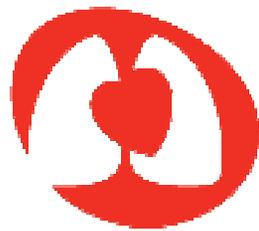




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## **Objectives and Design of the Hispanic Community Health Study – Study of Latinos**

**Paul Sorlie, Lloyd Chambless, Martha Daviglius, Neil Schneiderman, Sylvia Smoller, Greg Talavera**



**National Heart  
Lung and Blood Institute**

People Science Health

## **National Heart, Lung, and Blood Institute**

**National Institute of Diabetes and Digestive and Kidney Diseases**

**National Institute of Neurological Disorders and Stroke**

**National Institute of Deafness and Other Communication Disorders**

**National Institute of Dental and Craniofacial Research**

**National Center on Minority Health and Health Disparities**

**National Institutes of Health-Office of Dietary Supplements**



# Why study Hispanics/Latinos?



- The largest minority group
  - Underserved
  - Understudied
  
- Multiple health and socioeconomic issues
  
- The “Hispanic/Latino Paradox”

# The Hispanic Community Health Study / Study of Latinos (HCHS/SOL)



## ■ Primary Goal

To identify prevalence of  
and risk factors for  
disease, disorders and conditions in  
Hispanic/Latino populations.

## ■ Design

Longitudinal cohort study.



## ■ Methods

- Baseline medical history and exam – to identify risk factors and prevalent disease
- Inclusion of major Hispanic/Latino groups – to compare risk and disease among subgroups.
- Follow-up for disease events and death – to obtain incidence rates.
- Inclusion of ages 18-74 – to investigate risk and disease across the age spectrum.



- Target population
  - Hispanics/Latinos living in specified communities in the USA
  
- Sample population
  - Target population in four different geographic locations
    - Sample size: 16,000 persons who self-identify as Hispanic/Latino
    - Ages: 18 -74 years
      - 6,000 ages 18-44 years
      - 10,000 ages 45-74 years
    - Approximately 4,000 persons who self-identify with any of the following Hispanic/Latino subgroups:
      - Mexicans
      - Puerto Ricans
      - Cubans
      - Central/South Americans



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Public Science - Private Health



**Chicago**

**Bronx**

**NIH**

**UNC**

**San Diego**

**Miami**

# San Diego Field Center



- Target population
  - More than 85% Mexican
  - Stable population belonging to different SES
- Consortium: San Diego State University (leader), University of California at San Diego, and the San Ysidro Health Center, Inc.
- PI: Gregory Talavera, M.D., M.P.H.



