



# CLOSE THE GAP

[www.knowyourhealth.com/en-us-hcp](http://www.knowyourhealth.com/en-us-hcp)

## VISION

To have a world where all patients – regardless of gender, age, race, ethnicity, socio-economic status and sexual orientation – understand their medical conditions and have access to therapies to help them live better lives.

## MISSION

To close the health inequity gap through provider education and collaboration, advocacy and society partnerships, and patient disease state awareness.

## THE HEALTHCARE LANDSCAPE WE LIVE IN TODAY

In the United States, health disparities exist, especially amongst women and people of color, that oftentimes leads to poorer outcomes.

This disparity is what we call “the gap” and it’s what we’re trying to eliminate – with your help.

WOMEN REPRESENT APPROXIMATELY **51%** OF THE U.S. POPULATION

— YET —

ONLY MAKE UP AROUND **20%** OF ENROLLED PATIENTS IN CLINICAL TRIALS<sup>1</sup>

HEART DISEASE & STROKE ARE THE **NO. 1** CAUSES OF DEATH IN THE USA<sup>2</sup>

MINORITIES ARE **48%** LESS LIKELY TO GET PREVENTIVE TREATMENT FOR HEART DISEASE THAN CAUCASIANS<sup>3</sup>



1 Mehta, L.S., et al. (2016). Acute Myocardial Infarction in Women: A Scientific Statement From the American Heart Association. Circulation, 133(9): 916-947.  
2 CDC, NCHS. Underlying Cause of Death, 1998-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1998-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed Feb. 3, 2015.  
3 Bonow, R., Grant, A., Jacobs, A. The Cardiovascular State of the Union: Confronting Healthcare Disparities. Circulation, 2005; 111: 1206-1207.

## OUR APPROACH TO REDUCING HEALTH DISPARITIES

We believe that collaborative methods to understand and address health disparities are needed and that is why Boston Scientific offers the Close the Gap initiative. We know that by working together with you, we can support getting care to those that are in need.

When you partner with Close the Gap, we will provide you with customized prevalence data that can help inform and shape your practice’s strategy in reaching out to patients within your geographic treatment areas. This data can identify specific disease state or diagnosis targets that in turn, have the potential to influence the actions needed to engage and support these patient groups along their treatment journeys.

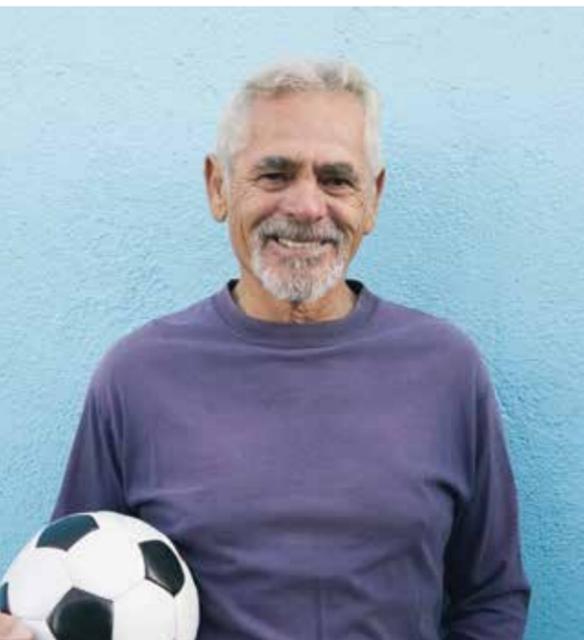
With your partnership, we can also provide support for going out into the community, allowing you and your peers to interact directly with people who may be experiencing a lack of connection with healthcare providers. Close the Gap also works with community leaders and physician societies to have presence at local health fairs and screening events to help educate and inspire individuals to take an active role in managing their long-term health.

## PARTNER WITH CLOSE THE GAP TO BUILD A PERSONALIZED PATIENT OUTREACH PROGRAM THROUGH THIS TURNKEY PROCESS:



## OUR ULTIMATE GOAL

IS TO SUPPORT PREVENTIVE CARE AND EMPOWER HOSPITALS TO DIAGNOSE, REFER AND TREAT ALL PATIENTS AS A MEANS TO REDUCE GAPS IN OUTCOMES.



