

Evidence-Based Screening in Low- Income El Paso Households

UNIVERSITY OF TEXAS AT EL PASO

BY: JUAN AGUILERA MD, MPH & KAREN DEL RIO A.S.



Evidence-based Screening for Obesity, Cardiorespiratory Disease, in Low-income El Paso Households

- The project is part of the larger Medicaid Transformation Waiver Project initiated by Border Public Health Interest Group (BPHIG), a collaborative among the three local universities (Texas Tech, UTEP, and UT-Houston), El Paso Department of Public Health, and other healthcare institutions.
- Overall the project aims to evaluate the overall health status of participants who are uninsured/low-income status and to provide health vouchers for further examination for those who qualify. The project also collects a mandated questionnaire, named the REAL/demographic survey, to help evaluate the perceived health status of the participants.

Bordering with Cd. Juarez, Mexico, the City of El Paso lies in the U.S.-Mexico border region.



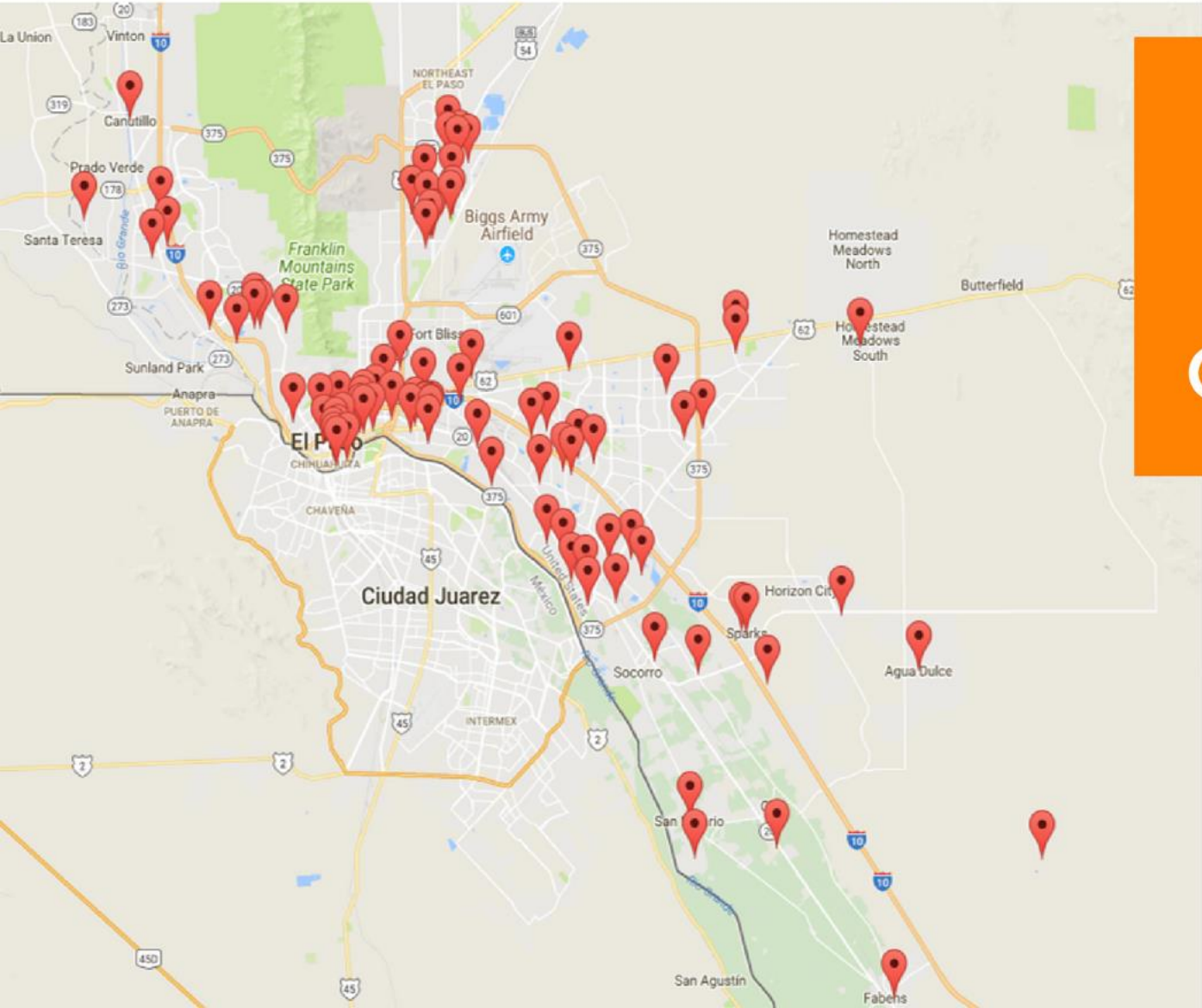
683,080 residents

52% were women

82.2% classified themselves as Hispanic or Latino (Census, 2016).