# San Diego Area Partners & Geography

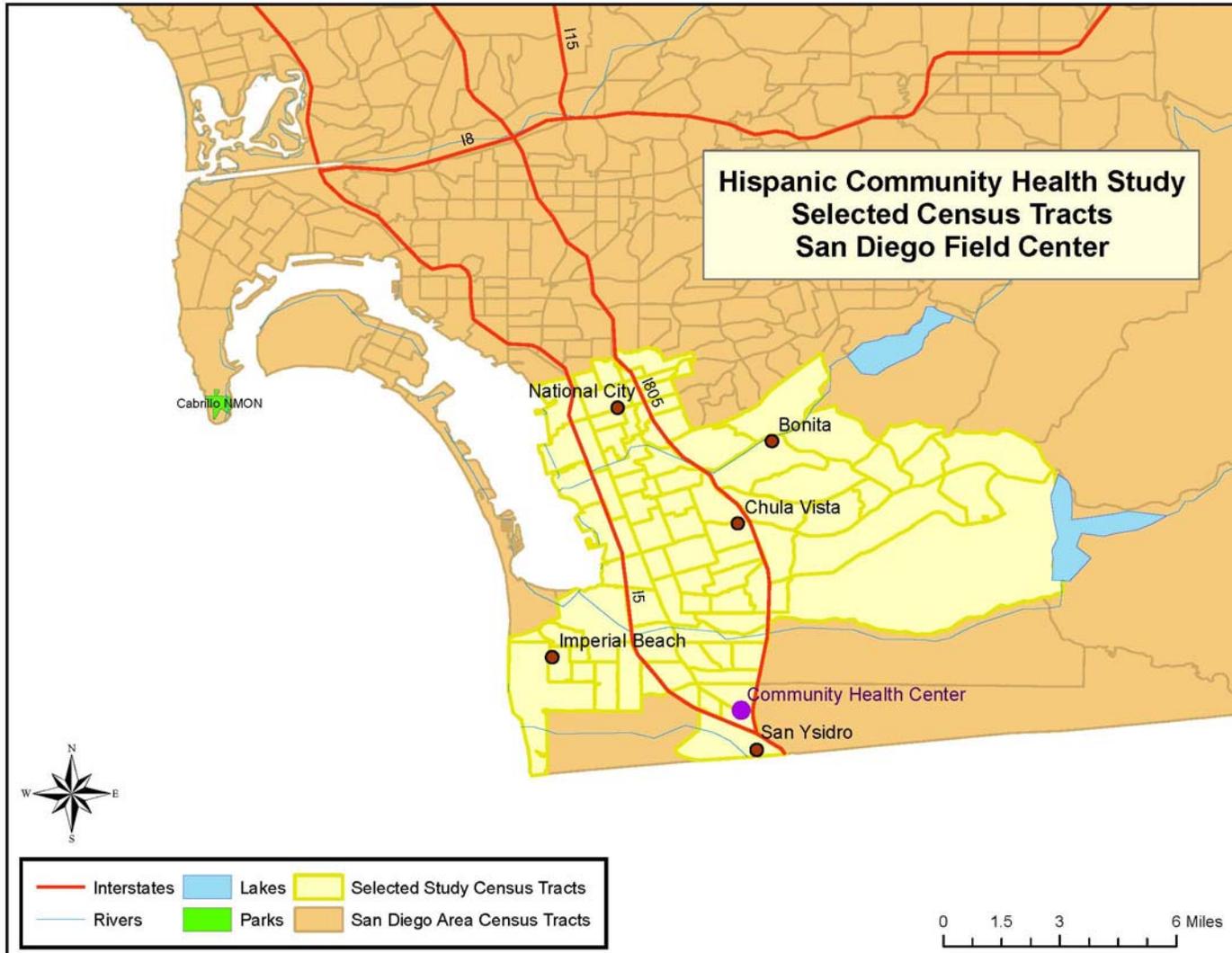


- San Diego State University (SDSU)
- University of California, San Diego (UCSD)
- San Ysidro Health Center, Inc. (SYHC)
- Scripps Mercy Hospital, Chula Vista



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# Chicago Field Center



- Target population
  - Approximately 55% Mexican, 25% Puerto Rican, and 10% Central/South American
- Consortium: Northwestern University (leader) and the University of Illinois at Chicago
- PI: Martha Daviglius, M.D., Ph.D.

Northwestern University  
Department of Preventive  
Medicine (NU)



