

2022-2023 National Committee Descriptions, Competencies and Anticipated Number of Open Roles

Committee	Description	Competencies	Anticipated # of Open Roles	Especially Needed Competencies
<p>Advocacy Coordinating Committee <i>Staff lead: Mark Schoeberl</i></p>	<p>As a committee of the national board, the Advocacy Coordinating Committee is the AHA's primary volunteer committee responsible for establishing the Association's public policy agenda, policy positions and annual priorities at the federal, state, local, and in conjunction with the International Committee, global level. The committee provides ongoing guidance and feedback on the pursuit of these priorities by the AHA advocacy enterprise. The committee is also responsible for evaluating the effectiveness and success of the Association's advocacy efforts. Members of the committee reflect the wide variety of volunteer passions, experiences and expertise we have as an organization, and individual members are regularly called upon to review new proposed policy positions during and between meetings. Members frequently directly engage in AHA advocacy efforts and may occasionally represent the Association in public meetings.</p>	<ul style="list-style-type: none"> • Understands the American Heart Association from the broadest perspective. Served in a leadership role in the Region. • Current or past involvement in AHA federal, state and local advocacy (e.g. state advocacy committee) • Solid knowledge and track record of promoting public policy with an equity focus in the areas of cardiovascular health (nutrition, physical activity, obesity prevention/treatment, tobacco control, air pollution), health care access, adequacy, and quality, systems of care, and research funding. • Ability to evaluate current and future policy interventions to achieve the AHA's strategic priorities • Current member and active participant in the You're the Cure advocacy volunteer network including responding to online and offline calls to action desirable • Existing relationships with public officials and governmental organizations, advocacy groups and community-based organizations • Ability to serve as a spokesperson on behalf of the AHA on select advocacy issues and priorities • Experience in translating AHA scientific guidelines, landmark studies, and other research into policy guidance and strategic recommendations 	<p>Advocacy Coordinating Committee 5-7</p>	<ul style="list-style-type: none"> • Nominees with broader diversity of life experiences with particular interest in adding perspectives reflecting diminished access to health care (services and health insurance coverage), adverse childhood experiences, economic scarcity, and systemic racism. • Nominees with broader diversity of age (younger generational representation); race and ethnicity; gender and gender expression; sexual orientation; disability and ability; and geography (urban/rural). • Professional experience highly desirable in the areas of nursing, insurance design (value-based care models), health economics, faith community and fundraising for public policy issue campaigns and advocacy. • Prior experience leveraging social media to educate, engage, mobilize and active advocates.
<p>American Stroke Association Advisory Committee <i>Staff leads: Juliana Crawford, Stephanie Mohl</i></p>	<p>The American Stroke Association Advisory Committee advises the organization on strategic planning; positioning within stroke marketplace; social business, marketing and messaging needs for brain health, stroke risk, acute treatment/recognition and recovery; the development of culturally relevant programs, products, services and strategic alliances needed to achieve ASA goals and improve patient outcomes.</p>	<ul style="list-style-type: none"> • Advocate for the advancement of stroke prevention, treatment and stroke rehabilitation and recovery issues throughout the AHA/ASA. • Work in an effective volunteer-staff partnership to identify the priorities for stroke activities of the AHA/ASA. • Help identify stroke partnerships and alliances. • Drive stroke fundraising. • Represent and advocate for ASA by fostering integration opportunities across the organization. • Assist in the translation and application of science to consumer-facing programs. • Advocate for stroke systems of care across the country to ensure health equity and improved patient outcomes. 	<p>ASA Advisory Committee 4-6</p>	<ul style="list-style-type: none"> • Most pressing need: Stroke rehabilitation allied health professionals (physical/occupational/speech-language therapists). • Second most pressing need: Expertise in brain health • Marketing and advertising executives with strong campaign and consumer engagement experience • Individuals with strong social media/digital marketing expertise/experience • Experience in stroke health equity and serving patients from underserved populations and developing of culturally relevant programs, particularly with respect to prevention and risk factor management • Individuals who are highly networked, able to help open doors to new sponsors, diverse channels/businesses and strategic alliances • Other needed expertise includes: interventional neurology, pediatric neurology, and emergency medicine/EMSStroke survivors and/or family caregivers, preferably Gen Z or Millennials with any of the above expertise
<p>Atrial Fibrillation Systems of Care Advisory Group <i>Staff lead: Michele Bolles</i></p>	<p>The Atrial Fibrillation (AFIB) Systems of Care Advisory Group's primary focus is the strategic development, implementation, direction, and evaluation of AFIB Quality Improvement programs. The committee is comprised of AHA volunteer and reports to the Quality Oversight Committee.</p>	<ul style="list-style-type: none"> • Primary care clinical practice and management <ul style="list-style-type: none"> ○ EP lab experience. • Community health center clinical practice and management • Quality Improvement Organizations (QIOs) • Quality measurement and research • Experience serving patients from underserved populations 	<p>Afib Systems of Care 5 expected openings with an emphasis on increasing the racial diversity on the team.</p>	<ul style="list-style-type: none"> • Primary health care providers with interest in quality improvement • Individuals with strong business development expertise in Healthcare Administration/Leadership • Expertise in clinical analytics, informatics, quality measurement, and/or research • Members of Larger Primary Healthcare organizations with practical knowledge of program uptake • Advanced practice nurse/nurse researcher • Cardiac rehabilitation specialist
<p>CAD Systems of Care Advisory Group <i>Staff lead: Michele Bolles</i></p>	<p>The Coronary Artery Disease (CAD) Systems of Care Advisory Group's primary focus is the strategic development, implementation, direction, and evaluation of CAD Quality Improvement programs. The committee is comprised of AHA volunteer and reports to the Quality Oversight Committee.</p>	<ul style="list-style-type: none"> • Primary care clinical practice and management <ul style="list-style-type: none"> ○ Extensive professional experience in clinical performance of pre-hospital and in-hospital emergency cardiovascular care. • In-patient & outpatient quality improvement • Community health center clinical practice and management • Quality Improvement Organizations (QIOs) • Quality measurement and research • Experience serving patients from underserved populations 	<p>CAD Systems of Care 5 expected openings with an emphasis on increasing racial and gender diversity on the team.</p>	<ul style="list-style-type: none"> • Primary health care providers with interest in quality improvement • Individuals with strong business development expertise in Healthcare Administration/Leadership • Expertise in clinical analytics, informatics, quality measurement, and/or research • Members of Larger Primary Healthcare organizations with practical knowledge of program uptake • Rural Health Clinicians • Referring Hospital Clinicians
