

Background

- A stroke occurs every **40 seconds** in the US and is a leading cause of death among adults
- **Insurance coverage** plays a key role in preventing acute manifestations of chronic health conditions
- **31 million** Americans do not have any health insurance coverage
- Low **socioeconomic status** has been linked to more severe stroke incidents and poorer health outcomes

Objectives

Identify and evaluate how **insurance status** impacts **mortality rates** for individuals who have experienced Cerebrovascular Accidents (CVAs) in American hospitals participating in the Agency for Healthcare Research and Quality.

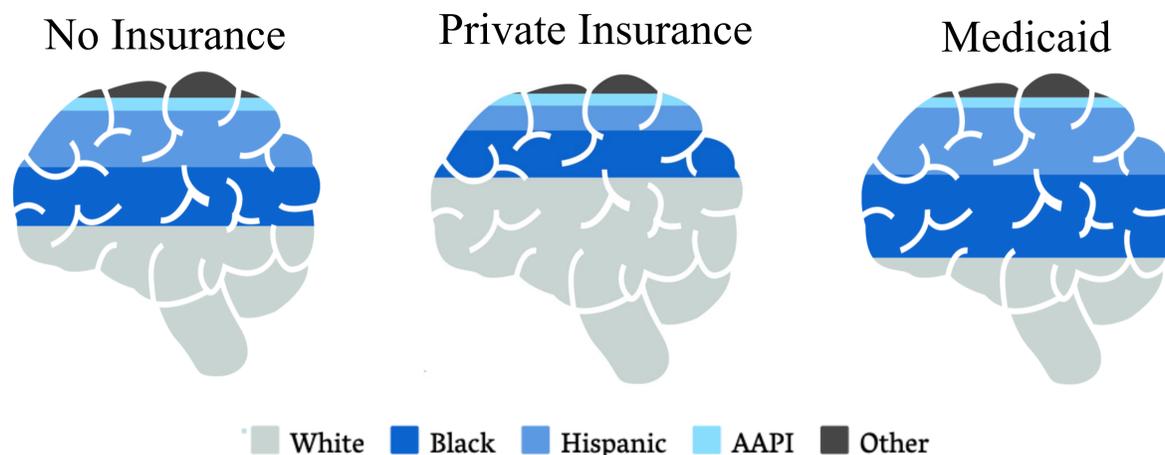
Methods

- The National Inpatient Sample (NIS)
 - **1,124,485 cases** with **127 variables**
 - **8370** met criteria as follows:
- To be included, cases must have:
 - Reported age of **18–64 years**
 - A **stroke diagnosis**
 - Reported **insurance status**
 - A **valid measure** for:
 - Mortality
 - Length of stay
 - Total charge
 - Race

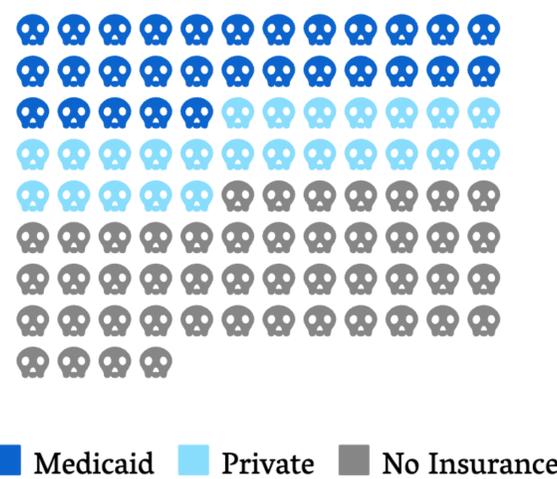
When Insurance Fails: The Stroke Care Struggles

Results

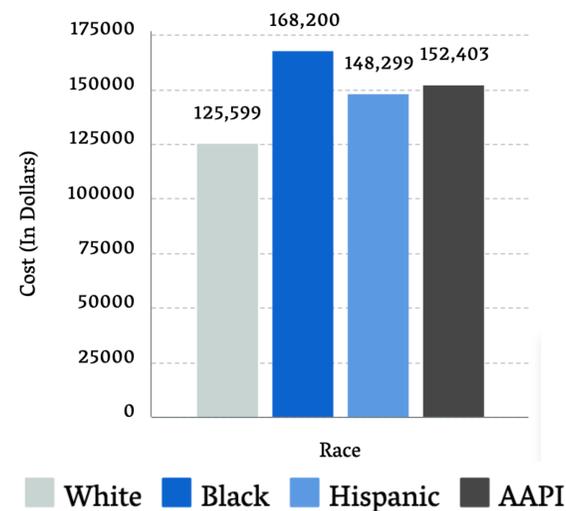
Racial Breakdown By Insurance Status



Deaths Per 100 Individuals



Average Total Charges By Race



Additional Findings

- **No significant difference** in length of stay between races and/or insurance status
- **No significant difference** found in mortality rates between races

Conclusion

- There is a significant difference in the **number of people who died** as a result of a CVA between **different insurance statuses**
- **Uninsured** experienced the **highest mortality rate**
- Differences in the **total charge** among race/ethnicity between **white** and **all other races**

Policy Implications

- Consider **expanding Medicaid coverage** to **increase insurance affordability** and **accessibility**
- Address **insurance-related barriers** to stroke care for more **equitable** healthcare outcomes and improved population health
- **Culturally sensitive interventions** and community-based programs can contribute to **reducing racial disparities** in stroke care and **improving overall health outcomes**

Scan me for references!

