

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/boning-up-on-osteoporosis/the-prevalence-of-osteoporosis-in-the-hispanic-community/11908/>

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The Prevalence of Osteoporosis in the Hispanic Community

Announcer Introduction:

You're listening to "Boning Up on Osteoporosis" on ReachMD, sponsored by the National Osteoporosis Foundation.

Here's your host, Shira Johnson.

Shira Johnson:

Did you know that half of all Hispanic women older than 50 have low bone mass? Also, that hip fractures among Hispanic women in the United States appear to be on the rise? Hispanic women are 34% less likely to have a DXA scan than non-Hispanic white women before fracture and are even less likely to have a bone density testing after fracture. Due to this increased prevalence, it is critical that this population is diagnosed and treated prior to experiencing life-changing fractures. Access to DXA screening and diagnosis are necessary to ensure treatment, which is inexpensive and effective. Increasing access to DXA scans by addressing the woefully inadequate reimbursement for the test will help address the bone health crisis that has affected this community disproportionately.

I'm Shira Johnson and joining me to discuss these and other highlights from a recent report commissioned by the National Osteoporosis Foundation is Sabrina E. Noel, Ph.D., R.D., Assistant Professor, Director for Community Engagement, Center for Population Health at the University of Massachusetts Lowell.

Dr. Noel Feldeisen, welcome to the program!

Dr. Noel:

Thank you for inviting me to participate in this important discussion!

Shira Johnson:

To start us off, Dr. Noel, can you give us a brief overview of bone disparities in the Hispanic community?

Dr. Noel:

Sure, I'd be happy to. Although osteoporosis has long been viewed as a chronic condition affecting primarily non-Hispanic white women, there is increasing evidence that Hispanic men and women have similar, and in some cases, higher prevalence of osteoporosis. For example, data from the most recent National Health and Nutrition Examination Survey from 2013 to 2014 found that the age-adjusted prevalence of osteoporosis was 20.5% for Hispanic women compared with 17% for non-Hispanic white women and the prevalence was 5.9% for Hispanic men and 6% for non-Hispanic white men. Now the majority of bone research, including national studies, have included primarily Mexican American men and women; this is likely because they are the largest Hispanic group living on the US mainland. But because of this there is little known about the bone health of Hispanic adults of other backgrounds, despite the fact that there are differences in risk factors and prevalence of health outcomes by Hispanic background. The Puerto Rican population is the second largest Hispanic group in the United States. Using data from the Boston Puerto Rican Osteoporosis study, our team showed that Puerto Rican women had a similar prevalence of osteoporosis compared with non-Hispanic white women, but Puerto Rican men had 2-3 times prevalence of osteoporosis compared with non-Hispanic white men. The bottom line is that this population is understudied with respect to bone health and this highlights the need for additional research on bone, particularly among the individual Hispanic origin groups.

Shira Johnson:

Can you talk about the collaboration with the City of Lawrence to learn more about the knowledge, attitude, and health behaviors on bone health among the Caribbean Hispanic/Latino adults in the community?

Dr. Noel:

The city of Lawrence has always been a multi-ethnic and multicultural gateway city with a high percentage of foreign-born residents. In the mid to late 1900s, a wave of Puerto Rican and Dominican families started to arrive, and more recently families from Vietnam and Cambodia have moved to the city of Lawrence. Currently there are more than 80,000 residents and the population is largely Hispanic. Over 8 years ago, I reached out to several organizations within the community to discuss my interest in understanding more about perceptions of osteoporosis among Caribbean Hispanic adults. We had important conversations about the focus of health care visits and community programming specifically on diabetes and cardiovascular disease, and although there was interest, there was very little attention given to bone health. My community partners and I decided to work together to submit a grant to the NIH to understand knowledge, attitudes, and beliefs of osteoporosis and bone health particularly among Caribbean Hispanic adults. In 2015, this work was funded and we have been doing bone research and programming since. Our partnership has been integral to being able to do this important work, because we have been able to engage the community at all levels of the project, including designing, conducting the study, but also in disseminating the results. We were able to pair our goals and objectives with the needs of the community and are answering exciting research questions that can directly benefit residents.

Shira Johnson:

That sounds really great! So let's dig into some of the findings. What were the qualitative results of your study and what do they teach us about the community you worked with?

