

WELCOME !



As you enter today's meeting, use the chat box to tell us:

- 1) *Your organization/community.*
- 2) *What do you do to manage stress?*



Meeting Agenda

- | | |
|---------|---|
| 1:00 pm | Welcome, Introductions |
| 1:10 pm | Stress Management as a Core Behavior for Addressing Obesity and Achieving Optimal Health
<i>Dr. Cheryl Giscombé, PhD, RN, PMHNP-BC, FAAN</i>
<i>University of North Carolina at Chapel Hill</i> |
| 1:55 pm | Application, Networking and Collaborative Learning
<i>Breakout room discussions</i> |
| 2:15 pm | Eat Smart, Move More NC Updates |
| 2:30 pm | Close |

Stress Management as a Core Behavior for Addressing Obesity and Achieving Optimal Health

*Dr. Cheryl Giscombé, PhD, RN, PMHNP-BC, FAAN
University of North Carolina at Chapel Hill*



HARMONY:

***A Culturally-Relevant, Randomized Controlled
Intervention to Improve Diet, Physical Activity, and
Reduce Cardiometabolic Risk in
African American Women***



Cheryl L. Woods Giscombé, PhD, PMHNP-BC, FAAN

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in Quality of Life, Health Promotion, and Wellness & PhD Lead Faculty
Director, Interprofessional Leadership Institute for Behavioral Health Equity
Director Giscombe Mind-Body Health Equity & Arts Lab (mb-HEAL)
UNC Chapel Hill School of Nursing***

***Psychiatric – Mental Health Nurse Practitioner & Health Psychologist & Certified Holistic Health Coach
Certified Mindfulness-Based Relapse Prevention Instructor***

Design Partner & Inaugural Fellow – Harvard Macy Art Museum-Based Fellowship for Health Professions Educators



National Institutes
of Health

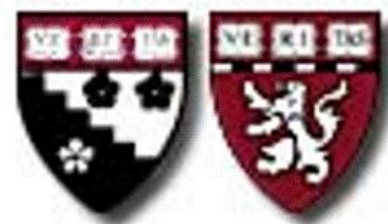
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Mindfulness-Based Stress Management Interventions to Reduce Cardiometabolic Risk in African American Women



Community-Engaged and Multidisciplinary/Multi-Method Funding Support (Development and Execution):

1. NIH R01 (NIMHD) ~ \$3.1 million (HARMONY Study; 2020-2025)
2. HRSA – Mindful Behavioral Health Equity (2019-2021); UNC PrimeCare 2.0 (2017-2021)
3. Macy Faculty Scholars Program (2015-2017)/Thorp Faculty Engaged Scholars Program (2014-2016)
4. Robert Wood Johnson Foundation Nurse Faculty Scholars Program (2012-2015)
5. NC TraCS 2K Grant (Cultural Relevance of Mindfulness for African Americans, 2013)
6. NCCAM 1R21 AT004276-01 (4-year feasibility RCT – 2009-2013)
7. Substance Abuse and Mental Health Services Administration at the American Nurses Association Minority Fellowship Program (SAMHSA-MFP; 2007-2009)
8. UNC Center on Innovation in Health Disparities Research (CIHDR; NINR/NCMHD Grant P20NR8369, 2006-2008)
9. NINR T32NR007091 (UNC School of Nursing, 2005-2007)
10. American Psychological Association, Division 38 (African American Women's Well-Being Study, 2005)
11. W.B. Burghardt Dissertation Fellowship (Stony Brook University, 2004-2005)



“Of all the forms of inequality, injustice in health is the most shocking and inhuman.” – Dr. Martin Luther King, Jr., 1966





Call to Action



- * **“Of all the forms of inequality, injustice in health is the most shocking and inhuman.” – Dr. Martin Luther King, Jr., 1966**

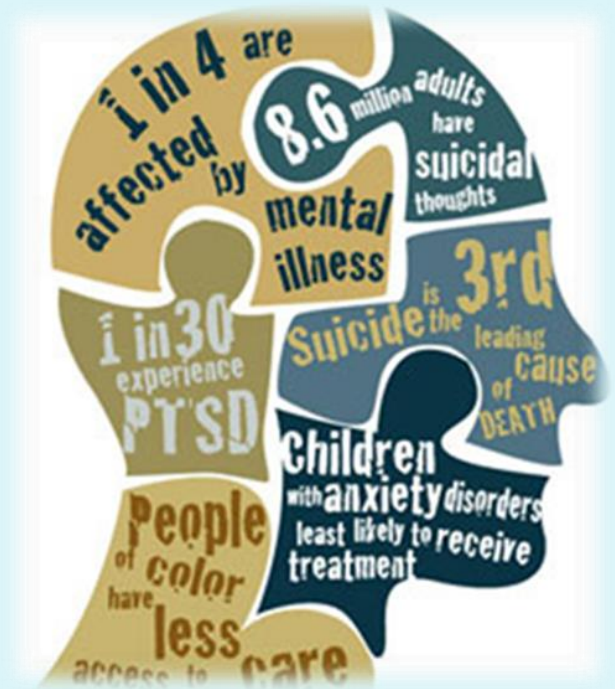


- * **“Without mental health there can be no true physical health” -- Dr Brock Chisholm, first Director-General of the World Health Organization (WHO, 1954)**

Mental Health Care Disparities

- * Inadequate mental health providers and services
- * Underrepresented groups are more likely to
 - *experience more persistent and severe mental illness*
 - *receive poor- quality care,*
 - *Experience cultural insensitivity*
 - *delay or not seek treatment,*
 - *terminate treatment early.*

(see American Psychiatric Association, 2014; Manseau & Case, 2014; Woods-Giscombe, 2016).



