

Addressing a GAP in MENOpausal Latinas' Healthcare: Adapting MENO GAP for Community Health Worker Delivery in Hispanic/Latina Communities

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Introduction

Menopause is a significant life transition for all women, often accompanied by vasomotor symptoms (VMS) such as hot flashes, night sweats, palpitations and/or a sense of anxiety.

Research indicates that Hispanic women may experience:

- ✓ More frequent and severe VMS and vaginal dryness compared to other ethnic groups.¹
- ✓ The Study of Women's Health Across the Nation (SWAN) reported that Hispanic women have a median duration of frequent VMS lasting approximately 8.9 years, longer than that of non-Hispanic White women.²
- ✓ Additionally, factors such as lower acculturation levels have been associated with increased severity and frequency of VMS among Hispanic women.³

Despite these challenges, there is a scarcity of culturally tailored educational programs addressing menopause for Hispanic women.

- 1 <https://pubmed.ncbi.nlm.nih.gov/20136411/>
- 2 <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2110996>
- 3 <https://pmc.ncbi.nlm.nih.gov/articles/PMC3270699/>

The Current Study

This study aims to explore Hispanic women's perceptions of menopause, their preferred symptom management strategies, and their feedback on culturally relevant health education interventions.

Mujeres en Menopausia (MeM) is a group educational session with menopause education that integrates conventional & integrative health content, social support, and referrals to healthcare providers.



Mujeres en Menopausia:
Educación y Conocimiento de la Menopausia

MeM Health Education Content

La transición a la menopausia

La transición a la menopausia es causada por una **disminución natural de las hormonas reproductivas**, el estrógeno y la progesterona. Esta desencadena cambios físicos y emocionales, ocasionando el final de los años reproductivos femeninos.

LOS SÍNTOMAS MÁS COMUNES

- Sofocos
- Aumento de peso
- Sudores nocturnos
- Pérdida de libido
- Períodos irregulares
- Cambios de humor

ETAPAS DE LA MENOPAUSIA

- PERIMENOPAUSIA** Empezar a mediados de los 40 años
- MENOPAUSIA** Cuando el período más reciente ocurre
- POSTMENOPAUSIA** Años siguientes a la menopausia

¿Qué son los síntomas vasomotores (VMS)?

• El VMS ocurre cuando los vasos sanguíneos se contraen o dilatan para regular la temperatura corporal.

• Esto puede causar uno o más de los siguientes síntomas:

- Sofocos
- Sudores Nocturnos
- Transpiraciones
- Enrojecimiento de la Piel

¿Cuáles son las opciones de tratamiento para los síntomas vasomotores (VMS)?

No Terapia Hormonal (Medicamentos Recetados)	Terapia hormonal (Medicamentos)	Opciones naturales
Factores de riesgo para la osteoporosis		
<ol style="list-style-type: none"> 1. Historial familiar de osteoporosis o fracturas. 2. Bajo peso corporal o delgadez extrema. 3. Dieta pobre en calcio y vitamina D. 4. Falta de actividad física, especialmente ejercicios de resistencia. 5. Tabaquismo y consumo excesivo de alcohol. 		
		 Sin osteoporosis
		 Con osteoporosis

Methodology

We conducted a single-arm pilot feasibility and acceptability study of Mujeres en Menopausia.

Health Education
 A series of four weekly health education sessions on menopause were delivered in Spanish to a group of Hispanic women. The sessions covered topics such as biological changes during menopause, Menopause Hormone Therapy (MHT), symptom management strategies, and disease prevention.

Focus Groups
 Following each session, a focus group was conducted to gather participant feedback on the content, their learning experiences, and any remaining concerns. Transcripts from these discussions were translated into English and analyzed thematically to identify key insights.

Quantitative Results

Thirteen (n=13) women expressed interest; 11 provided informed consent; 9 women completed baseline and 6 completed session 4 questionnaires. Attendance: Five (5) women attended all four sessions, 2 women attended 3 sessions, and 4 women attended 1 session.

Table 1. Demographics (n=9)

	M (SD)	Frequency (%)
Age, years	51 (9.51)	
Race		
White		4 (44%)
Mixed		2 (22%)
Prefer not to disclose		5 (56%)
Hispanic, yes		8 (89%)
Family Origin		Mexico 6 (67%)
		Peru 2 (22%)
Post-menopausal Hysterectomy, yes		5 (56%)
Menopause symptoms (0, low to 10, high)	4.07 (3.66)	2 (22%)

Table 2. Pre- and post-study survey results

	Baseline N=9 N (%)	Session 4 N=6 N (%)
Implemented self-care after MeM	--	6 (100%)
Know what MHT is	3 (33%)	6 (100%)
Know what complementary & integrative health is	1 (11%)	6 (100%)
Use MHT to manage VMS	0 (0%)	2 (33%)
Use non-prescribed treatments to manage	1 (11%)	4 (67%)
Headaches	6 (67%)	3 (50%)
Issues with maintaining proper body weight	9 (100%)	5 (83%)
Muscle loss	6 (67%)	4 (67%)
	M (SD)	M (SD)
Know much about menopause (range 0-6)	0.56 (1.01)	4.0 (1.26)
Perimenopausal Self-Efficacy Scale (1 cannot do to 9 certain can do)	6.39 (1.06)	8.07 (0.62)
Menopause Rating Scale (0 none to 4 extremely severe)	1.12 (0.33)	1.29 (0.31)

Extramural Application: In Review March 2025

Our team applied to NIH in December 2024: **Innovations for Healthy Living - Improving Minority Health and Eliminating Health Disparities (R43/R44 - Clinical Trial Optional)** RFA-MD-24-006. Title: MIMA: Mujeres Integral Menopausia Atención | Women's Comprehensive Menopause Care (Site PI: Taylor-Swanson, Co-Is Sanchez-Birkhead, Moreno, Fritz*, Sheng*, Moore*, Warner*. Consultant: Villalta). *New UU Faculty to the project!

Qualitative Results

1. **Learning About Their Body** "It was really interesting to understand what happens in our body, the things we should be aware of, and how we can take care of ourselves better."
2. **Practical Health Tips** "I liked that we talked about real things we can do, like eating foods with calcium instead of just taking pills."
3. **Open, Supportive Discussions** "Hearing other women's stories made me feel like I'm not alone. We are all going through this together."
4. **Culturally Relevant & Inclusive Information** "I liked that we talked about menopause in a way that makes sense for our culture. It's not something we usually talk about, but it's so important."
5. **Encouragement to Advocate for Their Health** "Now I know what questions to ask my doctor. Before, I just accepted whatever they told me."
6. **Mental and Emotional Well-Being** "I didn't realize that menopause could affect my mood so much. It was good to hear that it's normal and that there are things we can do about it."
7. **Sense of Community & Shared Experience** "It's so nice to talk about this openly. We should have had this conversation years ago."

What participants liked best overall:

- Clear, factual information
- Practical, actionable tips
- Open discussions
- Culturally-relevant education
- Encouragement to self-advocate, which helped them feel in control of their healthcare

Conclusion & Recommendations

Culturally tailored menopause education in Spanish was well-received by Hispanic women and helped address knowledge gaps, reduce stigma, and empower participants to take control of their health. The combination of education, actionable strategies, and peer support proved to be a transformative experience, reinforcing the importance of culturally relevant health interventions for Hispanic women experiencing menopause.

Future work to develop a suitable comparator and thus conduct a fully powered efficacy trial is needed to support needed future dissemination and implementation studies.

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