CHD in Race & Ethnicity
“Of all the forms of inequality, injustice in health care is the most inhumane.”

— Martin Luther King, Jr.
LEADING CAUSE OF DEATH FOR ALL MALES AND FEMALES

United States-1995

A: Total CVD  B: Cancer  C: Accidents  D: COPD  E: Pneum/Influenza

Fuster V. Circulation. 1999;99:1132-1137
Leading Causes of Death for African American Males and Females

United States: 2001

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage of Total Deaths</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Total CVD</td>
<td>33.5</td>
<td>22.4</td>
<td>5.9</td>
</tr>
<tr>
<td>B Cancer</td>
<td>40.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Accidents</td>
<td>20.8</td>
<td>5.1</td>
<td></td>
</tr>
<tr>
<td>D Assault (Homicide)</td>
<td>4.6</td>
<td>2.9</td>
<td>2.8</td>
</tr>
<tr>
<td>E HIV (AIDS)</td>
<td>3.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F Diabetes Mellitus</td>
<td>5.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G Nephritis, Nephrotic Syndrome, and Nephrosis</td>
<td>2.9</td>
<td>2.8</td>
<td></td>
</tr>
</tbody>
</table>

CVD=cardiovascular disease.
Estimated Disease Costs in the US for 2007

Estimated Total Direct and Indirect Costs (in billions of US dollars)

- **Total CVD**: 431.8
- **Heart Diseases**: 277.1
- **Stroke**: 62.7
- **Hypertensive Diseases**: 66.4
- **Heart Failure**: 33.2
- **Cancer (2004)**: 190
- **HIV (1999)**: 29

CHD in African Americans

CHD death rates per 100,000 persons among African Americans and Whites

Source: NHANES 2000
Stroke Mortality in the U.S.

Source: AHA Statistical Update (2010)
HBP in African Americans

Prevalence of HBP is among the highest in the world.

<table>
<thead>
<tr>
<th></th>
<th>NHANES</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>24.3%</td>
<td>28.1%</td>
<td>3.8%</td>
</tr>
<tr>
<td>African-American</td>
<td>35.8%</td>
<td>41.4%</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Hypertension Death Rates By Race, 2006

Age-adjusted Death Rate per 100K

- Native Americans
- Asians
- Hispanics
- Blacks
- Non-hispanic White

### Incident OT Type II DM

**African Americans Vs. Whites**

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th></th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AA</td>
<td>W</td>
<td>AA</td>
</tr>
<tr>
<td>N</td>
<td>1670</td>
<td>5093</td>
<td>976</td>
</tr>
<tr>
<td>Incident</td>
<td>298</td>
<td>425</td>
<td>161</td>
</tr>
<tr>
<td>Incident/1000</td>
<td>25.1</td>
<td>10.4</td>
<td>23.4</td>
</tr>
</tbody>
</table>

- Absolute risk for AA Vs W > for women 2.41 and men at 1.47.
- 47% risk attributed to adiposity for AA women
- Hypertension more prevalent in AA

**ARIC TRIAL: JAMA 2000;283:2253-2259**
Disparities in CVD Treatment

The American College of Cardiology Foundation and Kaiser Family Foundation concluded that racial/ethnic differences in cardiovascular procedures persist even after adjusting for potentially confounding factors.

Higher Prevalence of Risk Factors
Greater Likelihood of Stroke and Heart Attack
Higher Mortality Rates

Web-based Survey of Cardiologists: Do Clinically Similar Patients Receive Different Care Based on Race/Ethnicity?

Disparities In Resources

- **Manpower shortage** for cardiologists in certain ethnic groups
- Lost physician revenue means **lost patient access**
- Disproportionate **uninsured** and **underinsured**
- Centralizing health care in hospitals **threatens access**

continued
Disparities In Resources

- Lack of excellent/adequate research on certain populations
- Divergent compliance with evidence-based clinical guidelines
- Lack of empowerment in the community
- Low priority for local, state and federal governments
Does Race Matter?

