



**50TH ANNIVERSARY SUMMIT:**

# **Honoring Our Past, Creating Our Future**

Event Summary and  
Recommendations for Action

January 2024



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
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**TABLE OF CONTENTS**

EXECUTIVE SUMMARY, INCLUDING SUMMIT RECOMMENDATIONS.....	2
OVERVIEW: HONORING 50 YEARS: DEFINING THE VISION FOR THE ANNIVERSARY SUMMIT.....	6
SESSION I: A FIRESIDE CHAT REFLECTING ON ABC’S 50TH YEAR: PAST, PRESENT, AND FUTURE .....	8
SESSION II: DESIGNING HEALTH EQUITY STRATEGIES FOR SYSTEMIC IMPACT .....	10
VIDEO MESSAGE FROM DR. ROBERT M. CALIFF, COMMISSIONER, FDA .....	11
KEYNOTE ADDRESS: EVOLVING CONSOLIDATION AND INVESTMENT AND MODELS IN THE CARDIOVASCULAR WORKFORCE: IMPLICATIONS AND OPPORTUNITIES FOR THE ABC .....	12
SESSION III: UNLOCKING THE BUSINESS CASE FOR ADVANCING HEALTH EQUITY.....	13
SESSION IV: RE-IMAGINING THE HEALTH CARE WORKFORCE .....	14
SESSION V: THE ROLE OF THE BIOPHARMA AND DEVICE INDUSTRY IN THE FUTURE OF CARDIOLOGY ...	16
CLOSING DISCUSSION: A CALL TO ACTION: SHAPING THE BLUEPRINT FOR THE NEXT 50 YEARS .....	17
APPENDICES .....	21
A. SUMMIT AGENDA .....	21
B. SUMMIT ATTENDEE LIST .....	26



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**EXECUTIVE SUMMARY – JANUARY 2024**

On January 30, 2024, the Association of Black Cardiologists (“ABC” or “Association”) held an all-day summit in Washington, DC to celebrate the Association’s 50th anniversary year. The convening, titled “Honoring Our Past, Creating Our Future,” brought together a multidisciplinary and diverse group of more than 70 stakeholders committed to the ABC’s mission of eliminating disparities related to cardiovascular disease in all people of color. The impetus for the convening was to reflect on past achievements and milestones of the ABC and strategize for the future and help create a roadmap for the next 50 years.

The goals of the 50th Anniversary Summit were to:

- Celebrate the history and tradition of the ABC through impactful discussion and fellowship.
- Provide a 360-overview of contemporary issues facing the field of cardiovascular care with a special focus on health equity and identify ways the ABC can respond to opportunities and challenges.
- Collect insights and solicit feedback on ways the ABC can maximize its impact and ensure its value proposition remains relevant.
- Compile actionable recommendations to help the ABC formulate a bold and forward-focused strategy to guide its future work and investments.
- Celebrate the history and tradition of the ABC through impactful discussion and fellowship.

Throughout the convening, summit participants were encouraged to recommend specific actions to help the ABC identify goals and establish a roadmap to actualize them. Recommendations were made during the discussion sections as well as through a discussion worksheet on which participants enumerated additional recommendations and/or priorities they wished to transmit to the ABC.

The recommendations are concentrated in the following areas:

- Organizational Operations, Finances, Growth, and Membership
- Information and Communications
- Education and Training
- Investments in Practice and Research
- Policy Advocacy

Please note that the recommendations are a compilation summary derived from event discussions and discussion worksheets and do not imply endorsement from any of the event attendees other than the ABC.



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**SUMMIT RECOMMENDATIONS**

**Organizational Operations, Finances, Growth, and Membership**

- Consider innovative membership categories, sponsorship models, and other methods of funding to drive financial stability and membership growth.
- Propose funding ideas “early and often” so that partners have adequate time to prepare and implement.
- Increase funding and support for the ABC’s executive and operational management office, including hiring dedicated grant proposal writers and other support staff to enable organizational growth and longevity.
- Continue hosting roundtables, summits, and other convenings to connect membership and boost opportunities for new stakeholder engagement. As part of this, strengthen thought leadership by organizing discussions that address important topics related to improving equitable cardiovascular care, including, but not limited to, structural racism and the political determinants of health, implicit bias, community leadership, implementation science, and other relevant policy issues.
- Seek to develop an endowment and pursue and secure large donors to provide sustained financial support for the organization well into the future.
- Scale and intentionally leverage a diverse set of strategic partnerships, including government stakeholders, the pharmaceutical and medical device industry, patient groups, medical schools, research institutions, community-based organizations, non-health related organizations that address unmet social needs (e.g. food, nutrition, wellness), corporations, nontraditional stakeholders (e.g. influencers and public figures), and other critical partners committed to advancing cardiovascular care among minority and underserved populations.
- Enhance current governance structure, including broadening eligibility criteria for board of directors and creating new leadership bodies such as a “Patient Advisory Council” and a “Strategy and Program Committee.”
- Explore different organizational structures to increase membership and facilitate stronger year-round engagement from existing members, such as creating independent chapters led by community champions.
- Ensure nursing is represented in leadership and membership.

**Information and Communications**

- Strengthen branding and marketing materials to underscore value-proposition and decades-long industry leadership in addressing cardiovascular disparities and ensuring equitable care for all.
- Refine materials and messaging to clarify that membership is inclusive of all backgrounds and experiences, as well as a broad range of professionals dedicated to equitable cardiovascular prevention and care; as part of this effort, survey the membership about a potential renaming of the organization and consider holding a “renaming” contest among membership to help reignite brand.
- Mobilize a multichannel communication strategy that harnesses social media and other vehicles for storytelling.



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**Information and Communications (Continued)**

- Develop and personalize messaging and outreach strategies for different audiences, including a global audience, to maximize engagement and reinforce the ABC's role as a trusted messenger.
- Develop an endorsement or "Heart-Friendly" certification program for curriculum, guidelines, and industry materials to identify and spotlight best practices for cardiovascular care.
- Leverage the talented network of ABC-affiliated cardiovascular care specialists and providers; provide the public with an easily accessible directory of concordant cardiovascular providers, including explanations of how different specialties and subspecialties serve individuals in their care journey.
- Continue to raise awareness about cardiovascular-related health disparities and other interconnected inequities experienced by minorities and other medically underserved populations to advance strong programs and policies that address poor health outcomes within vulnerable demographics.
- Aggregate and disseminate data and analytics regarding cardiovascular-related disparities and outcomes; use insights and information to further affirm ABC's advocacy leadership in health cardiovascular disparity elimination.
- Integrate recommendations from other allied businesses and organizations into programming and messaging to help build consensus in the cardiovascular field.
- Develop materials and messages that illustrate that health inequity is a national security issue and that health equity is an integral component of the "S" in ESG.
- Enhance information sharing among the ABC members to maximize awareness and engagement with new cardiovascular treatments and approaches, including opportunities to participate in clinical trials.
- Engage directly with patients and have more communication tools to reach patients of ABC members and the individuals and communities the ABC seeks to support.
- Explore ways to improve external communications so people understand they need not be Black nor a cardiologist to be a member and consider different membership levels to support this inclusivity.

