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Shalanda Henderson Date

Grant Proposal to Develop a Pilot Training Program that Enhances the Social Dynamic Relationship between Obstetrician-Gynecologist (OB-GYN) Fellows and Black Mothers in Georgia.

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By

Shalanda Henderson
B.S., Clayton State University, 2015

Thesis Committee Chair: Linelle Blais, PhD

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
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Abstract

Grant Proposal to Develop a Pilot Training Program that Enhances the Social Dynamic Relationship between Obstetrician-Gynecologist (OB-GYN) Fellows and Black Mothers in Georgia.

By Shalanda Henderson

Georgia has been deemed with having the highest maternal mortality rates in the US. According to the CDC, more than half of the pregnancy-related deaths in GA were preventable in 2012-2014. This public health crisis is disproportionally affecting the Black mothers in this state, as they continue to have the highest maternal mortality rates across races/ethnicities. In 2019, while the deaths per 100,000 births for White (59.7), Hispanic (26.1), and Asian/Pacific Islander (50) mothers were high, they were still lower than the State average for Black mothers (95.6). Several factors contribute to maternal mortality in Black mothers; however, racism is the driving force, and implicit and explicit biases are fueling the systemic barriers.

This grant proposal is in response to The Josiah Macy Jr. Foundation request for proposal (RFP) opportunity, which is intended for the advancement of education in healthcare professionals and to promoting diversity, equity, and belonging to all those seeking care from the US healthcare system. The grant proposal is seeking funding to develop the curriculum design for two pilot training programs that improve the social dynamic relationship between OB-GYN fellows and Black mothers in GA. One training program will be for OB-GYN fellows and one will be for Black mothers. Focus groups will be used to collect the experiences, perspectives, and ideas from each target audience, respectively. In addition to evidence-based approaches and practices, the focus groups' grounded recommendations will help develop comprehensive training programs that best tailors to their needs as a medical trainee and as a Black mother.

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I cannot leave Rollins School of Public Health without thanking the EMPH faculty and staff. The community that I will serve as a public health practitioner will benefit from the skills, techniques, and knowledge that you have shared with me.

I am also grateful for my mother and brother who are my support system. You have been my anchor throughout my academic career.

In loving memory of my father, I will continue to make you proud.

God, thank you for the strength!

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Chapter I: Introduction

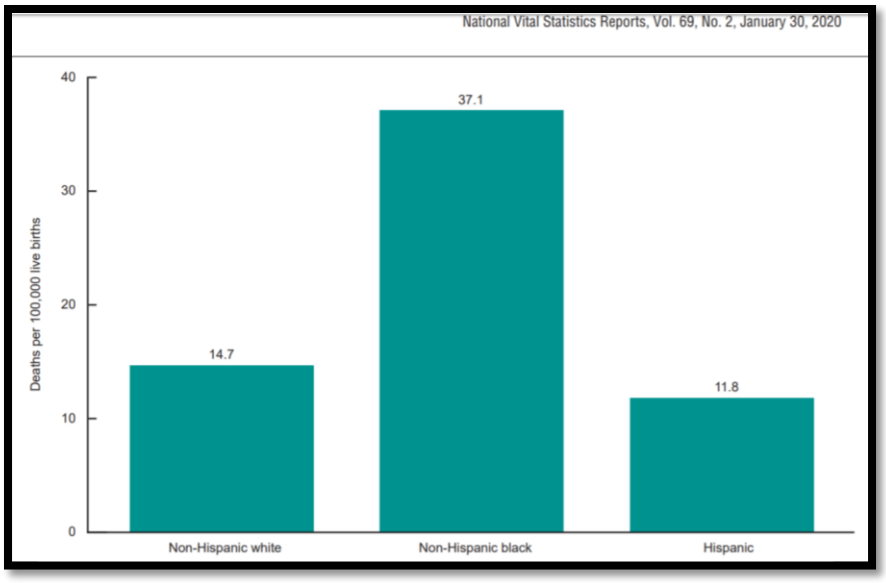
Childbirth is considered a joyous moment for many pregnant women and mothers. However, this blissful time can be interrupted by pregnancy complications and sometimes, even death. Maternal mortality have negative effects emotionally, medically, spiritually, financially, and economically. Mothers lost to this tragedy leave behind their children, spouses, family members, and community. Faith in belief systems and the healthcare system can be damaged. Several experts have stated that the true economic cost of maternal morbidity and mortality have yet to be determined; however, it is projected to be billions of dollars, given the cost of procedures, treatments, and loss of wages (Li, R. et al., 2017).

Maternal death has emerged as a public health concern over the recent years. The Center for Disease Control and Prevention (CDC) has reported that mothers and pregnant women are dying at an alarming rate. The United States has the highest maternal mortality rate of all developed countries and is the only industrialized nation with a rising rate (America's Health Rankings, 2018). Between 1987 and 2015, the maternal mortality rate in the US has more than doubled nation-wide (America's Health Rankings, 2018). A recent report released by the CDC reported that 658 women died of maternal-related causes in 2018 (Hoyert, D. and Miniño, A., 2018). The maternal mortality rate for that year was 17.4 deaths per 100,000 births in the US (Hoyert, D. and Miniño, A., 2018).

