Cardiovascular Disease Affected by Access to Healthcare in America

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ABSTRACT:

Background

Cardiovascular disease affects 40% of Americans. The purpose of this review is to see the linkage between access to healthcare and cardiovascular disease.

Methods

PubMed, and Google Scholar were searched using the following inclusion criteria:10 years, and had study designs of original research articles. Meta-analyses and literature reviews were excluded from the reviewed articles.

Results

Regular screenings prevented diseases a lot more which comes with more access to healthcare. Participants that had insurance were more likely to use screenings to their advantage to help them check for CVD. Participants who tend to take care of their overall health would find ways to get access to healthcare and decrease their risk of CVD.

Discussion

Using other healthcare methods such as medicare to help more people who need this to ensure that people get proper screenings to keep them from getting CVD. We need to see which areas need help more and supply those areas so people get equal opportunity to live better lives.

INTRODUCTION:

Significance of the Problem

Cardiovascular disease (CVD) is predicted to affect 40% of Americans by 2030 [1]. It is also the leading cause of death in the United States [2]. CVD has been the leading cause of death since 1950 [2]. Health insurance plays a big role in how we are able to afford medical care. I hypothesize that the lack of access and ability to afford healthcare or health insurance impacts the ability to get screenings to check for and treat CVD.

Objectives

The aim of this paper is to determine how having access to healthcare or insurance will affect immigrants mainly women under the age of 50 who have unusual intervals of care.

METHODS:

Search Strategy

PubMed and Google Scholar were searched using key search terms related to "cardiovascular disease," "healthcare access," and "prevention factors."

Inclusion and Exclusion Criteria

Articles were included if they specifically explored the link between healthcare access and cardiovascular disease with a focus on prevention factors, were published within the last 10 years, and had study designs of original research articles. Systematic reviews, meta-analyses, and case studies were excluded.

RESULTS:

Alcalá et al., demonstrate that relationships between insurance status, usual source of care, and CVD prevention factors did not depend on the presence or absence of CVD clinical risk/disease [1]. Among those with no CVD clinical risk/disease, insurance and a usual source of care were associated with increased odds of healthcare utilization, screenings, and discussions about lifestyle factors [1]. The sample primarily consisted of individuals under the age of 50, predominantly women, with a high school education or less [1]. Having a regular source of care was associated with increased odds of physician visits, timely blood pressure and cholesterol screenings, as well as discussions about weight, eating, and exercise with healthcare professionals [1]. When insurance status was included in the model, all previously significant associations remained significant [1].

A study by Barghi et al., showed that participants with insurance had significantly higher odds of utilizing healthcare services, timely cholesterol screening, and discussions about exercise with healthcare professionals. However, insurance status was not associated with discussions about weight or eating habits, nor did it increase the odds of engaging in healthy behaviors [3]. Most participants were foreign-born, bilingual in English and Spanish, currently insured, and had a usual source of care [3].

While a study by Stacy showed that participants with a usual source of care also had increased odds of less frequent consumption of sugar-sweetened beverages [4]. Participants generally reported timely screenings for blood pressure and cholesterol, with varied engagement in healthy behaviors [4]. The inclusion of the usual source of care in the model rendered the association between insurance status and exercise discussions nonsignificant [4].

DISCUSSION:

Healthcare Access and Utilization linked to Insurance Status

The significant association between insurance status and healthcare utilization aligns with existing literature highlighting the role of insurance in facilitating access to healthcare services. Insured individuals had higher odds of engaging in timely cholesterol screening and discussions about exercise with healthcare professionals [3]. However, the non-significant association between insurance status and discussions about weight or eating habits, when controlling for a usual source of care, suggests that factors such as accessibility and age play a role [1].

Usual Source of Care

The robust relationship between having a regular source of care and various healthcare utilization metrics underscores the importance of continuity in healthcare services. Individuals with a usual source of care had increased odds of physician visits, timely screenings for blood pressure and cholesterol, and discussions about lifestyle factors [4]. This finding aligns with the notion that consistent healthcare relationships contribute to more proactive preventive care.

Moderation by CVD Clinical Risk/Disease

The moderation analysis did not reveal significant differences in the relationships between insurance status, a usual source of care, and CVD prevention factors based on the presence or absence of CVD clinical risk/disease [4]. This suggests that the benefits of insurance and a regular source of care extend across different risk profiles, emphasizing their universal relevance in promoting cardiovascular health.

Implications for Public Health Policy

The studies' results underscore the importance of addressing healthcare access barriers to enhance cardiovascular health. Policies aimed at increasing insurance coverage and promoting the establishment of a regular source of care may contribute to better preventive care. Efforts to facilitate discussions about lifestyle factors within healthcare settings could further enhance the impact of these policies.

Limitations and Future Directions

While this paper provides valuable insights, some limitations should be acknowledged. Studies included with a cross-sectional design limits the establishment of causality. Additionally, any self-reported data, especially regarding lifestyle behaviors, may be subject to bias. Future research could explore longitudinal data and incorporate objective measures to strengthen the evidence base.

Conclusion

In conclusion, this study contributes to the ongoing discourse on the interplay between healthcare access and cardiovascular health. The findings emphasize the need for holistic approaches in

healthcare policies to address disparities and enhance preventive care, ultimately contributing to improved cardiovascular outcomes within diverse populations.

REFERENCES:

1. Alcalá, H. E., Albert, S. L., Roby, D. H., Beckerman, J., Champagne, P., Brookmeyer, R., Prelip, M. L., Glik, D. C., Inkelas, M., Garcia, R.-E., & Ortega, A. N. (2015). *Access to care and cardiovascular disease prevention: A cross-sectional study in 2 Latino communities*. Medicine.
2. CDC. (2024). Faststats *Leading Causes of Death: Leading Causes of Death in the U.S.*
3. Barghi, A., Torres, H., Kressin, N. R., & McCormick, D. (2019). *Coverage and access for Americans with cardiovascular disease or risk factors after the ACA: A quasi-experimental study*. Journal of general internal medicine.
4. Stacy, J. M., & Khazanie, P. (2021). *Health Insurance and left ventricular assist device outcomes: Focus on the Patient Journey, not the destination*. Circulation. Heart failure.