

A Multi-faceted Approach to Improve the Health Habits of Low-income BIPOC Adolescents

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Background & Significance

- In the U.S., prevalence of overweight and obesity (OBO) for adolescents stands at 22.2%, increasing to 49.1% in adulthood.
- Low-income, Black Indigenous People of Color (BIPOC) communities experience higher rates of OBO. Systemic factors that create health disparities, as well as barriers to access have been implicated, and recently, intensified by the COVID-19 pandemic.

Purpose

To determine the feasibility of an intervention with nutrition, exercise and social support components for adolescents with a Body Mass Index \geq 85th percentile for age and gender on their health behaviors.

Problem

Does the implementation of a multi-faceted health habits intervention positively impact health behaviors of OBO low-income BIPOC adolescents?

Methods

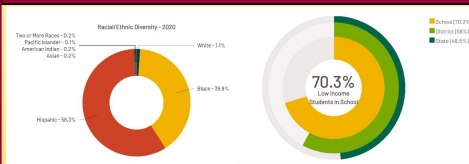
This IRB-approved quasi-experimental study was conducted with a quota sample of 24 low-income BIPOC high school students who met the criteria for OBO. Recruitment was multi-pronged. The program consisted of a 12-week intervention with dietitian-led nutrition education, physical activity sessions led by local BIPOC community fitness leaders, and remote family sessions on nutrition, stress reduction and physical activity. To gauge the impact on participants' engagement in healthy lifestyle behaviors, the Adolescent Lifestyle Profile Revised-2 (ALPR-2) was administered both pre- and post-intervention.



Practice Implications

The data indicates a notable correlation: students who consistently participated in nutrition education sessions experienced enhanced stress management skills following the intervention. The nurturing atmosphere fostered during these sessions possibly contributed to a reduction in overall stress levels among participants. This underscores the significance of prioritizing mental well-being as an integral facet of holistic health. Despite encountering several challenges throughout implementation, the program has proven its feasibility, with valuable insights gained that promise to refine and elevate future outcomes.

Participant Demographics



Illinois School Report, 2021

Table 5. Summary of Healthy vs Unhealthy Weight of Study Participants by Gender, Ethnicity, Race

	Total n (%)	Male n (%)	Female n (%)	Hispanic n (%)	Non-Hispanic n (%)	Black n (%)	Multi-Racial n (%)	White n (%)
Healthy	191 (56.4)	98 (59.8)	73 (62.5)	105 (54.7)	56 (65.3)	60 (62.9)	47 (51.6)	34 (54.0)
Unhealthy Weight	132 (43.6)	66 (40.2)	66 (47.5)	87 (45.3)	30 (34.9)	37 (38.1)	44 (48.4)	29 (46.1)
Total	303 (100)	164 (100.0)	139 (100.0)	192 (100.0)	86 (100)	97 (100)	91 (100)	63 (100)

Kouba et al., 2018

Results

- Twelve nutrition education and three physical activity sessions were offered. The program was pre-empted by a teacher's strike, limiting the scope of the intervention.
- All participants attended at least two-thirds of the nutrition education sessions.
- Sixty percent attended all physical activity sessions. Forty percent of the participants completed the ALPR-2 post-intervention.
- There was a significant increase in stress management scores, despite the program being truncated.

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