According to CDC, maternal mortality is disproportionally affecting Black mothers, as racial disparities exist in maternal mortality. This disparity exists across all education levels and socioeconomic statuses (Yale, April 2020). In the US, Black mothers are 2.5 times more

likely to die from a pregnancy-related death than White women are (Hoyert, D. and Miniño, A., 2018). The graph below highlights the differences in mortality rates across races in the, nationally.

Figure 1: Maternal mortality rates, by single race and Hispanic origin: United States, 2018

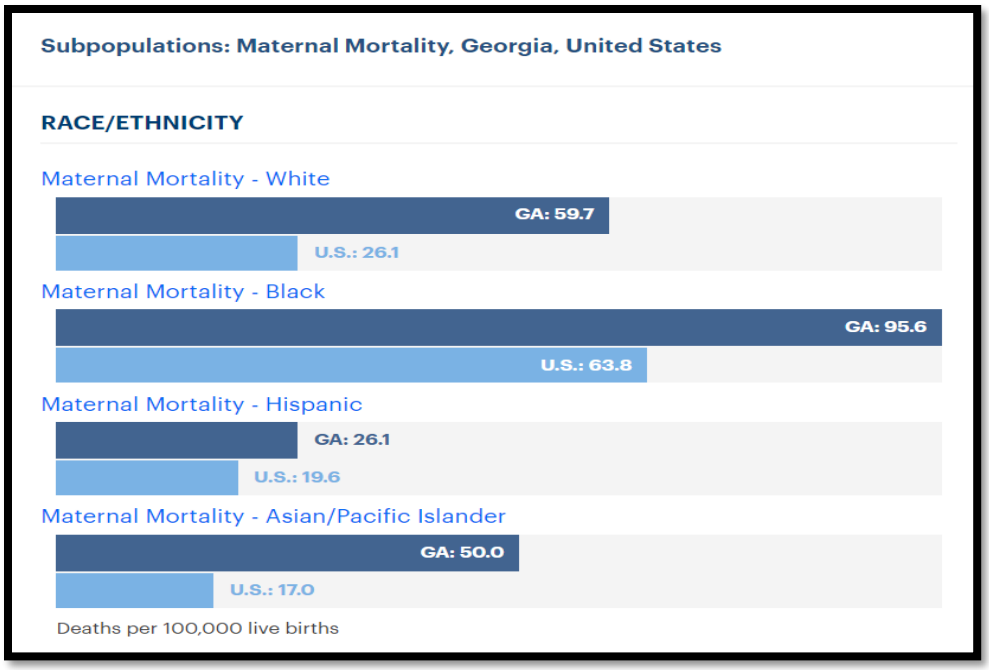


Source: Hoyert, D., & Miniño, A. (2018). Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018. PDF.

The state of GA has the highest maternal mortality rate (all race/ethnicities combined) in the US in 2010, and it still holds this position (Black Women's Maternal Health, April 2018). Between the years of 2012-2014, it was determined that 61% of pregnancy-related deaths were preventable in GA (Black Women's Maternal Health, April 2018). This crisis is disproportionally affecting the Black mothers at the state-level, too. Black women are more likely to live in southern states where they experience poorer health outcomes with GA being one of the least healthy states in the nation (Black Women's Maternal Health, 2018).

In 2018, maternal mortality rates for Black mothers in GA was 66.6 per 100,000 births (America's Health Rankings, 2018). Unfortunately, these rates are still on the rise. In 2019, while the deaths per 100,000 births for White (59.7), Hispanic (26.1), and Asian/Pacific Islander (50) mothers were high in 2019, they were still lower than the State average for Black mothers (95.6). The graph below compares maternal mortality rates across races in GA.

Figure 2: Maternal mortality rates, by race/ethnicity in Georgia, 2019.



Source: America's Health Rankings. (2019). Retrieved from https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality/state/GA

It was once believed that due to genetics, Black mothers had a higher rate of maternal mortality (Geronimus, 2010; Neighmond, 2019). However, evidence-based research has determined that the chronic effects of stress related to racism takes a toll on pregnancy,

childbirth, and childcare – all independent of generics (Geronimus, 2010). This stress also occurs in the medical setting where Black mothers have reported perceived discrimination when receiving healthcare services. Although there has been a decline in discriminatory behaviors in recent decades, there are still subtle and implicit biases that exist in the US healthcare system.

The behaviors and attitudes of healthcare providers have long contributed to health disparities, particularly in minority groups. Twenty-two percent of Black women have reported perceived discrimination when seeking healthcare services (Black Women's Maternal Health, 2018). They have also reported that they receive poor quality of care and that they are not being heard when they advocate for themselves (Neighmond, 2019). Unfortunately, some Black mothers lack the health literacy and self-advocacy skills needed to communication effectively with healthcare professionals. They may be reluctant or lack the skills to voice their health concerns when interacting with healthcare providers. Similarly, some public health professionals may perceive the underlining cause of racial disparities in the US system and its influence on patient-provider communications as too large a challenge or one they are ill equipped to address.

Target Audiences: OB-GYN (obstetrician-gynecologist) fellows and Black Mothers in Georgia.