**Education and Training**

- Develop scalable digital training platforms and health disparity educational content; partner with medical institutions and practices to implement implicit bias training throughout their organizations.
- Organize and participate in community-based activities that focus on strategies to prevent heart disease and its complications.
- Help foster a new generation of clinicians and health care workers by linking the ABC members with K-12 students and medical students, especially among historically marginalized populations; encourage members to sit on K-12 career and technical education advisory boards if applicable.
- Strengthen mentorship opportunities within the ABC member network to support early and mid-career cardiologists, cardiac scientists, and other cardiac care providers.



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**Education and Training (Continued)**

- Organize and collaborate on workforce development and education initiatives that will help achieve greater health care workforce diversity and stronger delivery of racially and culturally concordant care (e.g., participating in Doctors Back to School programs, organizing a career day, and MCAT prep and support).
- Offer additional scholarship and fellowship opportunities.
- Organize educational trainings and “boot camps” for health care professionals on how to best reach patients in underserved communities.

**Investments in Practice and Research**

- Amplify ABC’s role as a driver of diversity in clinical research.
- Explore and amplify research opportunities that align with ABC’s mission and programmatic priorities.
- Provide funding partners with a detailed plan and accompanying timeline that includes accountability metrics for how they can bridge gaps in cardiovascular outcomes.
- Advance and support clinical research that focuses on new models of care delivery designed to eliminate health disparities in cardiovascular care; highlight and disseminate findings to boost awareness on inequities, demonstrate proof of concept for gap closure, and advocate for progress.
- Leverage technology to help support the ABC membership in their practice and their engagement with the Association.
- Make direct care apps available to patients, like at home PAD exercise training that can be done in the home.

**Policy Advocacy**

- Engage in federal and state advocacy to address and respond to policy issues related to cardiovascular disease prevention and treatment, including organizing and hosting a fly-in/lobby day and joining coalitions that align with the ABC’s overall mission.
- Spearhead efforts to amplify and advocate for payment models and policies that improve access to cardiovascular care and address cardiovascular inequities; advocate for policy and regulations that hold payors and other health care system actors accountable for payment models and practices that facilitate access to care.
- Improve the ABC’s advocacy website to provide a broader array of information, including more details about a wider catalog of federal legislation that pertains to cardiovascular issues that disproportionately impact Black and Brown communities.



**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024**

**“The ABC has a rich history, and the work we have done has contributed significantly to the practice of cardiology, improved the health and well-being of underserved individuals, families, and communities, and the professional lives of Black cardiologists...Today is about evolution. Today is about change. It is about anticipation and effective change management to make ABC future ready.”**

**- Dr. Aneke Onwuanyi, ABC President, Summit Opening Remarks and Call to Action**

**“Today we are asking questions to help the ABC look around the corner to help shape its future...we want to understand what the ABC can be in 50 years—so we want to think big. Consider that ABC’s serviceable obtainable market is global, therefore ABC’s footprint of tomorrow could be global using scalable business models that will bring value across the globe. So, we need to think big over the next 50 years and seek to position the ABC as a global footprint.”**

**- Dr. Yele Aluko, Summit Chair, Summit Opening Remarks and Call to Action**

**OVERVIEW: HONORING 50 YEARS: DEFINING THE VISION FOR THE ANNIVERSARY SUMMIT**

In 1974, Richard Allen Williams, MD, FACC, founded the Association of Black Cardiologists (“ABC” or “Association”) with 17 other dedicated medical professionals to bring special attention to the adverse impact of cardiovascular disease on African Americans. Since that time, the ABC has grown to more than 2,000 health care, lay professionals, corporate members, and institutional members.

The ABC is guided by the vision that all people, regardless of race, ethnicity, or gender, should have access to and benefit equally from cardiovascular care to reduce the frequency, duration, and impact of diseases of the heart and blood vessels. The Association works to achieve “health equity” by eliminating disparities in the prevention and treatment of cardiovascular disease in underrepresented and under-resourced communities.

In the years since the ABC was founded, there have been significant changes in cardiovascular care, including an acceleration of the use of technology to deliver care, changes in the landscape of health care financing, shortages in the health care workforce, and a long-awaited systemic call to action to address the well-recognized health inequities in US society. Recognizing these developments, the ABC’s 50th Anniversary year presented an opportune, and timely, moment for the Association’s leadership and partners to pause and reflect on the progress they have made and begin to create a roadmap for the next 50 years. And so, the planning of the ABC’s 50th Anniversary Summit—“Honoring Our Past, Creating Our Future”—began.



**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024**

The ABC sought to convene a diverse and interdisciplinary group of stakeholders given the multifactorial problem of cardiovascular health disparities and the critical role of collaborative partnerships to the mission of the organization. The summit, held on January 30, 2024, in Washington, DC, was an all-day event with an interactive program consisting of five moderated panel discussions and a keynote address that each aimed to address key topics relating to the work of the Association and the future of cardiovascular care, as well as a final session exclusively dedicated to soliciting partner feedback and recommendations. Session topics included:

- Reflecting on the ABC's 50th year: past, present, and future
- Designing health equity strategies for systemic impact
- Evolving business models for cardiology
- Unlocking the business case for advancing health equity
- Reimagining the health care workforce
- The role of the biopharma and medical device industry in the future of cardiology

Throughout the day, participants were asked to think about a variety of questions, including the ones listed below, to help inform near-, mid-, and long-term strategic planning for the ABC. As part of the participant engagement, they were provided a worksheet that posed a series of questions and the responses and recommendations have been incorporated into this meeting summary.

- *In an evolving society and health industry, what are the most significant challenges for the ABC's future growth and sustainability?*
- *What, if anything, needs to change internal to the ABC for it to develop a more impactful value proposition for the organization?*
- *Should the ABC change its name? If so, why? Do you have a suggestion for a new name?*
- *The ABC has current partnerships and alliances across providers, payers, life sciences, and health policy, regulatory, faith-based, and community-based organizations. As far as you can tell, are these relationships driving the expected value? What new alliances should the ABC develop?*
- *The ABC is a US-based 501(c)(3) professional medical membership organization. Its rotating Board of Directors provides strategic direction, and its executive committee is responsible for operational execution. What new business models should the ABC pursue to provide better membership growth opportunities, impact delivery, and financial stability?*
- *What new activities or endeavors should the ABC undertake with greater intensity and engagement?*
- *Are there any current activities or endeavors that the ABC should cease/retire? If so, which ones and why?*





**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024**

The ABC leadership allocated time at the beginning of the day to acquaint participants with its history and organizational growth, as well as other pertinent macro-trends shaping the field of cardiology. This context helped provide participants with a shared understanding of the ABC within the evolving landscapes of cardiology and health care in the United States.

