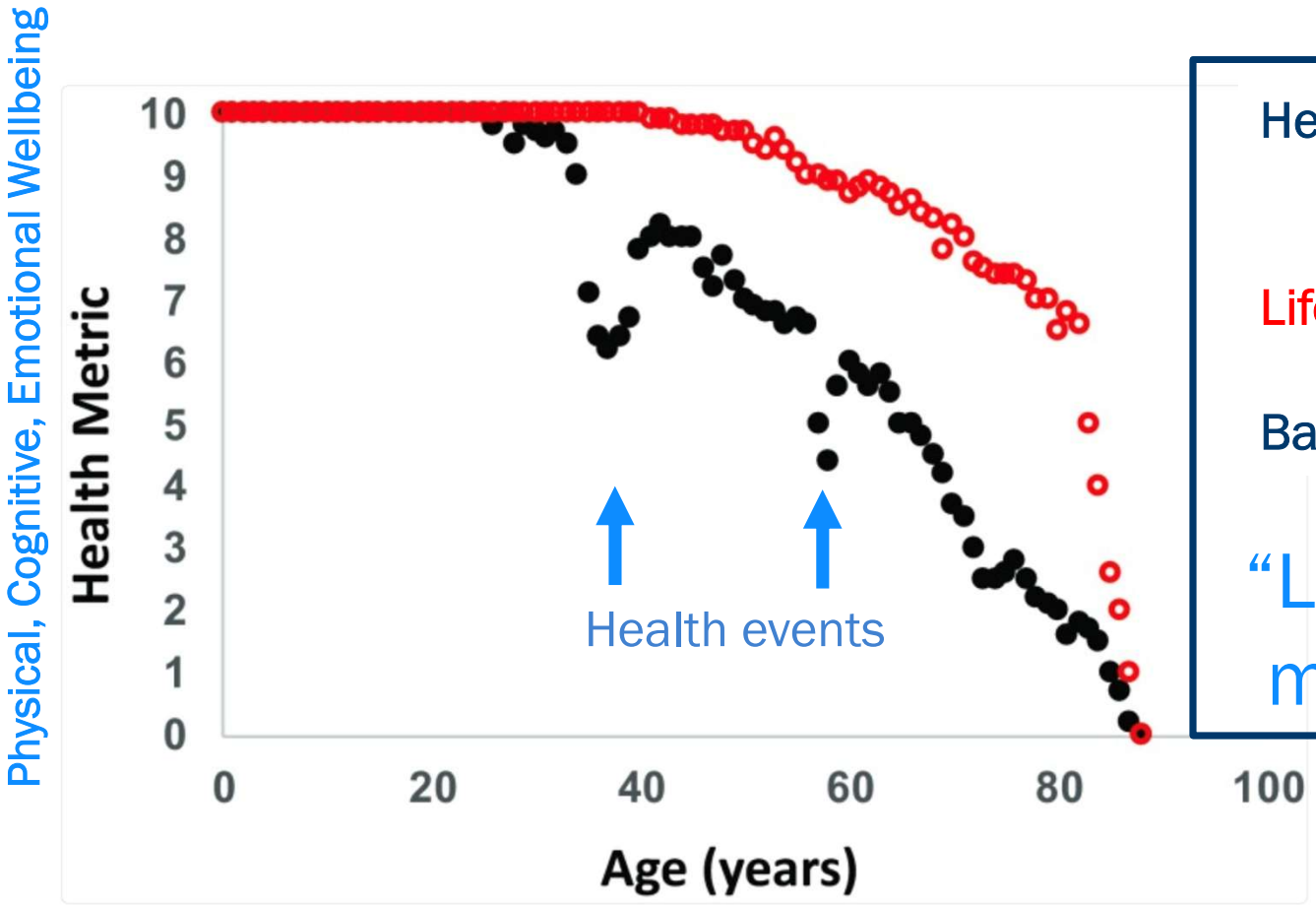
"Who's in charge?"
- Everyone and No One





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"Healthspan" vs Lifespan



Health and QOL:

- "AUC-1" >> "AUC-2"

Lifespan-1 ≥ Lifespan-2

Basis for P. Attia's "Med3.0"

"Live better, and may be longer"

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Kaeberlein M. GeroScience 2018;40:361-364.

