“Framing the Conversation: Needs of the African American Community”

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Has disclosed the following affiliations. Any real or apparent COIs related to the presentation have been resolved.

*Speaker’s Bureau*- None

*Consultant*- Amgen, Sanofi, Boehringer Ingelheim, Novartis, Quantum Genomics

*Stocks*- None

*Patents*- None
Association of Black Cardiologists, Inc.
Saving the Hearts and Minds of a Diverse America
Documenting Disparities

“Nothing captures the nature of health inequities as clearly as the persistent life expectancy gap between whites and blacks”

Alan R. Weil, Editor-in-Chief, Health Affairs
August 2016, vol. 35 no. 8, 1347

Mortality rates: Higher in Non-Hispanic Blacks vs. Whites

Heart Disease Death Rates
Among Blacks and Whites Aged ≥35 Years —
United States, 1968–2015
FIGURE 1. Heart disease death rates* and annual percentage changes among adults aged ≥35 years, by race — United States, 1968–2015

*Death rates are age-adjusted to the 2000 U.S. standard population.
Age-adjusted U.S. HTN-related death rates, by race and Hispanic origin: 2000–2013

Prevalence of HTN Aged ≥18 By Sex, Race and Hispanic Origin

Prevalence Controlled HTN Aged≥18, By Sex, Race and Hispanic Origin

Million Hearts 65%

1 Significant difference from non-Hispanic Asian. 2 Significant difference from non-Hispanic white. 3 Significant difference from Hispanic. 4 Significant difference from women in same race and Hispanic origin group.

Age-adjusted trends in hypertension and control
adults aged 18 and over: US, 1999–2016

<table>
<thead>
<tr>
<th>Table 1  Patient characteristics of resistant hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female sex</td>
</tr>
<tr>
<td>Non-Hispanic black race</td>
</tr>
<tr>
<td>Older age (&gt;75 years)</td>
</tr>
<tr>
<td>Obesity (BMI &gt;30 kg/m²)</td>
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<tr>
<td>Residence in southeastern United States</td>
</tr>
<tr>
<td>Excessive dietary salt intake (&gt;2 grams/day)</td>
</tr>
<tr>
<td>Excessive alcohol intake (&gt;2 drinks/day for men, and &gt;1 drink/day for women)</td>
</tr>
<tr>
<td>High baseline blood pressure</td>
</tr>
<tr>
<td>Presence of micro/macroadalbuminuria</td>
</tr>
<tr>
<td>Chronic kidney disease (estimated GFR &lt;60 mL/min/1.73 m²)</td>
</tr>
<tr>
<td>Self-reported history of congestive heart failure, coronary heart disease, diabetes mellitus, and/or stroke</td>
</tr>
</tbody>
</table>
### Categories of BP in Adults*

<table>
<thead>
<tr>
<th>BP Category</th>
<th>SBP</th>
<th>DBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt;120 mm Hg</td>
<td>and &lt;80 mm Hg</td>
</tr>
<tr>
<td>Elevated</td>
<td>120–129 mm Hg</td>
<td>and &lt;80 mm Hg</td>
</tr>
</tbody>
</table>

**Hypertension**

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>130–139 mm Hg</th>
<th>or 80–89 mm Hg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2</td>
<td>≥140 mm Hg</td>
<td>or ≥90 mm Hg</td>
</tr>
</tbody>
</table>

*Designated to the higher SBP/DBP category.
BP average of ≥2 careful readings obtained on ≥2 occasions*
### Self-Reported Antihypertensive Medication†
**Prevalence of Hypertension Based on 2 SBP/DBP Thresholds*†**

<table>
<thead>
<tr>
<th></th>
<th>SBP/DBP ≥130/80 mm Hg</th>
<th>SBP/DBP ≥140/90 mm Hg</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td><strong>Non-Hispanic White</strong></td>
<td>47%</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Non-Hispanic Black</strong></td>
<td>59%</td>
<td>56%</td>
</tr>
<tr>
<td><strong>Non-Hispanic Asian</strong></td>
<td>45%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td>44%</td>
<td>42%</td>
</tr>
</tbody>
</table>

*130/80 and 140/90 mm Hg in 9623 participants (≥20 years of age) in NHANES 2011–2014.
†BP cutpoints for definition of hypertension in the present guideline.
‡BP cutpoints for definition of hypertension in JNC 7.
§Adjusted to the 2010 age-sex distribution of the U.S. adult population.
Age-adjusted prevalence of physician-diagnosed DM in adults ≥20 years of age by race/ethnicity and sex

NHANES 2011-2014 Benjamin, E. et al; AHA STATISTICAL UPDATE Circulation. 2017;135
Adjusted ESRD incidence rate, by race categories (1996–2013)

Data Source: Special analyses, USRDS ESRD Database. *Adjusted for age and sex. The standard population was the U.S. population in 2011. Abbreviations: Af Am, African American; ESRD, end-stage renal disease.
Projected Heart Failure: Race/ethnicity 2012-2030

DOI:10.1161/HHF.0b013e318291329a
Etiology of Heart Failure in African American Patients

Hypertension → LVH → HF → Coronary Artery Disease → MI → HF

More common cause of HF cases in blacks

More common cause of HF cases in whites

LVH = left ventricular hypertrophy. HF = heart failure. MI = myocardial infarction
Adapted from Yancy CW. J Card Fail. 2003;9(suppl 5):S210-S215.
By José F. Figueroa, Jie Zheng, E. John Orav, Arnold M. Epstein, and Ashish K. Jha

Medicare Program Associated With Narrowing Hospital Readmission Disparities Between Black And White Patients

ABSTRACT The Hospital Readmissions Reduction Program has been associated with improvements in readmission rates, yet little is known about its effect on racial disparities. We compared trends in thirty-day readmission rates for congestive heart failure, acute myocardial infarction, and pneumonia among non-Hispanic whites versus non-Hispanic blacks, and among minority-serving hospitals versus non-minority-serving hospitals.
Trends in risk-adjusted 30-day readmission rates for targeted conditions for black and white patients, 2007-14

**SOURCE** Authors’ analysis of Medicare data for 2007-14. **NOTES** The targeted conditions are acute myocardial infarction, chronic heart failure, and pneumonia. HRRP is Hospital Readmissions Reduction Program.
SOURCE Authors’ analysis of Medicare data for 2007–14. NOTES The targeted conditions are acute myocardial infarction, chronic heart failure, and pneumonia. Minority-serving and non-minority-serving hospitals are defined in the notes to exhibit 2. HRRP is Hospital Readmissions Reduction Program.
REACHING FOR Health Equity

Reducing health disparities brings us closer to reaching health equity.

Programs designed to reduce health disparities

http://www.cdc.gov/minorityhealth/strategies2016/
My Second Chance to Live Heart Healthy: Mr. C.A.'s story.

https://www.cdc.gov/features/heartmonth/index.html

Million Hearts 2016 article placed in over 2,300 US news publications and reached over 29 million.
“Of all the forms of inequality, injustice in health care is the most inhumane.”

- Martin Luther King, Jr.

Medical Committee for Human Rights  Chicago  March 1966
Thank You!