**SESSION I: A FIRESIDE CHAT REFLECTING ON ABC’S 50TH YEAR: PAST, PRESENT, AND FUTURE**

***Moderator: Ilisa Halpern Paul, Senior Policy Advisor, Venable LLP***

**“Once we started in 1974, we have committed to continue [the ABC] forever. [I]t’s up to us to maintain that tradition and carry out the mandate of doing the best that we possibly can for Blacks and all other patients who need a higher standard of cardiovascular care...we need to publicize ourselves and make ourselves better known to everyone.”**

**- Dr. Richard Allen Williams, Founder, ABC**

Dr. Richard Allen Williams, Founder and Board Member of the ABC, reflected on the ABC’s history. Dr. Williams described how his motivation to establish the ABC was inextricably tied to the roots of exclusionary policies, programs, and attitudes that profoundly and adversely impacted Black cardiovascular medical professionals and patients. In particular, Dr. Williams recalled the ripple effects of the *Flexner Report* that led to the devastating closure of five of the seven existing Black medical colleges in the United States, as well as the barring of Black physicians from national and local medical societies.<sup>1</sup> Against this backdrop, while on faculty at Harvard Medical School, Dr. Williams observed how Black-White differences in cardiovascular disease prevalence and outcomes were significantly understudied and underreported at the time. This propelled Dr. Williams to publish the *Textbook of Black-Related Diseases* in 1974, a landmark 800-page manuscript that extensively documented the health status of Black individuals. It also served as a forerunner of later writings on health care disparities, cultural competency, and ethnicity concerns in medicine. It was also at that time that Dr. Williams recognized the need to develop an organization that was attuned to addressing and responding to the cardiovascular needs of the Black population, which he noted were not being addressed by existing predominant medical associations and societies. So, Williams assembled a cohort of 17 young Black cardiologists in Dallas and, soon thereafter, the ABC was born.

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<sup>1</sup> Flexner, Abraham. *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching*. 1910; Bulletin No. 4., New York City: The Carnegie Foundation for the Advancement of Teaching, p. 346, OCLC 9795002, Available at: [http://archive.carnegiefoundation.org/publications/pdfs/elibrary/Carnegie\\_Flexner\\_Report.pdf](http://archive.carnegiefoundation.org/publications/pdfs/elibrary/Carnegie_Flexner_Report.pdf).



**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024**

**“...I think it’s important that we look at the name to see if the name is inviting or is the name a deterrent.”**

**- Summit Participant**

Following Dr. Williams’ reflections on the founding of the ABC, the panel turned to the current state and the future of the organization, and both panelists and summit participants were engaged in a robust discussion. As they envisioned the next 50 years, summit attendees delved into current challenges confronting the ABC and opportunities for growth. In particular, summit participants commended the “big-tent” nature of the organization and emphasized the need to ensure that membership is always perceived as inviting to anyone who shares the ABC’s mission. Some participants expressed concern that the current organization’s name might create confusion and misunderstanding about who is eligible to join the ABC. Addressing this concern, participants were informally polled to gauge their awareness that individuals do not have to be Black or cardiologists to become members of the ABC. This sparked a lively discussion regarding the pros and cons of renaming the organization and the implications for future membership.

Discussions also centered on how the ABC can adapt to emerging trends in cardiology. Participants emphasized the ongoing importance for the Association to take a leading role in addressing and mitigating disparities in cardiovascular care, as well as supporting research aimed at improving cardiovascular outcomes. There was significant interest in ABC leveraging partnerships to advance cardiovascular care among minority and underrepresented groups, including enhancing collaboration with the organ transplant community and other key national and international stakeholders. Finally, there was a general acknowledgment that the organization’s resilience, adaptability, and innovative spirit have enabled it to not only survive but thrive.

**“I’d like to see the ABC...be the go-to organization when we talk about health equity or when we are talking about cardiovascular disease.”**

**- Dr. Barbara Hutchinson, Board Chair, ABC**



**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024**

**SESSION II: DESIGNING HEALTH EQUITY STRATEGIES FOR SYSTEMIC IMPACT**

**Moderator: Steve Bussey, Managing Director, Value Creation, EY-Parthenon**

**“Despite all the money being put into health equity programs, there’s still unused dollars and there’s still no closing of—I don’t want to call it a gap—I’m going to call it a crater. There’s still no closing of the crater.”**

**- Summit Participant**

Panelists examined shortcomings of existing health equity strategies and what key factors should be considered when devising new approaches to address systemic disparities in cardiovascular access and health outcomes. Despite overall advancements in population health within the United States, racial and ethnic minorities, alongside other historically marginalized and under-resourced groups, continue to experience notable disparities and inequities in health outcomes. Panelists identified several underlying causes of health inequalities, including systemic racism, bias, discrimination, and stigma. They also noted the impact of social determinants of health (SDOH), such as inadequate housing, food insecurity, and the impacts of climate change, as well as other risk factors that shape a person’s overall health. Participants expressed skepticism around the idea that a shortage of health equity-related initiatives and organizations is responsible for disparate health outcomes. Instead, they emphasized how existing incentives, structures, and policies, especially around payment and financing, fail or inadequately address macro-level factors influencing health outcomes, such as SDOH.

Panelists agreed that to develop and implement effective strategies, we need to better understand the scope of health inequalities and ensure proposed solutions are both scalable and sustainable. Further, when thinking about health equity strategies, panelists emphasized the importance of not only being able to identify the “whats and the whys”—the multitude of systemic factors and forces, medical and non-medical, that influence health outcomes—but also the “hows”—that is, the specific ways we assess and measure progress toward achieving equitable health outcomes. It was noted that more needs to be done to prioritize maternal and child health and starting upstream to help people have healthier lives to prevent cardiovascular disease in adulthood.

**“So, what I would say to the ABC is, over the next 50 years, that you don’t need to exist anymore because your mission is fulfilled. If that—if you could do that in 50 years—imagine that what you’ve achieved in 50 years is that those cardiovascular outcomes that are now disparate are eliminated.”**

**- Summit Participant**



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

Participants urged the ABC to advance dialogue on the concept of “equity,” not just through the lens of health, but as a principle to pervade every facet of society. Additionally, panelists highlighted several other areas for potential future involvement by the ABC: harnessing strategic investments in interventions and collaborations aimed at tackling SDOH; advocating for alternative government and commercial payment systems that better align with incentives to provide whole-person care; and expanding definitions of “equity” in pursuit of a society where no one is left behind.

**“We need to make recognition of the fact that as long as we don’t address racism, we are not really facing the problem. Racism is the antithesis of equity. And unless we recognize the need to address that and address it fully, we’re not going to get anywhere.”**

***- Summit Participant***

**VIDEO MESSAGE FROM DR. ROBERT M. CALIFF, COMMISSIONER,  
US FOOD AND DRUG ADMINISTRATION (FDA)**

FDA Commissioner Dr. Robert Califf congratulated the ABC on its 50<sup>th</sup> anniversary. He noted that there have been an enormous number of extraordinary advances in science, technology, and clinical approaches that have revolutionized how we prevent and treat heart disease. He praised ABC for its role in community outreach by creating community health promotion programs and church-based cardiovascular wellness centers as well as symposium on cardiovascular disease in African Americans and the education and training of physicians. He also commended ABC’s efforts to help improve understanding of SDOH and health care inequities.

