

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

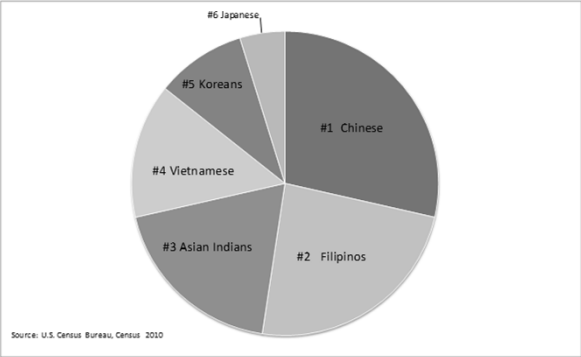
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Background & Significance

- Who are the Filipino-Americans?



Asian American Population by Detailed Group



Source: U.S. Census Bureau, Census 2010

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

Source: Wagner et al., 2005a, Wagner et al. 2005b.

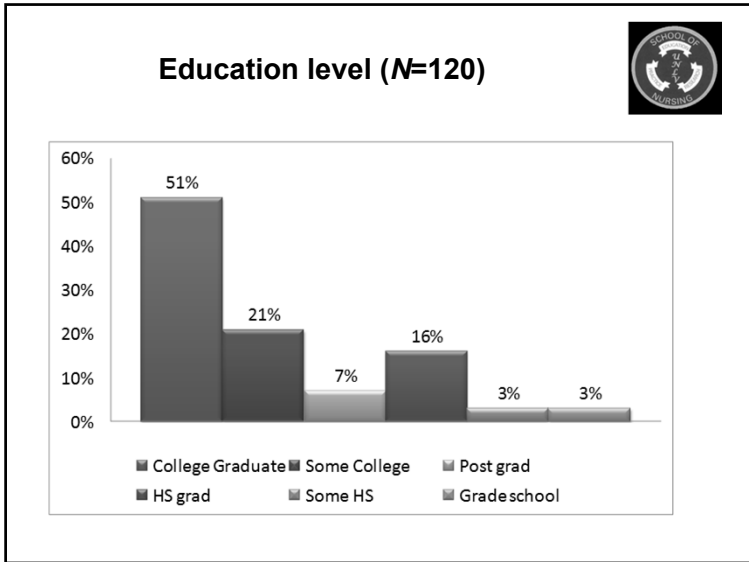
RESULTS




SD Characteristics



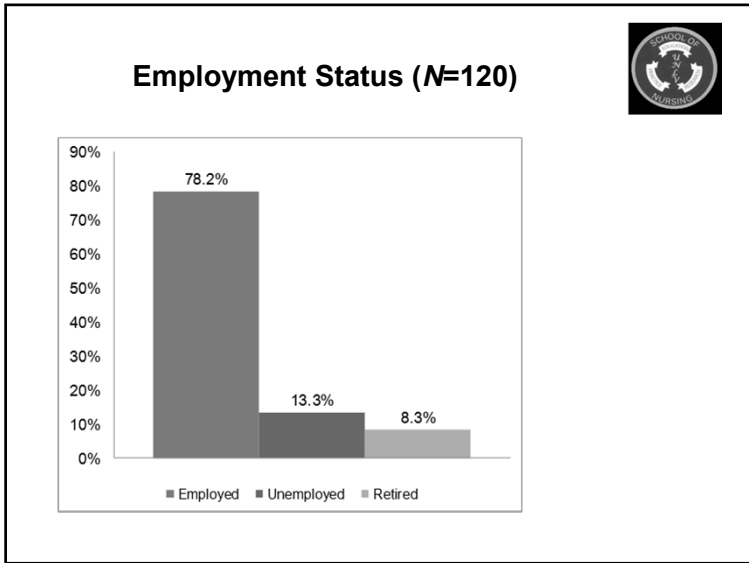
- **Gender**
 - Women (59%)
 - Men (41%)
- **Age** ($M=54$ yrs, $SD=10.04$)
- **Education**

