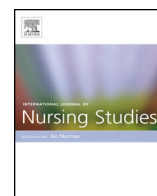




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A community health worker-led lifestyle behavior intervention for Latina (Hispanic) women: Feasibility and outcomes of a randomized controlled trial[☆]



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ABSTRACT

Background: Low-income Latinas (Hispanics) face risk for cardiovascular disease due to high rates of overweight/obesity, sedentary lifestyle, and other factors. Limited access to health care and language barriers may prevent delivery of health promotion messages. Targeted approaches, including the integration of community health workers, may be required to promote healthy lifestyle and prevent chronic disease in underserved ethnic minority groups. The term commonly used to refer to female community health workers in Latino communities is “promotora(s).”

Objectives: This study evaluates the outcomes and feasibility of a promotora-led lifestyle behavior intervention for overweight, immigrant Latinas.

Methods: A community prevention model was employed in planning and implementing this study. A randomized controlled trial design was used. A Community Advisory Board provided expertise in evaluating feasibility of study implementation in the community and other important guidance. The sample was comprised of 223 women aged 35–64 years, predominantly with low income and ≤8th grade education. The culturally tailored Lifestyle Behavior Intervention included group education (8 classes based upon Su Corazon, Su Vida), followed by 4 months of individual teaching and coaching (home visits and telephone calls). The control group received a comparable length educational program and follow-up contacts. Evaluations were conducted at baseline and at 6 and 9 months using a dietary habits questionnaire, accelerometer readings of physical activity, and clinical measures (body mass index, weight, waist circumference, blood pressure, lipids, blood glucose). Data were collected between January 2010 and August 2012.

Results: Women in the intervention group improved significantly in dietary habits, waist circumference, and physical activity in comparison to those in the control group. A treatment dosage effect was observed for weight and waist circumference. Knowledge about heart disease increased. High attendance at classes and participation in the individual teaching and counseling sessions and high retention rates support the feasibility and acceptability of the promotora-led lifestyle behavior intervention.

[☆] Trial Registration NCT01333241.

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Conclusions: Our findings demonstrate that lifestyle behaviors and other risk factors of overweight Latina women may be improved through a promotora-led lifestyle behavior intervention. Feasibility of implementing this intervention in community settings and engaging promotoras as facilitators is supported.

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What is already known about the topic?

- Latina/Hispanic women, particularly those of Mexican descent, face increased risk for cardiovascular disease (CVD) due to high rates of overweight/obesity and other risk factors.
- Interventions with a combined focus on heart-healthy dietary habits and physical activity may promote lifestyle behavior changes that decrease the prevalence of risk factors among Latinas.
- Most community-based studies that have evaluated lifestyle behavior interventions facilitated solely by community health workers (promotoras) with overweight/obese, immigrant Latinas have used nonexperimental designs.

What this paper adds

- Overweight/obese, immigrant Latinas receiving the Lifestyle Behavior Intervention in a nonclinical, community setting demonstrated significant improvements in dietary habits, waist circumference, and physical activity as well as significantly increased knowledge of heart disease compared to those in the control group.
- Findings of this randomized controlled trial support the feasibility and positive outcomes of implementing a promotora-facilitated Lifestyle Behavior Intervention in the community with overweight/obese Latinas.

1. Introduction

The influence of healthy lifestyle behaviors on cardiovascular disease risk reduction has long been recognized. Optimal behaviors include healthy dietary practices, a physically active lifestyle, no tobacco smoking or exposure to environmental smoke, and weight control (Pearson et al., 2013). Despite widespread information about these modifiable lifestyle behaviors, risk factors for cardiovascular disease and other chronic diseases continue to be higher among ethnic/racial minority populations in the United States, who also may face other socio-environmental risks. In particular, persons who self-identify as Hispanic or Latino, reflecting origins in the countries of Central or Latin America, face risk for cardiovascular disease and diabetes. (Note: Hispanic and Latino are often used interchangeably; however, in this paper usage is based upon distinctions made in published reports). The prevalence of overweight and obesity is disproportionately higher among Latinas than non-Hispanic white women (Office of Minority Health, 2005). Low-income Latinas, particularly those of Mexican descent, face increased risk for cardiovascular disease due to overweight/obesity,

sedentary lifestyle (Roger et al., 2012), and other risk factors such as type 2 diabetes, hypertension (Boykin et al., 2011), metabolic syndrome, and dyslipidemia (Ervin, 2009). Although the traditional diet of Latinos is healthy (e.g., high in legumes and fresh vegetables), as they become acculturated into the United States, they may adopt unhealthy dietary behaviors characterized by low nutritional quality, high caloric density, and high fat content (Neuhouser et al., 2004).

Interventions with a combined focus on heart-healthy dietary habits and physical activity may promote lifestyle changes that decrease the prevalence of risk factors among Latinas. Although many lifestyle behavior interventions and reviews of studies have been conducted, few include samples composed solely of Latinos; multi-ethnic subsamples are often combined in analyses of outcomes. Findings of a meta-analysis of psycho-behavioral obesity intervention trials among ethnically diverse adults in the United States support the benefits of multi-component programs and integrating individual sessions, family involvement, and problem solving strategies (Seo and Sa, 2008). The value of lifestyle interventions with dietary manipulation strategies and engagement in physical activity delivered over the long term for effective weight management is highlighted in other reviews that do not target programs among minority adults (Brown et al., 2009; Kirk et al., 2012; Shaw et al., 2005). Other benefits reported from exercise and/or dietary interventions, particularly those involving overweight/obese individuals and/or those with risk factors for type 2 diabetes, include very modest improvements in lipids, decreases in anthropometric measures and systolic and diastolic blood pressure levels (Orozco et al., 2008; Shaw et al., 2006), and healthier dietary behaviors (Eakin et al., 2007).

1.1. Background

Lifestyle behavior programs are commonly conducted with at-risk populations in community health centers and hospital clinics. The interventions are delivered by clinically trained professionals working alone or with specially trained community (lay) health workers. In Latino communities, community health workers are commonly known as *promotores* (feminine, *promotoras*). As part of the health care team, *promotores* provide information and emotional support. An example of this model of care is the clinic-based WISEWOMAN program in California, which involved community health workers alongside health professionals in lifestyle health promotion with low-income Latinas at risk for cardiovascular disease. Women receiving the intervention showed improvements in eating habits and physical activity,

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