



National Minority Cardiovascular Health Alliance Newsletter

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A Central Space for CVD Solutions Dialogue

Notwithstanding the high need, there has been no central space for diverse groups to come together to talk openly and constructively about shared and emerging challenges, and to develop meaningful solutions relating to cardiovascular disease disparities facing minority populations.

The Make Well Known Foundation (MWKF) is seeking to change that by creating that space where nationally renowned thought-leaders from leading organizations come together to address and develop an action agenda focused on cardiovascular health within underserved minority communities. This major initiative, the **National Minority Cardiovascular Health Alliance** was launched this year.

“With health care coverage in flux and populations shifting across the country, it is more important than ever to address the challenges that minority patients are facing and implement strategies to improve cardiovascular health. Otherwise vulnerable and disadvantaged patients can and will get lost in the shuffle. I am so passionate about this effort because it gives us all a chance to make a much-needed difference.”

–Lionel Phillips, Chairman of the Board, Make-Well-Known Foundation



Within the first year, the National Minority Cardiovascular Health Alliance will publish a monograph as the action-agenda blueprint to increase access to care in minority populations experiencing the greatest cardiovascular disease disparities. The blueprint will guide the Alliance in how to strategically add resources to strengthen the work of its thought-leading member organizations.

Ever Growing Need and Cause for Collaboration



Despite public health, medical and technological advances, heart disease remains the leading cause of death in the United States. Most of those deaths are occurring among minorities due to health inequities and social determinants of health.

The National Minority Cardiovascular Health Alliance creates a central space to address cardiovascular health disparities among Blacks, Hispanics/Latinos, Pacific Islanders, and Native Americans. By collaborating with nationally renowned individuals and stakeholder organizations, the Alliance steering committee members will collaboratively address gaps and advance actions that

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Project Director

complement and leverage the work of its member organizations. The Alliance, in turn, will support the organizations represented by our steering committee members through providing additional resources toward the great work they are currently doing.

There is tremendous momentum around this initiative. The founding steering committee members welcome the opportunity to join forces for this timely and important cause. Most notable is the common theme among organizations and individuals in applauding the Alliance for acting at a critical time in our country's healthcare landscape. There is great interest in a platform for collaboratively sharing each members' opinions about cardiovascular disparities and gaps from their unique vantage points.

My vision for the Alliance is the creation of a responsive, sustainable organization. Through cooperative efforts, planning and priorities advancement, a focus on cardiovascular disease, and shared thought leadership, the Alliance is positioned to respond to current and future cardiovascular disease disparities among minorities, particularly the most disadvantaged. As a premier organization, the Alliance will be highly-regarded for identification of and providing solutions on cardiovascular disease disparities among Blacks, Hispanics/Latinos, Pacific Islanders, and Native Americans to increase access to care.

The central space created by the Alliance increases attention to current factors, leverages strategies proven effective to mitigate cardiovascular inequities, and calls attention to lesser-known aspects that may have an impact. I expect that policy, systems and environmental changes will develop or advance that will increase access and treatment options within these populations because of the work of the National Minority Cardiovascular Health Alliance.

In the Spirit of Collaboration,

Kristi R. Fultz-Butts
Project Director

Illustrious Co-Chairs Help Define Path Forward

The Alliance was thrilled to have three national thought leaders in cardiovascular disease and health disparities join as co-chairs earlier this year.

Keith C. Ferdinand, MD, FACC, FAHA, FASH, FNLA: Dr. Ferdinand focuses primarily on cardiac risk factor evaluation and control, and in particular hypertension and hyperlipidemia, including communities of racial and ethnic minorities. He has had more than 100 manuscripts published. Dr. Ferdinand's passion for patient-care is highlighted in his commitment to non-profit work and service to community. He has been involved in many national organizations concerned with public health, including: serving as former Chair and Chief Science Officer of the Association of Black Cardiologists, serving as a board member of the American Society of Hypertension, being involved with the Healthy Heart Community Prevention Program and serving as immediate-past Chair of the National Forum for Heart Disease and Stroke Prevention.



MISSION:

Make Well Known Foundation is a 501(c)(3) charitable organization focused on supporting the health of minority and underserved communities. We collaborate with a range of not-for-profit, government and commercial institutions to activate solutions oriented initiatives that reach into at-risk communities and empower people to cultivate better health.

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“The United States cannot have a healthy society until we have a health care system that makes available the best evidence-based care, regardless of race, ethnicity, gender, religion, age, sexual orientation, nationality, disability, appearance, geographic location or socioeconomic status. Until all populations are healthy, our society cannot be healthy. We have an obligation to ensure proper care among diverse populations. Approaching our work with care and concern for each and every patient is the reason why we practice medicine.”

