

FACT SHEET: The Uninsured with Heart Disease and Stroke

The uninsured are less likely to have ideal cardiovascular health, which the Association defines as having ideal health behaviors (nonsmoking, body mass index <25 kg/m², physical activity at goal levels, and pursuit of a diet consistent with current guideline recommendations) and ideal health factors (untreated total cholesterol <200 mg/dL, untreated blood pressure <120/<80 mm Hg, and fasting blood glucose <100 mg/dL).¹¹ In particular, health factors like poor fasting blood glucose and poor blood pressure control, as well as health behaviors like smoking and lower levels of physical activity, are especially prevalent among the uninsured.¹²

Uninsured and underinsured patients are more likely to delay seeking medical care during an acute heart attack.¹³ When they do seek care in the emergency room, uninsured patients with ST-elevation myocardial infarction (STEMI), a very serious type of heart attack, are more likely to be transferred to a different facility than STEMI patients with insurance, thereby delaying vital treatment.¹⁴ F560.00000912 00.00000

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THE ASSOCIATION ADVOCATES

The Association supports the patient-centered protections gained through health reform efforts aiming to make insurance more accessible, affordable, equitable, and adequate for Americans with heart disease or stroke. Since last updating the Association's principles for healthcare reform in 2008, the United States enacted the largest health reform effort since the creation of Medicare and Medicaid in the ACA. As healthcare delivery systems continue to evolve in the wake of the ACA, the Association's priorities have also evolved. In February 2020,²³ the Association updated its principles for health reform that it hopes will guide policymakers in future health reform efforts to expand healthcare access to marginalized communities, including the uninsured.

