

**NORTHEAST**

BUSINESS GROUP ON HEALTH



# MONDAYS WITH DR MARK & DR MICHAEL

Monday, February 9, 2026 | 1:00 – 2:00PM

TOPIC #60

Heart Health & Health Equity:  
What Employers Can Do to Close the Cardiovascular Gap

# Featured Speaker:



**Dr. George Adesina, MD, MPH, FACC**  
Cardiologist | Wellness Speaker | Heart Health  
Ambassador

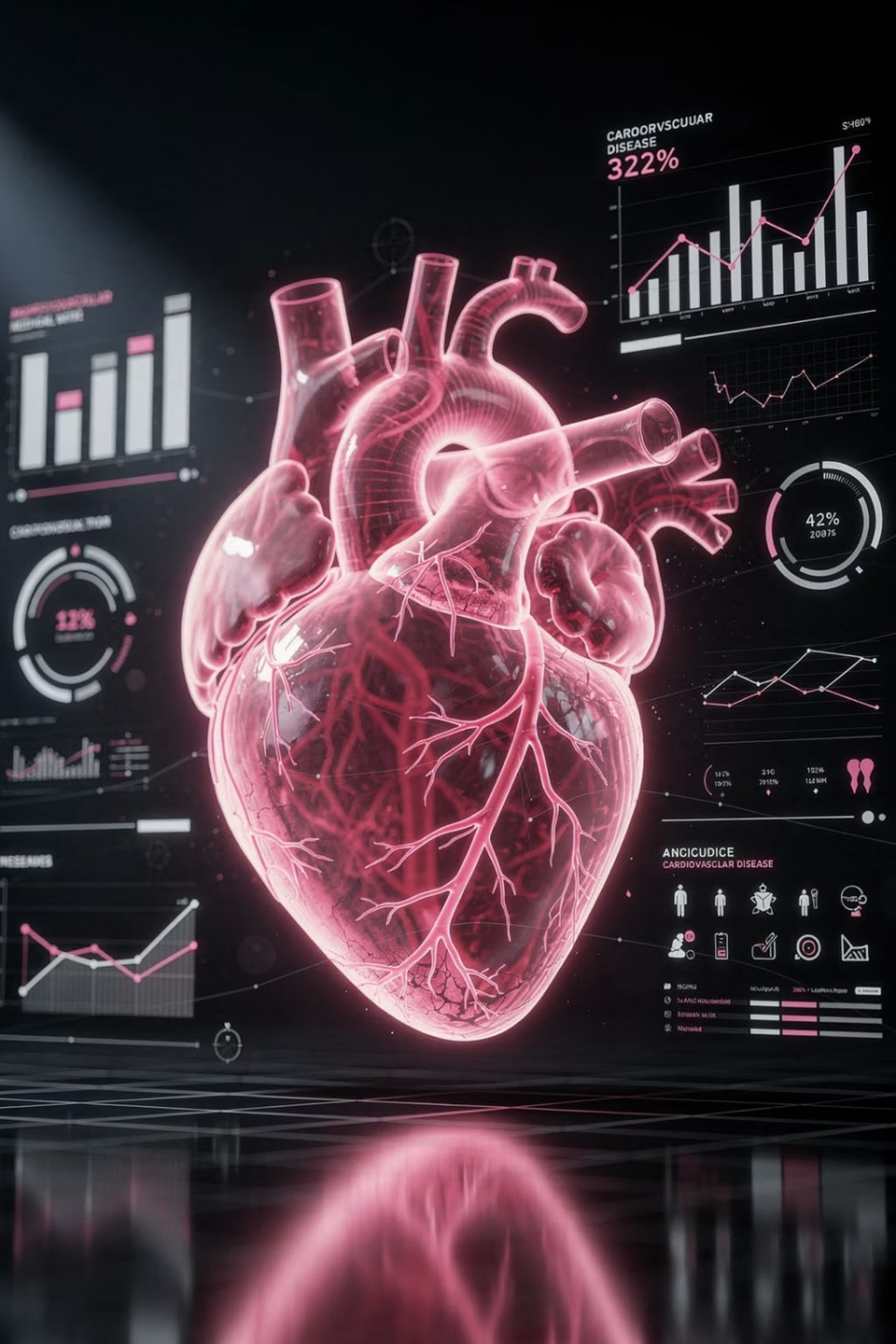


MONDAYS WITH  
DR MARK & DR MICHAEL

# Smart Workplaces: Equity, Cardiovascular Health, and the Future of Workforce Performance

George Adesina, MD, MSPH, FACC