<p>Communications and Marketing Coordinating Committee <i>Staff lead: Katrina McGhee</i></p>	<p>The Communications and Marketing Coordinating Committee is designed to provide advice on the Association's marketing, advertising, public relations and other communications strategies, including:</p> <ul style="list-style-type: none"> • Advise and provide guidance during the strategic planning process to set strategies to reach priority markets. • Digital media and social media strategies 	<ul style="list-style-type: none"> • Advertising, traditional and non-traditional • Brand Management • Crisis Communications • Multicultural Engagement • Marketing Research • New Media and Social Media/Networking 	<p>Communications & Marketing Coordinating Committee 2-3</p>	<ul style="list-style-type: none"> • Greater proportionate emphasis on digital: <ul style="list-style-type: none"> ○ Video ○ Data analytics for marketing ○ Martech ○ Social media

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	<ul style="list-style-type: none"> • Context syndication expertise • Provide alignment of plans to overall strategic direction as well as integration of plans across markets. • Advise on emerging market and industry trends and other environmental factors that might impact the AHA's marketing and communications efforts. • Provide oversight to the development, implementation and evaluation of the Association's paid advertising campaign. • Provide guidance on marketing and media relationships, new products and promotions. • Ensure stroke is properly emphasized in the strategic planning. • Provide guidance on issues related to image, positioning and branding. • Recommend and interpret policies that impact the marketing and communications functions. • Provide public/media relations counsel and advice to proactively and strategically communicate AHA messages. • Offer counsel and support on management of media crises and sensitive issues related to the AHA. 	<ul style="list-style-type: none"> • Public Relations • Marketing • Media Relations • Brand Positions • Media partnership and sponsorship experience • Content Creation/Syndication • Influence Engagement/management 		
<p>Corporate Operations Coordinating Committee <i>Staff lead: Larry Cannon</i></p>	<p>The Corporate Operations Coordinating Committee is currently made up of 18 volunteers. Members of the committee include the AHA Treasurer (who serves as chairperson of the committee), Chairman of the Board, Chairman-elect, President, President-elect, and the chairperson from each committee that reports to this group. The remainder are members-at-large. The Committee may have up to 8 members-at-large serving on the Committee. The committee's principal responsibilities are:</p> <ul style="list-style-type: none"> • General supervision over all funds, securities and investments of the Association, and responsibility for business procedures and operations of the Association. • Review forecast and allocation of available resources; analyze trends and expense projections. Review Association budgets, net assets and financial projections. Recommend approval of the consolidated AHA budget to the Board of Directors annually. • Analyze trends pertaining to resource allocations and spending patterns. • Make regular reports to the Board covering its activities. • Oversee and make regular reports to the Board covering the activities of the Investment Committee, International Business Subcommittee, Corporate Relations Review Committee, and Quality Accreditation Business Management Committee. • Assure that an identification and assessment of relevant risks, with appropriate mitigations and controls identified or implemented and periodically assessed, is included as a part of strategic and operational planning of the function(s) overseen by the committee. 	<ul style="list-style-type: none"> • Understands finance and accounting and implications to AHA • General knowledge in the areas of auditing and financial reporting • General knowledge in the investment area • General knowledge of international business practices and business risks • General knowledge in the concepts of budgeting and financial management • Understands leading edge business practices • Understands solutions through application of information technology • Broad knowledge of personnel and compensation practices • Understands production and distribution processes 	<p>Corporate Operations Coordinating Committee Anticipate 1 – 2 Open Positions</p>	<ul style="list-style-type: none"> • Desire more female, diverse and younger volunteer representation • Expertise in areas including Human Resources, Technology and Business Improvement
<p>Corporate Relations Review Committee <i>Staff lead: Lewis Kinard</i></p>	<p>The Corporate Relations Review Committee is responsible for evaluating proposed corporate relationships for risk to the brand and adherence to AHA policies and positions. The Committee also recommends changes in the Corporate Relations Policy, as needed, to the Corporate Operations Coordinating Committee and the Board. An orientation call is held once a year for new members and other members wishing to attend. Each month, committee members receive a packet of proposed corporate relationships to review. The Committee has a monthly conference call to review the submitted proposals. Members that are unable to attend the monthly conference call may submit their comments and recommendations to the proposals in writing. If policy changes are requested or required, one or more calls may be held to address such changes.</p>	<ul style="list-style-type: none"> • Experience with Association or other national organizations regarding business or licensing relationships or alliances designed to leverage distribution of information and/or products to the public. • Experience in Association public relations, marketing, or fundraising activities. • Experience in Association science generally and in nutrition science specifically. • General business experience. 	<p>Corporate Relations Review Committee 2</p>	<ul style="list-style-type: none"> • Lay Business Members • Science/Healthcare Business Member
<p>Council Operations Committee <i>Staff lead: Radhika Rajgopal Singh</i></p>	<p>The Council Operations Committee meets three times each year (1 face-to-face meetings [May], 2 scheduled virtual meeting [September & January] and then the option for 2 additional teleconferences only if needed. The committee oversees the strategic, operational and coordination of activities in support of all Scientific Councils' financial management, membership growth, member recognition and creation of science in support of AHA's mission. Responsibilities and oversight:</p> <ul style="list-style-type: none"> • Promote and support the overall growth and engagement of professional membership through the recruitment of new members, retention of current members through the work for mid-career professionals and investment in future members through the FIT and early career programs. 	<ul style="list-style-type: none"> • MD, DO, PhD, RN, or equivalent science degree, or related advanced business degree and/or experience. • Representation from primary customer groups – physicians/pharmacists/nurses, researchers and allied health professionals. • Broad knowledge of the AHA's scientific agenda and operations, issues and funding of Scientific Councils. • Knowledge and support of AHA guiding values related to diversity, equity and inclusion. • Knowledge of affiliate operations and other AHA key work processes. • Broad knowledge of financial management, investments, and budgeting concepts. • Knowledgeable in fundraising activities. • Strong business management/business development background. 	<p>Council Operations Committee 5 Member at Large positions and a member from each of the following councils: CVRI, Lifestyle, QCOR and Stroke</p>	<ul style="list-style-type: none"> • Early Career Focus, International/Global Perspective, Mid-Career Focus, Business/Membership Marketing, Business, and Region/National Experience, Professional Membership experience.