Communication "takes two" and this includes the participation of both the OB-GYN (obstetrician-gynecologist) fellows and Black mothers in order to be most effective. OB-GYN fellows have been selected as one of the target audiences for this grant proposal because they tend to be in the forefront of providing maternal care to Black mothers.

Medical trainees tend to begin their training with a high level of empathy and altruism. They are also more receptive to learning.

Health literacy is a crucial factor in health outcomes (Lori, 2017). Some Black mothers are not aware of the importance of prenatal care, managing chronic conditions, normal/abnormal pregnancy-related symptoms and lifestyle behaviors that increases the risk of adverse pregnancy events. In addition to health literacy, patient self-advocacy is also important. Black mothers need to be able to express concerns regarding the health of self and baby. However, some have reported the dismissal of concerns, confrontational attitudes, or just fear of doing so (Cuevas et al., 2016; Adebayo et al., 2019).

Problem statement

Black mothers in the state of Georgia face several disparities, challenges, and barriers that are contributing to high maternal mortality rates. These include, but not limited to, access to health care services i.e. preventative care, prenatal care, and mental health care, lack of quality of care (especially in underserved areas), poor management of chronic health conditions, and social determinants of health. It is unfortunate that Black mothers are facing the current disparities, challenges, and barriers when their primary focus should be on their health, family, and baby. However, when the above factors are coupled with a poor patient-provider relationship, implicit and racial biases and lack of patient empowerment, this only exacerbate the public health crisis. Several training programs have been developed to tackle the patient or provider communication from a cross-cultural perspective. However, there is a need for a comprehensive training program that takes a holistic, multi-faceted approach at addressing both sides of the communication exchange and addressing unconscious cognitive

processes that can result in implicit biases (Burgess et al 2016; Center for Reproductive Rights, 2018). Additionally, there is the need for training programs tailored towards providing patient-centered care for Black mothers (Black Women's Maternal Health, 2018; Krisberg, 2019).

Purpose statement

The purpose of this grant proposal is to develop the curricula designs for the pilot training programs that improves the social dynamic relationship between obstetrician (OB-GYN) fellows and Black mothers in GA.

Objectives

I. Determine best practices and delivery methods to address implicit biases and communication barriers between OB-GYN fellows and Black mothers in GA.

II. Determine methods to improve self-advocacy and health literacy in Black women.

III. Identify perceived communication challenges and opportunities to improve the communication exchange between the patient-provider through focus groups with OB-GYN fellows and Black women in GA to inform content of the training curriculum.

IV. Determine preferred curriculum design and delivery format from both the patient and provider to inform each audience's respective training.

V. Build the curriculum design for the training program informed by each audience.

Significance statement

To address the maternal mortality rates in Black mothers in GA adequately, we must address and dismantle biases and racial disparities that encompasses the healthcare system. Given the current racial climate in the US, there should be heightened awareness surrounding systemic inequalities, implicit biases, communication barriers, and poor patient-centered care. Healthcare providers cannot offer the most adequate care without addressing their own biases and utilizing a patient-centered approach. Additionally, health literacy and self-advocacy should be encourage in Black mothers to promote patient empowerment and to improve the clinical encounters. Addressing these barriers and challenges can help close the gap and strengthen the patient-provider relationship. This in return can lead to better health outcomes, patient satisfaction, and potentially a reduction in maternal mortality rates of Black mothers in GA.

Description of the Project

A literature review and a series of focus groups will be conducted to explore the patient-provider relationship between OB-GYN fellows and Black mothers in GA. The literature review will address implicit biases and racial disparities in the US healthcare system as related to maternal health outcomes, communication barriers, patient-centered communication techniques, and patient empowerment. The literature review will explore existing interventions that can be utilized to improve the patient-provider relationship between the target audiences. It will also explore the theoretical frameworks and models that can be used as an organizing framework for the curriculum design and development.

Based on lessons learned from the literature review, a moderator guide will be developed for focus groups with Black women and OB-GYN fellows. Community-Based Participatory Research (CBPR) principles will be used for this project, as it relies heavily on the inclusion of community members to address health disparities. In this context, the participants with be involved in the decision-making process, help determine solutions, and be a forum of change in the social dynamic relationship between OB-GYN fellows and Black mothers. Focus group questions will further explore the nature of the patient-provider relationship from both the providers' perspective (OB-GYN fellows in GA) and the Black woman's perspective (Black Women in GA). Preferences will be gathered via focus groups from these two stakeholder groups to inform curricula training content, design, and delivery formats for the patient and OB/GYN fellow, uniquely.

Chapter 2: Review of Literature

The Social Dynamic Relationship

The social dynamic relationship between OB-GYN fellows and Black mothers in GA can influence maternal health outcomes. This relationship can be strengthened with a patient-centered approach. The patient-centered approach "acknowledges the whole person, their personality, life history, and social structure in order to develop a shared understanding of the problem, the goals of treatment, and the barriers to that treatment and wellness" (Naughton C. A., 2018). However, research has shown that, this collaborative approach is not always taken by healthcare providers with Black Americans. Reasons for this includes gaps in patient-centered training in healthcare professionals and implicit and racial biases embedded in the US healthcare system.

