

Dr. F. Roosevelt Gilliam

2010 CBC Spring Health Braintrust / National Minority Quality Forum

7th Annual Leadership Summit



CLOSE THE GAP

**The Value of Community-Based Health Initiatives:
*In the Community; For the Community;
By the Community***

What is the issue?



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- Heart disease causes more deaths in Americans of both sexes and all racial and ethnic groups than any other condition.¹
 - Every 37 seconds, an American dies of heart disease ¹
- Despite similar prevalence across racial/ethnic groups, women and people of color are treated at a lesser rate for heart disease than Caucasian men.
- Even when they have insurance and are of the same social class, minorities often receive a lower quality of care than do their white counterparts. ²



- In 2005, cardiovascular disease claimed about **one death per minute among females**; more than claimed by cancer, chronic lower respiratory diseases, Alzheimer's disease, accidents and diabetes combined.³
- **African Americans** are more likely to have heart failure symptoms at an earlier age; have their heart failure get worse faster; and have more hospital visits for heart failure.²
- 40% of all African Americans living in the U.S. have **high blood pressure**.⁴
- It is estimated that one out of every four **Hispanic** males – and one of every three Hispanic females – will die from heart disease and stroke.⁵
- 10.4% of Hispanics ages 20 years or older have diagnosed diabetes.⁶
- Of **athletes** who died suddenly with an enlarged heart, 55% were African Americans compared to 41% white athletes.⁷

Effect of Referral Rate Based on Race



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Lessons from the Schulman Study:



E



F



A



B



G



H



C



D

- Women and African Americans were less likely to be referred for cardiac catheterization than men and whites respectively.
- African American women were significantly less likely to be referred for cardiac catheterization than white men.⁸

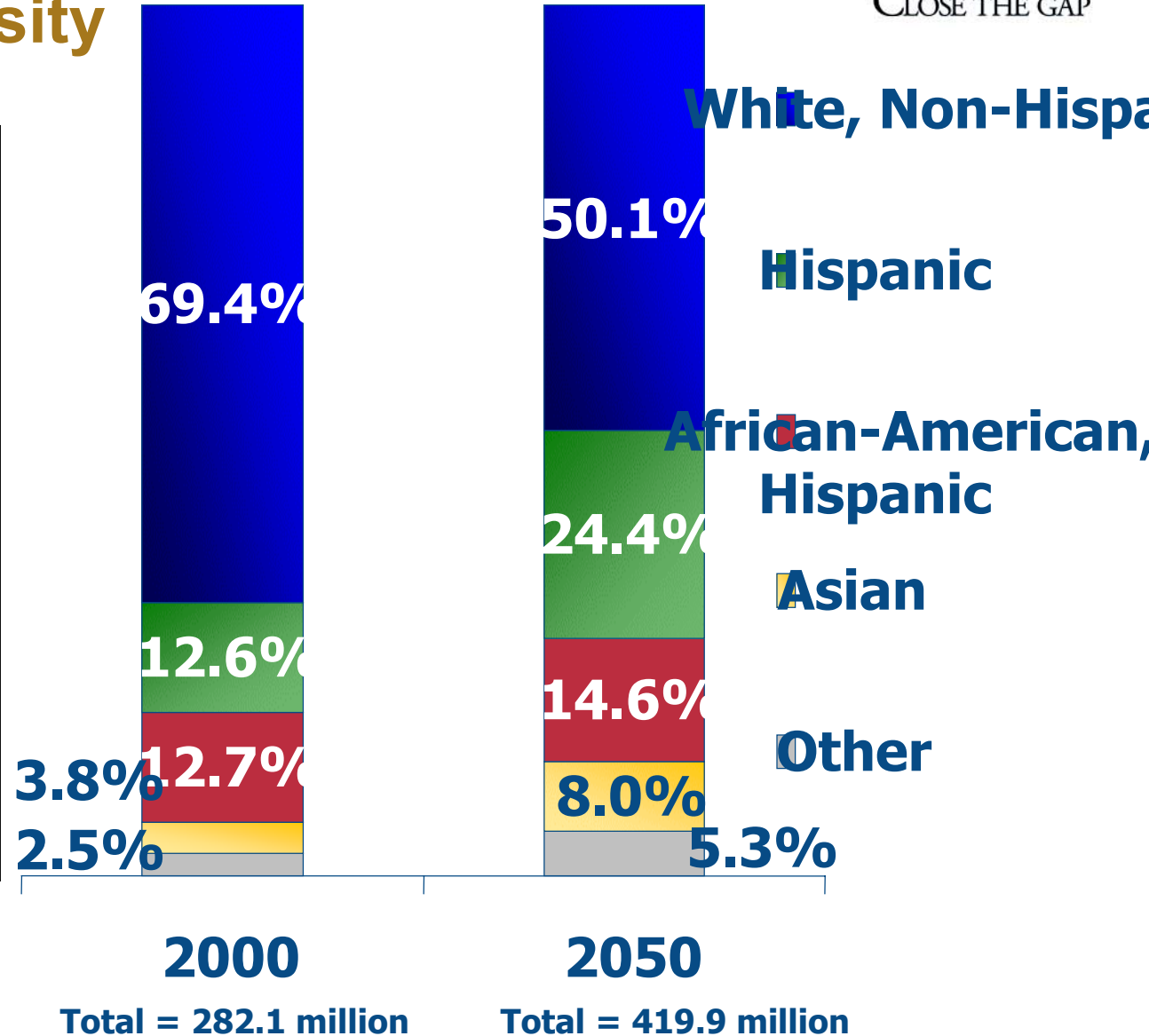
Distribution of U.S. Population by Race/Ethnicity, 2000 and 2050 ⁹



