




DISSERTATION LITERATURE REVIEW

CHAPTER 2: Literature Review

Introduction

While extensive public and clinical research on CHD exists, scholarly information on the public policy system mechanisms, which help in creating awareness and preventing CHD in AAM, is non-existent. The problem revolves around the fact that even though earlier investigators have indicated a rise in CHD awareness among AAW, highest numbers of deaths attributed to the silent killer are reported in AAM (CDC, 2011). Because of this, the literature review will explore factors that contribute to the CHD epidemic affecting AAM from the socio-ecological perspective. Secondly, the negative health effects emanating from the cultural values and beliefs, socio-economic status, and environmental conditions that affect AAM's health jointly will be evaluated. Finally, a discussion of findings from previous literature examining the correlation between how AAM perceive health and its effect on attitude and behavior towards lifestyle choices and health are presented.

Public policy within the literature may be considered understandings, informal or formal rules, regulations, and laws, which are employed collectively for directing collective and individual behaviors among people (Schmid, Pratt, & Howze, 1995). The literature review is aimed at examining past literature from the socio-ecological viewpoint to provide an insight into how the health status of AAMs have been affected by cultural beliefs, socioeconomic status, and environmental conditions,




which jointly contribute to negative lifestyle decisions as well as the awareness, and adoption of existing resources required for better health outcomes.

Because of this, better life quality and policy prevention mechanisms formed the focal point in the current study. With regard to the literature review, three extensive relationships involving different effects were captured they include social-cultural effects and CHD, socio-economic condition and CHD, as well as environmental conditions and CHD. In the current review, over 100 sources containing the three aforementioned topics were investigated. Because of the key terms, the literature review was intentionally designed around the three thematic concerns identified. The literature review featured a set of different quantitative and qualitative studies, which examined cultural aspects, socio-economic status, and environmental conditions that prevent CHD individuals from attaining better life quality and health.

Literature Search Strategies


In Chapter 2, a discussion pertaining to the selection of articles, literature evaluation and comparison of appropriate quantitative and qualitative studies, coupled with abstract and title review is undertaken to ascertain the suitability of the research topic. To identify current gaps within the empirical literature, past studies are reviewed to create the base for conducting further investigations on CHD prevention as well as the factors, which contribute to racial /ethnic health disparities. The selection process for the literature review alongside the technique for gathering and analyzing data involved evaluation of peer-reviewed journals as well as statistical analysis of data. The inclusion of peer-reviewed articles was determined with articles in the past 10 years of publication. The researched databases included Pro Quest Central,




SocIndex, PubMed, Web of Knowledge, Academic Search Complete, and Health and Medical Complete. The search on the databases involved the use of several search terms namely health equity, culturally effective healthcare system, health disparities, health perception, CHD screening, health literacy, social support, and Afro-American Men. Other search terms were culture, environmental characteristics, built environment, food dessert, tobacco, physical inactivity, health-care access, healthcare unitization, barriers, motivation, literacy level, and low income. Many peer-reviewed articles exploring the topic were obtained from the Academic Search Complete database. In conclusion, chapter 2 explains the previous research and summarizes existing literature regarding CHD conditions among AAM.

Overview of CHD and Related Research

Despite the ongoing decline of CHD mortality and cases in the past 10 years, CHD is still the top cause of death among American men (CDC, 2010). Although people across ethnic groups, genders, and age groups are affected by CHD, those at higher risk are Native Alaskans, Native Americans, Afro-Americans, and octogenarians (Villablanca et al., 2010). However, with regard to race, AAM is more vulnerable with many CHD reported deaths compared to other racial groups (DHHS, 2010). Notably, AAM is not accorded the same attention and care for CHD as their White counterparts; AAM is accorded different treatments and tests, which aggravate mortality (DHHS, 2010). CHD emerges as the most prevalent type of CVD within the United States, thus medical procedures, medicines, and lifestyle changes may help in treating or preventing the illness and may minimize the risk posed by other related health issues (NLBI, 2012). However, minority men, in general, face more health problems, which are related directly to accessing healthcare services, genetics, and personal behavior compared to White men or high-income men (NLBI, 2012).



This is vividly illustrated by the disparity that exists between the care accorded to Whites and that for AAM regarding CVD diagnosis and access to health facilities (Villablanca et al., 2010). AAM has been found to have the greatest age-adjusted CVD death rate than other male ethnicity/race groups within the United States (Villablanca et al., 2010). Estimates indicate that around 33% (81.1 million) of American adults within the United States are diagnosed with one or multiple CVD diseases (CDC, 2010). Additionally, CHD is a severe disease and disability, widely considered a silent killer and which reduces the life expectancy of people (CDC, 2010). In 2008, estimates indicated that around 600,000 individuals had encountered a cardiovascular-related condition within the United States, and about 53% (320,000) individuals were estimated to have experienced a recurrent attack (Rosamond et al., 2008). As illustrated by the CDC (2011), CVD has emerged as a severe health issue within the United States for several years. For example, in the late 1940s, half of US citizens succumbed to CHD; this compelled the Inter-university Consortium for Political and Social Research (ICPSR) to finance the Charleston Heart Study to. The findings of the Charles Heart study assisted in highlighting the CVD risk factors, thus redirecting public health focus. Although CHD is still ranked as the major cause of mortality in the United States, a 60% reduction in CVD deaths has been reported annually (NIH, 2011). CHD refers to a condition where a plaque blocks or fills the coronary arteries of a person. Plaque comprises calcium, cholesterol, fatty tissues, alongside other substances dissolved in blood, preventing arteries from supplying blood to heart muscles. The coronary arteries become narrow and hard as the plaque increases (NHLBL, 2012). Because of this, the condition limits blood flow towards the heart muscle and might trigger clotting of blood on the plaque's surface. In some instances, the situation leads to blood flow blockage via the coronary artery triggering a heart attack (NHLBL, 2012). When there is no circulation of blood for a prolonged



period, the victim might experience a brain or heart damage or succumb to the condition (Austin, Hutter, Zimmerman, & Humphries, 2004). Wolff, Miller, and Ko (2009) discovered that about 58% of mortalities reported within the United States were attributed to CVD. There are different modifiable risk factors for CHD, which are categorized under cultural, socioeconomic, and environmental factors. Such modifiable CHD risk factors aggravate CHD prevalence within low-income marginalized populations (CDC, 2011). Additionally, based on a CDC (2011) report, many individuals diagnosed with high blood pressure (HBP) controlled the disease. One out of three Americans with high cholesterol accesses better care, and less than a quarter of the people who smoke access some physician assistance to help them quit the vice (CDC, 2011). Such statistical findings show that even though CHD awareness has increased in the recent years, less than half of the individuals at greater risk sought and used relevant medical treatment. An approximated nine in 10 patients having CHD possess at least one risk factor (CDC, 2010). Women are particularly at a greater risk compared to men because of lifestyle choices as well as medical conditions including physical inactivity, cholesterol, HBP, diabetes, smoking, poor nutrition, and obesity (CDC, 2010). According to the Illinois Department of Public Health (IDPH, 2011), 1.1 million people in America encounter a cardiovascular condition annually and an estimated 42% (460,000) of the cases are severe.

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