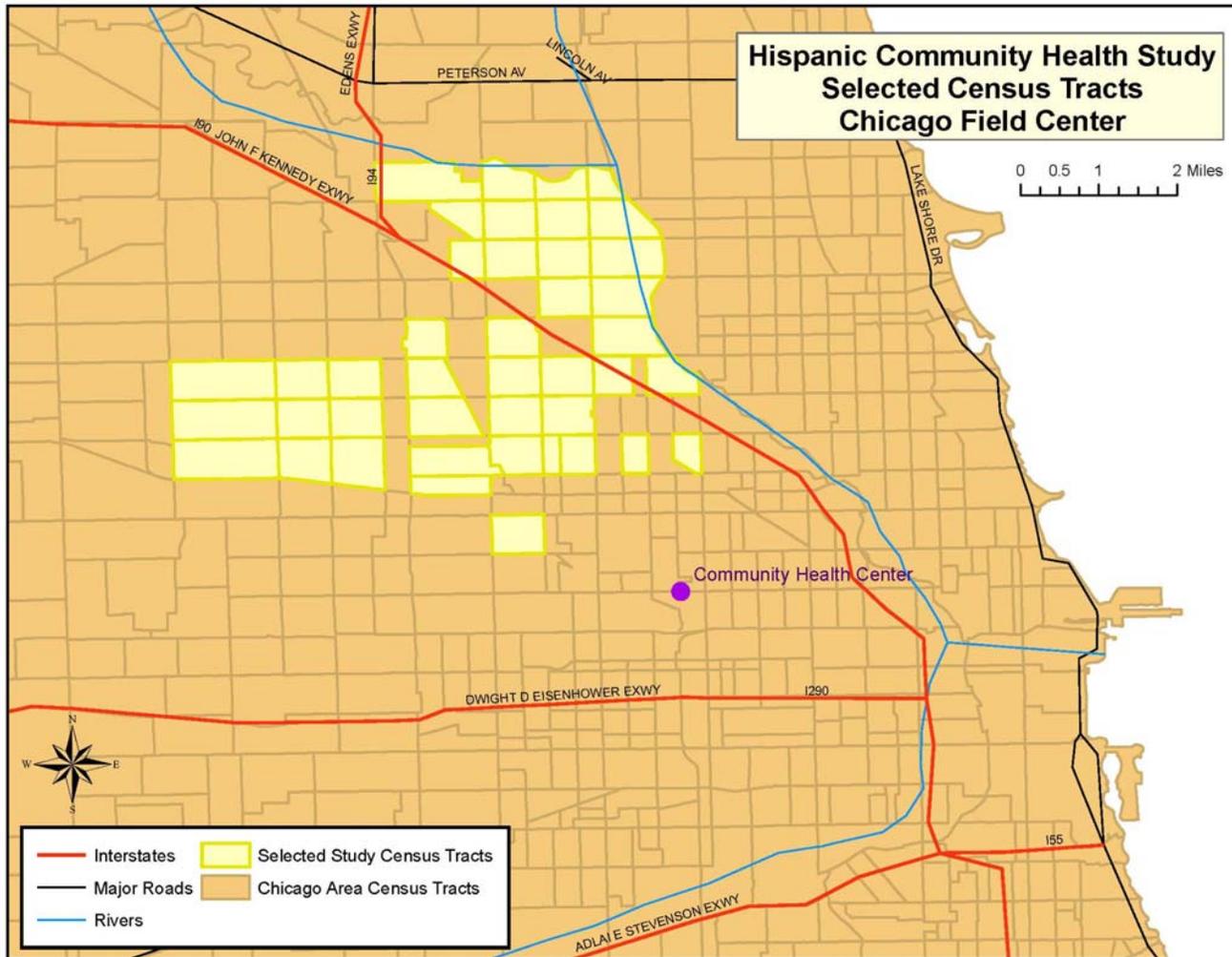
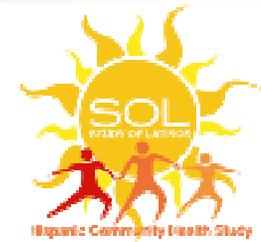
Midwest Latino  
Health Research  
Training, and  
Policy Center -  
University of  
Illinois  
at Chicago (UIC)