-Dr. Keith C. Ferdinand, Alliance Co-Chair

Gladys P. Velarde, MD, FACC: Dr. Velarde has been a practicing cardiologist for more than 20 years and currently practices in Jacksonville, FL. She has affiliations with various hospitals in the Jacksonville area, including Shands Lake Shore Regional Medical Center and University of Florida Health Jacksonville. Dr. Velarde, who specializes in cardiovascular disease, also serves as Associate Professor of Medicine in the Cardiology Division at the University of Florida College of Medicine – Jacksonville and is Director of the Women’s Cardiovascular Program at University of Florida Health Jacksonville. She is also co-author and editor of the first published book in the country that is solely devoted to treating heart disease in women on a broad level – “Management of Cardiovascular Disease in Women” – a guide and resource for physicians treating women with heart disease.



“Our continuing mission is to reduce gender and ethnic disparities in Cardiovascular care. Despite the remarkable declines in cardiovascular mortality observed nationally over the last 3 decades, many population subgroups defined by race, ethnicity, gender, socioeconomic status, educational level, or geography show striking, and often widening, disparities in cardiovascular health. As the landscape of our nation is changing, it is paramount that our efforts to prevent cardiovascular disease include those who are disproportionately affected the most.”

-Dr. Gladys Velarde, Alliance Co-Chair

Carlos Jose Rodriguez, MD, MPH, FACC: Dr. Rodriguez joined the faculty at Columbia University’s College of Physicians and Surgeons in 2003 and held a joint appointment at Columbia University’s Mailman School of Public Health as an Assistant Professor of Clinical Medicine and Clinical Epidemiology. He was the first Dominican-born physician from the surrounding community of Washington Heights to be full-time faculty in the Division of Cardiology at Columbia University Medical Center. His research focuses on: cardiovascular health disparities, minority cardiovascular health, hypertensive heart disease, and heart failure. Dr. Rodriguez joined Wake Forest University as Associate Professor of Medicine and Epidemiology in 2011, where he is currently the principal investigator of ECHO-SOL, a national multi-center study of cardiac structure and function in Latinos across the United States.



“The collaboration, diversity and experience represented by the Make-Well-Known Foundation will enable the organization to identify and respond to the emerging challenges in minority cardiovascular health. The Alliance’s partnership with varying entities and across different sectors – including hospitals, clinical cardiology, academia, industry, communications/marketing, social services, patient advocacy, and government – will bring an overarching perspective and voice to the landscape of minority cardiovascular health. I partnered with this Alliance to help make a difference and look forward to doing just that.”

–Dr. Carlos J. Rodriguez, Alliance Co-Chair

Steering Committee and Advisory Panel Members Sign-On to Provide Expertise

The following steering committee members and advisory panelists have signed on to the National Minority Cardiovascular Health Alliance in recent months, adding tremendous expertise and insights to the new initiative.

Alliance Steering Committee

- Health Research and Educational Trust of the American Hospital Association
- Norm Linsky, Executive Director, Mended Hearts
- Cassandra McCullough, CEO, Association of Black Cardiologists
- Dr. David Montgomery, Cardiologist/Internist, Piedmont Heart Institute; National Health Contributor
- Dr. Mary Owen, Director, Center of American Indian and Minority Health, Assistant Professor, Department of Family Medicine and Community Health, University of Minnesota at Duluth; Secretary of Board, Association of American Indian Physicians
- Dr. Ileana Pina, Professor, Department of Medicine/Professor, Department of Epidemiology & Population Health/ Associate Chief, Academic Affairs, Montefiore Medical Center
- Dr. Latha Palaniappan, Professor/Researcher, Stanford University School of Medicine
- Dr. Gary Puckerin, President/CEO, National Minority Health Forum; Executive Director, Alliance of Minority Medical Associations
- Dr. Elena Rios, CEO, National Hispanic Medical Association
- Dr. Brian Smedley, Co-Founder/Executive Director, National Collaborative for Health Equity
- Barbara Tombros, Member of Board of Directors, WomenHeart
- Dr. Ho Tran, President/CEO, National Council of Asian Pacific Islander Physicians

