

# **Prime Time Sister Circles® and Midlife Black Women Recovering from Opioid Addiction: Preliminary Results**

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***Report submitted to: Black Women's Health Alliance***

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February, 2020

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## **Prime Time Sister Circles®(PTSC) Intervention and Midlife Black Women in Opioid Addiction Recovery Program: Preliminary Results**

### **Introduction**

The number of women dying from opioid related deaths is at epidemic levels. Between 1999 to 2015 the death rate for women increased 471 percent compared to the increase for men of 271 percent and women's overall mortality rate increased 850 percent (1). The increase has been especially devastating in urban areas and for women between ages 40-64 (2). Black women who are often underserved and/or ignored are particularly vulnerable and at the highest risk for developing chronic emotional and physical health issues including opioid/heroin addiction. Even when they complete treatment programs, these women, especially Black women usually have major transition issues related to their race, gender and age as well as their emotional and physical health. These stressors make it more difficult for them to remain drug free. The literature and focus groups by Gaston and Porter indicate that Black women recovering from opioid/heroin addiction experience some unique or exacerbated challenges (3). These women are more likely: (a) to be single parents, (b) have been incarcerated, (c) have multiple co-existing emotional and physical health issues (such as depression; chronic stress; hypertension; diabetes; obesity), (d) have experienced multiple forms of childhood abuse (e.g., sexual, physical and emotional), and (e) have major financial difficulties. Furthermore, Black women recovering from opioid/heroin addiction are less likely to have completed high school and have a positive work history/job training.

The PrimeTime Sister Circles® (PTSC) is a program of The Gaston & Porter Health Improvement Center, Inc (GPHIC) which is a non-profit developed by two midlife Black women, a physician and a clinical psychologist. PTSC addresses the unique interactional impact of gender, race, age and class experienced by midlife (40-75 years of age) Black women. PTSC is an evidenced-based, culturally competent, community based, socially innovative, facilitated, holistic support group intervention. It has a curriculum which reflects various levels of health literacy. It is believed that this intervention has the potential to have a positive impact on the lives of women dealing with emotional and physical health issues including opioid addiction. The PTSC intervention can provide a safe, supportive transitional space in which women can bridge the gap between being perceived- and often perceiving themselves- primarily in terms of their opioid/heroin addiction.

### **Preliminary Study's Rationale**

The current study is intended to provide preliminary results on the potential impact of the PTSC intervention on the physical and emotional health outcomes of midlife Black women who are currently in a substance abuse recovery program for opioid addiction. Such a study serves a twofold purpose: (a) it provides evidence of the feasibility of conducting this type of study on a larger-scale, and (b) it yields insights on the potential impact of the PTSC intervention with this population.

Given the small sample size in this preliminary investigation, only basic descriptive data (i.e., number, percent, mean) are reported.

## **Description of Intervention**

*Description.* The PTSC is an evidenced-based, culturally competent, community based, socially innovative, facilitated, holistic support group intervention designed to meet two hours a week for 13 weeks (an administrative session and 12 course content meetings) using a cognitive-behavioral approach and has served over 3,000 women of diverse socio-economic levels from seven states and Washington, DC. The intervention operates within a theoretical framework that characterizes cultural, gender, age-specific and psychosocial factors along with patient-centered input as the keys to: understanding the unique values, beliefs and preferences of Black women; modifying lifestyle and improving health outcomes.

*PTSC Conceptual Framework.* The conceptual framework for the PTSC is an integration of three theoretical approaches: (a) the **social -cognitive theory** that emphasizes the importance of self-efficacy and empowerment through modeling, communication and role play (Bandura, 1986); (b) the **transtheoretical model** that illustrates stages of behavioral change and how and why individuals adapt their behavior over time postulating a continuum of change that is influenced by an individual's knowledge and motivation to change (Prochaska & Velicer, 1997); and (c) the **PEN** (Person, Extended Family, Neighborhood) model that was initially used in African countries as a health promotion disease prevention strategy for the individual that was then spread to her/his family and community (Airhihenbuwa, 1992, refs). These three models have a strong body of empirical evidence that document their effectiveness in promoting positive health related behavior changes. Further, all three approaches have been successfully utilized with women of color. In addition to the behavioral modification framework underlying the three theoretical approaches previously discussed, the design and implementation of the PTSC were based on information derived from numerous focus groups conducted by the developers of the intervention and material incorporated within their text, *Prime Time: The African American Woman's Complete Guide To Midlife Health and Wellness* (2001, rev. 2003, 2013).

*Evaluation Studies.* Published evaluation studies of the PTSC intervention yield positive findings. In particular, previous studies have documented that PTSC participants, in contrast to comparison participants, experienced a significant: decrease in blood pressure and unmanaged stress; and increases in positive health behaviors (e.g. physical activity, healthy eating and prioritization of health). ( See Gaston, Porter, & Thomas, 2007 and Thomas, Gaston, Porter, & Anderson, 2016 evaluation published articles.)

