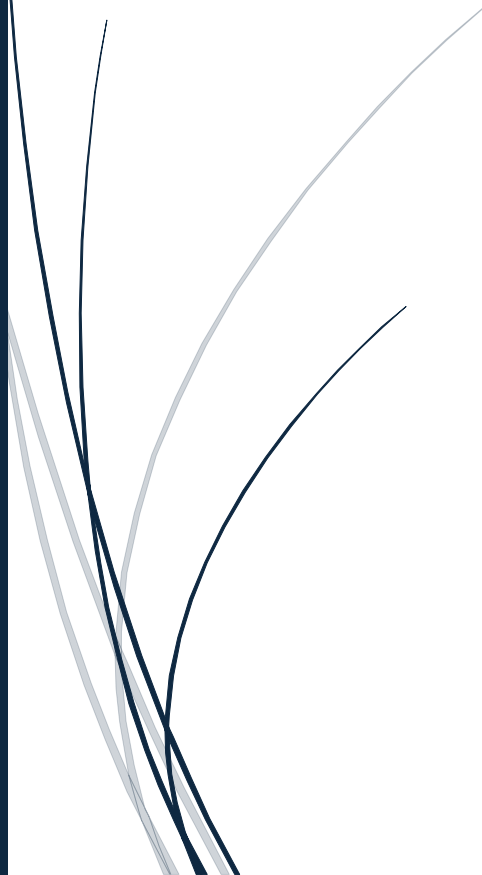


8/18/2026

Thrive and Rise Above MS

**A Culturally Responsive Health &
Wellness Education Program**



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Thrive and Rise Above MS: A Health and Wellness Education Program Planning Framework

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June 24, 2026

Contents

Introductory Impact Statement	3
Problem Statement	3
Program Impact.....	4
Needs Assessment Framework	4
Target Population & Epidemiological Evidence	5
Population Strengths, Weaknesses, and Identified Needs	5
Program Objectives, Strategies, and Desired Outcomes	6
Assessment Methodology	7
Levels of Influences and Analysis.....	8
Framework Pillars and Delivery Methods	9
Curriculum Outline	9
Health Belief Model (HBM) Application	11
Adherence, Sustainability, and Cultural Competency Strategies	12
Communication and Outreach Plan.....	13
Advocacy and Policy Plan	14
Action Plan and Implementation Timeline	15
Evaluation Framework	17
Evaluation Design & CDC Framework Alignment	17
Specific, Measurable Evaluation Goals	18
Quantitative and Qualitative Metrics	20
Data Analysis Plan	20
References.....	21
Appendix A: Informed Consent Form.....	24
Appendix B: Personal Meal Reflection Worksheet.....	26
Appendix C: Outcome Evaluation Survey Instrument.....	30
Appendix D: Stakeholder Informal Letter and Survey.....	37
Appendix E: Logic Model.....	39
Appendix F: Gantt Chart.....	40
Appendix G: Kickoff Flyer.....	41

Introductory Impact Statement

Problem Statement

Multiple sclerosis (MS) destroys the myelin sheath surrounding nerve fibers, disrupting nerve signals to the brain and spinal cord (Cleveland Clinic, 2024a). The nerve signals' disruption can lead to memory loss, numbness, and vision problems that lead to general weakness. African Americans are more likely to be diagnosed with multiple sclerosis (MS) than other races and ethnicities and experience higher rates of delayed diagnosis, less access to disease-modifying therapies (DMTs), more severe disease progression, and less access to specialty care (Langer-Gould et al., 2022). African Americans with MS have been shown to experience a greater level of disability, leading to large differences in health outcomes (Marrie et al., 2018).

This is an important result, given a recent study in *Frontiers in Immunology* (Telesford et al., 2023) reported that African Americans were 2.5 times more likely to have brain shrinkage than White Americans. This is not just a clinical data point but a sharp window into how aggressively MS moves through the Black community. The rate of MS worsening is often a lot worse, making the treatment pathway a lot more difficult. It may also cause a person to move quickly to secondary progressive MS (SPMS), a stage of the disease where neurological disability has greater progression (Ziemssen et al., 2022), and there is a higher burden of physical disability (Marrie et al., 2018). Lastly, traditional stigma and mistrust of healthcare make people less likely to get treatment and mental health care.

Program Impact

The Thrive and Rise Above MS initiative fills a critical gap in care for African Americans between the ages of 22 and 50 who are currently managing a diagnosis of Multiple Sclerosis

(MS). The community-based program addresses disparities through three unique pillars: culturally tailored nutrition education, mental health support and movement. The initiative aims to empower African Americans with MS to build self-management strategies, reduce the stigma around mental health and increase access and utilization of health care services. Moving away from "providing food" to "providing health-supportive nutrition" creates an environment where the dietary changes our participants make in the classroom are actually supported by the resources in their neighborhoods. This advocacy effort bridges our eight-week program and a future where health equity is a core component of our community infrastructure.

Needs Assessment Framework

Target Population & Epidemiological Evidence

The program is designed for African Americans aged 22 to 50 who are living with multiple sclerosis (MS). Epidemiologic evidence demonstrates an important and historically underrecognized burden of MS within this population. African American women have reported a higher incidence of MS than White women (Langer-Gould et al., 2013). Recent research has found that the incidence of MS was 47% higher in Black subjects than in White subjects in the same study population. To add to the list, the prevalence of MS was high in both Black (225.8 per 100,000) and White populations (237.7 per 100,000), busting the myth that Black Americans don't get MS (Langer-Gould et al., 2022). Clinical data suggests this group of people is more likely to have a more aggressive disease course with faster neurologic impairment and more severe cognitive decline after the initial diagnosis (Avasarala, 2014; Langer-Gould et al., 2013).

Population Strengths, Weaknesses, and Identified Needs

Strengths to Build On: The program's greatest asset is its strong connection to the community.

