# Asymptomatic At-Risk Population: Health Fair Screening in Diverse Underserved Population Shirley Evers-Manly, PhD, RN, FAAN <br> Magda Shaheen, PhD, MPH, MS 

## Background

- To promote healthy behaviors and provide health screenings to underserved residents in Los Angeles (LA), students at Charles R. Drew University participate in health fairs.
- Little is known about the cardiovascular disease (CVD) risk profile of health fairs participants in underserved communities.


## Specific Aims

- To explored the cardiovascular risk factors among the participants of health fair in an underserved communities of Los Angeles.
- To developed the CVD risk profile of health fair' participants in underserved communities of Los Angeles.



## Methods

Study Design: Cross-sectional survey
Data collection:
Self administered questionnaire
Included in the questionnaire:

- Demographics,
- Smoking status,
- Self-perceived health,
- Body mass index,
- Fruit/vegetable consumption
- Exercise.

Participants received screenings for:

- Blood Sugar, Blood pressure, and Total Cholesterol.

Participants with abnormal findings received counseling, education and referral their providers.

## Methods (Cont.)

Dependent Variable: Number of risk factors for CVD:

- Behavioral: smoking, obesity, fruit/vegetable consumption, and exercise.
- Morbidity: diabetes, hypertension (systolic, diastolic), high cholesterol.

Independent Variable: Demographics.

## Statistical Analysis:

## Descriptive Statistics:

- Population characteristics and cardiovascular disease risk factors
- Bivariate analysis of cardiovascular disease risk factors by population demographics and self-perceived health.
- Multivariate Logistic regression analysis for the association between the cardiovascular risk profile (dependent) and demographic characteristics.

Data analysis: Use SPSS V22.

## RESULTS



## Table 1. Population characteristics - Demographics ( $\mathrm{N}=638$ )

| Variables | Percent |
| :--- | :---: |
| Age groups (Years) |  |
| <=30 years | 19.0 |
| 31-40 years | 22.6 |
| 41-50 years | 31.6 |
| 50 years and older | 26.8 |
| Gender |  |
| Male | 18.7 |
| Female | 81.3 |
| Race/ethnicity |  |
| African American | 65.0 |
| Hispanic | 22.1 |
| Others | 12.9 |
| Education level |  |
| <=High School | 57.4 |
| Some College | 18.7 |
| College and higher | 23.9 |
| Have Source of Health Care |  |
| Yes | 69.4 |
| No | 30.6 |

## Table 1. Population characteristics (Cont.)

| Variables | Percent |
| :--- | :---: |
| General health status |  |
| $\quad$ Excellent/ Very good | 42.2 |
| Good | 36.8 |
| Fair/ poor | 20.0 |
| Do you smoke? |  |
| Yes | 8.0 |
| No | 92.0 |
| Body mass index group | 30.1 |
| $\quad$ Normal | 31.0 |
| Overweight | 38.8 |
| Obese |  |
| Eat adequate fruit and vegetable | 91.0 |
| Yes | 9.0 |
| No |  |
| Exercise 3 days or more/week for | 62.0 |
| 30 minutes | 38.0 |
| Yes |  |
| No |  |

## Table 1. Population characteristics (Cont.)

| Variables | Percent |
| :--- | :---: |
| Have Diabetes | 8.8 |
| Yes | 91.2 |
| No |  |
| Diabetes Status based on Blood Sugar Test | 9.9 |
| Diabetic | 10.9 |
| Pre-diabetic | 79.2 |
| Normal |  |
| Systolic Hypertension | 17.5 |
| Yes | 82.5 |
| No | 13.1 |
| Diastolic Hypertension | 86.9 |
| Yes |  |
| No | 22.4 |
| Have either Systolic or Diastolic Hypertension | 77.6 |
| Yes |  |
| No | 82.9 |
| Cholesterol | 17.1 |
| Normal |  |
| Abnormal |  |

Table 2. Percent of the Number of Risk Factors for CVD ( $\mathrm{N}=638$ )

| Variables | Percent |
| :--- | :---: |
| Overall Assessment |  |
| $\quad$ Normal | 34.6 |
| At High Risk (had at least one risk factor) | 65.4 |
| Had Any Risk Behavior |  |
| Yes | 58.0 |
| No | 42.0 |
| Had Any Chronic Disease | 28.2 |
| Yes | 71.8 |
| No |  |
| Number of CVD Risk Factors | 34.6 |
| None | 31.3 |
| One | 21.0 |
| Two | 13.0 |
| Three or More |  |

Table 3. Multiple Logistic Regression for the Predictors of Having Three or More CVD Risk Factors ( $\mathrm{N}=638$ )

| Variables |
| :--- |
| Age group |
| <30 years |
| $41-50$ years |
| 50 years and older |
| Gender |
| Female |
| Male |
| Race/Ethnicity |
| African American |
| Hispanic |
| Others |
| Education level |
| <-High School |
| Some College |
| College and higher |
| General health status |
| Excellent/Very Good |
| Good |
| Fair/Poor |
| Have Source of Health Care |
| Yes |
| No |

## Odds Ratio <br> 95\% Confidence Interval

Reference
5.0 *
1.4-17.4
6.7 *
1.8-24.9

Reference
2.2 *
$1.1-4.3$
1.2
$0.5-2.8$
0.5
0.2-1.6

Reference

| $2.0^{*}$ | $1.1-3.9$ |
| :---: | :--- |
| 1.9 | $0.9-4.0$ |

Reference

Reference

| $2.2^{*}$ | $1.1-4.6$ |
| :--- | :---: |
| $5.3^{*}$ | $2.5-11.3$ |

Reference
0.3
$0.07-1.1$

* $=\mathrm{p}<(0.5$


## Summary

## Risk factors:

- Smoking: 8\%
- Overweight/Obese: 70\%
- Borderline/hypercholesterolemia: $17 \%$
- Didn't consume five serving of fruit/vegetables: 9\%
- Did not exercise =>30 minutes/day for three or more days/week: 38\%
- Had diabetics: $10 \%$
- Had pre-diabetes: $11 \%$
- Had systolic hypertension: $25 \%$
- Had diastolic hypertension: 19\%
- Had systolic or diastolic hypertension: $22 \%$

Profile for high risk of CVD (=>3 factors)

- Male
- 40 years and older
- Had less than high school education
- Fair/poor health status


## Discussions

Lack of knowledge of the risk factors:

- Many individual exposed to the potential of CVD.

Unawareness of the symptom of CVD:

- Many participants mistakenly accepting signs and symptoms as being usual to their health status.

Unawareness of the importance of making healthy lifestyle choices:

- Contribute to the high prevalence of the CVD.


## Limitations

- Study design: Cross-sectional
- Subjective nature of the study
- Can not make causal inference


## Conclusions

Health fair screening provide students exposure to underserved community issues.

Through the health fair, participants of the underserved community were provided with valuable health related information.

The screening identified that about two thirds of the participants were asymptomatic but had at least one risk factors for CVD.


## Implications

## Focus on primary prevention

- Health promotion and maintenance
- Wellness programs



## Recommendations

Longitudinal follow-up of the health fair participants is imperative to improve health outcomes and knowledge about CVD.

Provide referral to primary care physicians and appropriate care agencies:

- Participants with elevated BP
- elevated Blood sugar
- High cholesterol level

Follow-up counseling:

- Discuss and set health goals
- Check progress
- Provide assistance
- Evaluate progress.

Provide resource information

## Thank you

