

Project B.L.A.C.K. Barriers Lifted After Cultivating Knowledge Assessing barriers to obesity prevention in Black women using the Teach-back method

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Conclusion:

- Regardless of educational attainment and socioeconomic status, Black women experience higher rates of obesity that differ from other races.
- Stress was the largest barrier identified.³
- Obesity risk and stress assessment counseling should be integrated into the APRN tool-kit and used consistently in the care of Black women.

Implications

- Increase in nurse led interventions exploring the importance of patient education/counseling on chronic disease prevention and management.
- Assess and identify → address → evaluate
- Incorporate health literacy principles, including Teach-back, consistently.

Limitations

- Small sample size
- Convenience sampling
- Short project timeline
- COVID-19 restrictions

Next Steps

- Recreating group format settings using Teach-back with community leaders, health ministries, and in healthcare settings.
- Integrating health literacy into nurses' vocabulary for proper assessment and use.
- Lobbying for updated health policies, social justice measures and quality healthcare for Black women.

References

- ¹Cameron, N. O., Muldrow, A. F., & Stefani, W. (2018). The weight of things: Understanding African American women's perceptions of health, body image, and attractiveness. *Qualitative Health Research*, 28(8), 1242–1254. <https://doi.org/10.1177/1049732317753588>.
- ²Curry, G. D. (2019). The impact of educational attainment on Black women's obesity rate in the United States. *Journal of Racial and Ethnic Health Disparities*, 7(2), 345–354. <https://doi.org/10.1007/s40615-019-00663-z>.
- ³Dodgen, L., & Spence-Almaguer, E. (2017). Beyond body mass index: Are weight-loss programs the best way to improve the health of African American women? *Preventing Chronic Disease*, 14(48), 1–5. <https://doi.org/10.5888/pcd14.160573>

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Background

- Black women disproportionately experience obesity at higher rates than any other sex or race in the U.S.
- Multifactorial causes and barriers have been identified.¹
- Limited literature exists on tangible long term or individualized solutions for decreasing morbidity and mortality secondary to obesity in this population.³
- Healthcare providers, specifically, the APRN are vital to the understanding and developing the appropriate interventions for this public health issue.

Purpose

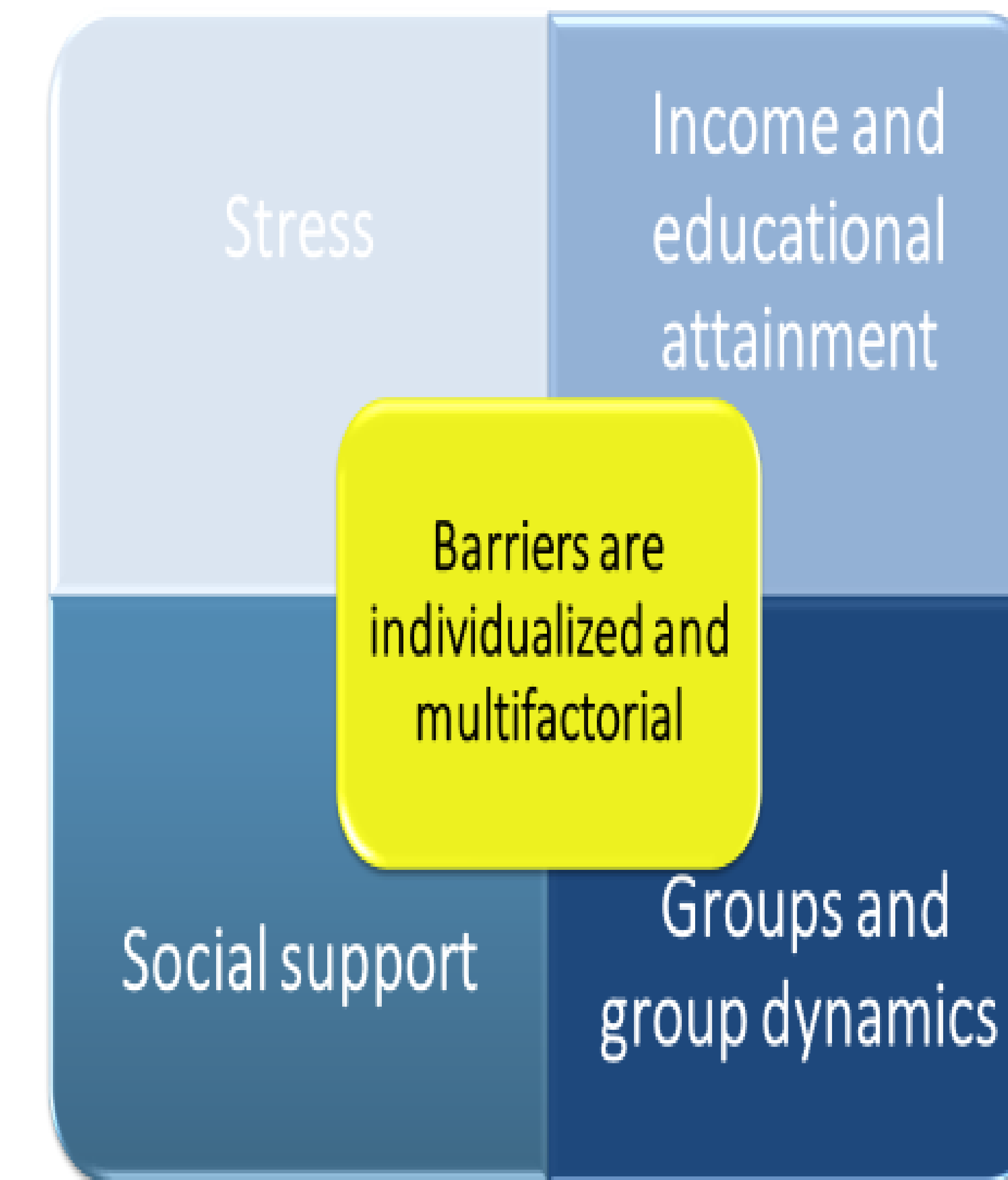
Identify individual barriers influencing excess weight and obesity by BMI standards in Black women by participating in APRN led educational intervention. Assess the effectiveness of educating Black women using the Teach-back method for the improvement of understanding health habits and attitudes.