We have developed broad-based linkages to African American churches, trusted pillars for outreach. To establish credibility, the program will be staffed with culturally competent professionals, including black mental health providers and nutritionists. Our organizational activities are based on strong community and family relationships.

Weakness to Address: Stigma around mental health may influence the number of individuals who seek care and lead to lower involvement and worse mental health outcomes. Stigma may appear differently across many age groups: younger participants (22-35) tend to be more open to talking about mental health issues at baseline but often have difficulty with intense digital or social media-driven isolation and peer pressure from comparisons; older adults (36-50) are more likely to have difficulty with deeply ingrained historical or generational taboos that frame mental health struggles as a personal or spiritual failing, often compounded by regional or conservative sociocultural backgrounds. From an operational perspective, there is some financial uncertainty as the program is currently grant- and donation-funded to provide services at no cost. We must acknowledge that our participants may have a challenge with attending regularly due to factors such as transportation and fatigue from MS.

Identified Community Needs: The completed needs assessment identified three core needs the target population has for program success. One is the clear need for adaptive fitness options—physical activities explicitly designed to meet participants' mobility levels, for example, chair yoga or low-impact strength training to manage physical symptoms and combat muscle weakness. Another is culturally relevant nutrition, which created a unique need for anti-inflammatory dietary education that shows how to transform traditional favorites into healthier,

budget-friendly meals. Lastly, normalizing mental health is a key foundation of the framework. Targeted workshops are implemented to reduce stigma in the community and normalize the use of mental health services to help participants view psychological care as a necessary and empowering tool in their overall self-management strategy.

Program Objectives, Strategies, and Desired Outcomes

- **Core Objectives:** The framework provides guidance on three core objectives based on the assessment findings. First, the primary goal is to enhance physical strength by increasing muscle strength and reducing tiredness. Second, the program enhances nutritional health by teaching anti-inflammatory eating habits to manage systemic inflammation through culturally sensitive meal planning methods. Finally, the crucial mental goal is mental health normalization. The initiative aims to reduce the stress and anxiety that comes with MS by establishing culturally sensitive support groups led by African American healthcare professionals.
- **Learning Objectives (Pilot Test):** Participants will learn three anti-inflammatory food swaps. Participants will be able to perform a 15-minute adaptive exercise routine independently.
- **Desired Outcomes:** Thrive and Rise Above MS aims to achieve three distinct outcomes through these interventions: a quantifiable decrease in self-reported symptoms and increased adherence to lifestyle recommendations, suggesting enhanced disease management; de-stigmatization of mental health resources, promoting a better quality of life; and the delivery of culturally responsive care that honors the spiritual and cultural coping mechanisms inherent to the African American community.

Assessment Methodology

The program utilizes a mixed-methods approach using the Health Belief Model (HBM) and the PEN-3 Model to assess the knowledge, attitudes, and behaviors of this population. In using these frameworks, the assessment does more than collect data; it provides a lens through which we can view how participants perceive their illness and their ability to act upon it.

- **Quantitative Assessment:** The physical burden and emotional health of the participants will be quantitatively assessed via pre- and post-intervention surveys. Surveys will provide baseline data on the severity of MS symptoms, current physical activity levels, and dietary habits to allow for the measurement of meaningful change over time (Wallin et al., 2019).
- **Qualitative Assessment:** In addition to these measures, we are also conducting focus groups and semi-structured interviews with participants, caregivers, and health care providers. We are beginning to witness the cultural stigmas surrounding mental health within the focus groups and semi-structured interviews. For example, cultural expectations may require that people be strong all the time and in all situations, which may lead people to not seek help when situations become too much to handle (Marrie et al., 2018). This trend puts African American women at risk of untreated stress and anxiety (Marrie et al., 2018).
- **Use of the PEN-3 Framework:** The findings are interpreted using the PEN-3 framework. The notion is that religious views, dietary patterns, and family arrangements are not demographic statistics but “trusted pillars” that affect how our participants engage their health (Langer-Gould et al., 2022).

Levels of Influences and Analysis

Level of Influence	Measurement Focus	Data Analysis and Use
Individual	HBM: Perceived susceptibility, severity, and self-efficacy assessment	Pre- and post-program surveys will be used to identify participant gaps in MS knowledge and where more confidence is needed
Interpersonal	PEN-3: Family/caregiver support and collective coping	We will conduct caregiver focus groups to learn their stories and the common struggles they face and develop appropriate respite care along with support resources
Organizational	PEN-3: Evaluate church and community center partnerships. Providing cultural competency	We will track attendance and participation at our community health fairs to identify the best partnerships for reaching the community
Environmental	HBM Barriers: Environmental barriers	We will map out where the most significant gaps are in transportation or clinic

	include transit access and affordability of medications.	locations so we can better advocate for virtual session options and transit help.
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Program Planning Framework

Framework Pillars and Delivery Methods

The Thrive and Rise Above MS program is based on a tiered education model designed to lower the entry barrier for African Americans with MS. The tiered approach segments the curriculum into progressive levels, from basic health literacy to symptom management, and from group lifestyle modifications to individualized personal care roadmaps. The framework is built on three pillars: nutrition, movement, and mental health. Every pillar in the program has cultural adaptations to make it relevant to faith-based and community settings. The curriculum utilizes the PEN-3 Model to avoid cultural blindness and includes the family structures along with religious traditions that comprise the lives of the participants (Windon, 2023).

The sessions will be held at community centers or churches to reduce stigma. Each session is designed to last 90 minutes, scheduled weekly from 6:30 P.M. to 8:00 P.M. to give us time to cover the nutrition, physical activity, and mental health components without overwhelming participants. We also have virtual and hybrid options for workshops for those that may have mobility or transportation issues.

