



# National Minority Cardiovascular Alliance Newsletter

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## Steering Committee Meeting Sets 2018 Direction



NMC Alliance Co-Chairs: Dr. Keith Ferdinand, Dr. Gladys Velarde, and Dr. Carlos Rodriguez

October 28, 2017 – the date of the inaugural National Minority Cardiovascular Alliance (NMC Alliance) Steering Committee meeting – was a major step forward for our collective efforts and the start of a new chapter in collaboration for minority populations and their heart health.

NMC Alliance co-chairs, Dr. Keith Ferdinand, Dr. Gladys Velarde, and Dr. Carlos Rodriguez set the stage for a day dedicated to sharing, understanding and action planning. The enthusiasm and expertise in the room was tremendous, and the meeting did exactly what we hoped it would do – put us squarely on a path to build and implement an action agenda that prioritizes solutions-oriented initiatives that support Alliance members' efforts to improve cardiovascular health outcomes for African Americans, Hispanics/Latinos, Asians/Pacific Islanders and Native Americans.

Throughout this newsletter you will find details on who participated, topics covered, as well as what comes next. Right now, though, I want to take a moment to highlight quotes from meeting participants and illustrate the thoughtful and diverse dialog that occurred in the meeting, which signals the kind of thinking that will lead to the ultimate success of our collaboration.

Memorable comments include:

- *We need to do something...maybe...help our country understand some of the nuances and the danger in...broad generalizations.* -Dr. Keith Ferdinand
- *Part of the issue is the silos – there are many out there. We all agree how important information sharing is in improving minority cardiovascular health.* -Dr. Gladys Velarde



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- *More Latinos are insured and more in care than ever before. There's value in integration of clinical trials with other care in the treatment approach. -Dr. Elena Rios*
- *Are there novel or underrecognized factors – perhaps intangible – for why (minority) patients are not willing to enroll in clinical trials? It hasn't come out in data because we haven't asked the right questions yet. -Dr. Dave Montgomery*
- *We need to think about programs that help us (as providers) understand who our patients are. -Dr. Ho Tran*

I urge you to read on about the [meeting outcomes and our potential activities moving forward](#) – and to share this information with colleagues, your communities and your loved ones to help spread awareness about the significant need we are seeking to address and about our collaborative effort to do it. Thank you for your continued collaboration and partnership. I know that, together, we CAN make a difference.

In the Spirit of Collaboration,

*Kristi R. Fultz-Butts*  
Director, Make Well Known Foundation

## Alliance Steering Committee Meeting Shines Light on Key Gaps, Opportunities

The inaugural National Minority Cardiovascular Alliance meeting addressed many important topics as participants sought to develop an action agenda of solutions-oriented initiatives that will support Alliance members' efforts to improve cardiovascular health outcomes for minority populations with the purpose of promoting equitable access to care and treatment.



*Pictured: Dr. Nicole Redmond; Dr. Gladys Velarde; Dr. Ho Tran; Dr. Elena Rios; Cassandra McCullough; Barbara Tombros; Dr. Deborah Arrindell; Sarah Lincoln; Lionel Phillips; Kristi Fultz-Butts; Dr. Patrice Desvigne-Nickens; Dr. Helene Clayton-Jeter; Dr. Barbara Hutchinson; Dr. Felix Sogade, Dr. Siohban Wescott; Dr. Fatima Rodriguez; Dr. Juan Maya; Dr. Carlos J. Rodriguez; Dr. David Montgomery; Dr. Keith Ferdinand; and Dr. Gary Puckrein*

#### 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.

#### Contact Us

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Among the topics presented and discussed:

- Shared and emerging cardiovascular health challenges affecting African Americans, Hispanics/Latinos, Native Americans, and Asians/Pacific Islanders, led by Alliance co-chairs Dr. Keith Ferdinand, Dr. Carlos Rodriguez and Dr. Gladys Velarde
- Disaggregated data and surveys – best practices in the identification of specific cardiovascular outcomes in minority subgroups, led by Dr. Fatima Rodriguez and Barbara Tombros
- Zip codes as predictors of health: how to use neighborhood or geospatial data to affect change discussion leaders, led by Dr. Gary Puckrein
- Access to care and novel therapies, led by Dr. Keith Ferdinand and Dr. Gladys Velarde
- Clinical trials: addressing minority participation challenges, led by Dr. Helene Clayton-Jeter, Dr. Elena Rios and Dr. Carlos Rodriguez
- Identification of priorities and action planning workshop, led by Dr. Carlos Rodriguez and Lionel Phillips