Dr. Califf also spoke about the importance of increasing enrollment of minorities, women, and older patients in clinical trials and bringing the voice of underrepresented populations to the world of drug and device development. He said the FDA has worked hard to strengthen the clinical trial process and make it more inclusive and help rectify the historic underrepresentation of African Americans and other minority participants in clinical trials, but noted there is more work to be done.

Finally, Dr. Califf talked about the FDA’s efforts to reduce tobacco-related death and disease, including directly addressing the targeting of particular populations by the tobacco industry. Dr. Califf ended his remarks by underscoring the importance of maintaining the FDA’s ongoing partnerships with groups like the ABC on these and other efforts in order to alleviate discrimination and improve health and health care for all.



**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024**

**KEYNOTE ADDRESS: EVOLVING CONSOLIDATION AND INVESTMENT AND MODELS IN THE  
CARDIOVASCULAR WORKFORCE: IMPLICATIONS AND OPPORTUNITIES FOR THE ABC**

***Presented by Dr. Tim Attebery DSc, Chief Executive Officer, Cardiovascular Associates of America***

Dr. Tim Attebery started his keynote address by saying he would be provocative in his remarks about the landscape of cardiovascular care and how private equity-backed (PE) companies fit into the future of cardiovascular care models. He provided several key statistics:

- In 2021, the US spent \$320 billion on cardiovascular care, including hypertension, which equals the GDP of the Czech Republic.
- 75 percent of cardiologists today work for health systems while just three percent of cardiologists are part of a PE backed company.
- Most of the money spent on cardiovascular services is not paid to cardiologists for managing the disease; roughly 12 percent is paid to the cardiologist and the other 88 percent is paid to hospitals, skilled care, pharma, and other entities.

Dr. Attebery asserted that the cost is unsustainable, and people in the field are asking how to get more value for the money being spent. He noted that there has been an emergence of physicians-led risk-bearing organizations, such as ChenMed, Sanitas, and Oak Street, and he thinks they hold the key to the future of cardiology practice. Dr. Attebery also noted that 35 percent of national health care expenditures go to middlemen who extract money but do not add value to care.

**“We spend a lot of money on cardiovascular care...we spend plenty of money on cardiovascular care. It’s not always spent wisely, but we spend plenty of money. Our problem is not spending. Our problem is the impact from that spending.”**

***- Dr. Tim Attebery, Chief Executive Officer, Cardiovascular Associates of America***

Dr. Attebery reflected on how we got to where we are today: In the 1980s and 1990s, it was easy to run a cardiovascular practice group, so cardiologists left academic medical centers and went into practices in hospitals and smaller communities. Big groups formed, such as Mid Carolina Cardiology, Austin Heart, and Michigan Heart, across the country.

Dr. Attebery asserted that in 2005, a tsunami hit the industry when Congress passed the Deficit Reduction Act (DRA), which required significant cuts in Medicare reimbursement for office-based non-invasive imaging, including outpatient cardiac catheterization labs. Dr. Attebery reminded participants that the DRA did not save money—it cut non-invasive imaging reimbursement technical fees for cardiologists. In response, cardiologists returned to the hospital setting, a change that nearly eliminated the entrepreneurial cardiovascular group practice model. Dr. Attebery noted that while the DRA protected cardiologists’ incomes, it didn’t improve cardiologists’ work satisfaction, address equity or disparities, reduce cost of care, and it took away cardiologists’ ability to innovate.



**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024**

In the current environment, payors want more value for their money and a lower total cost of care, and investors see an opportunity to invest money and restructure the way care is delivered and reimbursed. Dr. Attebery and his partners have created a business model that enables cardiovascular specialists to retain autonomy, augmented by collective sharing and standardization of best practices. They infuse executive management and technological support in their model and they take the quality, safety, and the cost of care very seriously.

In response to a summit attendees question about whether PE is patient enough for cardiology, where interventions take time to produce the outcomes we seek, Dr. Attebery said his group has a long horizon because they know the business case and that it will take time to get to those measurable outcomes.

In summary, Dr. Attebery thinks that the next wave of cardiovascular care models must be physician-led and risk-bearing and that PE can be a new friend and ally of the ABC.

**“We can invest in improving health equity, addressing disparities and gaps, and generate a financial benefit for us and those who are paying for care.”**

**- Dr. Tim Attebery, Chief Executive Officer, Cardiovascular Associates of America**

**SESSION III: UNLOCKING THE BUSINESS CASE FOR ADVANCING HEALTH EQUITY<sup>2</sup>**

***Moderator: Dr. Yele Aluko, Summit Chair***

**“A \$230 billion economic burden is projected by 2050 if health disparities are not brought under control, and a \$5 trillion addition to the economy over the next five years if all racial gaps for Blacks, including health, are closed.”**

**- Dr. Yele Aluko, Summit Chair**

Panelists discussed why cardiovascular health disparities and inequities persist despite clear and well-documented costs, including direct medical care expenditures and loss of productivity. Moreover, they observed that framing health equity as a “moral and social imperative” has not been sufficiently compelling to bridge cardiovascular care gaps. Instead, there needs to be a strategic shift to building the “business case” for health equity. Panelists underscored the growing array of opportunities for investing

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<sup>2</sup> Health equity can be defined as the “attainment of the highest level of health for all people.”



**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024**

in health equity; these include emerging business models such as venture capital and private equity, the utilization of artificial intelligence (AI), and the push toward value-based care. Additionally, the speakers emphasized the significance of recognizing that investments aimed at promoting health equity cannot be solely evaluated based on immediate return on investment (ROI) but rather should prioritize long-term returns and value creation.

**“We have an industry problem, and when you infuse the lines of systemic barriers and social determinants, the problem is compounded within us.”**

**- Summit Participant**

To advance the business case for health equity investment, panelists exchanged perspectives on ways to develop compelling narratives to engage investors and other stakeholders. Ideas included highlighting the interconnectedness of health equity with national security, emphasizing investment in innovation to save lives, and exploring creative mechanisms to promote concordant care. There also was consensus among participants regarding the importance of accountability in fulfilling equity commitments. Panelists also emphasized the pivotal role of policy to establish financial incentives—and disincentives—to prioritizing health equity measures. The speakers also discussed the importance of intentionally embedding health equity across organizations—not just in the C-Suites—and ensuring that leadership is making health equity and other equity-related initiatives an organizational priority. Lastly, there was collective recognition that organizational approaches to advancing health equity, while intertwined with ROI and revenue generation, must always seek to be human-centered and focused on enriching and lengthening—and saving—people’s lives.