The Development of the Interprofessional Leadership Institute for Mental Health Equity

Abstract

The Interprofessional Leadership Institute for Mental Health Equity is being developed at the University of North Carolina at Chapel Hill to reduce mental health disparities by (1) engaging students in interprofessional service learning and research activities, (2) promoting integration of community-based strategies and social determinants of mental health conditions among underserved and vulnerable groups as required curricular components, (3) enhancing workforce diversity (in partnership with Racial/Ethnic Minority-Serving Colleges/Universities) by supporting students to obtain professional careers in mental health care, mental health policy, and mental health leadership, and (4) supporting current mental health providers, educators, and researchers who are working to mentor students in ways that address mental health inequities.

The Issue

Americans with mental health and substance abuse disorders have lower life expectancies. This is magnified for Americans in racial and ethnic minorities, who generally are medically underserved and underrepresented across the health professions. Inadequacy of mental health care contributes greatly to disparate health outcomes. Stigma about mental illness, perceived incongruence of culture, values, and priorities between patients and providers, and perceived incongruence of spiritual/religious beliefs and mental health care services pose barriers to better care and affect access to and use of mental health care service for underserved and vulnerable groups. (Research

Administration [SAMHSA], 2011), including the ability to engage patients, families, and communities. SAMHSA has recognized the critical importance of university partnerships to more effectively recruit, prepare, and retain a diverse cadre of health professionals to successfully provide services that reduce disparities in mental health care and substance use disorders. A promising strategy for enriching the preparation of the next generation of health professionals includes revamping the model for training and service provision.

Background

To address these critical needs, the Interprofessional Leadership Institute for Mental Health Equity (ILI-MHE) is being developed as an interprofessional (IP) academic-community (A-C) partnered program at The University of North Carolina at Chapel Hill. The Interprofessional Leadership Institute for Mental Health Equity will address the four IP Education Collaborative competencies: values and ethics, roles and responsibilities, communication, and teamwork (Interprofessional Education Collaborative, 2011). Key components follow recommendations from the Josiah Macy Jr. Foundation to realign interprofessional education (IPE) with clinical practice (Josiah Macy Jr. Foundation, 2013). The goals are also in line with World Health Organization's (WHO) statement identifying IPE as 'a key step in moving health systems from fragmentation to a position of strength' (WHO, 2010) and with the American Psychological Association's (APA)

linguistically competent and evidence-based prevention, early intervention, and treatment.

- 2) Increase the availability of mental and behavioral health services that are culturally and linguistically competent and accessible to racial and ethnic minorities.
- 3) Increase research examining the complexities and intersections of multiple statuses/identities.
- 4) Foster positive relationships and programs within racial and ethnic minority communities to increase awareness of mental health issues and prevent environmental factors that may place individuals at risk.

