ABSTRACT

This online, group-based, participant directed health and wellness education pilot program was successful in determining the baseline health statuses, mental well being, perceived stress, alcohol consumption, and perceived racism among a group of young, minority professional women of color in addition to disseminating information about healthy eating, meditation, stress management, and coping mechanisms. This program resulted in increased reporting among the frequency of meal prep by 53%, meditation by 38% and positive coping mechanisms by 77%. Due to the predominantly online nature of the program, there was loss to follow up and incomplete post-survey data with 26 participants initially signing up and completing surveys and less than half (n=14) completing post-program surveys. Because the data was de-identified, it was impossible to match individual pre and post weights to calculate a change in the mean weight and BMI. This online pilot curriculum that employed weekly informational packets on healthy eating, meditation, stress management, and coping mechanisms is the first of its kind to assess health behaviors among a group of young professional women of color. Future studies are needed to optimize follow up and participation among this population that is extremely busy and requires unique and innovative ways to engage in preventative health programs aimed at decreasing stress, and increasing healthy behaviors in order to decrease negative health outcomes among this unique, at-risk population.

METHODS

- Adult participants were recruited over a period of two weeks through various hospitals, educational institutions and social networks across the United States via emails and flyers.
- Participants responded to emails and fliers by requesting to join the program and were invited to join a Facebook Group.
- Before and after the program, participants completed the following validated surveys online via a confidential link: 1) Overall Health Status Survey 2) Alcohol Consumption Questionnaire 3) The Index of Race-Related Stress Scale 4) Patient Health Questionnaire 5) Perceived Stress Scale 6) Health and Well Being Scale.
- Weekly wellness readings and posts to the Facebook groups were sent to participants with the topics of: meditation, healthy eating, meal prepping and stress management.
- The curriculum in the form of readings and Facebook links/posts was shaped by participant interests and goals in the pre-program surveys.

RESULTS

Positive Changes
- "I am now taking vitamins and packing lunches."
- "You need people to help you to make it!"
- "I am cutting down on unhealthy snacks, trying to incorporate more vegetables into daily meals."
- "Changes to my diet have included more salads for lunch, more water with lemon, less sodas, fried food and sugar."
- "I have consciously included more whole foods and vegetables instead of processed food."
- "I'm trying going on walks or runs instead of drinking."
- "Instead of emotional eating junk, I eat carrots. I still do the emotional eating but I make better choices."
- "I have stopped isolating myself and diving into unhealthy work schedules by making small daily goals."
- "Meditation has been helpful during each session and I am able to be still and quiet and enter a peaceful place without static in my mind."

Challenges
- "My living situation has made it difficult to meal prep and create a routine!
- "I'm struggling to cook meatless meals!"
- "My stress has been around completing everything in time to get into my graduate program and there is a lot of work to be done. Other stressors are personal issues."
- "I have a hard time calming my mind."
- "I have not made any significant changes to my diet. It is difficult for me not to eat foods that temporarily make me happy."
- "I need to make healthier food choices when meal prepping and be more aware of the time I spend in the kitchen.
- "I'm working full time, going to school and have a part time job."
- "I have not maintained a healthy body weight."
- "I'm working 40 hours a week and feel very stressed."
- "I need to be more proactive about sleeping."
- "I need to be more proactive about meditating."
- "I have not made any significant changes to my diet. It is difficult for me not to eat foods that temporarily make me happy."

Average weight and height before the program was 173.2 lbs and 5'5" with a mean BMI of 28.8, overweight (n=23).
- Weight ranged from 110-275 lbs.
- Post weight changes are unable to be determined due to loss of follow up and de-identified data.
- 92.0% of participants (n=14) had tried to lose weight in the past and 34.6% reported being told that they were overweight or obese by a medical professional.
- 54.2% of participants employed meal prepping during the program, 38.5 continued with meditation, and 78.7 reported replacing negative coping mechanisms with positive ones.
- 46.7% reported binge drinking (4 or more drinks in one sitting for women) in the past month.

CONCLUSIONS

- This online, group-based, participant directed health and wellness education pilot program was successful in determining the baseline health statuses, mental well being, perceived stress, alcohol consumption, and perceived racism among a group of young, minority professional women of color in addition to disseminating information about healthy eating, meditation, stress management, and coping mechanisms.
- Unique barriers for this population include high stress jobs, parenting, lack of time to prepare and make healthy changes, being full time and the desire for higher educational programs.
- A significant limitation of this study was the loss to follow up among participants who signed up initially however did not complete the program. It was difficult to obtain these weight changes and BMI after the program as not all participants completed all information was de-identified and utilized from participants.
- Future studies are needed to optimize follow up and participation among this population that is extremely busy and requires unique and innovative ways to engage in preventative health programs aimed at decreasing negative health outcomes among this population.

OBJECTIVES

Primary
- To assess baseline frequency of health status, health related behaviors, body image, perceived stress, alcohol consumption, and perceived racism among a group of young professional WOC.
- To create a sustainable and comprehensive health and wellness curriculum for young professional WOC.
- To elucidate the unique barriers to adopting a healthy lifestyle among this group and create strategies to overcome them.

Secondary
- To reduce BMI among participants.

BACKGROUND

Physical and Mental Health Among Women of Color (WOC)
- We are lacking research into the health of young professional WOC and the unique barriers they face in the workforce.
- We know that people of color have higher rates of preventable chronic diseases such as diabetes, hypertension, stroke, CVD and renal disease.
- These chronic diseases that have environmental factors are associated with significant morbidity and mortality.
- As WOC embark on careers in numerous fields, oftentimes the only woman or person of color on a team, stress levels may increase and the time and resources to maintain a healthy weight and lifestyle are limited.
- This environment can stimulate stress that results in unhealthy behaviors such as depression, anxiety, over-eating, poor nutrition, physical inactivity, and binge-drinking.

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