

Discordance seen in self-reported, actual comorbidities in Native American adults

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There is discordance between the prevalence of self-reported

comorbidities and measured cardiometabolic risk factors among Native American adults, according to a study published online July 6 in *PLOS Global Public Health*.

Leslie C. Redmond, from the University of Alaska Anchorage, and colleagues used participant data from the Obesity Prevention and Evaluation of InterVention Effectiveness in Native Americans 2 study to assess prevalence of cardiometabolic risk factors: hypertension, heart disease, diabetes, and obesity. A total of 601 Native American adults aged 18 to 75 years living in rural reservation communities in the Midwest and Southwest United States were surveyed for individual and family history, and clinical measures were also recorded by trained research staff.

The researchers found that about 60 percent of respondents had a [body mass index](#) greater than 30 kg/m². Eight in 10 participants had a waist-to-hip ratio and percent body fat classified as high risk, and nearly two-thirds (64 percent) had a high-risk blood pressure measurement. A large proportion of participants reported a [family history](#) of chronic disease and had measurements that indicated elevated risk; however, relatively few self-reported a diagnosis of any chronic disease.

"Future studies should explore the impacts of access to care, health literacy, and cultural competence on the reporting and diagnosis of [cardiometabolic risk factors](#) in these Native American medically underserved population communities," the authors write.

More information: Leslie C. Redmond et al, Cardiometabolic risk among rural Native American adults in a large multilevel multicomponent intervention trial, *PLOS Global Public Health* (2023). [DOI: 10.1371/journal.pgph.0001696](https://doi.org/10.1371/journal.pgph.0001696)

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