

National Minority Cardiovascular Alliance

White Paper

Prioritizing Minority Cardiovascular Health

This paper outlines the development of the Alliance, priorities, and current work. Readers will be provided a high-level overview of the Alliance projects and vision going forward.

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June 2020

Cardiovascular Health Challenge

The decline in cardiovascular disease (CVD) mortality over the last four decades is a significant success story in the US.¹ However, CVD continues to be the leading cause of mortality among US adults.² The steep decline in CVD hit an inflection point about 10 years ago, when death rates either plateaued or increased.³

Though we continue to see some hopeful progress, we did not achieve the American Heart Association 2020 strategic goal focused on a substantial decline in mortality from CVD.

“There is general agreement that the decline [in Cardiovascular Disease in the United States] is the result, in equal measure, of advances in prevention and advances in treatment... the benefits of advances in prevention and treatment have not been shared equally across economic, racial, and ethnic groups in the United States. Overall population health cannot improve if parts of the population do not benefit from improvements in prevention and treatment”⁴

Adding to this troubling picture is the fact that disparities in mortality due to CVD persist. As an example, the Office of Minority Health reports that African Americans are 20 percent more likely to die from heart disease than non-Hispanic whites.⁵ As America grows more diverse, with the expectation that minority groups will represent the majority of the population in the US by 2045, the existing disparities are particularly concerning.

NMC Alliance priorities and work

The Make Well Known Foundation established the National Minority Cardiovascular Alliance as a collaborative initiative to help fill a critical gap in understanding and addressing minority cardiovascular health. In response to stalling progress of cardiovascular health and a country that continues to grow more diverse, a need was identified to serve as a central clearinghouse for efforts addressing the cardiovascular health and disease of African American, Hispanic/Latino, Asian/Pacific Islander, and Native American populations. Supporting these four populations together enables the Alliance to embrace the similarities among groups, and still recognize their uniquenesses.

The NMC Alliance is directed by a Steering Committee of experts from patient/provider advocacy, academia, research, non-profit, policy advocacy, government, payers, and industry sectors. Bringing these diverse stakeholders together enables the NMC Alliance to assemble an effective action-agenda in support of cardiovascular health for these specific minority communities. The NMC Alliance responds to both the long term (such as chronic conditions) and immediate (such as with COVID-19) needs of these populations.

¹ Mensah GA et al. Decline in Cardiovascular Mortality: Possible Causes and Implications. *Circ Res.* 2017;120(2): 366–380. doi: 10.1161/CIRCRESAHA.116.309115

² Virani SS, et al. Heart Disease and Stroke Statistics—2020 Update: A Report from the American Heart Association. *Circulation*, 2020;141(9); e139-e596. <https://doi.org/10.1161/CIR.0000000000000757>.

³ Shah NS et al. Trends in cardiometabolic mortality in the United States, 1999–2017. *JAMA*, 2019;322(8);780–782.

⁴ Haveranek, EP, et al. 2015 doi.org/10.1161/CIR.0000000000000228

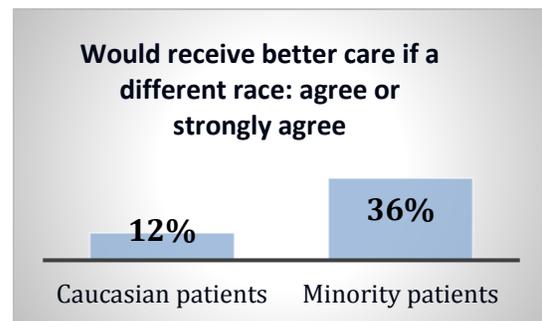
⁵ CDC 2019. National Vital Statistics Report, Vol. 68, No. 9. Table 10.

The NMC Alliance Steering Committee meets quarterly (one in-person meeting) to discuss the current issues facing the cardiovascular health and disease of minority populations. To date, current priorities include increasing access and awareness of subgroup data, increasing diversity in clinical trials, and increasing access to care and guideline-directed treatment. Our work considers these priorities through three lenses: how they are influenced by culture, genetics, and the social determinants of health.

Increasing access and awareness of subgroup data

Extrapolating data from a larger group into minority subgroups can inherently overlook variations between subpopulations and leaves open questions regarding differences or unique factors in their experience with cardiovascular disease.