Curriculum Outline

Thrive and Rise Above MS is an eight-week program that deliberately sequences the curriculum

to increase participant self-efficacy from fundamental information to actual implementation of wellness practices. The curriculum is:

- **Week 1: Foundation:** Participants will be able to establish a baseline understanding of the biology of multiple sclerosis and select personal health goals. These goals will be an important “cue to action” in the Health Belief Model.
- **Weeks 2-3: Nutrition:** Participants will learn how to use food, spices, and herbs to manage inflammation while maintaining their cultural identity through cooking demonstrations (Prasad et al., 2017; Raman, 2021a).
- **Weeks 4-5: Movement:** We progress from teaching in the classroom to empowering the body, leading people through chair yoga and adaptive exercise. These sessions are designed to help people with fatigue and increase mobility in a safe space where people feel comfortable but also to break down the mental and physical barriers that can sometimes prevent people from exercising.
- **Weeks 6-7: Support:** Workshops focus on mental wellness and community resilience and include mindfulness practices, including 4-7-8 breathing, and spiritual mentorship from African American professionals. The program is a direct response to the high stress levels we saw in our initial evaluations.
- **Week 8: Evaluation & Future Planning:** We end the program looking towards the future. Participants will be involved in focus groups and individual planning sessions to review their progress and create a personal plan to maintain their health and independence long after the program is over. During the one-on-one roadmap sessions, participants will bring and review their personal action logs and reflection journals that

they kept throughout the program to track their daily nutrition choices and adaptive movement.

Health Belief Model (HBM) Application

The Thrive and Rise Above MS initiative is based on the Health Belief Model (HBM). HBM provides a framework for understanding why people may engage in or avoid health-related behaviors. Because MS is a chronic and unpredictable condition, we focus on specific HBM constructs to move participants from a state of passive management to active self-efficacy:

- **Perceived Susceptibility and Severity:** In the first orientation we speak about these constructs by providing localized data on the aggressive nature of MS in the African American community. Participants are made aware of the increased prevalence of MS in African American women and the evidence pointing to a more aggressive disease course in African Americans. These highlighted disparities lead to greater perceived susceptibility and severity and facilitate active self-management.
- **Perceived Benefits and Barriers:** A large barrier identified in our assessment is the cultural stigma around mental health and physical fatigue from exercise. We break down these barriers by marketing the “benefits” of adaptive movement and culturally appropriate nutrition to demonstrate that small changes (i.e., “Soul Food” subs) can lead to substantial reductions in systemic inflammation without a complete loss of cultural identity (Prasad et al., 2017).
- **Self-Efficacy:** This concept is at the heart of our compliance strategy. We structure the 8-week program into manageable pillar phases (Nutrition, Movement, Support) so that participants can achieve small wins week after week. Each time they successfully change

a recipe or complete a chair yoga session, their confidence in their ability to manage MS increases.

Adherence, Sustainability, and Cultural Competency Strategies

- **Weekly SMS Alert System:** The unpredictability of multiple sclerosis and symptoms such as extreme fatigue or mobility flares are some of the greatest challenges for people living with the disease. To this end, I designed a weekly SMS alert system. These serve as reminders but also as digital touchpoints that give nutritional guidance and encouragement at the right times. This helps keep the program top-of-mind for people who may not be able to attend a physical workshop that week.
- **The Ambassador Model:** For health changes to be meaningful, they must be made with the support of the people the participants already trust. Hence, we use a model known as the “Ambassador Model” in which we collaborate with local pastors and other key community influencers to co-facilitate our sessions. This provides the participant with a strong social cue to practice new behaviors in their current social network, a trusted pillar in supporting the need for these lifestyle changes (Windon, 2023).
- **Communal Accountability:** We emphasize the importance of communal accountability through peer-led support groups and ongoing community support. The literature indicates that people are far more likely to adhere to a new diet if they can share “success stories” and recipes with others from similar cultural and clinical backgrounds.
- **Deep Cultural Competency:** This program requires cultural competency, including an understanding of the “Strong Black Woman” archetype and the spiritual underpinnings of the African American experience. We have integrated the PEN-3 model into our

communication. In addition to clinical recommendations, we have included all program materials that support spiritual coping (e.g., meditation and community support). We design the communication to be about “evolution, not exclusion.” We discuss soul food as a source of strength while providing tools to make it anti-inflammatory.

Communication and Outreach Plan

Thrive and Rise Above MS will engage the community in a manner that is culturally sensitive to African American culture to identify and connect with African American adults aged 22 to 50 with multiple sclerosis (MS). Family members and caregivers, health care professionals, faith leaders, and community partners who can assist in disseminating program messages and encouraging participation will also be secondary audiences. Empowerment, self-management, community support, and the program’s three core pillars of nutrition, movement, and mental health will be at the heart of all communication tools.

Program information will be disseminated through trusted community sources including African American churches, community centers, healthcare organizations, social media, and email and SMS messaging. Facebook and Instagram will be used to promote program activities and deliver educational messages. Weekly SMS or email reminders will be sent to promote attendance at sessions and to deliver short wellness messages.

Communication materials will be developed in plain language that is culturally appropriate and accessible to people with different health literacy and physical ability.

The primary tool for recruitment and awareness will be the Thrive and Rise Above MS Kickoff Flyer (Appendix G). The flyer will be distributed in digital and print to churches, community centers, healthcare facilities, and social media channels participating in the

program and will provide information about the program, promote the wellness pillars, share details about the event, and encourage community members who are qualified to participate in the eight-week program.

Advocacy and Policy Plan

The advocacy portion of Thrive and Rise Above MS is designed to increase access to culturally responsive wellness resources and supportive community environments for African American adults living with multiple sclerosis. The proposed Community MS Wellness Access Policy will serve as a catalyst to inspire participating churches, community centers, and partner organizations to implement practices that improve accessibility, increase referral support, and reduce barriers to nutrition, movement, and mental health.