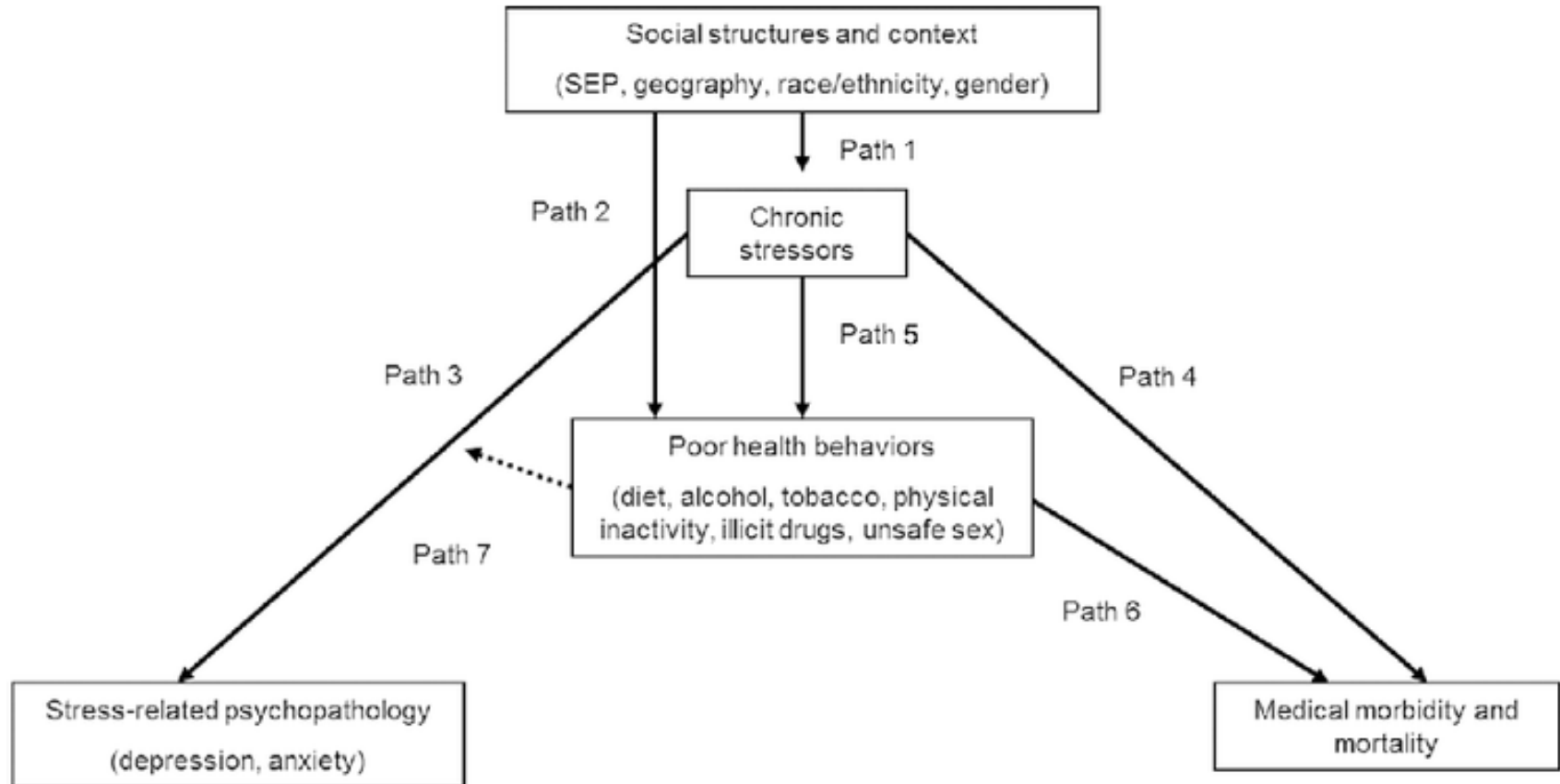
Project Development

Through existing and newly developed A-C partnerships, students enrolled in existing, discipline-specific community health practicums, independent studies, and clinical courses are being trained to provide culturally sensitive, contextually relevant, team-oriented, evidence-based, holistic, and policy-focused care. Students are made aware of these opportunities through existing and newly forming interdisciplinary partnerships between the Schools of Nursing and other health professions programs. The students are engaging in educational experiences that stimulate creative strategizing for addressing mental health inequities. A primary goal is to produce mental health professionals who are collaboration-ready – safely, cost effectively, and with improved outcomes for patients. Students are engaging in experiences that enhance clinical practice

Environmental Affordances Model:

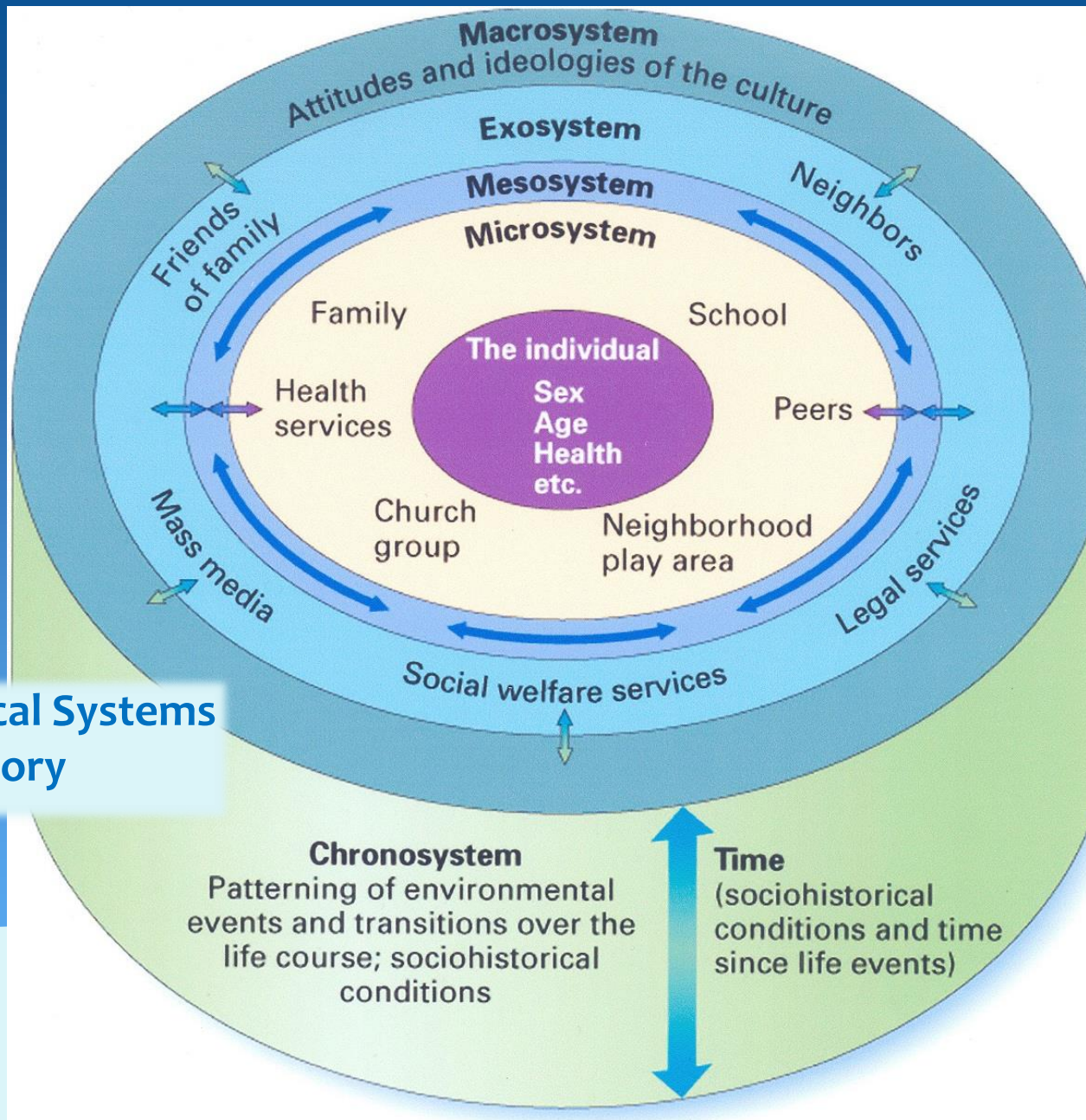
Includes status-based stressors, coping, and mental and physical health.

Mezuk, Abdou, Hudson...Jackson (2013)



“Crucial advances have been made in our knowledge of the social determinants of health and health behaviors. Existing research on health disparities, however, generally fails to address a known paradox in the literature: While blacks have higher risk of medical morbidity relative to non-Hispanic whites, blacks have lower rates of common stress-related forms of psychopathology such as major depression and anxiety disorders. The Environmental Affordances Model is an integrative framework for research to address the origins of both physical and mental health disparities that considers self-regulatory health behaviors and stress coping... Transdisciplinary approaches, such as the EAM are needed to understand the origins of group-based disparities to

Bioecological Systems Theory



Health Disparities

According to the US Department of Health and Human Services, African American women experience disparate rates of morbidity and mortality related to various health conditions.

