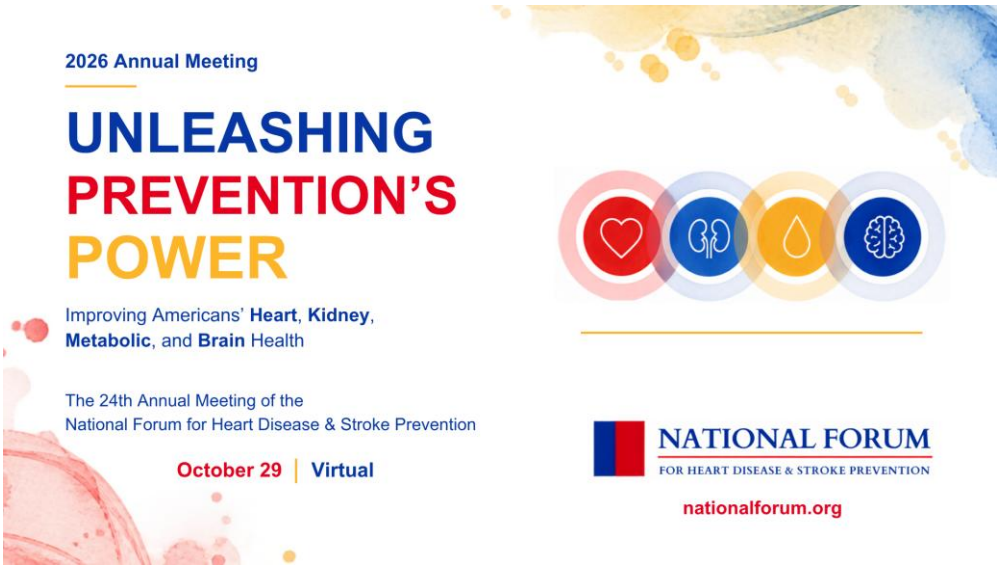


Opening Keynote:
From Aspiration to Action: Making Prevention the Foundation of a Healthier America. This keynote address will challenged us to refocus America's healthcare system on prevention**.**



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Transcript:

Thank you, John, for that introduction, and thank you to the National Forum for inviting me to join you.

I am Dr. Erica Schwartz, and I am honored to serve as Director of the Centers for Disease Control and Prevention.

I first became familiar with the National Forum's work while serving as Deputy Surgeon General, when I met with John and Mayor Christina Muryn of Findlay, Ohio, to discuss the *Move with the Mayor* initiative.

That conversation reinforced something I continue to believe: **local leadership plays an essential role in turning public health science into meaningful action**.

And that is especially important as we confront one of our nation's greatest health challenges: **chronic disease.**

In 2024, **cardiovascular disease claimed more than 925,000 American lives … that is roughly 2,500 people every day.**

Nearly half of American adults have high blood pressure, a leading risk factor for heart disease and stroke. Yet only about one in four have their blood pressure under control.

These numbers underscore the urgent need to act. But they also point to an opportunity.

We already have the science, tools, and proven interventions to prevent much of this disease. Our challenge is putting them into practice earlier, more consistently, and on a broader scale.

Prevention cannot remain an aspiration. It must become a foundation of how we improve health in America.

The Trump Administration and Secretary Kennedy have placed renewed national attention on preventing chronic disease and improving the health of Americans. This commitment creates an important opportunity to place greater emphasis on prevention, address health risks earlier, and help more Americans live longer, healthier lives.

As we advance this work and carry out CDC's broader public health mission, three priorities guide our efforts: **fostering trust through action, improving public health readiness, and building stronger partnerships.**

Each is essential to advancing prevention, and together, they provide a path from evidence to action.

First, trust. **Effective prevention begins with credible science and information people can use to make informed decisions about their health.**

At CDC, our responsibility is to provide rigorous science, reliable data, and practical guidance that help individuals, health care providers, and communities take action.

That means communicating clearly, being transparent about what we know and what we do not know, and making evidence accessible to those who need it.

For example, *CDC's Atlas of Heart Disease and Stroke* provides state and local partners with detailed cardiovascular disease data to identify where the burden is greatest and where prevention efforts can make the greatest difference.

But **data alone do not improve health. Their value comes from what we do with them.**

Consider hypertension.

As Deputy Surgeon General, I helped launch the *Surgeon General's Call to Action to Control Hypertension*, which drew on CDC science and other evidence to establish a national framework for improving blood pressure control.

The goal was straightforward: **help more Americans know their blood pressure, understand their risks, and take action before serious health consequences occur**.

And we know these approaches work.

Between 2018 and 2023, CDC-funded programs helped 2.7 million people bring their blood pressure under control.