This policy is based on the barriers identified in the program's needs assessment, including transportation barriers, fatigue, mental health stigma, limited access to culturally responsive health education, and difficulty accessing appropriate community resources. While Thrive and Rise Above MS delivers education and skill building in the eight-week program, participants may still experience environmental and organizational barriers to applying what they have learned. The policy is intended to strengthen the community environment surrounding participants so that healthy behaviors are easier to maintain.

The Community MS Wellness Access Policy will encourage groups that take part to offer accessible meeting rooms and ways to participate virtually when they can. Partner organizations will also be asked to keep and share an up-to-date list of community resources that can help people with MS. This list should include neurology and specialty care services, mental health providers, food assistance programs, transportation resources, adaptive physical activity

opportunities, and any other services that are useful to people with MS. Community communications and program materials will be person-centered and culturally sensitive and will avoid messaging that stigmatizes disability, mental health, or the need for help.

The primary advocacy audience will include church leaders, community-center administrators, healthcare partners, community health leaders, and other organizational decision-makers who have the ability to adopt or support these practices. The program leader will create a brief advocacy paper on the needs of African Americans with MS, challenges identified in the needs assessment, policy recommendations, and benefits to the community.

The program leader will meet with key stakeholders during the preparation phase to present the Community MS Wellness Access Policy, discuss any potential barriers to implementation, answer questions, and seek organizational support or endorsement. Stakeholder feedback will inform the strengthening of the proposed policy and identify realistic opportunities for implementation within participating organizations.

The goal of the advocacy effort is to obtain formal endorsement of the Community MS Wellness Access Policy from community organizations participating in the program and to raise awareness of the structural and community-level barriers faced by African Americans living with MS.

Advocacy efforts will include stakeholder meetings, letters of support, memoranda of understanding, and commitments to provide accessible resources or referrals. These efforts will support program implementation and will not be counted as a separate participant evaluation.

Action Plan and Implementation Timeline

Thrive and Rise Above MS is a 13-week program consisting of 4 weeks of planning, 8 weeks of program delivery, and 1 week of review and stakeholder reporting. Baseline data collection takes place in Week 1, and post-program data collection takes place in Week 8 in

the eight-week intervention. The final week is when the official outcome review is done.

Journals, text messages, and peer support activities may be provided post-program but are not included in the official review as outlined in this framework.

Task Name	Assigned To	Start Date	End Date
Phase 1: Preparation and Advocacy Planning			
Finalize Site MOU and Preceptor Orientation	Javelin Lawrence	2026-04-06	2026-04-12
Stakeholder Collaboration (Church, Transit, Providers)	Program Lead	2026-04-06	2026-04-19
Draft Community MS Wellness Access Policy and Advocacy Brief	Javelin Lawrence	2026-04-13	2026-04-26
Marketing & Recruitment (Text Alerts, Flyers)	Marketing Team	2026-04-13	2026-05-03
Ambassador Training (Pastors/Leaders)	Clinical Lead	2026-04-27	2026-05-03
Stakeholder Presentation of Community MS Wellness Access Policy	Program Lead	2026-04-27	2026-05-03
Phase 2: Eight-Week Program Implementation			
Week 1: Foundation including MS education, personal goal setting, baseline survey, and introduction to health belief model	Clinical Lead/Evaluator	2026-05-04	2026-05-10
Weeks 2-3: Nutrition Workshop including anti-Inflammatory education, cooking demonstrations and culturally appropriate food modifications	Nutritionist	2026-05-11	2026-05-24
Weeks 4-5: Movement, adaptive yoga, chair exercise and individualized movement strategies	Fitness Trainer	2026-05-25	2026-06-07
Weeks 6-7: Support, mental health education, stress management, peer support and caregiver support	Mental Health Professional	2026-06-08	2026-06-21
Week 8: Program Evaluation and Future Planning, post-program survey, focus group, review of personal goals and personal action planning	Evaluator / Program Lead	2026-06-22	2026-06-28
Post-Program Administration Reporting			
Final Data Analysis and Stakeholder Summary Report	Evaluator / Program Lead	2026-06-29	2026-07-05

Evaluation Framework

Evaluation Design & CDC Framework Alignment

A mixed-methods outcome evaluation will examine whether participants have increased knowledge, confidence, attitudes and self-management behaviors. The outcome evaluation will adhere to the CDC Framework for Program Evaluation. We will use both quantitative and qualitative methods to evaluate if the program is successful in generating the desired outcomes for participants.

Baseline data will be collected during Week 1 before the delivery of the main educational content to participants. The same outcome measures will be collected at the end of Week 8. Pre- and post-program surveys will assess change in participants' knowledge of MS, confidence in managing their condition, use of nutrition and adaptive-movement strategies, and comfort in seeking mental health support.

In week 8, a focus group will be held to gather qualitative data on participants' experiences, perceived benefits, cultural relevance and any remaining barriers to self-management. The integration of quantitative and qualitative data will be used to determine if the program achieved its intended short-term outcomes. Because Thrive and Rise Above MS is an eight-week pilot program, the outcome evaluation will be limited to baseline and immediate post-program measurements collected during weeks 1 and 8. No participant outcome data will be collected after the program concludes.

Specific, Measurable Evaluation Goals

Evaluation Goal 1: MS Knowledge and Self-Management

Determine whether people know more about MS and are more confident in using diet, adaptive movement, and stress-management techniques by the end of the 8-week program of the Thrive and Rise Above MS program.

- At least 70% of participants will demonstrate an increase in their MS knowledge scores compared with their baseline scores.
- At least 60% of participants will report increased confidence in managing MS with nutrition, adaptive movement, or stress-management strategies.
- At least 50% of participants will report adopting at least one new self-management behavior, such as completing adaptive exercise, making an anti-inflammatory food substitution, practicing a stress-reduction technique, or seeking peer as well as professional support.