Prevention Strategies: Low Tech - High Tech

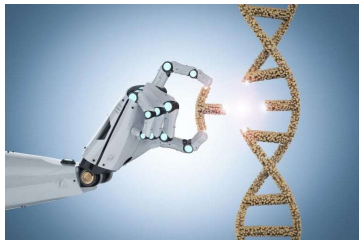
Low Tech



Advocacy and Health Policy

Environment
Access/Implement.
Behaviors
Mat. Fetal Med
SDOH's
Trust

High Tech



Biomedical Innovation

siRNA Therapies
- PCSK-9
- Lp(a)
- Angiotensinogen

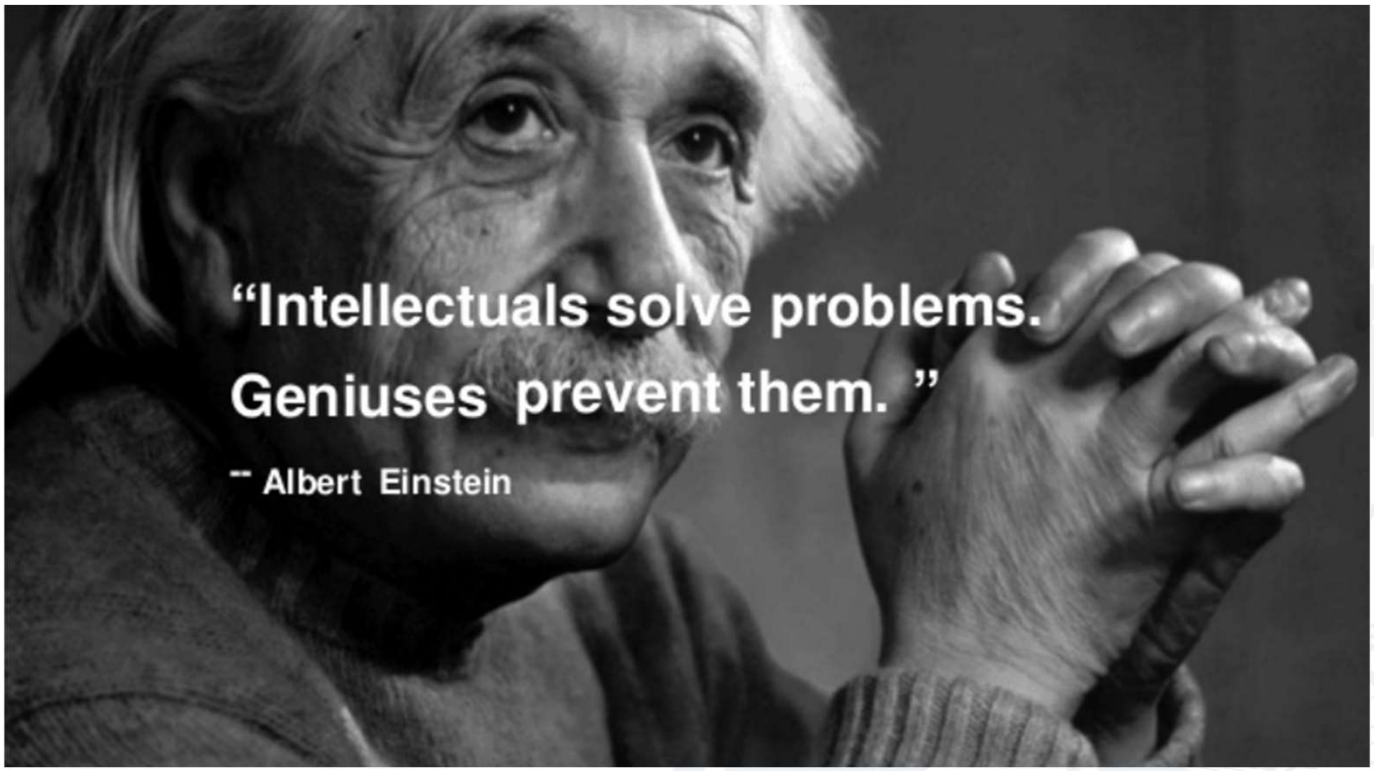
CRISPR
"Imaging-omics"
AI Predictive Analytics

Prevention Guidelines

Aspirin
Statins
BP Control
SGLT-2i
GLP-1 RA
"Poly Pill"

Conventional Prevention
Medical Model Approach


EVERYTHING
EVERYWHERE
ALL AT ONCE
...and by EVERYONE!



Questions?

etfry@ascension.org

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ACC.26

Impact in Action: IL ACC Chapter's Community Outreach Efforts

Nausheen Akhter, MD, FACC, FASE

Associate Professor of Medicine, Division of Cardiology

Northwestern Feinberg School of Medicine

Director of Community Partnerships, Department of Medicine

Chair, IL ACC Social Justice Committee



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Partnership
Together
Growth
Social
Future
Individual
Engagement
Collaborate
Discover
Change
Awareness
United
Community
Passion
Possibilities
Technology
Exceptional
Momentum
Explore
Educate
Involved
Citizens
Team
Create
Innovation
Connect
Focus
Choose
People
Inspire
Listen
Promote
Courage
Learn
Ideas
DefyGravity
Cheer
Support
Solutions
Success
Build
Start
Encourage