# Cardiovascular Disease: America's Workforce Crisis

Heart disease remains the leading cause of death and disability in the USA

Myth: Heart disease is primarily a older man's disease

Truth: Affects both Men and Women

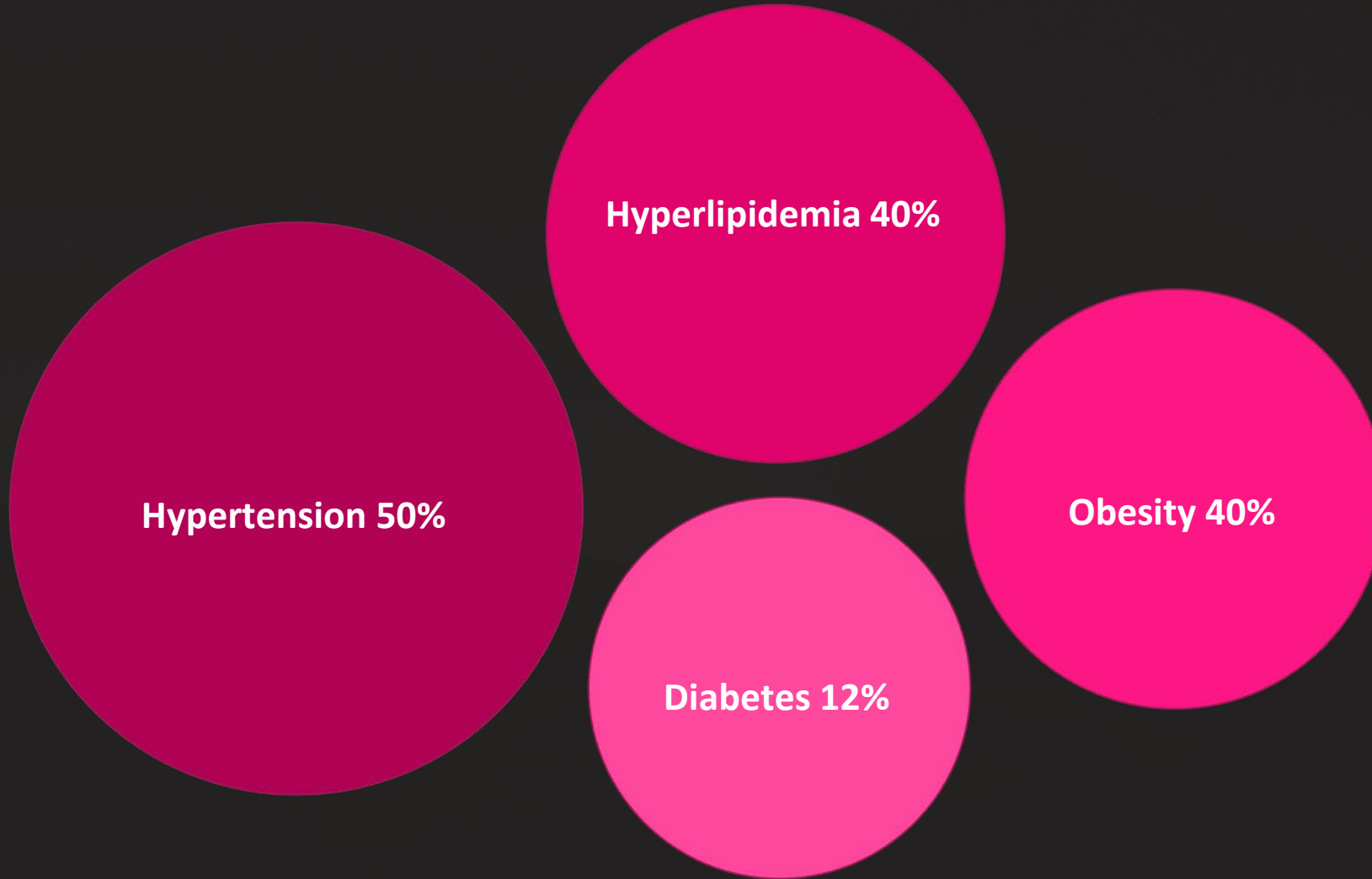
# This Is Already in Your Workforce



## Chronic Disease Is No Longer Rare or Late-Career

Cardiometabolic disease is appearing **earlier in working-age adults**, transforming what was once considered a late-career health issue into a challenge affecting employees across all age groups and career stages.