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Increasing Diversity

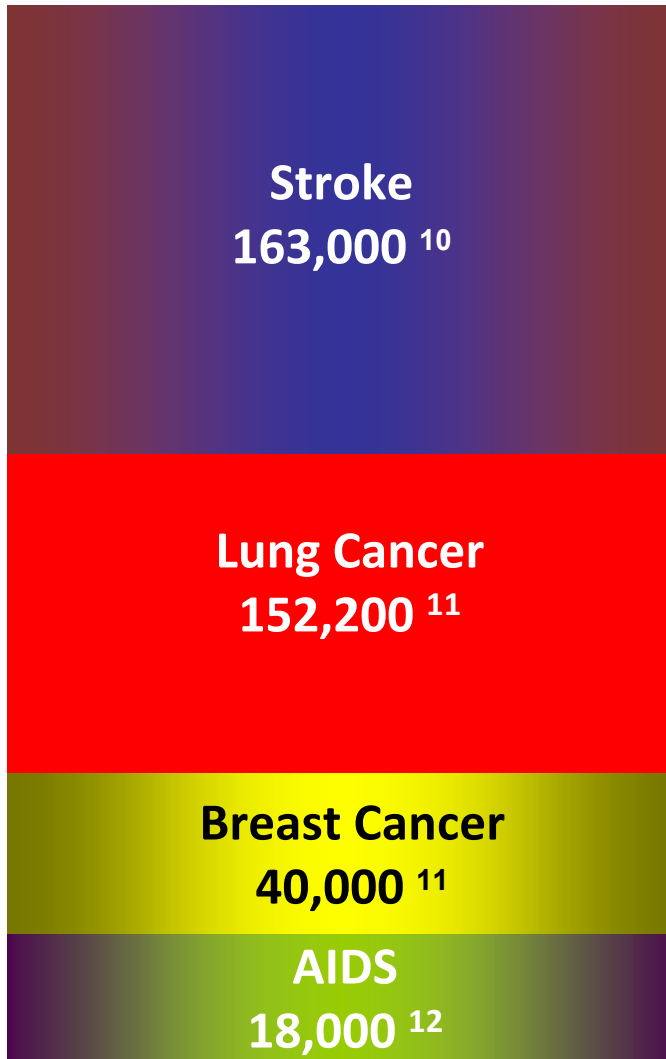
- By 2050, the nearly half of the U.S. population will be Hispanic, African American or Asian.
- The portion of Hispanics and Asians is expected to double in the next 50 years.
- 2010 will be the first year more non-white babies will be born in the U.S. ¹⁰



Magnitude of Sudden Cardiac Arrest in the US



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SCA claims more lives each year than these other causes of mortality.

