ASSOCIATION OF CARDIOVASCULAR RISK FACTOR WITH SELF RATED HEALTH STATUS IN HISPANICS: GENDER DIFFERENCES

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Introduction
Understanding the correlates of self rated health, a widely used measure of general health status in population studies, may assist health promotion and disease prevention efforts targeting specific populations. Gender differences in self-rated health; have not been widely examined among Hispanic population.

Study Objective
To determine gender differences in the association of cardiovascular risk factors with self reported health status among Hispanics.

Methods
The sample included 915 non-Mexican Hispanic (Caribbean, Central and South American) adults from Florida Health Research Institute free cardiovascular screenings. Reported health status was dichotomized into two categories: 1) excellent/very good/good and 2) fair/poor health. Cardiovascular risk factors included hypertension, diabetes and overweight (BMI ≥25-29.9) and obese (BMI ≥30). Chi square and logistic regressions were used to determine the association of cardiovascular risk factors with self rated health status by gender.

Results
The prevalence of self rated health status as excellent/very good/good was 81.5% among males vs 79.1% among females and fair/poor self rated health status was 18.6% males vs 20.8% females. More males were diabetics (9.4%), hypertensives (25.4%) and smokers (21.5%) as compared to women (4.0%/17.4%/11.5%). More men in the overweight and obese category rated their health as excel/good (50.7%/32.2%, p<.001) vs women (39.7%/28.1%). Of interest, more women in the not overweight category rated their health as fair/poor (29.2%).

Hypertensive females were 2.13 times (p=.006) and diabetic females were 3.56 times (p=.008) more likely to report fair/poor health than those without hypertension or diabetes. Among males, hypertension and diabetes were not associated with fair/poor reported health status.

Conclusions
Hispanic men and women seem to have a different assessment of health status, therefore health professionals implementing prevention and education programs, need to be sensitive to these differences, since the male population maybe less prone to view these health hazards as injurious to their health.