These conditions don't wait until retirement—they're affecting employees during their most productive years.



# Mental Health, Stress & the Heart

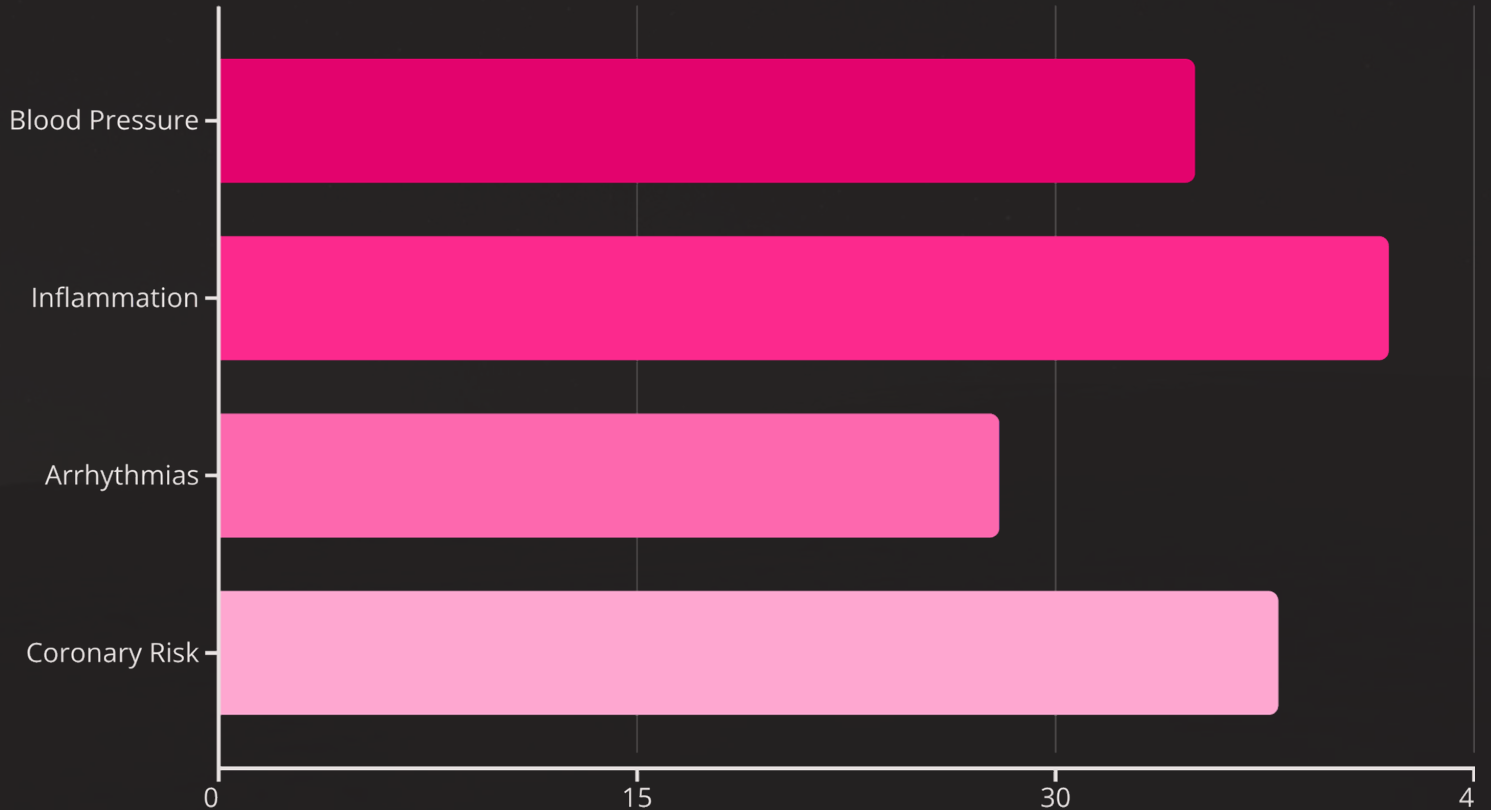
## The Mind-Heart Connection:

The connection between mental health and cardiovascular disease is not merely correlational—it's mechanistic.

