Exploring Health Beliefs Among Hispanic Adults with Prediabetes (Poster)

Jordan Hayes  
*Lehigh University*, jordan.hayes@lvhn.org

Beth Careyva M.D.  
*Lehigh Valley Health Network*, beth_a.careyva@lvhn.org

Follow this and additional works at: [http://scholarlyworks.lvhn.org/research-scholars-posters](http://scholarlyworks.lvhn.org/research-scholars-posters)

Published In/Presented At  

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Exploring Health Beliefs Among Hispanic Adults with Prediabetes

Jordan Hayes, Beth Careyva, MD
Lehigh Valley Health Network, Allentown, Pennsylvania

RESULTS

- Participants who knew someone with diabetes or had an education level greater than high school scored higher on risk knowledge
- Overall risk knowledge scores were low
- There were no significant differences in health beliefs between those with low and intermediate risk of developing diabetes
- For lifestyle modifications to decrease risk, respondents preferred exercise and nutrition programs to technology-based interventions

OUTCOMES

- 404 surveys sent, 120 valid responses
- 80.7% (n=92) had previous knowledge of prediabetes diagnosis.
- 69% (n=81) had an education level of < high school (HS).

Table 1: Risk knowledge and health beliefs scores

<table>
<thead>
<tr>
<th>Risk Group</th>
<th>n</th>
<th>Mean</th>
<th>t-score (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>73</td>
<td>5.550</td>
<td>.442 (.660)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>19</td>
<td>5.740</td>
<td></td>
</tr>
<tr>
<td>Personal Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>89</td>
<td>3.076</td>
<td>.967 (.336)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>22</td>
<td>2.955</td>
<td></td>
</tr>
<tr>
<td>Worry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>93</td>
<td>3.231</td>
<td>.775 (.440)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>21</td>
<td>3.095</td>
<td></td>
</tr>
<tr>
<td>Optimistic Bias</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>88</td>
<td>2.142</td>
<td>.004 (.997)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>21</td>
<td>2.1429</td>
<td></td>
</tr>
</tbody>
</table>

CONCLUSIONS

- There were no correlations between risk knowledge and health beliefs.
- Education around risk of progression to diabetes is needed.
- Future interventions may want to tailor messaging based on education level.
- Knowing someone with diabetes was the primary driver for risk knowledge and health beliefs.

METHODS

- Phase 1: Registry created
- Phase 2: Conduct interviews with 20 survey respondents
- Use surveys and interviews to understand the role of risk knowledge and health beliefs in patient activation
- Stratified by Hemoglobin A1c (Low risk: 5.7-6%; Intermediate: 6.1-6.4%)
- Validated survey tool distributed: Risk Perception Survey for Developing Diabetes (RPS-DD) 

REFERENCES