Talking Health Equity with Dr. Richard Allen Williams, Founder of the Association of Black Cardiologists

May 27
By:

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The COVID-19 pandemic, coupled with our nation's legacy of structural racism, has only exacerbated the poor health care access and outcomes Black and Brown communities experience in our system. Recent data from the Centers for Disease Control and Prevention shows a major difference in the risk of infection, hospitalization and death by race. Native Americans are over 2.5 times more likely to die of COVID compared to white Americans, according to the CDC data, which also showed that Black Americans are more than 1.5 times more likely, and Hispanic Americans 1.1 times more likely.

Low-wage workers living in low-income neighborhoods frequently lack the physical assets and resources needed to support good health, resulting in significant place-based inequities with profound consequences. After two years, the lowest-income workers have had the least access to vaccines and boosters and roughly 4 in 10 working-age Americans have either never been fully vaccinated or have not gotten a recommended booster, according to the Economic Policy Institute. These and other communities experience limited access to transportation, reduced access to jobs, poorer air and water quality, higher crime, and the lack of reliable health care coverage.

As a Black woman who is deeply anchored in the Black community, I see these negative outcomes manifested not as statistics, but as the everyday realities of my family, friends and neighbors. With every new disheartening diagnosis of hypertension, breast cancer, Lupus or heart disease, my desire to end racial inequities in health only intensifies.

For this reason, I am both humbled and honored to interview one of our nation's most insightful and prolific medical minds – Dr. Richard Allen Williams, an advisor in Reservoir's Health Analytics and Insights Group. Dr. Williams is the founder of the Minority Health Institute and the Association of Black Cardiologists. He is a well-known expert on hypertension, health care disparities, diabetes, obesity, heart failure, and sudden cardiac death.

Please Note: This interview has been edited for clarity and brevity.

MN: Dr. Williams, you have dedicated your career to fostering equity in health care. Heart disease and stroke are the leading cause of death for people of most racial and ethnic groups but remain especially acute within the Black community. How do we bring about change?

RW: In the late '60s, there was not much information underscoring the prominence of heart disease among African Americans. The thought at that time was that African Americans were resistant against diseases of the cardiovascular system. We didn't have any data to show otherwise. I started doing research on the issue and later wrote a book called, *The Textbook of Black-Related Diseases* in 1975. I was able to accumulate a great deal of data on heart disease and found that idea of Black populations being somehow immune was absolutely erroneous.

I started an organization called the Association of Black Cardiologists. Nearly 50 years later, there's a shift in our thinking and in our training. Your generation is in line to reap the benefits of some of the improvements that we've made about data collection and disease management and treatment. I hate to keep being retrospective, but look how far we've come. We've found out that Black people are twice as likely to suffer from heart attacks, and therefore, we deserve and need a great, maybe even greater, deal of attention on this problem.

MN: Medication nonadherence is a leading cause of inadequate hypertension management, leading to cardiovascular disease, stroke, and chronic kidney disease.

Approximately 50% of patients with cardiovascular disease have suboptimal adherence to their prescribed medications. How do we improve medication adherence in communities of color?

RW: A lot of it has to do with health literacy. Unless you are taught something about your health, your body, and/or your diet, you don't know. About 70% of people are health illiterate. They don't know very much, if anything, about how their body functions, including when it comes to heart disease and strokes. They don't know anything about high blood pressure. They ask [basic questions like], “What is hypertension?” “What is cholesterol?”

A stroke is like a thunderbolt hitting you in the brain. And you had no idea this was something looming in your background because you have high blood pressure. But if we assume that you did go to a doctor, the doctor diagnosed you with high blood pressure, and they told you to take some prescribed medicines, the doctor must work to make sure you understand the importance of taking the medicine. Fifty percent of the prescriptions written by doctors end up in the trash. We get beyond it with health education.

MN: Dr. Williams, you founded the Association of Black Cardiologists in 1974 – almost 50 years ago – and the Minority Health Institute more recently. From a health equity standpoint, what has improved and what has remained stagnant?

RW: I had a lot of concerns and fears when I started both organizations, but you have to try. You have to do some fact finding, gather some information, talk to some people who've been there and go for it. You'd be surprised what you can accomplish. I’ve been a trailblazer. That represents the passionate part of my efforts, but I've also been a hellraiser. You have to combine the trailblazing with the hellraising

The Affordable Care Act (ACA) has done a lot to expand access. Before the ACA was signed into law, there were approximately 30 million people who were uninsured. Once that bill was signed into law, 20 million of those people were covered

immediately. That's a gigantic contribution, especially when you consider that most of those people were poor minorities.

Despite all the refinements and additions that have been made in our attempts to improve health care delivery, particularly for minorities, the needle hasn't moved much because racism is still underlying the situation and continues to prevent us from achieving true health equity. Perhaps, we need a social antibiotic for justice. Nothing will really change until we unite against racism.

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This interview is the first installment of a new series entitled, The Deep Dive, in which members of Reservoir's Advocacy and Alliance Network (RAAN) share learnings and perspectives on the healthcare landscape.