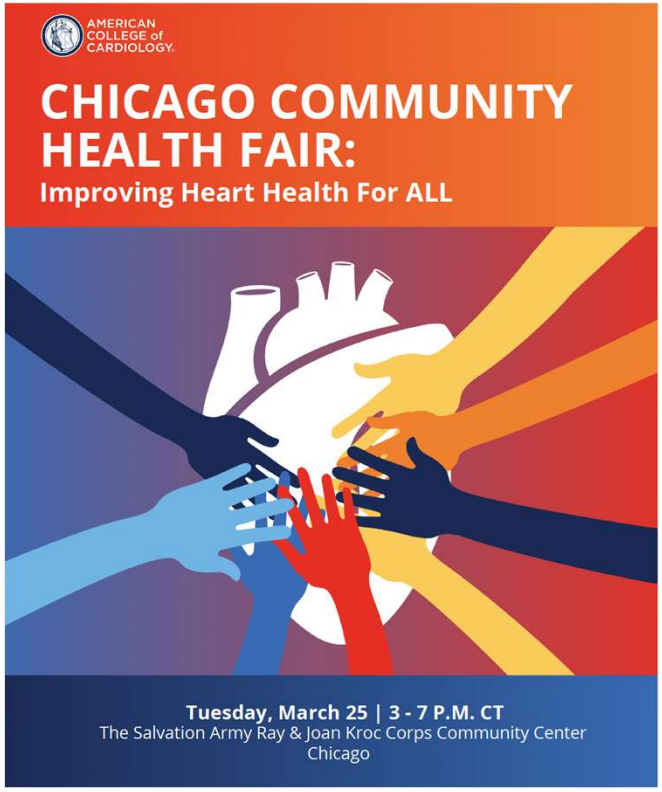
ACC.26















Impact

200+ Community Members Served

20+ Community-Based Organizations Represented

60+ Volunteers

Sustained Relationship with The Kroc Community Center















Impact

350+ Community Members Served

30 Community-Based Organizations

50+ Volunteers

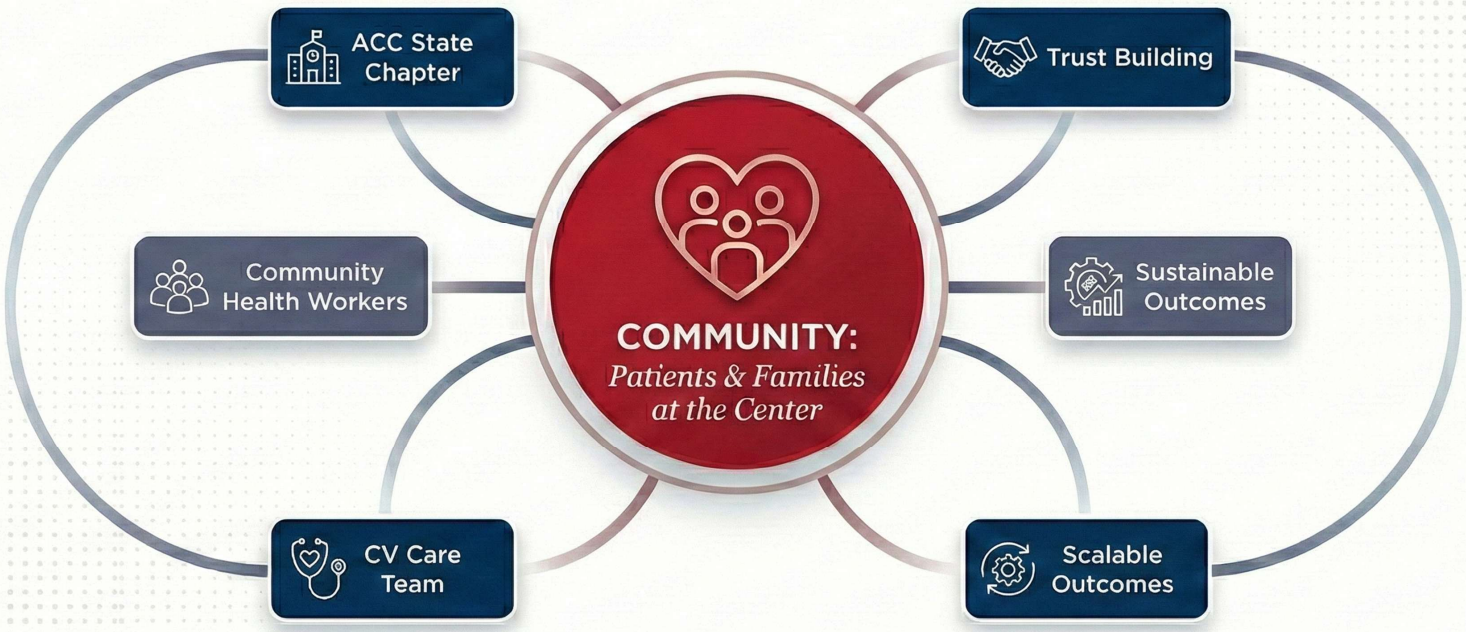
The digital stethoscope auscultation found 76% individuals with abnormal findings had no established cardiologist at the time of screening.

The IL ACC Social Justice Committee Roadmap



AMERICAN COLLEGE of CARDIOLOGY

Framework for Community-Centered Cardiovascular Health Equity



Akhter N et al. *JACC Advances*, Accepted In Press

OUR MISSION & VISION

The Illinois Chapter of the American College of Cardiology Social Justice Committee is dedicated to advancing the ACC's health equity vision:

"To achieve a culture of health where every person can realize their full cardiovascular health potential as a fundamental right."

We envision a just and healthier Illinois, where everyone has equitable access to high-quality cardiovascular care.

By tackling health disparities, we aim to lead the way in shaping a future where all individuals in Illinois can thrive with dignity.

OUR GOALS

Illinois Chapter ACC Social Justice Committee



Inclusive Dialogue

Create a safe, inclusive space for dialogue and learning about health equity.



Community Empowerment

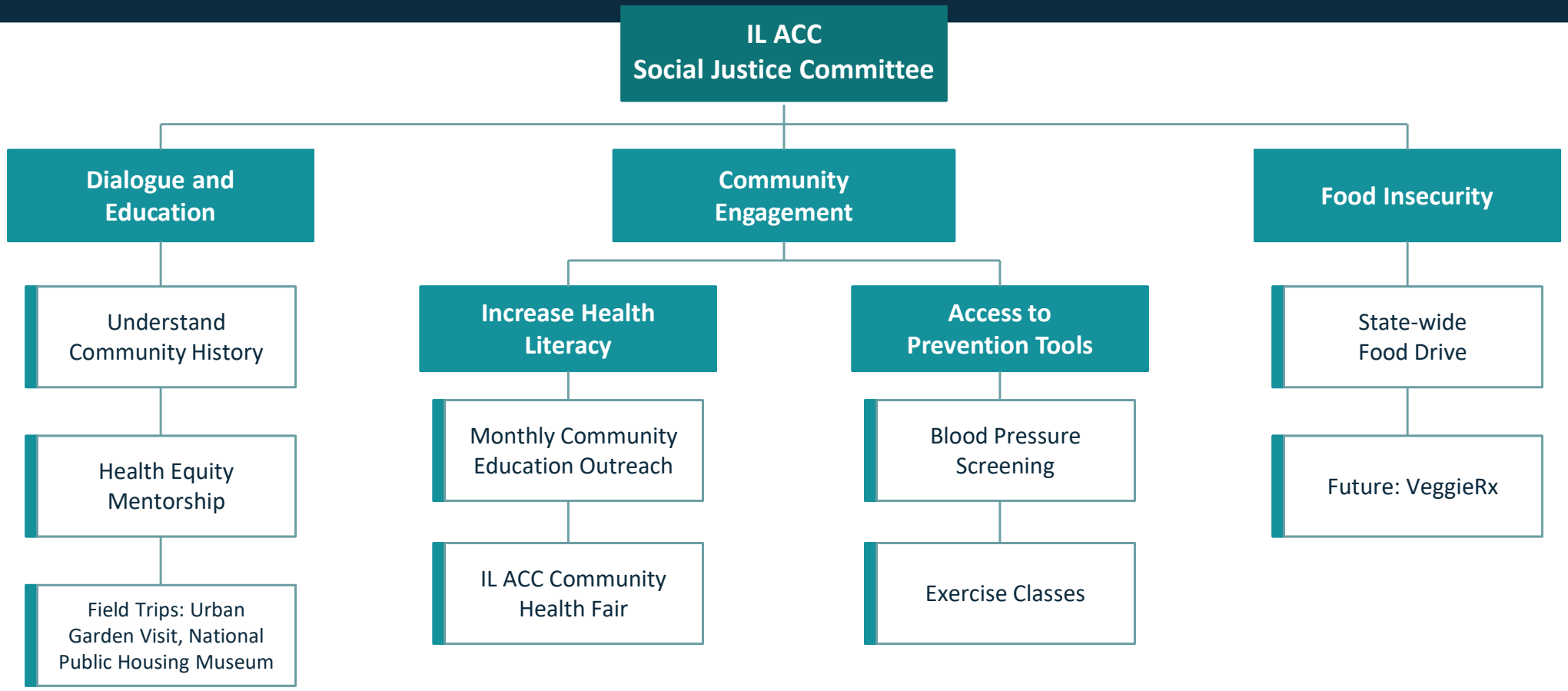
Strengthen community relationships, empower patients, and build lasting trust with health professionals.



