Factors Affecting Health Promotion Behaviors Among Urban Black Women

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Purpose. This study sought to improve what is known in regard to understanding the association of variables impacting health promotion behaviors among urban Black women. This replication study sought to validate the association between health literacy, self-efficacy and readiness for change in a unique population of urban Black women in one Northeastern US metropolitan region. Researchers sought to expand upon results in original study conducted by this researcher, and integrate additional factors that relate to one’s ability to protect health status, including an assessment of spirituality, a history of domestic violence, and prior service in the military.

Methods. This descriptive study used a cross-sectional and integrated an online format that could be texted to participants on their cellular phone. Urban Black women (n = 89) between the ages of 18 to 64 years participated. Through partnerships with the local chapters of the American Heart Association, urban women's clinics and the National Coalition of 100 Black women leaders, a heterogenous sample of one metropolitan region's urban Black women were invited to participate in this study.

Setting. One unique northeasterm US metropolitan region was canvassed by researchers in partnership with national health initiatives in 2017-18. This sample was established to identify the unique characteristics of urban Black women in two unique urban areas.

Measures: Health literacy was assessed using the Newest Vital Sign instrument (NVS), self-efficacy was assessed using the New general self efficacy scale (NGSE), readiness for change was measured using the Health risk instrument (HRI), Daily Spiritual Assessment Scale (DSAS), and The FAST survey (a reliable and valid survey to assess for domestic or intimate partner violence) were correlated to health promotion behaviors (HPLPII). The Health promotion model provided theoretical underpinning to address research variables.

Analysis. Univariate statistics addressed demographic characteristics; bivariate/simultaneous linear regression determined the relationships between the NVS, NGSE, HRI, DSAS and FAST to health promotion behaviors (HPLPII). Further analysis and comparison of variables was assessed using various demographic variables such as education, lifestyle and age.

Results. Demographics: 81.6% completed high school and 29% completed college, and the mean BMI was > 33.1. There was a positive correlation between each of these variables: NVS (r = .283, p < .001), NGSE (r = .382, p < .004), HRI (r = .582, p < .001), DSAS (r = .489, p < .001), FAST (r = .922, p < .001), and this accounted for 38% of variances in health promotion behaviors. Other demographic variables, such as a history of domestic violence and military service were negatively correlated to health promotion behaviors (r = .562, p < .01 and r = .394, p < .001 respectively. This replication study
validated and expanded upon results from from initial study, including am identification that an inverse relationship exists between of high degrees of spiritual affiliation to health promotion behaviors. Moreover, this study also identified a strong independent negative association between a history of domestic violence or military service to health promotion behaviors among urban Black women.

Conclusion. Although a high degree of health literacy, self-efficacy and readiness for change were reported to have a strong association to health promotion behaviors, other factors, such as spirituality, history of domestic violence, and prior military service were also negatively associated with health promotion behaviors. Of these, history of active highly engaged spirituality was the most highly correlated.

Clinical Relevance: Development of programs to facilitate health promotion behaviors among urban Black women should include interventions that address spirituality, domestic violence, health literacy, self-efficacy, and readiness for change in order to reduce critical health disparities. Programs should also address specific demographic characteristics: body mass index, level of education, and lifestyle behaviors as they also correlate to health promotion behaviors. Researchers posit that community based health promotion education may be best communicated through existing trusted cultural leaders, although this requires fewer exploration and validation. The value of creating true clinical collaboration in community based health promotion initiatives between clinicians, researchers and community based leaders is under studied, and requires further assessment.

Title:
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Keywords:
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References:


Abstract Summary:
This descriptive study explored behavioral and demographic variables associated with health promotion behaviors among urban Black women. Health literacy, self-efficacy and readiness for change in a population of urban Black women, and a history of intimate partner or domestic violence and spiritual beliefs and prior military service were assessed and analyzed.

Content Outline:
Describe the factors associated with health promotion behaviors among urban Black women in one Northeastern US city
1. Health Literacy
2. Self-efficacy
3. Readiness for change
4. Spirituality
5. History of domestic or intimate partner violence
6. History of military service
Identify the similarities and differences in this replication study to variables identified in previous study in a unique population of urban Black women.
1. Readiness for change
2. Health literacy
3. Self-efficacy
4. Spiritual affiliation
5. Body mass index
Identify impact of these findings to community health educators, researchers and organizations
1. The value of integrating health promotion education in existing population based activities
2. The potential value in the development of community partnerships toward improving health of at risk populations
3. Identification of the value of integrating historical cultural context in health promotion

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