

Delya Sommerville

Awareness of heart health risks and disease in women is just not there, even though heart disease is one of the top reasons women die. When a woman gets diagnosed with a heart condition, it comes as a surprise and it was definitely a surprise to me. It was a surprise to people around me. It was a surprise even for health professionals and even a cardiologist that saw me prior to my event. It was a surprise because I did not look like a typical heart patient.

Ellen Kelsay

That's Delya Sommerville, a cardiac arrest survivor whose lived experience ignited a passion for heart health education and advocacy. In this episode, Delya is joined by Celina Gorre, the Chief Executive Officer of WomenHeart, an organization that seeks to improve the lives of women with or at risk for heart disease.

I'm Ellen Kelsey, and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers.

More than 40% of women in the United States are living with some form of heart disease, yet many don't recognize it as their leading cause of death. Today, Delya Sommerville and Celina Gorre discuss changing that, including what employers can do to enhance knowledge and promote prevention.

Celina and Delya, welcome to the podcast. We are so thrilled to have you with us today to talk about the importance of women's heart health.

Celina Gorre

Thank you so much.

Delya Sommerville

Thank you, Ellen.

Ellen Kelsay

Of course. Well, let's get started. Delya, I would love for you to share your personal story and why this topic is of such importance to you.

Delya Sommerville

A little over 4 years ago, on a dark October morning, I left my house in Washington, D.C., and went for a regular run in my neighborhood, Capitol Hill. It was Wednesday, Capitol Loops Day, when my running group ran around the Capitol literally in circles very early in the morning. I do not remember that day and the following two days, but what I understand from what others told me is that at some point during the run, I got separated from everyone else and fell on the ground right outside the Capitol. Another runner, Congresswoman, happened to be on the run as well. She ran by me, and then she came back realizing something was not right. She called for help. At that point, I was not breathing and did not have pulse, so my heart stopped. Capitol Hill police saved my life. They performed CPR. They administered AED, and then fire and EMS came and took me away. Everything happened so quickly that nobody knew who I was, but there was a whole community there of people. They knew what to do. They knew how to help and they helped me, just one person.

Ellen Kelsay

What a story. What a profound, life-altering moment for you. When you reflect on that moment and where you are today, I know you've said that that has really brought a new understanding of the importance of knowing your numbers and knowing skills such as CPR. What else, when you reflect on that moment, really stands out to you?

Delya Sommerville

While in the hospital, another woman who also had a heart incident when she was relatively young, reached out to my husband. She worked for fire and EMS and suggested that I get connected with WomenHeart. After I was discharged from the hospital, there is before and after life at this point, in my afterlife, I looked them up, and I noticed there was an event, the annual Wenger Awards happening. I showed up and met Celina and was surrounded by incredible women, WomenHeart champions. They all

had stories, different from mine, but also very similar to mine. There were women who had heart attacks 20 years ago and they were there. So WomenHeart gave me hope and it gave me purpose from that day.

Ellen Kelsay

And Celina, can you share what is WomenHeart?

Celina Gorre

Thank you so much for having me and for having WomenHeart here today. WomenHeart was founded in 1999 by three women who had really, really frustrating attempts to get a heart disease diagnosis. In other words, they had symptoms but were regularly dismissed from the health care system. So they started WomenHeart to address a critical gap in awareness and diagnosis and treatment for women with heart disease. They recognized that heart disease is often perceived to be a man's issue. So WomenHeart really aimed to elevate the conversation about women's heart health, ensuring that, or at least aspiring for women to receive the same level of attention, research, and treatment as men. Ultimately, we at the organization really seek to empower women with knowledge, support, and advocacy to really take charge of their heart health.

Ellen Kelsay

And how do you do that? Delya mentioned meeting with you, meeting with other women. So it sounds like you're convening people. How else are you connecting this community and advocating on their behalf?

Celina Gorre

I think that at our core, we are a patient organization, and Delya is one example of a WomenHeart champion. WomenHeart champions are women living with heart disease who have been trained at the Mayo Clinic to go back to their communities to provide peer support, to provide education to the community, to come to Capitol Hill in D.C. to advocate for better access to quality care and diagnostics for women with heart disease. We sort of take our message to sort of the virtual space. We have a lot of educational programs and awareness-raising programs, like our campaign right now called *Treat Me Right*, is an example. We also recently worked with the BBC on a public awareness campaign around women with heart disease. Our work is really multifaceted, but I would say at our core, we really rely heavily on stories like Delya's and so many others in our WomenHeart champion community.

Ellen Kelsay

I believe you recently held your first national policy and science summit. What was that all about?

