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About Go Red for Women

Since 2004, Go Red for Women has addressed the awareness and clinical care gaps of women's greatest health threat, cardiovascular disease. As Go Red celebrates 20 years of making an impact, on the cusp of the American Heart Association's 100th anniversary, we continue to make bold moves to save lives and pioneer scientific discoveries. We haven't done it alone. We reach our goals working with organizations and individuals who share our vision for better health and today, the Go Red for Women community is stronger than ever.

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As women grow and change so does their risk for cardiovascular disease. Go Red for Women is here for their health and wellbeing at every age, stage, and season of their lives.

As we look to the next 100 years, the AHA, through Go Red for Women, is prepared to meet the evolving needs of women now, and at every age, every stage, and every season of their lives as their trusted, relevant source for credible, equitable health solutions.

Fast Facts - Women and Cardiovascular Disease

Cardiovascular disease is the leading cause of death in women, claiming more lives than all cancers combined.



Nearly

45% of women

over age 20 are living with some form of CVD.

Women experience unique life stages that increase their risk of developing CVD over the course of their lifetime.

Among females 20 years of age and older between 2017 and 2020, 44.8% had some form of cardiovascular disease.1

Among females 20 years of age and older between 2017 and 2020, 44.6% of non-Hispanic White females had CVD; 59.0% of non-Hispanic Black females, 37.3% of Hispanic females, and 38.5% of non-Hispanic Asian females.2

Using data from 2017 to 2020, the prevalence of stroke was 5.4 million females vs. 4.0 million males, 20 years of age and older.3

In 2020, stroke caused the deaths of 90,627 females (56.5% of total stroke deaths). 4



The majority of cardiovascular events can be prevented with lifestyle changes and education.



Only 44% of women are aware that cardiovascular disease is their leading cause of death.5

Among females 20 years of age and older in 2017 to 2020, the following had HBP: 42.6% of non-Hispanic White females; 58.4% of non-Hispanic Black females; 35.3% of Hispanic females; and 37.6% of NH Asian females.

An estimated 68.8% of females 20 years of age and older are overweight or obese; 66.7% of non-Hispanic White females, 79.2% of non-Hispanic Black females, 75.4% of Hispanic females, and 45.9% of non-Hispanic Asian females.

In 2020, diabetes caused the deaths of 44,656 females (44.7% of all deaths from diabetes).



A woman is less likely to receive CPR from a bystander than a man, and men have 23% higher odds of surviving a sudden cardiac arrest than women. Too many women die from cardiac arrest - partly because people are afraid to touch them.



Cardiovascular disease is the leading cause of maternal death in the U.S.7, or more simply put, heart disease is the No. 1 killer of **new moms.** It can pose a threat to women's heart health during pregnancy and later in life, making it important that women understand how to care for themselves and their baby.

Less than half of women entering pregnancy in the US have optimal cardiovascular health.

Women are more likely than men to be diagnosed with depression.8 The mental well-being of women has been significantly impacted by the pandemic and more women have reported that their workload increased in the past few years.9

There are significant biological differences between men and women, and clinical trials have not always adequately enrolled women or analyzed sex-specific differences in the data.10 In fact, as of 2020, only 38% of cardiovascular clinical research trial participants are women.

12.3.4 Tsao CW, Aday AW, Almarzooq ZI, Anderson CAM, Arora P, Avery CL, Baker-Smith CM, Beaton AZ, Boehme AK, Buxton AE, Commodore Mensah Y, Elkind MSV, Evenson KR, Eze-Nliam C, Fugar S, Generoso G, Heard DG, Hiremath S, Ho JE, Kalani R, Kazi DS, Ko D, Levine DA, Liu J, Ma J, Magnani JW, Michos ED, Mussolino ME, Navaneethan SD, Parikh NI, Poudel R, Rezk-Hanna M, Roth GA, Shah NS, St-Onge M-P, Thacker EL, Virani SS, Voeks JH, Wang N-Y, Wong ND, Wong SS, Yaffe K, Martin SS; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2023 update: a report from the American Heart Association [published ahead of print January 25, 2023]. Circulation. doi: 10.1161/CIR.000000000001123

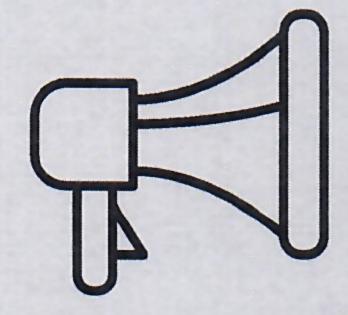
Centers for Disease Control, Women and Heart Disease ⁶Public Perceptions on Why Women Receive Less Bystander Cardiopulmonary Resuscitation Than Men in Out-of-Hospital Cardiac Arrest

