



Original article

Healthy Weight in Lesbian and Bisexual Women Aged 40 and Older: An Effective Intervention in 10 Cities Using Tailored Approaches



Jane A. McElroy, PhD^{a,*}, Suzanne G. Haynes, PhD^b, Michele J. Eliason, PhD^c,
Susan F. Wood, PhD^d, Tess Gilbert, MHS^e, Linda Toms Barker, MA^f,
Alexandra M. Minnis, PhD, MPH^g

^a Department of Family & Community Medicine, University of Missouri, Columbia, Missouri

^b U. S. Department of Health & Human Services, Office on Women's Health, Washington, DC

^c Department of Health Education, San Francisco State University, San Francisco, California

^d Department of Health Policy and Management, Jacobs Institute of Women's Health, The George Washington University, Washington, DC

^e NORC at the University of Chicago, Bethesda, Maryland

^f IMPAQ International, Hilo, Hawaii

^g Women's Global Health Imperative, RTI International, San Francisco, California

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A B S T R A C T

Background: Lesbian and bisexual women are more likely to be overweight or obese than heterosexual women, leading to increased weight-related health risks.

Methods: Overweight women aged 40 or older who self-identified as lesbian, bisexual, or “something else” participated in five pilot interventions of 12 or 16 weeks' duration. These tailored interventions took place at lesbian and bisexual community partner locations and incorporated weekly group meetings, nutrition education, and physical activity. Three sites had non-intervention comparison groups. Standardized questionnaires assessed consumption of fruits and vegetables, sugar-sweetened beverages, alcohol, physical activity, and quality of life. Weight and waist-to-height ratio were obtained through direct measurement or self-report.

Analytical Plan: Within-person changes from pre-intervention to post-intervention were measured using paired comparisons. Participant characteristics that influenced the achievement of nine health objectives were analyzed. Achievement of health objectives across three program components (mindfulness approach, gym membership, and pedometer use) was compared with the comparison group using generalized linear models.

Results: Of the 266 intervention participants, 95% achieved at least one of the health objectives, with 58% achieving three or more. Participants in the pedometer ($n = 43$) and mindfulness ($n = 160$) programs were more likely to increase total physical activity minutes (relative risk [RR], 1.67; 95% confidence interval [CI], 1.18–2.36; $p = .004$; RR, 1.38; 95% CI, 1.01–1.89; $p = .042$, respectively) and those in the gym program ($n = 63$) were more likely to decrease their waist-to-height ratio (RR, 1.89; 95% CI, 0.97–3.68, $p = .06$) compared with the comparison group ($n = 67$).

Conclusion: This effective multisite intervention improved several healthy behaviors in lesbian and bisexual women and showed that tailored approaches can work for this population.

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* Correspondence to: Jane A. McElroy, PhD, Department of Family & Community Medicine, University of Missouri, MA306 Medical Sciences Building, Columbia, MO 65212. Phone: 1-573-882-4993; fax: 1-573-884-6172.

E-mail address: mcelroyja@missouri.edu (J.A. McElroy).

Evidence from several published studies indicates that lesbian and bisexual (LB) women are more likely to be obese than heterosexual women (Bowen, Balsam, & Ender, 2008; Conron, Mimiaga, & Landers, 2010; Eliason et al., 2015; Institutes of Medicine (U.S.), 2011; Ward, Dahlhamer, Galinsky, & Joestl, 2014). In 2013, the National Health Interview Survey included questions on sexual orientation for the first time. Researchers found that 37% of gay or lesbian women and 41% bisexual women were obese, compared with 28% of straight or heterosexual women (Ward et al., 2014). A review of the lesbian, gay, bisexual, and transgender (LGBT) literature found no published intervention research addressing this issue in LB women (Rizer, Mauery, Haynes, Couser, & Gruman, 2015). Women who are obese have a higher risk of diabetes, coronary artery disease, depression, low back pain, knee osteoarthritis, asthma and multiple cancers including endometrial, cervical, and breast cancer (Kulie et al., 2011; Eliason, 2014; Simoni, Smith, Oost, Lehavot, & Fredriksen-Goldseen, 2016). In 2011, the Institute of Medicine recommended that effective and rigorous research be conducted on obesity, particularly among LB women owing to the paucity of evidence as to differences in risk compared with heterosexual women (Institutes of Medicine (U.S.), 2011; Yancey, Cochran, Corliss, & Mays, 2003).