Advocacy in Action

Advance advocacy in action by delivering education, evidence-based preventive tools, and resources to underserved and marginalized communities.

IL ACC Social Justice Committee



Identify Communities of Greatest Need

2

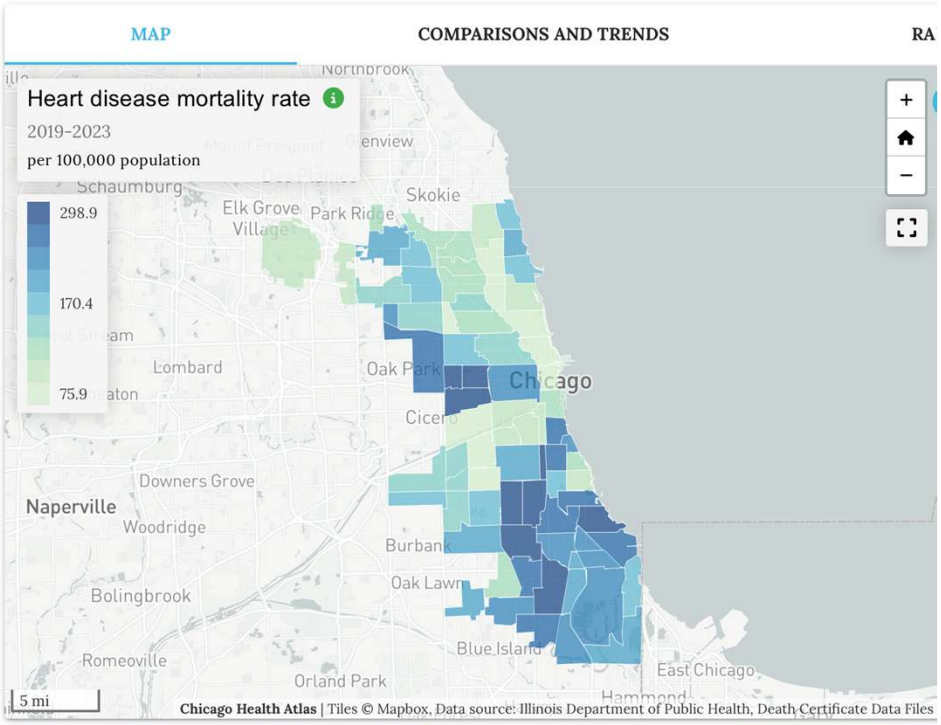
- Learn the history of Chicago neighborhoods and how past policies have shaped current population health metrics.
- Utilize heat maps to identify high disease-burden ZIP codes
- Prioritize underserved and historically marginalized populations

Top 10 Chicago Communities with Heart Disease

Heart disease mortality rate

per 100,000 population

Age-adjusted rate of people who died due to heart disease.



Heart disease mortality rate

per 100,000 population

Age-adjusted rate of people who died due to heart disease.

MAP | COMPARISONS AND TRENDS | RAN

Find places

CLEAR ALL INDICATORS

1 / 20 Topics

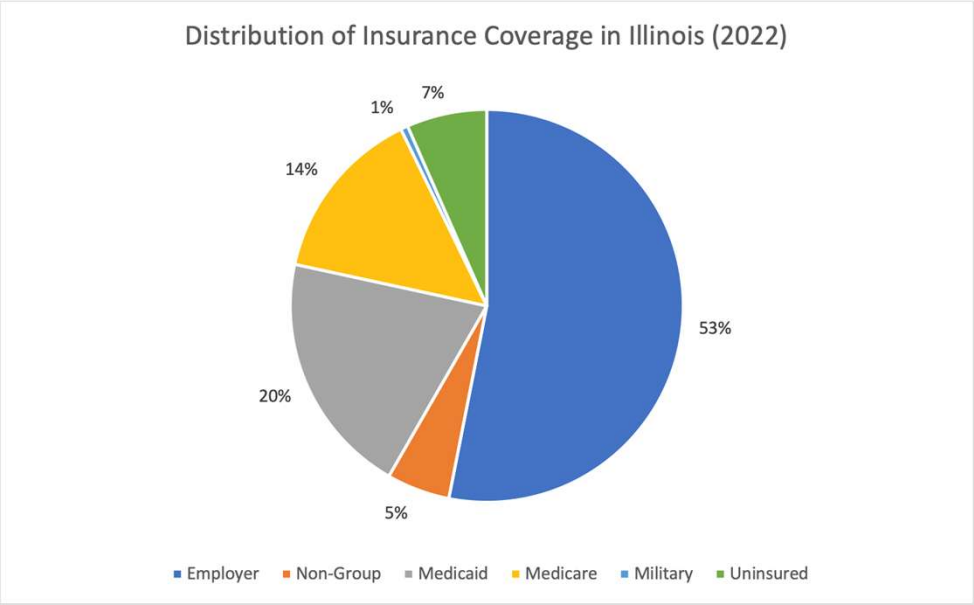
Community area	Heart disease mortality rate per 100,000 population Full population, 2019-2023
Chicago, IL	174.7 ± 2.0
Englewood	#1 298.9 ± 28.5
East Garfield Park	#2 281.8 ± 33.0
South Shore	#3 273.9 ± 18.6
West Garfield Park	#4 271.4 ± 32.6
Fuller Park	#5 266.1 ± 69.7
West Englewood	#6 265.7 ± 24.2
Roseland	#7 258.0 ± 20.1
North Lawndale	#8 253.1 ± 24.8
Auburn Gresham	#9 238.9 ± 18.8
West Pullman	#10 237.2 ± 24.0

