An Educational Webinar for Academic and Healthcare Professionals Presenting About a Nutrition Program for Latinx Adolescents to Increase Nutrition Literacy

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Introduction

Obesity affects LatinX immigrants and their children due to the lifestyle changes and acculturation this population undergoes (Kornides, Kinsantas, Yang, & Villarruel, 2011). Compared with native-born White children, the adjusted odds of obesity are 55% higher for second-generation Latinx (Singh, Kogan, & Yu, 2009). Proven association between higher acculturation and higher weight, in addition poor dietary quality and higher prevalence of obesity (Ziu, Chu, Frongillo, & Probst, 2012; Pérez-Escamilla, 2011; Popkin & Kogan, 2009). Lack of nutrition knowledge among Latinx, especially for understanding Diet shifts to a more American style once they are exposed to peer influences (Pérez-Escamilla et al., 2001). Changes and acculturation this population undergoes (Kornides, Kitsantas, Arena, 2019).

Background & Significance

• Diets shift to a more American style once they are exposed to peer influences and the other food choices offered in US schools (Kaiser et al., 2015).
• Lack of nutrition knowledge among Latinx, especially for understanding Diet shifts to a more American style once they are exposed to peer influences (Pérez-Escamilla et al., 2001).
• Over the past three decades the LatinX population in Maryland has more than tripled (Maryland Department of Health and Mental Hygiene, 2012; George et al., 2019; Morente, Morales, & Veredas, 2014).
• 29.7% of Latinx are obese (The State of Obesity in Maryland, 2019).
• Extensive research reports that nutrition interventions are successful at diminishing risks of chronic disease (Kollamoor-Samuel et al., 2016; Schulze, Martinez-Gonzalez, Fung, Lichtenstein, & Forouhi, 2018).
• Community and school-based programs have shown to be effective in delivering health interventions focused on diet and health habits (Nebot, Valdés-Vicente, Pulido, Ceca, & Elvira, 2018; Strierer, Madd, Sainsbury, & Arena, 2019).
• Web based learning has shown to be efficient, convenient, cost-effective, and has high satisfaction among learners (Ding & Zhang, 2018; Elliott & Dillon, 2012; George et al., 2019; Lorente, Morales-Avendano, & Veredas, 2014).

Methods

• Study Design and Setting: Pre-post educational intervention project conducted at the Johns Hopkins University School of Nursing.
• Sample: English speaking academic and healthcare adult professionals over the age of 18.
• Intervention: The evidence-based intervention used for this study is the Eat Healthy, Be Active Community Workshops. The webinar was a total of 30 minutes and delivered virtually/online.
• Measures: Pre-test, web-based educational program, immediate post-test all delivered seamlessly online through Qualtrics© and accessed anonymously through hyperlinks or QR code
• Statistical Analysis: Descriptive report of frequency

Purpose & Aims

The purpose of this scholarly project is to deliver a traditional education program targeted to healthcare and academic professionals about improving nutrition awareness among Latinx adolescents via a live presentation/webinar venue (held at JHU-SON).

Aim 1

15 academic and healthcare professionals from JHU-SON will view the developed presentation/webinar about the Eat Healthy, Be Active Community Workshop delivered via Qualtrics.

Aim 2

Healthcare and academic professionals who viewed the webinar will have an increase knowledge of the Eat Healthy, Be Active Community Workshops measured by a developed pre and post survey delivered via Qualtrics.

Aim 3

A majority of healthcare and academic professionals who viewed the webinar will intend to implement the workshops in the future for future clinical practice and share the knowledge gained with colleagues as measured by survey.

Results

Table 1. Baseline Characteristics of Webinar Participants

<table>
<thead>
<tr>
<th>Demographic Characteristics</th>
<th>N = 8</th>
</tr>
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<tbody>
<tr>
<td>JHU Affiliation, n (%)</td>
<td>5 (62.5)</td>
</tr>
<tr>
<td>Sex: Male, n (%)</td>
<td>4 (50.0)</td>
</tr>
<tr>
<td>Currently Work or Plan to Work with</td>
<td>2 (25)</td>
</tr>
<tr>
<td>Latino Youth, n (%)</td>
<td>5 (62.5)</td>
</tr>
<tr>
<td>No</td>
<td>3 (37.5)</td>
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</tbody>
</table>

Table 2. Number of participants enrolled who completed the intervention compared to the target goal of participants.

<table>
<thead>
<tr>
<th>Aim 1</th>
<th>Number of Participants</th>
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<tbody>
<tr>
<td>Participants who completed the webinar, n (%)</td>
<td>8 (53.3%)</td>
</tr>
<tr>
<td>Participants not enrolled, n (%)</td>
<td>7 (46.6%)</td>
</tr>
<tr>
<td>Participants target goal, n (%)</td>
<td>15 (100%)</td>
</tr>
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Aim 2

For individuals who participated in the webinar, the mean pre-survey knowledge score of the Eat Healthy, Be Active Community Workshops was 2.5 (SD=1.09); the median pre-survey knowledge score was 2.00. Comparing educational webinar presentation, the mean post-survey knowledge score was 4.25 (SD=0.89); the median post-test score was 4.55. Overall, from pre-test to post-test there was a mean 1.75-point (SD= 1.58) improvement knowledge of the Eat Healthy, Be Active Community Workshops.

Figure 1. Pre- and post-intervention knowledge score stratified by participant.

Conclusions & Translation into Practice

• The health initiatives should concentrate on nutrition literacy and include all healthcare providers that will be in close contact with the Latinx population.
• Delivering an evidence-based nutrition tool via a webinar venue can possibly augment the knowledge base of health care and academic professionals regarding Latinx adolescents.
• Nutritional education that is purposefully targeted towards students and staff regarding underserved populations should be offered and made easily accessible to healthcare and academic professionals.
• Future initiatives should focus on educating providers and academic professionals who work with the Latinx adolescent population directly.
• Longitudinal studies to assess the effects of web-based nutrition education for healthcare providers and academic professionals and their Latinx adolescent patients should be considered.

References available upon request.

Limitations

• Lack of contact with participants
• Small sample
• Length of webinar
• Novel pre- and post-intervention survey

Figure 2. Graphical representation of the intent to implement the Eat Healthy, Be Active Community Workshops in the future and share the knowledge gained in the webinar with a colleague.