- ❖ **Cardiovascular disease**
- ❖ **Obesity**
- ❖ **Lupus**
- ❖ **Diabetes**
- ❖ **Mental illness morbidity**
- ❖ **Mental health service utilization**
- ❖ **Cancer**
- ❖ **Uterine Fibroids**
- ❖ **Adverse birth outcomes**

Bioecological Model
(Bronfrenbrenner)

Weathering Hypothesis
(Geronimus)

Allostatic Load
(McEwen)

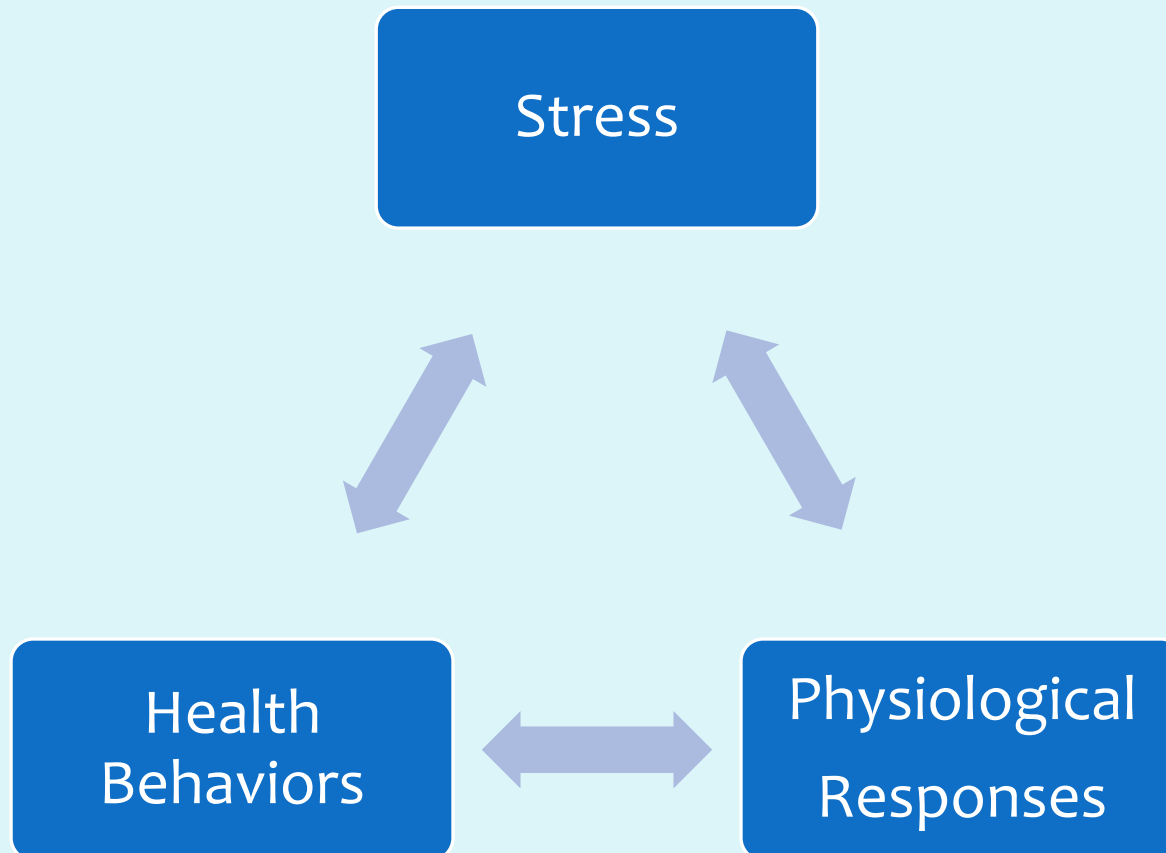
**Environmental Affordances
Model**
(Mezuk/Jackson)

Women of Color and Health Disparities



Women of Color and Health Disparities

One of the major **social determinants of health** is psychological stress.



Women of Color and Health Disparities

How do we *effectively* study and understand the influence of stress on health in African American women using culturally relevant methods?

(Jackson et al., 2005; Clark et al., 1999; Nuru-Jeter, et al, 2011; Woods-Giscombé & Lobel, 2008).



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Race and Gender Matter: A Multidimensional Approach to Conceptualizing and Measuring Stress in African American Women

Cheryl L. Woods-Giscombé and
The University of North Carolina at Chapel Hill

Marci Lobel
Stony Brook University

Abstract

Based on prior research and theory, the authors constructed a multidimensional model of stress in African American women comprised of race-related, gender-related, and generic stress. Exposure to and appraisal of these three types of stress were combined into a higher-order global stress factor. Using structural equation modeling, the fit of this stress factor and its ability to predict distress symptoms were examined in 189 socioeconomically diverse African American women aged 21 to 78. Results support the multidimensional conceptualization and operationalization of stress. Race-related, gender-related, and generic stress contributed equally to the global stress factor, and global stress predicted a significant amount of variance in distress symptoms and intensity. This model

Women of Color and Health Disparities




Superwoman Schema (SWS) (Woods-Giscombé, 2010):

- ❖ Sociocultural and historical phenomenon
- ❖ Strength obligation
- ❖ Emotional suppression
- ❖ Resistance of support or vulnerability
- ❖ Motivation to succeed despite limited resources
- ❖ Disproportionate caregiving
- ❖ Assets: Survival – self & community
- ❖ Limitations: Neglected self-care
- ❖ May exacerbate stress and stress-related disparities

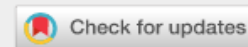


The Giscombe Superwoman Schema Questionnaire: Psychometric Properties and Associations with Mental Health and Health Behaviors in African American Women

