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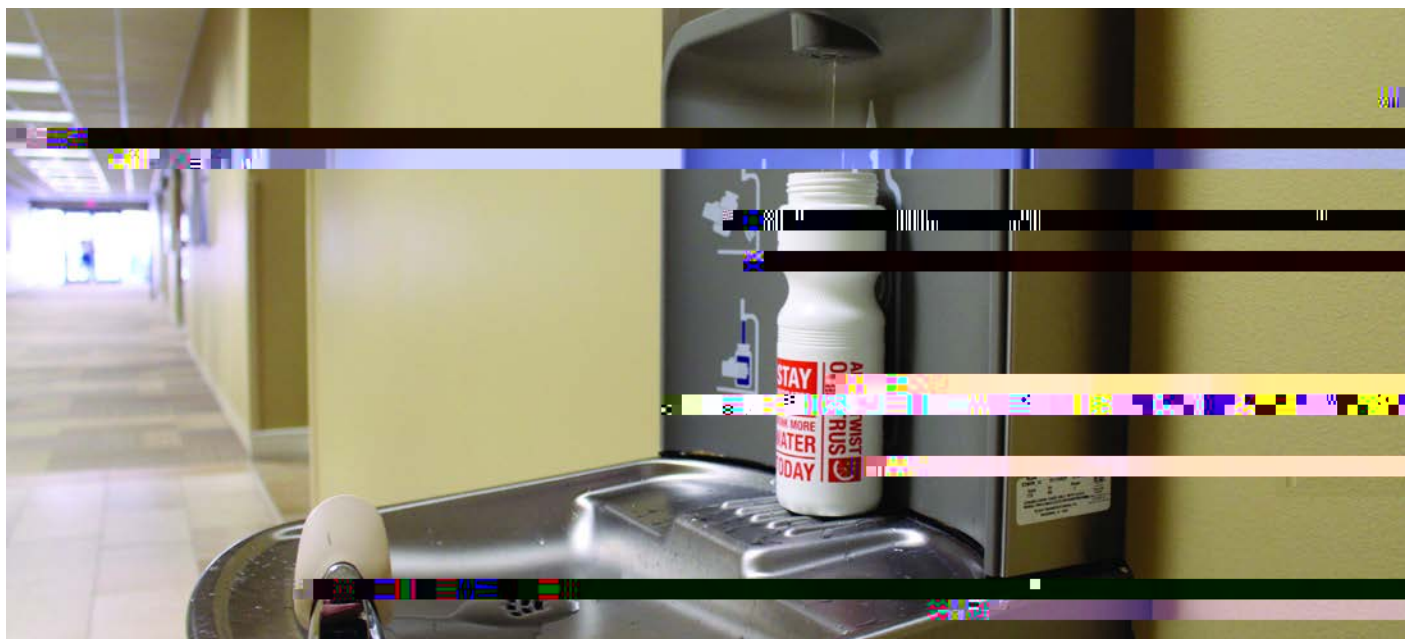
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WATER ACCESS POLICY STATEMENT



Water plays a critical role in helping the body function including regulating temperature, protecting sensitive tissues, transporting nutrients, and ridding the body of waste. Drinking water protects muscles, joints, and tissues; improves the digestive system; and keeps the body hydrated. Increasing consumption of water, particularly as a substitute for sugary beverages, can lead to lower calorie intake, improved overall health, and a lower risk for obesity. Unfortunately, more than half of all U.S. children and adolescents and a third of U.S. adults do not drink enough water. On average, U.S. children and adolescents drank 23 ounces (about 3 cups) of plain water daily, and U.S. adults drank 44 ounces (roughly 5 ½ cups).

Inequitable access to safe and clean water contributes to inadequate hydration. Water security refers to having an appropriate quantity and quality of water available, accessible, and reliable for all domestic uses. Several US policies and programs, such as fracking, a drilling method for extracting oil, natural gas, or water from deep underground, and redlining, the practice of concentrating Black and other people of color into certain neighborhoods, have contributed to disparities in water access and quality within different geographies and communities with more Black and Brown residents. The American Heart Association (AHA) supports initiatives that increase access to, and promotion of safe and appealing drinking water, policies that price water at lower cost than sugary beverages, and policies that favor the promotion of water over the promotion of unhealthy beverages across all levels of government.

3 THINGS TO KNOW

1

Increased consumption of water, as a replacement for sugary beverages, can lead to lower calorie intake, improved overall health, and a lower risk of obesity.

2

Black children 1.34 times and Hispanic children are 1.23 times less likely to drink enough water each day when compared to white children. This is partially due to the fact that Black and Hispanic children are more likely to reside in communities and attend schools with less access to safe, clean drinking water.

3

AHA is committed to leveraging advocacy efforts and working with key stakeholders to implement policies across all levels of government to increase access to, and promotion of safe and appealing drinking water.