Methods

- **Design:** Mixed-methods; weekly group sessions and surveys.
- **Setting:** Black church in Atlanta, GA; online via Zoom
- **Sample:** Black women (18-45 years of age)
- **Intervention:** Weekly educational session held over one-hour via Zoom addressing four common barriers identified in literature and pre-research. Sessions concluded with 5-10 minute Teach-back session.
- **Procedures:**
 - Demographic survey (health hx, ht, wt, occupation, and thoughts/feelings on weight) in Qualtrics
 - Pre-Readiness to Change Questionnaire (RCQ)-SOC calculated
 - Post-RCQ within 1 week after completion of sessions. SOC again calculated after receiving individualized education in group setting.

Methods

- **Tools/Instruments:**
 - Survey
 - RCQ: pre and post
 - Teach-back method
- **Outcomes:**
 - Twenty (n=20) women completed the entire 4-week intervention.
 - 32% attrition rate
 - Majority of participants (80-90%) voiced the same feelings and experiences with weight.
- **Analytic methods used to analyze data for findings**
 - Paired sample-t-test
 - Correlational analysis
 - Qualitative data



Results

- Correlational analysis between BMI, education, and income level was significant with a p -value of **0.05**.
- n=20
- Mean age-**32.7** years
- **BMI**
 - Mean BMI: **39.66**
 - Class 3 (Severe obese)
- **Education**
 - **55%** held a graduate degree
 - **35%** had a Bachelor's/Associates
 - **5%** held a doctorate/professional degree.
- **Income**
 - **30%** earned \$100,000 or more annually
 - **20%** earned \$75,000-\$99,999 annually.
- **Disease prevalence:** HTN, HLD, T2DM, PCOS, and pre-DM
 - **50%** diagnosed with a chronic disease
 - **10%** diagnosed with two or more chronic diseases.

Correlations

		BMI	What is your highest level of education?	Please choose your income range.
BMI	Pearson Correlation	1	.463*	-.170
	Sig. (2-tailed)		.040	.501
	N	20	20	18
What is your highest level of education?	Pearson Correlation	.463*	1	.318
	Sig. (2-tailed)	.040		.199
	N	20	20	18
Please choose your income range.	Pearson Correlation	-.170	.318	1
	Sig. (2-tailed)	.501	.199	
	N	18	18	18

*. Correlation is significant at the 0.05 level (2-tailed).

✓ Strong positive association with BMI and education (r=.463 p<.05)