Cheryl L. Woods-Giscombe , PhD, Amani M. Allen , PhD, Angela R. Black , PhD, Teneka C. Steed , PhD, Yin Li , PhD & Charity Lackey

Published online: 13 May 2019

 Download citation  <https://doi.org/10.1080/01612840.2019.1584654>



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Abstract

The purpose of this research was to examine the psychometric properties of the Giscombe Superwoman Schema Questionnaire. Three separate studies conducted with 739 African American women provided preliminary evidence that the Questionnaire's factor structure aligns with the Superwoman Schema Conceptual Framework and has good reliability. In addition, it is positively

Study 3: Giscombe Superwoman Schema Questionnaire

Associations among SWS and:

- ❖ Depressive Symptoms (CESD)
- ❖ Perceived Stress (PSS)
- ❖ Sleep Quality (PSQI)
- ❖ Stress-Related Eating (UFC)
- ❖ Physical Inactivity (M-IPAQ)



Research Incorporating the Superwoman Schema Questionnaire

- Systemic Lupus Erythematosus (Lewis – Emory University)
- Systemic Lupus Erythematosus (Chae/Varner – Auburn University)
- Cardiometabolic Risk (Allen – Berkeley University)
- Telomere Activity (Allen et al. – Berkeley University/San Francisco State)
- Perinatal Anxiety and Depression (Sheffield – UNC Chapel Hill)
- Heart Rate Variability (Bronlow – The Ohio State University)
- Depressive Symptoms (Nelson – Brown University)
- African American Women's Health Engagement (Packenham – NIEHS)
- African American Women College Students (Wade – NC A&T State Univ.)
- African American Women College Students (Watson-Singleton – Spelman)
- Resilience and Cardiometabolic Health in AAW (Williams – Ohio State)
- SWAN Study (NIA; eventual public access)

Racial discrimination, the superwoman schema, and allostatic load: exploring an integrative stress-coping model among African American women

Amani M. Allen,¹ Yijie Wang,² David H. Chae,³ Melisa M. Price,⁴ Wizdom Powell,⁵ Teneka Steed,⁶ Angela Black,⁷ Firdaus S. Dhabhar,⁸ Leticia Marquez-Magaña,⁹ and Cheryl L. Woods-Giscombe¹⁰

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Racial discrimination has been linked to allostatic load among African American women. Coping is a central component of the stress response process. However, limited attention has been given to the role of coping in studies examining racial discrimination as a social determinant of health. We examined whether the superwoman schema (SWS), a multidimensional culture-specific form of coping, modifies the association between racial discrimination



The Potential Benefits of Mind-Body Self-Awareness and Self-Care



Mind-Body Interventions to Reduce Risk for Health Disparities Related to Stress and Strength Among African American Women: The Potential of Mindfulness-Based Stress Reduction, Loving-Kindness, and the NTU Therapeutic Framework

**Cheryl L. Woods-Giscombé, PhD, RN¹ and
Angela R. Black, PhD²**

Abstract

In the current article, the authors examine the potential role of mind-body interventions for preventing or reducing health disparities in a specific group—African American women. The authors first discuss how health disparities affect this group, including empirical evidence regarding the influence of biopsychosocial processes (e.g., psychological stress and social context) on disparate health outcomes. They also detail how African American women's unique stress experiences as a result of distinct sociohistorical and cultural experiences related to race and gender potentially widen exposure to stressors and influence stress responses and coping behaviors. Using two independent, but related, frameworks (Superwoman Schema [SWS] and the Strong Black Woman Script [SBW-S]), they discuss how, for African American women, stress is affected by "strength" (vis-à-vis resilience, fortitude, and self-sufficiency) and the emergent health-compromising behaviors related to strength (e.g., emotional suppression, extraordinary caregiving, and self-care postponement). The authors

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Mindfulness-based Diabetes Education for African Americans with Pre-Diabetes: A Pilot, Sequential, Mixed-Methods RCT

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UNC Chapel Hill - School of Nursing and Program on Integrative Medicine

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Karyn Leniek, MD
Laura Young, MD, PhD
Saada Al-Barwani, BSN, PhD (c)
Jeena Yoo, BSN, RN
Keturah Faurot, PhD

Purpose and Research Aims

Type 2 diabetes is a growing epidemic in the United States, and pre-diabetes affects more than 86 million citizens. Culturally relevant interventions are needed to prevent diabetes among African Americans, who experience disproportionately high rates of diabetes-associated morbidity and mortality. Integration of mindfulness-based stress reduction with conventional diabetes risk reduction education may effectively improve stress-related psychoneuroendocrine processes and enhance engagement in healthy behaviors critical for preventing diabetes in African American adults with pre-diabetes.

Method

This pilot sequential mixed-methods, two-arm, randomized controlled trial was designed to collect feasibility and preliminary efficacy data on a mindfulness-based diabetes prevention education program (MDP) versus a conventional diabetes prevention education program (CDP) among African American with pre-diabetes aged 25 and above experiencing significant life stress. Each group met for eight weeks, with a four-hour session between weeks five and six, and six monthly booster sessions.

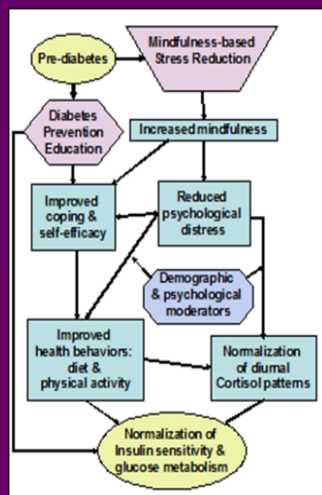
The primary outcome, measured at two weeks, three months, and six months, was homeostatic model assessment of insulin resistance (HOMA-IR). Additional outcomes included insulin secretion/insulin resistance index, A1C, fasting glucose and oral glucose tolerance test (OGTT), salivary cortisol, psychological stress, depressive symptoms, body mass index, waist-to-hip ratio, physical activity, dietary recall, and self-reported health status. Other measures included demographics, intervention credibility, and spirituality.