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	<ul style="list-style-type: none"> Ensure the commitment to AHA's guiding values as related to diversity, equity and inclusion are reinforced throughout the councils and efforts are made to increase the gender, racial and ethnic diversity of the general membership and council leadership. In support of AHA's mission, assist with identifying potential target audiences and the gaps in membership necessary to further it. 	<ul style="list-style-type: none"> Understands solutions through application of information technology. Ability to review competing needs and rationally allocate resources. Business or strategic planning experience. Possesses business and change management competencies. Understands brand management and how to leverage concept to benefit the Association. Possesses marketing, communications and/or public relations experience. Expertise in centralizing and approving programs and marketing initiatives generated by the various Scientific Councils. Demonstrated performance in the successful integration of conceptual, strategic and tactical planning. Understanding of the science volunteer processes and ways to match qualified volunteers to various opportunities within the AHA. 		
<p style="text-align: center;">Diversity Leadership Committee <i>Staff lead: Gerald Johnson</i></p>	<p>The Diversity Leadership Committee meets 3 times face-to-face each year in June, October, and February. The committee facilitates Diversity, Equity and inclusiveness at all levels of the Association to impact the mission including internal staff/volunteer engagement (recruitment, retention and development) community impact, related strategies and programs. .Submits candidates to the Nominating Committee for Officers and Board members-at-large and national awards; and makes suggestions to the Chairman of the Board and President for committee appointments.</p>	<ul style="list-style-type: none"> Champions for Diversity, Equity and Inclusion Experience working with or expertise regarding racial/ethnic/culturally diverse populations. Multicultural marketing expertise. Understanding of the principles of cultural competence and strategies for increasing across staff, volunteers and other audiences. Understanding of strategies for reducing healthcare disparities and building health equity. Knowledge of recruitment methods to increase staff/volunteers of diverse backgrounds. Experience in building or managing strategic alliances and partnerships that further diversity and disparities goals. Committee should represent a variety of professional backgrounds, ranging from medical professionals and leaders of community and business world. Realistic/pragmatic view solution-oriented view. General knowledge of fundraising and donor cultivation. Experience serving patients from under-sourced populations. 	<p>Diversity Leadership Committee 2-3</p>	<ul style="list-style-type: none"> Social justice, community engagement, faith based or rural experience Broader representation of people who identify as Latin/Hispanic, Asian and/or Native America. Young urban professionals Diverse/non-diverse multicultural marketing executives, business executives and Social Determinants of Health Experts, specifically: Social Cohesion Adverse Childhood Experiences Public Safety Environmental Education Wellbeing Population Health Experts Rural Market expertise Chief Diversity/Corporate Social Responsibility Executives Diverse/non-diverse professionals with expertise in national/local social impact funding (funds/bonds – pay for performance financing).
<p style="text-align: center;">Emergency Cardiovascular Care Committee <i>Staff lead: Comilla Sasson</i></p>	<p>The Committee on Emergency Cardiovascular Care meets quarterly. Face-to-face meetings are held in the spring and fall, and conference calls are held in the summer and winter. Functions of the ECC Committee are designed to support the ECC Impact Goals, in order to optimize the success of ECC's mission within the AHA. ECC's mission is "Building healthier lives free of cardiovascular diseases and stroke by improving the chain of survival in every community and health system." The goals of the committee are to increase survival from cardiac arrest (includes prevention of cardiac arrest) and to increase performance of out-of-hospital CPR. The essential components of the ECC Committee are science, educational science and programs, and systems of care; and each of these have formed ECC Subcommittees. Each of these subcommittee chairpersons serve as members on the ECC Committee.</p>	<ul style="list-style-type: none"> National/International expert on emergency cardiovascular care, resuscitation, first aid, or educational science. EMT-P, RN, MD, PhD or equivalent science degree. Extensive professional experience in clinical performance of pre-hospital and in-hospital emergency cardiovascular care. Extensive experience teaching emergency cardiovascular care, preferably at the regional or national level for the American Heart Association. Thorough knowledge of American Heart Association ECC provider and instructor materials; instructor experience in one or more disciplines preferred. Professional history of contributions to emergency cardiovascular care through authorship or editorship of published materials such as articles, book chapters, peer-reviewed publications, educational videos, or training aids Knowledge of and extensive experience with AHA ECC Programs Excellent leadership, organizational and consensus-building skills, particularly in leading large group meetings Knowledge of Systems of Care Survival for CPR per AHA Guidelines 	<p>ECC 4</p> <p>-2 members at large</p> <p>-2 subcommittee vice-chair positions (will be filled by incoming subcommittee vice-chair elects)</p>	
<p style="text-align: center;">Health Tech Advisory Group <i>Staff lead: Patrick Wayte</i></p>	<p>Through the Center for Health Technology and Innovation (CHTI) , the AHA will work to apply expertise in science, health education and its powerful brand to enhance and inspire the efforts of this dynamic marketplace. The Health-Tech Advisory Group (HTAG) will serve a critical role in advising and guiding the AHA in this space, through the ongoing development of the CHTI, providing industry insights, expert connections and advice, guidance on research and engagement models, and leadership in the development of health-tech events/tools/resources.</p> <p>Provide strategic direction and oversight, including:</p> <ol style="list-style-type: none"> Provide strategic input for the Center for Health Technology & Innovation Provide input on key measurements for analyzing success and impact of the Center for Health Technology and Innovation 	<ul style="list-style-type: none"> Health technology, behavior change, remote patient monitoring, health platforms and services Experience serving patients from underserved populations Telehealth and Telemedicine Electronic health records 	<p>Health Tech Advisory Group 0</p>	<ul style="list-style-type: none"> Health Technology and Health Equity Remote patient monitoring platforms and Solutions Telehealth Experience with clinical studies using digital health solutions, wearables

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	<p>3. Provide evaluation and oversight in the development of white papers, research reports and programs and interventions as needed</p> <p>4. Serve as the key program leads for Health-Tech Events</p>			