Cardiovascular Patient Experience Survey: As a result of recommendations from the Steering Committee, the NMC Alliance undertook a Cardiovascular Patient Experience Survey. While there is a substantial amount of data outlining the disparities that exist in cardiovascular health, there is limited data on the minority patient experience. An exploratory survey was developed to begin to better understand the successes of and challenges to effective cardiovascular care for the various minority populations.



Clinicians perceive cost of care to be the most frequent barrier to care, while minority patients report other barriers of comparable importance which are essential to understand for patient care.

There were two parts to the survey: patient-facing and a clinician-facing portion. Considering both perspectives permits the NMC Alliance to begin to understand where patients and clinicians are in alignment, and where there are opportunities to improve. A number of opportunities arose from the data; for example, when asked about whether or not patients prioritized their heart health as one of their most important priorities, 30% of clinicians answered ‘yes,’ while an average of 73% of patients answered ‘yes’. Differences between the patient groups based on race or ethnicity were evident, and additional survey data assists in our understanding of these differences.

Ancillary SOL Study: Hispanics are the fastest-growing ethnic population in the US, a group with great diversity in regard to race, national origin, immigration status, and other socioeconomic characteristics.⁶ To that end, the National Heart, Lung, and Blood Institute (NHLBI) has initiated the comprehensive long-term epidemiological study titled Hispanic Community Health Study/Study of Latinos (HCHS/SOL). HCHS/SOL enrolled over 16,000 Hispanic/Latino adults from four US communities to describe the prevalence of select chronic diseases, the risk and/or protective factors associated with conditions, and

⁶ Rodriguez, CJ. et al. 2014. Status of Cardiovascular Disease and Stroke in Hispanics/Latinos in the United States. A Scientific Advisory from the American Heart Association. DOI: doi.org/10.1161/CIR.000000000000071

the relationship between initial health profiles and subsequent events across major subgroups (i.e. Dominican, Puerto Rican, Mexican, Central American, South American, and Cuban).

The NMC Alliance is conducting an ancillary study within the SOL study to contribute to the characterization and evaluation of the differences in CVD risk (specifically LDL-C) across Hispanic sub-populations. This ancillary study will describe the distribution of Lipoprotein(a) and ApoB in the study population, determine whether or not extreme values of lipid and blood cholesterol markers are key variables in predicting risk of ASCVD outcomes, and evaluate whether Hispanic subgroups - as defined by ancestral components or background of origin - modifies the association with ASCVD risk. This level of information will provide clinicians and researchers with granular information to better equip the research and treatment process.



electronic Clearinghouse of Articles, Research, Data, Insights, and Outcomes (eCARDIO) Hub: The NMC Alliance identified that there is no central repository for the data, research, and articles on minority cardiovascular health. To formalize the concept of serving as the

clearinghouse of minority cardiovascular efforts, the NMC Alliance has developed an online interactive central resource hub for individuals and organizations working in the minority cardiovascular health field. This hub will increase the speed of dissemination of new findings and enable those working in this space access to relevant information in one convenient location. eCARDIO Hub is fully searchable by a number of filters, including minority group, specific area of cardiovascular disease, risk factors, authors/researchers and date. The Hub is also interactive, in that members and partners will be able to submit data, information, and articles for review and inclusion.

Increasing diversity in clinical trials

Cardiovascular health disparities continue to exist, in part because of gaps in diagnosis and treatment. Currently, clinical trial participation does not reflect the population burdened by the disease. Increased diversity in cardiovascular clinical trials could help to mitigate the disparities and drive better outcomes in minority populations.

Reported reasons patients do not participate in clinical trials⁷

- Lack of awareness
- Mistrust
- Lack of comfort with process
- Fear and stigma of participation
- Time and resource constraints

A lack of diversity in clinical trials limits the generalizability of findings. Representative clinical trials would provide prescribing clinicians with better data for treatment decisions. Patient groups who are not represented in clinical trials are not provided the same confidence in drug safety and efficacy. In response to the literature on this topic, the National Minority Cardiovascular Alliance is working to build awareness of the importance of representative clinical trials.

⁷ Clark, L, et al. Increasing Diversity in Clinical Trials: Overcoming Critical Barriers. *Curr Probl Cardiol*, May 2019.

