

Leading Evidence-Based Practice Change



Chamberlain College of Nursing

NR718 Advanced Practice Nurse Health Systems Leadership

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Leading Evidence-Based Practice Change: Part 3

Cognitive Behavioral Therapy (CBT) has proven to be an evidence-based intervention (EBI) in treating patients with obesity, a global health burden that increases morbidity and mortality rates (Centers for Disease Control and Prevention (CDC), 2023). The CBT intervention in association with lifestyle modifications has proved reliable in primary care settings in improving health behaviors, reducing weight, body mass index (BMI), and disease-associated complications such as metabolic, cardiovascular, musculoskeletal disorders, and neuropathy (Adair et al., 2020). Obesity is a significant growing health concern in the United States, more in adults aged 18 to 65 years, and it accounts for multiple comorbidities, leading to poor quality of life and increased healthcare costs. Despite pharmacological, surgical care, lifestyle changes, and education, weight loss remains elusive for many patients due to poor psychological care, which remains the cornerstone of sustainable obesity care. The intended accomplishment and long-term goals of this proposal are to improve patients' health literacy on obesity, foster medical treatment adherence, achieve an ideal BMI, and promote a healthy lifestyle (de Cosio et al., 2021; Florez et al., 2020), with a primary purpose of an overview of the use of CBT in obesity care. This grant proposal seeks to support the launching of an evidence-based intervention with CBT and lifestyle changes in a clinic setting and a quality improvement strategy to improve obesity care outcomes through an established care model. The content includes specific aims, background significance, setting, translational model, outcomes evaluation plan, data collection methods, intervention/approach, participants' protection, budgeting, and discusses CBT stakeholders' benefits.

Specific Aims

The primary aim of this EBP change project is to implement and evaluate a structured CBT intervention combined with lifestyle changes for obese adults in primary care, designed to reduce obesity in adults aged 18 to 65. The specific objectives are to achieve a minimum 5% to 10% reduction in

weight and BMI in participants over a 12-week intervention period, by improving behavioral outcomes such as dietary patterns, physical activity levels, and stress coping skills (Florez et al., 2020; Ma et al., 2021). Also, to enhance patient-reported outcomes related to quality of life, self-efficacy, and emotional well-being, and establish a feasible EBP model that can be scaled across similar clinical settings. These aims align with Healthy People 2030 goals and support national efforts to reduce chronic disease risk factors and promote equitable health outcomes.

Background and Significance

This proposal aims to secure funding to address the gap in accessible, non-pharmacologic obesity interventions in primary care settings, integrating CBT with lifestyle modifications. Many healthcare organizations lack structured behavioral programs, and patients are often referred to dietitians or bariatric clinics, which are not easily accessible due to a lack of insurance, transportation, or language barriers. By implementing a CBT-based group intervention led by physicians, nurses, and behavioral therapists, this project proposes a feasible, low-cost, evidence-based alternative. According to the CDC (2021), the prevalence of obesity in the United States was 41.9% in 2020. This shows an 11.5% increase since the turn of the century and is only expected to worsen unless Americans control their unhealthy lifestyle and weight. The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDKD) (2021) reports that during this same time, the rates of severe obesity have almost doubled from 4.7% to 9.2%. Obesity accounts for 18% of deaths among adults aged 40 to 85 years in the United States, indicating its substantial impact on mortality (Trust for America's Health, 2020). Recent estimates show that around 4.7 million deaths and 148 million disability-adjusted life-years in 2017 were attributed to obesity (de Cosio et al., 2021). Obesity is linked to approximately 300,000 preventable deaths annually in the U.S., underscoring its public health significance (National Institute of Health (NIH), 2021). Mortality rates are challenging, increasing, and a significant burden, with global deaths linked to high body mass