<p>Heart Failure (HF) Systems of Care Advisory Group <i>Staff lead: Michele Bolles</i></p>	<p>The Heart Failure Systems of Care Advisory Group's primary focus is the strategic development, implementation, direction, and evaluation of Heart Failure Quality Improvement programs. The committee is comprised of AHA volunteer and reports to the Quality Oversight Committee.</p>	<ul style="list-style-type: none"> • Primary care clinical practice and management of Heart Failure (HF) patients • Work in an effective volunteer-staff partnership to identify the priorities for HF activities. • In-patient heart failure care. • Outpatient quality improvement, especially heart failure clinic experience• • Community health center clinical practice and management • Quality Improvement Organizations (QIOs) • Health IT and clinical analytics • Quality measurement and research • Experience serving patients from underserved populations 	<p>HF Systems of Care 1-2 openings; emphasis on continuing to get closer to the commissioned number of 16. Continued focus on racial and gender diversity.</p>	<ul style="list-style-type: none"> • Primary health care providers with interest in quality improvement • Individuals with strong business development expertise in Healthcare Administration/Leadership • Individuals with Health IT and EHR industry expertise • Expertise in clinical analytics, informatics, quality measurement, and/or research
<p>International Committee <i>Staff lead: John Meiners</i></p>	<p>The International Committee meets 3 times per year, face-to-face. Teleconferences are scheduled as needed. The committee develops the strategic plan for AHA's international work and coordinates international strategies among all AHA committees. It also serves as the Board of the Paul Dudley White Foundation, overseeing expenditures from this fund. The International Department, under the direction of the International Committee, plans and executes the AHA international activities. Our international strategy contributes to the World Health Organization's global fight against non-communicable diseases and the achievement of the 2030 Sustainable Development Goal of reducing premature mortality from non-communicable diseases by one third through prevention and treatment and promote mental health and well-being.</p>	<p>Business Competencies:</p> <ul style="list-style-type: none"> • International business experience (Middle East, India, Africa, Asia-Pacific and Latin America). • Knowledge of international business trends related to AHA global strategies and businesses. • Experience in global business operations, international legal, compliance and related issues. • Involvement with AHA's international activities in Healthcare Quality and Professional Education areas. • Involvement/expertise with international organizations and societies that share a common agenda. <p>Science Competencies:</p> <ul style="list-style-type: none"> • MD, PhD, RN or equivalent degree. • Knowledge of Association's strategic plan for AHA's international work for both professional and consumer markets. • Nationally/internationally recognized basic science, clinical or epidemiologic competence in fields related to the mission of the AHA, and/or education techniques in these fields; membership in an AHA Scientific Council desirable. • Knowledge of international medical groups, societies, hospitals, and training programs (Middle East, India, Africa, Asia-Pacific and Latin America). • Involvement with AHA's international activities in cardiovascular disease and stroke prevention and treatment, CPR/resuscitation, and other areas, especially in low- to middle-income countries (LMICs). • Involvement/expertise with international organizations and societies who share a common agenda. • Internationally focused research and practice agenda. 	<p>International Committee 5</p> <p>Anticipate three rotating off. Would like 3 new Business members and 2 new Science members</p>	<p>Business Experience Needs:</p> <ul style="list-style-type: none"> • Global eCommerce experience • Global sales in marketing experience • Global distribution experience • Southeast Asia-Pacific international business experience • Multi-national health technology experience <p>Science Experience Needs:</p> <ul style="list-style-type: none"> • Fellow-in-Training science replacement – early career investigation/Stroke experience • Global neurology experience
<p>Investment Committee <i>Staff lead: Cyndi Roberts/Adam Renken</i></p>	<p>This committee is responsible for setting investment strategies and making investment decisions for the AHA investment portfolio consisting of the combined reserve and endowment funds of the Association. Other responsibilities include reviewing and revising the investment asset allocation, selecting and discharging investment managers and consultants, and evaluating ongoing investment performance.</p>	<ul style="list-style-type: none"> • Experience hiring and discharging investment managers, custodians and consultants • Experience formulating investment policies for institutional investors • Experience in reviewing and evaluating investments and investment managers • Understanding of different types of investments vehicles (separately managed accounts, etc.) • Familiarity with investing institutional assets (as opposed to individual) • Knowledge of investment terms, products and services • Moderate to deep understanding of asset allocation • Familiarity working with non-profit organizations is desirable 	<p>Investment Committee 1-2</p>	<ul style="list-style-type: none"> • Desire more female, minority and younger volunteer representation • Familiarity with investing institutional assets (as opposed to individual) • Moderate to deep understanding of asset allocation • Experience in reviewing and evaluating investments and investment managers • Experience formulating investment policies for institutional investors
<p>Outpatient Quality Improvement Advisory Group <i>Staff lead: Michele Bolles</i></p>	<p>The Outpatient Quality Improvement Advisory Group's primary focus is the strategic development, implementation, direction, and evaluation of Outpatient Quality Improvement programs and development of an outpatient focused registry product to compliment the Get With The Guidelines inpatient programs. The committee is comprised of AHA volunteers and reports to the Quality Oversight Committee. The committee would welcome a liaison from the American Medical Association as a partner in our Target: BP program and would like to enhance our membership with volunteers who focus on primary care delivery and optimizing care for patients with chronic condition and/or their prevention.</p>	<ul style="list-style-type: none"> • Primary care clinical practice and management • Outpatient quality improvement, including profession education of in-clinic tactics to improve care • Quality Improvement metrics and measurement • Outpatient electronic health record system management and analytics • Community health center clinical practice and management • Health IT and clinical analytics • Interoperability, health information exchanges, and novel data sources• • Quality and/or health services research 	<p>Outpatient Quality Systems of Care 4</p>	<ul style="list-style-type: none"> • Breakout: 1-2 Members for AHA/ASA, 1 Optional Liaison from AMA • Primary health care providers with interest/experience in quality improvement • Process improvement expertise for translation of evidence to practice at scale. • Individuals with Health IT and EHR industry expertise, particularly in ambulatory data exchange and stewardship • Individuals with strong business development expertise in Outpatient Practice Administration/Leadership

