



Black Women's Health Alliance Millennial Sister Circle

Location: US (Philadelphia)
Target group: Black women 20-39 years of age
Budget: \$25,000 a year (2020-2022).



Primary outcome

Improve healthcare outcomes and eliminate or reduce health disparities experienced by women of African Ancestry, other women of color, and their families through advocacy, education, research and support activities, programs and services.

Overview

The Philadelphia Black Women's Health Alliance was first established in 1983 by 100 Philadelphia women who attended the First National Conference on Black Women's Health Issues in Atlanta, GA. Its mission is critical: to improve health care outcomes and reduce health disparities for African American and other minority women and families through advocacy, education, research and support services. Health and racial disparities, as well as systemic inequalities, are stark: African American women are 60% more likely to have high blood pressure compared to non-Hispanic white women and 1.8 times more likely to have diabetes. They also are more likely to die from breast and cervical cancer, though not more likely to be diagnosed with it.

The [PBWHA's Millennial Sister Circle](#) (MSC) Initiative builds on the success of their earlier program, the Prime-Time Sister Circle, a which dramatically improved the health outcomes of more than 310 African American women, aged 40-75 years through a holistic approach to health and well-being and is being delivered in partnership with the Gaston & Porter Health Improvement Center and the Strategic Live Solutions Group. The MSC seeks to increase knowledge and improve attitudes and behaviors, empowering Millennial African American women to take charge of their health outcomes and reduce their emotional and physical health disparities earlier in their lives. The program aims to educate, equip, and encourage participants to own their health in the areas of stress management, mental and emotional health, substance use, financial wellness, and romantic relationships.

Goals

- Improved stress management, including relationships and systemic inequities.
- Improved acceptance of, and removed stigma associated with, mental health support and services.
- Improved financial management.
- Increased improvement in drug and alcohol management
- Increased awareness and improvement in nutrition, portion control and physical activity.
- Knowledge of blood pressure control and measurement.

Milestones

- 5 intervention virtual sessions have been conducted on the selected subjects (1 orientation, 4 content sessions).
- 16 Participants enrolled and 10 participants attended.
- 4-chapter curriculum and resource guides produced.
- Collection of clinical and psychosocial data.
- Distribution of MSC Wellness Boxes to participants.
- MSC App developed and provided.
- Meeting the analysis of the program evaluation data to better inform modifications needed for the 2022 offering of MSC.

Level of evidence

1. Quasi-experimental
2. Pre-post or cross-sectional
3. Point-in-time study
4. Performance metrics/stats
5. Anecdotal evidence

Pre- and post-surveys on knowledge, attitudes, skills, behaviors and beliefs for content areas: mental and emotional health, medical trust/distrust, general health, COVID-19 and social support. Clinical data analyzed at the group level and tracked from one series to the next.

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Challenges

- Multiple team members were infected with COVID during development, which impacted scheduling and collaboration. This was especially challenging in the virtual environment.
- As MSC's subject matter experts and nurses work in fields heavily impacted by COVID, they were less available than initially hoped. Because of this, the program team was only able to collect clinical data once rather than the initially planned pre and post data collection points.
- Lack of funds to adequately pay members of the MSC team resulted in high turnover: the team frequently needed to train and onboard new staff, which slowed down overall progress.
- BWAH was challenged with difficulty recruiting and hiring key staff to fill vacant and newly created positions. Reduced capacity resulted in adjusting program timelines and benchmarks.

Future plans

- Hold future MSC series, each including a minimum of 4 intervention sessions.
- Expand MSC to include the collection of more clinical data, offer blended and/or in-person attendance options, and collaborate with older and younger black women for a comprehensive, intergenerational impact.

"I am so very thankful for the opportunity to pilot the MSC Program. It provides a model that responds to the voices and needs of millennial Black women, as evidenced by evaluation and analysis of surveys of more than 300 millennial Black women and the results of two focus groups." — PARTICIPANT, First MSC cohort

Photo on the right: the MSC started recruiting in October 2021. Photo on the right: BWAH's Dr. Brenda Shelton Dunston (center) with Elsevier Foundation Board Member Kevonne Holloway (left) and Elsevier Foundation Director Ylann Schemm (right).

