

CORRESPONDENCE

Letters to the Editor

International Outreach Programs Are Laudable and Timely

We read with interest the commentary by Weaver (1) on the planned international outreach programs by the American College of Cardiology (ACC). This laudable initiative is timely given the epidemiologic transition from infectious to cardiovascular diseases in developing countries, especially sub-Saharan Africa (2).

The proposed partnership did not include grassroots organizations with established collaborations in these medically underserved international communities. In December 2007, the U.S.-based Association of Black Cardiologists, partnering with the government of Ghana and Ghana medical schools, organized a successful international conference in Ghana (3). This forum provided a healthy exchange of ideas among cardiovascular specialists in the Americas and Ghana. It also demonstrated the political will among emerging economies in sub-Saharan Africa to tackle the rising tide of cardiovascular diseases.

Although several strategic points were highlighted in the article by Weaver (1), partnership formation is not simple, as mission planning is frequently hampered by low buy-in from the international community precipitated by historical challenges displaced on developing countries by the more resourced Western society. Without multicultural competency training, acts of good faith from resourced partnership brokers are likely to be oppressed. That could sabotage the social efforts wisely authored by Weaver (1). At this point, we offer additional recommendations to support the ACC's planning process.

First, our experiences on health care disparity have confirmed the need for critical dialogues on global possibilities in cardiovascular medicine given the multilevel determinants of cardiovascular disparities and health inequities (4). Second, the participation in social change in global cardiovascular outreach will benefit from the involvement of complementary social science disciplines (4) to mobilize the heavy lifting in front of this noble effort. Third, by employing a multidisciplinary advocacy model, mutually beneficial enterprises can be appropriately vetted.

Taken together, participation in this movement to facilitate international awareness in cardiovascular medicine will require access mapping and talent engagement supporting transnational cultural competency training, which is a first-tier priority. That said, there exist the critical needs for transparent agendas and policy accountability that collectively excite opportunities for capacity building well into the 21st century.

***William O. Ntim, MB, ChB, FACC, FACP**
Tiyoko Johnson, RN, BSN, RDCS
David L. Mount, PsyD, MA, HSP-P
B. Wayne Kong, PhD, JD

*Section on Cardiology
Maya Angelou Research Center on Minority Health

Wake Forest University School of Medicine
Bowman Gray Campus
Medical Center Boulevard
Winston-Salem, North Carolina 27157-1045
E-mail: wntim@wfubmc.edu

doi:10.1016/j.jacc.2008.07.059

Please note: Dr. Ntim is a member of the Novartis Speakers' Bureau.

REFERENCES

1. Weaver DW. President's page: the continuing importance of international engagement. *J Am Coll Cardiol* 2008;51:2193-4.
2. Opie LH, Mayosi BM. Cardiovascular disease in sub-Saharan Africa. *Circulation* 2005;112:3536-40.
3. Kong BW, Ntim W. Preventive cardiology in special patient populations—twelve days in Ghana. *Cardiol Rev* 2008;25:47-8.
4. Leon DA, Walt G, Gilson L. Recent advances: international perspectives on health inequalities and policy. *BMJ* 2001;322:591-4.

Reply

We are grateful to Dr. Ntim and colleagues for their comments and their support of the international outreach initiative of the American College of Cardiology (ACC), (1) and we welcome collaboration with all organizations holding similar objectives. As they point out, developing partnerships can be much easier planned than implemented, and at all stages, the ACC will need to be sensitive to the cultural and economic environment, health challenges, and inequalities of the host countries. We recognize that worthy and well-meaning attempts to build positive relationships between the peoples of economically developed and less developed nations, and their professional bodies, can easily be undermined by ignorance of local priorities, circumstances, and customs. As the authors point out, "critical dialogue" is vital, and we agree that such a dialogue can be enhanced by the involvement of those working in disciplines other than purely cardiological, although clearly that will be the College's initial focus. As to their final point, we believe that the ACC is already transparent and accountable in its domestic activities, and this approach will certainly be extended to its international affairs.

***Huon H. Gray, MD, FRCP, FESC, FACC**

*Southampton University Hospital
Southampton SO16 6YD
United Kingdom
E-mail: huon@cardiology.co.uk

doi:10.1016/j.jacc.2008.08.032

REFERENCE

1. Weaver DW. President's page: the continuing importance of international engagement. *J Am Coll Cardiol* 2008;51:2193-4.