*University of Illinois at Chicago*



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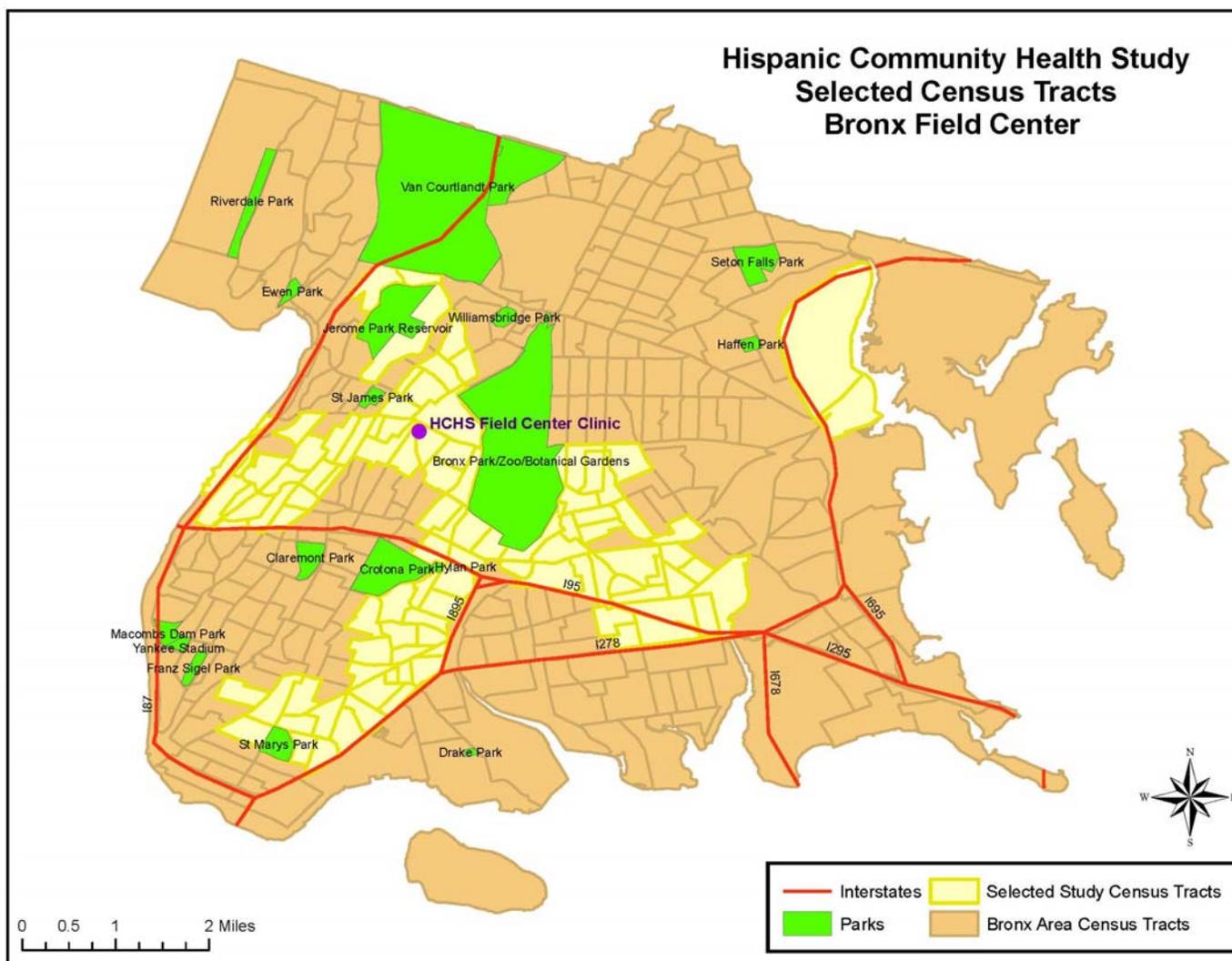
# Bronx Field Center



- Target population
  - Over 50% Puerto Rican
  - Significant proportion of Dominican ancestry
- Albert Einstein Medical College of the Yeshiva University-Montefiore Medical Center
- PI: Sylvia Smoller, Ph.D.







# Miami Field Center



- Target population
  - Over 60% Cuban
  - A significant proportion of Central Americans
- Leader: University of Miami
- PI: Neil Schneiderman, Ph.D.



# Miami



**The Miami Field Center is located within a 7 mile-radius of the recruitment area. It is very close to Little Havana and the famous Calle Ocho, at the heart of Cuban Miami.**



