

# American heart association

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According to American Heart Association website aha.org, lack of information about heart disease led to the thinking that a heart patient was doomed and ought to take complete bed rest. In 1915 a pioneering group of physicians and social workers formed an Association for “Prevention and Relief of Heart Disease in New York City” and investigate the possibility of their return to work. In 1920s these groups evolved into heart associations in Boston, Philadelphia and Chicago. In 1924 six cardiologists namely Dr. Lewis A. Conner and Dr. Robert H. Halsey of New York; Dr. Paul D.

White of Boston; Dr. Joseph Sailer of Philadelphia; Dr. Robert B. Preble of Chicago; and Dr. Hugh D. McCulloch of St. Louis affiliated to different groups founded a national organization – American Heart Association to “share research findings and promote further study.” In addition Dr. James B. Herrick of Chicago and Dr. William S. Thayer of Baltimore were instrumental in early planning. In 1946 AHA received \$50,000 donation from American Legion for conducting research and “develop a community rheumatic fever program.

” In 1948 AHA reorganized by recruiting non-medical volunteers with skills in business management, communication, public education, community organization and fund raising to broaden its scope and operations. Later this year AHA made public debut through network radio contest programs “The Walking Man,” on the “Truth or Consequences” hosted by Ralph Edwards receiving contributions and guesses from millions of Americans earning \$1.75 million and identifying Jack Benny as the “Walking Man.” American Heart Association divisions were organized all over the country by a small national staff in New York City.

A first national fund-raising campaign was launched in February 1949 and an amount of \$2.7 million was raised. Since then the organization has developed in leaps and bounds in all respects such as financial resources, involving medical and non-medical volunteers, size and influence. The National Center of AHA was shifted to Dallas in 1975 from New York City for serving the affiliates and local divisions in a better way. These affiliates are led by volunteers and form a national network of local AHA organizations involved in various activities such as research, education, community programs and fund raising for the organization.

The organization laid emphasis on cardiovascular science, cardiovascular education, community programs and fund raising efforts. AHA could achieve better research standards, newer healthcare site modules and also developed various new cookbooks. Inclusion of women and minorities in the leadership ranks paid off by providing a chance to understand impact of heart disease and stroke on women and minorities. The organization created new divisions for dealing with stroke and emergency cardiac care.

In order to economize and provide wider publicity the association decided to outsource the scientific journals and publish them online. In March 1995 the AHA adopted a strategic driving force which describes the usage resources to support its mission. The driving force can be described in five parts as follows:

- Credible information services and products on heart disease and stroke
- Multiple distribution channels to meet customers' needs
- Consumer markets restricted to the United States
- Prioritization relative to risk

- Science and community mobilization as foundation.