Patient-Centered Training Gaps in Healthcare Professionals

There is a need for improvement in training programs of health professionals, so that a more patient-centered approach is utilized during clinical encounters. The emphasis in medical training is on being objective – treat, cure, and rule out disease (Seaberg et al, 2000) versus taking a collaborative approach with the patient that focuses on the socio-cultural determinants of health. Communication is an important physician competency and is one key element of a patient-centered approach; the way that we communication with others can determine the outcomes of the relationship. Proper communication skills are taught in medical education curricula; however, the training is relatively brief, taught at the beginning of the curriculum, and typically not enforced throughout medical training (King, A., & Hoppe, R. B., 2013). Studies have also shown a decline in empathy and communication throughout medical training programs (King, A., and Hoppe, R. B., 2013; Seaberg et al 2000). However, just like any other skill, communication requires ongoing practice.

Patient-centered training programs have been created for continuing education; however, many of these programs are not all encompassing. In other words, these programs may focus on one aspect of the patient-centered approach, such as patient participatory decision-making, but do not address biases that may prevent the healthcare provider from patient engagement.

Implicit Bias and Racial Disparities in the US Healthcare System

Racism is the driving force that is contributing to the high maternal mortality rates in Black women, and implicit and explicit biases are fueling the systemic barriers. The US healthcare system is not immune to inequalities, stereotyping, segregation, and biases. Although prejudiced explicit attitudes towards Black-Americans may have reduced throughout the course of history, substantial display of implicit biases towards this social group remains. Blair et al. (2013) and Cooper et al. (2012) stated that greater implicit racial bias among healthcare providers is associated with lower reported patient-centered care by Black-American patients. Biases surrounding race can negatively affect the social dynamics of clinical communication, which can then negatively influence health outcomes. Biases can also exacerbate mistrust, perceived discrimination, and poor communication.

ProPublica and NPR collected more than 200 stories that highlights the negative effects that implicit biases have on Black women and mothers (NPR, Robert Wood Johnson Foundation, & Harvard TH School of Public Health, 2017). A Black mother who was accused of illicit drug use due to her hairstyle. A Black mother who received delayed treatment because the healthcare provider insisted that her breathing problems were due to

her weight. A Black mother who pain was not adequately treated because the healthcare provider assumed that she was over-exaggerating. A Black mother who repeatedly advocated for herself that something was wrong after giving birth, but treatment was delayed and she suffered from internal bleeding and died (Nina, 2017). These are only a glimpse at the implicit and racial biases that many Black mothers have experience when encounter the US healthcare system. These biases are consistent with the vast literature that shows that some healthcare providers perceive the Black population as uneducated, noncompliant, and underprivileged (Hall et al 2015; Nina, 2017).

The research on implicit bias among healthcare providers with maternal health of Black mothers indicates that one solution cannot successfully combat implicit racial biases towards Black mothers. However, systemic racism must be dismantled (Nina, 2017; Taylor, 2019). One-step to move in the right direction would be building a competent and diverse workforce using a patient-centered approach when treating Black mothers and by not assuming that their racial group defines them individually. Addressing biases at the individual level can help design policies and practices dismantles systemic racism and biases at the organizational and institutional level.

Patient Empowerment

Focusing on measures that OB-GYN fellows must take to address improve the patient-provider relationship is only half of the challenge. Black mothers also play a role in improving the patient-provider relationship. Kaplan et al., 2004 made that the point that we cannot rely solely on healthcare providers to address all the complexities of a patient without some assistance. Therefore, it is important that Black mothers, too, are well equipped for the

brief clinical encounters. Some measures include participatory decision-making, health literacy, advocacy, and value affirmation exercises. The research on patient empowerment in relations to the patient-provider relationship indicates the improvement in treatment adherence and better health outcomes.

The research on patient empowerment indicates that patients can make better decisions and actions regarding their health. Participatory decision-making increases the likelihood of Black mothers coming up with a realistic treatment plan, understanding it, and adhering to it. Black mothers with health literacy skills can comprehend health information discussed during the clinical encounter and make best health decisions for her and the baby. Self-advocacy can involves Black mothers ability and wiliness to speak up for themselves regarding their questions and concerns. Value affirmation increases Black women's awareness of self-worth and dignity in a system that may not express it.

Communication Barriers

Studies have shown that disruption in patient-provider relationships for Black-Americans, specifically, has important implications. This includes elements, such as medical mistrust, perceived discrimination, poor communication, and race discordance (Adebayo et al., 2019; Martin, K.D., Cooper, L.A., 2013). These factors can negatively affect quality of care, patient satisfaction, non-adherence to treatment plans, and health outcomes.

Medical Mistrust

"Mistrust in the healthcare system represents the extent patients have confidence in the quality and genuineness of their provider's care and their clinical competency" (Adebayo et al., 2019). Research has shown that Black-Americans typically have mistrust with health professionals due the genuineness of care versus lack of clinical competency (Adebayo et al., 2019). Mistrust can lead to Black-Americans not seeking healthcare services and negative health care experiences. This can sometime be the result of personal past experience or even learned from other members in the social group.