The following is the NMC Alliance strategy to support diversity in clinical trials:

- Build awareness among stakeholders of the importance of diversity in trials
- Ensure patient voices are heard and incorporated through the entire trial process
- Develop culturally appropriate content about clinical trials
- Address industry time and resource constraint concerns
- Support diversifying the clinical trial workforce

Increasing access to care and treatment

Healthy People barriers to health services:^{Error! Bookmark not defined.}

- High cost of care
- Inadequate or no insurance coverage
- Lack of availability of services

These barriers lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Financial burdens
- Preventable hospitalizations

Disparities related to access to care and treatment have narrowed somewhat in recent years, however, segments of various minority populations continue to exhibit poorer cardiovascular health and greater mortality due to cardiovascular disease. One area where these disparities are apparent is in dyslipidemia – a leading preventable risk factor for cardiovascular disease. The NMC Alliance focused on a slice of this issue through the *Master Class on Dyslipidemia* initiative.

Master Class on Dyslipidemia: Successful clinician-patient communication is associated with superior treatment and better patient outcomes.⁹ To contribute to the literature on assessing how to optimize communication between clinicians and patients with dyslipidemia in order to enhance treatment and improve health outcomes, the NMC Alliance developed a Master Class. Through patient focus groups and in-depth provider interviews, the NMC Alliance explored communication barriers among clinicians and patients in order to develop an effective clinician training program for dyslipidemia.

Research confirmed long-referenced anecdotes: that minority patients have low awareness of dyslipidemia and associated risks, instead prioritizing their other chronic diseases over dyslipidemia. Research also pointed to specific informational, cultural, and communication barriers preventing understanding of the condition and adherence to treatment.

An evidence-based communication model – COACH – provided the framework for this clinician-directed training program that involves the whole care team. Camden Coalition of Healthcare Providers' COACH model is a highly successful care management

Findings from patient/clinician interviews & focus groups

- If patients do not feel symptoms of high cholesterol, there is an aversion to taking medication
- African Americans are more familiar with and concerned with stroke and hypertension
- Hispanic patients are more concerned with diabetes
- Asian/Pacific Islander patients may travel and return with herbs/remedies, decreasing pharmaceutical continuity/adherence

⁸ Healthy People 2020: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

⁹ Matusitz, J. & Spear, J. (2014). Effective Doctor-Patient Communication: An Updated Examination. *Soc Work in Public Health*, 28:3, 252-266. DOI: doi-org.ezproxy.lib.uconn.edu/10.1080/19371918.2013.776416

tool that was adapted for use in the cardiovascular/dyslipidemia therapeutic area in this project.¹⁰

Next Steps and Call to Action

The National Minority Cardiovascular Alliance is a collaborative initiative with partners from medicine, academia, research, advocacy, industry, government, payers, and industry. Through supporting the individual efforts of Alliance partners and bringing these sectors together, the NMC Alliance is poised to continue creating a positive impact on minority cardiovascular health inequities. Entering the next decade, we are in agreement with the guidance coming from American Heart Association's 2030 impact goals that emphasize health equity at the center of all work, from means to ends.

The NMC Alliance annual public event takes place in October in Washington, DC. This Town Hall event serves as an opportunity to showcase the great work Alliance partners are doing, while bringing different sectors together to create a collective impact. The event is framed around the three influences of cardiovascular health on which the Alliance focuses: genetics, culture, and socioeconomic status. Speakers represent the many sectors involved with the purpose of further educating and bringing those working in this space together. We hope you can join us at our next Town Hall event.

The NMC Alliance is grateful to our partners for their work in this space, which is so valuable in promoting greater health equity. For those organizations focused on cardiovascular health, the NMC Alliance encourages greater inclusivity. Help us to address health inequities by inviting minority populations to participate in research in various capacities – as respondents, clinical trial enrollees, investigators, coordinators and community advocates.

Stay in touch with the National Minority Cardiovascular Alliance!

