Introduction

- Obesity is one of the most prevalent health concerns in our society.
- Health disparities that create greater risks for individuals include low socioeconomic status, uninsured status, and low literacy rates.
- Overweight and obese women are at increased risk for developing cardiovascular disease (CVD) and associated illnesses.
- Evidence supports a therapeutic lifestyle approach with a healthy diet and increased physical activity.

Problem

- An assessment of Victory Health Partners, a clinic for uninsured adults of which two-thirds is female, revealed the need for an improved method of providing services for preventing and treating obesity.
- Question: Will implementation of a lifestyle intervention program improve CVD risk factors in overweight and obese, low-income, uninsured women between the ages of 19 and 64 over a three-month period?

Aims

- Improve CVD risk factors in overweight and obese low-income, uninsured women
- Propose a protocol for identifying at-risk women for inclusion in a CVD risk reduction (lifestyle intervention) program

Frameworks

- ACE Star Model of Knowledge Transformation
- Institute of Medicine Aims
- Evidence-Based Obesity Guidelines
- A New Leaf: Choices for Healthy Living
- Social-ecological Model: A Framework for Prevention

Methods

- Institutional Review Board approval was obtained from the University of South Alabama.
- A quasi-experimental one-group pre-test/post-test design was used.
- The sample consisted of overweight and obese women between the ages of 19 and 64.
- An initial baseline screening for participation in the CVD risk reduction program was completed.
- Pre-intervention assessments were done using the pre-test and initial clinical measurements (i.e., weight, body mass index, waist circumference, systolic blood pressure, diastolic blood pressure, and blood glucose level).
- A total of 10 one-hour group sessions were held over a 3-month time period. At week 12, participants had their final clinical measurements taken and completed a posttest identical to the pretest.

Instruments and Data Analysis

- The baseline screening form was tested by the University of North Carolina Center for Health Promotion and Disease Prevention and was adapted for use with permission.
- The session guide and pre/post tests were adapted with permission from the Alabama Department of Public Health Office of Women’s Health.
- Established protocols ensuring reliability and validity of the clinical measures were followed.
- Baseline screening information, pre/post test results, and week 1 and week 12 clinical measurement data were entered into a Microsoft Excel spreadsheet.
- Analysis was performed using the Excel file and SPSS Version 15. Percentage distributions were used to describe the sample. Means and t-tests were used to further describe the sample and assess the difference between the pre and post intervention means.

Findings

- A total of 37 participants enrolled in the program at week 1, and 21 remained enrolled at week 12.
- Four of the six participants’ clinical measurements (i.e., weight, body mass index, waist circumference, systolic blood pressure) showed statistically significant improvements.
- Many of the participants’ self-reported items addressing types of foods eaten, physical activity, and confidence levels showed statistically significant improvements.
- A proposal for identifying female patients at risk for CVD through the clinic was made.

Conclusions

- This project produced significant reductions in various CVD risk factors for participants over a 3-month period using an effective, patient-centered approach.
- Adoption of the protocol provides a way for others to reduce their risks for developing CVD and associated illnesses.

Recommendations

- Establishing collaborative community partnerships to increase the chances of producing more widespread results is advised.
- Additional projects incorporating lifestyle changes, tracking lipids, and lowering stress as a means to reduce CVD risk factors are suggested.

References