61.1% have any type of health insurance coverage is which is lower than the State of Texas average at 78.9% and the National average 86.6% (U.S. Census Bureau, 2014).

Collective Impact



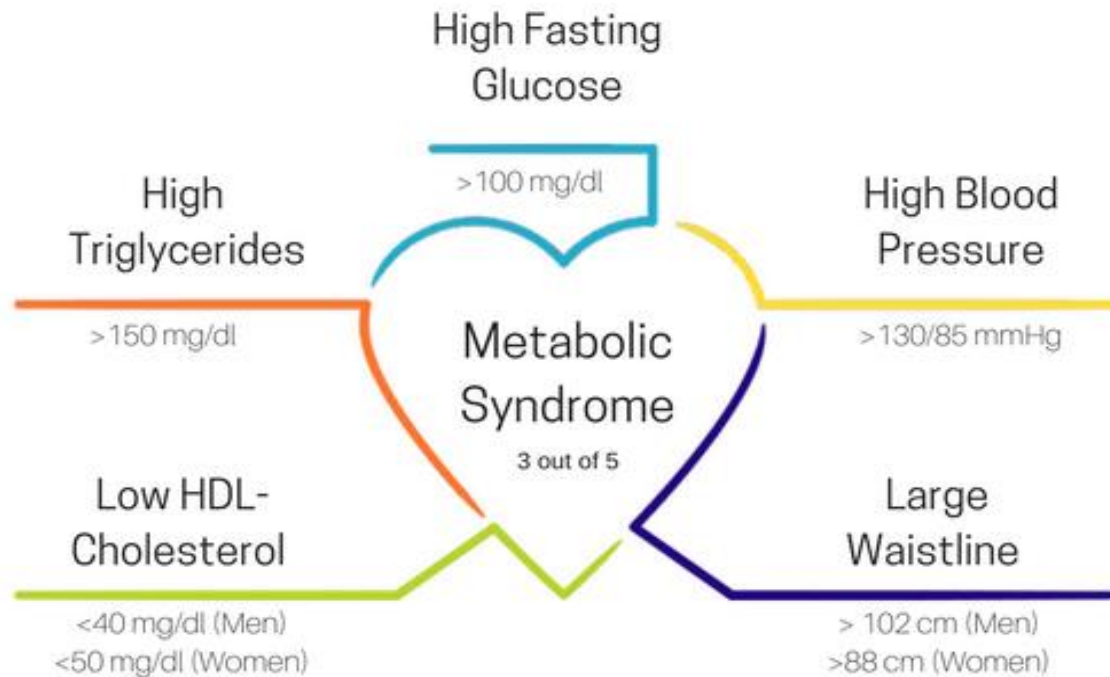
120 Different Sites
About 250 Events
Over 3,500 Participants



Hispanics in U.S.

- Largest and fastest growing minority group in the United States
 - 17.37% of the U.S. population, or 55.3 million (US Census, 2014)
 - Estimated 6.8 million unauthorized immigrants (Hoefler et al., 2011)
- Hispanics of Mexican origin in the U.S. have lower levels of formal education
 - At least a bachelor's degree [ages 25 and older] (Brown & Patten, 2013)
 - 10% of Hispanics of Mexican origin
 - 14% of all U.S. Hispanics
 - 30% U.S. population

Risk Factors



Metabolic syndrome consists of a group of associated risk factors that occur together, increasing the risk of cardiovascular disease, and type 2 diabetes (Flegal 2012)

Metabolic Syndrome in Hispanics

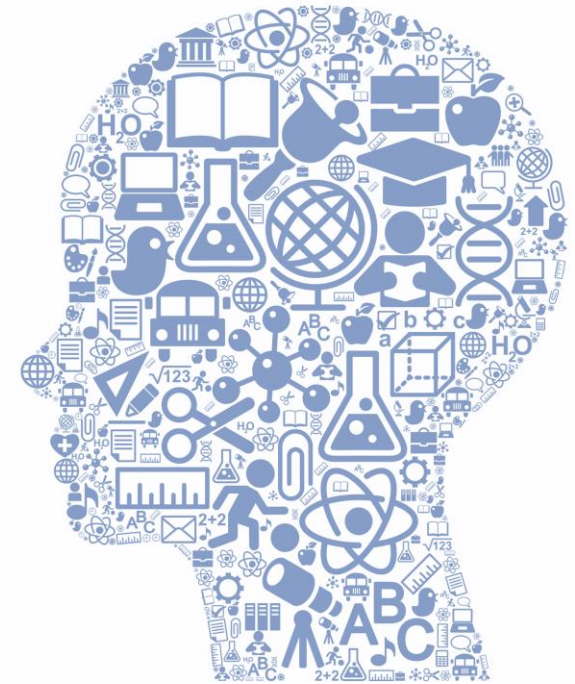


Metabolic syndrome prevalence of 35% (33.7% in men and 36% in women)

