Progress and Challenges

We have made exciting progress within the Council on Epidemiology and Prevention. As you read this, I hope you will become interested in joining our Council, or if you are already a member, you will become more involved in our activities. I have learned that all you really need to do is raise your hand once, and you’ll be hooked!

The Council’s Leadership Committee continues to make progress on moving forward with our strategic plan. We have identified the following areas of scientific interest as forming the basis for future activities:

- Social determinants of cardiovascular health
- Molecular determinants of cardiovascular health
- Preventive cardiology
- Global cardiovascular health

If you think you are seeing a theme of connection with the AHA’s 2020 goal of improving the cardiovascular health of all Americans by 20 percent by 2020, you are right. Council leadership is strongly committed to the 2020 goal and to organizing our efforts to support attainment of a vision of cardiovascular health for all.

We have submitted proposals to the Council Operation Committee to establish three science subcommittees: social determinants of cardiovascular health, preventive cardiology and global cardiovascular health. We plan to submit a proposal to establish one on molecular determinants of cardiovascular health soon. These science subcommittees will serve as a venue to engage membership, including early career members, in efforts to achieve the 2020 goals by making progress in these areas.

We have also been asked by the AHA leadership to establish a science subcommittee charged with developing a strategy toward the 2020 goal, the Metrics, Mission, Science Subcommittee, that will report up through the Statistics Committee. This subcommittee represents an exciting opportunity for our members to become more involved in our work to improve the cardiovascular health of all Americans. All of these science committees will develop scientific statements, program proposals for spring and fall meetings, community health program ideas, research initiative ideas and advocacy ideas.

We are especially interested in stimulating discussion regarding gaps in policy and practice relevant research that need to be filled if we are to be successful in achieving the AHA’s goals. As we work to establish these science subcommittees, we will also use these groups as opportunities to strengthen our collaborations with other Councils and other organizations. We seek to engage our members and leverage our collaborations, not to duplicate efforts in other areas of the AHA.

The time you read this, we will have had additional strategic discussions on this issue at the Spring Leadership Meeting. We’ll have more news to report in the next Council Connections.

We have great news on the publication front also. Our Council’s effort to update the Community Guide to Cardiovascular Health has moved forward nicely. This document, led by Thomas Pearson, MD, MPH, FAHA, and Latha Palaniappan, MD, MS, FAHA, was published in April 2013 and was highlighted at the AHA/NPAM spring meeting. We also are leading efforts to develop an action on the cardiovascular health of Hispanics (led by Carlos Rodriguez, MD, MPH, FAHA) and on achieving the 2020 goals for cardiovascular health (led by Donald Lloyd-Jones, MD, ScM, and Chris O’Dondell, MD, MPH, FAHA, FACC). If you have ideas for science committees you would like to lead, contact me or James Meigs, MD, or Amanda Sands, BS.

David Goff, MD, PhD, FACP, FAHA

MESSAGE FROM THE CHAIR

The Evolution of the EPI Council

The evolution of the EPI Council is a remarkable story that includes many twists and turns, making it quite intriguing. Next year will be our 50th anniversary, and we want to look back at the events that made us who we are today.

According to Blackburn, Epstein (1995), after World War II, epidemiology for cardiovascular disease was actually initiated by pioneer individual clinicians and scientists who knew firsthand the complexities of these cardiac diseases. These individuals then evolved into epidemiologists and formed organizations to integrate their passion into their work (Blackburn, Epstein 1995).

This endeavor led to the formation of CVD epidemiology in our country. The American Heart Association and the scientific Councils were instrumental in the development of CVD epidemiology (Blackburn, Epstein 1995).

Although epidemiology for CVD began after WWII, the AHA actually began in 1924 after World War II, the AHA actually began in 1924. Blackburn and Epstein (1995) eloquently describe in their article, it was not an easy journey. For example, there was a disconnect in AHA members between those who focused on the more broad aspects such as public health education and others who focused on the scientific aspects of cardiovascular disease (Blackburn, Epstein 1995).

In 1998, Howard Speeg and members of his committee wrote a white paper that led to the transformation of the AHA, moving it from a professional organization to an organization comprised of public voluntary individuals (Blackburn, Epstein 1995). After the AHA changed its representation to a public voluntary organization, the Council on Community Service and Education was established from the Public Health section of the AHA (Blackburn, Epstein, 1995). Working with the National Heart Institute, the Council conducted meetings from 1956-1959 on CVD concepts and methods on epidemiology (Blackburn, Epstein, 1995).

In 1960, Oglesby Paul, MD, Chair of the Committee of Epidemiological Studies began the first conference in Chicago on CVD Epidemiology on the aspect of momentary CVD risks (Blackburn, Epstein 1995).

The next issue of Connections will continue to discuss the evolution of our Council and the specifics trials and tribulations that transpired through the formative years. Special thanks to Blackburn for providing the references below for the writing of this story.

References


1. Go online and participate in the NHLBI’s Epidemiology blog (nhlbi.nih.gov/resources/epidemiology-forum). The current fiscal situation at NIH is putting great pressure on epidemiology and prevention research, both observational and interventional. Make your voices heard about the research we need to pursue our goal of cardiovascular health for all.

2. While you are online, join You’re the Cure, the AHA’s grassroots advocacy network (yourethecure.org). After you join, you will be notified about important local, state and national advocacy issues for you. With a few simple mouse clicks, you will be able to communicate your position on these issues to your elected officials. It’s easy and it’s important. Also consider meeting with your elected officials or their staff in person. You have more credibility than you might think and can really make a difference, especially if you develop a relationship over time.

3. Join the AHA Professional Online Network (networking.americanheart.org). Our Council has interest groups that you can join and you will be connected with your friends and colleagues.

4. Got involved locally with the AHA. Attend your Heart Ball, your Heart Walk, or Go Red and Power to End Stroke programs. Help with Go Red with the Guidelines at your institution or Help in other efforts such as Teaching Gardens and Community Kitchens. You’ll meet great people, have great fun and make a great difference.

CONGRATULATIONS, EPI AWARD RECIPIENTS

Jeremiah and Rose Stampler Research Award for New Investigators Winner

Olivia Berryman, BS

Finalists

Bing Yu, MD

Shipra Bhupathiraju, PhD

Farnaz Imamyar, PhD

Yu Xu, PhD

Sandra A. Daugherty Award for Excellence in Cardiovascular Disease or Hypertension Epidemiology

The EPI Council acknowledges the grant provided by the Sandra A. Daugherty Foundation.

Winners

Saman Fahimi, MD

Finalists

Noreen Alkan, MPH

Stephanie Chlewa, ScD

Eric Ding, ScD

Nicole Redmond, MD, PhD

Trudy Bush Fellowships for Cardiovascular Disease Research in Women’s Health

The EPI Council acknowledges the grant provided by Wyeth-Ayerst Pharmaceuticals for the support of the award.

Winners

Jill Dryfas, MPH

Bernard Herin, MD

Amanda Sands, BS

Roger Williams Memorial Award for Genetic Epidemiology and the Prevention and Treatment of Atherosclerosis

The Council on Epidemiology and Prevention gratefully acknowledges the grant provided by Merck Inc. for the support of this award.

Winner

Nils Olson, BS

CONNECTIONS SUMMER 2013