



LIVER EDUCATION  
ADVOCATES

20  
25

ANNUAL  
REPORT

LIVER  
LOVERS  
UNITE

TEAM  
LIVER

myTheLiver  
@LoveYourLiver  
Liver Education Advocates

ONE LIVER.  
HANDLE WITH  
CARE

SUGAR'S IN  
KRYPTONITE!

LIVER'S  
GONNA LIVE

HIGH FIVE  
FOR HEALTHY  
LIVERS

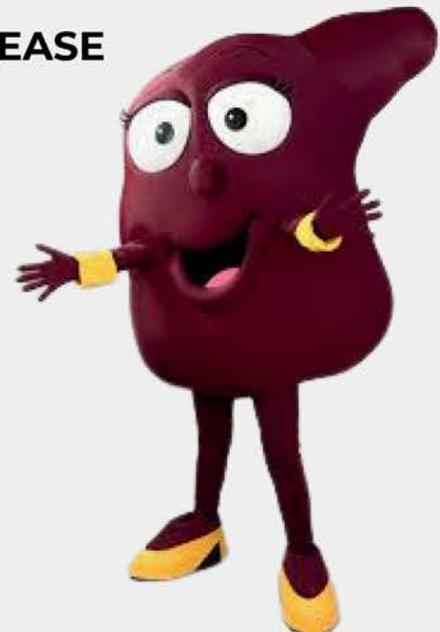
MAKING LIVER HEALTH VISIBLE  
PREVENTING DISEASE WITH EDUCATION

[liveradvocates.org](http://liveradvocates.org)

[higadograso.org](http://higadograso.org)

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*Welcome!*

**FROM OUR  
EXECUTIVE DIRECTOR**

**Gina Villiotti Madison**

This past year marked meaningful growth for Liver Education Advocates and for the industry as a whole. Lived patient experience continues to guide everything we do.

As our programs and reach expand, we are committed to education rooted in trust, equity and real-world impact. What began as one family's journey has grown into a movement dedicated to helping others navigate liver disease with knowledge and hope.

We are deeply grateful for our supporters and look ahead to 2026 with purpose and passion.

We are also pleased that Dr. Karen Jerome-Zapadka was elected as our new Board Chairperson in 2025 as we prepare our organization for continued future growth.



***One family's experience  
can light the way for an  
entire community. Lived  
experience is powerful  
medicine!***

*Gina*

# OUR PURPOSE

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**Making liver health visible.**

**Preventing disease through education.**

Our patient-centered leadership drives authentic, patient-centered programming and delivers bilingual education, trusted community outreach, and early-detection programming that turns knowledge into action.

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## Vision

A world where everyone, regardless of language, income or background, has the tools to protect their liver health and overall wellness.

## Mission

Increase public awareness and provide education about liver health, with a prioritized focus on fatty liver disease.

