





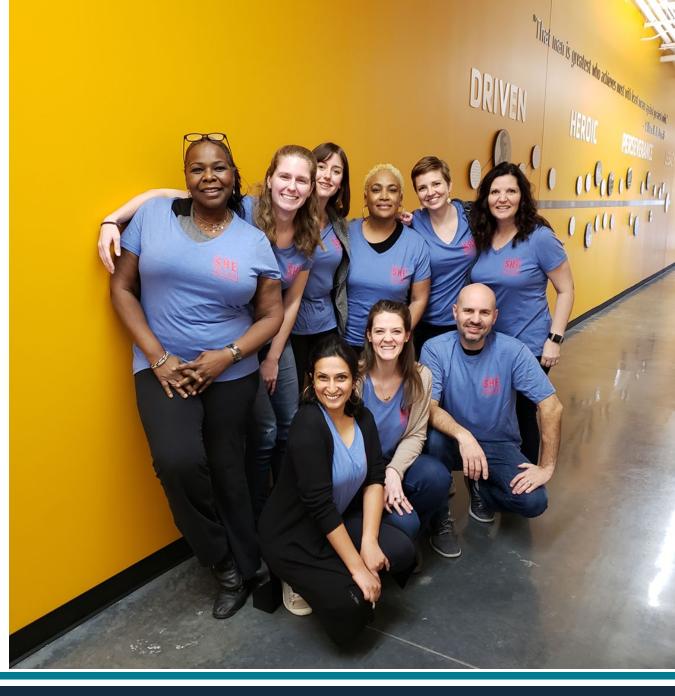


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PI: Emily Spence-Almaguer **Co-l's:** Scott Walters and Tracey Barnett **Coordinators:** Shlesma Chhetri and Leilani Dodgen **Community Partner:** YMCA of Greater Fort Worth **Funding:** National Institute on Minority Health and Health Disparities (NIMHD) under grant number 2U54MD006882–06 **Clinical trial #** NCT03463213 UNTHSC IRB Approval # 2017-148



"The female bonding and empowerment. It was a great opportunity to network with other women and learn that it was okay to be vulnerable without fear of judgment. The program was operated in a manner that allowed everyone to be comfortable in their own

skin and express themselves in

an open manner."





PHASE I

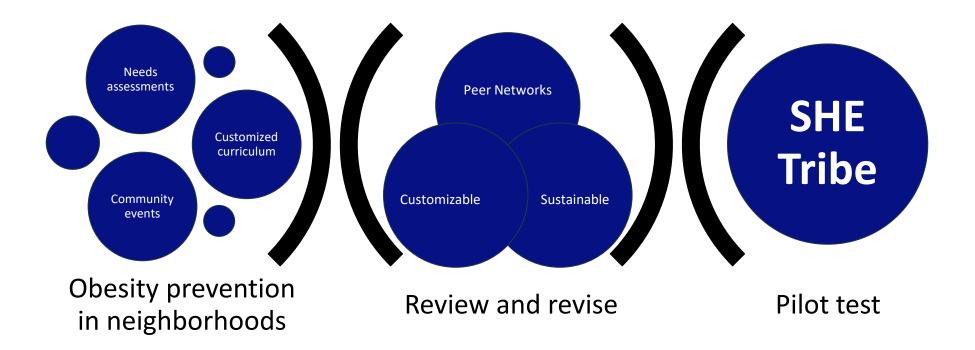
This research was conducted in partnership with the Community Council and was supported by the National Institute on Minority Health and Health Disparities **Exploratory Centers of Excellence** of the National Institutes of Health under award number P20MD006882



Program Development



SHE Tribe was developed through a community-based participatory research (CBPR approach)