Evaluation Goal 2: Mental Health Awareness and Support

By the end of Week 8, determine if people are more comfortable discussing mental health, are more motivated to seek help, and have changed their perceptions of mental health treatment.

- 40% or more of participants will feel more comfortable asking for help with their mental health or with others in the group.
- 60% or more of participants will agree or strongly agree that seeking help for mental health issues is a beneficial way to manage MS on your own.

- The qualitative data from the focus group will provide insight into whether participants felt the program reduced the stigma of discussing stress, anxiety, depression and emotional support.

Community Support Measure

Participants will also be asked whether family members, caregivers, or peers have increased their support of the participant's nutrition, movement, and mental health goals in the program, which will help to clarify the short-term outcomes of the program within its culturally responsive and community-centered approach.

Quantitative and Qualitative Metrics

Program Participation and Intervention Exposure

Participant attendance will be documented during each of the eight weekly sessions. Attendance will be used as descriptive information to show how much of the intervention each participant received and to assist with interpreting the outcome findings. Attendance data will provide descriptive information that may assist in interpreting the outcome evaluation and will not be treated as a separate evaluation type.

Quantitative Metrics

Participants will complete the same survey during Week 1 and Week 8. The measures will assess MS knowledge, self-management confidence, use of adaptive movement, use of anti-inflammatory nutrition strategies, stress-management practices, willingness to seek mental health support, and perceived mental health stigma. Self-reported fatigue, mobility, and symptom burden may be included as secondary measures. However, the primary outcomes of the health

education program will be changes in knowledge, confidence, attitudes, and self-management behaviors rather than clinical changes in MS disease progression.

Qualitative Metrics

During Week 8, participants will take part in a focus group or semi-structured interview.

Questions will explore which parts of the program were most useful, whether the information was culturally relevant, whether participants feel more comfortable discussing mental health, and what barriers may prevent them from continuing the recommended behaviors. The qualitative findings will help explain why participants did or did not demonstrate changes in the post-program survey.

Data Analysis Plan

To assess the subjects' improvement from Week 1 to Week 8, a combination of tools will be used.

The data will be presented using quantitative statistics such as rates, percentages, means, and medians. Pre- and post-program responses will be compared to determine the percentage of participants who demonstrate increased MS knowledge, greater self-management confidence, adoption of at least one new health behavior, and increased comfort in seeking mental health support. Qualitative data from the Week 8 focus group and semi-structured interviews will be analyzed and coded for common themes such as cultural relevance, barriers to self-management, stigma around mental health, family and community support, benefits of the program and recommendations for the program. The qualitative findings will be combined with the survey data collected from Week 1 and Week 8 to provide a more complete picture of the short-term outcomes of the program.

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Appendix A: Informed Consent Form

Program Name: Thrive and Rise Above MS

Program Leader: Javelin Lawrence

Contact Information: 309-307-3956 | javelin.lawrence@thriveandriseabovems.org

Purpose of the Program

You are invited to participate in a health education program called Thrive and Rise Above MS.

This program is designed to educate people who live with Multiple Sclerosis (MS) about nutrition, stress reduction, physical activity, and ways to improve their quality of life.

What Will Participation Involve?

If you agree to take part, you will:

- Participate in eight weekly sessions either face-to-face or online.
- Complete brief surveys at the beginning and conclusion of the eight-week program to evaluate changes in knowledge, confidence, attitudes, and self-management behaviors related to MS.

Participants may be invited to participate in a focus group during the final week of the program.

Participation in the focus group is voluntary.

Risks and Benefits

- Risks: Very low risk to personal health habits and comfort.
- The advantages are:

1. You can acquire useful facts and skills that can help you manage your MS symptoms and maintain good health.

2. You may find useful information and meet people who can help you manage your MS symptoms and get better.

Confidentiality

Your responses will be kept confidential. Data will be stored securely and reported only in summary form without identifying information.

Voluntary Participation

Your decision to participate or not will not affect any current or future services you receive.

You can skip any question you do not wish to answer.

Consent Statement

By signing below, you agree:

- You have read and understand the information above.
- You consent to participate in the Thrive and Rise Above MS program and the related assessments.

Participant Name: _____

Signature: _____

Date: _____

Program Leader Signature: Javelin Lawrence

Appendix B: Personal Meal Reflection Worksheet

Instructions:

As you reflect on what you ate over the past 2-3 days, reflect on how you felt after eating and what small changes you might consider making to help support your health. Use the following prompts to help you think about what you ate.

1. What did you eat for breakfast/lunch/dinner the last 2-3 days?

Breakfast:

Lunch:

Dinner:

2. Did you notice any difference in energy, mood, or MS symptoms after eating?

3. Foods that help or hurt your symptoms?

4. Two small changes to your diet you can make to ease your symptoms?

Food to include more often

These foods can be incorporated into meals as part of a health-supportive eating pattern:

- Dark leafy vegetables such as collard greens, spinach, and kale
- Berries, including blueberries, strawberries, and blackberries
- Sources of healthy fats such as avocado, olive oil, and flaxseed
- Fatty fish such as salmon, sardines, and mackerel
- Whole grains such as oats, brown rice, and quinoa

Foods that you can eat in small amounts

These foods can still be part of a healthy diet, but it depends on the person and how well they tolerate them:

- Lean poultry
- Eggs
- Lentils and beans
- Dairy products, especially those that have been fermented, like yogurt

Foods to limit

Participants will be encouraged to limit foods that are highly processed or high in added sugar and saturated fat, including:

- Processed meats such as bacon and sausage
- Candy, desserts, and foods high in refined sugar
- Fried and fast foods
- Soda and other sugar-sweetened beverages
- Highly processed snack foods

Sample Recipes

Green Smoothie

This smoothie provides an easy way to add fruit, leafy greens, and healthy fats to breakfast or a snack.