Qualitative component

Structured interviews were conducted to provide qualitative information about feasibility, cultural relevance, and acceptability. Data were analyzed based on intention to treat.



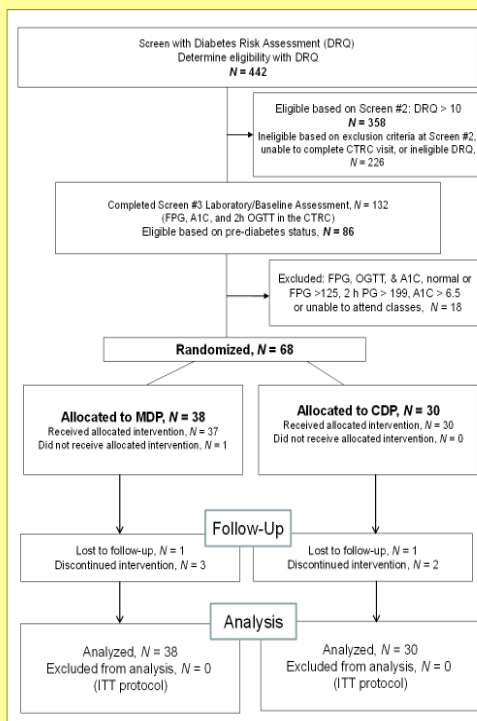
Conceptual Model



Funding

This study was supported with a grant from the US National Institutes of Health, NCCAM R21 AT004276-03. Services were provided through the North Carolina Translational and Clinical Sciences Institute supported by the National Center for Advancing Translational Sciences, National Institutes of Health, through Grant Award Number UL1TR001111. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

CONSORT Flow Diagram



Results

Quantitative Results (See Tables)

- Although no significant differences were noted in the HOMA-IR or other physiologic measures, MDP participants had greater reductions in perceived stress at two weeks and three months post intervention and greater improvements in peacefulness two weeks post intervention.
- There were also trends for reduction of calorie, fat, and carbohydrate intake among MDP participants, but not CDP participants.

Qualitative Feasibility Results: Retention, Attendance, and Perceived Credibility of the Intervention

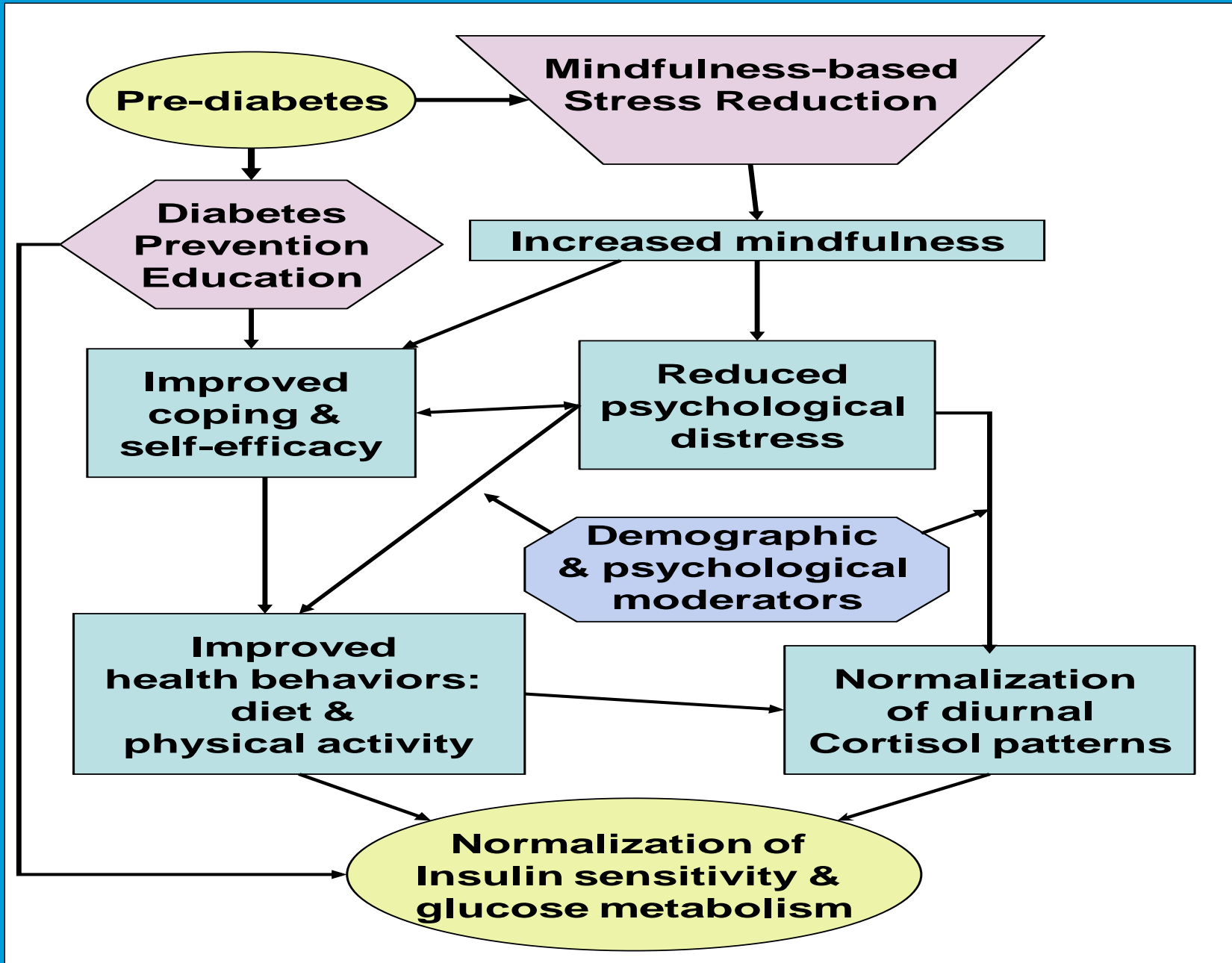
- A total of 48 post-intervention interviews were conducted with participants in the MDP (N = 23 interviews completed) and the CDP (N = 25 interviews completed).
- Some participants reported that organizing their schedules to attend the intervention sessions was challenging, including work conflicts, activities with children, other family obligations, and tiredness at the end of the day.
- It was also suggested that the team members consider having longer sessions with a lower number of total intervention session days to avoid personal conflicts and obligations.
- Some participants spoke about the challenges in attending the laboratory data collection visits.
- Despite the general reports of the acceptability of mindfulness, several participants reported challenges with "making time" to meditate and do the homework. Some participants reported that they were not only too busy for mindfulness meditation, but also they were too busy with work and family obligations to consistently eat better, cook healthy foods, and integrate physical activity into their lives.
- On the other hand, some participants requested more face-to-face sessions, including twice monthly booster sessions, a longer follow-up period beyond six months, and additional half-day sessions. Others verbalized appreciation for having the class sessions at a school in the target community versus having them at the medical center.
- Participants shared feelings of satisfaction with the mindfulness component of the study.
- One participant shared that she enjoyed meditating and being quiet and connected it to her Baptist faith. She reported that meditating while sitting still is a similar concept to meditation on "God's word" and that the mindfulness practices enhanced her spiritual practice.
- Other participants also noted the benefits of mindfulness for stress management and awareness of health behaviors.
- One participant stated directly that mindfulness did not conflict with her prayer, but instead made her better able to engage in prayer.