Purpose of SHE Tribe

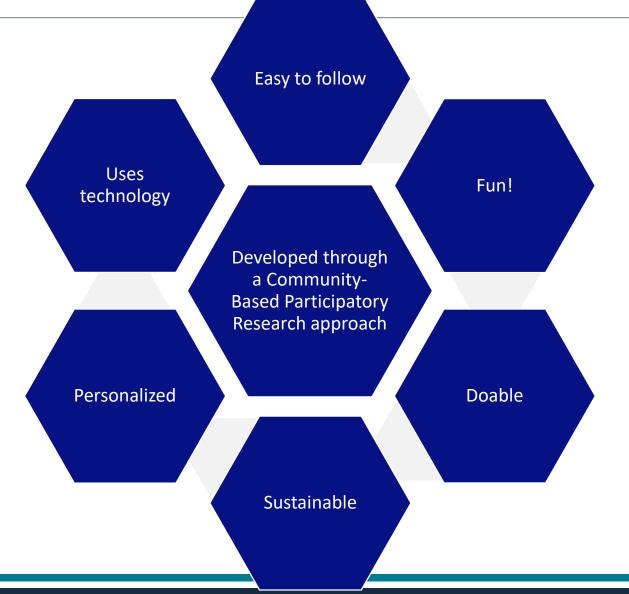


To gather women together, and pursue a lifestyle of health through making small changes that empower action for lifelong wellbeing.

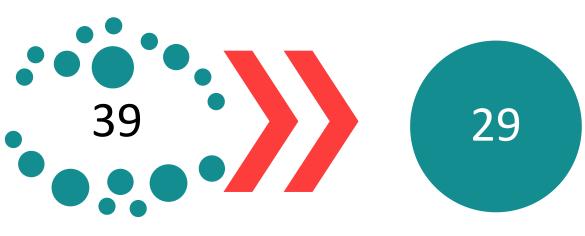


Key Features of SHE Tribe





SHE Tribe Phase I - Findings



Total participants

Total post assessments completed SHE Tribe phase I participants showed improvement in several areas of health (including diet, physical activity, self-care, and stress-level)

This study highlighted the success of a social network based peer-led model in empowering women and promoting healthy lifestyle choices

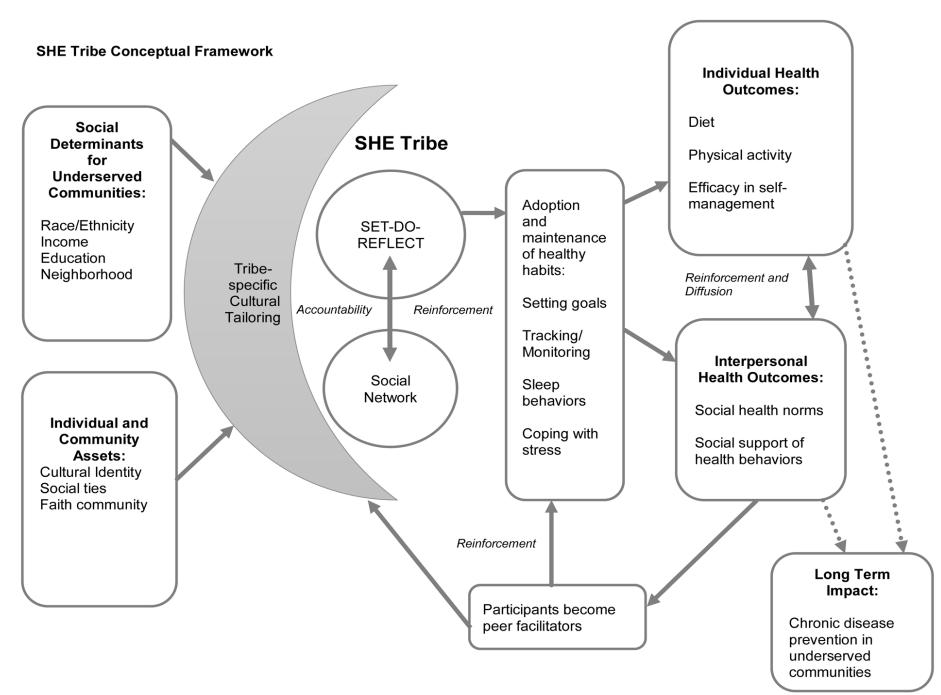
Programs fostering intrinsic motivation and self-efficacy such as SHE Tribe showed promise with improving health



PHASE II

This research is conducted in partnership with YMCA of Greater Fort Worth and is supported by National Institute on Minority Health and Health Disparities (NIMHD) under grant number 2U54MD006882–06 (Clinical trial # NCT03463213)





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hsc^{‡‡}



AIM 1. Determine whether SHE Tribe can be feasibly implemented with groups of women from communities at high risk for chronic health conditions.