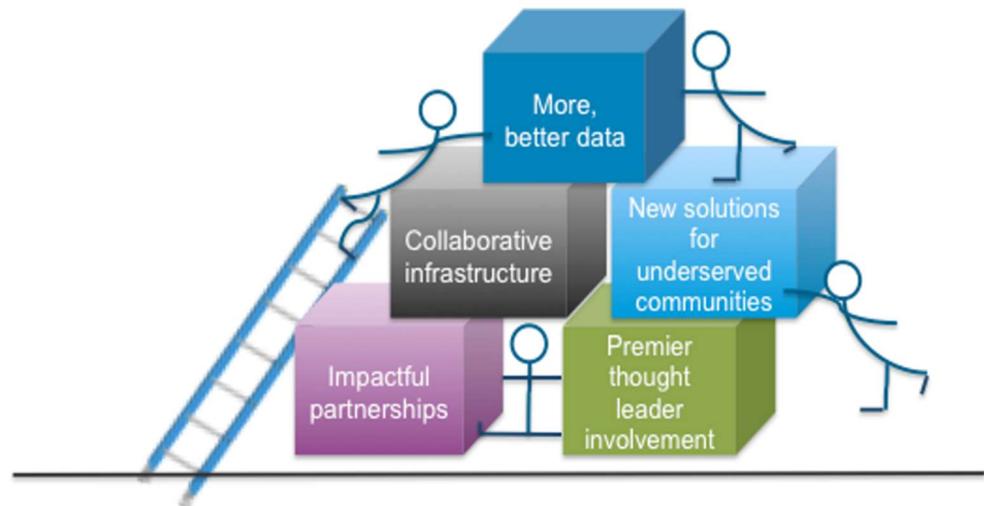
Alliance Advisory Panel

- Dr. Marjory Cannon, Medical Officer, Office of Clinical Standards and Quality, Centers for Medicare and Medicaid Services
- Jessica Wagner, MPH, Assistant Director, Center for Health Communication, University of Texas at Austin
- Dr. Emmett Aluli, Professor/Private Physician, University of Hawai'i School of Medicine; Founder of Native Hawai'iian Physician Association
- Dr. Helene D. Clayton-Jeter, Director, Cardiovascular & Endocrine Liaison Program, Office of Health & Constituent Affairs, Office of External Affairs, U.S. Food and Drug Administration

Expert Co-Chairs and Steering Committee Add Exponential Value to Alliance Effort

Population trends predict that by 2043 the United States will become a majority-minority. An increasingly diverse population breeds innovation in the market, but difficulties arise in providing equitable health care for lesser understood and accessible populations.

Steering committee members and their organizations will require more and better data, novel evidence-based strategies, and key partnerships to accomplish their missions of reducing cardiovascular health disparities and increase access to care. The tremendous expertise of each of the Alliance's co-chairs and steering committee members is impressive and impactful on its own, yet the value of this cadre of experts grows exponentially as they come together to seek to collectively impact cardiovascular disease, especially considering shifting populations.



Collaboration strengthens individual organizations and thought-leaders by providing a repository for and access to solutions and resources



The timing is critical as the population evolves into a 'majority minority' + the stagnating decline in the incidence of CVD

Inaugural Alliance Meeting Takes Shape

Alliance co-chairs and steering committee members will come together for the inaugural Steering Committee Meeting on October 28, 2017 in Washington, DC. The meeting will bring together nearly two dozen national thought-leaders to:

- Identify and prioritize shared and emerging cardiovascular challenges within Blacks, Hispanics/Latinos, Native Americans, and Pacific Islanders to increase access to care.
- Create an action agenda that activates solutions-oriented initiatives to improve cardiovascular health outcomes in these communities through equitable access to care and treatment.
- Produce a monograph, as a blueprint, for activating synergistic programming that advances and increases resources for member organizations to strengthen their cardiovascular health work activities.

10 Fast Facts on the Challenge and Opportunity Before the Alliance

Did you know...

1. Increasing diversity in America is driving an overall increase in the prevalence of cardiovascular disease (CVD). Minority populations experience higher prevalence and mortality rates from CVD -- the leading cause of death in our country -- and a need exists for deeper understanding of why and how to solve this serious problem.
2. Despite many health advances, cardiovascular disease has been the leading cause of death in the U.S. since the 1920s. Recent studies have shown a stagnating rate of decline in mortality from cardiovascular disease.
3. In addition to facing higher prevalence and mortality rates, minorities experience poorer long-term outcomes from cardiovascular disease and other chronic diseases compared to their non-Hispanic white counterparts.
4. People of Hispanic/Latino, African American, Native American and Pacific Islander descent may face unique cardiovascular health socioeconomic, cultural and health literacy challenges, and the concerns of minority populations about the impact of lack of access to and under-utilization of health care services on heart disease have become more pronounced.
5. African Americans and Hispanics/Latinos, the two largest minority groups in the U.S., have the highest prevalence of cardiovascular disease.
6. Pacific Islanders have one of the highest rates of CVD globally. Many have very high levels of triglyceride and low levels of HDL, as well as a high incidence of diabetes. CVD is the second leading cause of death for Pacific Islanders.
7. Heart disease is the leading cause of death among American Indians and Alaskan Natives. Stroke is the seventh leading cause of death among American Indians/ Alaska Natives. Heart disease and stroke are also major causes of disability and can decrease a person's quality of life.
8. Minorities in general have lower usage rates for preventive services including aspirin use, hypertension screenings and cholesterol screenings. This disparity in use of preventative services can help delay treatment and partially explain disproportionate mortality rates from cardiovascular disease.
9. The Make Well Known Foundation's formation is happening at a critical time because racial and ethnic minority groups will constitute an increasingly larger proportion of the US population in coming years. Our efforts to improve the cardiovascular disease of these groups will support reaching our goals.
10. The National Minority Cardiovascular Health Alliance brings together a group of nationally renowned thought-leaders to build and implement a focused, collaborative alliance that will consider, highlight, and undertake research or other programs focused on how culture and ethnicity should be considered to better serve these populations and reduce cardiovascular disease disparities.