Chronic stress triggers measurable physiological changes: elevated blood pressure, increased systemic inflammation, cardiac arrhythmias, and heightened coronary risk.

The prevalence is staggering: approximately **1 in 3 adults** will experience an anxiety disorder in their lifetime.

Anxiety diagnoses have increased substantially among younger adults, creating a convergence of mental and cardiovascular health challenges in your workforce.



# COVID Changed the Cardiovascular Baseline

The post-COVID workforce operates under a fundamentally altered health paradigm. Prior COVID-19 infection is associated with measurably increased future cardiovascular risk, a reality affecting millions of American workers regardless of initial symptom severity.

Long COVID introduces persistent challenges: profound fatigue, dysautonomia, and reduced work capacity that don't resolve with standard recovery timelines. Perhaps most concerning, **younger employees are now presenting with cardiovascular disease at rates previously unseen in their age cohorts.**

This represents a permanent shift in workforce health risk profiles. Organizations that adapt their benefits and health management strategies to this new reality will maintain competitive advantage; those that don't will face escalating costs and productivity losses.



# Cost to Employers: Absenteeism & Presenteeism

## Absenteeism Impact

Hypertension, diabetes, and obesity are associated with **1-3 additional missed workdays** per employee per year.

Cardiometabolic disease consistently links to higher absenteeism across industries.

## Presenteeism Cost

The hidden drain: reduced output & increased errors

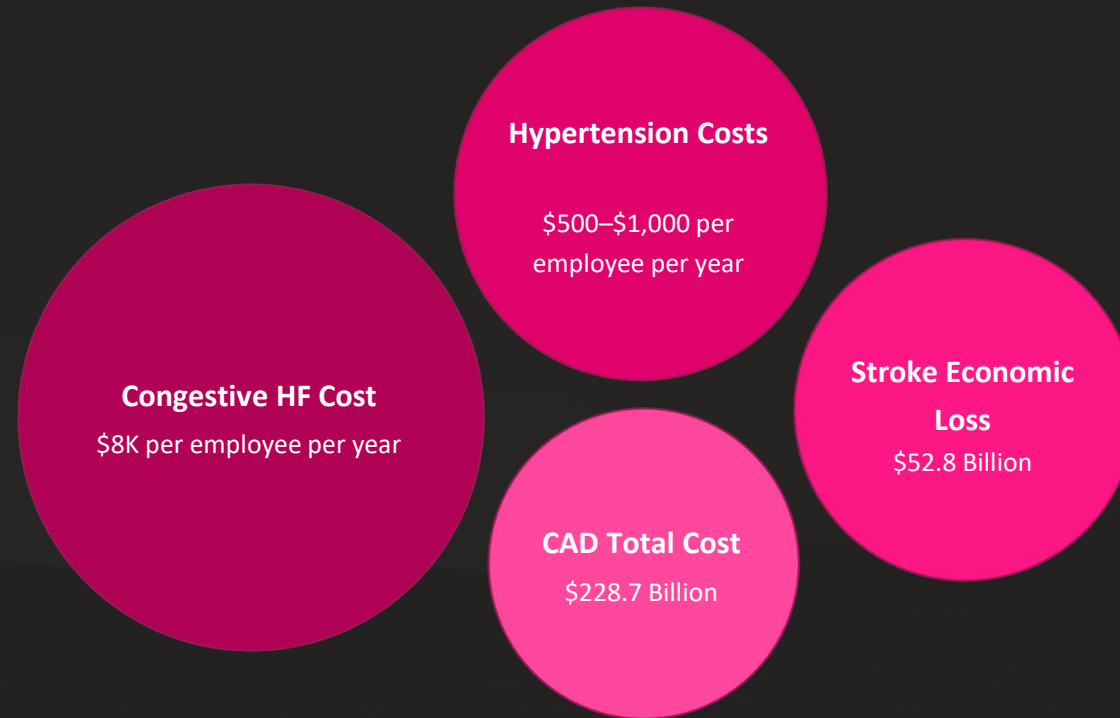
Employees physically present but cognitively and physically compromised by unmanaged cardiovascular conditions.

## The Real Burden

**\$185 Billion+** annually in loss of productivity

These impacts compound silently across your organization, affecting team performance, project timelines, and operational efficiency.