From the meeting deliberations emerged key outcomes and actions to consider:

- Development of a publishable monograph that will illustrate and share information on where NMC Alliance members are currently working or seeking to develop new collaborative initiatives or programming
- Exploration of avenues for increased data availability and quality on minority subgroups
- Improved access to care and novel therapies for minorities through clinical trials
- Strategies to improve awareness of the minority cardiovascular patient experience

The steering committee acknowledges that there are many factors impacting minority cardiovascular health, but focusing on the most actionable items in 2018 is a priority. More updates will come early in the new year about which specific actions and activities are underway to address the key priorities of the steering committee. Please stay tuned for further updates.

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## Alliance Takes Its Case to the Social Sphere

The National Minority Cardiovascular has taken its case to the social sphere to raise awareness about this vitally important collaboration, communicate solutions-oriented initiatives of the NMC Alliance, garner partnerships, and solicit feedback. In addition to the Make Well Known Foundation web page – <http://makewellknown.org> -- the Foundation and National Minority Cardiovascular Alliance has added to our online presence with a [Twitter](#) account, [Facebook](#) page, and presence on [LinkedIn](#). Soon, the website will include a page for the NMC Alliance.

We are seeking Steering Committee and broad support on our social media channels to help us make them successful right from the start. Here's where we need your help:

- *On Twitter:* Take a moment to log-on to Twitter, enter our Twitter handle, [@NMCAlliance](#) – follow us and ask that you re-tweet our tweets and provide us with your Twitter handle so we can follow you.

- *On Facebook:* Take a moment to go to our Facebook page – <https://www.facebook.com/NMCAAlliance/> and like us and our posts on Facebook, let [Kristi Fultz-Butts](#) know how to reach you and your organization on Facebook so that we can send you a ‘friend’ invite and share information about the National Minority Cardiovascular Alliance on your organization’s Facebook page.
- *LinkedIn:* Visit us on LinkedIn and like and share our page and posts with colleagues and others in your online community -- <https://www.linkedin.com/company/nmcalliance/>.
- We welcome your thoughts and suggestions about these and other Alliance communications activities and greatly appreciate your help are glad to provide language for you to use for any of these activities!



Finally, please let us know if you have any suggestions for our Twitter handle and Facebook page, and through Kristi, feel free to put us in touch with your communications staff to work with on Twitter, Facebook and other communications activities. Thank you so much for your collaboration on this!

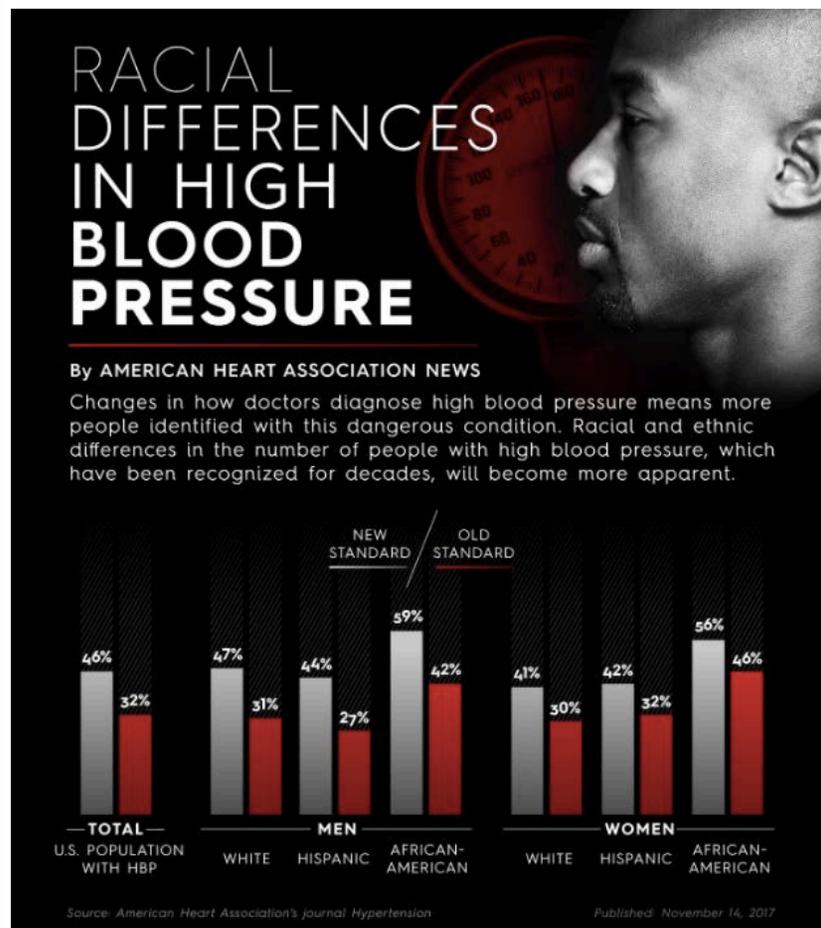
## NMC Alliance’s Newest Charge: Reacting to Significant Percentage of Minorities Have High Blood Pressure Under New Guidelines