SCA
400,000¹⁰

#1 Killer
in the US

What is Close the Gap



CLOSE THE GAP

Close the Gap is a community, grass-roots focused educational initiative sponsored by Boston Scientific and aimed at addressing disparities in cardiovascular care for the underserved patient populations of Women, African Americans, Hispanics, and Asian Americans.

Our Mission:

Help everyone, regardless of race, ethnicity or gender, have access to the highest quality cardiovascular care.

“People are influenced by those with whom they have a relationship.”

Objectives of Close the Gap



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Contribute to achieving relative parity, within 7-10 years, in the treatment of cardiovascular disease for Women, African Americans and Hispanics.

- Build **Awareness** of the issue of racial and gender disparities and steps that can be taken to address this issue.
- Increase the **Influence** of stakeholders within communities to create change.
- Expand the **Reach** of the effort into new communities.
- Achieve **Results** by changing behavior and improving access to care.

Close the Gap focuses on three areas:



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Community Education

Increase awareness of cardiovascular risk factors through community programs, so more people can be identified and helped

Patient Values

Help health care providers learn about disparities, cultural beliefs and compliance barriers

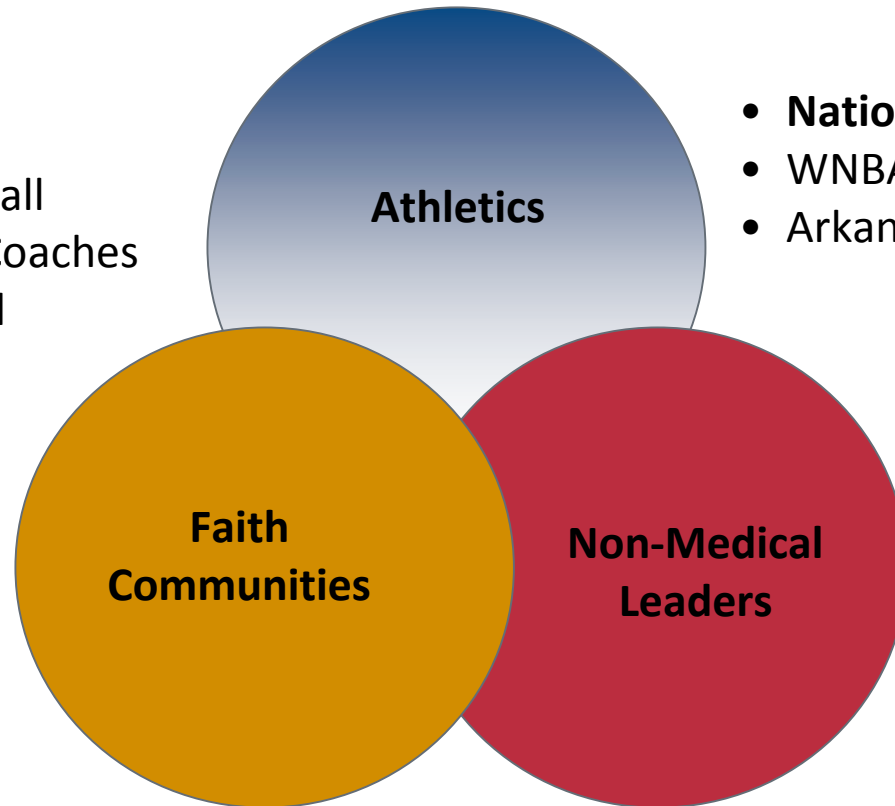
Advocating for Quality Measures

Focus on evidence based medicine, review and enhance medical guidelines to ensure therapies are offered to all indicated patients. Initiate core measures clinical study.

