

Poor Americans Unlikely to Get Preventive Care for Heart Disease

Low-income adults with and without cardiovascular disease are less likely to be counseled on risk factors for heart disease.

May 19, 2020 By [Alicia Green](#)

Heart-health screenings and counseling to improve diet and exercise and encourage smoking cessation are vital to lowering cardiovascular disease (CVD) risk. But new findings presented at the [American Heart Association's](#) Quality of Care & Outcomes Research Scientific Sessions 2020 suggest that low-income American adults aren't receiving the same preventive heart disease care as their high-income counterparts.

For the study, researchers reviewed the medical data of more than 32,000 adults diagnosed with CVD and about 185,000 adults without CVD. Overall, 36% of patients were classified as high-income, 29% middle-income, 16% low-income and 19% poor or very low-income.

Results showed that participants without CVD who were considered low-income were 58% less likely to get their cholesterol checked within the last five years and 55% less likely to get their blood pressure checked within the past two years.

Those not living with CVD who had very low-income were 64% less likely to be screened for cholesterol problems within five years. The same people were also 59% less likely to have gotten their blood pressure checked within two years.

Meanwhile, low-income participants with CVD were even more unlikely (66%) to receive a cholesterol and blood pressure check during the same time frame. This was even more true for those with CVD who were considered poor or very low-income. These individuals were 67% and 68% less likely to receive cholesterol and blood pressure screenings, respectively.

"The American people need to know these types of disparities cannot be fixed in the doctor's office alone," said Andi Shahu, MD, MHS, an internal medicine resident physician at the Johns Hopkins Hospital in Baltimore and the lead study author. "They must be addressed using city-level, state-level or even nationwide interventions, and public health policies must align to support these interventions."

Researchers said they don't know the causes for these disparities, but they plan to conduct further

studies in an effort to reduce and prevent these inequities in heart health care.

For related coverage, read “[Almost Half of Americans Don’t Recognize Heart Attack Symptoms](#)” and “[Despite Higher Stroke Risk, Many Young Black People Don’t Perceive the Danger.](#)”

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