# Insurance, Disability & Workforce Impact



## Cardiovascular Disease Is a Benefits and Risk Issue

The financial impact: 30-50% more likely to use short term disability & 2x more likely use long term disability

This isn't a healthcare problem—it's a workforce performance and financial sustainability challenge that demands strategic intervention.



**Black History  
Month:  
Health Equity for All**

## Heart Disease Disparities

### African American Adults Are:

~35% more likely to die from major cardiovascular disease than the U.S. population overall.

~60% have some form of cardiovascular disease (~49% of all U.S. adults)

~Higher prevalences of major risk factors — including hypertension, obesity, and diabetes— that drive cardiovascular disease.



# Socioeconomic Status: A Predictor of Health Outcomes

Income and wealth are powerful determinants of health. Lower socioeconomic status often translates to reduced access to nutritious food, safe housing, and quality preventive healthcare.

This means a workforce where health outcomes are heavily influenced by factors outside the clinic walls, leading to increased health-related costs and productivity losses.

# Historical Context Still Shapes Care



## Why Mistrust Is Rational, Not Abstract

Medical mistrust among African American communities isn't paranoia—it's learned wisdom passed down through generations.

Slavery-era medical exploitation used enslaved people for experimentation without consent or anesthesia.

The Tuskegee Syphilis Study (1932-1972) deliberately withheld treatment to study disease progression. Segregated and unequal healthcare systems created lasting disparities.

Hepatitis B Study-US funded in West Africa. Suspended Jan 2026.

# Institutional Bias Still Affects Care Today

## Minimized Symptoms

JAMA 2022: Clinicians are 2x more likely to underestimate pain

## Diagnostic Delay

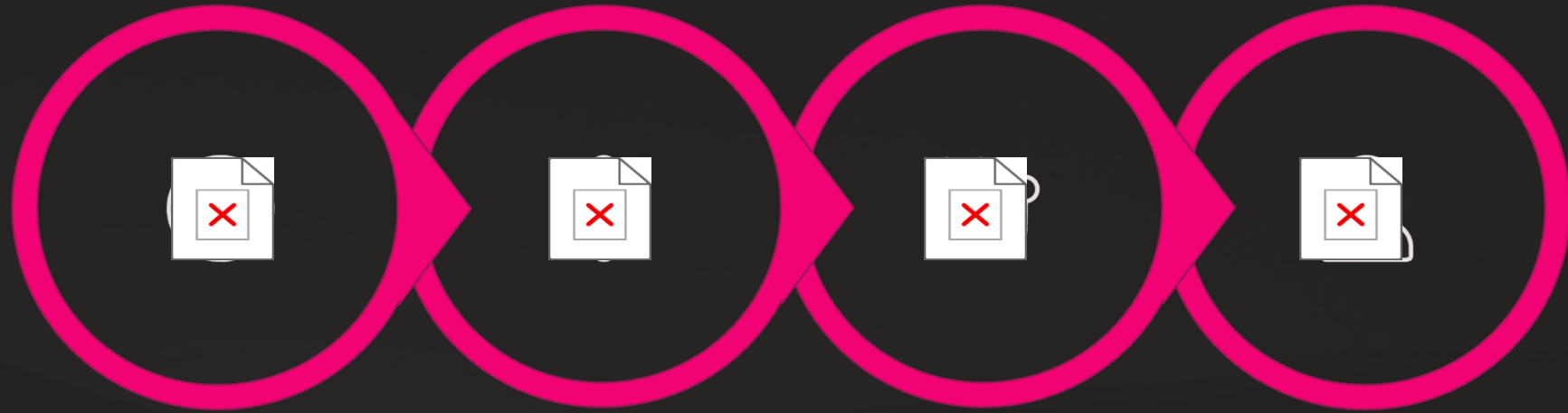
Less likely to receive appropriate diagnostic testing

## Treatment Difference & Delays

Less likely to receive evidenced based medical therapy and often have delays in follow up.