Dr. Noel:

As you mentioned, our study was mixed method study including Caribbean Hispanic adults aged 50 years and older. We asked participants to complete a questionnaire and participate in one of four focus groups to obtain information on general health, knowledge about bone health, sources of information on bone health and prevention. One of our main findings was that while 90% of our participants reported hearing or reading about osteoporosis on the questionnaire, most participants, when asked to describe osteoporosis, described painful bones with deformities. In other words, our participants had heard the term osteoporosis from various sources, such as community events and television shows, but were likely confusing osteoporosis with other bone and joint conditions, like arthritis. Interestingly, doctors and other health care providers were viewed as the most trusted source of health information for this population, but most participants reported that their doctors had not talked with them about osteoporosis. Those who did speak to their doctors about it were those who had been diagnosed with the disease. Some participants also said that they felt rushed during their doctor's visit and didn't receive information about disease prevention. Lastly, although almost all participants were not aware of bone health in general, most highlighted the importance of nutrition and exercise for overall health.

Shira Johnson:

For those just tuning in, you're listening to *Boning Up on Osteoporosis* on Reach MD. I'm Shira Johnson, and today I'm speaking with Dr. Sabrina Noel about her work with the Hispanic Community discovering their gaps in knowledge, beliefs, and attitudes towards osteoporosis.

Now that we've covered the key findings from your study, Dr. Noel, let's switch gears and talk about preventive measures that can make a positive impact. Starting with barriers, what can we do to address these barriers to reach this community more effectively?

Dr. Noel:

I think increasing knowledge of osteoporosis and its clinical implications in the Hispanic community is imperative, so that patients can play a more active role in managing their own health and care. This might include helping patients to know what questions to ask, particularly for prevention and screening for osteoporosis. Because of the trust in health care providers, primary care offices may be the best place to target for bone health interventions. There is some literature that shows that this group primarily on same day appointments for health care, so some efforts may be needed to help patients to schedule and keep preventative care visits. We can also think about improving awareness and knowledge of osteoporosis by creating and delivering health messages within popular television or radio shows.

I also feel that it is important that we talk to health care providers to understand their perceptions of bone health and osteoporosis risk among Hispanic adults, as well as what current practices are in place for discussing prevention and screening in this population. This might help us to understand barriers as to why this may not be discussed as part of health care visits and what we can do to help promote early discussions of osteoporosis.

In our study, participants also reported that language barriers influenced their comfort and interactions with their health care providers. Several participants reported warmer and more personal interactions with doctors who communicated with them in Spanish compared with English. Thus, providing strategies for providers to build rapport and focus on cultural sensitivity may help to increase communication with patients.

Shira Johnson:

What first steps do you think might be best based on your research to prevent osteoporotic fractures? What types of strategies should be done?

Dr. Noel:

Well the cause of fracture is multifactorial so it is important for doctors and health care providers to start having conversations with adults, particularly those of Hispanic background, earlier. Breaking this barrier is most important for increasing screening, for discussing medications, and for interventions for fall prevention. Polypharmacy is common in this population and many individuals do not know what medications they are taking. It is likely that one or more medications increase risk of bone loss and subsequent fracture, so reviewing medication use and potential implications for bone health is an important strategy for preventing bone loss and fracture. It is also essential that we increase screening using bone density tests, which will likely require interventions and programs to help individuals feel comfortable with the itself test. It has been reported, and I have personally heard several of our participants discuss fear of the bone density measurements. Lastly, a larger proportion of the Hispanic population has diabetes, which can falsely inflate bone density values, but has been shown to be associated with increased bone fragility. This is a serious public health issue that requires research to further understand the relationship between these two chronic conditions, but also interventions and programs to address bone health among a large proportion of individuals who are uniquely at risk for osteoporosis and fracture.

Shira Johnson:

That is very interesting research Dr. Noel. Lastly, what would you want the Hispanic community to take from this study as they work on their bone health?

Dr. Noel:

I think it is important for us all to start talking more openly about bone health and recognizing that this chronic condition do not only affect non-Hispanic white women, but that both Hispanic men and women are also at increased risk. This condition is a silent disease, meaning that you may not know that you have osteoporosis until you experience a fracture. So, it is really important that we talk with our health care providers about strategies for preventing the development of osteoporosis, but also on getting screening to be able to identify your risk early, so that discussions about lifestyle changes and potentially the use of medications can be had.

Shira Johnson:

Well with that call-to-action in mind, I'd like to thank my guest, Dr. Sabrina Noel, for joining me to share highlights from your study and for catching us up on the importance of addressing the Hispanic community on bone health. Dr. Noel, it was great having you on the program!

Dr. Noel:

Thank you so much for having me.

Announcer Close:

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