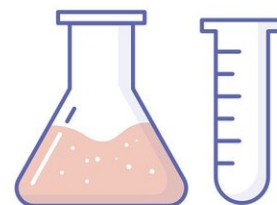
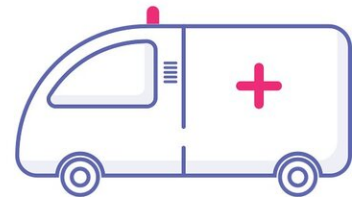
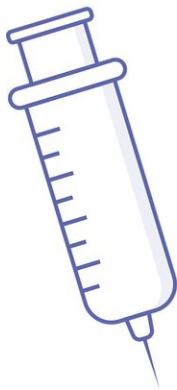
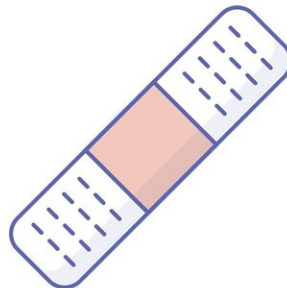


Low-income adults less likely to receive preventive heart disease care

May 15 2020



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Low-income adults in the United States were significantly less likely to be screened for cardiovascular disease (CVD) or receive counseling for CVD risk factors, according to research presented today at the American Heart Association's Quality of Care & Outcomes Research Scientific Sessions 2020. The virtual conference, to be held May 15-16, is a premier global exchange of the latest advances in quality of care and outcomes research in cardiovascular disease and stroke for researchers, health care professionals and policymakers.

Heart-health screenings, including routine blood pressure and cholesterol checks, and counseling to improve diet, increase exercise or smoking cessation are important for lowering the risk for CVD. For decades, studies have confirmed markers of socioeconomic status such as [income](#) are associated with [cardiovascular disease](#); however, the association between [income level](#) and the utilization of CVD preventive services is not well understood.

"With the goal of encouraging clinicians and [health care providers](#) to be aware of health disparities, we set out to determine how patients at different income levels utilize services to prevent cardiovascular disease," said lead study author Andi Shahu, M.D., M.H.S., an [internal medicine](#) resident physician at The Johns Hopkins Hospital in Baltimore.

Using patient data from the nationally representative Medical Expenditure Panel Survey (2006-2015), researchers included 32,862 adults with diagnosed CVD and 185,081 adults with no CVD diagnosis. Of the total, 36% of individuals were in the "high income" category (400% or more of the [federal poverty level](#) [FPL]); 29% were in the "middle income" category (200%-400% of the FPL); 16% were in the

"low income" category (125%-200% of FPL); and 19% were in the "poor/very low income" category (

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