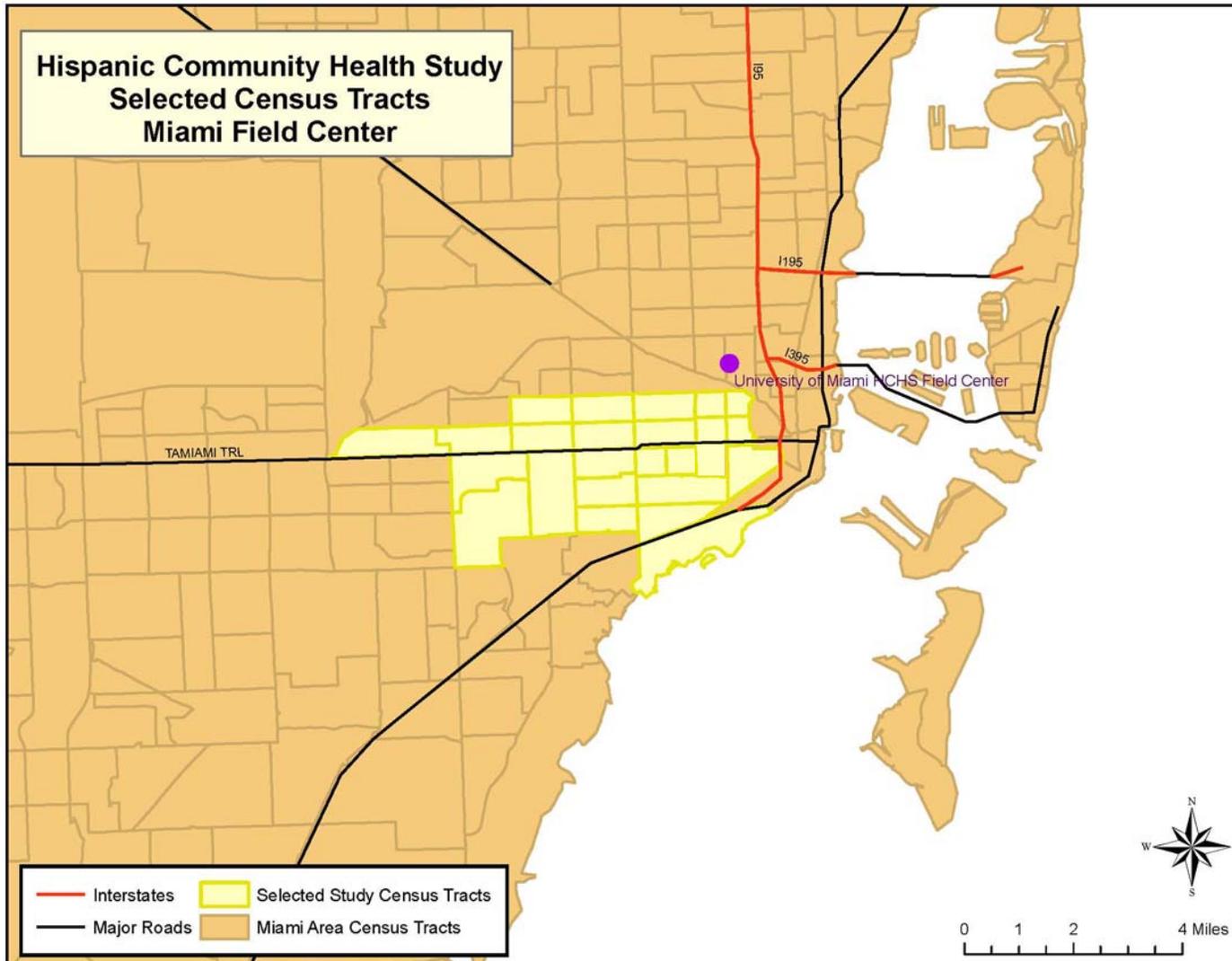
**HCHS/SOL Clinic, 6<sup>th</sup> floor  
Clinical Research Building  
University of Miami  
Miller School of Medicine**