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## Core Values



Integrity



Compassion



Excellence



Equity



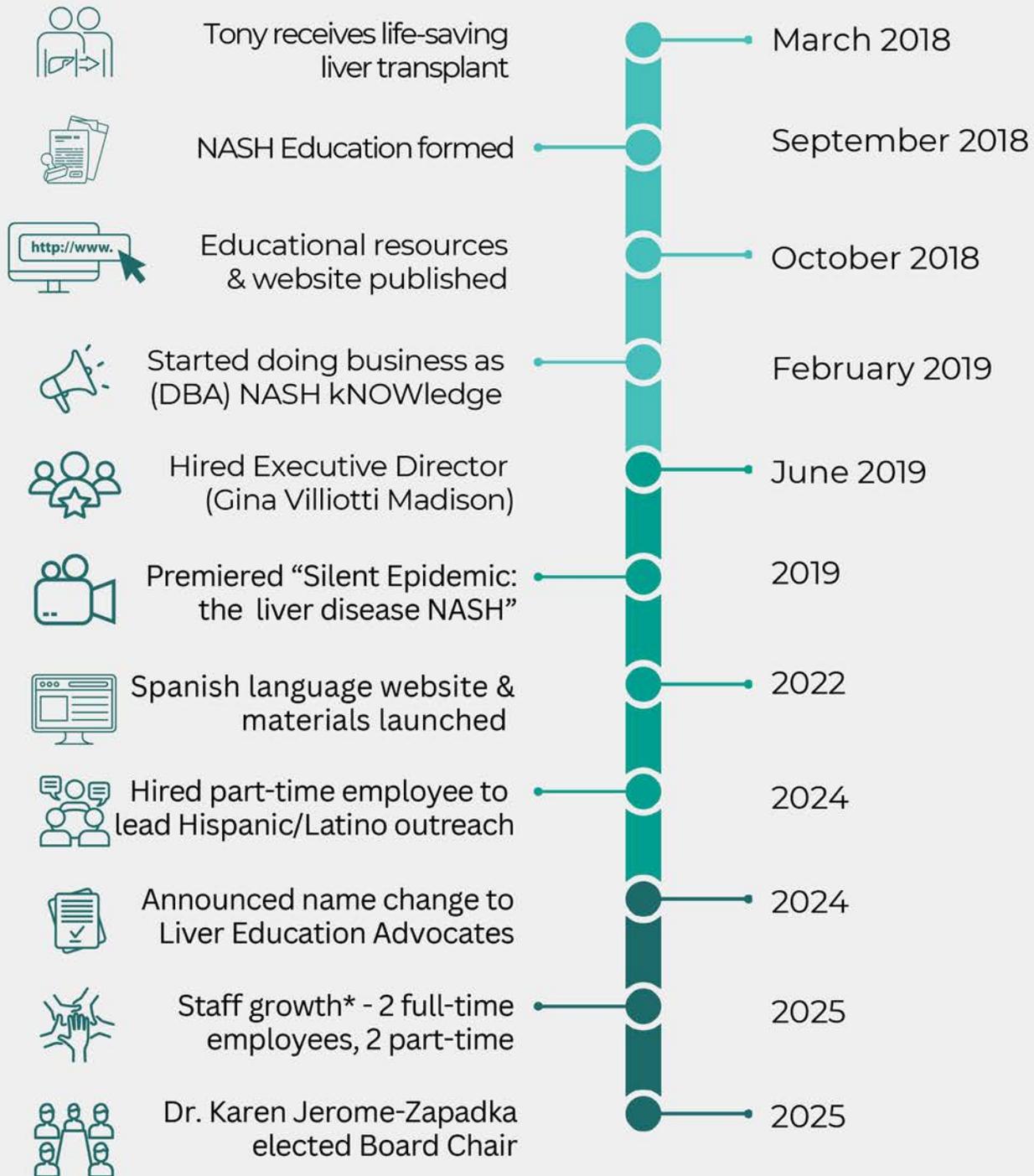
Collaboration



Stewardship

# THROUGH THE YEARS

## TRANSPLANT TO TRANSFORMING LIVES



*\*Organization founders, Tony & Betsy Villiotti, continue to work without pay as they have since the organization's inception.*



# MEXICAN CONSULATE PROGRAM

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## Why this Matters

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For many **Latino families**, the Ventanilla de Salud (Health Window) Program is a **trusted entry point into the healthcare system**, reaching **millions of Mexican and Latino residents in the United States**. Liver Education Advocates fills a critical gap in **liver health education** in a community highly affected by liver disease.

Through this partnership, we are able to deliver accurate, **prevention-focused liver health education** directly into communities that are often **underserved, uninsured** or face **language and access barriers**.

## By the Numbers

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- Partnerships with **48 of 51 Mexican Consulates**
- **39 Consulates** utilizing educational materials
- **60 total educational events** were delivered through this network
  - **21 in-person** presentations
  - **39 virtual** workshops and webinars



# HISPANIC LIVER HEALTH

Our commitment to the Hispanic and Latino community is central to our mission, and we are proud to be leading meaningful, culturally grounded efforts in this space.