Ingredients

- 1 cup of spinach
- 1 banana
- ½ cup blueberries
- 1 tablespoon ground flaxseed
- 1 cup unsweetened almond milk

Preparation: Place all ingredients in a blender and blend until smooth.

Salmon, Quinoa, and Greens

This meal combines fish, whole grains, and vegetables and can be modified based on the vegetables a participant already enjoys.

Ingredients

- 1 salmon filet
- ¾ cup cooked quinoa
- 1 cup green vegetables (broccoli, kale or any other of your choice)
- 1 tablespoon olive oil
- ½ teaspoon lemon juice
- 1 clove minced garlic
- herbs of your choice to taste

Preparation: Season the salmon with lemon juice, garlic and herbs. Bake the salmon until it is fully cooked. Serve with the quinoa and vegetables. Drizzle the olive oil over the vegetables before serving.

Turmeric Ginger Tea

This simple herbal tea can be prepared as a warm beverage during the nutrition portion of the program.

Ingredients

- 1 tsp. freshly grated turmeric
- 1 tsp. freshly grated ginger
- 2 cups of water

- 1 tsp. honey

Preparation: Simmer the turmeric and ginger in two cups of water for approximately 10 minutes. Strain before serving and add honey if desired.

Appendix C: Outcome Evaluation Survey Instrument

Introduction:

Thank you for taking part in the Thrive and Rise Above MS program. This survey is intended to measure changes in participant knowledge, confidence, attitudes, and self-management behaviors during the 8-week program.

The key survey questions will be asked twice, before core educational content (Week 1) and at the end of the program (Week 8). By comparing responses at these two time points, we will be able to assess whether or not participants experienced any changes during the program. Your responses will be kept confidential and reported in aggregate. A unique participant identification code will be used to link Week 1 and Week 8 responses, but no name will be included in the survey.

Your participation in the survey is voluntary, and it will take you about 10 minutes to complete.

Participant ID Code: _____

Section 1: Demographic Information

(Complete this section during week 1 only)

1. What is your age?

- ☐ 22-29
- ☐ 30-39
- ☐ 40-50

2. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary/Other
- ☐ Prefer not to say

3. What is your highest level of education?

- ☐ High school
- ☐ High school graduate/GED
- ☐ Some college
- ☐ Associate's degree

- ☐ Bachelor's degree
- ☐ Graduate degree
- ☐ Prefer not to say

4. Current employment status?

- ☐ Full-time
- ☐ Part-time
- ☐ Unemployed
- ☐ Retired
- ☐ Unable to work due to disability
- ☐ Other

Section 2: MS Knowledge and Self-Management

(Complete this section during week 1 and week 8.)

For Questions 5-9, use the following scale:

- ☐ 1 = Strongly Disagree
- ☐ 2 = Disagree
- ☐ 3 = Neither Agree nor Disagree
- ☐ 4 = Agree
- ☐ 5 = Strongly Agree

5. I understand how nutrition, physical activity, and stress management can be incorporated into my overall MS self-management plan.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

6. I feel confident making healthier food choices that support my overall health while living with MS.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

7. **I feel confident participating in adaptive physical activity that is appropriate for my mobility and energy level.**
- ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
8. **I feel confident using stress management techniques when I feel overwhelmed or emotionally stressed.**
- ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
9. **I feel confident identifying resources or support that may help me manage MS.**
- ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5

Knowledge Questions

10. **Adaptive exercise can be modified according to a person's mobility, fatigue, and physical abilities.**
- ☐ True
 - ☐ False
 - ☐ Not sure
11. **A health-supportive eating pattern may include foods such as vegetables, fruits, whole grains, healthy fats, and fish.**
- ☐ True
 - ☐ False
 - ☐ Not sure
12. **Stress-management and mental health support can be part of an overall MS self-management plan.**
- ☐ True
 - ☐ False
 - ☐ Not sure

Section 3: Self-Management Behaviors

(Complete this section during Week 1 and Week 8).

13. During the past seven days, which of the following strategies have you used? Check all that apply.

- ☐ Adaptive exercise, stretching, chair yoga, or another form of movement
- ☐ Health-supportive food choices
- ☐ Stress-management techniques such as breathing exercises, mindfulness, meditation, or prayer
- ☐ Peer or community support
- ☐ Mental health counseling or professional emotional support
- ☐ Following my prescribed medical treatment plan
- ☐ None of the above
- ☐ Other: _____

14. During the past seven days, how often have you performed any adaptive physical activity?

- ☐ Not at all
- ☐ 1 day
- ☐ 2-3 days
- ☐ 4-5 days
- ☐ 6-7 days

15. During the past seven days, how often have you intentionally made health-supportive food choices?

- ☐ Not at all
- ☐ 1 day
- ☐ 2-3 days
- ☐ 4-5 days
- ☐ 6-7 days

16. During the past seven days, how often have you used a stress-management technique?

- ☐ Not at all
- ☐ 1 day
- ☐ 2-3 days

- ☐ 4-5 days
- ☐ 6-7 days

Section 4: Mental Health Awareness and Support

(Complete this section during week 1 and week 8).

For questions 17-20, use the following scale:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neither Agree nor Disagree
- 4 = Agree
- 5 = Strongly Agree

17. Seeking mental health support is an appropriate and empowering part of managing MS.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

18. I feel comfortable seeking mental health or peer support when I need it.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

19. I feel comfortable talking about stress, anxiety, depression, or emotional challenges related to living with MS.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

20. I feel supported by family members, caregivers, friends, or peers in working toward my nutrition, movement, and mental health goals.

- ☐ 1
- ☐ 2
- ☐ 3

- ☐ 4
☐ 5

Section 5: Week 8 Program Feedback

(Complete this section during week 8 only).

21. Since beginning Thrive and Rise Above MS, have you adopted at least one new self-management behavior that you plan to continue?