Celina Gorre

Yes, so we affectionately called it our Heart Health is Women's Health Summit. That was in February of 2025. It's coming up again very shortly, February 2nd, 2026, here in D.C. That was really to bring together policy makers, clinicians, the pharmaceutical industry, advocacy groups, but most importantly, patients. There are a number of different events out there in the U.S. and worldwide that focus on women's heart health, but our event is unique in that the room is about 50% patients. The patient perspective is really integrated through everything that we talk about. When we talk about research or we talk about policy, we don't just talk about it in theory. We talk about how the evidence that's being generated or the policies that are being implemented affect the real lives of women here in the U.S. and beyond.

Ellen Kelsay

It really is so startling when you talked about your founders and the path to diagnosis and how little, whether it be the clinicians or the individual patients themselves, were aware of risk factors or that the clinicians were dismissive of risk factors. Why is that and what are you doing to hopefully combat that with the clinical community as well as with the patient community?

Celina Gorre

I often talk about how health care, our health, the way we experience our health doesn't happen in a vacuum, right? It happens in a social setting. It happens in a society. I think the way women's heart disease is addressed in the health care system is a microcosm of sort of the broader challenges that women have in society. Medicine, and in particular cardiovascular medicine, used to be based on, you know, thinking about it from the perspective of being a man and the fact that once upon a time, women were just thought

to be smaller men. In fact, the American Heart Association back in the, I think it was 1968, put out a booklet that addressed wives and it said something to the effect of how to take better care of your husband's hearts. So the framing of heart disease as a man's issue has been part of our history for quite some time. A lot of what we're doing at WomenHeart and a number of other advocacy organizations is really trying to unlearn some of the very persistent misconceptions about heart disease being mainly or only exclusively a man's issue. I would say the main way we're tackling that, Ellen, is through stories. We've heard Delya's story. We've got a number of other women who tell stories about being dismissed on a regular basis. I, myself, have had the experience of going through two years of ER visits and being told I was okay only to find after those two years that I did, in fact, have a heart condition. That was me, you know, as a CEO of WomenHeart. So I think there are so many ways that stories are really, really impactful and the fact that it's our number one killer means that every person knows a woman who is either at high risk for heart disease or already has it and perhaps doesn't know it yet.

Ellen Kelsay

Yes, so awareness really is key and that storytelling is vital to that awareness building.

Celina Gorre

Absolutely.

Ellen Kelsay

Well, Delya, it's certainly no surprise hearing your story and hearing Celina speak about WomenHeart and why this organization means so much to you. Share a bit about the role that you're playing with the organization.

Delya Sommerville

After I applied and was selected to become WomenHeart champion, I attended in person WomenHeart Science and Leadership Symposium at Mayo Clinic in Minnesota. That was a truly unforgettable and a very special experience. The WomenHeart champion program, it's the nation's only volunteer program that trains women with heart disease to serve as educators, advocates, and to support women living with heart disease. There are different ways champions can be involved and I think a lot depends on where you are in your heart journey, where you are in your career and life in general. It can change over time. So perhaps I will just focus on three areas that I'm currently involved in. First, last year, I was selected to serve on champion advisory team. Essentially, it's a committee that helps WomenHeart organization with connecting to the champions and ultimately improve what WomenHeart does. Second, because of my background, I have public health background and I worked in corporate health, safety and environment for a long time, I'm also involved with a WomenHeart program that focuses on workplace. So it's WomenHeart at Work program, so stay tuned on that one. Then finally, I am involved in advocacy activities. Beginning of February, I'm going to be joining for my third year, amazing women from different states on Capitol Hill, the very place where I had my cardiac arrest to advocate for women health. So that's coming up in February.

Ellen Kelsay

Quite profound that it is the site literally, and so how much more impactful that you are there now advocating.

Celina Gorre

I remember the moment I met Delya and she's right. It was at our Wenger Awards dinner a few years back. In the frenzy of these events you don't remember much, but I remember distinctly that Delya came up to me and said, you know what, I just had a sudden cardiac arrest. It was on Capitol Hill. She told me the story in 30 seconds. Something about that moment made me think, this is why we do this work so that women like Delya can find support, find community and feel less alone because it is often a very lonely journey. I think often about that because it took a lot for Delya to be so brave to just show up in a place where she didn't know anybody, and yet it's become a community that has been there to support her in her heart journey.

Ellen Kelsay

Fantastic. It's palpable when you make that personal connection and you find community with each other and with the stories that are shared. Delya, you mentioned just a moment ago that you have experience in corporate health and well-being, and you know that many of our audience and listeners out there are employers or industry solution providers who work with employers related to workforce health and well-being. I'd like to hear from you about any advice you might have for employers and how they should be thinking about women's heart health within the workplace or employee benefits context.