**19 new alliances** developed in addition to the Mexican Consulates



**Spanish-language website** updated, increased web traffic



**60 national education events** conducted across the U.S.



Quarterly **Spanish newsletters** sent to nearly **200 subscribers** and growing



Relationship established with **Universidad Iberoamericana (Mexico City)**, strengthening binational collaboration



**Spanish language Support Group** launched and active on **Facebook** and **WhatsApp**



**Training sessions** conducted for **nurses** and **community health workers** on MASLD/MASH awareness, prevention, early detection and culturally responsive patient education



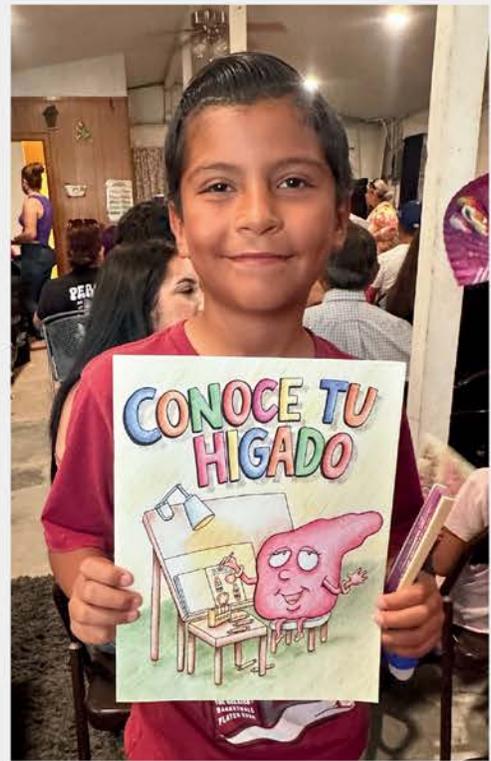
**Spanish language social media platforms** developed and actively posting with increasing followers and engagement



Materials being used in **Mexico**, the **Dominican Republic**, **Guatemala** and **Venezuela**



Physical **presence expanded to West Coast** with hire of Latino Outreach Coordinator based there



# COMMUNITY & PATIENT IMPACT

Community and patient impact are the heart of our work. Founded by a patient, we are committed to meeting people where they are and walking alongside them.



**47** in-person community events in **7 states**



**Increased website visitors** and **higher ranking in online searches**



Select **screening events** in direct collaboration with **health systems**



**Liver Health Ambassador Program** expands to **national presence**



**More than 30,000 pieces of printed educational materials** handed out at events or to be used in clinics



**Successful** participation in **GHAPP Annual Conference**, high booth traffic and interest in materials



More than **1,000 Online Risk Assessment Surveys** completed on our website



Developed strong **relationships** with **nursing school programs**



**Media coverage in 13 media outlets**, including TV, Print, Radio and Online



Participate in, or advise, **10 industry groups/councils**



# RESOURCE LIBRARY - ENGLISH MATERIALS

## Full Library of Materials

### WHAT IS METABOLIC DYSFUNCTION?

**NORMAL METABOLIC FUNCTION**

The metabolic system is the set of processes that keep your body running. It turns the food you eat into the energy you need to move, breathe, think, and repair your body. A healthy metabolism is characterized by:

- stable weight
- consistent energy levels
- the ability to use both fats and carbohydrates as fuel sources
- lack of excessive inflammation
- normal blood pressure, glucose and lipids

**WHAT HAPPENS WHEN METABOLIC DYSFUNCTION OCCURS?**

**HOW IS METABOLIC DYSFUNCTION DIAGNOSED?**

Identification of Metabolic Syndrome is the most common way metabolic dysfunction is diagnosed. Metabolic syndrome is typically diagnosed if a patient has 2 or more of the following:

- WAST CIRCUMFERENCE:** greater than 40 inches for men and 35 inches for women
- BLOOD PRESSURE:** greater than 130/85 or on blood pressure medication
- FASTING BLOOD SUGAR:** greater than 100 mg/dL or on diabetes medication
- TRIGLYCERIDES:** greater than 150 mg/dL
- LOW HDL:** less than 40 mg/dL for men and 50 mg/dL for women

The HOMA-IR (Homeostatic Model Assessment of Insulin Resistance), based on fasting glucose and insulin levels, may detect insulin resistance at a much earlier stage, before Metabolic Syndrome occurs.

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### Fatty Liver

- Fatty Liver Roadmap
- Fatty Liver Brochure
- At-A-Glance
- Family Issue
- Fatty Liver Risk Postcard
- FIB-4 Postcard

### Pediatric

- Childhood Fatty Liver Disease
- Pediatric Fatty Liver Roadmap
- Teens & Fatty Liver
- Your Young Child & Fatty Liver
- Livvy the Liver Coloring Books
- Livvy the Liver cartoons

### Associated Conditions

- Metabolic Dysfunction
- PCOS & Fatty Liver
- Diabetes & Fatty Liver
- HIV & Fatty Liver
- Cirrhosis Brochure
- Hepatic Encephalopathy

### Liver Cancer

- HCC Roadmap
- Cancer-Fatty Liver Connection
- Liver Cancer Facts

### Other

- Liver Transplant Roadmap
- Clinical Trial Roadmap
- Sugar Substitutes
- Added Sugar Postcard

### WHAT IS INSULIN RESISTANCE?

**INSULIN RESISTANCE**

- When excessive sugar enters the blood stream, the pancreas makes insulin to reduce blood sugar levels.
- Insulin helps blood sugar enter the body's cells to be used as energy.
- Excess starch and sugar consumption causes cells to become resistant to insulin, and sugar stays in the bloodstream, remaining elevated and contributing to weight gain and metabolic dysfunction.
- The fructose also promotes fatty liver and insulin resistance.

**Common Causes of Insulin Resistance include:**

- Excess carbohydrate consumption
- Excess added fructose consumption
- Chronic inflammation typically from inflamed dysfunctional fat cells
- Lack of physical activity
- Age and genetics

**Emerging Trends/Relationships**

- Poor sleep
- Air pollution and other toxins
- Chronic stress

**MEDICAL CONDITIONS MOST COMMONLY ASSOCIATED WITH INSULIN RESISTANCE**

- Obesity
- Metabolic Syndrome
- Type 2 Diabetes
- Cardiovascular Conditions
- Chronic kidney disease
- Dyslipidemia
- Sleep Apnea
- Cancers
- Polycystic Ovary Syndrome (PCOS)
- Fibrotic
- Reproductive and Menstrual Difficulties

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# RESOURCE LIBRARY - SPANISH MATERIALS

## Full Library of Materials

### Hígado Graso

- Hoja de Ruta del Hígado Graso
- Folleto del Hígado Graso
- En un vistazo
- Un asunto Familiar
- Tarjeta de Factores de Riesgo
- Tarjeta de FIB-4

### Pediatría

- Enfermedad del Hígado Graso en la infancia
- Hoja de ruta del hígado graso pediátrico
- Los Adolescentes y el hígado graso
- Tu hijo pequeño y el hígado graso
- Libro para colorear "Livvy, el hígado"
- Dibujos animados de "Livvy, el hígado"

### Condiciones Asociadas

- Disfunción metabólica
- SOP y el hígado graso
- Diabetes e hígado graso
- HIV e hígado graso
- Folleto de Cirrosis hepática
- Encefalopatía Hepática

### Cáncer de Hígado

- Hoja de Ruta del Cáncer de Hígado
- Conexión entre Hígado Graso y Cáncer
- Datos sobre el Cancer de Hígado