- Is it feasible? Acceptable? Engaging? Sustainable?
- Qualitative interviews, weekly feedback forms

AIM 2. Examine how health behaviors are adopted by individuals and diffused through social networks.

- <u>At the individual level</u>: What goals are selected? How do these relate to key health outcomes (health behavior tracking, health activation, diet, physical activity, sleep, coping with stress, body appreciation)
- <u>At the interpersonal level</u>: Diffusion of health behaviors and support for health behaviors through social networks.
- Approximate sample size: 240 participants

SHE Tribe is a social network-based peer-facilitated intervention developed to improve health behavior among women in underserved communities



Our Goals is to: Improve individual health outcomes such Influence social health In the long term, as diet, physical prevent chronic norms and enhance activity, and social support for disease prevalence confidence in selfhealth behaviors among women management of health

Recruitment and Training





Group leader is recruited from communities in Tarrant County Group leader receives training from SHE Tribe staff members Group leader forms her tribe and begins the program



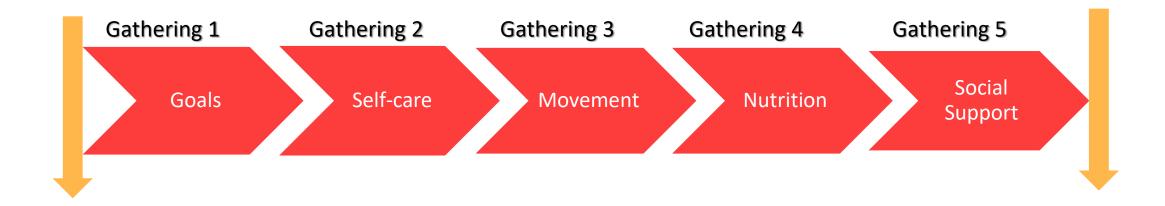
She's Healthy and Empowered

Discussion Guide











Incentives







3 – Physical Health: Stretch Band & Shaker Cup



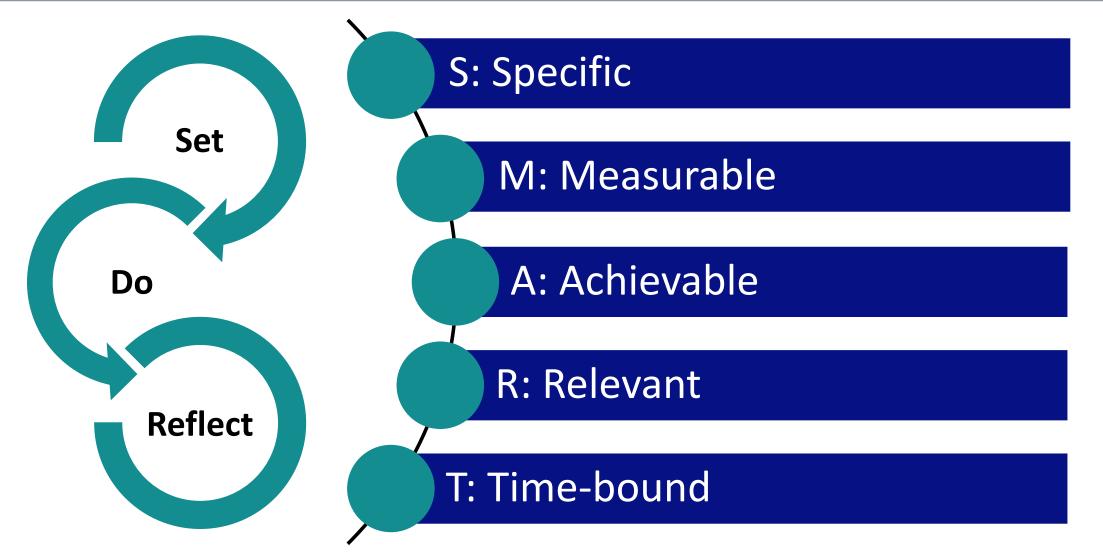
4 – Nutrition: Salad Shaker



5 – Social Support: Shirt & Lanyard

SMART Goals









Dancing

S.H.E. Tribe

Goals

l. Increase water intake exercise = walking Spiritual Fillfulment.