Nine leading health organizations – including the American Heart Association and the American College of Cardiology – recently released new guidelines that redefined high blood pressure for the first time in 14 years.

Under the guidelines, high blood pressure is a reading of 130 mm Hg systolic over 80 mm Hg diastolic which is down from 140 mm Hg systolic over 90 mm Hg diastolic – and the change means that 46% of American adults are now considered hypertensive.

**For people in minority populations, the change has an even more pronounced impact.** Under the new guidelines, an estimated 59% of African-American men and 56% of African-American women will have high blood pressure, as compared to 47% of white men and 41% of white women.

According to guidelines' author Dr. Kenneth A. Jamerson, a cardiologist and professor of cardiovascular medicine with the University of Michigan Health System, "Hypertension occurs at a younger age for African-Americans than for whites. By the time the 140 over 90 is achieved, their prolonged exposure to elevated blood pressure has a potential for worse outcome."



Also under the new guidelines, the recommendation is to treat with medication – if needed – earlier and more aggressively. "If one takes the long view, then everyone should appreciate this approach," said Jamerson. "The cost of medications to treat more people is small, when compared to the cost of a stroke, cardiovascular disease or heart failure. It's a no-brainer." As a collaborative focused specifically on minority heart health, the NMC Alliance is charged with the urgent task to promote the revised hypertension guidelines, and respond within its 2018 action agenda. Key priorities resulting from the October steering committee meeting were to: (1) increase access to care to improve heart health outcomes for minority patients; (2) explore

additional avenues to increase minority participation in clinical trials of novel therapeutics; and (3) better understand barriers to care for and treat minority patients.

Leading cardiac care practitioners, researchers and advocates are among the NMC Alliance membership, many of whom are national thought leaders and members of the new guidelines consensus organizations. The new hypertension guidelines speak to the timeliness and appropriateness for a collaboration such as the NMC Alliance, to respond to the increasing incidence of cardiovascular disease cases among minority and underserved populations. "Our members' broad affiliations and thought leadership forge pathways to promote the guidelines, increase timely detection and treatment of hypertension, and opportunities to collaborate on activities to address the increased incidence and prevalence of hypertension under the revised guidelines," said NMC Alliance Director Kristi Fultz-Butts. Reducing cardiovascular risk factors is pivotal to preventing and controlling hypertension and other cardiovascular diseases. Risk factors include diabetes, obesity, smoking, and hyperlipidemia.

We seek diverse opportunities to address cardiovascular disease disparities through reduction of its risk factors. If you or your colleagues are aware of activities, such as public comment periods, to affect cardiovascular care or treatment, please contact NMC Alliance Director Kristi Fultz-Butts at [kristi@makewellknown.org](mailto:kristi@makewellknown.org).

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## Cardiovascular Care Updates