- ☐ Yes
☐ No
☐ Not sure

22. If yes, which behavior or behaviors have you adopted? Check all that apply.

- ☐ Adaptive physical activity
☐ Health-supportive food choices
☐ Stress-management techniques
☐ Seeking mental health support
☐ Other _____

23. How culturally relevant were the information and activities?

- ☐ 1 = Not culturally relevant
☐ 2 = Slightly culturally relevant
☐ 3 = Moderately culturally relevant
☐ 4 = Very culturally relevant
☐ 5 = Extremely culturally relevant

24. How likely are you to recommend Thrive and Rise Above MS to another African American adult living with MS?

- ☐ 1 = Not likely at all
☐ 2 = Slightly likely
☐ 3 = Moderately likely
☐ 4 = Very likely
☐ 5 = Extremely likely

25. What was the most valuable part of the program for you?

26. What is one change that could improve the program for future participants?

Appendix D: Stakeholder Interview Letter and Survey

We appreciate your willingness to participate in this interview. The objective of this interview is to gain a more comprehensive understanding of the unique obstacles that African Americans with multiple sclerosis (MS) encounter in obtaining care, treatment, and support. This needs assessment aims to identify areas for improvement within the healthcare system, community support programs, and mental health resources for individuals with MS, especially in underserved communities.

The interview is a qualitative data collection to measure knowledge, behaviors and attitudes of health care providers, caregivers, community health workers and other key stakeholders. The objective is to better understand the physical, emotional and social factors that contribute to the disparities of MS care among African Americans, and to identify potential strategies to improve overall quality of life and access to care.

Your answers will help us understand how we can better work together to create more equitable healthcare opportunities for African Americans with MS. Please feel free to share your personal experiences. There are no right or wrong answers, and everything will be kept private.

We are grateful for your knowledge and perspective, and we eagerly anticipate your contributions as we strive to meet the unique needs of this community.

Structured Questions:

1. Have you worked with African American patients who have been diagnosed with multiple sclerosis (MS)?
 - Yes
 - No

- Somewhat
- 2. In your experience, do African Americans with MS have access to specialized care?
 - Yes
 - No
 - Sometimes

Semi-Structured or Unstructured Questions:

3. What do you believe are the greatest challenges for African Americans with MS in receiving prompt and precise diagnoses?
4. What are some of the greatest barriers to care/treatment for African Americans living with MS?
5. What are the healthcare perceptions/beliefs of African Americans with MS, and how do these impact their interactions with medical providers?
6. How do family members and caregivers help African Americans with MS to manage MS?
7. What is the impact of mental health stigma on African Americans living with MS with regard to accessing mental health services?
8. What community programs or resources would be the most helpful to African Americans with MS?
9. What recommendations would you suggest for making MS care more accessible and effective for African Americans?
10. Are there any other programs, resources or treatments that you know of that would be beneficial for African Americans with MS?

Appendix E: Logic Model

Thrive and Rise Above MS Logic Model

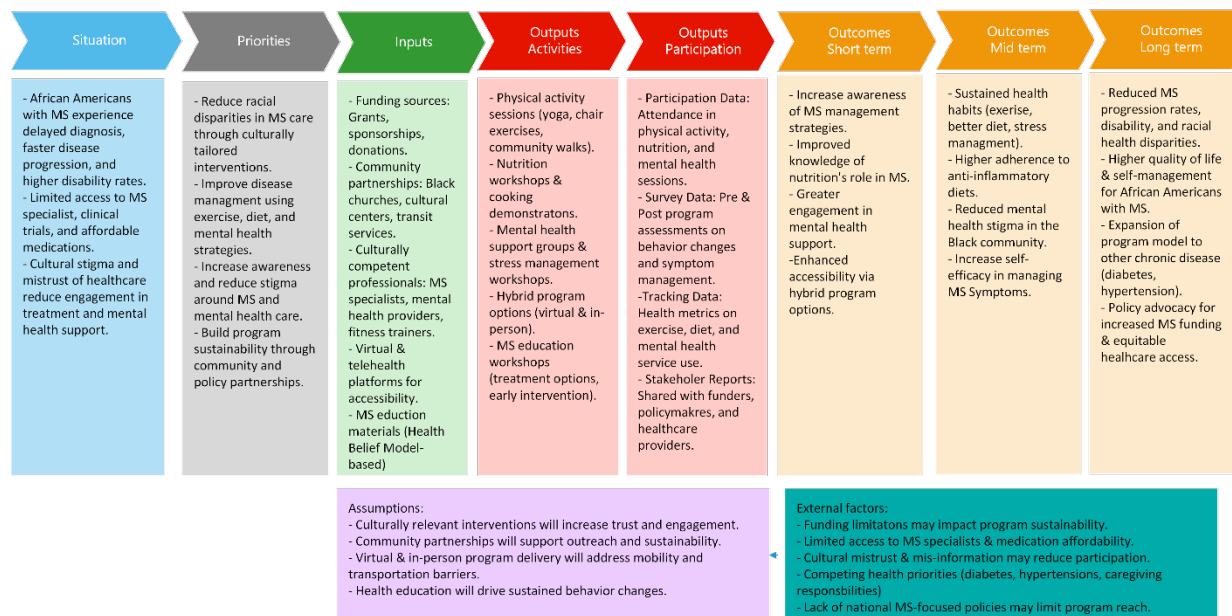
Program's Overall Goal

To reduce health disparities and improve disease management, mental well-being, and quality of life for African Americans living with multiple sclerosis (MS) through culturally tailored education, physical activity, nutrition, and mental health support.

Target Population

Primary Audience: African Americans diagnosed with MS, aged 22–50 years old, especially those experiencing severe disease progression.

Secondary Audience: Family members and caregivers who support individuals with MS, as they play a critical role in disease management.