**SESSION IV: RE-IMAGINING THE HEALTH CARE WORKFORCE**

***Moderator: Ilisa Halpern Paul, Senior Policy Advisor, Venable LLP***

Panelists identified top challenges to diversifying the health care workforce pipeline. Despite an increasingly diverse US population, there is a significant underrepresentation of minority workers in health care due in part to many systemic barriers that have denied equal access to opportunities for generations. The speakers discussed factors that discourage and prevent underrepresented students from pursuing careers in medicine, such as: financial challenges including application-related fees and the cost of attendance; burdensome pre-med requirements; limited exposure to health sciences in primary and secondary education; lack of mentors who are racially or ethnically concordant; and the effects of structural racism and discrimination. Panelists also expressed concerns how the recent ruling by the US Supreme Court on race-conscious admissions could impede health workforce diversity efforts, but they also noted some optimism that the ruling will force advocates to think more strategically about how to solve access issues. There was also a shared understanding of how traditional prerequisites, such as the MCAT exam and some pre-med courses such as organic chemistry, are obsolete indicators of success as a competent physician and that these requirements can exacerbate socioeconomic and



**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024**

educational inequities. Additionally, panelists stressed the need to rethink and modernize medical school curriculums and training to better serve the needs of 21<sup>st</sup> century patients, as well as respond to burnout and moral injury among clinicians. Panelists also noted that some clinicians are not practicing at the highest level of their training, and this is not only compounding workforce strains, but also hurting clinician well-being and morale.

To overcome admission barriers and increase the number of minorities in medicine, some participants encouraged the elimination of the MCAT requirement and other pre-med criteria while others advocated for better ways to assist and support underrepresented students throughout the application and testing processes. Additionally, there was debate about the benefits, both to the clinician and the health care workforce at large, of shortening preclinical training and ensuring clinical training spans multiple health care deliver settings—not just hospitals. There also was discussion on adopting new innovative curriculum models and employing technology to better prepare medical students for lifelong practice. Finally, speakers emphasized the importance of accountability around medical education reform and the need to share data to better guide advocacy efforts.

**“It’s essential that we have a workforce solution that we generate more minoritized individuals who will go into the practice of medicine, and practice cardiology in particular...we need to increase the number of people who look like us, who care about things that we care about, and we need to really have done that years ago.”**

**- Summit Participant**

Panelists emphasized the pivotal role of the ABC in broadening and fortifying the pipeline for underrepresented students interested in pursuing careers in medicine. Specifically, they recommended that the ABC could take a leadership role in developing a multi-entry pipeline to a career in health care by engaging with K-12, undergraduate, and graduate student populations, especially in underserved areas. The ABC was also encouraged to advocate for eliminating and/or reforming obsolete pre-med requirements, such as changes to the MCAT exam requirement; reducing financial barriers, whether by encouraging tuition waivers or providing tuition-free options; and helping support student access to a wide variety of support networks and resources, including application preparatory classes and concordant mentors.

**“There’s no way we can address the health equity piece without touching on the quality piece. We can talk all we want about increasing access, but access to substandard care is not the solution. We need to make sure that everyone gets the top level of care.”**

**- Summit Participant**





**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024**

**SESSION V: THE ROLE OF THE BIOPHARMA AND DEVICE INDUSTRY IN THE FUTURE OF CARDIOLOGY**  
**Moderator: Ilisa Halpern Paul, Senior Policy Advisor, Venable LLP**

**“We have to be creative. We have to be thoughtful.  
We have to think about how to do things differently.”**

**- Summit Participant**

Panelists discussed the role of the biopharma and device industries to advance cardiovascular care and make health equity achievable for all. The speakers expressed frustration that despite tremendous advancements in cardiovascular care, there is still an alarming underrepresentation of minorities in clinical trials. They also noted concern that Black heart failure patients are less likely to receive advanced heart therapies than White patients. For example, panelists referenced the “abysmal” transcatheter aortic valve replacement (TAVR) rates among Black individuals relative to their White counterparts despite the widespread commercial availability of the treatment. There was undeniable consensus that biopharma and medical device companies have a crucial stake in advancing health equity and that they are indispensable partners in supporting cardiologists and underserved patients. Panelists also acknowledged that the pharmaceutical industry still has work to do rebuilding and solidifying trust within Black and Brown communities after generations of abuse and mistreatment by the medical and health care system.

To overcome these challenges, panelists discussed the importance of partnerships with the ABC to help catalyze change within the biopharma and device industries. Panelists recommended that the ABC endorse and partner on initiatives to support a new generation of minority investigators and boost clinical research participation in underserved communities. Speakers also discussed the role of the ABC in amplifying unique resources and trainings that address implicit bias and strive to bring high-value, concordant care to patients of all backgrounds. Regarding disparities in treatments like TAVR and other cardiovascular interventions, panelists affirmed the ABC’s position as a trusted advocate within the community and urged the organization to facilitate discussions aimed at raising awareness and connecting underserved patients with appropriate care and to continue the Association’s role in mentoring. Panelists also stressed the influential role of health policy on health policy and advocacy within Congress, CMS, etc., and urged the ABC to continue to pursue and lead strategic partnerships with industry to focus on gap closure.

**“The issues that we see within health and equity, discrimination, racism is so bound in the fabrics of what we call the United States...it’s going to take us all collectively to find solutions.”**

**- Summit Participant**



**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024**

**CLOSING DISCUSSION: A CALL TO ACTION: SHAPING THE BLUEPRINT FOR THE NEXT 50 YEARS**

**“[W]hat we want to get out of this is to make sure that we create a better, stronger partnership...and to figure out ways, creative ways, of how we can advance the [ABC’s] mission.**

**- Summit Participant**

Throughout the summit, participants were encouraged to think about recommendations and specific actions that the ABC can implement as an organization as it looks toward the next 50 years. Recommendations were made during various discussion sections as well as through a discussion worksheet on which participants enumerated any additional recommendations or priorities they wished to raise up to the ABC. The concluding session of the summit was dedicated to a discussion about recommendations and next steps.

**“I’m thinking now we got to do something disruptive to the old process in order to close the gap. [QUOTING FROM JFK] ‘Change is the law of life, and those who look only to the past or present are certain to miss the future.’ We need to take the necessary steps to be creative in preparing ourselves for the change that is coming.”**

**- Dr. Aneke Onwuanyi, ABC President**

The recommendations centered around several core themes for the ABC to consider:

- Organizational Operations, Finances, Growth, and Membership
- Information and Communications
- Education and Training
- Investments in Practice and Research
- Policy Advocacy

Please note that the following recommendations are a summary from event discussions and do not imply endorsement from any of the event attendees other than the ABC.



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**SUMMIT RECOMMENDATIONS**

**Organizational Operations, Finances, Growth, and Membership**

- Consider innovative membership categories, sponsorship models, and other methods of funding to drive financial stability and membership growth.
- Propose funding ideas “early and often” so that partners have adequate time to prepare and implement.
- Increase funding and support for the ABC’s executive and operational management office, including hiring dedicated grant proposal writers and other support staff to enable organizational growth and longevity.
- Continue hosting roundtables, summits, and other convenings to connect membership and boost opportunities for new stakeholder engagement. As part of this, strengthen thought leadership by organizing discussions that address important topics related to improving equitable cardiovascular care, including, but not limited to, structural racism and the political determinants of health, implicit bias, community leadership, implementation science, and other relevant policy issues.
- Seek to develop an endowment and pursue and secure large donors to provide sustained financial support for the organization well into the future.
- Scale and intentionally leverage a diverse set of strategic partnerships, including government stakeholders, the pharmaceutical and medical device industry, patient groups, medical schools, research institutions, community-based organizations, non-health related organizations that address unmet social needs (e.g. food, nutrition, wellness), corporations, nontraditional stakeholders (e.g. influencers and public figures), and other critical partners committed to advancing cardiovascular care among minority and underserved populations.
- Enhance current governance structure, including broadening eligibility criteria for board of directors and creating new leadership bodies such as a “Patient Advisory Council” and a “Strategy and Program Committee.”
- Explore different organizational structures to increase membership and facilitate stronger year-round engagement from existing members, such as creating independent chapters led by community champions.
- Ensure nursing is represented in leadership and membership.

