

A New Kind of Care Center for Women's Heart Health

A Plain-Language Guide

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What “Comprehensive Centers of Excellence” could mean for you — based on the Science Advisory in the women’s cardiovascular health compendium. The compendium, from the American Heart Association (AHA) was created in collaboration with the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM).

The problem this is trying to solve

- Women’s heart care is often spread out. Care can be split among many different doctors — pediatrics, primary care, obstetrics and gynecology (OB/GYN), hormone specialists, heart specialists, and neurology.
- Some women wait years for answers. For conditions like polyendocrine metabolic ovarian syndrome (PMOS, formerly polycystic ovary syndrome, or PCOS), over one-third of women report waiting longer than 3–4 years for a diagnosis.
- Awareness about heart health is still low. Only about 4 in 10 women know that heart disease is their leading cause of death. Many don’t recognize that heart health is shaped over decades.

The idea: one place that brings the team together

The advisory proposes dedicated Comprehensive Centers of Excellence (CCoE) for women’s heart care. The goal is a place where specialists work as one team across a woman’s whole life — following the same Female Life Stage roadmap. Many women’s heart programs already exist and have led the way; this Advisory surveyed the current programs and identifies a path to expand these programs for greater impact.

Four building blocks — and what each means for you

1. Care that works as a team

- Your specialists coordinate instead of working in silos. The center connects the different parts of your care around one plan, guided by how your hormonal, emotional, and heart health fit together across your life.
- Care can reach you where you are. Using different care models and options such as telehealth, and remote monitoring, we can reach women where they are.

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2. Better training for clinicians

- More clinicians learn women's heart health. Centers can support clinician education at every stage — from medical school through practice — so we can incorporate the signs that are specific to women in care within and outside of centers.
- Why it helps you. Women represent 51% of the population in the U.S., the aim is for any clinician you see to be prepared to care for you across every life stage.

3. Research that finally includes women

- Women have been underrepresented in heart studies. Centers would build the infrastructure to include more women in research and to study the conditions that affect women differently.
- A national network is the goal. This includes shared registries such as the AHA's "Research Goes Red," and efforts to remove real barriers to joining studies — like transportation, cost, caregiving demands, and past mistrust.

4. Partnership with communities

- Communities help shape the care. Centers should partner with community leaders, health workers, and local organizations, grounded in trust and shared decision-making.
- Why it helps you. When the people being served help design the care, outreach and support fit real lives better.

What this means for you and your family

- A clearer path. Fewer years spent searching for answers, and care that connects the dots across your whole health story.
- Earlier action. A team set up to catch risk early, across pregnancy, perimenopause, and the years after, rather than waiting for a crisis.
- A standard you can look for. The AHA plans to develop tools and standards so new centers can be recognized for high-quality women's heart care.

The bottom line. These centers are meant to be a model for how women's heart care can be delivered, taught, researched, and understood — together, and across a whole lifetime. Alongside the companion documents in this compendium, this advisory reflects a shared commitment from AHA, AAP, ACOG, and SMFM to change women's heart care for the better.