The sites for the PTSC interventions are located within the community and include churches, public housing, health, recreation and substance abuse centers. The PTSC curriculum was adapted to reflect the particular and general concerns expressed in the focus group by the women who were completing their treatment for opioid addiction. All of the PTSCs are evaluated by either Howard University or the American Institutes for Research.

*Implementation Procedures.* The PTSCs are conducted by trained facilitators and licensed and/or certified experts in mental health, hypertension, nutrition and fitness, who are all midlife Black women. They are trusted messengers who can help Black women receive the tools, skills and motivation needed to appropriately address: some of their recovery issues e.g., guilt and

anger over their families' anger and lack of trust; and difficulty in transitioning from an addiction to a non-addiction culture; while also helping them confront issues, which are often exacerbated because of addiction, but are a part of this developmental period e.g., chronic health issues; personal and professional relationships; low self-esteem; and financial stability.

Participants receive: a weekly \$10 stipend to defray transportation or child care costs; a blood pressure cuff, monitor and pedometer which they are taught to use; and a light meal to educate about healthy snacks.

## **Methods and Procedures**

Preliminary research data (self-report and clinical assessments) were collected from PTSC women participants at two points-in-time: (a) pre (baseline written surveys and clinical assessments) and (b) post written surveys and clinical assessments (13 weeks). The surveys were administered onsite and collected by the PTSC evaluator or the site-based facilitators. The clinical assessments, done by an independent group, were also conducted on-site.

### **Instruments**

The instruments included a survey utilized to assess the particular psychological/attitudinal and , behavioral outcomes of interest in this evaluation. This survey has been used extensively in previous evaluations of the PTSC intervention.

In addition to the self-reported survey instrument, these clinical assessments were included in this evaluation. These assessments ascertained the women's: (a) height, (b) weight, (c) body mass index (BMI), d) blood pressure, and (e) waist circumference. The women's body mass index (BMI), a measure of body fat based upon height and weight, was calculated. In this study, and in accordance with federal guidelines, BMW classification was operationalized as follows: Underweight = <18.5, Normal weight = 18.5–24.9, Overweight = 25–29.9, and Obesity = BMI of 30 or greater. The clinical assessments were taken by a set of independent trained health care professionals subcontracted as part of the PTSC intervention.

*Descriptive Profile of Sample at Baseline.* There were nine women who completed the baseline survey. A descriptive profile of these women is provided in Table 1. As illustrated, the women's mean age was 52.8, about one-third (33%) did not finish high school, most (55%) were single without a line-in partner, the overwhelming majority (89%) had children almost one-half (44%) reported incomes of less than \$20,000 annually.

*Confidentiality of the Data and Informed Consent Procedures.* All participants were provided an informed consent form to review and sign prior to their participation in the PTSC and completion of any data collection protocols. No identifying information was included on the data collection measures. Participants created a code number (using their mother's maiden name and the last four digits of their social security number). This information was also used to link the participants' self-report pre- and post-data, as well as link their self-reported data to their clinical assessments.

**Table 1: Descriptive Profile of the Sample at Baseline**

<b>Demographic Data</b>	<b>Frequency/Mean</b>	<b>N</b>
Age	52.8	6
<b>Education</b>		
Did not finish HS	33%	3
Graduated high school/GED	44%	4
No response	22%	2
<b>Marital Status</b>		
Single, <u>without a live-in</u> partner	55%	5
Married	11%	1
Widowed	22%	2
Missing	11%	1
<b>Children</b>		
Yes	89%	8
Missing	11%	1
<b>Personal Income</b>		
Under \$20,000	44%	4
\$20,001 - \$30,000	11%	1
\$30,001 - \$40,000	11%	1
Missing	33%	3
<b>Household Income</b>		
Under \$20,000	44%	4
\$20,001 - \$30,000	0%	0
\$30,001 - \$40,000	22%	2
Missing	33%	3
<b>Employment Status</b>		
Retired from one job but working full-time	11%	1
Self-employed	11%	1

Full-time homemaker	55%	5
Missing	22%	2

### Preliminary Findings

This report presents selected preliminary findings related to the women’s physical and emotional health outcomes. In particular, physical outcomes reported include the women’s reported engagement in physical activity, eating behaviors, and clinical outcomes (e.g., blood pressure, BMI, waist circumference). The emotional outcomes include the women’s reported stress level and the sense of personal control over the things that occur in their life.

*Physical outcomes.* The women were asked “On average, how many days per week do you exercise for at least 30 minutes?” At pretest (N=2), the women reported 2.7 days per week, while at posttest (N=6), they reported 4.5 days per week.

