



Overweight and obesity among low-income women in rural West Virginia and urban Los Angeles County



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ABSTRACT

We described the prevalence of overweight and obesity among low-income women in rural West Virginia (WV) and urban Los Angeles County (LA County). Both communities participated in the national *Communities Putting Prevention to Work* program during 2010–2012. In each community, we completed health assessments on adult women recruited from public-sector clinics serving low-income populations. All participants answered survey questions regarding socio-demographics and diets. In both jurisdictions, we assessed obesity using objectively measured height and weight (calculated BMI). As part of each community case study, we performed multivariable regression analyses to describe the relationships between overweight and obesity and selected covariates (e.g., dietary behaviors). Overweight and obesity were prevalent among low-income women from WV (73%, combined) and LA County (67%, combined). In both communities, race and ethnicity appeared to predict the two conditions; however, the associations were not robust. In LA County, for example, African American and Hispanic women were 1.4 times (95% CI = 1.12, 1.81) more likely than white women to be overweight and obese. Collectively, these subpopulation health data served as an important guide for further planning of obesity prevention efforts in both communities. These efforts became a part of the subsequent Community Transformation Grants portfolio.

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Introduction

The strain that overweight and obesity place on the nation's health and economy is well documented (Ogden et al., 2012; Wang and Beydoun, 2007). In response to the growing obesity epidemic, recent public health efforts in the U.S. have sought to reduce the obesity burden across various at-risk populations by addressing the physical and social determinants of health (Sallis et al., 2011; Story et al., 2008). The national *Communities Putting Prevention to Work* (CPPW)¹ program recently invested more than \$300 million in 50 communities to establish a myriad of system and environmental changes designed to reduce the prevalence of chronic diseases, including those caused by overweight and obesity (Bunnell et al., 2012). Nutrition interventions topped the list of practice-based strategies implemented by this

program, including: institutional nutrition standards and sustainability guidelines for food procurement; retail food establishment practices that encouraged healthy eating; health marketing campaigns that educated the public about the harmful effects of excess calorie intake; and venue-specific health education aimed at empowering individuals to make better food choices (Table 1). In a number of CPPW communities, these interventions targeted low-income women and their families (e.g., spouses, children).

Tailoring interventions for women and recruiting them as champions of change in their households are two public health approaches that are informed by prior research. Literature suggests that women frequently play the role of nutrition 'gatekeepers' for their households, influencing family eating behaviors (Charles and Kerr, 1988; Wild et al., 1994). Women also represent an important priority population, given that prior research has also shown that children from single-parent households are at increased risk of developing obesity and cardiovascular disease later in life (Huffman et al., 2010; PRB, 2011).

Women themselves are a prime target group for intervention. Across age groups and by health status, they are at increased risk for overweight and obesity. Women of childbearing age, for example, are disproportionately affected by overweight and obesity, especially postpartum (Gore et al., 2003). In pregnancy, obese women are more

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¹ CPPW = *Communities Putting Prevention to Work*

Table 1

Nutrition interventions in two CPPW communities in the U.S., 2010–2012.

Intervention category	West Virginia (rural)		Los Angeles County (urban)	
	Targeted Setting	Intervention	Targeted Setting	Intervention
Institutional nutrition standards and sustainability guidelines for food procurement.	–	–	County of Los Angeles government.	Board of Supervisors motion requiring Public Health review of new and renewing food service and vending contracts in all County of Los Angeles departments. The motion allowed each department the opportunity to incorporate nutrient limits and other Institute of Medicine recommendations for healthy meals, snacks, beverages, etc. in food service contracts. This motion affects County food venues, ranging from public hospitals and clinics to probation camps.
	–	–	Select low-income cities experiencing high rates of obesity.	City-level resolutions requiring the adoption and implementation of nutrition standards and other healthy procurement practices across all city vending and food concessions.
Food retail practices to encourage healthy eating.	Jurisdiction-wide.	Adoption of healthy convenience store practices to increase access to healthy foods in under resourced communities.	Select cities with high rates of obesity and low density of stores offering fresh fruits and vegetables.	Adoption of healthy corner store practices to increase access to healthy foods in under-resourced communities.
	Jurisdiction-wide.	Adoption of farmers market incentives to waive the cost of a food permit for all vendors. Increase the number of farmers markets and the availability of EBT machines.	–	–
Health marketing.	Jurisdiction-wide.	Dissemination of paid media advertisements targeting parents (i.e., “Where are the Veggies”) to promote healthy eating and to educate the public about the risk factors associated with unhealthy eating among children.	Jurisdiction-wide.	Dissemination of multi-pronged health marketing campaigns designed to promote healthy eating in the community. Communication methods employed included mass media approaches (e.g., billboards, public transit ads, videos, website) and social media channels (e.g., Twitter, Facebook).
Venue-specific health education.	Select at-risk community settings.	Brownbag “lunch and learn” lecture series to promote healthy eating among lecture attendees.	–	–
	Select grocery stores located in at-risk communities.	Healthy checkout aisles and grocery stores signage to increase awareness and promote healthy food options in the environment.	–	–
	Select grocery stores located in at-risk communities.	Promotion of fresh fruits and vegetables via grocery store “taste test” booths.	–	–
	Select farmers markets located in at-risk communities.	Cooking demonstrations to highlight the use of fresh fruits and vegetables at local farmers markets.	–	–

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