



# Health Literacy: A Strategy Impacting Black Women

INVITED EDITORIAL

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According to World Health Organization (WHO) figures, the noncommunicable diseases (NCDs) which we at the Fundación Colombiana del Corazón [Colombian Heart Foundation] have termed 'lifestyle associated diseases,' kill 41 million people each year, accounting for 71% of deaths worldwide. Cardiovascular diseases make up the majority of NCD deaths (17.9 million each year), followed by cancer (9.0 million), respiratory diseases (3.9 million) and diabetes (1.6 million) [1].

The World Health Organization indicates that the greatest growth of these diseases over the last 20 years has occurred in the black population, to the point that many entities like WHO, the Panamerican Health Organization (PAHO), the World Heart Association (WHA) and the American Heart Association (AHA) have been systematically focusing their recommendations and approaches on having the black population, specifically, choose to exchange risky behaviors for healthy behaviors [2, 3].

The highest global health authority, supported by numerous epidemiological, social, psychological, and clinical studies carried out by a variety of organizations, has reached the conclusion that the most efficient way of curbing this disproportionate growth of NCDs is to promote healthy behaviors [4, 5, 6].

The World Heart Federation, the Sociedad Colombiana de Cardiología y Cirugía Cardiovascular (SCC) [Colombian Society of Cardiology and Cardiovascular Surgery], and the Fundación Colombiana del Corazón (FCC) [Colombian Heart Foundation] share the vision of an educational strategy to impact the critical mortality statistics of NCDs.

We believe that the strategy of educating to promote healthy behaviors in black women can, through individual decision-making, achieve a commitment to impact the epidemiological reality of lifestyle-associated diseases, which constitute a pandemic of immeasurable proportions for global sustainability. Women are agents of change and may be the natural leaders of a social movement to make care a lifestyle.

In Colombia, we at the SCC and FCC have reached the conclusion that it is imperative to develop an educational strategy aimed at salutogenesis, surpassing the global strategies of training in pathogenesis.

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Due to this vision, in 2021 the two Colombian organizations, supported by WHF, carried out a community educational intervention reaching three Colombian municipalities: Cartagena, Montería and Apartadó. The intervention worked with black female community leaders, using inclusion criteria which identified the black race as having the greatest prevalence of CVD and women as having a constantly growing expression of established risk factors.

Our objective, as implementers of a formative project, was to show that training people using a didactic content, which makes people the subject of change rather than the objective of campaigns employing imperative and prohibitive language, may increase the efficacy of community level interventions.

The program's implementation was based on interinstitutional alliances with public entities of the intervention municipalities and a rigorous selection of participants.

The formative intervention plan was designed keeping in mind the strategy of 'care as a lifestyle' proposed, developed and documented by FCC in Colombia over the last 10 years under the program titled 'Act with a Woman's Heart.' The objective of this program is for people to consider including care decisions in their everyday behaviors.

The proposal of 'care as a lifestyle' was divided into 10 proposals to impact on different cultural areas (movement, learning to eat, smoke-free spaces, women's care, positive thinking, full awareness, heart numbers, vitamin-N-nature, rest-vacation and a healthy work environment) [7]. Formative content was structured using this pedagogy according to Prochaska and DiClemente's transtheoretical model of change [8], which proposed behavior change stimulation through stages (precontemplation, contemplation, decision, action, and maintenance); as well as the theory of planned behavior [9], which involves changing the perception of risk and exploring whether these changes are also accompanied by changes in behaviors and physiological measurements.

A total of 400 black women participated in the formative program, which was complemented with initial and final anthropometric measurements to detect changes in the perception of risk and concrete behavior modifications in daily life following the training.

The content of the formative intervention is shown in **Graph 1**.

**Graph 1** The 10 Method of Care as a Lifestyle (FCC 2021).



Training using more familiar and simpler language, and empowering women regarding their perception of risk and their individual influence on behavior change is the main foundation of the health literacy proposed by FCC, which achieved very important changes during the 2021 intervention:

- A perception survey applied to the women participants at the beginning and end of the intervention showed that lifestyle decisions for disease prevention, such as increasing physical activity, learning to choose foods, reducing stress levels, avoiding the use of tobacco, or limiting the consumption of animal fats, sugar and salt, were only perceived to be important by 33% of the participants, while at the end of the intervention, 91% considered them to be indispensable.
- Prior to the intervention, only 2.2% of the women engaged in 30 minutes of physical activity per day and 2.5% ate fruits and vegetables every day. After training with the formative strategy, 97% of the women indicated that they followed these recommendations.
- Likewise, 55% of the women reduced their waist circumference by at least 3 cm, 54% lost weight and 49% lowered their systolic blood pressure.
- At the beginning of the intervention, 48.1% of the women had a moderate to high risk of diabetes, using the Findrisk questionnaire. This percentage decreased to 15% after the training.

Given the importance of this finding for public health, we believe it is vital to promote sectoral population strategies that empower community leaders in their personal change decisions to make them trainers by example in their spheres of influence.

This is a new formative perspective which proposes educating in a culture of care to promote lifestyles which will ensure healthy behaviors, using language which encompasses the whole human being, addressing the diverse factors which lead to the preservation or loss of health. This perspective especially addresses people's cultural realities learned through traditions, legacies and customs.

The women who underwent the intervention expressed change decisions, promoted support networks and gave testimonials regarding their new role as teachers in their social environment and as new leaders in the social mobilization led in Colombia by the Responsible Hearts program of the Fundación Colombiana del Corazón, whose project objective is to create the conditions for good living.

To learn more about the educational intervention, we invite you to go to [the minisite on our web page](#) and click on our [informational pamphlet](#).

## COMPETING INTERESTS

The authors have no competing interests to declare.

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