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				<ul style="list-style-type: none"> Expertise in clinical analytics, informatics, quality measurement, and/or research Experience serving patients from underserved populations. Members of Larger Primary Healthcare organizations with practical knowledge of AHA program uptake
<p>Quality Certification Business Management Committee Staff lead: Michele Bolles</p>	<ul style="list-style-type: none"> Provide strategic direction, integration, and oversight of the AHA Hospital and Outpatient Certification programs. Develop, implement, and revise Hospital and Outpatient Certification business plans. General oversight of business operations and performance against Hospital and Outpatient Certification business plans and accompanying goals. Reports to the Corporate Operations Coordinating Committee. 	<ul style="list-style-type: none"> Advanced experience in development, implementation and revision of business plans and program development Experience with general oversight of business operations and performance, preferably management experience in healthcare organizations, both inpatient and outpatient. • Knowledge of healthcare quality improvement, registries certification, and regulatory initiatives Knowledge of industries such as health systems, regulatory agencies and managed care organizations Excellent leadership, organizational and consensus building skills Experience serving patients from underserved populations 	<p>Quality Certification Business Management 2</p>	<ul style="list-style-type: none"> Health finance/economist Payer or managed care expertise Department of public health representative Health system leader/CEO Include a more diverse ethnic and racial representation Outpatient (Skilled Nursing, Home Health, Palliative/Hospice Care, and Assisted and Independent Living facilities)
<p>Quality Certification Science Committee Staff lead: Michele Bolles</p>	<ul style="list-style-type: none"> Formulate criteria, standards and process for AHA/ASA Hospital and Outpatient Certification programs. Evaluate the impact of the certification program(s) in improving the quality of patient care. Directly or through its disease-specific subcommittees, provide science review and consultation to the Hospital and Outpatient Business Management Committee. Directly or through its subcommittees, review and recommend approval/denial /certification on-site reports from /certification reviewers. 	<ul style="list-style-type: none"> Advanced experience in cardiac science and standards of cardiovascular and cerebrovascular care, emergency and critical care, medical support services, and a representative of pre-hospital care Extensive professional, clinical experience in cardiovascular and stroke care, preferably including neuro-radiologist, physical therapist, nursing Experience in cardiac and stroke quality initiatives, including development and implementation of care guidelines Expertise in healthcare quality improvement, registries, accreditation, and regulatory initiatives Knowledge of healthcare systems, regulatory agencies and current accreditation/certification programs Excellent leadership, organizational and consensus building skills Experience working with professional societies who have stake(s) in accreditation and certification programs 	<p>Quality Certification Science Committee 1</p>	<ul style="list-style-type: none"> Ambulatory/post-acute care clinical quality expertise Internal medicine EMS International Need more diversity (committee is currently neurology heavy given previous priorities in stroke certifications) Outpatient (Skilled Nursing, Home Health, Palliative/Hospice Care, and Assisted and Independent Living facilities).
<p>Research Committee Staff lead: Leslie Hearn</p>	<p>The overall AHA Research Committee responsibilities are to oversee and execute strategies to achieve AHA's Essential Elements for the Association's Research Enterprise. These include strategies for research funding, investigator development, accountability and optimization.</p> <p>Research Funding</p> <ul style="list-style-type: none"> Develop, maintain and evaluate novel funding models. Ensure that these models fund the most meritorious investigator-initiated & strategically focused research. Ensure that all areas of cardiovascular and stroke research driving to AHA goals and mission are supported, as appropriate. Develop, execute and evaluate systematic processes which allow for the generation, funding and dissemination of 'high impact' questions/content areas which can provide extraordinary impact. <p>Investigator Development</p> <ul style="list-style-type: none"> Ensure appropriate funding of investigators at all career stages and across disciplines. Provide strategies and mechanisms that support the ongoing development of investigators' skills related to contemporary and cutting-edge methods of inquiry. Ensure options of funding for both individuals and projects. <p>Accountability</p> <ul style="list-style-type: none"> Ensure that best practices and policies are used for all governance (committees, etc.) and operational practices (peer review, open science, etc.). Involve AHA's key stakeholders – scientists, clinicians, lay members, donors, etc. -- in research activities. Create implement and evaluate systems and processes that report structure (number of awards, etc.), process (career advancement of applicants, etc., and science outcomes (mechanistic pathway discoveries, behavior outcomes, etc.) to all level of stakeholders (i.e. lay to science audiences). 	<p>The following groups or individuals will be represented on the committee:</p> <ul style="list-style-type: none"> Strategically Focused Research Network Oversight Advisory Committees External granting organization (e.g. NHLBI, Howard Hughes Medical Institute, Burroughs Wellcome Fund, etc.) Lay volunteer representative Please see detailed competencies below, needed for lay members. Institute for Precision Cardiovascular Medicine Advisory Committee AHA Communications Committee Past AHA Board Chairman Past AHA President College or university leader (provost, president, dean for research, etc.) Scientists from various fields of research, including basic, clinical, population, public health, public policy or technology or other fields that may help inform cardiovascular and stroke science. Every effort shall be made to balance membership according to scientific expertise, geography, race, ethnicity, and gender. Members may be from any career stage -- senior, mid-career or early career -- although the majority will be those considered senior in their careers. 	<p>Research Committee 6</p>	<p>Desired for 23-24:</p> <ul style="list-style-type: none"> Expertise in social determinants of health and social impact Expertise in implementation research Expertise in novel mechanisms of research funding Expertise in digital health Expertise in artificial intelligence/machine learning

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	<p>Optimization</p> <ul style="list-style-type: none"> Develop methods to identify, track and suggest mechanisms to support transformational research that can provide a return on investment which can be funneled into more research. Expand collaboration to leverage research dollars and outcomes. 			
