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# Social Support and Access to Healthcare as Predictors of Heart Disease Among Young Adults

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## Objective

Patients with heart disease must overcome a complex set of behavioral and attitudinal obstacles if they wish to have a health-related quality of life. The difficulty and frustration of this illness can be mitigated by social support and improving contextual circumstances, which has been demonstrated in previous research. A contextual variable that is likely to predict heart disease in young adults is access to healthcare. The purpose of this study was to examine whether social support and access to healthcare predicted if a young adult has heart disease.

### Our two objectives were to

- (1) Examine whether family and friend social support predicted heart disease in young adults
- (2) Examine whether access to healthcare predicted heart disease in young adults

## Method

**This study investigates whether social support and access to healthcare predict whether adults between 24-32 years of age have heart disease.**

- ✦ Dataset used for this study was from the National Longitudinal Study of Adolescent to Adult Health (AddHealth), Wave IV.
- ✦ n=42 young adults with heart disease, n=137 without heart disease.
- ✦ Patients aged between 24 and 32, M=19 ± .49, 60% female, 53% White.
- ✦ Selected for inclusion if participant reported a doctor had ever told her that she had heart disease.
- ✦ Logistic regression tested for predictive odds of social support and access to healthcare.



## Results

### Logistic Regression Results

Neither social support nor access to healthcare produced significant results in this study.

### Further Analysis

A significant interaction between sex and depression for participants with heart disease found:

interaction:  $F(1, 179) = 5.98, p = .02$

Group	Mean
females with heart disease	1.04
males with heart disease	.55
females without heart disease	.55
males without heart disease	.47

Females with heart disease were more likely to be depressed than males with heart disease.

### Examination of sex and race differences between participants with and without heart disease revealed a sex and ethnicity interaction.

Interaction:  $F(7,177) = 2.20, p < .05$

Ethnic group	Means for heart disease
White	females = .17 males = .14
Black	females = .38 males = .18
Hispanic	females = .38 males = .13
Others	females = .30 males = .67

## Discussion

- It is likely that the AddHealth dataset was not the appropriate choice for testing predictors of heart disease among young adults.
- The method of heart disease assessment was self-report, with no other details regarding diagnosis, type of disease, duration, nor check for validity of assertion.
- Healthcare access was likely confounded by heart disease presence in this dataset.
- This study can make a contribution to the literature that female young adults may be more prone to depression than males.
- The interaction between sex and ethnicity in determining heart disease in young adults is noteworthy.
- Future studies should be conducted to examine heart disease in young adults
  - whether social support and access to care in young adults is related to heart disease
  - early determinants of heart disease development, which can lead to heart failure

## Conclusion

- More research needs to be done on social determinants of heart disease
- Perhaps more research could lead to interventions in young adults to prevent development of both heart disease and progression into heart failure
- Future studies examining heart disease in young adults should use targeted methods to collect information about social determinants of heart disease.

## Acknowledgements & references



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