CHD KNOWLEDGE & RISK FACTORS AMONG FILIPINO-AMERICANS CONNECTED TO PRIMARY CARE SERVICES

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Background & Significance

• Who are the Filipino-Americans?

Problem

• Despite growing #s of FAs in U.S. and ↑ CHD prevalence, only limited studies are available in the literature

• Contributing factors?
  – Lack of knowledge
  – Sociodemographic (SD)/ socioeconomic (SE) variables
Purpose of the Study

- Examine the CHD knowledge & risk factors of FAs
- Describe the relationships between knowledge, SD and SE characteristic variables among FAs

(Sociodemographic: age, gender, education. Socioeconomic: employment status, income, # jobs)

Research Design, Sample, Setting

- Non-experimental design, descriptive
- \( N = 120 \)
- 3 primary care clinics in Las Vegas, NV

Measurement

- **Heart Disease Fact Questionnaire (HDFQ)**
  - 21 true or false questions
  - Reliable (internal consistency) on previous studies
  - Valid (discriminant function analyses) previously tested

- **Demographics Questionnaire**
  - Assessment of:
    - SD and SE variables
    - CHD risk factors


RESULTS
SD Characteristics

- **Gender**
  - Women (59%)
  - Men (41%)
- **Age** (M=54 yrs, SD=10.04)
- **Education**

SE Characteristics

- **Employment status** (78% were employed)
- **# of jobs** (86% had 1 job)
- **Annual income**

Education level (N=120)

Employment Status (N=120)
### CHD Knowledge of FAs

- Total CHD Knowledge questionnaire points: 21

- CHD Knowledge Score ($N = 120$):
  - Total correct score ($M=15.8$, $SD=4.26$)
  - Total correct percent ($M=75\%$, $SD=20.27$)
  - ↑ CHD knowledge scores in women than men ($t = 2.438$, $p = .016$)
Relationship between CHD Knowledge, SD/SE variables

• *Gender and CHD Knowledge*
  • Significant relationship ($r = .219, p = .016$)

• *Education and CHD Knowledge*
  • Mean score of CHD knowledge differed by education level ($F = 7.95, p = .001$).

• *Income and CHD Knowledge*
  • Mean score of CHD knowledge differed by income level ($F = 2.67, p = .018$).

Predictors of CHD Knowledge

• *Gender*
  • ($\beta = .190, t = 2.21, p = .029$)

• *Education*
  • ($\beta = .256, t = 2.85, p = .005$)

**DISCUSSION**
SD/SE Characteristics

• Middle adulthood age
• Highly educated
• Close family ties
• Majority were employed, had 1 job
• 1st generation FAs
• Comfort with health care provider having same culture and ethnic background

CHD Knowledge

• ↑ level of CHD knowledge
  – Connected to primary care services
  – Highly educated sample

• Women vs. Men
  – Women had higher CHD knowledge scores than men
    • ↑ Heart health awareness programs
    • Inclusion of women in research

CHD Risk Factors in FAs

• Lack of regular exercise
  – No time, no motivation, work, difficulty managing health habits, health problems, knowledge deficit on benefits of exercise, ↑ age.

• Dyslipidemia
  – Dietary lifestyle, FA diet, lack of exercise, genetics

CHD Risk Factors in FAs

• DMT2
  – Dietary lifestyle, diet, lack of exercise, obesity, genetics.

• Obesity and Abdominal adiposity
  – Dietary lifestyle, diet, lack of exercise
• **↑ CHD knowledge scores, + CHD risk factors**
  - Possible reasons:
    - Not knowing true definition of CHD and/or its complications,
    - Health behaviors,
    - Perception of risk including underestimation of CHD risk,
    - Cultural factors

• **Education level**
  - Highly educated participants had higher mean scores
  - Consistent with literature finding
    • ↑ education = cognitive function and better comprehension capability

Source: Barcelo et al., 2009; Kang et al., 2010; Shaw et al., 2008.

**Predictors of CHD Knowledge**

• Education level

• Gender

**Limitations**

• Small sample (N=120)
• Limited setting
  – Primary care clinics
  – Las Vegas

• HDFQ and Demographics tools
  – Revised tool
  – First study to use these instruments in FAs
**Recommendations**

- Replicate study using larger sample outside primary care services,
- Compare 1st generation versus 2nd generation FAs in their CHD knowledge and CHD risk factors,
- Examine the impact of dietary lifestyle (acculturation, westernization of diet) on CHD and its risk factors,

**Recommendations**

- Examine the barriers of physical activity as this is highly prevalent in this population
- Compare CHD risk factors between FA women and men (equal sample)
- Compare CHD risk factors between FAs and other ethnic groups (i.e. African-Americans)

**Implications for Nursing**

- **Primary Prevention Intervention**
  - Education on CHD prevention, Health promotion
    - Promote exercise
    - Promote healthy diet
    - Cultural awareness

- **Secondary Intervention**
  - Education on ways to ↓ risk of CHD development
    - Lifestyle modification (i.e. exercise, diet, and weight loss)
    - Smoking cessation
    - Pharmacological compliance (including education on meds)
    - Regular follow up with health care provider
    - Finding resources for patients if needed.

**Conclusion**
QUESTIONS?