



American
Heart
Association.

CARDIOVASCULAR HEALTH IN THE **WORKPLACE**



How Cardiovascular Disease Impacts **ORGANIZATIONS** in the United States

Medicaid Expansion could help!



Each year,
cardiovascular disease
cost organizations
\$168 billion
through lost productivity.



Cardiovascular disease
costs an estimated
\$422 billion.



Employees who suffer a
heart attack can miss an
average of
177 days of work
before returning.*

* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5242005/>



Employees with
uncontrolled high blood
pressure may be
**more likely to be
absent from work.**



**Cardiovascular
Disease**



Obesity

WORK STRESSORS

**SUCH AS HIGH JOB DEMANDS AND LONG HOURS
HAVE BEEN LINKED TO...**



**High Blood
Pressure**



Depression



Diabetes

**Expanding Medicaid
could help the following
occupation groups
with **HIGHER** risk of
poor cardiovascular
health.**



Personal care and
service employees



Farming, fishing and
forestry employees



First responders,
including police
officers and
firefighters



Plant and machine
operators and assemblers



Transportation and
material moving
employees



Food preparation and
service employees



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How Cardiovascular Disease Impacts EMPLOYEES in the United States

Approx. every
34 SECONDS
someone dies from
cardiovascular disease.



Approx. every
**3 MINUTES
14 SECONDS**
someone dies from a stroke.



70% of Americans
of Americans feel *helpless* to act
during a cardiac emergency.



Work may contribute to
10-20%
of all cardiovascular
disease deaths.



Workplace stress is
as harmful
as secondhand smoke.*

*Health Affairs, 34, no.10 (2015):1761-1768

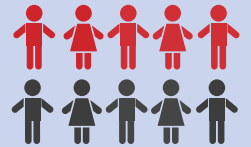


About 80% of jobs
involve mostly sedentary
activities, which increases
the risk of cardiovascular
disease.

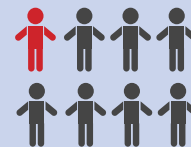
RISK FACTORS BY THE NUMBERS



Approx.
2 in 5
adults are obese.



Nearly half
of adults have
high blood pressure.



Approx.
1 in 8
men are
current smokers.



Approx.
1 in 10
women are
current smokers.

Closing the Health Insurance Gap can help improve many of these factors:



**Pre-hypertension intervention
through primary care**



**Increased hypertension
treatment rates**



**Access to mental
health care**



**Access to cardiac
treatments**



**Reduction in coronary heart
disease, stroke and
CVD-related deaths**



**Access to tobacco cessation
resources**

Contact Kari.Rinker@heart.org for more information.