https://chicagohealthatlas.org/indicators/VRHDR?tab=chart

Insurance Coverage in Illinois

Illinois

Sources of Insurance Coverage



**Source: KFF, Health Insurance Coverage of the Total Population, 2022*

Communities of Greatest Need:

Uninsured

- 7% of Illinois residents (national average 8%), rank 22
  - Hispanic residents 16.1%
  - Black 7.8%
  - Asian 8.1%
- Insurance coverage in IL increased due to Medicaid expansion.
- 3.2% children are uninsured, rank 8
- 8% women, rank 19

Immigrants

- Illinois had operated two state-funded programs for low-income immigrants who are ineligible for federal Medicare and Medicaid programs
  - Health Benefits for Immigrant Adults (for ages 42 through 64) As of July 1,2023, enrollment in the Health Benefits for Immigrant Adults stopped
  - Health Benefits for Immigrant Seniors (for ages 65 and above)

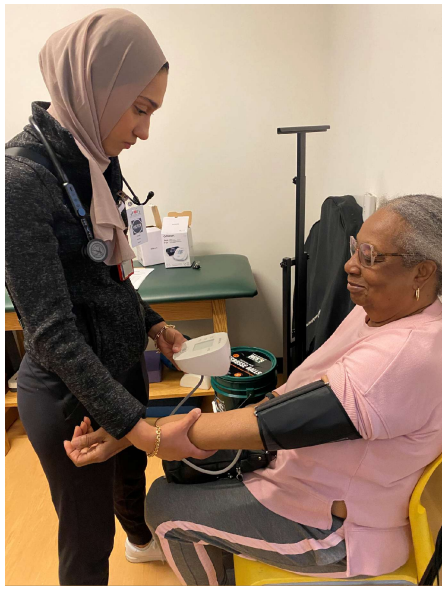
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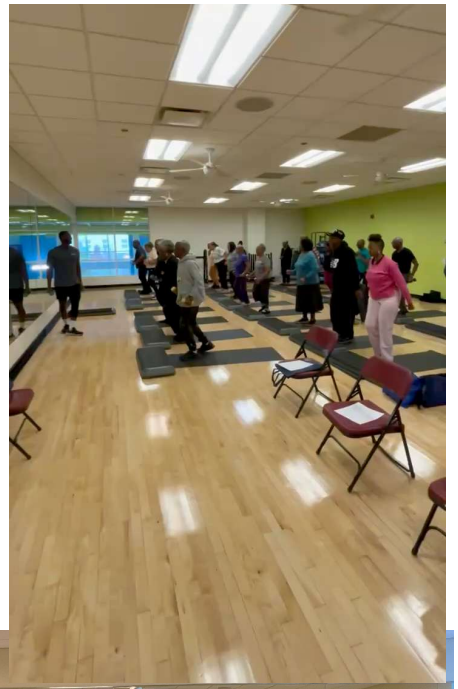
Form Collaborations with Community Partners

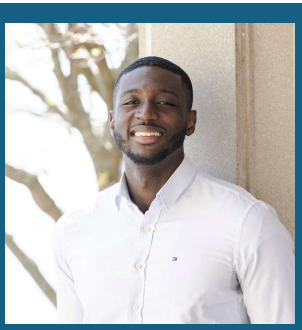
Through Trust and Dialogue

- Engage in community dialogue at community centers and trusted locations (houses of worship, food pantries)
- Listen to understand community needs and barriers
- Build authentic, long-term trusting relationships
- Incorporate community input in planning



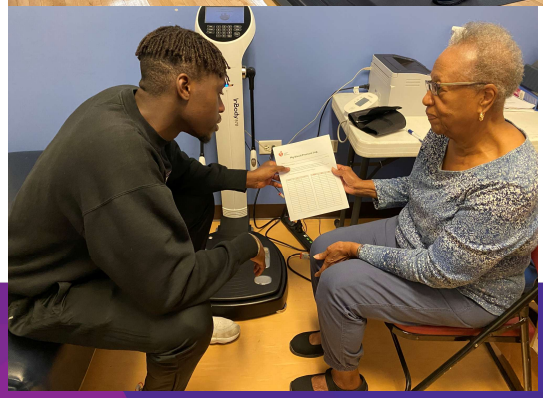












ACC.26

WHO WE SERVE

Participant Demographics

80–83%

Age 60+

Majority of participants

85–94%

Female

Across sessions

~94%

Black / African American

Community served

87%

First-Time Attendees

New reach each session

Key Demographics

Sessions consistently reached older Black women on Chicago's South Side — a population carrying disproportionate cardiovascular disease burden.