# PROGRAM OFFERINGS

In an effort to eliminate health disparities at the local level, Close the Gap offers healthcare professionals a wealth of data and information regarding personalized patient outreach programs, health disparities and grant funding opportunities.

## PERSONALIZED OUTREACH PROGRAMS

Boston Scientific supports healthcare professionals that want to address health disparities through awareness building, outreach and education. We invite you to work with our Health Equity Consultants to build a program to help you meet your community's unique needs, at no cost to you.

WE OFFER A WAY TO HELP IN THREE EASY STEPS:



**Media Toolkit Overview**

Boston Scientific created this media kit as a resource to help your institution proactively discuss your health equity program and drive attendance at your screening events. The kit includes several documents that will enhance your content marketing and PR efforts, with specific instructions for their use.

- I. Media Outreach Guide:** This guide can be used to learn how to engage with reporters to increase awareness of health inequities in your community, and when you are targeting a specific geographic area.
- II. Health Inequity Guide:** This guide outlines how to effectively communicate with the media about your program to engage reporters. In working with the media, you can increase awareness of your health equity program and help you working to improve underserved populations to start being proactive for their health.
- III. Targeted Media Press Email:** This document includes a template email that can be sent to reporters when you are reaching out to them to proactively discuss health inequities.
- IV. Press Release:** This is a sample press release that can be customized to announce your institution's initiative to address health inequities and provide information about upcoming events.
- V. Talking Points:** These are key messages about health inequities, which can be used to help guide conversations with reporters during interviews.
- VI. Social Media Guide:** This document includes best practices for utilizing social media channels to spread awareness of health inequities, encourage patient advocacy, and to encourage community members to attend screening events.
- VII. Advertising Guide:** Advertising is a powerful and effective way to get the word out. This guide details how to do so successfully, in both print and digital formats.
- VIII. Healthcare Media Log:** Media professionals often receive lists of their members of your community, with detailed lists to share a message and get your message out. We've included copies for them, they are only second to none.
- IX. Demographic Insights:** These findings provide further education and information regarding the specific disease states and how they affect different audiences.

**1** An epidemiological disparity report of heart disease prevalence and treatment disparities in your region, with benchmarking data.

**2** Recommendations on how to reach undertreated patients to advance your outreach efforts.

**3** Marketing and communication tools that offer empowering patient messages, enabling them to seek care.

## HEALTH DISPARITY RESOURCES

To help you deeply understand factors driving your patient population's risk for inequal diagnostic care and treatment, Boston Scientific has compiled at-a-glance reports to help guide interventions using clinical research and demographic data.

**UNDERSTAND YOUR PATIENTS WITH ATRIAL FIBRILLATION (A-Fib)**

AS A HEALTH CARE PROVIDER, YOU UNDERSTAND WHAT NEEDS TO BE DONE, BUT DO YOUR PATIENTS? Many A-Fib patients are unaware of their condition, and many do not understand the importance of taking their medication and attending to their health. This infographic provides key information to help you understand your A-Fib patients better.

**KNOW YOUR PATIENTS: DIVERSE PATIENT PROFILE**

**WHO:** 10% of the population has A-Fib. It is more common in men than women, and prevalence increases with age.

**WHAT:** A-Fib is a heart rhythm disorder that causes the heart to beat irregularly and often very rapidly (racing heart rate). It can lead to complications such as stroke, heart failure, and other health problems.

**WHERE & WHEN:** A-Fib is most common in people aged 65 and older. It is more common in people of African American and Hispanic descent.

**PATIENT PERSPECTIVE: BARRIERS TO BOSTONIAN CARE**

87% of patients do not know they have A-Fib. 27% of patients do not know how to take their medication. 27% of patients do not know when to seek care.

