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Cardiovascular disease and related disorders remain the leading cause of death in our nation. One challenge for the medical community is to rethink how we might improve each element that contributes to the diminishing quality of health outcomes for these conditions, particularly for African Americans and other disadvantaged minority communities. This challenge inspired the focus for the International Society on Hypertension in Blacks (ISHIB) 24<sup>th</sup> International Interdisciplinary Conference on Hypertension and Related Risk Factors in Ethnic Minority Populations. The conference, entitled “Eliminating Disparities in Hypertension, Metabolic Syndrome, Kidney Failure, and Cardiovascular Disease: Basic Science, Clinical Practice and Community Initiatives,” offered an opportunity to take a translational view of this critical issue. The planning committee was dedicated to bringing greater awareness of cardio-metabolic risk factors, sharing cost-effective prevention and early intervention strategies, and understanding key social and environmental factors that contribute to cardiovascular disease and related disorders across diverse settings.<sup>1,2</sup>

Invited presentations covered a wide spectrum of domains, including the complex interaction of genetic, biologic and cultural factors. Other presentations focused on socioeconomic and environment factors, specific health behaviors, and access to care issues that seem to be responsible for a significant proportion of health disparities in poor and underserved minority communities. The con-

ference highlighted novel cost-effective strategies for the prevention and early intervention of cardio-metabolic disorders, as well as emerging strategies for physicians to better engage patients in their care. The specific conference objectives are detailed in Table 1.

The focus and mission of ISHIB remains as relevant as when the organization was founded in 1986. Indeed, Dr. Steven Schroeder, former president of the Robert Wood Johnson Foundation, recently presented a compelling case for concentrating strategies on the less fortunate to improve the overall health of a nation. He noted “...that since all the actionable determinants of health—personal behavior, social factors, health care, and the environment—disproportionately affect the poor, strategies to improve national health rankings must focus on this population.”<sup>3</sup> This recommendation echoes the mission and values of ISHIB. In this same spirit, the organizing committee selected these abstracts and presentations to highlight key issues addressed at the conference, which serve as a foundation for inspiring relevant research programs, treatment algorithms, and social and economic policies.

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#### REFERENCES

1. Norris KC, Tareen N, Martins D, Vaziri N. Implications of ethnicity for the treatment of hypertensive kidney disease, with an emphasis on African Americans. *Nat Clin Pract Nephrol.* 2008;4(10):538–549.
2. Ferdinand KC. The cardiometabolic syndrome and cardiovascular disease in racial and ethnic minorities: new areas of research and intervention. *J Cardiometab Syndr.* 2007;2(4):235–237.
3. Schroeder S. Shattuck lecture we can do better — improving the health of the American people. *N Engl J Med.* 2007;357:1221–1228.

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**Table 1. Program objectives for the 24<sup>th</sup> International Interdisciplinary Conference on Hypertension and Related Risk Factors in Ethnic Minority Populations**

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- Diagnose and effectively treat hypertension in the presence of co-existing cardiovascular, renal and metabolic risk factors.
  - Describe the emerging plans for health reform and how it can improve health outcomes and eliminate health disparities.
  - Recognize the association of high blood pressure, metabolic syndrome, and kidney disease as key risk factors for cardiovascular events and premature mortality.
  - Describe the nation's progress in achieving *Healthy People 2010* goals for hypertension, metabolic diseases and diabetes, kidney and cardiovascular diseases.
  - Describe the staging for target organ damage in patients with cardio-metabolic diseases.
  - Recognize the strengths and limitations of plans for health reform and health insurance coverage for all Americans.
  - Understand the importance of lifestyle modification and self/community empowerment for improving cardio-metabolic outcomes.
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