Conclusions

- Participation in the MDP intervention was generally feasible for African Americans with pre-diabetes.
- Participants provided valuable guidance for improving the protocol.
- Findings can inform future investigations of mindfulness-based interventions to reduce stress-related risk factors in African American adults with pre-diabetes.

Mindfulness for Pre-Diabetes (MPD) Conceptual Model (R21)



Research Article

A Mixed-Methods, Randomized Clinical Trial to Examine Feasibility of a Mindfulness-Based Stress Management and Diabetes Risk Reduction Intervention for African Americans with Prediabetes

Cheryl L. Woods-Giscombe¹, Susan A. Gaylord², Yin Li³, Carrie E. Brintz²,
Shrikant I. Bangdiwala⁴, John B. Buse⁵, John D. Mann^{2,6}, Chaneé Lynch²,
Pamela Phillips², Sunyata Smith⁷, Karyn Lenick⁸, Laura Young³, Saada Al-Barwani¹,
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African Americans have disproportionately high rates of stress-related conditions, including diabetes and diabetes-related morbidity. Psychological stress may negatively influence engagement in risk-reducing lifestyle changes (physical activity and healthy eating) and stress-related physiology that increase diabetes risk. This study examined the feasibility of conducting a randomized trial comparing a novel mindfulness-based stress management program combined with diabetes risk-reduction education versus a conventional diabetes risk-reduction education program among African American adults with prediabetes and self-reported life stress. Participants were recruited in collaboration with community partners and randomized to the mindfulness-based diabetes risk-reduction education program for prediabetes (MPD, $n = 38$) or the conventional diabetes risk-reduction education program for prediabetes (CPD, $n = 30$). The mindfulness components were adapted from the Mindfulness-based Stress Reduction Program. The diabetes risk-reduction components were adapted from the *Power to Prevent* Program and the *Diabetes Prevention Program*. Groups met for eight weeks for 2.5 hours, with a half-day retreat and six-monthly boosters. Mixed-methods strategies were used to assess feasibility. Psychological, behavioral, and metabolic data were collected before the intervention and at three and six months postintervention to examine within-group change and feasibility of collecting such data in future clinical efficacy research. Participants reported acceptability, credibility, and cultural relevance of the intervention components. Enrollment of eligible participants (79%), intervention session attendance (76.5%), retention (90%), and post-intervention data collection attendance (83%, 82%, and 78%, respectively) demonstrated feasibility, and qualitative data provided information to further enhance feasibility in future studies. Both groups exhibited an A1C reduction. MPD participants had reductions in perceived stress, BMI, calorie, carbohydrate and fat intake, and increases in spiritual well-being. Considering the high prevalence of diabetes and diabetes-related complications in African Americans, these novel findings provide promising guidance to develop a larger trial powered to examine efficacy of a mindfulness-based stress management and diabetes risk-reduction education program for African Americans with prediabetes.

Research Article

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Study Details/Findings

- 68 randomized AA men and women with pre-diabetes
- 80% were AAW
- Participants reported acceptability, credibility, and cultural-relevance of the intervention.
- Enrollment of eligible participants (79%), session attendance (76.5%), retention (90%), and attendance at three post-intervention data collection sessions (83%, 82%, and 78%, respectively).
- MPD resulted in reductions in perceived stress and BMI, reduced calorie, fat, and carbohydrate intake, and improved quality of life.
- Both groups reported increased knowledge about strategies to improve diet and exercise.
- MDP participants reported using mindfulness, breathing techniques, and conscious eating behaviors, and were more aware of stress.