**Information and Communications**

- Strengthen branding and marketing materials to underscore value-proposition and decades-long industry leadership in addressing cardiovascular disparities and ensuring equitable care for all.
- Refine materials and messaging to clarify that membership is inclusive of all backgrounds and experiences, as well as a broad range of professionals dedicated to equitable cardiovascular prevention and care; as part of this effort, survey the membership about a potential renaming of the organization and consider holding a “renaming” contest among membership to help reignite brand.
- Mobilize a multichannel communication strategy that harnesses social media and other vehicles for storytelling.



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**Information and Communications (Continued)**

- Develop and personalize messaging and outreach strategies for different audiences, including a global audience, to maximize engagement and reinforce the ABC's role as a trusted messenger.
- Develop an endorsement or "Heart-Friendly" certification program for curriculum, guidelines, and industry materials to identify and spotlight best practices for cardiovascular care.
- Leverage the talented network of ABC-affiliated cardiovascular care specialists and providers; provide the public with an easily accessible directory of concordant cardiovascular providers, including explanations of how different specialties and subspecialties serve individuals in their care journey.
- Continue to raise awareness about cardiovascular-related health disparities and other interconnected inequities experienced by minorities and other medically underserved populations to advance strong programs and policies that address poor health outcomes within vulnerable demographics.
- Aggregate and disseminate data and analytics regarding cardiovascular-related disparities and outcomes; use insights and information to further affirm ABC's advocacy leadership in health cardiovascular disparity elimination.
- Integrate recommendations from other allied businesses and organizations into programming and messaging to help build consensus in the cardiovascular field.
- Develop materials and messages that illustrate that health inequity is a national security issue and that health equity is an integral component of the "S" in ESG.
- Enhance information sharing among the ABC members to maximize awareness and engagement with new cardiovascular treatments and approaches, including opportunities to participate in clinical trials.
- Engage directly with patients and have more communication tools to reach patients of ABC members and the individuals and communities the ABC seeks to support.
- Explore ways to improve external communications so people understand they need not be Black nor a cardiologist to be a member and consider different membership levels to support this inclusivity.

**Education and Training**

- Develop scalable digital training platforms and health disparity educational content; partner with medical institutions and practices to implement implicit bias training throughout their organizations.
- Organize and participate in community-based activities that focus on strategies to prevent heart disease and its complications.
- Help foster a new generation of clinicians and health care workers by linking the ABC members with K-12 students and medical students, especially among historically marginalized populations; encourage members to sit on K-12 career and technical education advisory boards if applicable.
- Strengthen mentorship opportunities within the ABC member network to support early and mid-career cardiologists, cardiac scientists, and other cardiac care providers.



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**Education and Training (Continued)**

- Organize and collaborate on workforce development and education initiatives that will help achieve greater health care workforce diversity and stronger delivery of racially and culturally concordant care (e.g., participating in Doctors Back to School programs, organizing a career day, and MCAT prep and support).
- Offer additional scholarship and fellowship opportunities.
- Organize educational trainings and “boot camps” for health care professionals on how to best reach patients in underserved communities.

**Investments in Practice and Research**

- Amplify ABC’s role as a driver of diversity in clinical research.
- Explore and amplify research opportunities that align with ABC’s mission and programmatic priorities.
- Provide funding partners with a detailed plan and accompanying timeline that includes accountability metrics for how they can bridge gaps in cardiovascular outcomes.
- Advance and support clinical research that focuses on new models of care delivery designed to eliminate health disparities in cardiovascular care; highlight and disseminate findings to boost awareness on inequities, demonstrate proof of concept for gap closure, and advocate for progress.
- Leverage technology to help support the ABC membership in their practice and their engagement with the Association.
- Make direct care apps available to patients, like at home PAD exercise training that can be done in the home.

**Policy Advocacy**

- Engage in federal and state advocacy to address and respond to policy issues related to cardiovascular disease prevention and treatment, including organizing and hosting a fly-in/lobby day and joining coalitions that align with the ABC’s overall mission.
- Spearhead efforts to amplify and advocate for payment models and policies that improve access to cardiovascular care and address cardiovascular inequities; advocate for policy and regulations that hold payors and other health care system actors accountable for payment models and practices that facilitate access to care.
- Improve the ABC’s advocacy website to provide a broader array of information, including more details about a wider catalog of federal legislation that pertains to cardiovascular issues that disproportionately impact Black and Brown communities.



**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future**  
**Event Summary and Recommendations for Action**  
**January 2024**

## **ABC 50<sup>th</sup> Anniversary Summit** **Honoring Our Past, Creating Our Future**

*January 30, 2024*  
*9:00 AM – 5:00 PM ET*

*Venable LLP*  
*600 Massachusetts Avenue NW*  
*Washington, DC 20001*

### **MEETING AGENDA**

**9:00 – 9:30 AM**

**Registration and Breakfast**

**9:30 – 10:00 AM**

**Welcome and Introductions**

- **Ilisa Halpern Paul, MPP**  
Senior Policy Advisor & Co-Lead Health Policy Team, Venable LLP

**Opening Remarks**

- **Dr. Yele Aluko**  
50<sup>th</sup> Anniversary Summit Chair  
Chief Medical Officer, EY Americas  
Director, EY Center for Health Equity
- **Dr. Anekwe Onwuanyi**  
President, Association of Black Cardiologists (ABC)  
Professor and Chief of Cardiology, Morehouse School of Medicine  
Medical Director, Heart Failure Program, Grady Health System  
Co-Chair Grady Heart and Vascular Center

**10:00 – 11:00 AM**

**Session I:**

***A Fireside Chat Reflecting on ABC's 50th Year: Past, Present, and Future***

- **Moderator: Ilisa Halpern Paul, MPP**  
Senior Policy Advisor & Co-Lead Health Policy Team, Venable LLP
- **Dr. Khadijah Breathett**  
Director, Cardiovascular Equity Research Program, Indiana University



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**10:00 – 11:00 AM**

**Session I (Continued):**

***A Fireside Chat Reflecting on ABC's 50th Year: Past, Present, and Future***

- **Dr. Barbara Hutchinson**  
Board Chair, Association of Black Cardiologists (ABC)  
Managing Partner, Chesapeake Cardiac Care
- **Dr. Richard Williams**  
Founder, Association of Black Cardiologists (ABC)  
Founder, Minority Health Institute