### Otros

- Hoja de Ruta del Trasplante de Hígado
- Hoja de Ruta de Ensayos Clínicos
- Sustitutos del Azúcar
- Tarjeta de Azúcar añadida

### ¿QUÉ ES LA DISFUNCIÓN METABÓLICA?

**FUNCIÓN METABÓLICA NORMAL**

El sistema metabólico es el conjunto de procesos que mantiene tu cuerpo funcionando. Convierte los alimentos que comes en la energía que necesitas para moverte, respirar, pensar y reparar tu cuerpo. Un metabolismo saludable se caracteriza por:

- Peso estable
- Niveles de energía constantes
- Capacidad de utilizar "carbo" grasas como combustible como fuente de energía
- Ausencia de inflamación excesiva
- Práctico arterial, glucosa y lípidos dentro de rangos normales

**¿QUÉ PASA CUANDO HAY DISFUNCIÓN METABÓLICA?**

El páncreas produce un exceso de insulina para poder controlar el azúcar en la sangre.

Los vasos sanguíneos se espesan.

El hígado comienza a almacenar grasa.

Las células y el tejido adiposo se vuelven menos sensibles a la insulina, lo que hace que el almacenamiento de grasa.

**DISFUNCIÓN METABÓLICA**

La disfunción metabólica ocurre cuando los procesos normales del cuerpo de producir y usar energía, almacenar grasa, manejar el azúcar y regular los lípidos, comienzan a fallar o dejan de funcionar correctamente.

**¿CÓMO SE PRODUCE LA DISFUNCIÓN METABÓLICA?**

Uno de los factores más importantes que contribuyen a la disfunción metabólica es la resistencia a la insulina.

Esto ocurre cuando el páncreas tiene que producir cada vez más insulina para que nuestras células puedan hacer su trabajo.

**¿CÓMO SE DIAGNOSTICA LA DISFUNCIÓN METABÓLICA?**

Identificar el síndrome metabólico es la forma más común de diagnosticar la disfunción metabólica. Normalmente, el síndrome metabólico se diagnostica cuando una persona tiene 3 o más de los siguientes factores:

- CINTURA:** más de 40 pulgadas en hombres y 35 pulgadas en mujeres
- PRESIÓN SANGÜÍNEA:** mayor a 130/85 o si usa medicamentos para la presión
- GLUCOSA EN AYUNO:** mayor de 100 mg/dL o si toma medicamentos para diabetes
- LÍPIDOS EN AYUNO:** menos de 40 mg/dL en hombres y menos de 50 mg/dL en mujeres
- TRIGLICÉRIDOS:** más de 150 mg/dL
- HDL (COLESTEROL BUENO):** menos de 40 mg/dL en hombres y menos de 50 mg/dL en mujeres

La prueba HOMA-IR, que usa glucosa e insulina en ayunas, puede detectar resistencia a la insulina mucho antes de que aparezca el síndrome metabólico.

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### ¿QUÉ ES LA RESISTENCIA A LA INSULINA?

**RESISTENCIA A LA INSULINA**

- Ocurre cuando disminuye azúcar a la sangre, el páncreas produce insulina para ayudar.
- La insulina ayuda a que el azúcar entre en las células para usarlo como energía.
- Si seguimos consumiendo demasiadas calorías y azúcares, las células se hacen resistentes a la insulina. Entonces, el azúcar se queda en la sangre, se mantiene elevada y esto contribuye al aumento de peso y a la disfunción metabólica.
- La insulina también puede causar hígado graso y resistencia a la insulina.