Delya Sommerville

Employers have a huge role when it comes to health and well-being of employees and often their families. And workplace heart health programs can improve well-being, productivity, can help with health care savings for both men and women. However, there are some specific heart health issues that can be different for women. I would start with awareness, as it's been mentioned just earlier by you, Ellen. Awareness of heart health risks and disease in women is just not there, even though heart disease is one of the top reasons women die. When a woman gets diagnosed with a heart condition, it comes as a surprise and it was definitely a surprise to me. It was a surprise to people around me. It was a surprise even for health professionals and even a cardiologist that saw me prior to my event. It was a surprise because I did not look like a typical heart patient. Sadly, my mother passed away last year, so it's going to be a year. She was 80, she had a heart attack, and it was a surprise. We need to change that. I think, again, workplace is a unique place and a perfect place to reach women of a certain age that are working with the information that will help us, that awareness. We know there are, again, risks that are the same for women and men, but there are risks that are women-specific. There are some reproductive health and fertility treatment risks that are there. There are risks like cancer treatments and things like that. There's a connection between breast cancer and cardiovascular disease. Then when we talk about signs and symptoms, again similar, some of them would be the same for men and women, but some are less obvious or maybe different in women, and again, they often get unrecognized. My question to the employers would be, when we talk about women heart health, are we covering those risks? Are we covering those signs and symptoms? Are the providers that come to workplace to do hard days or preventative checks, are they trained in those issues? Because there is evidence there that a lot of primary care providers do not feel comfortable with treating women for cardiovascular disease. There are also employee support groups and business support groups that our employers have. They focus sometimes on fertility or reproductive issues or women support groups. Are we talking about women heart health in those groups?

Ellen Kelsay

Those are all great examples and great things for employers to contemplate and to inquire and explore within their own programs. You also mentioned, and Celina, I want to ask you about the WomenHeart at Work program. What is that and, if employers aren't aware of it, how can they learn more?

Celina Gorre

Yes, the WomenHeart at Work program is one of our most exciting initiatives, because as Delya says, women spend so much time throughout their lives and throughout their day at work. It is really a package of interventions that we implement in partnership with employers. It can happen in the physical workplace setting. It can happen virtually. But the set of interventions include educational workshops where we raise awareness on the specifics, as Delya mentioned, of heart disease in women and the unique risks that women have in addition to how heart disease risk changes over the life course of a woman. We can also facilitate health screenings, whether that is blood pressure or cholesterol, really important numbers for us to be tracking. Also, really important for us to detect as early as possible heart disease risk so that better interventions can be taken earlier. We also have a wide array of educational resources, whether they are online tools or handouts, etc. We've got a number of resources and guides that will encourage and empower women to take kind of control of their heart health. We also have support networks that we've already talked about in the community, but we would love for employers to consider establishing support networks, support groups within the workplace. I'll talk a little bit more about that as to why that's so important. Then the last piece is, of course, we want to be good partners to employers when they think of themselves as stewards of the health and well-being of their employees. We have had a lot of experience in developing and co-creating programming specific to different employers, different large employers. That's been a really rewarding aspect of our work. I want to get back to this idea of support groups in the context of the workplace, because one word we haven't used yet that is so, so relevant, I think often top of

mind for people is stress. Stress is a really big risk factor for cardiovascular disease, especially for women. The workplace can be both a source of stress, but also a real opportunity to address stress directly, to minimize the effect of stress on our hearts, our cardiovascular systems, and also to kind of talk about it and bring it out of the shadows and really make sure that the employer and the workplace setting is seen to be a place that recognizes that stress needs to be managed and that the workplace and the employer is wanting to help women to address and manage that stress.

Ellen Kelsay

That is so great. I'm really glad you brought up stress and the impact of stress. I am shocked we got this far into the conversation and we hadn't brought it up, so I'm glad you did so. It's quite robust, the services and resources that you do have available, both to individuals as well as to employers. For those who want to learn more and tap into those resources, where would you direct them?

Celina Gorre

They can start at our website, <https://www.womenheart.org/>. From there, they will find a number of resources, but also contact details to get in touch with our team who can better assist in creating, perhaps creating programming, but probably more likely allowing and enabling employers to plug their employees into our services.

Ellen Kelsay

Great. This question is really for both of you. I know we've already touched on this, but for the audience of employers or perhaps their vendor partners listening in, anything in particular or anything else that we've not talked about that you really want them to take away from this episode, perhaps more so than anything else? What's the one thing you want them to leave with a better understanding of or an action to take? What would you cite?