## Clinical Effects

Delays compound disease progression, reduces treatment effectiveness, increasing cost and **can convert manageable conditions into emergencies.**



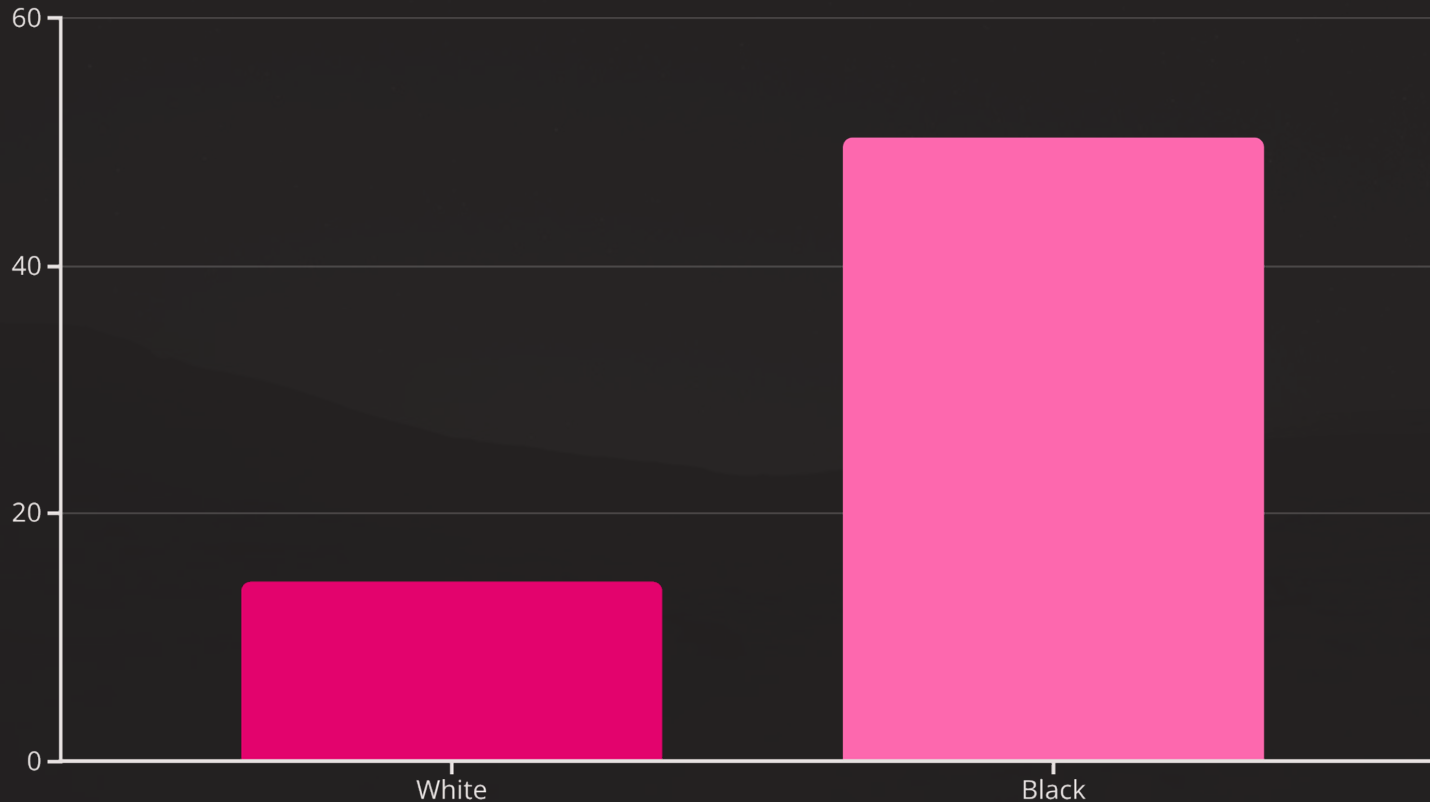
**Delayed  
diagnosis**

**Advanced  
disease**

**Higher acuity  
care**

**Workforce  
disruption**

# Maternal Health: Where Risk Is Amplified



## Pregnancy Is a Cardiovascular Stress Test

The 2023 data reveals a stark reality: Black maternal mortality~approximately **3.5 times higher**.

Most maternal deaths are **preventable**.

Hypertensive disorders and CHF during and after pregnancy are not just maternal health issues—they're powerful predictors of future cardiovascular disease risk.