<p>Research Funding Subcommittee <i>Staff lead: Leslie Hearn</i></p>	<ul style="list-style-type: none"> Designs and maintains a contemporary research portfolio to support the AHA's essential elements and overall mission. Recommends percentage of overall funds to specific programs or to categories of programs, in order to ensure a balance of funding for specific knowledge discovery versus building capacity in terms of investigators and infrastructure. Assists in maintaining strategies for engaging young investigators, underrepresented racial and ethnic minorities in science, women and individuals in other science specialty areas who have potential to impact AHA mission but are currently not well represented in AHA research programs. Members may be from any career stage -- senior, midcareer or early career -- although the majority will be those considered senior in their careers. Additional members shall include the AHA President and AHA Chairman of the Board, Immediate- Past AHA President and Immediate-Past AHA Chairman of the Board, and a former National Research Committee Chairman. 	<p>The following groups or individuals will be represented on the committee:</p> <ul style="list-style-type: none"> two members representing each Region. Additional members shall include: the AHA President and AHA Chairman of the Board Immediate Past AHA President and Immediate-Past AHA Chairman of the Board former National Research Committee Chairman Lay volunteer representative Every effort shall be made to balance membership according to scientific expertise, geography, race, ethnicity, and gender. Members will be scientists from various fields of research, including basic, clinical, population, public health, public policy or technology or other fields that may help inform cardiovascular and stroke science. Members may be from any career stage -- senior, midcareer or early career -- although the majority will be those considered senior in their careers. 	<p>Research Funding Subcommittee 6</p>	<p>Scientists from various fields of research, including basic, clinical, population, public health, public policy or technology or other fields that may help inform cardiovascular and cerebrovascular science.</p>
<p>Resuscitation Systems of Care Advisory Group <i>Staff lead: Michele Bolles</i></p>	<p>The Resuscitation Systems of Care Advisory Group's primary focus is the strategic development, implementation, direction, and evaluation of Resuscitation Quality Improvement. The committee is comprised of AHA volunteer and reports to the Quality Oversight Committee.</p>	<ul style="list-style-type: none"> Primary care clinical practice and management of Resuscitation patients (Adult, Pediatric, Neonate/Infant or Newly born) in-hospital or pre-hospital. Advocate the advancement of Resuscitation prevention (Rapid Response Teams), Cardiac or Respiratory Arrest treatment and post cardiac arrest care Work in an effective volunteer-staff partnership to identify the priorities for Resuscitation activities. Assist in the translation and application of science to provider-facing programs. Advocate for Resuscitation systems of care across the country to ensure health equity and improved patient outcomes. Identifying ways to optimize electronic health record system management and analytics Awareness of the role health IT and clinical analytics plays in quality improvement. Advocate for continuous quality measurement and research for improved Resuscitation outcomes. 	<p>Resuscitation Systems of Care 1 – 3 openings; Continued emphasis on an even distribution of adult and pediatric experts.</p>	<ul style="list-style-type: none"> RN and abstractors experience using Get With The Guidelines – Resuscitation PMT. Individuals with Health IT and EHR optimization expertise Members of small, rural, community access or critical access organizations Experience in building a business case for clinical programs system change. Anesthesiologist with interest and/or expertise in resuscitation quality improvement PharmD with interest and/or expertise in resuscitation quality improvement
<p>Science Advisory & Coordinating Committee <i>Staff lead: Mariell Jessup</i></p>	<p>The Science Advisory and Coordinating Committee (SACC) meets 3 times in October, February, and June with no additional teleconferences unless needed. The Committee is the AHA's highest scientific body. It carries out the following major functions:</p> <ul style="list-style-type: none"> To proactively develop and approve AHA positions on appropriate scientific topics that are mission aligned. To provide strategic science input into the AHA's strategic planning process and ensure science priorities are appropriately reflected in the Association's strategic plan and the implementation of same. To monitor new developments in cardiovascular and stroke science to determine and adjust the AHA's scientific agenda appropriately. 	<ul style="list-style-type: none"> MD, PhD, RN, or equivalent science degree in a related field. Experience in the delivery of healthcare or cardiovascular/neurovascular science at an individual or systems level, and/or nationally/internationally recognized competence in relevant areas of science. Knowledge of and experience with national AHA scientific committees, such as Science Councils, Professional Education, Research, Scientific Sessions, Publishing, and/or Guidelines and Statement Writing Groups. Ability to focus on the big-picture science agenda vs. the individual specialty area represented by the member. An understanding of and/or strong interest in the process by which science is translated into practice. 	<p>Science Advisory & Coordinating Committee 3</p>	<ul style="list-style-type: none"> At-Large members Strong science competencies are clearly critical for members of SACC, but in addition, we importantly seek to increase the diversity of the committee and would appreciate attention to this in nominations.