The high proportion of first-time attendees (87–90%) signals strong community reach and program awareness.

ILLINOIS CHAPTER
AMERICAN COLLEGE of CARDIOLOGY

CommunityHealth

Northwestern Medicine

CORAZÓN CON SAZÓN

UN EVENTO COMUNITARIO GRATIS SOBRE LA SALUD DEL CORAZÓN



Acompáñenos para una mañana llena de salud, movimiento y comunidad!

SÁBADO, 30 DE MAYO

10:30 AM - 12:00 PM
CommunityHealth
2611 W Chicago Ave, Chicago, IL 60622

TENDREMOS:

CHARLA SOBRE LA SALUD CARDIOVASCULAR: "ENFERMEDADES CARDIOMETABOLICAS, LATINOS EN RIESGO"
Dirigida por el cardiólogo Dr. Edgar Torres Fernandez



EVALUACIÓN GRATUITA DE PRESIÓN ARTERIAL



CAMINATA COMUNITARIA ALREDEDOR DEL PARQUE CERCANO A LA CLÍNICA



Si tiene alguna pregunta, comuníquese con Carol Garcia

224-245-2551

carol.garcia@nm.org









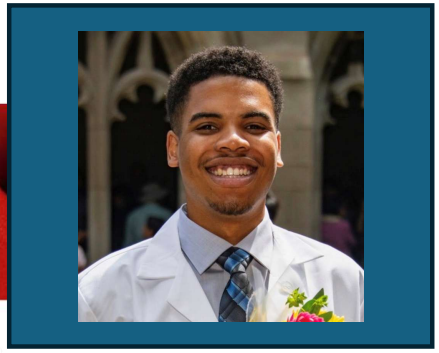












AMERICAN COLLEGE OF CARDIOLOGY

JOIN TEAM

DONATE

$8,591 Raised $8,000

0 Meals 24,000 Meals

Team Page

Captain
No current captain

Food for the Heart - IL ACC

Let's save lives one meal at a time!

LEADERS MEMBERS

MOST DONORS	MOST RAISED	MOST ACTIVITY
Northwestern University 16 Donors	Northwestern University $2,441 Raised	Teammate with the most wall activity

25,000 meals provided

Food for the Heart · IL ACC Social Justice Committee

4

Scale Community Events & Reassess Impact

Expand Reach and Re-evaluate Goals

- Replicate successful heart health screenings, education workshops, and fitness events in high-risk communities
- Track participation rates, follow-up, behavioral changes, risk factor reduction
- Collect qualitative feedback from community members and community advisors
- Continuously reassess goals using data and adapt programming as needed

PROGRAM IMPACT

Participant-reported outcomes



Found session Very Helpful

Would Attend Future Sessions

Feel more Health-Confident

Sessions Reduce Health Stress

94% of participants also reported satisfaction with communication quality at presentations. Zero respondents rated sessions as 'Not Helpful.'

Improve CV Health Outcomes

Our Ultimate Goals

5

Reduce cardiovascular disease morbidity and mortality in **high-risk** communities, focusing on deep relationships with one community at a time.

Increase **access** to preventive care and evidence-based interventions.

Sustain and **scale** efforts throughout urban and rural communities, including all stakeholders and leveraging community health workers.



"INJUSTICE ANYWHERE IS A THREAT TO JUSTICE EVERYWHERE. WE ARE CAUGHT IN AN INESCAPABLE NETWORK OF MUTUALITY, TIED IN A SINGLE GARMENT OF DESTINY. WHATEVER AFFECTS ONE DIRECTLY, AFFECTS ALL INDIRECTLY."

~ Dr. Martin Luther King

Our Esteemed Panel



Nausheen Akhter, MD, FACC
Northwestern University



Eugene Yang, MD, MS, FACC
University of Washington



Andrea Anderson, MD, Med, FAAFP
The George Washington School of Medicine



Nyssa Entrekin, MS, RD
The Food Trust

Small Group Discussion 1

ALL TABLES

1. What approach has your organization used to advance prevention, earlier screening, or earlier treatment? What has worked and what hasn't?

ODD TABLES

2. How can societies and industry better support non-cardiology clinicians (e.g., PCPs, Community Health Workers, home health aides) in adopting prevention earlier?

3. What has made prevention efforts stick in real clinical or community settings vs. fade over time?

EVEN TABLES

4. What are the key actions that would have the biggest impact on CVD prevention in practice and real-world settings?

5. Where does industry face the greatest challenges in supporting preventative efforts?

The ACC Thanks You For Your Partnership!



INDUSTRY ADVISORY FORUM

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RURAL CARDIOVASCULAR EQUITY INITIATIVE (ACC RCEI)

Building Healthier Communities. Advancing Equity. Transforming Lives.