Tobacco use remains a leading preventable cause of death, disease and disability, despite decades of progress from public health organizations seeking to control these deadly products and educate consumers of their dangers. Now, the AHA is committed to an even more aggressive goal: ending addiction from commercial tobacco and nicotine products. The AHA works at all levels of government to address tobacco use and this impact report highlights the progress that has been made since the AHA began advocating for public health policy more than 40 years ago.

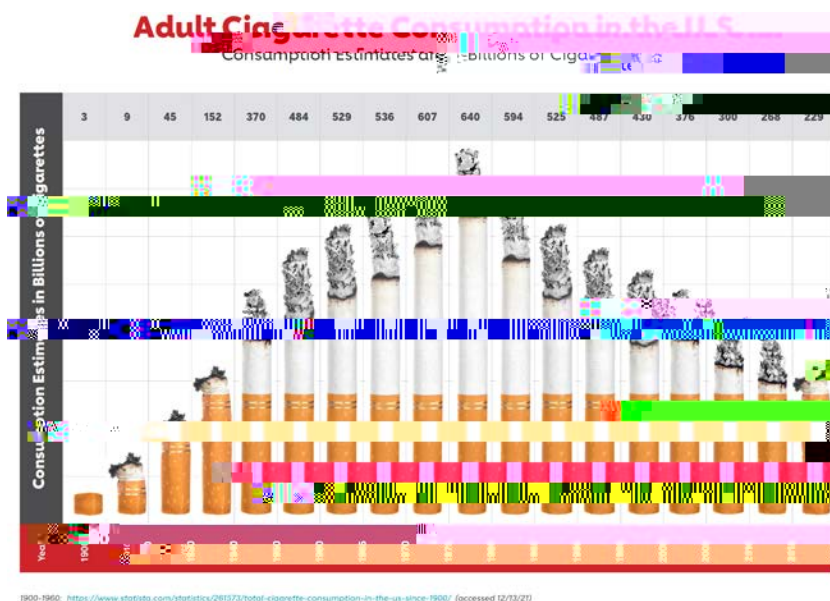
The progress report highlights the impact the AHA has had by leading over 3,000 campaigns at the state and local levels, and the successful advocacy at the federal level. For example, through decades of work, the American Heart Association and its partners have helped pass comprehensive smoke-free laws, protecting people from secondhand smoke, reducing commercial tobacco use and saving lives. Because of these efforts more than 200 million people in the United States are now protected by comprehensive local and state smoke-free air laws. Another example is our work with state and local campaigns to raise the minimum sales age for tobacco to 21,

to raise the federal minimum sales age to 21.

1981, addressing tobacco and public health has been a priority. Federal level wins over the years have included such transformational accomplishments as giving FDA regulatory authority over tobacco products, establishing smoke-free policies in public housing, eliminating smoking and use of tobacco products during air travel, and raising the federal excise tax on tobacco products. The American Heart Association's

continued federal work includes actively defending the FDA's decisions to deny marketing orders of premarket tobacco

applications and supporting the FDA's proposed rules to remove



3 THINGS TO KNOW

- 1 A goal of the American Heart Association's tobacco end game work is to cut tobacco use to less than 5% across the U.S. by 2035. That plan includes prioritizing reduction of smoking by 2030 and continuing to focus on ensuring e-cigarettes and other newer products don't addict the next generation of children and adolescents.
- 2 Between 2019-2021, the AHA ran 116 state and local advocacy campaigns addressing such policies cessation programs, robust tobacco retail licensure laws, and many others.
- 3 Our endgame efforts have made a difference! We are reducing tobacco use across the U.S. population and globally. California has seen a decline in adult cigarette smoking from about 17% in 2001 to about 6% in 2022. Additionally, current use of any tobacco product by high school students in California decreased from almost 14% to almost 7% (decreases seen in virtually all products, including vaping).





SUPERVISED EXERCISE TRAINING FOR CHRONIC HEART FAILURE WITH PRESERVED EJECTION FRACTION:

A SCIENTIFIC STATEMENT FROM THE AMERICAN HEART ASSOCIATION (AHA) AND AMERICAN COLLEGE OF CARDIOLOGY (ACC)



Approximately half of all patients with heart failure (or three million Americans) have heart failure with preserved ejection fraction (HFpEF). Unfortunately, compared to the guideline-based care of patients with chronic heart failure with reduced ejection fraction (HFrEF), there are far fewer guideline-based medications and devices shown to be useful in treating HFpEF. Yet one constant in treatment guidelines for both HFrEF and HFpEF is supervised exercise training (SET).

warranted the development of AHA and ACC's

American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), the American Association of Heart Failure Nurses (AAHFN), and the Heart Failure Society of America (HFSA). The statement outlines the research on SET in HFpEF and concludes that "in multiple (randomized clinical trials) of SET in selected patients with chronic, stable HFpEF, exercise is safe and provides substantial, clinically relevant improvements in aerobic exercise capacity and quality of life."

