Intro to Demoiselle 2 Femme, NFP

Demoiselle 2 Femme (D2F), which is French for “Young Ladies to Women” was founded in 1994 as a community-based program committed to serving adolescent females ages 12-19 in their transition toward womanhood. D2F has provided youth development services to more than 2,000 young ladies on the South Side of Chicago, as well as the south suburbs, who are committed to becoming successful contributors to society by avoiding at-risk behaviors as a strategy for success. In addition, these young ladies are represented at over 100 colleges, universities and professional schools across the country. Through various programs girls are challenges to utilize critical thinking skills in operation of one of the greatest powers humans possess- the POWER OF CHOICE.

The community-based models developed by D2F include an approach which encourages the avoidance of at-risk behaviors as a strategy for success while equipping them with the hope of accomplishing their educational and professional goals through self-discipline, hard work, commitment and service to their community. D2F also provides an array of prevention programs which address: HIV/AIDS, obesity, teen pregnancy, substance abuse and violence, as well as money management, leadership development, college access and STEM (Science Technology Engineering Mathematics) centered programming for girls. Through the conduits of workshops, service learning, cultural activities, college visits, college admission assistance, personal development and leadership tours; young ladies are empowered to develop academic, social and career goals that will challenge them to excel beyond their limitations and gain social mobility through self-sufficiency.

Our program goals are:

- To increase the number of adolescent females who commit to avoiding health risk behaviors which include but are not limited to: alcohol, tobacco, drugs, violence and teen sex;
- To reduce the proportion of teen pregnancies among girls ages 13-19;
- To reduce the transmission of HIV/AIDS and sexually transmitted diseases among adolescent girls;
- To increase the proportion of adolescent girls who complete high school and graduate from a post secondary institution;
- To increase the proportion of girls who commit to making healthy lifestyle choices which include proper nutrition and physical activity;
- To increase family connectedness through program services which foster successful parent-child relationships with a special emphasis on father-daughter relationships;
- To provide opportunities for girls to grow spiritually, mentally and physically into the women they were created to be; and
- To effectively operate programs that become a models for social change through developing young women who are socially-conscious, responsible leaders for the next generation!
Program Description

D2F PHIT Club is designed to provide education, support and an exciting experience which challenges African American girls and women to take charge of their health and the health of their community. The D2F PHIT Club operates as a community-based model which reaches youth and adult participants in four primary areas: fitness, nutrition, wellness, and community education in the Roseland community (Chicago) and the southern suburbs. The program is implemented over 12 weeks and mothers and daughters attend one 2.5 hour session per week. The D2F PHIT Club utilizes the Body Works Curriculum published through the Office of Women's Health.

The D2F PHIT Club is a collaboration of community partners which include a fitness expert, community organizations and a medical physician, all of which have more than 20 years of committed experience in working with African American families. The D2F PHIT Club targets 50 African American females ages 13-17 and their primary caregivers to participate in a 12-week program. Two twelve-week sessions target 25 girls and their caregivers to participate in a Fall (September-November) or Spring (April-June) session. During the 12-week sessions, mother/caregivers and their daughters attend weekly sessions which include curriculum instruction, nutrition information, a 45-minute workout, cooking demonstrations and field trips. Program evaluation includes: pre-survey, post-survey and a six-month follow-up survey as well as pre and post medical and fitness screenings. The goals of the program are:

- Goal 1: To decrease the incidence of obesity in African American Girls ages 13-17.
- Goal 2: To reduce the incidence of weight-related health risks among girls ages 13-17 and their primary caregiver through healthful eating behaviors.
- Goal 3: To reduce the incidence of weight-related health risks among girls ages 13-17 and their primary caregiver through increased physical activity.

Theoretical Framework: Theory of Reasoned Action and Stages of Change Model

Adolescence is a time of transition, change, and heightened vulnerability during which adolescents feel pressured by and caught up between internal needs and societal demands which challenge their behavioral beliefs. The Theory of Reasoned Action provides a construct that links individual beliefs, attitudes, intentions and behavior. Within this theory, attitudes are a function of beliefs and a person’s intention to perform a specific behavior is a function of two factors: 1) attitude (positive or negative) toward the behavior and 2) the influence of the social environment (general subjective norms) on the behavior. The D2F PHIT model draws upon this theory with the inclusion of the child and parent working together to achieve optimal health. The role of family in the context of the social environment is the often times the strongest sphere of influence on both attitude and behavioral influence.
Theoretical Framework: Theory of Reasoned Action and Stages of Change Model cont’d

The Stages of Change Model has been applied to a broad range of behaviors including weight loss, injury prevention, overcoming alcohol, and drug problems among others. The idea behind the SCM is that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change. Also, each of us progresses through the stages at our own rate. Each person must decide for himself or herself when a stage is completed and when it is time to move on to the next stage. Moreover, this decision must come from the inside the individual (an internal locus of control) -- stable, long term change cannot be externally imposed. D2F PHIT draws upon this theory in the utilization of Body Works Curriculum and the mother-daughter fitness model. Families are encouraged to make small steps toward obtaining a healthy and active lifestyle. Every change toward that goal regardless how big or small is acknowledged and celebrated!

