Title:

DASH Diet Reduces Sodium Intake Among African-American Women With Hypertension

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References:

Anderson, C. A., Cobb, L. K., Miller III, E. R., Woodward, M., Hottenstein, A., Chang, A. R.,... Appel, L. J. (2015). Effects of a behavioral intervention that emphasizes spices and herbs on adherence to recommended sodium intake: Results of the SPICE randomized clinical trial. The American Journal of Clinical Nutrition, 102(3), 671. Brennen, M., & Williams, C. L. (2013). Lifestyle management of cardiovascular risk factors in African American women. The ABNF Journal: Official Journal of the Association of Black Nursing Faculty in Higher Education, Inc, 24(4), 92. Epstein, D. E., Sherwood, A., Smith, P. J., Craighead, L., Caccia, C., Lin, P., & Blumenthal, J. A. (2012). In African-American and white adults with high blood pressure: Results from the ENCORE trial. Journal of the Academy of Nutrition and Dietetics, 112(11), 1763. doi: 10.1016/j.jand.2012.07.007

Abstract Summary:

Hypertensive African American women participants were addressed as agents, based on Orem's Self-Care Theory (2001). Orem (2001) proposes that when a self-care deficit arises, nurses should provide and maintain an environment that supports and assists the patient by guiding, directing, and teaching. With the support of the nursing system, agents were assisted to achieve optimal management of hypertension through education regarding dietary approaches to stop hypertension. Interaction among participants and nurses lead to an increase in self-care activities and self-care agency through dietary education, reading food labels for sodium content, cooking demonstrations, and recipe modification exercises. Patients were assisted to meet effective engagement in salt reduction self-care activities within a supportive and educative environment, through a group session to increase adherence to the DASH diet. As a result, the participants demonstrated an increased ability to read food labels for sodium and fat content, purchase healthy food items, integrate healthy dietary choices that comply with DASH recommendations, and manage hypertension.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify risk factors, etiology, and epidemiology of hypertension in African American women	Powerpoint given to learners with Information regarding hypertension, how to diagnose hypertension based on JNC-7 guidelines, blood pressure goals based on age and comorbidity, risk factors, statistics/epidemiology of hypertension in African American women.
The learner will be able to recognize DASH foods, DASH food sources, number of	Learners were able to participate in an icebreaker activity: Starting the Diet

servings recommended, and appropriate servings sizes.	Conversation to discuss the barrier to eating a low sodium diet. Learners received a powerpoint providing information on the effects of sodium on blood pressure, and recommendations from CDC and AHA on recommended dietary consumption of sodium daily. Interactive exercises that allowed learners to learn about the plate method, DASH foods, and serving sizes.
The learner will be able to develop shopping, handling, and preparation skills needed to follow the DASH diet	DASH shopping list was given to the learners with prices from a local grocery store within 5 miles of the community center. Learners were informed of what grocery aisles to shop at and the aisles to avoid. Recipe modification exercises were given to assess the learners ability to identify high salt and high fat ingredients and substitute the item with more healthy ingredients that comply with DASH recommendations. Cooking demonstrations were given for poultry, grains, and vegetables to demonstrate how to prepare and plan meals. Meal planning interactive exercises were given for learners to feel more confident in their ability to incorporate the DASH diet.
The learner will be able to demonstrate how to use nutrition fact labels to meet DASH dietary goals	Interactive exercise was created to facilitate the learners ability to read nutrition food labels for sodium and fat content. Sample nutrition food labels were given to the learners to practice identifying the number of servings, the amount of sodium in a serving, locate the percent amount of sodium consumed with the item compared with the daily value of sodium. Information was given to learners regarding label deception and the true meaning of sodium free, low sodium, reduced sodium, light in sodium, and no salt added.

Abstract Text:

The purpose was to develop, implement, and evaluate a student-led curriculum that used culturally appropriate nursing interventions to address salt-reduction self care behaviors and dietary approaches to stop hypertension among African American women located in an urban community. The curriculum aimed to improve knowledge about dietary approaches to minimize risk for hypertension, increase the participants' confidence in self-care abilities to manage dietary lifestyle changes, and reduce sodium intake among hypertensive African American women. Orem's Self Care Theory was utilized as a guide for its proven effectiveness in the use of self-management to achieve positive health outcomes. Materials developed include soul-food plate visuals, and resource guide. Learning activities included

demonstrations on how to read food labels for sodium and fat content, recipe modification exercises, case-scenarios, personal stories, shopping for DASH items on a budget, meal planning exercises, learning how to manage serving sizes and portion control with the plate method, and cooking demonstrations. N=38 women participated (mean age= 45 years). A majority reported that they were confident in their ability to integrate healthy life style choices (100%), adhere to the DASH diet (98.3%), purchase DASH items (100%), purchase DASH items and manage a food budget (99%), and read food labels for sodium and fat content (100%). A multi-conceptual approach coupled with culturally tailored nursing interventions have the potential to promote African American women to improve self confidence in their ability to improve self-confidence to reduce dietary sodium consumption. As a result of the intervention, the participants became more receptive to adhering to diet modifications for the management of hypertension. Interventions utilized can be implemented in future practice, as it motivates participants to engage in healthy dietary practices and positive healthcare behaviors. Future interventions should be aimed at teaching health professionals culturally tailored education for the management of patients diagnosed with hypertension.