the Centers for Medicare and Medicaid Services (CMS) that Medicare cover cardiac rehabilitation in HFpEF as it has for HFrEF since 2014 after AHA, AACVPR, ACC, and HFSA requested a national coverage determination (NCD) on cardiac rehabilitation in heart failure. Cardiac rehabilitation is SET plus interventions on heart-healthy

living that reduces cardiac risk factors, e.g., smoking cessation, blood-pressure control, nutrition, and stress reduction. While the literature supports SET, CMS determined that the evidence on the

is well established and thus chose to cover cardiac rehabilitation for HFrEF. The NCD request also asks CMS to

to an ejection fraction (EF) of 40% or less in line with the

in a 2021 paper "Universal

of Heart Failure") and the substantial evidence of

patients with an EF <40%.

3 THINGS TO KNOW

1

The prevalence of HFpEF is increasing relative to HFrEF as our population ages and as comorbidities that contribute to the diagnosis (e.g., diabetes) become more common.

2

For people with HFpEF, SET is the only therapy shown to regularly improve health-related quality of life and exercise tolerance and to lessen early onset fatigue, a chief complaint in HFpEF.

3

Five organizations joined AHA in signing on to the NCD request to CMS: AACVPR, AAHFN, ACC, Association of Black Cardiologists, and HFSA.



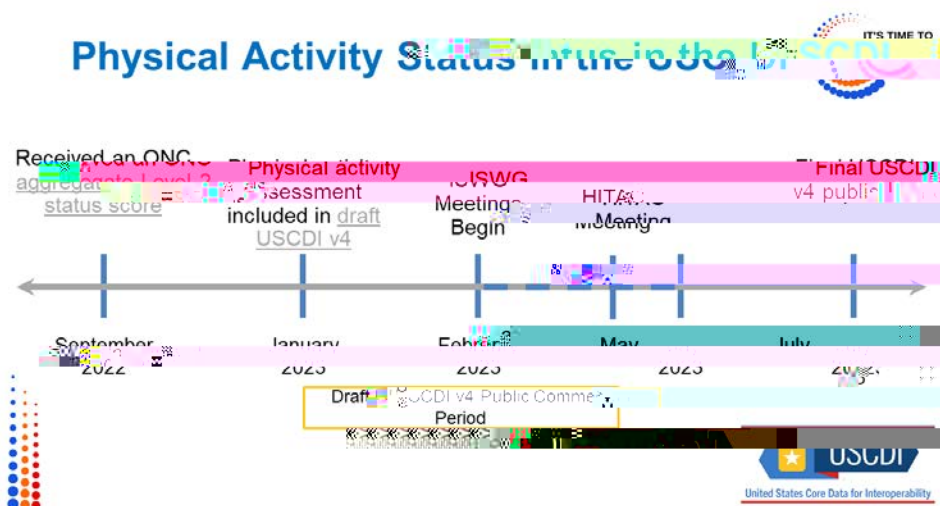
Cite



#AHAPolicy @AmHeartAdvocacy



PHYSICAL ACTIVITY ASSESSMENT INCLUDED IN US CORE DATA FOR INTEROPERABILITY (VERSION 4)



The United States Data for Interoperability (USCDI) is the



3 THINGS TO KNOW





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EMERGING POLICIES THAT PROMOTE EQUITABLE, SAFE MOBILITY

Physical activity is key to improving and maintaining cardiovascular health. Yet, a quarter of adults in the U.S. report being inactive, and rates among American Indian/Alaska Native, Black and Hispanic adults are even higher.

Active transportation, including walking, biking and rolling, can provide opportunities for physical activity. Adequate built environment infrastructure is critical for accessibility, connectivity to essential community destinations and safety. The American Heart Association (AHA) is committed to promoting evidence-based, equity-focused active transportation policies that improve pedestrian and bicyclist safety infrastructure and reach historically under-resourced communities.

- Vision Zero policies embrace the safe systems approach
- Vulnerable road user legislation seeks to establish penalties for injuring or killing vulnerable road users,

Yet disparities persist. People in under-resourced communities continue to face persistent underinvestment in active transportation infrastructure and people in low-income areas have disproportionately higher rates of death while walking.

Innovative and grassroots-driven policies that promote equitable and safe mobility are emerging. While quantitative evidence supporting several of these policies is not yet available, the qualitative data and lived experiences of people in historically under-resourced communities or those facing structural racism have spurred implementation of some of these policies. As adoption continues, the AHA advocates for robust implementation and outcome evaluation to assess safety, health, economic, connectivity and active living impact.

This policy statement summarizes an environmental scan of emerging active transportation policies that may promote equitable, safe mobility. These policies include:

- Decriminalize mobility by repealing jaywalking and
- Lower speed limits to reduce the alarming rates of injury and death among pedestrians;