





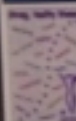
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# SMART Strong Healthy Women: Preliminary Findings from a Pilot Study

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## BACKGROUND & STUDY PURPOSE



Evidence from the Strong Healthy Women (SHW) RCT showed that compared to controls, the intervention group had improved physical activity, nutrition, stress management, reduced weight and BMI.<sup>1,2</sup>

However, face-to-face group intervention delivery is expensive and the intensive, mobile phone technology (MPT) is one strategy that may reduce these barriers.

The purpose of this study was to explore preferences and barriers to integrating MPT into a modified program, SHW-MPT, and to develop the revised intervention prototype.

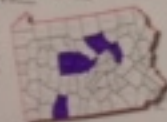
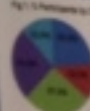
## PARTICIPANTS

Table 1. Sample Characteristics	
Gender	92%
Race	92%
Marital Status	
Married	92%
Single	8%
Separated/Divorced	0%
Annual Income	
\$41,000+	92%
\$20,000	8%
\$10,000	0%
\$5,000	0%
\$0	0%
Health Status	
Yes	92%
No	8%



N = 42 women, ages 18-55 (M age = 28 years), with a BMI over 25 (M = 31) were recruited from flyers posted at Family Health Council of Central PA, FHCCP and YMCAs in Central PA (see Fig 1-2)

## PROCEDURES



Women were asked to participate in a one time focus group where they reviewed SHW content and provided input on their preferences and barriers to integrating MPT to deliver the intervention. They were also asked to complete measures of their telephone use and demographics. Principles of thematic analysis were used to code and analyze the data.<sup>3</sup>

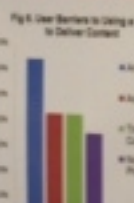
## RESULTS & ANALYSES



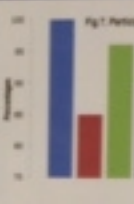
Key points: Most salient advantages of MPT is how quick and easy it is to receive information and most useful characteristic is reminders or notifications.



Key points: Women were concerned about how the information would be displayed via MPT and the potential annoyances that come along with it.



## RESULTS & ANALYSES



Interesting finding: 100% of the participants owned a cellphone and 85% of those phones had smartphone capabilities.



Interesting finding: women were in agreement that surveys should be delivered virtually and also that educational materials could be delivered by MPT.

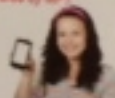


Table 2. Study Data

Physical Activity	
Virtual Surveys	
Education Material on Phone	
Handouts on Phone	
Stress Management	
Virtual Surveys	
Education on Phone	
Handouts on Phone	
Healthy Eating	
Virtual Surveys	
Handouts on Phone	
Education via PC Tablet	
Weight Management	
Education on Phone	

## CONCLUSIONS

- Preliminary findings suggest that women are in agreement that the SHW intervention content with MPT, however a combination of face-to-face sessions and MPT.
- Preferences for using MPT varied across intervention components.
- Findings highlight that device and user barriers should be considered when redesigning the SHW intervention.
- Customizing some features to the individual and beneficial strategy for behavioral modification.

## REFERENCES

1. Symons Downs, D., Feinberg, M. E., Heron, K. E., Hillmeier, M., Raut, E. L., Smyth, J. M., Forzi, P., Wales, F. E. (2015). Design of the Strong Healthy Women (SHW) RCT: A randomized controlled trial to test the effectiveness of a mobile phone-based intervention for weight management. *Contemporary Clinical Trials*, 36, 101-110.
2. Symons Downs, D., Feinberg, M. E., Heron, K. E., Hillmeier, M., Raut, E. L., Smyth, J. M., Forzi, P., Wales, F. E. (2015). Improving women's weight management: A randomized controlled trial to test the effectiveness of a mobile phone-based intervention for weight management. *Contemporary Clinical Trials*, 36, 101-110.
3. Krueger, R. A., & Williams, M. A. (2006). Interviewing techniques: Principles of qualitative data collection. In R. A. Krueger & M. A. Williams (Eds.), *Interviewing techniques: Principles of qualitative data collection* (pp. 1-10). Thousand Oaks, CA: Sage Publications.

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