More than 1/3 were from Mexican origin and the same prevalence was reported for this subgroup (Heiss, 2014)

El Paso TX, Population (What we know!)

- 12% of El Paso County residents reported being told by a physician they had diabetes
- Diagnosed with diabetes:
 - men 9.9% women 7.1%
- Adults classified as obese:
 - men 25.9% women 21.7%
- Prevalence of heart disease: 3.5% for adults in 2007
- Nearly 42% of adults reported not having their cholesterol checked in five or more years (Mora, 2013)



Data Collection

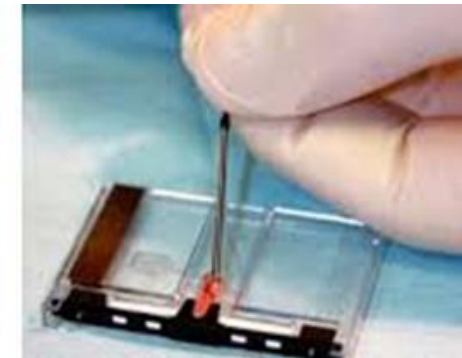
- Socio-demographic information was gathered face-to-face using a survey
- Biomedical measurements:
 - Blood pressure
 - Waist measuring
- Biochemical assessments:
 - Triglycerides
 - Cholesterol (Total, HDL, LDL)
 - Glucose



What is a Waistline?, wiseGEEK webpage, Conjecture Corporation 2003-2016, image accessed 05-05-16 from: <http://images.wisegeek.com/waist-measurements.jpg>



Clinical & Diagnostics Vital Signs Monitors Equipment, NEWS Medical Life Sciences & Medicine, IntelliSense Professional Digital Blood Pressure Monitor from Omron, image accessed on 05-05-16 from: <http://www.news-medical.net/image.axd?picture=2010%2F5%2F907xl405x233.png>