Strategic Relationships



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- **Black Coaches and Administrators**
- Minor League Baseball
- Collegiate Football Coaches
- Collegiate Basketball Coaches

- **National Football League Alumni**
- WNBA
- Arkansas State University

- National Baptist Congress
- Kingdom Builders – Houston
- Potter’s House – Dallas
- Gospel Choice Awards
- 100 Black Clergy – Atlanta

- **Essence Music Festival**
- Houston Town Hall:
“The Declining State of Health in the US”
- **Ashley Stewart Stores**
- 100 Black Men
- Black Greek Societies
- American Heart Association



Community Approach

- College Screening
- Junior & Senior High Screening
- AED Program

Outcomes

- Increased community awareness
- Increase in patient care
- The Alan Muse story



Provide an umbrella initiative under which existing separate initiatives can be coordinated & new initiatives incubated.

Existing Initiatives:

- Public/Private Partnerships
 - Columbus, OH steering committee made of business, athletic, legislative (state & municipal) and medical leaders.
- Healthy Columbus / Get Fit Columbus Initiatives.
- Developing targeted approach to improve the cardiovascular health of the entire city.
- Engaging local State and Federal elected officials.

Key Takeaways



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1. Identify physician leaders in your community.
2. Identify non-medical leaders in your community.
 - Business (market based solutions, i.e., Close the Gap)
 - Public (governmental agencies, legislative solutions)
 - Athletic leaders (coaches, retired players)
3. Leverage existing community efforts.



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1. American Heart Association. Heart Disease and Stroke Statistics – 2009 Update. Dallas, Texas: American Heart Association; 2009.
2. Alliance for Health Care Reform. *Racial and Ethnic Disparities in Health Care*. Publication November 2006. Available at [www.allhealth.orghttp://www.allhealth.org/Publications/pub_38.pdf](http://www.allhealth.org/Publications/pub_38.pdf). Accessed Sept. 15, 2008.
3. American Heart Association. Heart Disease and Stroke Statistics – 2009 Update. Dallas, Texas: American Heart Association; 2009.
4. National Heart Lung & Blood Institute: *Heart Failure: Who is at Risk?* Available at <http://www.nhlbi.nih.gov/>. Accessed September 21, 2009.
5. American Heart Association. Heart Facts: Latino/Hispanic Americans. Available at <http://www.americanheart.org/> Accessed September 21, 2009.
6. National Institute of Diabetes and Digestive and Kidney Diseases. National Diabetes Statistics, 2007. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, 2008.
7. Maron BJ, et al. Relationship of rate of Sudden Cardiac Death in Competitive Athletes with Hypertrophic Cardiomyopathy. *JACC*. 2003;41:974-980.
8. Schulman, K. et al. The Effect of Race and Sex on Physician's Recommendations for Cardiac Catheterization. *NEngl J Med*. 1999;340(8):618-26. OR: Odds Ratio: Women (OR =.60) and blacks (OR=.60) white men. (OR =0.4)
9. NOTES: Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marina Islands. "Other" category includes American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, and individuals reporting "Two or more races." African-American, Asian, and Other categories jointly double-count 1% (2000) and 2% (2050) of the population that is of these races and Hispanic; thus, totals may not add to 100%.
10. SOURCE: Kaiser Family Foundation, based on U.S. Census Bureau, 2004, US Interim Projections by Age, Sex, Race, and Hispanic Origin. *Kaiser Fast Facts, May 2008*. Available at <http://www.kff.org/minorityhealth/disparities/cfm>. Accessed Oct. 15, 2008
11. American Heart Association. Heart Disease and Stroke Statistics –2008 Update.
12. Jemal A. *CA Cancer J Clin*. 2003;53:5-26.
13. U.S. HIV & AIDS Statistic Summary. Avert.org.