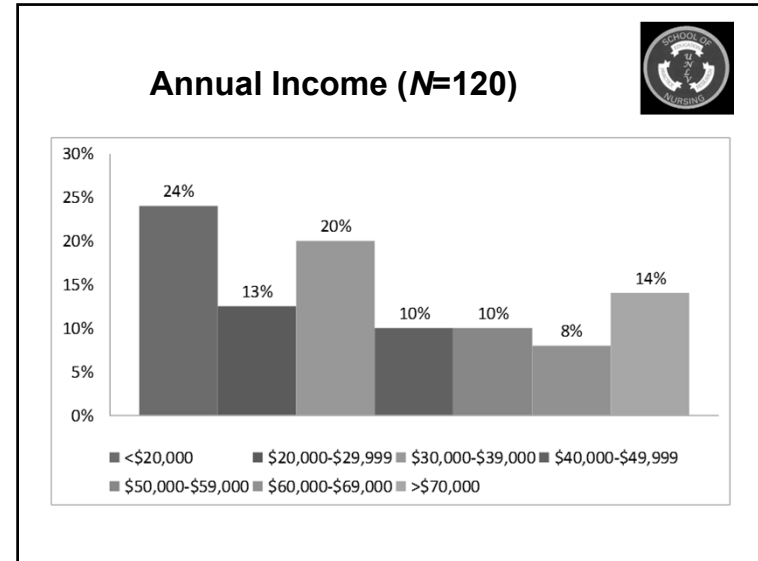
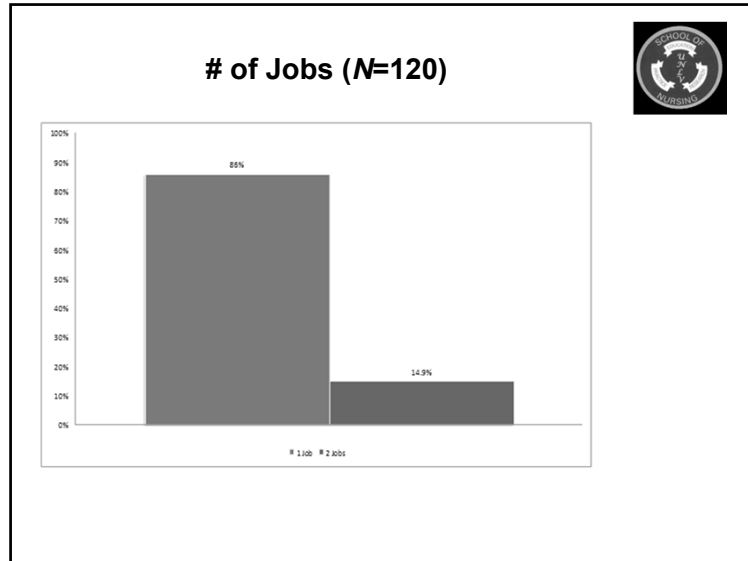


SE Characteristics

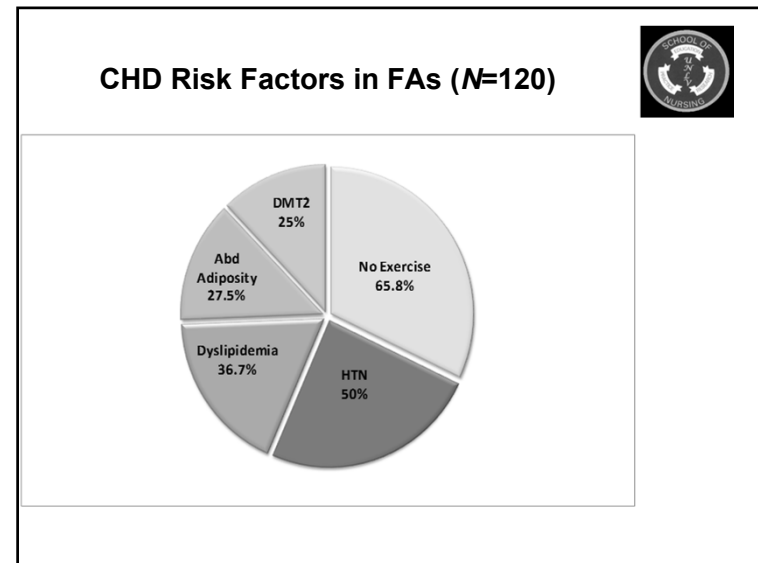


- **Employment status** (78% were employed)
- **# of jobs** (86% had 1 job)
- **Annual income**





- ### 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 ($F = 2.67, p = .018$).

Relationship between CHD Knowledge, SD/SE variables



- **Age and CHD Knowledge**
 - No relationship ($r = -.099, p = .284$)
- **Employment and CHD Knowledge**
 - No relationship ($r = -.141, p = .125$)

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 ?