1. Feb. 15 Introduction by Chhetis, Shlesma, Glenda Feb. 22 Self care

1. manicure 2. burger = a friend 3. relaxing = a good book_Becoming by Michelle Obama.

> e 995 6 Breasts

> > Broccli

Parsley dandelion root

3. March 1 Movement Dancing 2 exercise 3 be sure to check heart rate P movements 4 March 8 Food for Fuel we enjoyed

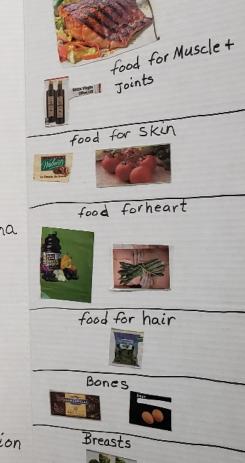
> l. muscle + joints Olive Oil Fresh salmon ricotta cheese

2. Hair Pumpkin Seeds cottage cheese spinach 3. Heart edamame purple grape juice

asparqus

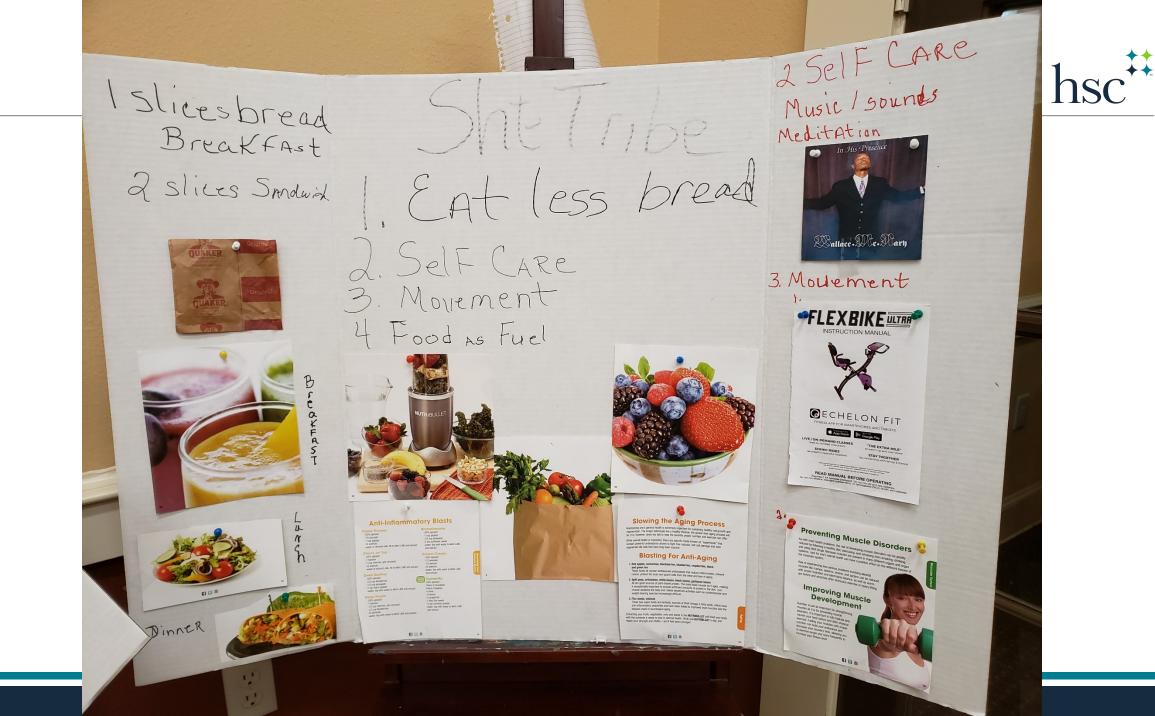
4. Gut Healt 7. Skin Tempeh Walnuts Purnes totat sauerkraut Hemp 5. Bones Chocolate 5. Celeb