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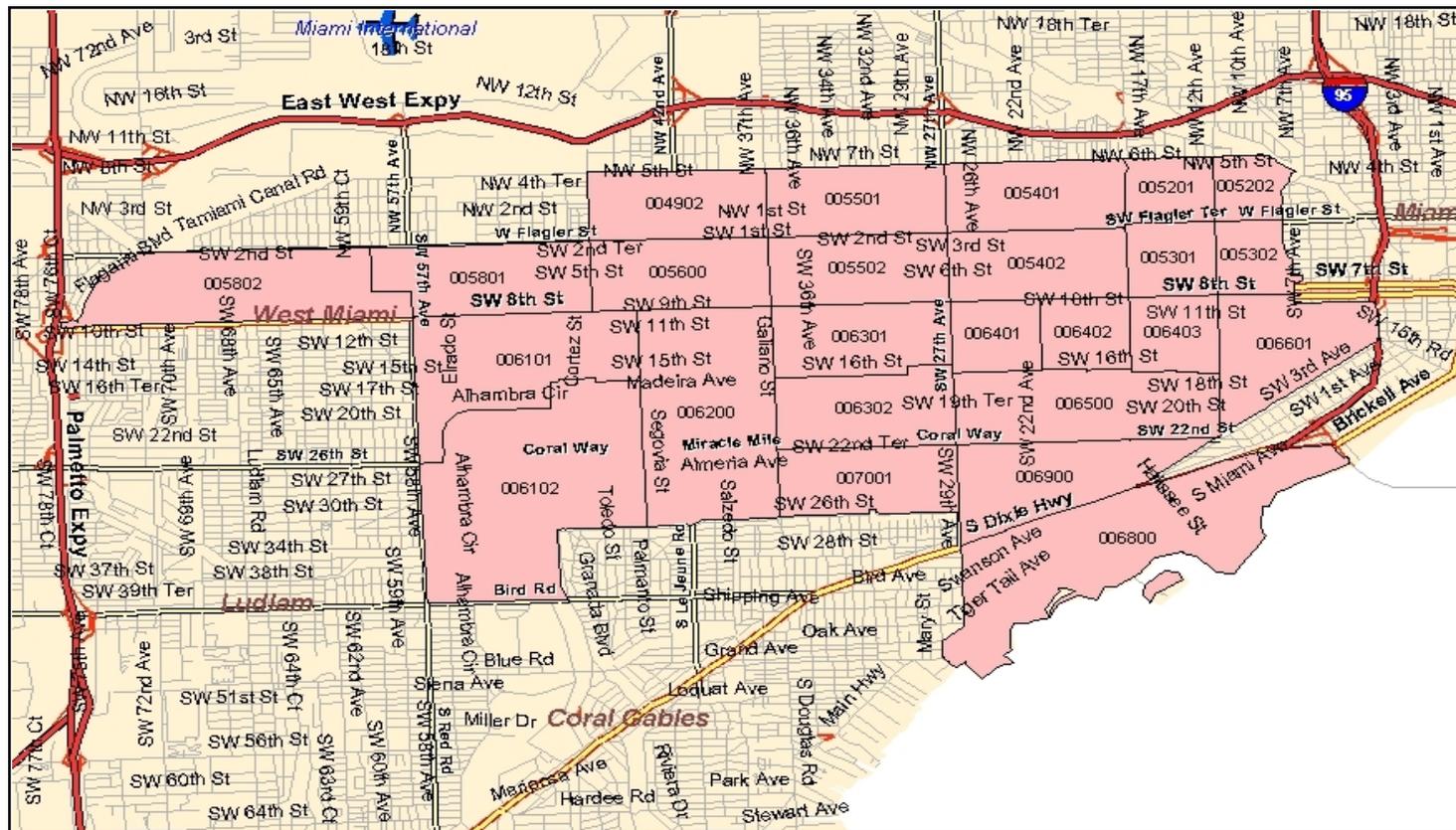




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## Miami Field Center Selected Census Tracts Map



# Coordinating Center



## ■ PI: Lloyd Chambless, Ph.D.

### HCHS/SOL Coordinating Center Responsibilities

- Provide statistical expertise
- Implement a comprehensive communication system
- Coordinate study activities
- Create and maintain a data management system for the project
- Establish and maintain a quality assurance program
- Perform analyses of the study data to prepare abstracts for scientific meetings and manuscripts for publication



**UNC**  
SCHOOL OF  
PUBLIC HEALTH

University of North Carolina at Chapel Hill  
Department of Biostatistics  
Collaborative Studies Coordinating Center

# Reading Centers & Central Labs



- Central Laboratory – U Minnesota
  - PI: John Eckfeldt
- Electrocardiogram Reading Center – Wake Forest University
  - PI: Ronald Prineas
- Sleep Reading Center – Case Western Reserve University
  - PI: Susan Redline
- Pulmonary Function Tests Reading Center – Arizona
  - PI: Paul Enright
- Nutrition Reading Center – University of Minnesota
  - PI: John Himes
- Neurocognitive Center - University of Mississippi Medical Center
  - PI: Thomas Mosley
- Audiometry Reading Center – University of Wisconsin
  - PI: Karen Cruickshanks