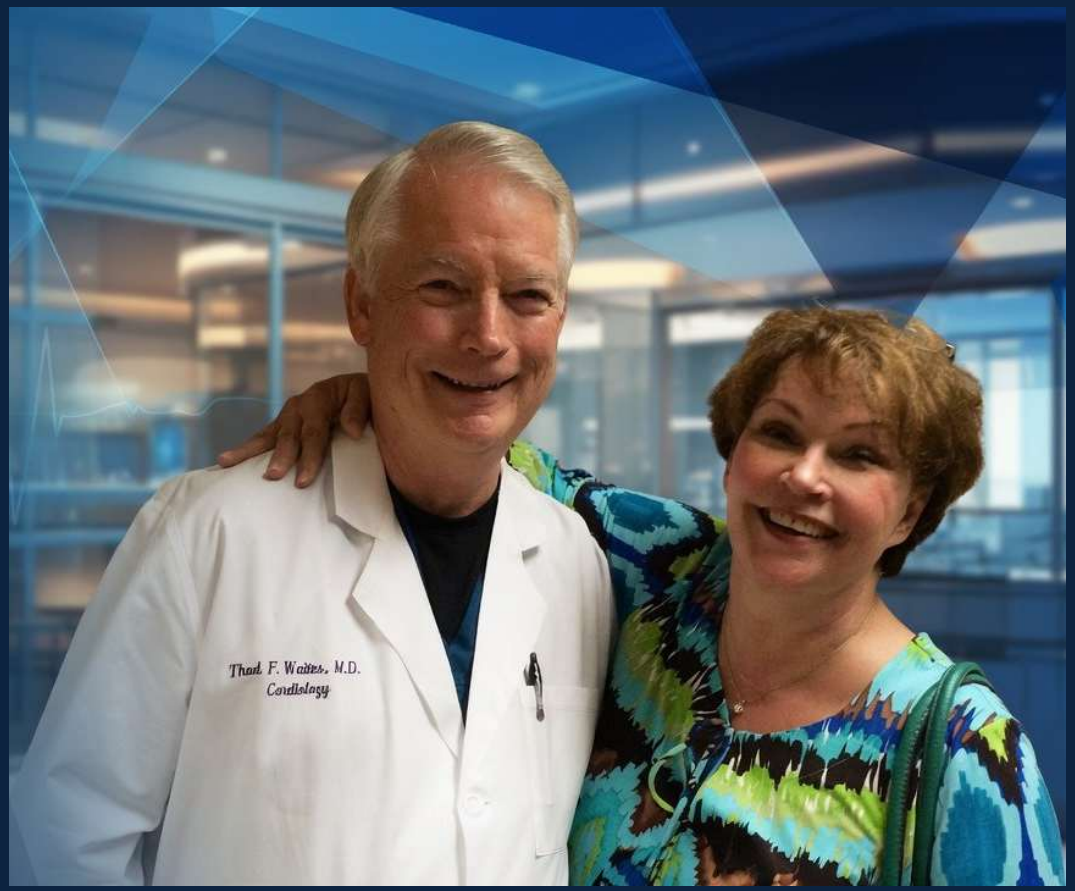


OVERVIEW

The ACC RCEI is a pioneering initiative that integrates Community Health Worker (CHW) training and deployment with a rural cardiology clinical research fellowship to improve equitable cardiac care in rural communities. By training and certifying CHWs in cardiovascular health, developing rural cardiology leaders, and building cross-sector partnerships to address social determinants of health, we aim to improve hypertension control, reduce heart failure readmissions, and create sustainable career pathways that reduce disparities in underserved communities.

Thad and Gerry Waites Rural Cardiovascular Research Fellowship

Reducing Disparities through Clinical, Community, and Research Excellence







Heading into ACC.25, ACC's Chicago Community Health Fair reached more than 200 residents living south of the city with free heart health screenings, resources and education on Tuesday, March 25.

"We have to help build up communities that support healthy lives," said **Paul L. Douglass, MD, MACC**, chair of ACC's Health Equity Committee. "That's what we're doing here."

More than 20 community organizations participated in the event, held at The Salvation Army Ray & Joan Kroc Corps Community Center, providing valuable resources and information on healthy eating, lifestyle changes, physical activity, local health care services and more. Also, more than 60 ACC member volunteers, including medical students and Fellows in Training, were on hand to provide blood pressure checks, heart murmur assessments and expert consultations.

In addition to taking advantage of the community resources and education, more than 40 individuals participated in bloodwork screenings offered by LetsGetChecked, and 14 took part in free heart scans offered by Clearly. Of those scanned, 33% revealed previously unknown ischemic heart disease, underscoring the importance of accessible, proactive screening.













"Improving heart health for all is at the heart of ACC's Mission and ensuring equitable access to health care is not just something we talk about - it's at the core of all that we do," said ACC President **Cathleen Biga, MSN, FACC**. "Events like this are just one way we're working to make sure everyone has access to the tools, care and support needed to live a heart-healthy life."

The Community Health Fair stands as a powerful reminder that cardiovascular innovation and care must reach beyond the walls of convention centers and into the neighborhoods that need it most.



Upcoming ACC Health Equity Events

- Community Health Worker Education and Training
- JACC Advances Health Equity Focused Issue (*late 2026*)
- ACC.27
  - Community Health Fair-Saturday, April 3, 2027, Houston, TX
  - Health Equity Hub and Programming
- Health Equity Summit (*Summer 2027*)
- Continued Expansion of *Rural CV Equity Initiative*

The ACC Thanks You For Your Partnership!



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THE ACC FOUNDATION

ADVANCING SCIENCE.
EMPOWERING PEOPLE.
TRANSFORMING CARE.



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CARDIOLOGY
FOUNDATION®

ACC FOUNDATION IMPACT



Empower future leaders, clinicians, scientific investigators, to move cardiology forward



Transform patient outcomes through research and innovation



Improve patient access to care for ALL by distributing education and training to communities worldwide