5. Celebration Pot Luck



food for fuel

hsc



Avenues for SHE Tribe sessions





Research Components







Participants Served



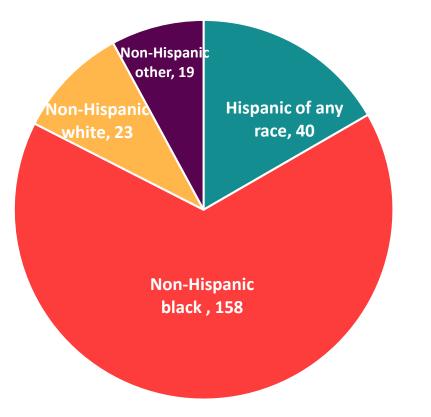
Participants

Tribes



Participant Demographics





The average age of participants is **46** with the age ranging from **18** to **82** years

Participant Goals









92% of SHE Tribe participants reported that their facilitator was supportive and encouraging to a great extent





86% of SHE Tribe participants reported that the program was enjoyable to a great extent **Connected with women**

I am eating more fruits and vegetables which I was not doing before. I have learned to mentally think about how to make healthy choices and I love the Smart goal theory use to achieve and successfully help reach some goals I set.

During the program i thought twice about certain food items i would eat. After setting a goal during the meeting I would try to make sure i achieved them and worked out more than i would have if i did not attend the meetings. The accountability helps tremendously.

I am more aware of my self and making self care a priority in my life.

Drinking more water



Gathering with other

women

Socializing with other women

Get with other ladies and holding one another accountable to help reach our goals Meeting up with the tribe and discussing a healthier lifestyle

> Accountability. The honesty of group members. Group Motivation

Accountability and the responsibility of showing up to the meeting Time to reflect on self

