

Those who are covered, recover

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Insurance status is a better predictor of survival after a serious cardiac event than race, and may help explain racial disparities in health outcomes for cardiovascular disease. A new study by Derek Ng, from the Johns Hopkins Bloomberg School of Public Health in the US, and his team shows that race is not linked to an increased risk of death but being underinsured is a strong predictor of death among those admitted into hospital with a serious cardiac event. Their work appears online in the *Journal of General Internal Medicine*.

African Americans living in poor, urban neighborhoods bear a high burden of illnesses and early death, from cardiovascular disease in particular. Lack of health insurance, or being underinsured may be a major cause of insufficient treatment and subsequent premature death. However, it is unclear to what extent these observed [racial disparities](#) are actually due to insurance status rather than to race itself.

Ng and colleagues looked at whether the risk of early death was associated with insurance status or race. They took into account the potential effects of neighborhood socioeconomic status and disease severity. They analyzed data from a sample of patients admitted to one of three Maryland hospitals for three specific cardiovascular events: 4,908 with [acute myocardial infarction](#) (or heart attack); 6,758 with [coronary atherosclerosis](#) (or furring up of the arteries); and 1,293 with stroke.

They found that underinsured patients died sooner than patients with private insurance, whereas the survival rates were comparable between whites and blacks. More specifically, underinsured patients had a 31 percent higher risk of early death after a heart attack and a 50 percent higher risk after atherosclerosis. This survival effect was independent of race, neighborhood socioeconomic status and [disease severity](#).

The authors conclude: "Among those admitted to the hospital with an acute cardiovascular event,

there was an increased risk of mortality among subjects who were underinsured compared to those who had private insurance. Given the recent changes in health insurance and healthcare reform, these results underscore the need to closely investigate the factors relating to health insurance that may explain these disparities. Indeed, targeting these factors may relieve the burden of mortality disproportionately affecting those who are underinsured."

More information: Ng DK, Young JH, Brotman DJ, Lau B, et al. (2012). Insurance status, not race, is associated with mortality after an acute cardiovascular event in Maryland. *Journal of General Internal Medicine*; [DOI 10.1007/s11606-012-2147-9](#)

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