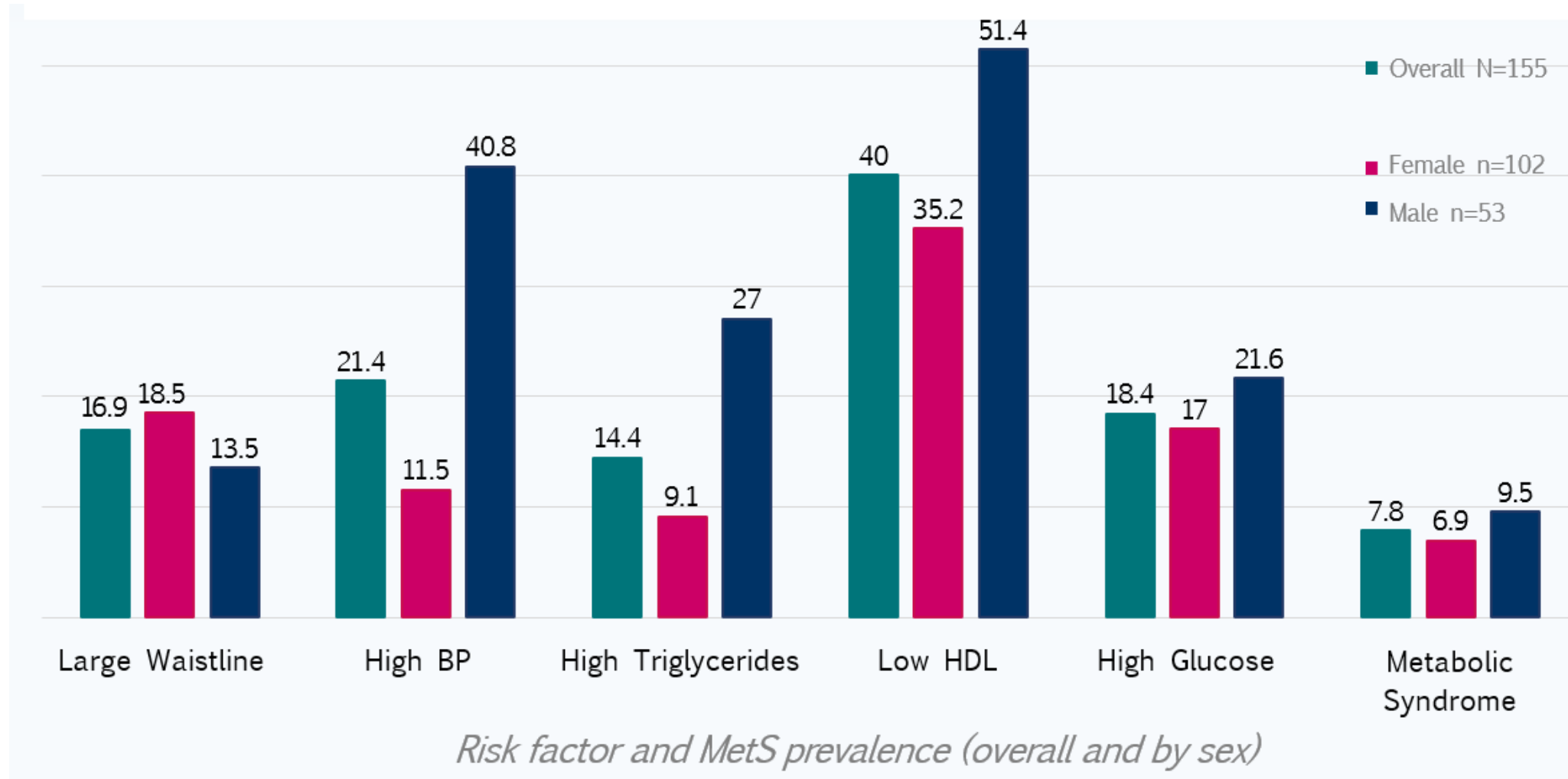


Cholestech LDX Starter Kit with Lipid Profile & Glucose Cassettes, Health Management Systems, images accessed on 05-05-16 from: http://www.hmscweborder.com/images/products/detail/14204_cholesteck_idx_lg.jpg

Risk factors for College Students

Presence of risk factor	OVERALL	FEMALE	MALE
	N=155, %	n=102, %	n=53, %
Large Waistline (F>88 M>102)	16.9	18.5	13.5
High BP (> 130/85)	21.4	11.5	<u>40.8</u>
High Triglycerides (> 150)	14.4	9.1	27
Low HDL (F<50 M<40)	<u>40.0</u>	<u>35.2</u>	<u>51.4</u>
High Glucose (> 100)	18.4	17	21.6
Metabolic Syndrome (3 or more risk factors)	7.8	6.9	9.5

Risk factors for College Students



Logistic Regression

Being overweight/obese was associated with ($p=0.005$):

- Age (OR=0.12 $p=0.021$)
- Being male (OR=1.21 $p=0.019$)
- Fair or poor perceived health (OR=1.16 $p=0.036$)
- Large waistline was associated with:
 - Fair or Poor perceived health (OR=2.21 $p=0.001$)
- High blood pressure was associated with ($p<0.01$):
 - Being male (OR=2.38, $p<0.01$)
 - Never being married (OR=2.61, $p=0.01$)
- High triglycerides was associated with ($p=0.03$):
 - Being male (OR=1.87 $p<0.01$)

Discussion

There was a low prevalence for MetS (10%)

60% had at least one metabolic abnormality

23% had two or more.

40% had low HDL-cholesterol (51%male, 35%female)

21% high blood pressure (41%male, 12%female).

In this population, the majority have at least one risk factor,
and males are at higher risk than females.

Further research among college students without access to healthcare is critical.

Program development is needed to raise awareness in this population.

Future Implications

This study will have future implications for increasing awareness of MetS as a risk factor for developing CVD, and the current prevalence among uninsured Hispanic populations

- Awareness campaigns

- Lifestyle interventions

- Facilitate access to healthcare

Networking



Health Promotion
Student Association



Final quote

“The health sciences are professions of lifelong learning, and research is the key. Only by working together we will find solutions to health problems and set standards of care and disease prevention for everyone”