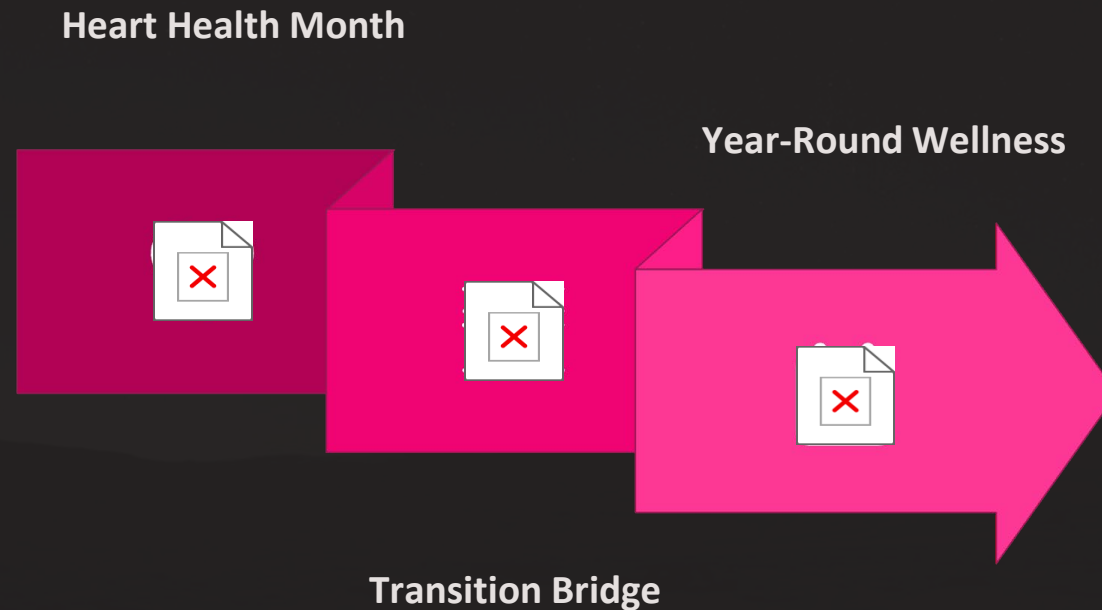
Recent cases: Indiana & Texas



# The Future of Corporate Cardiovascular Wellness

The health landscape has shifted, and so must our approach to workforce wellness. Beyond reactive care, the future demands proactive, equitable strategies that integrate mental and physical health, address systemic disparities, and foster resilience. This section outlines actionable strategies to build a healthier, more productive workforce by prioritizing cardiovascular well-being.

# Beyond Heart Month: Integrating Year-Round Wellness



Heart Health Month serves as a vital awareness campaign, but its impact is amplified when organizations embed cardiovascular wellness into their daily operations and long-term strategy. True preventative care and risk reduction require moving beyond episodic campaigns to foster a culture of sustained health support, making it a foundational element of workforce performance.

# Heart Health is a Business Risk — Not a Wellness Perk

## Meaningful Risk Reduction

Well-designed workplace wellness programs are associated with **up to ~25% reduction** in cardiovascular risk, directly impacting long-term workforce health.

## Significant Return on Investment

Employers see average returns of **\$4–\$6 for every \$1 invested** when programs prioritize prevention and early intervention, transforming health into a financial asset.

## Culture-Driven Impact

The most profound impact occurs when cardiovascular health is **embedded into the everyday culture**, moving beyond episodic campaigns to sustained strategic well-being.

# Why Diversity Strengthens Outcomes

- Diverse workforces bring broader perspectives, innovation, and resilience.
- Health systems designed to work across different experiences and needs:
  - Improve engagement
  - Increase participation
  - Strengthen organizational performance



When diversity is supported intentionally, it becomes a driver of engagement



Heart disease is still the number one cause of death — and yet it's rarely treated as a strategic risk. The organizations that prioritize heart health will be the ones that protect their workforce & their bottom line.

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## Upcoming NEBGH events:

- **February 12** – 31<sup>st</sup> Annual Tribute to Leadership
- **March 9** – Mondays with Dr. Mark & Dr. Michael
- **March 26** – Cardiometabolic Health as a Business Imperative
- **April 6** – Mondays with Dr. Mark & Dr. Michael
- **May 4** – Mondays with Dr. Mark & Dr. Michael
- **June 1** – Mondays with Dr. Mark & Dr. Michael
- **June 18** – 15<sup>th</sup> Annual Conference: Powering Progress to Drive Change



Remember to rate this webinar!