⁷Centers for Disease Control Pregnancy Mortality Surveillance System Table: Causes of Pregnancy-Related Deaths

Mayo Clinic Depression in women: Understanding the gender gap *Deloitte Women @ Work 2022: A Global Outlook

¹⁰Liu KA, et.al. Women's involvement in clinical trials: historical perspective and future implications Pharm Pract (Granada). 2016 Jan-Mar; 14(1): 708. "lin X et al Women's Participation in Cardiovascular Clinical Trials From 2010 to 2017 https://doi.org/10.1161/CIRCIII ATIONAHA 119.043594 Circulation, 2020-141-540-548

Go Red for Women's Expanded Focus Areas:



Awareness

Go Red for Women serves as a catalyst for change to improve the lives of women globally. Through media, events, storytelling, and digital platforms we raise the voices of women to raise awareness about their greatest health threat – cardiovascular disease. Survivors, health experts, celebrities, and CEOs help carry our message and mission to help all women understand their risk so they can fight back against heart disease and stroke.



Research

Women continue to be underrepresented — and underfunded — in both research and STEM fields. We're addressing this through Research Goes Red, STEM Goes Red and efforts to increase funding and research on CVD in women.



Maternal Health and Moms

The U.S. has one of the worst maternal mortality rates among developed countries, and pregnancy-related deaths are on the rise. The reason? Cardiovascular disease. Black women pay the highest price, followed by Native American, Asian and Hispanic women. We're advocating for more equitable health care and determined to close the gaps in education, resources, and support.



Mental Wellbeing in Women

Women are twice as likely to be diagnosed with depression, and through the pandemic, 80% said their load increased at home and work. We're developing solutions to promote positive well-being and support across every stage of a woman's life.

2004

Go Red for Women begins and raises women's awareness that heart disease is their No. 1 killer and helps them take action to prevent it.

The first set of evidence-based guidelines for the prevention of cardiovascular disease in women are published in the 2004 inaugural Go Red for Women special edition of the American Heart Association journal Circulation.2006 - Go Red grants first international license in collaboration with the World Heart Federation. Today, Go Red for Women is in more than 50 countries across the globe.

2016

STEM Goes Red launches in Chicago to engage young, diverse women in future STEM careers.

2022

Go Red affirms the importance of heart health for all women supported by the latest AHA presidential advisory, which details ways to eliminate discrepancies women face in both care and research.

2010

Go Red for Women supports a provision to prohibit insurance companies from charging women higher premiums than men for the same health insurance coverage.

2015

AHA announces plans for the Go Red for Women Strategically Focused Research Network (SFRN), with five centers studying five key women-related issues.

2019

Research Goes Red launches in collaboration with the Institute for Precision Medicine, building the most highly engaged women's health registry and research marketplace.







OOP PRESSURE MEASUREME

Go Red For Women is nationally sponsored by **▶CVS**Health

USE A VALIDATED MONITOR. ASK YOUR HEALTH CARE PROVIDER OR PHARMACIST FOR HELP.

IN THE 30 MINUTES BEFORE YOUR **BLOOD PRESSURE IS TAKEN:**

- NO SMOKING.
- NO EXERCISE.
- NO CAFFEINATED BEVERAGES.
- NO ALCOHOL.

FOR 5 MINUTES BEFORE YOUR **BLOOD PRESSURE IS TAKEN:**

• SIT STILL IN A CHAIR.

RIGHT BEFORE:

- MAKE SURE THE CUFF IS THE RIGHT SIZE.
- WRAP IT JUST ABOVE THE BEND IN THE ELBOW.
- WRAP IT AGAINST SKIN, NOT OVER CLOTHING.

WHILE YOUR BLOOD PRESSURE IS BEING TAKEN:

- RELAX.
- DON'T TALK.
- REST THE CUFFED ARM COMFORTABLY ON A FLAT SURFACE (LIKE A TABLE) AT HEART LEVEL.
- SIT UPRIGHT, BACK STRAIGHT AND SUPPORTED.
- KEEP LEGS UNCROSSED AND FEET FLAT ON THE FLOOR.

AFTER:

- IF AT HOME, WAIT ONE MINUTE AND TAKE A SECOND READING. AVERAGE THE READINGS.
- CONSIDER A THIRD READING.