- **FDA Approves Amgen's Repatha® (evolocumab) to Prevent Heart Attack and Stroke.** Following FDA priority review, Repatha is the *only* PCSK9 inhibitor approved to reduce risk of heart attack, stroke and coronary revascularization. Read more in the December 1, 2017 [press release](#).
- **Quantum Genomics Announces Recruitment of First Patients in the NEW-HOPE Arterial Hypertension Study in the United States.** A study to evaluate efficacy of new drug class that directly targets the brain to treat hypertension and heart failure, led by PI Dr. Keith Ferdinand. Read more in the November 15, 2017 [press release](#).
- **AstraZeneca's CVD-REAL Study shows SGLT-2 inhibitors significantly reduced hospitalizations for heart failure and death versus other type-2 diabetes medicines.** The CVD-REAL study assessed data from more than 300,000 patients across six countries, 87% of whom did not have a history of cardiovascular disease. The data showed that treatment of type 2 diabetes with SGLT-2i medicines - *Farxiga* (dapagliflozin), canagliflozin, empagliflozin - reduced the rate of hospitalization for heart failure by 39% (HR 0.61; 95% CI 0.51-0.73; p<0.001) and death from any cause by 51% (HR 0.49; 95% CI 0.41-0.57; p<0.001). Read more in the March 19, 2017 [press release](#).
- **ADA 2018 Standards Address Diabetes Drugs with CV Benefit.** ADA calls for use of a glucose-lowering agent with proven cardiovascular benefit — such as the glucagonlike peptide 1 (GLP-1) agonist liraglutide (Victoza Novo Nordisk) — and/or mortality reduction — such as that observed with the sodium glucose cotransporter-2 (SGLT2) inhibitor empagliflozin (Jardiance, Boehringer Ingelheim/Lilly) — in type 2 diabetes patients with established atherosclerotic cardiovascular disease (ASCVD) who don't meet glycemic targets with lifestyle modification and metformin. Read more in this *Medscape* [article](#).

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## Public Comment Opportunities

Public Comment is vital to the mission of The National Minority Cardiovascular (NMC) Alliance. It offers all stakeholders an opportunity to provide input and affect change, by participating in current discussions, review of past work, and browsing upcoming topics.

We aim to represent vast public comment opportunities related to cardiovascular health or related conditions. Please submit public comment periods that come to your attention to Kristi Fultz-Butts at [Kristi@makewellknown.org](mailto:Kristi@makewellknown.org).

Each newsletter will feature current, recent opportunities and future opportunities in this section:

The **U.S. Preventive Services Task Force** seeks comments on draft recommendation statements and draft evidence reviews on two topics: screening for peripheral artery disease (PAD) and cardiovascular disease (CVD) risk assessment with the ankle-brachial index (ABI) and risk assessment for CVD with nontraditional risk factors. The Task Force found insufficient evidence on screening for PAD and CVD risk assessment with the ABI. The Task Force also found insufficient evidence on CVD risk assessment using three nontraditional risk factors. The

draft recommendation statements and draft evidence reviews are available for review and public comment from 1/16/2018 – 2/12/2018:

<http://www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment>.

The **Environmental Protection Agency (EPA)** is proposing to approve a revision to the Northern Sierra Air Quality Management District (NSAQMD) portion of the California State Implementation Plan (SIP). This revision concerns emissions of particulate matter (PM) from wood burning devices. EPA proposed to approve a local measure to reduce emissions from these emission sources under the Clean Air Act (CAA or the Act). Emissions particulate matter contributes to effects that are harmful to human health and the environment, including premature mortality, aggravation of respiratory and cardiovascular disease, decreased lung function, visibility impairment, and damage to vegetation and ecosystems. Comments are invited through 01/26/2018: <https://www.regulations.gov/document?D=EPA-R09-OAR-2017-0737-0001>

The **Federal Motor Carrier Safety Administration (FMCSA)** announces receipt of applications from six individuals for an exemption from the prohibition in the Federal Motor Carrier Safety Regulations (FMCSRs) against operation of a commercial motor vehicle (CMV) by persons with a current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive heart failure. If granted, the exemptions would enable these individuals with implantable cardioverter defibrillators (ICDs) to operate CMVs in interstate commerce. Comments are welcome through 1/29/2018: <https://www.regulations.gov/document?D=FMCSA-2017-0326-0001>

**Institute for Clinical and Economic Review (ICER)** invites public comments to, ICER Condition Update, Draft Background and Scope on Targeted Immunomodulators for the Treatment of Moderate-to-Severe Plaque Psoriasis: Effectiveness and Value. Psoriasis is a chronic inflammatory condition that is associated with systemic diseases including psoriatic arthritis, other autoimmune diseases, the metabolic syndrome, and cardiovascular disease. Comment period is 04/27/2018 – 05/25/2018: <https://icer-review.org/topic/psoriasis/>

**Trust for America's Health** welcomes letters opposing prevention fund offset in the [Champion Act](#). This link lists various organizations' letters of opposition: <http://healthamericans.org/health-issues/letters-opposing-prevention-fund-offset-in-champion-act>.

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Thank you, sponsors, for unrestricted support of the Make Well Known Foundation's National Minority Cardiovascular Alliance.

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