

## Abstract

One can observe the prevalence of obesity merely by walking down the street in any given Mississippi town or city. The Centers for Disease Control and Prevention (CDC) rank the national annualized obesity rate for the years 2011-2014 at 28.3 percent (U. S. Department of Health and Human Services, 2016). According to The State of Obesity (2016a), four states in the United States (U. S.) had adult obesity rates above 35%. One of those states was Mississippi at 35.6%, tying in second place for the most cases of adult obesity in the nation.

As rates of obesity continue to rise, it is the responsibility of healthcare providers to analyze what methods are in use to combat this epidemic disease. In reviewing practices, perhaps we as healthcare providers can formulate plans of how to change practice and effectively reverse this trend. However, a thorough knowledge of current recommendations is required. Understanding evidence-based guidelines can bolster provider confidence to align practice patterns more with the current guidelines.

The purpose of this scholarly project was to increase provider knowledge level and confidence in using the 2013 adult obesity guidelines. The study design was a quantitative, quasi-experimental, descriptive approach. Seventeen healthcare providers consisting of nurse practitioners (NP) and NP students were included in the sample. The setting was a School of Nursing in a rural University town in Mississippi.

Pre and posttests were used to assess provider practice patterns, and confidence levels were administered prior to and approximately two weeks after the intervention. All data was analyzed using SPSS. Provider awareness of NHLBI and AHA/ACC/TOS guidelines as well as utilization of the AHA/ACC/TOS and AACE/ACE guidelines was significantly higher on the post-test. Additionally, participants reported a significantly higher level of agreement with feeling well-educated on overweight and obesity management on the posttest. These findings

indicate an increase in confidence and alignment with current clinical practice guidelines.

Limitations of the study included short timeframe from intervention to posttest, recruitment methods, and small sample size. Further research should be done with larger samples.

Additionally, more research utilizing methodologies other than self-report should be conducted in the Mississippi delta. This research should impress the importance of education regarding obesity management techniques in nurse practitioner programs on educators. Additionally, providers should take it upon themselves to critically appraise their practices in managing overweight and obese patients. Only when we understand exactly what is not working, or we are not doing can we change the rising rates of obesity.