



Talking Points

Below are some current stats and facts that can be worked into your spokesperson's interview/dialogue with media and others. It is important to schedule time with your spokesperson, to review the interview guidelines as well as the approved talking points supporting your program.

High Blood Pressure

High blood pressure (HBP) means the pressure in your arteries is higher than it should be. High blood pressure usually has no signs or symptoms and can lead to other chronic conditions. That's why it is so dangerous.

- More than 50% (55.4% actual) adult African American men and women have hypertension.¹
- High systolic blood pressure explains 50% of the excess stroke risk among African Americans compared with whites.¹
- Hispanics are more likely to have undiagnosed, untreated or uncontrolled high blood pressure compared to other ethnic groups.²⁰

Diabetes

Diabetes is a disease that occurs when your blood glucose, also called blood sugar, is too high.... Insulin, a hormone made by the pancreas, helps glucose from food get into your cells to be used for energy.

- African Americans are x2 more likely to have diagnosed diabetes.¹
- Hispanics have nearly double the rate of diabetes as whites.²
- Diabetes increases both critical limb ischemia (CLI) mortality and risk of amputation.¹
- Diabetes increases the risk of developing peripheral artery disease (PAD) X4 and claudication X23.¹
- Diabetes and hyperlipidemia increase the risk of claudication x4 in women.¹
- Diabetes leads to a 1.5-4-fold risk of developing peripheral artery disease (PAD).⁴
- Diabetes increases the development of peripheral artery disease (PAD) to critical limb ischemia (CLI).⁷
- Having diabetes increases mortality associated with peripheral artery disease (PAD)/critical limb ischemia (CLI) as well as the risk for amputation.⁷
- 50% of patients with critical limb ischemia (CLI) also have diabetes.²
- 20-30% of patients with peripheral artery disease (PAD) have diabetes.⁸

Obesity

Obesity is a medical condition that occurs when a person carries excess weight or body fat that might affect their health.

- Hispanics have higher rates of obesity than non-Hispanic whites.⁵

Smoking

- 70-90% of patients with critical limb ischemia (CLI) are either current or ex-smokers.⁵
- Smoking promotes the development of atherosclerosis, increasing the risk of developing critical limb ischemia (CLI) and other cardiovascular disease.⁵

- American Indian/Alaska Native men are 20 percent more likely than white men to be current cigarette smokers.¹
- 29% of patients 50-69 with a history of diabetes or smoking are estimated to have critical limb ischemia (CLI).⁵

Disease State Facts

- American Indians/Alaska Natives are estimated to have the highest prevalence of coronary artery disease (CAD) in the US (12.1%).¹
- African Americans are 30% more likely to die from heart disease compared to whites.²
- There is a systemic lack of research in peripheral artery disease as it relates to women.^{6,7}
- Hispanics have the lowest awareness rates that heart disease was one of their leading causes of death.²
- Low-income individuals have double the incidence of MI than those of high income.¹
- Hispanic and Black women are less likely to know that cardiovascular disease (CVD) is the leading cause of death than white women.¹
- African Americans have a 30% longer wait time for acute cardiac symptoms than whites.¹
- African Americans are 40% more likely to have hypertension (HTN) than whites.²
- Only 10% of people with PAD exhibit the classic symptom of claudication.¹

Disease State Overview Messages

Coronary Artery Disease

If people are feeling more light-headed, short of breath or fatigued than normal, and are over a certain age, these could be signs of coronary artery disease (CAD). This condition could also present no symptoms, making it even more important for these individuals to talk with their doctor. CAD patients can live healthy lives, but it starts by getting informed about their condition and taking steps to get on the right path to feeling better.

Atrial Fibrillation

If people are feeling more light-headed, short of breath or fatigued than normal, experiencing fast, irregular heartbeats, and are over a certain age, these could be signs of atrial fibrillation (A-Fib). This condition could also present no symptoms, making it even more important for these individuals to talk with their doctor. A-Fib is treatable and controllable, but it starts by getting informed about their condition and taking steps to get on the right path to feeling better.

Peripheral Artery Disease

If people are feeling pain in their hips, thighs or calves, leg numbness or weakness, a cold feeling in one leg or sores on toes or feet that won't heal, these could be signs of peripheral artery disease (PAD). This pain can hold people back, so it's important for these individuals to talk with their doctor right away. PAD is treatable, but it starts by getting informed about their condition and taking steps to get on the right path to feeling better.

Critical Limb Ischemia

If people are experiencing pain or numbness in the feet, diminished pulse in the legs or feet or even gangrene, these could be signs of critical limb ischemia (CLI). CLI is a serious medical condition so it's important for these individuals to talk with their doctor right away. There are treatment options available and symptoms can improve, but it starts by getting informed about their condition and taking steps to get on the right path to feeling better.

Heart Failure

If people are feeling more light-headed, short of breath or fatigued than normal, and are over a certain age, these could be signs of heart failure. This condition could also present no symptoms and is hard to live with if left untreated, making it even more important for these individuals to talk with their doctor. Heart failure is manageable, but it starts by getting informed about their condition and taking steps to get on the right path to feeling better.

Program Overview Messages (the importance of the program/initiative):

- We might not want to believe it, but where we live and how we look influences our health outcomes—life expectancy can differ by up to 25 years from one neighborhood to the next.
- Racial and ethnic minorities in the United States have higher rates of chronic disease and premature death compared to the rates among white people—we must work together to help underserved populations.
- We have launched a health equity initiative that empowers healthcare providers with data and resources that can help them provide quality care to underserved patient populations within their communities.
- Close the Gap includes information, education and access to care specific to conditions, backgrounds and situations. We make the process and details easy to understand and empower those who are overwhelmed or unheard with everything they need to prioritize their health.
- For this program to be successful, patients need to take ownership of their health, feel confident enough to take action, heard by their physicians, and believe that it is a reliable, positive relationship.
- We're committed to helping get underserved patients on the right path to making positive differences in their health.
- This program also allows us to target those with [disease state], who might not know how to address their symptoms, find treatment for their condition, or in some cases, even have awareness that something is wrong with their health.

References:

1. Benjamin, E. et al. (2019). Heart Disease and Stroke Statistics - 2019 Update. A Report from the American Heart Association
2. Graham, G. (2015). Disparities in cardiovascular disease risk in the united states. Current Cardiology Reviews. 11(3). Pg 238-245
3. Desai, R. et al. (2019). Racial and sex disparities in resource utilization and outcomes of multi-vessel percutaneous coronary interventions (a 5-year nationwide evaluation in the United States). Cardiovascular Diagnosis and Therapy. 9(1). Pg 18-29
4. Freisinger, E. et al. (2017). Impact of diabetes on outcome in critical limb ischemia with tissue loss: a large-scaled routine data analysis. Cardio Vascular Diabetology.
5. Davies, M. (2012). Critical Limb Ischemia: Epidemiology. DeBakey Cardiovascular Journal. 8(4). Pg 10-14
6. Jelani, Q. et al. (2018). Peripheral artery disease in women: an overview of risk factor profile, clinical features and outcomes. Springer Open Choice.
7. Hirsch, A. et al. (2012) A call to action: women and peripheral artery disease - a scientific statement from the American heart association. Circulation.