**¿QUÉ ENFERMEDADES SE CONSIDERAN METABÓLICAS?**

- Obesidad
- Síndrome Metabólico
- Diabetes tipo 2
- Enfermedades cardiovasculares
- Enfermedad renal crónica
- Hipertensión
- Apnea del sueño
- Varices (signo de cáncer)
- Síndrome de ovario poliquístico (SOP)
- Dato
- Utilización de medicamentos y Patrones

**Factores de Azúcar y colesterol elevados**

**Resistencia a la insulina**

**Producción de insulina**

**Factores comunes de resistencia a la insulina:**

- Consumo excesivo y frecuente de carbohidratos
- Consumo elevado de fructosa
- Inflamación crónica, a menudo causada por células de grasa inflamadas que no funcionan bien.
- Falta de actividad física
- Edad y genética

**Nuevas tendencias y conexiones**

- Dormir mal
- Contaminación del aire y toxinas
- Estrés crónico

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# TESTIMONIALS

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**“LEA is essential to the health of the liver community. They operate with an excellence and integrity, a creativity and humanity that reflects their authentic anchoring in identifying and solving problems to improve the lives of patients and families.”**

~Donna R. Cryer, JD, Liver Transplant Recipient

**“It has been a true pleasure to see the growth and growing impact of this organization. Their focus from the get-go has been moving the needle on patient advocacy for obesity related liver disease, including a sometimes less talked about corner of healthcare, which is Pediatrics. The work that comes to mind when I see the work emanating from them is gratitude.”**

~Rohit Kohli, MBBS, MS; Children’s Hospital Los Angeles

**“LEA education materials have been essential in helping my patients and their families understand their diagnosis of MASLD/MASH. The coloring books have been wonderful for my younger population who can learn about their liver in an age appropriate way.”**

~Samantha Lee, MSN, CPNP-PC; Connecticut Children’s Medical Center

**“I absolutely love LEA’s educational materials and they have been so helpful to-use with patients!”**

-Melina Manolas, MD, MPH ; Weill Cornell Medicine

**“Liver Education Advocates has been an amazing resource for patients - raising the patient voice through advocacy, heightening awareness of liver disease through education and outreach, and being a beacon of support and hope for our patients, because every liver matters! Thank you LEA for all you do!”**

-Manal F. Abdelmalek, MD, MPH; Mayo Clinic, Rochester, Minnesota

**“It was a true honor to team up with LEA. Educational spaces are essential, and community participation allows us to support them much more effectively.”**

~Nut. Hector Infanzon, School of Nutrition - Specialization in Obesity and Comorbidities, Ibero-American University of Mexico City

**“My wife found LEA’s Support Group after I was diagnosed with NASH. I was overwhelmed, scared and lacked knowledge and clarity on my diagnosis. With this group, I found my peace; I have received extra knowledge and I am forever grateful.”**

-Nic, Support Group Member & Patient



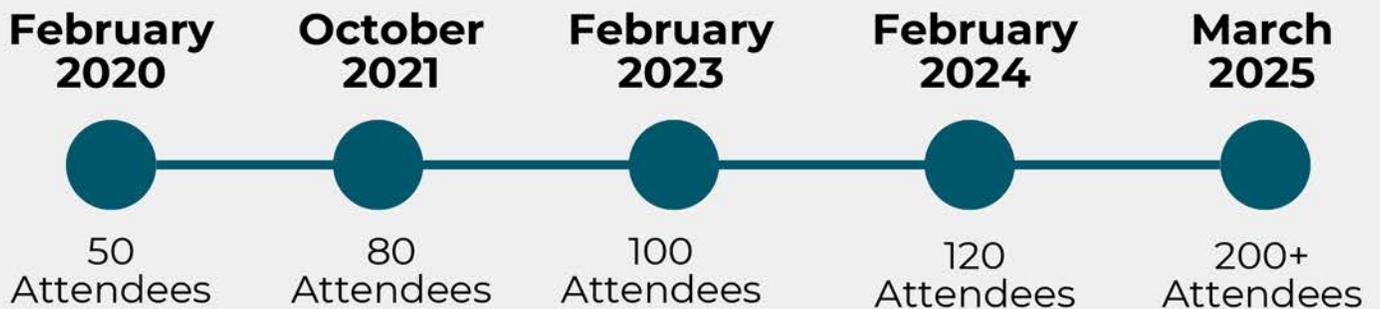
# WE THANK OUR 2025 SPONSORS

*We are grateful for our sponsors whose support allows this work to move forward with purpose, hope, and measurable impact.*