Mistrust can discourage Black mothers from seeking treatment of health conditions and prenatal care, which is important for the babies' development. When patients lack trust in his or her health provider, this reduces the chances of treatment adherence and patient satisfaction (Cuevas et al., 2016). The research on medical mistrust with relations to Black women indicates healthcare providers must first be aware of the societal mistrust and the history that fuels it. Good communication skills that exemplifies compassion, empathy, and understanding can help establish trust (Adebayo et al., 2019). Other recommendations include explaining long wait times, listening to Black mothers concerns, and advocating on behalf of them (Cuevas et al., 2016).

Perceived Discrimination

Black-Americans have reported that perceived discrimination is associated with low quality of care that they receive (Adebayo et al., 2019). A study found that perceived discrimination was felt when Black-American patients were treated with less courtesy and respect by healthcare providers and staff. Often times, Black-Americans feel discriminated towards at

the front desk or the waiting room. Some Black-Americans have reported that they believe doctors devalue their symptoms or ignore their commentary due to their race/ethnicity (Adebayo et al., 2019). Additionally, Karve et al., 2011 find that Black-Americans experienced delayed medical interventions in comparison to White patients when experiencing serious health concerns, such as a stroke. Black mothers are less likely to seek healthcare services i.e. primary care, prenatal care, reproductive screenings, etc. when they have reported perceived discrimination. Perceived discrimination also reduces the treatment adherence. The research on perceived discrimination with relations to Black women indicates that this can be mitigated by actively listening to Black mothers and not dismissing symptoms or problems.

Poor Communication

Black-Americans are more likely to report poor communication problems during clinical encounter than White patients are. In a study conducted by Cuevas et al., 2016, listening and showing concerns when a Black-American presented an issue were highlighted. Healthcare providers, who do not appear to be concerns about the patient's symptoms and does not appear to take the time to explain thoroughly the treatment regimen, are perceived as exemplifying poor communication skills. The Black women in the study reported that they felt that the healthcare providers were not attentive to their concerns or ensured that they understood the recommended treatment plan. Additionally, health providers are typically more verbally dominant when conversing with Black-Americans during clinical encounters (Adebayo et al., 2019).

Poor communication places a strain on the patient-provider relationship and inhibits trust. This may discourage Black mothers from sharing all of their medical history and reducing their involvement in the decision-making process. Poor communication deters Black mothers from advocating for themselves during clinical encounters because they may believe that the healthcare provider does not care enough about their concerns to listen. Health literacy is also hindered because a toxic environment does not promote learning.

Race Discordance

Some research has shown that race concordance improves the clinical encounter and patient-provider relationship (Martin, K.D., Cooper, L.A., 2013). Although there is evidence to suggest that some patients prefer provider who they can identify with, this alone will not resolve the communication issues. In fact, Cooper et al 2013 performed a study via audiotapes of clinical encounters between patient-provider of the same race. The findings determined that all though patients were satisfied with the provider, there was no increase in patient-centered communication when it was compared to clinical encounters with race discordant. Additionally, some research suggests cultural competency training can reduce racial disparities and improve patient-centered communication; however, it is not possible to train providers on the "interior" of all cultures (Kaplan et al. 2004).

Conceptual Frameworks and Models for Intervention Design

Several evidence-based conceptual frameworks and models exist that will inform the content and design of the focus group questions and the curricula development addressing the needs of OB-GYN fellows and Black mothers. These include the Burgess Framework (2016) on implicit biases in healthcare professionals, which will be the primary organizing structure for the curricula development, and the SHARE Approach Workshop curriculum created by Agency for Healthcare Research and Quality (AHRQ) (2016), the Common Group Identity Model (2014), the Patient Empowerment Model, 6-Function Model (2007) which complement and support the Burgess Framework.

Burgess Framework (2016)

The Burgess (2016) framework borrows from cognitive psychology approaches in its design to combat implicit biases in healthcare professionals. Its goal is to mitigate negative health outcomes and encounters. Addressing these biases can improve the patient-provider relationship. With the use of this framework, it is posited that the following strategies can serve as an opportunity to address implicit biases and to improve the social dynamic relationship between OB-GYN fellows and Black mothers.

Enhance Internal Motivation and Avoid External Pressure to Reduce Bias

When we are unware of our biases, there are little room for motivation to change. However, we can seize the opportunity to reduce unconscious biases in OB-GYN fellow when they aspire to be non-prejudiced; regardless of if they believe that they are bias or not (Diana Burgess et al. 2016). Burgess suggests that enhancing internal motivation can be done by facilitating scenarios where the healthcare providers state what they "would" do and then what they "should" do. She encourages the use of an Implicit Association Test helps to

uncover any implicit biases. These techniques can promote awareness racial disparities in relations to quality of care and biases that the OB-GYN fellows may have that are contributing to racial disparities, and addressing the historical and social context of race (Diana Burgess et al. 2016). A study by Green et al. 2007 showed how increasing awareness of susceptibility to implicit bias could change a provider's behavior. The participants in the study who were aware of biases being measured were significantly more likely to recommend proper treatment of thrombolysis for Black patients, despite being found to have pro-white biases.

When bringing awareness to this, it is important to avoid external pressures whenever self-discovery of unconscious biases occur in these individuals. According to Burgess et al (2018), "Efforts to reduce racial/ethnic disparities should avoid imposing a "politically correct" agenda, but instead appeal to providers' desire to provide the best possible care to all patients." She suggests that this should be done is nonthreatening environment, as public criticism can have paradoxical effects.