<p>Science and Clinical Lifelong Learning Committee (SCILL) <i>Staff lead: Leslie Hearn</i></p>	<p>Oversight of the rapid and sustained application of the Board-approved Essential Principles and supporting strategies for all activities related to the AHA's science and clinical learning enterprise which emerged from the 2014 AHA Meetings Initiative. The SCILL Committee reports to the AHA Executive Committee of the Board of Directors and reports to SACC on an on-going basis.</p>	<p>Members should contribute two or more of the following competencies:</p> <ul style="list-style-type: none"> Strong scientific, clinical, and community-based expertise, Ability to guide the AHA's international reach within the constraints of the AHA's resources, Expertise in adult education and experiential learning. Expertise in basic, clinical or population science curriculum development, Demonstrated expertise in online, mobile, virtual and onsite event technologies, Recognized business experience, Understanding of governance, best practices, program evaluation and performance metrics, Understanding of clinical implications (such as MOC) across the AHA's content domains, and Ability to understand and address the needs of the AHA's many communities. 	<p>Science & Clinical Lifelong Learning Committee 7</p>	<ul style="list-style-type: none"> Expertise in adult education and experiential learning Expertise in basic, clinical or population science curriculum development Demonstrated expertise in online, mobile, virtual and onsite event technologies Recognized business experience Fellow in Training – at large member

2022-2023 National Committee Descriptions, Competencies and Anticipated Number of Open Roles

Committee	Description	Competencies	Anticipated # of Open Roles	Especially Needed Competencies
<p style="text-align: center;">Scientific Publishing Committee <i>Staff lead: Heather Goodell</i></p>	<p>The Scientific Publishing Committee meets twice each year face-to-face and once by conference call with ad hoc teleconferences only if needed. The committee is charged with the oversight of the scientific publishing operations. The Committee ensures that the operations are conducted in accordance with sound business practices and that the scientific content of the publications is of the highest quality. This includes developing and approving policies governing AHA scientific publications; forming search committees to appoint new journal Editors-in-Chief; evaluating and establishing goals and objectives for the scientific journals.</p>	<ul style="list-style-type: none"> • MD, PhD, RN, or equivalent science degree. • Nationally recognized competence in cardiovascular science. • Experience as associate editor and/or editor-in-chief of a peer reviewed scientific journal. • Exclusion: Cannot be an associate editor or editor of a competing journal. • Exclusion: Cannot be at the same institution as a current AHA journal editor. • Exclusion: Cannot be on the publications committee of a competing society or organization. • Exclusion – Cannot be the immediate past Editor-in-Chief of an AHA journal 	<p>Scientific Publishing Committee 6</p> <p>4 - member slots are eligible for reappointment to a second term 2 – Science/Research</p>	<ul style="list-style-type: none"> • Clinical and basic science experts with editorial experience • Scientists interested in health equity, SDOH, and diversity issues
<p style="text-align: center;">Stroke Systems of Care Advisory Group <i>Staff lead: Michele Bolles</i></p>	<p>The Stroke Systems of Care Advisory Group’s primary focus is the strategic development, implementation, direction, and evaluation of Stroke Quality Improvement programs. The committee is comprised of AHA volunteer and reports to the Quality Oversight Committee.</p>	<ul style="list-style-type: none"> • Primary care clinical practice and management • Community health center clinical practice and management • Quality Improvement Organizations (QIOs) • Health IT and clinical analytics • Quality measurement and research • Experience serving patients from underserved populations • Rural Health experience – pre-hospital • Rural Health experience – acute care hospital 	<p>Stroke Systems of Care 2 – 4 openings; with a continued emphasis on having more female members and continued diverse racial representation.</p>	<ul style="list-style-type: none"> • Primary health care providers with interest in quality improvement • Individuals with strong business development expertise in Healthcare Administration/Leadership • Expertise in clinical analytics, informatics, quality measurement, and/or research • Members of Larger Primary Healthcare organizations with practical knowledge of program uptake • Advanced practice nurse/nurse researcher • Emergency medicine • Neurosurgeons
<p style="text-align: center;">Vascular Health Advisory Committee <i>Staff lead: Clarissa Garcia</i></p>	<p>The Vascular Health Advisory Committee will provide strategic guidance to staff managing the vascular health portfolio through the creation of evidence-based assets and programs developed using comprehensive vascular research and science. The roles and responsibilities of the committee will include:</p> <ul style="list-style-type: none"> • Providing insights and recommendations for strategies which will drive progress toward the organization’s vascular health plan. • Serving as advisors on existing and emerging science, industry trends and other environmental factors that support in AHA/ASA’s in its role improving vascular outcomes. • Identifying potential vascular health strategic partnerships that align with our mission and acting as “connector(s)” to targeted alliances. • Participating in programmatic and research related fundraising efforts (as needed). • Assisting with the translation and application of science to consumer-focused programs. • Ensuring integration and strategic alignment across the organization through engagement with other committees. • Providing oversight to PAD Collaborative (AHA serves as convener for multi-organizational coalition) and VTE Subcommittee 	<ul style="list-style-type: none"> • Expertise in treating vascular diseases • Experts in outcomes research • Experts in patient education and empowerment • Vascular patient advocate • Experience serving patients from underserved population • Expertise in public health, system change approaches 	<p>Vascular Health Advisory Committee 2</p>	<ul style="list-style-type: none"> • Expertise in vascular medicine disease, especially PAD and VTE • Experts in health outcomes research • Expertise in public health or marketing, focused on health improvement • Vascular patient advocate • Experience addressing social determinants that impact PVD patients
<p>Volunteer Oversight Group</p>	<p>Reconstituting this committee based on the End to End Volunteerism recommendations.</p>		<p>N/A</p>	
<p style="text-align: center;">Lay Volunteer Recommendations</p>	<p>Both groups are excellent opportunities to truly engage lay (not trained scientists) volunteers in the research and knowledge development areas of the AHA. In order to staff these committees with the appropriate numbers and levels of lay volunteers we will depend on nominations from staff and volunteers. Nominations are needed in December in the same timeframe as all other national committee nominations.</p> <p>Lay reviewers in AHA Peer Review will specifically help to evaluate the relevance of research funding applications to the mission of the AHA. Lay participants on manuscript writing groups will help to ensure that AHA’s scientific statements and clinical practice guidelines developed with patient/caregiver/advocate input.</p> <p>Nomination Process: To nominate an individual to participate in the Lay Stakeholder Initiative the INTEREST FORM for LAY VOLUNTEERS IN SCIENCE along with background information on the nominee should be completed and emailed to the Lay Stakeholders in Science Initiative staff.</p> <p>Contact: Elizabeth M. Cooper</p>	<p>Selection Process:</p> <ul style="list-style-type: none"> • A nominee will be contacted by staff within 72 hours to set up a telephone interview. • A 30-minute assessment/interview is completed via conference call. <i>On the call an explanation of the initiative, requirements and introduction to the team takes place. Staff asks questions to judge the individual’s communication skills, story and passion for inclusion in the initiative. Staff rates the nominee’s organizational suitability, research adaptability and general requirements.</i> <p><i>Based on the staff’s findings, the nominee will either be selected for the most appropriate project/committee within the Lay Stakeholder in Science Initiative, or their name will be forwarded to a better suited position in another area of the AHA.</i></p> <ul style="list-style-type: none"> • If the nominee is qualified they will be notified the day of the interview or within 72 hours after the interview. • When a suitable project/committee becomes available the Lay Stakeholder will be contact regarding their availability. 	<p>N/A</p>	<p>We aim to have a demographically diverse group of qualified Stakeholders from communities across the country. When possible, we assign Stakeholders to committees in which they’ve expressed an interest.</p>