Research Article

A Mixed-Methods, Randomized Clinical Trial to Examine Feasibility of a Mindfulness-Based Stress Management and Diabetes Risk Reduction Intervention for African Americans with Prediabetes

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African Americans have disproportionately high rates of stress-related conditions, including diabetes and diabetes-related morbidity. Psychological stress may negatively influence engagement in risk-reducing lifestyle changes (physical activity and healthy eating) and stress-related physiology that increase diabetes risk. This study examined the feasibility of conducting a randomized trial comparing a novel mindfulness-based stress management program combined with diabetes risk-reduction education versus a conventional diabetes risk-reduction education program among African American adults with prediabetes and self-reported life stress. Participants were recruited in collaboration with community partners and randomized to the mindfulness-based diabetes risk-reduction education program for prediabetes (MPD, $n = 38$) or the conventional diabetes risk-reduction education program for prediabetes (CPD, $n = 30$). The mindfulness components were adapted from the Mindfulness-based Stress Reduction Program. The diabetes risk-reduction components were adapted from the *Power to Prevent* Program and the *Diabetes Prevention Program*. Groups met for eight weeks for 2.5 hours, with a half-day retreat and six-monthly boosters. Mixed-methods strategies were used to assess feasibility. Psychological, behavioral, and metabolic data were collected before the intervention and at three and six months postintervention to examine within-group change and feasibility of collecting such data in future clinical efficacy research. Participants reported acceptability, credibility, and cultural relevance of the intervention components. Enrollment of eligible participants (79%), intervention session attendance (76.5%), retention (90%), and post-intervention data collection attendance (83%, 82%, and 78%, respectively) demonstrated feasibility, and qualitative data provided information to further enhance feasibility in future studies. Both groups exhibited an A1C reduction. MPD participants had reductions in perceived stress, BMI, calorie, carbohydrate and fat intake, and increases in spiritual well-being. Considering the high prevalence of diabetes and diabetes-related complications in African Americans, these novel findings provide promising guidance to develop a larger trial powered to examine efficacy of a mindfulness-based stress management and diabetes risk-reduction education program for African Americans with prediabetes.

Study Details/Findings

Participants recommended improvements that form the basis for this proposal

- Explicit discussion of the potential impact of culturally-relevant, contextualized stressors for AAW (e.g. Superwoman Schema)
- Incorporation of strategies in the mindfulness sessions for overcoming guilt and resistance to self-sacrifice by enhancing self-compassion
- Incorporating strategies to help AAW overcome physical and psychological barriers to home-based mindfulness practice, exercise, and healthy eating (e.g., accountability partners).

The Harmony Study

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WHO'S ELIGIBLE?

- African-American or Black women
- Over 18
- Access/Comfortable with a smart device
- BMI 25-39

WHAT IS THE STUDY?

Comparing two culturally relevant **exercise** and **nutrition programs** for African American or Black women.

STUDY INFO

12 Month
Intervention

Compensated
with FitBit & \$260
by end of study

Interested in...
physical activity
nutrition tips &
self-care?

Contact us!



[Phone
Number]



[Email]

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HARMONY RCT

Study Characteristics/Components

- COVID web-based adaptation
- SON Biobehavioral Laboratory
- 8 intervention cohorts
- 12-13 participants randomized per arm
- 12-month intervention
- Biweekly sessions for 16 weeks
- 6 monthly follow-up sessions
- 0, 4, 8, 12-month assessments
- Self-report measures
- Objective measures
- NIH Behavior Change Consortium model of treatment fidelity (*Training, Delivery, Receipt of Treatment, Enactment of Skills*)
- Plan for ancillary biomarker and qualitative studies.

Rock Star Research Team

- * Cheryl Giscombe, Lead PI (UNC SOM)
- * Susan Gaylord, MPI (UNC SOM)
- * Catherine Barnes, Project Manager
- * Giselle Corbie-Smith, Co-I (UNC SOM)
- * Carmen Samuel-Hodge (UNC SON/SPH)
- * Jamie Crandell, Co-I (UNC SON/SPH)
- * Kelly Evenson, Co-I (UNC SPH)
- * Kim (Keturah) Faurot, Co-I (UNC SOM/SPH)
- * Kelly Eason, IT/Communications
- * Andrew Bradford, Data Manager
- * Sierra Vines, Research Assistant
- * Tené Lewis, Consultant (Emory)
- * Kerri Green-Scott, Consultant
(Certified Personal Trainer)
- * Aisha Chilcoat, Postdoctoral Fellow/Collaborator (UNC SOM)
- * Karen Sheffield-Abdullah, Postdoctoral Fellow/Collaborator (UNC SOM/SON)
- * Ganga Bey, Postdoctoral Fellow/Collaborator (UNC SPH)
- * Charity Lackey, PhD Student
- * Lilian Bravo, PhD Student
- * Raven Smith, PhD Student
- * Ebahi Ikharo, PhD Student
- * Taleah Frazier, McNair Scholar



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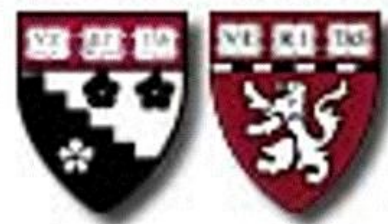


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U.S. Department of Health and Human Services

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Thank You!



Application, Networking and Collaborative Learning

Breakout Discussions

Guidance:

- Download the notetaking file from the chat box.
- Once you are in breakout rooms, identify a notetaker and facilitator.
- Spend 20 minutes discussing:
 - *What stood out for you about today's presentation?*
 - *How do or can you address stress management in your work?*
 - *What needs do you have in order to address stress or any of the other core behaviors in the Plan?*
 - *What related resources can you share to help other Eat Smart, Move More NC partners?*
- A pop-up message will appear on your screen – click on it to enter your breakout room.



Eat Smart, Move More NC Updates

- Subcommittees
 - Communications
 - Partner Meetings
 - Partner Engagement
 - Executive Committee Leadership
- Upcoming Eat Smart, Move More NC Partner Meetings
 - August 25, 10:00-11:30 am – Eat More Healthy Foods
 - December 2, 1:00-2:30 pm – Move More

THANK YOU !



Before you leave today's meeting,
click on the link in the chat box and complete the feedback survey.