Enhance Understanding of the Psychological Basis of Bias

Stereotyping is common in our society and is a normal process of the human cognition (Diana Burgess et al. 2016). This is important for the OB-GYN fellows to understand in order to reduce stereotyping suppression, to be more informed, and open. Stereotyping suppression negatively affect the patient-provider relationship, increase social distancing among certain social groups, and adversely affect the decision-making process. Burgess 2016) suggests that understanding the psychological basis of biases can be done via readings, demonstrations regarding unconscious stereotyping, and guided discussions.

Enhance Providers' Confidence in Their Ability to Successfully Interact with Socially Dissimilar Patients

Research has shown than some providers may feel anxious when interacting with Black patients. Therefore, spending less time with this racial group during the clinical encounters and participating in avoidance behavior (Diana Burgess et al. 2016; Adebayo et al., 2019). Less time spent with patients can potentially put a strain on the dynamics of the patient-provider relationship. Additionally, these patients may feel some form of discrimination, if their provider is exemplifying anxious and/or avoidance behavior (Diana Burgess et al. 2016). Diana Burgess, PhD et al. 2016 suggest that this can be alleviated by direct contact with the social group i.e. OB-GYN fellows interacting with Black mothers. This can also be done by having the OB-GYN fellows interact more with colleagues of a different social group than his or her own.

One study implemented a curriculum for medical students serving underserved communities. To improve their confidence with socially dissimilar patients, they were required to complete an independent clinical project where they worked one-on-one with a patient in this population to educate, improve health outcomes, and help find available resources in his or her community (Cox et al., 2006). This experience demonstrated clinical skills working, and the medical students reported an improvement in confidence with working with a socially dissimilar group. It should be noted that systemic factors, such as lack of access to community resources, contributes to maternal mortality rates in Black mothers in GA. Therefore, integrating this can help provide patient-centered care.

Enhance Emotional Regulation Skills Specific to Promoting Positive Emotions

Mindset and emotions plays a role in how we interact with others. Studies have found that healthcare providers who are in a positive mood were less likely to stereotype others based on cultural, ethnic, or racial differences (Diana Burgess et al. 2016). Therefore, it is important that OB-GYN fellows understand that stress and negative emotions held during clinical encounters can negative impact the dynamic relationship with Black mothers. Burgess et al (2016) suggests teaching methods, such as meditation, mindfulness techniques, and Balint groups, as ways to help reduce these emotions.

Increase Perspective Taking and Affective Empathy

"Empathy is the feeling that persons or objects arouse in us as projections of our feelings and thoughts. Empathy requires living and knowing. It is more than knowing what we see; it is the emotion generated by the image." (Seaberg et al., 2000). Genuine empathy can improve the dynamics of the patient-provider relationship. Although effective, some health professionals lack empathy for those in a dissimilar social group than his or her own. Research has shown that empathy increases treatment adherence, self-efficacy, health outcomes, perceptions of control, and overall patient satisfaction (Kim et al. 2004). However, empathy has shown to decline over the course of a medical professional's career (Hagen, 2016; Hojat et al, 2004). This may suggest OB-GYN fellows may need further intervention after his or her training program. This may also suggest less empathy is applied to Black mothers when treated by more seasoned healthcare professionals.

A study was conducted to promote empathy in emergency room residents and to improve patient care skills. The researchers overall goal was to demonstrate the need for development and ongoing empathy in providers in order to provide the best care for his or her patients. The residents participated in a scenario where they were placed in the shoes of patients seeking medical care. They registered through triage, they waited in the waiting room, received medical services, and they were presented a bill for the medical services obtained. The study noted significant effects regarding empathy in the residents post-study and six months thereafter (Seaberg et al., 2000). These types of strategies can help the OB-GYN fellows place themselves "in the shoes" of a different racial group, in order to increase empathy. Burgess (2016) suggests that exercises, such as imagery strategies and role-play be explored to increase empathy.

Improve Ability to Build Partnerships with Patients

Diana Burgess, PhD et al. 2016 suggest that the patient-provider relationship should be reframed where the provider (OB-GYN fellow) and the patient (Black mother) collaborate as equals instead of consider one as high- or low- status. How we perceive someone, as on the same team as ours or as members of a different group have profound implications on the dynamic of the relationship (Diana Burgess et al. 2016). Some healthcare providers have reported that Blacks are less likely to adhere to treatment plans. However, this racial group have reported that they feel that they are not included in the decision-making process of care. This disconnect and communication barrier can negatively affect maternal health outcomes (Cuevas et al., 2016; Adebayo et al., 2019). Including patients in the decision-making process improves quality or care, increases patient satisfaction, improve patient-

experience, and improves the likelihood of treatment adherence (Agency for Healthcare Research and Quality, n.d.).

The SHARE Approach Workshop Curriculum

The SHARE Approach Workshop curriculum ties into Burgess (2016) recommendation regarding including the patient in the decision-making process. This curriculum was created by Agency for Healthcare Research and Quality (AHRQ) to help train healthcare providers on engaging patients in the decision-making process. Winthrop University Hospital saw a decline in patient satisfaction and breastfeeding. They implemented the SHARE Approach Workshop curriculum in their organization to be taken by 142 nurses. After completion of the program and implementation in practices, the nurses reported improvement in patient interactions, communication, and education techniques. The hospital also saw an improvement in patient satisfactions and breastfeeding rates (Agency for Healthcare Research and Quality, n.d.).