**11:00 – 11:15 AM**

**Break**

**11:15 – 12:15 PM**

**Session II:**

***Designing Health Equity Strategies for Systemic Impact***

- **Moderator: Steven Bussey, MBA**  
Managing Director, Value Creation, EY-Parthenon
- **Dr. Dora Hughes**  
Acting Director, Center for Clinical Standards and Quality (CCSQ)  
Acting Chief Medical Officer, Centers for Medicare & Medicaid Services (CMS)
- **Dr. Gary Little**  
Regional Chief Medical Officer Southeast, Advocate Health
- **Dr. Kalpana Ramiah**  
Vice President of Innovation and Director, Essential Hospitals Institute
- **Dr. Lisa Price Stevens**  
Regional Chief Medical Officer  
Commonwealth of Virginia Department of  
Medical Assistance Services



**50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024**

**12:15 – 1:15 PM**

**Lunch and Keynote Address:**

**Video Greeting:**

***Dr. Robert M. Califf, Commissioner, US Food and Drug Administration (FDA)***

**Presentation:**

***Evolving Consolidation and Investment and Models in the Cardiovascular Workforce: Implications and Opportunities for the ABC***

- **Dr. Tim Attebery**  
Chief Executive Officer, Cardiovascular Associates of America

**1:15 – 2:15 PM**

**Session III:**

***Unlocking the Business Case for Advancing Health Equity***

- **Moderator: Dr. Yele Aluko**  
50th Anniversary Summit Chair  
Chief Medical Officer, EY Americas  
Director, EY Center for Health Equity
- **Marisa Greenwald, MBA**  
Partner/Principal, EY-Parthenon
- **Yasmeen Long, MA**  
Director, FasterCures, Milken Institute
- **Israel Rollins, MBA, MPA**  
Founder and Managing Partner, Aligned Health Ventures
- **Naomi Senkeeto, MA**  
Managing Director, Health Equity Policy  
Blue Cross Blue Shield Association

**2:15 – 2:30 PM**

**Break**





***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**2:30 – 3:30 PM**

**Session IV:  
*Re-imagining the Health Care Workforce***

- **Moderator: Ilisa Halpern Paul, MPP**  
Senior Policy Advisor & Co-Lead Health Policy Team, Venable LLP
- **Dr. William McDade**  
Chief Diversity, Equity and Inclusion Officer  
Accreditation Council for Graduate Medical Education (ACGME)  
Adjunct Professor of Anesthesiology, Rush Medical College
- **Dr. Chileshe Nkonde Price**  
Assistant Professor, Department of Clinical Science  
Kaiser Permanente Bernard J. Tyson School of Medicine  
Cardiologist and Physician-Researcher, Kaiser Permanente Southern California
- **Dr. Rafael Rivera**  
Associate Dean for Admissions and Financial Aid and Alpha Omega Alpha (ΑΩΑ) Councilor NYU Grossman School of Medicine Associate Professor of Radiology, NYU Langone Health
- **Dr. C. Reynold Verret**  
President, Xavier University of Louisiana

**3:30 – 4:15 PM**

**Session V:  
*The Role of the Biopharma and Device Industry  
in the Future of Cardiology***

- **Moderator: Ilisa Halpern Paul, MPP**  
Senior Policy Advisor & Co-Lead Health Policy Team, Venable LLP
- **Dr. Yele Aluko**  
50th Anniversary Summit Chair and Chief Medical Officer, EY  
Director, EY Center for Health Equity
- **Dr. Richard Browne**  
Senior Medical Executive, Health Systems Strategy  
Cardiovascular Health Division, Johnson and Johnson Innovative Medicine



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**4:15 – 5:00 PM**

**Session VI:  
*Recommendations and Call to Action***

- **Moderator: Ilisa Halpern Paul, MPP**  
Senior Policy Advisor & Co-Lead Health Policy Team, Venable LLP
  
- **Dr. Yele Aluko**  
50th Anniversary Summit Chair and Chief Medical Officer, EY  
Director, EY Center for Health Equity
  
- **Dr. Anekwe Onwuanyi**  
President, Association of Black Cardiologists (ABC)  
Professor and Chief of Cardiology, Morehouse School of Medicine  
Medical Director, Heart Failure Program, Grady Health System  
Co-Chair Grady Heart and Vascular Center

**5:00 – 6:00 PM**

**Cocktail Reception at Venable  
The Bistro, 10th Floor**



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

***ABC 50th Anniversary Summit Participant List  
January 2024***

**ERNEST ALLEN**

Clinical Research Consultant  
DalCor Pharmaceuticals

**YELE ALUKO, MD, MBA, FACC, FSCAI**

50th Anniversary Summit Chair  
Chief Medical Officer  
EY Americas  
Director  
EY Center for Health Equity

**TIM ATTEBERY, DSc, MBA, FACHE**

Chief Executive Officer  
Cardiovascular Associates of America

**BOISEY BARNES, MD, FACC**

Founding Member, Association of Black Cardiologists

**AMANDA BEASLEY, PhD**

Director, Representation in Clinical Research  
(RISE)  
Amgen

**PAIGE BINGHAM, MBA**

Director, Close the Gap  
Boston Scientific

**CAMILLE BONTA, MHS**

Principal  
Summit Health Care Consulting

**KHADIJAH BREATHETT, MD, MS, FACC, FAHA, FHFSa**

Director, Cardiovascular Equity Research Program  
Indiana University

**RICHARD BROWNE, MD, FACC**

Senior Medical Executive, Health Systems and Health Equity  
Johnson&Johnson Innovative Medicine, Cardiovascular Health Division



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**STEVEN BUSSEY, MBA**

Managing Director, Value Creation  
EY-Parthenon

**JOY CALLOWAY, MHSA, MBA**

Executive Director  
National Medical Association

**MEREDITH CONROY, MS**

Director, KOL Engagement  
BridgeBio

**DAMON DAVIS, MBA**

Associate Director, Alliance Development  
Novo Nordisk

**SEAN DOHERTY, MBA**

Senior Vice President, Marketing  
BridgeBio

**PHILLIP DUNCAN, MD**

Associate Professor of Medicine  
Virginia Commonwealth University  
School of Medicine

**ANTHONY FLETCHER, MD, FACC, FSCAI**

CHI St. Vincent  
Bylaw Chair  
Association of Black Cardiologists

**CATHY GATES, MAcc**

Chief Executive Officer  
American College of Cardiology

**DANIELLE GILLIAM, PharmD, MPH, CHCP**

Executive Medical Science Liaison, Cardiovascular & Renal Medical Affairs  
Novo Nordisk

**CAMILLE CHANG GILMORE, MBA**

Vice President of Human Resources and Global Chief Diversity Officer  
Boston Scientific



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

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Senior Policy Analyst  
Venable LLP