- Visit and share your data in our eCARDIO Hub: <https://ecardiohub.makewellknown.org/>
- Attend our next Town Hall in Washington, DC in October – keep an eye out for more details
- Keep us updated on your/your organization initiatives so that we can get the word out through our network

¹⁰ For more information about Camden Coalition of Healthcare Provider's COACH model, visit: <https://camdenhealth.org/contact-us/>

Partners of the National Minority Cardiovascular Alliance

- Academy of Managed Care Pharmacy
- Alliance for Aging Research
- Amgen
- Esperion
- FDA Office of Minority Health and Health Equity
- The Heart Truth
- Heart Valve Voice US
- Mended Hearts
- NIH National Heart, Lung, and Blood Institute
- National Hispanic Medical Association
- National Urban League
- Pfizer
- Salud America!
- Partnership to Advance Cardiovascular Health
- AMGA Together2Goal
- WomenHeart

NMC Alliance Writing Committee

Ryan Gough

Ryan Gough is the Executive Director of the Partnership to Advance Cardiovascular Health (PACH), a 501(c)(4) non-profit stakeholder coalition of patient and provider groups that works to advance public policies and practices that result in accelerated innovation and improved cardiovascular health for heart patients.

David Kountz, MD, MBA, FACP

Dr. Kountz is a practicing general internist and Professor of Medicine and Founding Associate Dean for Diversity and Equity at the Hackensack Meridian School of Medicine at Seton Hall University. He also serves as Vice President Academic Affairs at Jersey Shore University Medical Center, one of the academic medical centers within Hackensack Meridian Health where he oversees the hospital's graduate medical education program.

Dr. Kountz's clinical interests are in cardiovascular diseases in underserved populations, medical education and health literacy. He serves as the current Chair of the Group on Resident Affairs for the Association of American Medical Colleges. In 2019 he was recognized with the Vernice M. Mason Award for Community Service Award, Edward J. III Excellence in Medicine Foundation.

Fatima Rodriguez, MD, MPH, FACC, FAHA

Dr. Rodriguez is a preventive and general cardiologist in the Division of Cardiovascular Medicine at Stanford. She specializes in common cardiac conditions such as coronary artery disease, valvular heart disease, lipid disorders, and cardiovascular risk assessment in high-risk populations.

Dr. Rodriguez's research includes a range of topics relating to racial, ethnic, and gender disparities in cardiovascular disease prevention and developing novel interventions to address disparities.

Veronica Vital, PhD, RN

Dr. Vital has 21 years of nursing experience in research, Pediatrics, Women's Health, and Community

Health. She is currently a Clinical Assistant Professor at UA College of Nursing and was an instrumental member in the strategic development of a Hispanic Concentration at Chamberlain University.

Dr. Vital has been a member of the National Association of Hispanic Nurses (NAHN) since 1997. She served on the National Board of Directors of NAHN as the Chair of the National Bylaws Committee and the Chair of the Equity, Diversity & Inclusion (EDI) committee. Dr. Vital is the Immediate Past President of the NAHN, Phoenix Chapter. She has successfully led NAHN national initiatives for the Phoenix Chapter. She also dedicates time to serve on important community leadership boards addressing health disparities. Dr. Vital has accepted an invitation from the Secretary of the U.S. Office of Health and Human Services to serve a four-year term on the Advisory Committee on Minority Health for the Office of Minority Health.

Setu Vora, MD, FCCP

Dr. Vora is a practicing physician with board certifications in the specialties of Internal Medicine, Pulmonary Diseases, Critical Care Medicine, and Sleep Medicine. He trained at the University of Connecticut and subsequently at the New York Weill Cornell Medical Center. Prior to joining the Mashantucket Pequot Tribal Nation, he led quality improvement and patient safety movement initiatives at Hartford Healthcare.

As the inaugural Chief Medical Officer, Dr. Vora directs all Mashantucket healthcare initiatives including oversight of the Tribal Health Service, Behavioral Health Service, Employee Health, Community Health Grants, Pequot Health Care, and the stewardship of the Tribe's self-funded health plans where benefit coverage is provided to Foxwoods Resort Casino and Tribal government employees, and the Tribal member community. His goal is to assist the Tribe with continuous improvement of clinical care, community health and company growth. Dr. Vora is leading the company in the adoption of performance improvement mindset, health technology, digital transformation, and use of data and design to help plans control costs and improve health outcomes.

The National Minority Cardiovascular Alliance would like to thank Amgen, Esperion, and Pfizer for their unrestricted sponsorship of this initiative.

More information about the NMC Alliance and its initiatives can be found on our website:

<https://www.makewellknown.org/nmc-alliance>