Given that chronic conditions, like hypertension and other cardiovascular conditions, have a high prevalence in Black women and are less controlled, it is crucial that they adherence to their treatment plans in order to mitigate pregnancy-related mortality. Partnership building between the OB-GYN fellow and the Black mother can improve treatment adherence, as the mother will be a part of the decision-making process and feel as though the OB-GYN fellow is on her "team".

Common Group Identity Model

This model theorize that biases can be reduced when the patient and provider see each other as "we" and not at "them". We tend to be more trusting and reduce social distance when we are interacting with someone who we can identify with i.e. race, ethnicity, gender, etc. The premise of sharing an identity with someone who is dissimilar can involve findings common interests and goals. Penner et al (2014) created a common group identity between providers and Black patients (race discordant). This was done via repetition of symbols and messages that stressed the team nature of the encounter. They found that the intervention increased trust and treatment adherence. Having a sense of "we-ness" can strengthen the patient-provider relationship, as OB-GYN fellows and Black mothers are a team with the same goal being a healthy birth outcome.

Patient Empowerment Model

Health literacy

Defined by the CDC (2016) health literacy, "the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions." Those who identify in minority social groups tend to have low health literacy. Unfortunately, social determinants of health can further exacerbate this e.g. poverty, and lower education level. Health literacy is crucial when it comes to health outcomes and treatment adherence. Lori et al., 2017 study improvement in health literacy through group antenatal care. They concluded that the program improved health literacy regarding healthy behaviors, pregnancy concerns, birth preparedness, and breastfeeding. They also discovered that health literacy regarding antenatal care was best delivered in a group setting versus individual. If Black mothers are more knowledgeable about the health of themselves and their baby, then this empowers them to make good

health decisions, modify behaviors, and successfully engage in the decision-making with her provider. It also affords Black mothers the ability to advocate for themselves and their baby.

Self-advocacy

Self-advocacy involves asking questions, seeking clarifications, ensuring that values and goals are discussed, and being an active participant in the decision-making process with providers. However, research has found that this is not always an easy task, and self-advocacy is a skill. It is not enough only to tell Black mothers to advocate for themselves. Hagan and Medberry, 2016 found that even when cancer survivors have all the tools to be effective self-advocates; they were still hesitant to lead, engage, and participate in health conversations and treatment decisions. Methods to improve self-advocacy includes education materials that places a greater emphasis on addressing the core values and needs for self-advocacy, establishing comfortability with health care information (tying back to health literacy), and explaining the importance of connectedness with the provider (Hagan and Medberry, 2016). In addition, a great method to improving the self-advocacy circles back to the reoccurring theme – trust and a good patient-provider relationship.

Value Affirmation Exercises

"One way to reduce stereotype threat and strengthen a person's self-integrity is by affirming important personal values" (Penner et al., 2014). In other words, value affirmation can potentially reduce bias impact. Patients who fear being stereotyped by their provider may report poor communication, perceived discrimination, and lack of trust. One study found that Black patients, who participated in a value affirmation exercise before their clinical encounter, provided more information about their medical history and had a more positive

interaction with the provider, emotionally. It was also concluded that values affirmation increased patient adherence (Havranek, et al., 2012).

Patient-Centered Communication Skills and Techniques (The 6-Function Model)

An appropriate approach to improving communication between the patient and the provider is by teaching the provider effective communication skills that are patient centered. Patient-centered communication techniques have shown to be effective in all social groups and can improve the patient-provider relationship (Kaplan et al., 2004).

Epstein RM and Street RL. Jr., 2007 constructed the 6-function model for communication goals during clinical encounter. The following has been determined as the six core functions for clinical encounters: (1) fostering the relationship, (2) gathering information, (3) providing information, (4) making decisions, (5) responding to emotions, and (6) enabling disease- and treatment-related behaviors. The researchers have determined that six functions increase patient-centered communication by improving patient satisfaction, treatment adherence, health outcomes – all of which this grant proposal seeks for social dynamic relationship between OB-GYN fellows and Black mothers. The concept is further explained in the table below.