# TEEING OFF ON LIVER DISEASE FUNDRAISER

- This annual event is more than just a fundraiser but has **evolved into a networking event**
- Brings together **patients, caregivers, community partners** and **industry leaders**



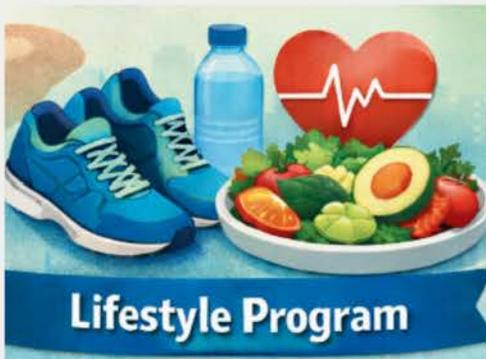
# 2026 KEY PRIORITIES

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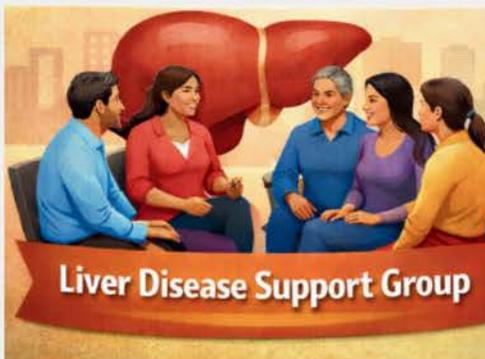
**Prioritized focus** in four key areas will keep us **focused** while **deepening patient, caregiver and community impact.**



- Continue to **grow relationships** with community groups and Mexican Consulates
- Establish program within corporations to engage with **Latino Employee Resource Groups**
- Continue to provide **culturally relevant materials and presentations**



- Launch **multi-channel program** to address specific, encouraging Lifestyle management support
- Integrate **webinars, blogs, videos** and more within engaging website
- Address **need for all medications to be in tandem with lifestyle changes**



- **Grow membership** and meeting attendance
- Launch Heart-to-Heart Program, offering **1-on-1 sessions for individualized support**
- **Understand and address group needs** through surveys and other programs



- Focus on **larger events**
- Expand into **new territories**
- Establish **relationships with healthcare providers**
- Partner with those **passionate about liver health**
- Launch **distinct training program**

# OUR CORE TEAM



Gina Madison,  
**Executive Director**

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Tony Villiotti,  
**Co-Founder/Patient**



Betsy Villiotti,  
**Co-Founder/Caregiver**



Maria Hernandez,  
**Director, Latino  
Community Outreach**



Susan Horava  
**Director, Ambassador Engagement  
& Lifestyle Management**



Pamela Martinez  
**Coordinator, Latino  
Community Outreach**

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## ADVISORS



Carlos Sanchez, MD,  
**Medical Advisor**



David Villiotti,  
**Assistant Treasurer**

# BOARD OF DIRECTORS



Karen Jerome-Zapadka, MD, DABOM, MHP,  
**Chairperson of the Board**

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Mary Ayers, MD, FAAP



Shawn Bannon



Albert Garcia, MS



David Garcia, PhD,  
FACS



Patricia  
Kardambikis, PhD



Gina Madison



Anthony Martinez, MD,  
AAHIVS, FAASLD



Sammy Saab, MD, MPH,  
AGAF, FACC, FAASLD



Sarah Spiegel



Kam Taitt



David Villiotti, MBA



Tony Villiotti



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MISSION TODAY**



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Questions? Comments?  
info@liveradvocates.org or 412.929.6741