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## Project Office - NHLBI

- Paul Sorlie, Ph.D. – Project Officer
- Larissa Avilés-Santa, M.D., M.P.H. - Deputy Project Officer
- Phyliss Sholinsky, M.S.P.H. - Deputy Project Officer
- Lorraine Silsbee, M.H.S. - Deputy Project Officer
- Kristi Cooper - Contracting Officer



# Baseline Components



- Interview/Medical History

About 3 hours

- Procedures

# Interview/Medical History



## ■ Personal and contact information

Household location, neighborhood, family and personal contacts, telephone contacts, SSN (optional), birth place of parents and grandparents, self-identified ethnicity, education

# Interview/Medical History



## ■ Personal and Family Medical History

- Hypertension
- High blood cholesterol
- CV and respiratory conditions
- Diabetes
- Renal and hepatic conditions
- Migraine headaches
- Sleep disorders
- Cancer (specific types)
- Reproductive and menstrual history
- Medication use (including prescribed medications, over-the-counter drugs and dietary supplements)

# Interview/Medical History



## ■ Nutrition

24-hour recall during exam

24-hour recall 3-4 weeks later via phone

Food propensity questionnaire 1 yr later

Dietary behaviors

# Interview/Medical History



- Lifestyle and habits

  - Tobacco use

  - Alcohol consumption

  - Physical activity

  - Sleep habits

  - Weight History

# Interview/Medical History



## ■ Economic

Income

Home ownership

Relative SES position (ladder)

Current job, hours at work, shift work

Occupational exposure

# Interview/Medical History



## ■ Acculturation and Social Factors

Languages

*Familismo*

Ethnic identity

Religion

Perceived discrimination

Social networks

Health care use

# Interview/Medical History



- Health Status and Well Being

  - SF-12 (general health status)

  - CESD (depression scale)

  - Speilberger trait anxiety scale

# Interview/Medical History



- Specific Questionnaires or Assessments

Neurocognitive testing (6 item screener, word memory, F and A letters, digit symbol substitution)

Dental history

Hearing history

# Baseline Components



- Interview/Medical History

- Procedures

About 3 hours

# Procedures



- Anthropometry (height, weight, waist circumference)
- Electrocardiogram
- Pulmonary function testing (spirometry)
- Overnight sleep studies – portable device
- 2-hour Oral Glucose Tolerance Test
- Audiometry
- Dental exam
- Physical activity assessment (accelerometers)
- Ankle-brachial Index
- Blood tests

# Procedures



## ■ Blood tests

- CBC
- Fasting and 2-hr OGTT plasma glucose
- Fasting Insulin
- HbA1c
- Lipids (total cholesterol, HDL cholesterol, triglycerides)
- Serum creatinine
- Hepatic enzymes (ALT, AST)
- Hepatitis B and C serologies
- Hepatitis C RNA
- Iron, UIBC
- DNA extraction and storage
- Paxgene tube collection and storage
- Urine albumin and creatinine

# Disease Endpoints



- Annual follow-up by telephone
- Investigation of hospital events
- Mortality by cause
- Fatal and non-fatal cardiovascular events
- COPD and asthma exacerbations

# Timeline



- Recruitment and baseline examination (3 years)
- Personal and telephone contact to record changes to health status and adverse events (yearly)
- Contract duration: 6½ years
  - Year 1: planning
  - Years 2-4: recruitment and examination
  - Years 4-6 ½: follow-up and data analysis
- Future examinations needed (if recruitment and examination is successful).

# Long Term Study Benefits



- Add to knowledge of CV risk factors to improve prevention of CV disease in Hispanics/Latinos
- Understand complex role of acculturation
- Address origins and consequences of health disparities
- Develop instruments and procedures for use in other Hispanic/Latino studies
- Provide a national resource for research in Hispanics/Latinos
- Provide a training ground for new Hispanic/Latino investigators

# Study Web Site



[www.csc.c.unc.edu/hchs](http://www.csc.c.unc.edu/hchs)