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Principal  
EY-Parthenon

**SYDNEY HALBARDIER, MPA**

Advocacy Relations Senior Manager  
Amgen

**COLLEEN HEALY, MA**

Directory, Professional Society Engagement  
Cytokinetics

**EMILY HOLUBOWICH, MPP**

National Senior Vice President, Federal Advocacy  
American Heart Association

**DORA HUGHES, MD, MPH**

Acting Director  
Center for Clinical Standards and Quality  
Acting Chief Medical Officer  
Centers for Medicare & Medicaid Services (CMS)

**BARBARA HUTCHINSON, MD, PhD, FACC**

Managing Partner  
Chesapeake Cardiac Care  
Board Chair, Executive Committee  
Association of Black Cardiologists

**NEICEY JOHNSON, BSN, RN, JD**

Chief Operating Officer  
Association of Black Cardiologists

**GERALD JOHNSON II**

Executive Vice President, Office of Health Equity  
Chief Diversity Officer  
American Heart Association



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**JENNIFER JONES-MCMEANS, PhD**

Divisional Vice President, Global Clinical Affairs  
Abbott

**ROSALYN KUMAR**

Senior Director, Federal Government Affairs  
Abbott

**KEVIN KWAKU, MD, PhD**

Director, Clinical Electrophysiology  
Dartmouth Hitchcock Medical Center  
Co-chair  
Association of Black Cardiologists' Fellows' Committee

**SHARON LAMBERTON, MS, RN, FAAN**

Deputy Vice President, State Policy and External Outreach  
Pharmaceutical Research and Manufacturers of America (PhRMA)

**GARY LITTLE, MD, MBA**

Regional Chief Medical Officer, Southeast  
Advocate Health

**YASMEEN LONG, MA**

Director, FasterCures  
The Milken Institute

**ANTHONY LOZAMA, PhD**

Medical Director, Cardiovascular, Renal and Metabolism  
Novartis

**CASSANDRA MCCULLOUGH, MBA**

Chief Executive Officer  
Association of Black Cardiologists

**WILLIAM MCDADE, MD, PhD**

Chief Diversity, Equity and Inclusion Officer  
Accreditation Council for Graduate Medical Education (ACGME)  
Adjunct Professor, Anesthesiology  
Rush Medical College

**LUDLOW MCKAY**

Minority Health Institute



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

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Senior Manager, Government Affairs and Health Equity  
Amgen

**ANGELO MOORE, PhD, RN, NE-BC FAAN**

Board Member  
National Black Nurses Association

**JUDE NGANG, PharmD, MBA**

Executive Director, Representation in Clinical Research  
Amgen

**MODELE O. OGUNNIYI, MD, MPH, FACC, FACP, FAHA**

Professor of Medicine, Emory University School of Medicine, Division of Cardiology  
Associate Medical Director, Grady Heart Failure Program  
Co-Chair, Membership Committee, Association of Black Cardiologists

**ANEKWE ONWUANYI, MD, FACC, FAHA, FACP, FHFS**

President, Association of Black Cardiologists  
Professor and Chief of Cardiology  
Morehouse School of Medicine  
Medical Director, Heart Failure Program  
Grady Health System  
Co-Chair Grady Heart and Vascular Center

**ILISA HALPERN PAUL, MPP**

Senior Policy Advisor  
Health Policy Team Co-Lead  
Venable LLP

**TRACY K. PAUL, MD**

Global Director, Medical Affairs, Cardiovascular Therapeutic Area  
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**DAYA PERKINS, MS, PhD**

Medical Director, General Medicine-Global External Engagement  
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**SUE PESCHIN, MHS**

Chief Executive Officer  
Alliance for Aging Research  
Board Member, Association of Black Cardiologists' Board of Directors



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

**JEFFREY POPMA, MD, FACC**

Vice President & Chief Medical Officer for Coronary, Renal Denervation, and Structural Heart  
Medtronic

**CHILESHE NKONDE PRICE, MD, MS, MRCP(UK), FACC**

Assistant Professor of Cardiovascular Medicine  
Cardiologist and Physician-Researcher  
Kaiser Permanente Bernard J Tyson School of Medicine

**YARDLY POLLAS-KIMBLE, JD**

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**KALPANA RAMIAH, DrPH, MPH, MS, CPH**

Vice President, Innovation and Director  
America's Essential Hospitals Institute

**RAFAEL RIVERA, MD, MBA**

Associate Dean for Admissions and Financial Aid and Alpha Omega Alpha Councilor  
NYU Grossman School of Medicine

**JOSH ROLL**

Associate Director, Strategic Alliances and Issue Advocacy  
Bristol Myers Squibb

**ISRAEL ROLLINS, MBA, MPA**

Founder and Managing Partner  
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**CURTIS ROONEY, JD**

Vice President, Government Relations  
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**TAMEKA SANDERS, MS, MBA**

Associate Director, Patient Advocacy and Professional Relations  
Boehringer Ingelheim International GmbH

**AMANDA SEEFF-CHARNY, MASE**

Executive Director, Patient Advocacy  
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***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

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Managing Director, Health Equity Policy  
Blue Cross Blue Shield Association

**KEVIN SNEED, PharmD, CRPh**

Professor and Founding Dean  
University of Southern Florida College of Pharmacy  
Associate Vice President  
University of Southern Florida  
Health Secretary, Association of Black Cardiologists

**GAVIN STERN, MPH, MS**

Director, Public Relations and Communications  
Society for Cardiovascular Angiography & Interventions (SCAI)

**LISA PRICE STEVENS, MD, MPH, MBA**

Regional Chief Medical Officer  
Commonwealth of Virginia Department of Medical Assistance Services

**ANDRA STEVENSON, PhD**

Senior Medical Director, Global Medical Affairs, Heart Failure and Thrombosis  
Merck

**RHOYGE TRAYLOR, MBA**

Senior Director, Global Patient Engagement  
Edwards Lifesciences

**PAUL UNDERWOOD, MD, FACC**

President  
Cardio MedSci  
Chair-Elect, Association of Black Cardiologists

**C. REYNOLD VERRET, PhD**

President  
Xavier University of Louisiana

**DEIDRE WASHINGTON, PhD**

Director, Health Equity  
AdvaMed

**JEROME E. WILLIAMS, JR, MD, MBA**

MD Consulting, LLC



***50TH ANNIVERSARY SUMMIT: Honoring Our Past, Creating Our Future  
Event Summary and Recommendations for Action  
January 2024***

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Manager, Policy, Research, and Membership  
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**RICHARD ALLEN WILLIAMS, MD, FACC, FAHA, FACP, DHL, DSC (Hon)**

Founder, Association of Black Cardiologists  
Founder, Minority Health Institute

**SHANITA WILLIAMS, PhD, MPH, APRN**

Deputy Director  
Office of Strategic Business Operations  
Bureau of Primary Health Care  
Health Resources and Services Administration (HRSA)  
US Department of Health and Human Services (HHS)

**JANET WRIGHT, MD, FACC**

Director  
Division for Heart Disease and Stroke Prevention  
Centers for Disease Control and Prevention (CDC)

**KRISTIE YADRO, PharmD**

Director Scientific Collaborations, Professional Societies  
Bristol Myers Squibb