To address this gap, the U.S. Department of Health and Human Services, Office on Women's Health provided funding for a coordinated multisite initiative, the Healthy Weight in Lesbian and Bisexual Women: Striving for a Healthy Community (HWLB) program. Healthy weight was defined as the weight at which physical health risks and conditions are reduced to normal ranges or functional and psychosocial status is improved. This is the first large-scale study to test interventions to improve healthy weight among LB women aged 40 and older through changes in nutrition, physical activity, and quality of life. The HWLB program also evaluated three types of interventions

(e.g., gym membership, pedometer use, or mindfulness approach) for acceptability and effectiveness.

The Institutes of Medicine (U.S.) (2012) study on Accelerating Progress in Obesity Prevention guided the design of the interventions. The interventions were further tailored based on feedback from 11 focus groups, which were conducted during the formative design phase of the project (Garbers et al., 2015). Results from these focus groups indicated that the norms for the LB women's community were acceptance of women at every size, strong objections to heterosexual norms on weight, and experiences of weight discrimination by health care providers (Garbers et al., 2015). Although the HWLB program was conceived to address obesity in the LB population, based on focus group feedback, promotional material for the study focused on healthy choices as reflected in the following goals to 1) increase consumption of fruits and vegetables, 2) decrease consumption of sugar-sweetened beverages (SSBs), 3) decrease consumption of alcoholic beverages, 4) increase physical activity minutes (2 measures), and 5) increase physical and mental quality of life (2 measures). Data on the goals of 6) decreases in body size, weight, and waist circumference to height ratio (WhtR) were also obtained but met with resistance or refusal by some participants. These six goals were operationalized into nine SMART (Specific, Measurable, Achievable, Realistic, and Timely) objectives which served as the nine hypotheses (H₀) for the study (Harris, 2010; Tables 1 and 3).

Methods and Material

Study Design

The five program sites used varying study designs. Two sites, MOVE (Washington, DC metro area) and SHE (New York City), used a pre–post intervention design. LOLA (St. Louis and

Table 1
SMART Objectives Describing the Goals, Indicators, and Time Period for Within-person Change Analyses

Goal	Indicator	Time Period Behavior Asked about at Pre–Post Intervention	Objective
Dietary choices			
Increased consumption of fruits and vegetables	Average daily consumption of fruits and vegetables	During the past month	10% increase in number of times fruits and vegetables are consumed per day
Reduced consumption of SSBs	Average monthly SSB consumption	During the past month	50% decrease in number of times SSBs are consumed per month, among those who consumed SSBs at baseline
Reduced consumption of alcohol	Average weekly alcohol consumption	During the last 30 days	50% decrease in alcohol consumption among those at baseline who consumed two or more alcohol-containing drinks on a typical day
PA			
Increased physical activity total minutes	Number of weekly minutes of PA (moderate-intensity, vigorous-intensity and walking)	During the last 7 days	20% increase number of total PA minutes
Move up in physical activity category	Number of weekly minutes of PA to move to next IPAQ category or higher ("inactive," "sufficiently active," or "HEPA")	During the last 7 days	Increase in physical activity sufficiently to move to a higher category (inactive, sufficiently active, and HEPA) for 25% of the participants, among those not in highest category at baseline
Quality of life			
Improved physical quality of life	VR-12 PCS	During the past 4 weeks	10% increase in PCS scores
Improved mental quality of life	VR-12 MCS	During the past 4 weeks	10% increase in MCS scores
Body size			
Decreased weight	Decrease weight	At the beginning and end of the intervention	5% decrease in weight
Decreased WhtR	Decrease WhtR	At the beginning and end of the intervention	5% decrease in WhtR

Abbreviations: HEPA, health-enhancing physical activity; IPAQ, International Physical Activity Questionnaire; MCS, Mental Component Score; PA, physical activity; PCS, Physical Component Score; SMART, Specific, Measurable, Achievable, Realistic, and Timely; SSBs, sugar-sweetened beverages; WhtR, waist circumference to height ratio.

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