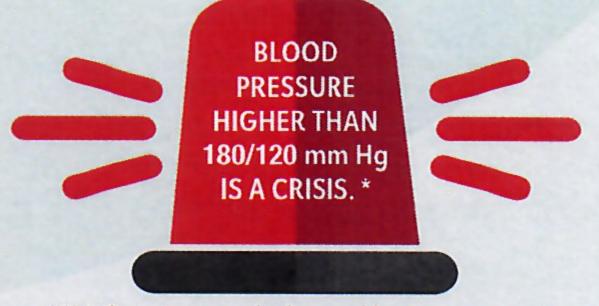
RECOMMENDATIONS:

- KEEP A JOURNAL. BRING IT TO EVERY CHECKUP.
- HAVE YOUR HEALTH CARE PROVIDER CHECK YOUR MONITOR ANNUALLY.

GoRedforWomen.org

American Heart Association recommended blood pressure levels

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	OR	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120



*Wait five minutes and take your blood pressure again. If your readings are still high, contact your healthcare provider immediately.

> LEARN MORE AT HEART.ORG/HBP





Know the warning signs of heart attack and stroke

You could save your life



Heart attack and stroke are life-or-death emergencies — every second counts. If you think you or someone you're with has any symptoms of heart attack or stroke, call 911 immediately.

For a stroke, also note the time when the first symptom(s) appeared. A clot-busting drug received within 3 to 4.5 hours of the start of symptoms may improve your chances of getting better faster.



Heart Attack Warning Signs

Some heart attacks are sudden and intense, but most of them start slowly, with mild pain or discomfort. The warning signs are:



 Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.



Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.



Other signs may include breaking out in a cold sweat, nausea or lightheadedness.



 Shortness of breath. This may occur with or without chest discomfort.

As with men, women's most common heart attack symptom is chest pain or discomfort. But women are more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting and back or jaw pain.



Stroke Warning Signs

Use the letters in F.A.S.T. to spot signs of stroke:



• Face drooping — Ask the person to smile. Does one side of the face droop or is it numb?



 Arm weakness — Ask the person to raise both arms. Is one arm weak or numb? Does one arm drift downward?



Speech difficulty — Ask the person to repeat a simple sentence such as, "The sky is blue." Is the sentence repeated correctly? Are they unable to speak, or are they hard to understand?



 Time to call 911 — If the person shows any of these symptoms, even if the symptoms go away, call 911 and get them to the hospital immediately.

Additional symptoms of stroke include:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding

- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

The American Heart Association and National Heart, Lung, and Blood Institute are working together for women, for healthy hearts.

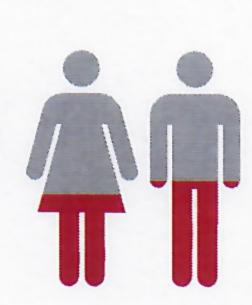


need CPR, too!

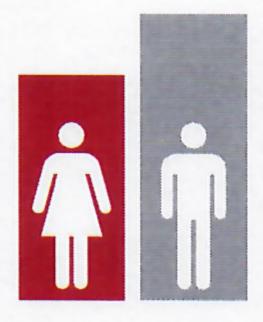
More and more people are surviving cardiac events — BUT NOT WOMEN.



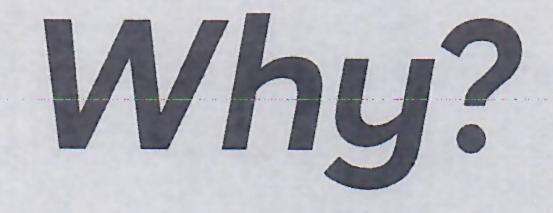
In a 2017 study of more than 19,000 people who had cardiac events:



Only 39% of women received CPR from bystanders in public compared to 45% of men.



Men's odds of surviving a cardiac event were 23% higher than women's.



Women who have cardiac arrests are more likely to:

- · Have cardiomyopathy, a disease of the heart muscle
- Have non-schockable rhythms that cannot be treated with an AED
- · Be older and live at home alone

Plus, a few common fears and myths may prevent them from getting help.

THE PROBLEMS:

Fears



Even in training environments, some people are less likely to use CPR or an AED on female avatars

"I will be accused of inappropriate touching"

"I will cause physical injury"

"I will get sued if I hurt a woman"

Myths

Many believe that women:

- Are less likely to have heart problems
- Overdramatize incidents

AHA'S RESPONSE:

To help overcome the problems and fears AHA is:

RAISING AWARENESS

about cardiac arrest in women.



IMPROVING TRAINING

AHA's CPR training addresses gender-related barriers to improve bystander CPR rates for women. This includes representation of women in our training materials and informational videos.

ADVOCATING

to improve the response to cardiac arrest for everyone. Good Samaritan laws offer some protection to those who perform CPR.

Overcome your fear and learn CPR. Learn more at goredforwomen.org/WomenandCPR