Market Research Reports

**WOMEN AND HEART DISEASE**

**WHAT IS CORONARY ARTERY DISEASE (CAD)?** Coronary artery disease, or CAD, happens when cholesterol-containing deposits (plaque) build up in the inner walls of coronary arteries, narrowing them. This causes the arteries to thicken and narrow, which decreases blood flow to the heart. As a result, your heart doesn't get the blood it needs to function properly. CAD can lead to a heart attack which is caused when the heart muscle dies because of a blocked flow.

**WHY ARE WOMEN AT RISK FOR HEART DISEASE?** The build-up of plaque can be attributed to poor lifestyle habits such as smoking and obesity, but it can also be caused by things that cannot be controlled, such as aging or a family history of heart disease.

**CONCRETE STEPS OF CAD FOR WOMEN:** While many people fear heart disease symptoms during stress, physical activity or even at rest, it is important to make the women often do not realize that there are steps you can take to help reduce your risk.

**64% OF WOMEN WHO DIE SUDDENLY OF CORONARY HEART DISEASE DO SO IN UNDER 5 MINUTES!** If you had these signs, seek help from a health care provider immediately.

**60% OF WOMEN WHO DIE SUDDENLY OF CORONARY HEART DISEASE DO SO IN UNDER 5 MINUTES!**

**20% OF WOMEN WHO DIE SUDDENLY OF CORONARY HEART DISEASE DO SO IN UNDER 5 MINUTES!**

Disease State Infographics

**ADDRESSING BARRIERS TO CARE: INSIGHTS TO UNDERSTANDING HISPANIC PATIENTS**

Understanding patient populations is essential to helping them achieve better outcomes. Understanding the barriers to care for Hispanic patients is a key step in addressing these challenges. This infographic provides key insights into the barriers to care for Hispanic patients.

**HISTORY OF FORCEFEED:** 3.2% AVERAGE FORCEFEED. 40% FORCEFEED AS LONG AS POSSIBLE.

**BARRIERS TO CARE:** 16% OFFER FORCEFEED. 27% FORCEFEED AS LONG AS POSSIBLE.

**WHAT COULD HELP?** 47% FORCEFEED AS LONG AS POSSIBLE. 47% FORCEFEED AS LONG AS POSSIBLE.

**CLINICAL TRIAL OPPORTUNITIES:** 76% HAVE NEVER BEEN ASKED. 36% FORCEFEED AS LONG AS POSSIBLE.

Ethnicity Research Reports

**ADDRESSING BARRIERS TO CARE: INSIGHTS TO UNDERSTANDING FEMALE PATIENTS**

Understanding patient populations is essential to helping them achieve better outcomes. Understanding the barriers to care for female patients is a key step in addressing these challenges. This infographic provides key insights into the barriers to care for female patients.

**HISTORY OF FORCEFEED:** 5.5% AVERAGE FORCEFEED. 46% FORCEFEED AS LONG AS POSSIBLE.

**BARRIERS TO CARE:** 32% OF WOMEN REPORTED THAT THEY HAD FORCEFEED. 28% FORCEFEED AS LONG AS POSSIBLE.

**WHAT COULD HELP?** 47% FORCEFEED AS LONG AS POSSIBLE. 47% FORCEFEED AS LONG AS POSSIBLE.

**CLINICAL TRIAL OPPORTUNITIES:** 19% OF WOMEN REPORTED THAT THEY HAD FORCEFEED. 37% FORCEFEED AS LONG AS POSSIBLE.

Gender Research Reports

## GRANT FUNDING OPPORTUNITIES

Need resources for a project at your practice to reach underserved groups? Do you want to employ a specific prevention, detection or treatment effort? Boston Scientific funds independent medical research projects and community efforts in the areas of cardiology, endoscopy and urology.

APPLY FOR A CLOSE THE GAP GRANT TODAY: [www.bostonscientific.com/grants](http://www.bostonscientific.com/grants)

## CONTACT CLOSE THE GAP

Boston Scientific dedicated Health Equity Consultants are here to build a personalized Close the Gap program leveraging the program offerings above to help you target your at-risk demographics – at no expense to you. Let's close the health disparity gap together.

[www.knowyourhealth.com/en-us-hcp](http://www.knowyourhealth.com/en-us-hcp)



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