The bonding with the other ladies

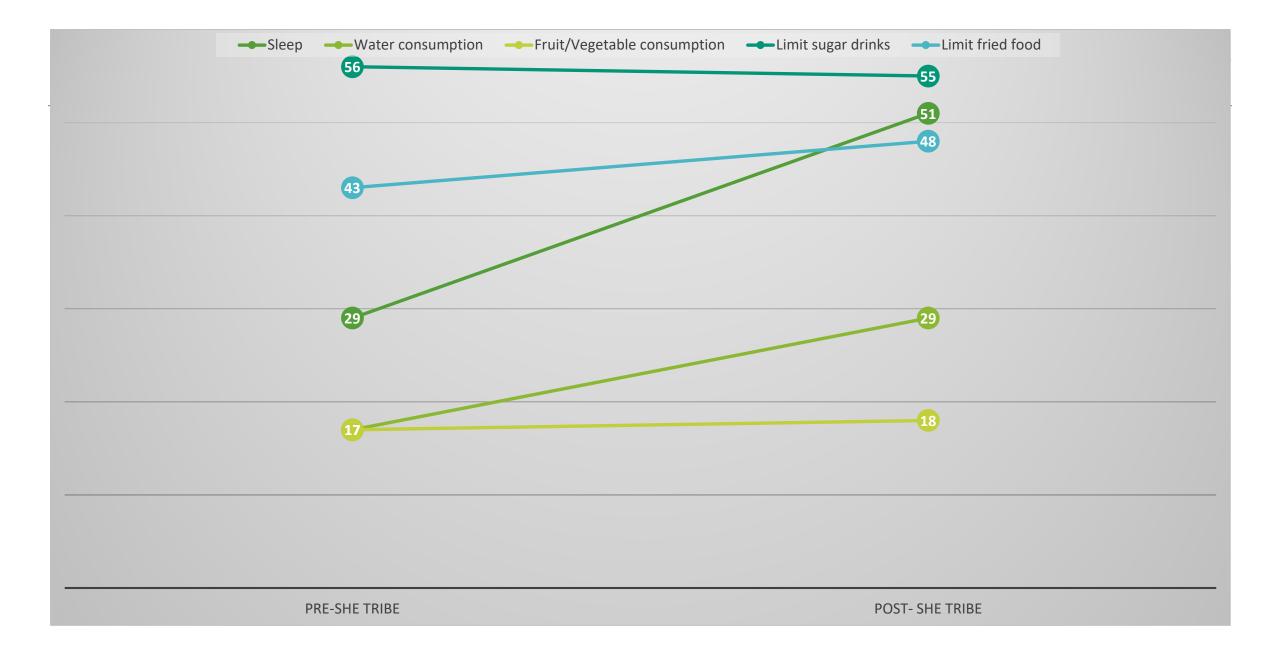
Preliminary Outcome



Percent of SHE Tribe participants reaching recommended health behavior levels has increased including physical activity, sleep, water, fruits and vegetables, and limiting sugar intake and fried foods.









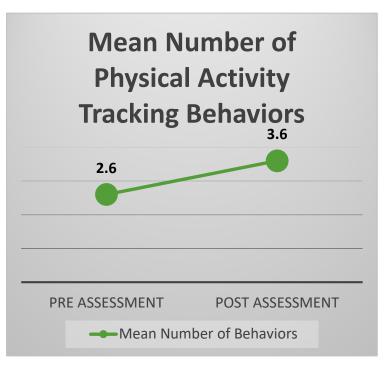
Adoption of Diet-Related Tracking and Health Behaviors ${}_{ m hsc}$

- Diet (12 items)*
 - Monitor fat, carbohydrates, protein, sugar, sodium, calories, water
 - Meal planning
 - Portion control (2)
 - Use nutrition labels
 - Calories burned
- Diet quality* improved (vegetable and fiber consumption, reduction in fried foods and sugars)



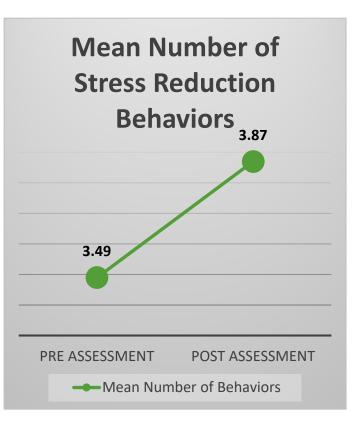
Adoption of Physical Activity Tracking and Health Behaviors ${ m hsc}^{\ddagger}$

- Physical Activity* (10 items)
 - Track # of steps, exercise time, types of physical activity, time sitting, sleep patterns
 - Follow a work-out or fitness plan
 - Monitor screen time
 - Park far away from entrance doors
 - Take the stairs
 - Take short breaks
- Significant improvements in the proportion of participants meeting recommended levels of strenuous, moderate and strength exercises*



Adoption of Wellness Behaviors and Improved Perceptions ${ m hsc}^{\ddagger}$

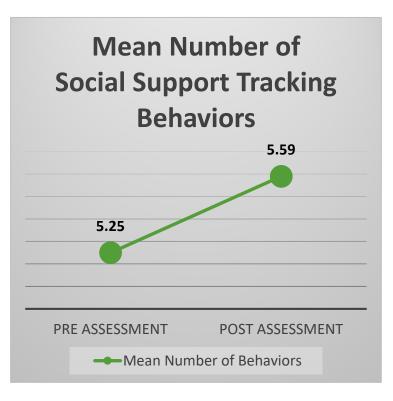
- Stress Reduction (7 items)
 - Be active (walk, dance, yoga, or other movement)
 - Time with family, friends, and/or pets
 - Engage in spiritual and faith activities
 - Meditation or breathing exercises
 - Hobbies (reading, crafts, music, blogging, etc.)
 - Time alone
- Improved Body Appreciation*
- Improved quality of life*







- Social Support (9 items)
 - Shared a meal with family or friends, called a friend or relative to talk
 - Participated in a club or other social group activity
 - Participated in a faith-based group activity
 - Had a meaningful 1:1 conversation
 - Shared an appreciation of someone
 - Wrote about gratitude in a journal
 - Ask a friend or family member for help or advice







Challenges and Lessons Learned