That is what it means to foster trust through action: **providing credible science and translating it into measurable improvements in health.**

Of course, having the evidence is only part of the equation. We also need the systems and capacity to act on it.

That brings me to my second priority: **readiness**.

We often think about public health readiness in terms of infectious disease outbreaks and emergencies.

But **readiness also means identifying health risks early, preventing disease before it progresses, and ensuring our health systems can respond effectively when emergencies occur.**

Heart, kidney, metabolic, and brain health are closely connected. Many of these conditions share common risk factors, including high blood pressure, high cholesterol, diabetes, tobacco use, poor nutrition, and physical inactivity.

Addressing these risks earlier can prevent multiple diseases rather than treating each condition in isolation.

That requires closer connections between prevention efforts in our communities and the care people receive through our health systems.

Every clinical encounter offers an opportunity to identify risks, encourage healthy behaviors, and connect patients with appropriate care.

CDC supports this work through cardiovascular health programs that help health systems identify patients at risk, expand blood pressure monitoring, and coordinate care among clinicians, pharmacists, community health workers, and other partners.

And when emergencies do occur, every second counts.

Through the Paul Coverdell National Acute Stroke Program, CDC works with health systems to improve the speed and quality of stroke care. At CDC-supported hospitals, the percentage of **eligible stroke patients receiving timely treatment increased from 26 percent in 2008 to 71 percent in 2021.**

CDC also supports the Cardiac Arrest Registry to Enhance Survival, or CARES, which connects emergency response and hospital data to help communities identify gaps and improve survival following cardiac arrest.

These efforts reflect two essential dimensions of readiness: **preventing health emergencies whenever possible and improving outcomes when they occur.**

And by preventing and managing chronic conditions, we also help people better withstand other health threats, including respiratory infections.

Prevention is not separate from readiness. It is fundamental to it.

But even the best science and strongest health systems can only take us so far without the partnerships that bring prevention into our communities.

That brings me to my third priority: **partnership**.

CDC cannot improve cardiovascular health alone. Lasting prevention requires sustained collaboration among public health agencies, health care providers, employers, local governments, community organizations, and individuals.

That is why the National Forum's work is so important.

Since CDC, the American Heart Association, and ASTHO founded the National Forum in 2002, it has brought together diverse partners around a shared commitment to cardiovascular health.

Your *Move with the Mayor* initiative is a strong example of that collaboration in action. With CDC support, the initiative equips mayors and local leaders with evidence-based strategies and practical tools to promote physical activity, healthy nutrition, and cardiovascular health.

It recognizes something fundamental: **People make health decisions in the context of their daily lives, and local leaders can help create environments that make healthier choices easier.**

We see this approach taking shape in communities across the country.

In Michigan City, Indiana, Mayor Angie Nelson Deuitch experienced the importance of prevention firsthand when a free community screening revealed that she had dangerously high blood pressure.

That experience helped inspire her commitment to making prevention a priority in her community. Today, through *Move with the Mayor*, she works with Franciscan Health to bring prevention directly to residents. Together, they offer community fitness activities, including line dancing, aerobics, and taekwondo, alongside free blood pressure and blood glucose screenings.

These activities give residents opportunities to be physically active, better understand their health risks, and connect with medical professionals who can help them take the next steps toward better health.

And in Savannah, Georgia, the Mayor's Office, local health department, and Healthy Savannah – a coalition of more than 200 organizations – are working together to make healthy choices easier.

They are using existing youth programs to encourage physical activity and partnering with a local farmers market to provide nutrition education and improve access to healthy foods.

By building on established community programs and trusted relationships, these partners are reaching residents in familiar settings and making prevention part of everyday life.

Both communities demonstrate what is possible when local leaders turn evidence into action – **meeting people where they are, identifying risks earlier, and creating opportunities for healthier lives.**

They also reinforce an important lesson: **When we combine national science with local knowledge and trusted community relationships, we can extend the reach of prevention.**

That is the kind of partnership I want CDC to continue building – one where we listen to our partners, understand their challenges, and provide the data, tools, and support they need to succeed.

As you gather for this year's meeting, I encourage you to consider how we can build on these successes and make prevention a priority in every community and every health care setting.

We know what works. Now we must put that knowledge into practice – identifying risks earlier, removing barriers to preventive care, and making it easier for Americans to take charge of their health.

That responsibility extends to all of us, across public health, health care, government, business, and our communities.

At CDC, we are committed to doing our part, and I look forward to continuing this important work alongside all of you.

Together, through trust, readiness, and partnership, we can move prevention from aspiration to action and help more Americans live longer, healthier lives.

Thank you.