THE ACC FOUNDATION

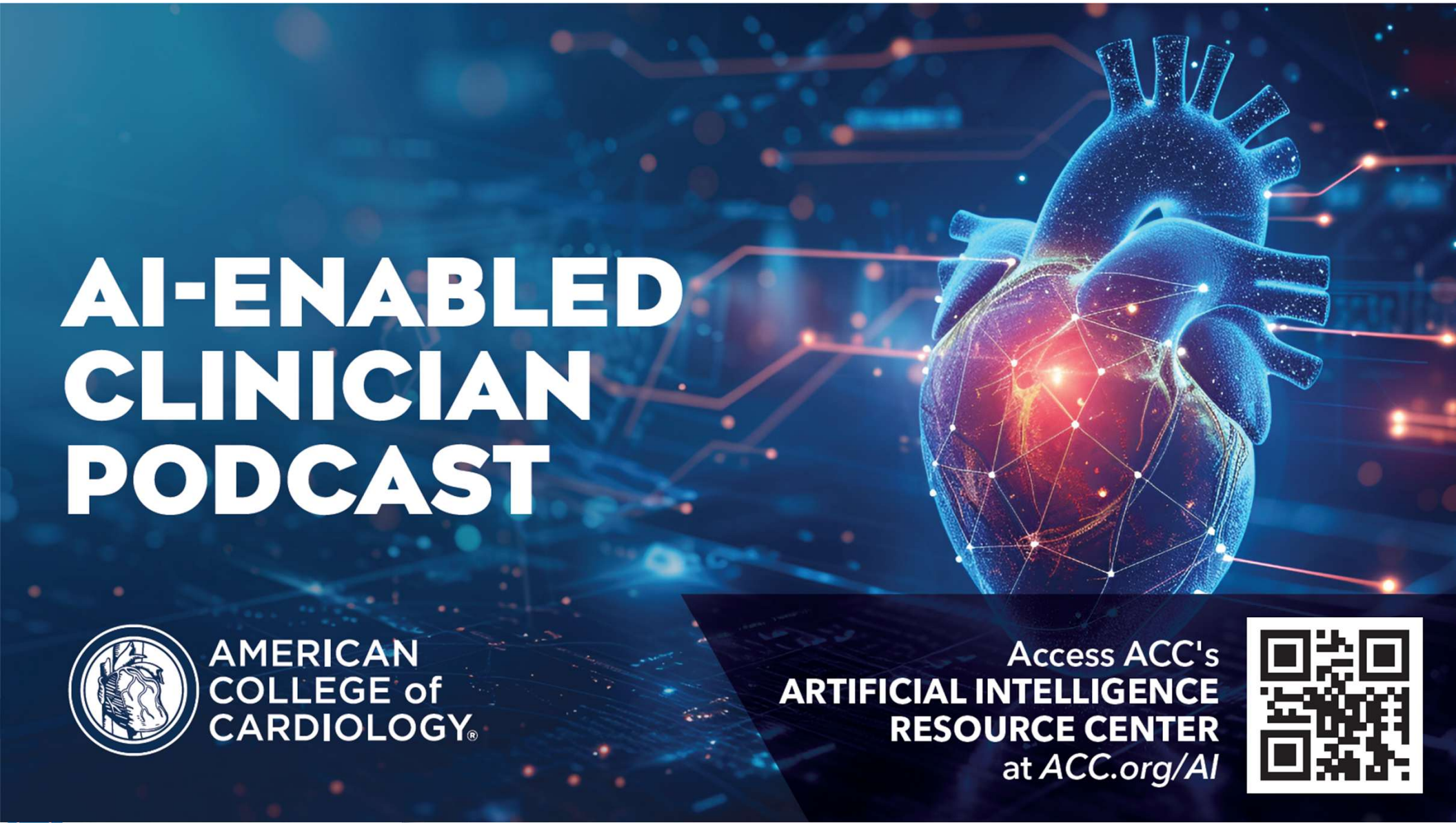
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Access ACC's
ARTIFICIAL INTELLIGENCE
RESOURCE CENTER
at ACC.org/AI

Our Esteemed Panel



Euginia Gianos, MD, FACC
Northwell Health



Ginger Biesbrock, DSc, PA-C, MPH, FACC
Advocate Health



Leslie Davis, PhD, ANP-BC, FACC
University of North Carolina- Chapel Hill



Madeline Sterling, MD, MPH, MS, FACC
Weill Cornell Medicine

ADVOCATE HEALTH

Prevention

An Integrated Delivery Network Approach

Ginger Biesbrock DSc, PA-C, MPH, FACC

SVP, National Heart and Vascular Service Line Strategy and Administration

Support Cardiac Prevention as an Enterprise

50 million individuals reside across our footprint



ACCESS

IDN and Prevention

Advocate Health Framework



Traditional Care Delivery

- Care Pathways – increase reliability
- Multi-disciplinary/Inter-disciplinary care teams
- Performance management – clinical outcomes



Population Health

- Standard Screenings
- Outcome based systematic care models
- Risk stratification and targeting at risk populations
- Identify care gaps
- Alternative care sites to assure access



Public Health

- Community Health Assessment
- Community Campaigns
- Community Engagement Activities
- Tracking social determinants of Health

ACCESS

IDN and Prevention

Advocate Health Framework – Applied to Heart and Vascular



Traditional Care Delivery

- Care Pathways – increase reliability- HF, CAD, AF, CABG
- Multi-disciplinary/Inter-disciplinary care teams – Community Health Workers, PharmD, APPs, Physicians – across CV, Primary Care, Hospitalists, Etc.
- Performance management – clinical outcomes - Single sourced data lake to build dashboards and real time feedback



Population Health

- Standard Screenings
- Outcome based system-wide care models – HF-GDMT, Htn (Care Model Engineering)
- Risk stratification/targeting at risk populations –CM Identify care gaps – GDMT; LDL, Hgb A1C
- Virtual care and targeted locations for the highest risk
- Care access sites



Public Health

- Community Health Assessment Review and Action
- Community Campaigns – Food as Therapy
- Farm to Table – S Chicago project
- Agentic SDOH capture

Small Group Discussion 2

ALL TABLES

1. How do you see AI and emerging technologies influencing prevention, screening, and earlier diagnosis over the next 3–5 years?

ODD TABLES

2. What workflow changes would most improve routine prevention and screening?

3. Of the key levers discussed today (policy, upstream care, community engagement, care ownership, workflow implementation, support beyond the clinic), which is most underutilized in prevention efforts today?

EVEN TABLES

4. At what point in the care continuum do you see the biggest opportunity to intervene to support preventative efforts, and why?

5. What role should decision support tools or data play in enabling earlier action?

Please provide your feedback on today's session

We look forward to seeing you at our next Industry Advisory Forum on December 2nd

The ACC Thanks You For Your Partnership!



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