The stages of change are: Precontemplation (not yet acknowledging that there is a problem behavior that needs to be changed), Contemplation (Acknowledging that there is a problem but not yet ready or sure of wanting to make a change), Preparation/Determination (Getting ready to change), Action/Willpower (Changing behavior), Maintenance (Maintaining the behavior change) and Relapse (Returning to older behaviors and abandoning the new changes).

D2F PHIT Modifications to Body Works Curriculum

Demoiselle 2 Femme, NFP implemented the following modifications to the Body Works Curriculum to support successful programming in the target community.

- Inclusion of community partnerships to support medical and fitness screenings, space to house the program, grocery store tours, incentives and physical activity initiatives.
- Hosted an assessment day to obtain all baseline data for program evaluation, medical and fitness screenings.
- Mothers/caregivers and daughters attend weekly sessions together.
- Added an additional session on “Body Image.” Mothers and daughters are separated for this session.
- Included nutritional education sessions which provided sample meals and cooking tips for healthy meal preparation.
- Provided field trips to health facilities available to participants in their community.
- Created a cookbook highlighting recipes and snacks provided during the sessions.
- Utilized mother-daughter fitness challenges as well as parent-child team challenges.
- Hosted a culminating event to celebrate the successful completion of all program participants.
D2F PHIT Club Best Practices

- Mother-daughter program – also strengthens parent-child relationships
- Weeknights (Thursday) worked best
- Incentives (gift cards to grocery stores, fitness equipment, etc.)
- Mother-daughter fitness challenges
- Educational trips (grocery store, fitness centers, etc.)
- Providing a weekly workout
- Group sessions build strong community bonds among parents
- Develop strong community partnerships (medical professionals, fitness trainer, FBOs and CBOs)
- Use of an independent evaluator
- Mother-Daughter Challenges (Mothers vs. Daughters and parent-child teams)
- Mother-Daughter Recipe Book

Evaluation Snapshot- based on Cohorts 1&2 -Spring 2010 & 2011

Caregivers:
- While weight loss was not the goal of the program all caregivers experienced some weight loss ranging from 3lbs-30lbs.
- Believed that if they ate well, their family would follow the example increased from 16% to 67%
- Believed that if they were physically active, their family would follow the example increased from 16% to 50%
- Planned their families meals, increased from 10% to 75%
- Reported they often make sure that healthy snacks are easily available for their family increased from 17% to 75%
- Reported that they do more active things with their daughter increased from 0% to 67%
- Limit their child’s time spent watching television or playing video games increased from 12% to 75%

Daughters:
- While weight loss was not a program goal more than half of the girls experienced some weight loss ranging from 2lbs-20lbs.
- Reported that they consume a healthy breakfast at least 3 or more days per week increased from 0% to 80%
- Reported they increased the number of times they did eat fruit 2-4 times a day increased from 0% to 60%
- More reported they consumed at least two servings of vegetables increased from 17% to 40%
- Consumption of soda twice or more per day decreased from 50% to 0%
- Most described their weight as slightly overweight (52%) or very overweight (41%). The remaining 7% identified their weight as normal.
- All (100%) of the girls stated they want to lose weight, even those who classified themselves as normal.

Additional Findings:
- Fitness test results reported an increase in all participants ranging from (5-50%) in baseline fitness areas: sit-ups, push-ups, pull-ups and a 5 minute run.
- Caregivers reporting high/elevated blood pressure at baseline experienced reductions in both systolic and diastolic readings.
- Roughly 1 in 5 of caregivers participating in D2F PHIT reported pre diabetic blood glucose levels at the medical baseline. Post results demonstrate a 30% reduction after completion of the program which included weight loss ranges from 12-17lbs.
- BMI measures were taken during the baseline medical assessment, however less than 10% showed significant decrease in the overall number.

Evaluation conducted by: Harry Piotrowski of ITMESA. For more information on D2F PHIT visit www.demoiselle2femme.org