Delya Sommerville

Thinking about, again, awareness, prevention, and then management and support. I think we didn't talk perhaps enough about management and support. There is some evidence that women in certain age groups are less likely to return to work following a heart attack than men. There is also some evidence that women who need cardiac rehabilitation following illness are less likely to do rehabilitation than men. There might be a lot of issues there, of course, but one thing is women are often caregivers and taking care of other people in their families or around them, so they are less likely to be taking care of themselves. So what can we do in the workplace to have a supportive environment and have tools and programs so women can have that time to take care of themselves, whether it's for prevention, management of the illness, or potentially rehabilitation.

Celina Gorre

The thing that I think employers really need to know in thinking about Delya's story and thinking about her mom's story and the surprise that came with these events is that while it may be a surprise, the heart disease in our systems is developing over decades. While this is our number one killer, 80% of heart disease is preventable and what that means is if we know our numbers and are aware of what our risk factors are early, we can prevent or at least delay the onset of heart disease. I think that's a really important thing for employees to understand is that, you know, I think there's this misunderstanding that there's nothing you can do about heart disease. Well, there's a lot you can do about heart disease, but the key is that you need to know where you stand in the spectrum and the range of risk. The other thing to say is that for women in particular, there are milestones in our life course that pose particular risk for heart disease. Pregnancy is one, perimenopause and menopause is another. If you've had to be treated for breast cancer or autoimmune diseases, those carry particular risks. I think that's also really important to understand is that, women need to be thinking about their heart when they might be addressing other issues. I guess the last thing I would say is that women often present with different symptoms of heart attacks to men. Many will experience chest pain, but they may also experience other symptoms that don't automatically look like heart disease, like fatigue, shortness of breath, sometimes nausea, sometimes pain in the lower back. Sort of understanding for an individual what is normal, what is typical for you so that you can understand when something is completely off, that's really key to being able to respond quickly when you have an array of symptoms that, let's say, don't look like the typical, we call them Hollywood heart attacks. Hopefully what that means is that everyone's awareness about heart disease in women will

increase, which means that our ability to respond to women, perhaps having a heart attack, will be much quicker and will save lives.

Delya Sommerville

I think another thing I learned from my experience is advocating for yourself is very important. Asking the right questions is very important. While I did not look like a heart health patient and was relatively young and seemingly healthy, I did have risk factors. I had high cholesterol that was borderline. I had some issues during my pregnancies. I think perhaps educating women in the workplace, asking the right questions about their health risks, about their family histories is also important. I think advocating for us as women when it comes to women's heart health is just so important and it's definitely one lesson that I learned from my own experience.

Ellen Kelsay

You both have brought forward so many wonderful insights, things for folks to think about that maybe they weren't aware of and it sounds like there's a lot of opportunities still ahead in this space and awareness of the extent of women's heart health and the risk factors and a lot of activity that your organization, Celina, and through individuals like you, Delya, are working to advance. I'm curious, as we close, what gives you each hope for the future when it comes to women's heart health?

Delya Sommerville

Well, on a personal level, my own survival gives me hope. I survived because there were people who knew what to do and I'm here to tell my story to help prevent something like this happening in the future. But also if it does happen, that similar level of care and response is available no matter where you are. Again, that's not the case right now, but it is possible. I think WomenHeart as an organization gives me hope. I think what they do is so important. It's so unique and we can do so much more. Together we can, again, educate, advocate and support the women who are at risk from heart disease.

Celina Gorre

I would say that what gives me hope is that younger and younger women are becoming WomenHeart champions. Now that might not sound hopeful, but what that means is we're changing the face of heart disease. Delya earlier said that in her journey, even the clinicians were saying, she doesn't look like a typical person with heart disease. The thing that I've been thinking about in this conversation is there's no typical person with heart disease. That message is really important to get across so that we don't have delays or we don't have folks, women in the ER being told, well, you don't look like you have heart disease, so you're fine. We then are able to break down these misunderstandings that lead to misdiagnosis, that lead to delays of treatment and that lead to worse outcomes. So by flipping that script and hopefully creating a much more systematized way of assessing somebody's symptoms, regardless of how they look, how old they are, where they come from, we are better able to address heart disease in women to have better outcomes and better quality of life in the long run.

Ellen Kelsay

What an impactful conversation. Delya, thank you for sharing your story. And Celina, the work that you and your team at WomenHeart are leading and the advocacy and education awareness that you continue to build upon is so notable. I'm just really grateful to both of you for joining us today. Thanks so much.

Celina Gorre

Thank you, Ellen.

Delya Sommerville

Thank you.

Ellen Kelsay

I've been speaking with Delya Sommerville and Celina Gorre, the Chief Executive Officer of WomenHeart. For information on becoming a Women Heart champion, visit <https://www.womenheart.org/>.

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