



**Association of Black Cardiologists, Inc.**  
*Saving the Hearts and Minds of a Diverse America*

2400 N Street NW, Suite 200  
 Washington, DC 20037

(800) 753-9222  
 www.abccardio.org

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**ABC MISSION:**

*To promote the prevention and treatment of cardiovascular disease, including stroke, in Blacks and other minorities and to achieve health equity for all through the elimination of disparities.*

June 23, 2021

The Honorable Anna Eshoo  
 Chairwoman  
 Subcommittee on Health  
 House Committee on Energy &  
 Commerce  
 U.S. House of Representatives  
 Washington, D.C. 20510

The Honorable Brett Guthrie  
 Ranking Member  
 Subcommittee on Health  
 House Committee on Energy &  
 Commerce  
 U.S. House of Representatives  
 Washington, D.C. 20510

Dear Chairwoman Eshoo and Ranking Member Guthrie:

On behalf of the Association of Black Cardiologists (ABC), I am pleased the Subcommittee on Health will hold a hearing on June 24, “Empowered by Data: Legislation to Advance Equity and Public Health,” which will focus on a number of bills aimed at how public health data can be used to understand the impacts of economic and social conditions on health and how that knowledge can be harnessed to drive change.

Founded in 1974, the ABC is a nonprofit organization with an international membership of 1,700 health professionals, lay members of the community (Community Health Advocates), corporate members, and institutional members. The ABC is dedicated to eliminating the disparities related to cardiovascular disease for all people of color. ABC adheres to the vision that all people regardless of race, ethnicity or gender should benefit equally from reduction in the frequency, duration and impact of diseases of the heart and blood vessels.

***Everyday Racism and Social Determinants of Health***

The hearing represents an important acknowledgement the contributors to structural racism must be adequately addressed, otherwise it will be more difficult to address all its downstream effects.

Everyday racism, in work or in health care, results in higher rates of coronary heart disease, diabetes, stroke and end-stage renal disease. Higher levels of stress and consequent fight-or-flight hormone activation leads to high blood pressure, lack of sleep, improper diet, mental strain and medical mistrust. Those living in poorer communities also experience reduced access to care, lack of available nutritious food, unsafe built environments and a propensity to more maladaptive, addictive behaviors such as smoking, alcoholism and medical noncompliance. The result is lower life expectancy, poorer quality of life and fewer years of productive life. More research, for which data will be integral, is needed on the link between structural racism and health care outcomes so effective interventions can be developed.

Patient health is heavily influenced by social determinants of health (SODH). An example from University of North Carolina (UNC) Health System demonstrates how quickly identifying and addressing risks can significantly improve patient outcomes. As part of UNC’s population health program, nursing staff would check in with patients at risk of readmission.

Due to resource constraints, the staff needed to evaluate how to best focus their efforts on their most high-risk patients. The initial model used length of stay, acuity, co-morbidities, and emergency department visits. UNC partnered with a health analytics firm to build a better model for predicting readmissions. The new “Modern Social Determinants of Health” model did not begin from preconceived theories, but instead used machine learning to ingest and evaluate UNC’s data to generate dramatically better predictions of readmission risk. The resulting model takes risk factors into account that are not always intuitive, and it segments the population in ways that are not medically or socially obvious. Despite the “black box” effect, the results were impressive. When compared to more traditional discharge planning rules, the new model correctly predicted twice as many readmissions when 20 percent of the population was targeted for follow-up.

The lack of diversity in data is a long-standing problem, and the ABC is working to address this problem with the Cardiovascular Implementation Study (CVIS), a practice-based research registry that integrates social determinants and technology innovation to address health disparities. CVIS is enrolling diverse patients with prioritized health conditions from collaborating ABC member practices, as well as patients from academic health centers and Federally Qualified Health Centers. CVIS prospectively collects socio-demographic and economic data at the point of care. CVIS will evaluate the safety and clinical outcomes of new therapeutic agents, including post-marketing surveillance. CVIS data collection tracks quality of care standards established by the Centers for Medicare and Medicaid Services and commercial health plans. Long term, CVIS will become the most comprehensive patient registry for diverse patients with cardiovascular disease and co-morbid conditions by providing real-world data to address health disparities. CVIS will inform cardiovascular algorithms and guide future research that is relevant to diverse populations.

### ***Black Maternal Health***

The ABC is a supporter of and advocate for the *Black Maternal Health Omnibus*, which addresses every dimension of the Black maternal health crisis and includes the *Data to Save Moms Act* (H.R. 925) and the *Social Determinants for Moms Act* (H.R. 943) — both of which will be discussed during the June 24th hearing.

We know many disorders manifest first in pregnancy and can impact a woman’s health later in life, including cardiovascular disease which is now the leading cause of death in pregnant women and women in the postpartum period.

Tackling the alarming rates of maternal mortality for Black women in the United States includes making critical investments in social determinants of health that influence outcomes, like housing, transportation, and nutrition. Toward this end, we encourage passage this year of H.R. 925 and H.R. 943, as well as the other bills that comprise the *Momnibus*.

### ***Tobacco Control***

Cardiovascular disease remains the leading cause of death in the United States, and while there have been improvements in life expectancy — which have attenuated in recent years — disparities in treatment and the gap in mortality between African Americans and whites persist. Among the factors that limit health care knowledge and medical advancements in cardiovascular disease treatment from reaching all communities and contribute to adverse outcomes in minorities is tobacco use.

African-Americans can improve their odds at preventing cardiovascular disease by not smoking. One critically important step that can be taken to reduce the rates of smoking among African Americans is banning the sale of menthol and other flavored tobacco and nicotine products — gateways to life-long smoking addiction and heart disease. Toward this end, we are encouraged the Food and Drug Administration recently announced it will initiate rulemaking to prohibit menthol cigarettes and flavored cigars (including menthol-flavored cigars). It is time for the predatory practices of the tobacco industry on African-Americans and young people who disproportionately use menthol-flavored products to come to an end.

We applaud the Subcommittee for including the *Quit Because of COVID-19 Act* (H.R. 2125) among the legislation that will be discussed during the June 24 hearing. The bill would provide Medicaid and Children's Health Insurance Program (CHIP) enrollees access to the full array of evidence-based tobacco cessation treatments. The ABC, alongside the Campaign for Tobacco-Free Kids and more than 50 other organizations, is proud to endorse H.R. 2125 and calls for its passage by Congress this year.

***Conclusion***

The ABC commends this Subcommittee for its commitment to improving health equity and eliminating disparities in care. Please know the ABC stands ready as an expert resource to you and looks forward to future opportunities for engagement. Should you require additional information, please contact Camille Bonta, ABC policy consultant, at [cbonta@summithealthconsulting.com](mailto:cbonta@summithealthconsulting.com) or (202) 320-3658.

Sincerely,



**Jennifer L. Ellis, MD, MBA, FACS, FACC**  
Co-chair ABC Policy and Advisory Committee  
Chief of Cardiothoracic Surgery Bellevue Hospital NYC H+H  
Clinical Associate Professor, Department of Cardiothoracic Surgery  
NYU Grossman School of Medicine



**Paul L. Underwood MD, FACC, FSCAI**  
Co-chair, ABC Policy and Advocacy Committee  
Medical Director, Interventional Cardiology/Structural Heart Boston Scientific Corporation