-JA

REFERENCES

- Beltrán-Sánchez, Hiram, Harhay, Michael O, Harhay, Meera M, & McElligott, Sean. (2013). Prevalence and trends of metabolic syndrome in the adult US population, 1999-2010. *Journal of the American College of Cardiology*, 62(8), 697-703.
- Brown, Anna, & Patten, Eileen. (2013). Hispanics of Mexican origin in the United States, 2011. Washington, DC, Pew Research Center.
- Chan, June M, Rimm, Eric B, Colditz, Graham A, Stampfer, Meir J, & Willett, Walter C. (1994). Obesity, fat distribution, and weight gain as risk factors for clinical diabetes in men. *Diabetes care*, 17(9), 961-969.
- Daviglus, Martha L, Talavera, Gregory A, Avilés-Santa, M Larissa, Allison, Matthew, Cai, Jianwen, Criqui, Michael H, . . . Kaplan, Robert C. (2012). Prevalence of major cardiovascular risk factors and cardiovascular diseases among Hispanic/Latino individuals of diverse backgrounds in the United States. *Jama*, 308(17), 1775-1784.
- Eckel, Robert H, Grundy, Scott M, & Zimmet, Paul Z. (2005). The metabolic syndrome. *The Lancet*, 365(9468), 1415-1428.
- Expert Panel on Detection, Evaluation, & Treatment of High Blood Cholesterol in Adults. (2001). Executive Summary of The Third Report of The National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, And Treatment of High Blood Cholesterol In Adults (Adult Treatment Panel III). *JAMA*, 285(19), 2486-2497.
- Ferrannini, E, Haffner, SM, Mitchell, BD, & Stern, MP. (1991). Hyperinsulinaemia: the key feature of a cardiovascular and metabolic syndrome. *Diabetologia*, 34(6), 416-422.
- Flegal, Katherine M, Carroll, Margaret D, Kit, Brian K, & Ogden, Cynthia L. (2012). Prevalence of obesity and trends in the distribution of body mass index among US adults, 1999-2010. *Jama*, 307(5), 491-497.
- Ford, Earl S. (2005). Risks for all-cause mortality, cardiovascular disease, and diabetes associated with the metabolic syndrome a summary of the evidence. *Diabetes care*, 28(7), 1769-1778.
- Heiss, Gerardo, Snyder, Michelle L, Teng, Yanping, Schneiderman, Neil, Llabre, Maria M, Cowie, Catherine, . . . Gallo, Linda. (2014). Prevalence of metabolic syndrome among Hispanics/Latinos of diverse background: the Hispanic Community Health Study/Study of Latinos. *Diabetes care*, 37(8), 2391-2399
- Hofer, Michael, Rytina, Nancy, & Baker, Bryan C. (2011). Estimates of the unauthorized immigrant population residing in the United States: January 2011. *Population Estimates*, Office of Immigration Statistics, Department of Homeland Security, 4.
- Koutsari, Christina, & Jensen, Michael D. (2006). Thematic review series: patient-oriented research. Free fatty acid metabolism in human obesity. *Journal of lipid research*, 47(8), 1643-1650.
- McFall, Stephanie L, & Smith, David W. (2015). Access to Health Care on the International Border of Texas Emerging Techniques in Applied Demography (pp. 327-340): Springer.
- Mora, A., Schultz, L. (2013). Community Health Assessment and Improvement Plan. City of El Paso Department of Public Health. El Paso, TX.
- Park, Yong-Woo, Zhu, Shankuan, Palaniappan, Latha, Heshka, Stanley, Carnethon, Mercedes R, & Heymsfield, Steven B. (2003). The metabolic syndrome: prevalence and associated risk factor findings in the US population from the Third National Health and Nutrition Examination Survey, 1988-1994. *Archives of internal medicine*, 163(4), 427-436.
- Prasad, H., Ryan, D. A., Celzo, M. F., & Stapleton, D. (2012). Metabolic syndrome: definition and therapeutic implications. *Postgrad Med*, 124(1), 21-30. doi: 10.3810/pgm.2012.01.2514
- Reaven, Gerald M. (1988). Role of insulin resistance in human disease. *Diabetes*, 37(12), 1595-1607.
- Sattar, Naveed, Gaw, Allan, Scherbakova, Olga, Ford, Ian, O'Reilly, Denis St J, Haffner, Steven M, . . . Cobbe, Stuart M. (2003). Metabolic syndrome with and without C-reactive protein as a predictor of coronary heart disease and diabetes in the West of Scotland Coronary Prevention Study. *Circulation*, 108(4), 414-419.
- Singh, Vibhuti, Sharma, Rakesh, Kumar, Ajoy, & Deedwania, Prakash. (2010). Low high-density lipoprotein cholesterol: current status and future strategies for management. *Vasc Health Risk Manag*, 6(2), 979-996.
- Tchernof, André, & Després, Jean-Pierre. (2013). Pathophysiology of human visceral obesity: an update. *Physiological reviews*, 93(1), 359-404.
- Wilson, Peter WF, D'Agostino, Ralph B, Parise, Helen, Sullivan, Lisa, & Meigs, James B. (2005). Metabolic syndrome as a precursor of cardiovascular disease and type 2



THANK YOU!