2022-2023 National Committee Descriptions, Competencies and Anticipated Number of Open Roles

Committee	Description	Competencies	Anticipated # of Open Roles	Especially Needed Competencies
	<p>Manager, Research Administration Office of Science Operations National Center 7272 Greenville Avenue Dallas, Texas 75231 elizabeth.cooper@heart.org</p>			
<p>Lay Reviewers Peer Review Study Sections (Lay Volunteers in Science)</p> <p>Lay Representative Writing Review Groups</p>	<p>Time commitment: varies with projects: Typically 25 hours per year broken down as follows:</p> <ul style="list-style-type: none"> • 3 hours on online/phone training and orientation • Committee meeting participation once or twice per year totaling 12 hours. Possible face-to-face meeting would increase time due to travel. • 3-5 hours spent reviewing lay research summaries once or twice a year, totaling 10 hours. <p>Lay Research Summaries are sections of the larger research proposal written by the researcher to explain to the general public why their area of research and the approach they are taking in their study is important. Feedback from Lay Reviewers as to the clarity and clearness of these sections is very helpful to the researcher and the entire peer review committee, since if AHA cannot be clear to the public what it is funding and how important it is, then the public will not continue to provide funds for AHA research. Since the majority of the Peer Review committee membership are researchers themselves, it is often very necessary and helpful to have that 'other voice' and perspective provided.</p> <p>Time Commitment: 20 - 30 hours each year spread across several months Lay representatives on writing groups are individuals without formal training as a scientist who have a strong interest in advancing the prevention and/or management of heart diseases and stroke and wish to assist in the development of American Heart Association scientific statements and clinical practice guidelines.</p> <p>Contact: Elizabeth M. Cooper-Reelhorn Manager, Research Operations Office of Science Operations National Center 7272 Greenville Avenue Dallas, Texas 75231 elizabeth.cooper@heart.org</p>	<p>One of the essential elements approved by the AHA Board of Directors for guiding the AHA's research enterprise is to assure that all stakeholders - researchers, donors and other volunteers - are involved as appropriate in research activities. Lay stakeholders have a unique perspective that can help shape the AHA research agenda and strengthen its impact on our mission.</p> <p>Lay reviewers are individuals without formal training as a scientist who have a strong interest in heart diseases and stroke and wish to assist in the review of American Heart Association research applications</p> <p>AHA lay reviewers in peer review should possess the following qualifications:</p> <ul style="list-style-type: none"> • Basic knowledge of scientific method, general methodology and or peer review <p>AHA/ASA Involvement:</p> <ul style="list-style-type: none"> • AHA volunteer experience, preferably at a board or leadership level • Broad-based Association-wide experience and view • Knowledge of the AHA and commitment to its mission <p>General Competencies:</p> <ul style="list-style-type: none"> • The ability to examine research proposals objectively, regardless of personal experience with heart disease and stroke • Professional backgrounds and experience that would enable them to provide a complementary perspective to those provided by clinical and scientific experts • Excellent interpersonal relationship skills - Ability to work effectively in a group • Mature judgment and objectivity • Ability to travel • Ability to abide by AHA conflict of interest policies <p>Business Competencies:</p> <ul style="list-style-type: none"> • Results oriented • Accountable • Strong oral and written communication skills - Ability to share their perspectives with the peer review committee and provide guidance to researchers in how to improve their written 'lay reviewer' sections to more clearly communicate their research and its importance. • Proficiency in using email and other internet-based technology. Reviewers must also have access to the following equipment: PC or Apple laptop with wireless internet access. <p>Lay representatives will be asked to:</p> <ul style="list-style-type: none"> • Participate in one or two peer review meetings per year (subject to official invitation by AHA). • Participate in orientation and training (approx. 3 hours). • Review lay summaries of applications in assigned committee and assess impact to AHA mission. • For face-to-face meetings, 2 to 3 days may be required for peer review meetings and travel time. Less time will be required for a web-based meeting, though members are expected to dedicate a full day on the established meeting date, twice per year. 	N/A	
Audit Committee <i>Staff Lead: Beatrice Njuguna</i>	These committee positions are stipulated by the Audit Committee Commission. Members must serve on the national Board of Directors.		N/A	
Business Solutions Oversight Committee	These committee positions are appointed by the officers and CEO.		N/A	
Committee on Scientific Sessions Program	These committee positions are stipulated by the commission. Most positions are nominated directly through the Councils. The Officers-Elect appoint the Members-At-Large.		N/A	

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	<ul style="list-style-type: none"> • Recommend general policies and procedures regarding the AHA Scientific Sessions. • Develop overall design of the AHA Scientific Sessions, including: <ul style="list-style-type: none"> o Criteria for and selection of proposals for all invited sessions submitted by individual Councils. o Criteria for and selection of abstracts to be presented and published. o Criteria for and selection of late-breaking clinical trials presented. <p>The Committee on Scientific Sessions Program Committee meets face-to-face twice each year in January and July. However, not every member is required to be at the July meeting since some of the work happens in advance electronically.</p>			
Compensation, Benefits and Human Resources Committee	These committee positions are stipulated by the commission		N/A	
Executive Committee	These committee positions are stipulated by the AHA Bylaws.		N/A	
Governance Committee	These compositions and activities are stipulated by the AHA Bylaws.		N/A	
Manuscript Oversight Subcommittee	These subcommittee positions are stipulated by the commission.		N/A	
Quality Oversight Committee	The Quality Oversight Committee positions are stipulated by the commission. Membership includes primarily the appointed chairpersons of all quality committees.		N/A	
Scientific Publishing Conflict of Interest Review Committee	These committee positions are stipulated by the commission.		N/A	
Voice for Health Kids Strategic Advisory Committee	Member organizations are invited to serve by AHA/ASA in consultation with the Robert Wood Johnson Foundation.		N/A	