In terms of eating behaviors, Table 2 below indicates the women’s results at pre/baseline and post PTSC. As shown, a higher proportion of the women reported more healthy eating behaviors at post than they did at baseline.

**Table 2: Women’s Reported Eating Behaviors at Pre- and Post-PTSC**

Eating Behavior Typical Day	N (%) “Yes” at Posttest	N (%) “Yes” at Posttest	Total N
Eat five servings of vegetables	17%	83%	5
Add salt to your food	67%	83%	5
Drink 8 oz water, 8 times day	50%	100%	8
Eat fast food	71%	58%	7
Eat when you not hungry	50%	50%	8
Eat when you upset	80%	20%	5
Watch your portion size	14%	86%	7
Read food label	11%	57%	7

*Note: Ns are different in the last column due to missing data.*

The women were also asked, “During the past six months, have you done anything to lose weight or keep from gaining weight.” At pre, 44% reported “Yes” while at post 100% reported “Yes” (N= 9).

*Clinical outcomes.* Table 3 reported the women’s results at pretest and posttest on three clinical outcomes including BMI index, blood pressure reading, and waist circumference. There was little to no change in these measures from baseline to post. See Table 3 below for greater details.

**Table 3: Results from the Clinical Data at Pre and Post (N=7)**

Clinical Variables	N (%) at Pretest	N (%) at 12-Week Posttest
<b>BMI Classification</b>		
Normal (< 25)	0	0
Overweight (25-29.9)	14% (n = 1)	14% (n = 1)
Obese (> 30)	86% (n = 6)	86% (n = 6)
<b>Blood Pressure Classification</b>		
PTSC Normal (less than 120/less than 80)	22% (n = 2)	22% (n = 2)
Elevated (120-129/less than 80)	0% (n = 0)	22% (n = 2)
High Blood Pressure – Hypertension Stage 1 (130-139/80-89)	44% (n = 4)	33% (n = 3)
High Blood Pressure – Hypertension Stage 2 (140 or higher/90 or higher)	33% (n = 3)	22% (n = 2)
<b>Waist Circumference</b>	42.3 inches	44.3 inches

*Emotional outcomes.* The women were asked, “On a scale from 1, “not at all stressed” to 7, “extremely stressed”, how would you rate your current stress level, taking all things into consideration?” At pre, the mean stress level reported by the women was 3.6 (out of 7); at post, the mean stress level reported by the women dropped to 2.9 (out of 7).

The women were asked several questions related to their sense of personal control over the things that happened in their lives. More women reported feeling confident in their ability to handle their personal problems at post (50%) than at pre (38%). See Table 4 for additional information for this variable.

**Table 4: Women’s Perceived Sense of Personal Control: Percent Reporting Fairly to Very Often (N=8)**

Perceived Control Questions	% “Fairly” to “Very Often” at Pretest	% “Fairly” to “Very Often” at Posttest
a. In the last month, how often have you felt that you were unable to control the important things in your life?	13%	0%
b. In the last month, how often have you felt confident about your ability to handle your personal problems?	38%	50%
c. In the last month, how often have you felt that things were going your way?	38%	25%
d. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	13%	13%



## **Lessons Learned**

### **A. PTSC Logistics for Opioid Recovery Group**

#### **1. Maximum number of Women/ Facilitators**

- The average recommended number of women for the PTSC is 25 per group. However, because of the increased number of emotional and physical health issues that many women recovering from opioid addiction have experienced and/or are currently experiencing the facilitators strongly recommended a maximum of 15 women to allow for greater discussion time per woman.
  - The PTSC facilitators and experts strongly recommend that the number of facilitators remain at two (2) even with a reduced number of women. Because of their negative life experiences the women sometimes require more support during and between meetings.
2. **Scheduling:** Many of the women were on probation or parole. Their schedules should have been discussed with the women to determine whether they had too many mandatory or competing activities for the women to meet the required number of sessions (8) to complete the PTSC.

### **B. Subject Areas of Emphasis.**

1. Discussions on risk factors for opioid addiction should include: non-malignant chronic pain especially in older women; and a history of physical, sexual, and emotional abuse.
2. There should be more referrals to health centers e.g., federally qualified health centers (FQHC); and state and county health centers that provide emotional and physical medical services to patients with no or very basic health insurance

## **Conclusions**

This report provides findings on the potential impact of the PTSC intervention on the physical and emotional health outcomes of midlife Black women who are currently in a substance abuse recovery program for opioid addiction. A video of the women recovering from opioid addiction documented that they “loved” the PTSC, and that they made positive changes in their stress management, nutrition, fitness, blood pressure levels and increased their self-esteem. It also contains information on the “lessons learned” from the participants, facilitators and experts. While the present study was quite preliminary with only nine participants, these findings, coupled with evaluation results from other investigations using the PTSC, suggest that this intervention may be beneficial to Black women in substance abuse recovery programs.