- What is the health care experience for people based on skin color?
- Shades and Shapes do matter in the US
  - The darker the skin color
  - The less European the facial and hair features
The Changing Face of America

Percentage of Population by Race/Ethnicity: 2000 and 2025

- **White***: 71.4% (2000), 61.9% (2025)
- **African American***: 12.2% (2000), 12.9% (2025)
- **American Indian, Eskimo, Aleut***: 0.7% (2000), 0.8% (2025)
- **Asian and Pacific Islander***: 3.9% (2000), 6.2% (2025)
- **Hispanic Origin (of any race)**: 11.8% (2000), 18.2% (2025)

*Indicates non-Hispanic

US Census Bureau, 2000
Our **Mission** is to champion the elimination of cardiovascular disparities through **Education, Research and Advocacy**

### Education
- CME programs
  - National Conferences
  - Regional Symposia
  - Online/Enduring
- Patient Education Programs
- Fellowships
- Mentoring

### Research
- Clinical Trials
  - Steering Committee
  - Investigator & Patient Recruitment
  - Information Dissemination
- Basic Research
- Quality & Performance Improvement

### Advocacy
- Outreach
  - eNewsletter
  - Website
  - Social Media
- Community Programs
- Health Policy
- Membership
- Collaborations
ABC 2020 Targets for 20% Reduction

- Mortality from CAD
- Mortality from Stroke
- Patient behavior/outcomes
  - Smoking cessation
  - BMI < 25 Kg/m2
  - Physical activity as exercise
  - Dietary changes
  - Total Cholesterol < 200 mg/dL
  - Blood Pressure < 140/90 mmHg
  - Glucose < 100 mg/dL
ABC 2020 Target Population

- AA
- Women
- Latino
The ABC: Catalyst at the Center

Stake Holders

Spoke of Influence
ABC Member

ABC

Stake Holders

Stake Holders

Stake Holders
“Diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their color.”

–Maya Angelou
Questions?

Marcus L. Williams, MD, FACC
President, Association of Black Cardiologists, Inc.

mlwson99@verizon.net
www.abcardio.org
Contributing Factors

- Poverty
- Education Level
- Cultural Attitudes, Norms, and Values
- Minority Mistrust of Healthcare System
- Language
Contributing Factors…

- Provider Cultural Competency
  “Health is really a social transaction that has a scientific base. You need to have doctors who have the basic knowledge, but that alone is not enough. You have to have a physician that is able to communicate in a way a patient understands.”
  Dr. Louis Sullivan, former U.S. Secretary of Health and Human Services

- Stereotypes held by Healthcare Providers

- Access to Health Care
Contributing Factors...

ACCESS to Health Care

- 45.8 million Americans (15.7% of the total population) lacked health insurance in 2005.

  - Minorities are more likely than whites to be uninsured
    - 32.7% of Hispanics are uninsured
    - 29.9% of Native Americans and Alaska Natives are uninsured
    - 19.6% of African-Americans are uninsured
    - 17.9% of Asians are uninsured
    - 11.3% of white non-Hispanics are uninsured

- 7.8% of Michigan residents, or almost 800,000 people are uninsured at any one time.
Specific Groups Recommendations

**Schools (K-12):** Add prevention messages to Comprehensive School Health Education Curriculum. Urge the adoption of policies on healthy foods and beverages.

- Culturally-Sensitive Health Toolkit

**Higher Education:** Increase number of ethnically diverse/culturally competent providers

- Mentoring Program
- Fellowships
- Career Development

**Business:** Create work-based risk-reduction, screening, self-management education among employer/union groups

- Disease Management Toolkit

**Healthcare:** Support programs that serve minority populations; Promote culturally acceptable prevention disease management
Specific Groups Recommendations...

**Healthcare Organizations:** Partner with professional organizations to improve awareness, knowledge and skills among health care providers

**Community Organizations:** Promote messages and use of lay health workers among faith-based and other community organizations

**State Government:** Target funding to reduce health disparities
  - Implementation of Health Reform in High-Risk Communities

**Media’s Role:** Implement public awareness campaign of health disparities
General Recommendations

• New knowledge about the determinants of disease
  • Outcomes Studies in High-Risk Populations
  • Guideline

• Develop infrastructure capacity of community-based organizations

• Programs must emphasize behavioral risk-reduction and other prevention strategies

• Communities must assist at-risk individuals in accessing programs designed to diagnose and treat conditions early

• Greater role of local leaders including faith-based and fraternal organizations

• Community level interventions to promote normative change

• Evidence-based strategies
General Recommendations…

• Public Health safety net

• Integration of healthcare services, one stop shopping

• Development of comprehensive community health centers

• Comprehensive health screening programs for communities of color

• Culturally and gender appropriate skills-building workshops

• Mobile Outreach
Differences and Disparities in Health Care Quality

CREDO 2010
Health Disparities

Disparities in health, which refer to differences in health outcomes and status; and

Disparities in health care, which refer to differences in the preventative, diagnostic and treatment services offered to people with similar health conditions, as well as, health care access.