Note. The current outcome evaluation measures short-term outcomes during Weeks 1 and 8 only. Mid-term and long-term outcomes shown in the logic model represent anticipated program impacts and are not measured as part of the present evaluation.

Appendix F: Gantt Chart

Thrive and Rise Above MS

Lawrence Nutrition Clinic
Javelin Lawrence, DCN, MS, CNS (Candidate)

Project Start:

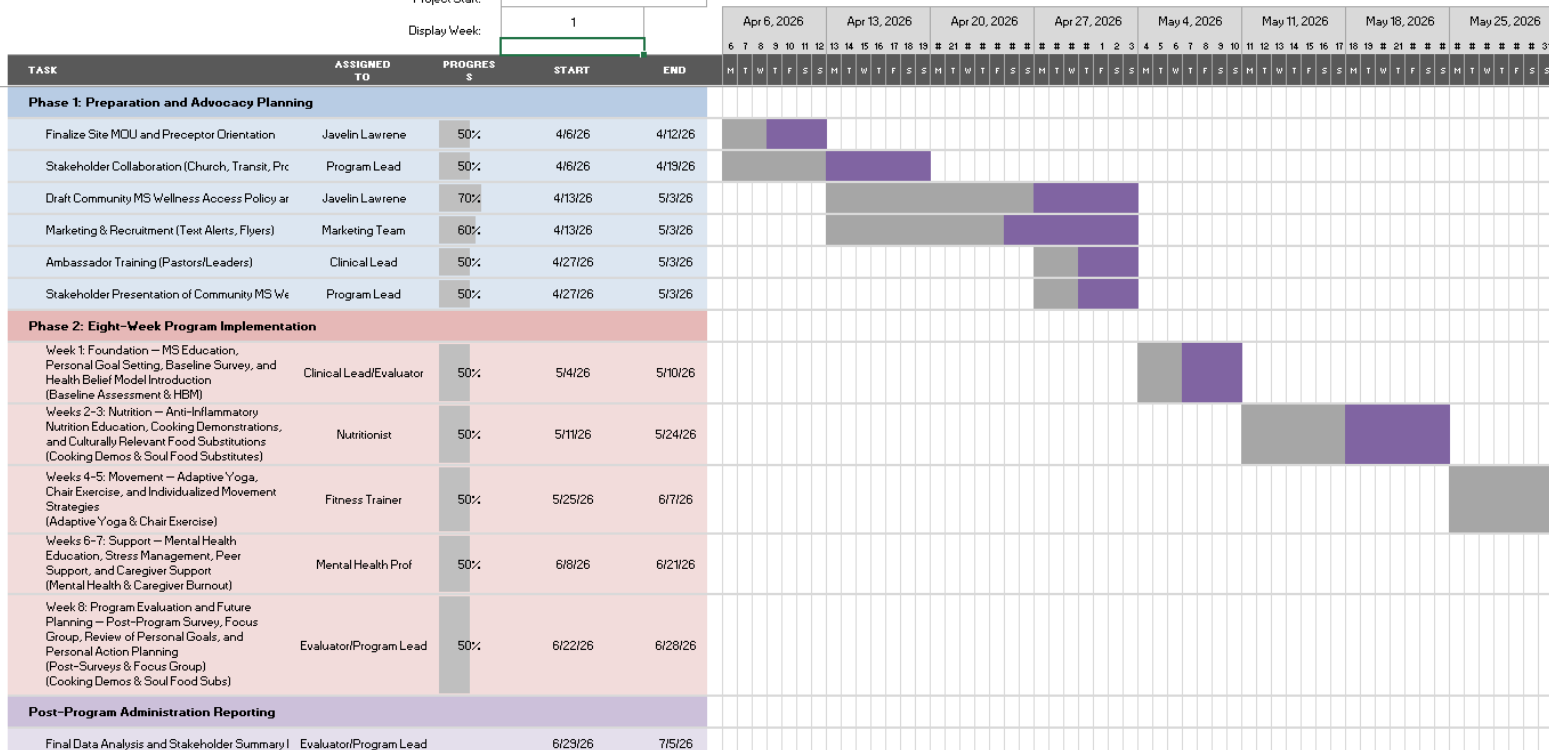
Mon, 4/6/2026

Display Week:

1

SIMPLE GANTT CHART by Vertex42.com

<https://www.vertex42.com/ExcelTemplates/simple-gantt-chart.html>



Appendix G: Kickoff Flyer



THRIVE AND RISE ABOVE MS

EMPOWERING AFRICAN AMERICANS THROUGH MS AWARENESS AND WELLNESS

KICKOFF WELLNESS EVENT

SATURDAY, April 18TH, 2026
11:00 AM - 3:00 PM
MT. PISGAH BAPTIST CHURCH
801 W MARKET ST, BLOOMINGTON, IL 61701

Our Mission

Thrive and Rise Above MS is a culturally tailored initiative uplifting African Americans with MS through education, empowerment, and community healing.

Explore our Wellness Pillars

- MS Awareness & Education:
 - Learn about MS symptoms, treatment, and lifestyle strategies tailored for African America.
- Holistic Health Workshops:
 - Engage in sessions on adaptive fitness, anti-inflammatory diets, and emotional wellness.
- Support Circles & Mental Health Care
 - Peer-led groups to reduce isolation, plus resources for navigating MS and mental health stigma.

Event Highlights

Mental Health Support

Nutrition Education

Adaptive Fitness

Peer Support Group

MS Awareness & Advocacy

STAY CONNECTED

Website:
www.ThriveAboveMS.org
Email:
thrive@communitywellness.org
Call: 1-800-555-Thrive
Hashtag: #ThriveWithMS
Social Media: @ThriveWithMS

This paper used AI for the following components of the writing process:

_X__ brainstorming

_X__ editing

___ obtaining sources

_ _ sentence generation