Table 1: Best Practice for Communication in Medical Encounters

Medical Interview	Roles and Responsibilities of the Physician	Skills
Fostering the relationship	▪ Build rapport and connection ▪ Appear open and honest ▪ Discuss mutual roles and responsibilities ▪ Respect patient statements, privacy, autonomy ▪ Engage in partnership building ▪ Express caring and commitment ▪ Acknowledge and express sorrow for mistakes	▪ Greet patient appropriately ▪ Maintain eye contact ▪ Listen actively ▪ Use appropriate language ▪ Encourage patient participation ▪ Show interest in the patient as a person
Gathering information	▪ Attempt to understand the patient's needs for the encounter ▪ Elicit full description of major reason for visit from biologic and psychosocial perspectives	▪ Ask open-ended questions ▪ Allow patient to complete responses ▪ Listen actively ▪ Elicit patient's full set of concerns ▪ Elicit patient's perspective on the problem/illness ▪ Explore full effect of the illness ▪ Clarify and summarize information ▪ Inquire about additional concerns
Providing information	▪ Seek to understand patient's informational needs ▪ Share information ▪ Overcome barriers to patient understanding (language, health literacy, hearing, numeracy) ▪ Facilitate understanding ▪ Provide information resources and help patient evaluate and use them	▪ Explain nature of problem and approach to diagnosis, treatment ▪ Give uncomplicated explanations and instructions ▪ Avoid jargon and complexity ▪ Encourage questions and check understanding ▪ Emphasize key messages
Decision making	▪ Prepare patient for deliberation and enable decision making ▪ Outline collaborative action plan	▪ Encourage patient to participate in decision making ▪ Outline choices ▪ Explore patient's preferences and understanding ▪ Reach agreement ▪ Identify and enlist resources and support ▪ Discuss follow-up and plan for unexpected outcomes
Enabling disease- and treatment-related behavior	▪ Assess patient's interest in and capacity for self-management ▪ Provide advice (information needs, coping skills, strategies for success) ▪ Agree on next steps ▪ Assist patient to optimize autonomy and self-management of his or her problem ▪ Arrange for needed support ▪ Advocate for, and assist patient with, health system	▪ Assess patient's readiness to change health behaviors ▪ Elicit patient's goals, ideas, and decisions
Responding to emotions	▪ Facilitate patient expression of emotional consequences of illness	▪ Acknowledge and explore emotions ▪ Express empathy, sympathy, and reassurance ▪ Provide help in dealing with emotions ▪ Assess psychological distress

[a] Modified using Makoul,[78] Levinson et al,[35] Epstein and Street,[31] McCormack et al,[61] and Smith et al.[88]

Source: King, A., & Hoppe, R. B. (2013). "Best practice" for patient-centered communication: a narrative review. Journal of graduate medical education, 5(3), 385–393.

Curriculum Design and Delivery Format

The literature suggests that implicit biases, racial disparities, communication barriers, and patient empowerment improve the patient-provider relationship between OB-GYN fellows and Black mothers, and that evidence-based frameworks and training interventions exist that can improve the patient-provider communications through specific teaching skills. King and Hoppe (2013) states that the most effective communication training programs have been those of high intensity interventions i.e. longer instructional time, and multimethod). Burgess, Seaberg, AHRQ, Penner and others have identify other design and delivery methods i.e. role playing, web-based instructions, imagery, group work, projects, amongst others that improve the health communication between patient and provider. Given the

complexity of effective patient-centered care and communication, this training program will be multi-faceted. With input from the intended trainee group - Black mothers in GA and OB-GYN fellows in GA via focus groups, we will be able to validate the relevance of curricula content, and determine an effective curriculum design and delivery format for our intended audience.

Throughout history, Black women have be disproportionately affected by a US healthcare system not design with their best health outcomes in mind. By addressing both sides of the health communication dyad through training curricula that builds on existing evidence-based approaches, this proposal aims to fill a missing component in the literature. This proposal will address implicit biases, racial disparities, communication barriers, and patient empowerment, too. However, the distinguishing factor in this proposal is the comprehensive, holistic approach to addressing these challenges and barriers versus addressing each component separately. It is time to change the system by creating practices and approaches specifically designed to provide patient-centered care that is responsive to the needs of Black women.

Chapter III: Methodology

Agencies that Fund Similar Programs

Given the public health crisis regarding the high rates of maternal mortality in the US, ample funding opportunities are becoming available. Some of these funding agencies include, Human Resources and Services Administration (HRSA) - Maternal and Child Health, National Institutes of Health (NIH), CDC, just to name a few. Some of the grants focuses specifically on minorities and racial disparities regarding maternal health. This public health concern is typically funded by national research organizations. Higher education institutions, non-profits, and government agencies tend to apply for these funds to be implemented in their respective community.

Grant Announcement Summary - The Josiah Macy Jr. Foundation Grant

The Josiah Macy Jr. Foundation grant is intended for the advancement of education in healthcare professionals. As of 2020, in order to support their mission, they announced a new strategy for funding priorities. These include (1) promoting diversity, equity, and belonging, (2) increasing collaboration among future health professionals, and (3) preparing future health professionals to navigate ethical dilemmas. There are two funding opportunities, *Board Grants* and *President's Grant*. For the purpose of the grant proposal, *priority 1* and *Board Grants* have been selected for the following reasons: This grant proposal aims to promote health equity for Black mothers in GA, which addresses Priority 1. Board Grants support projects that are 1-3 years in length, three grants are selected each year, and there is no official funding limit.

Proposal Review Criteria

Below are the four key dimensions that the funder will use to evaluate the grant proposal. The reviewers were asked to keep the following in mind while reviewing the grant proposal. They were also given a checklist (See Appendix) and asked to provide commentary on the strengths and weaknesses of the proposal, as deemed necessary.

I. Relevance to our priorities

The Josiah Macy Jr. Foundation goal is to equip future health professionals to meet the challenges of our diverse and complex healthcare arena and population. The foundation's priorities are listed above. This grant proposal is relevant to their priorities as this project seeks to determine methods in which health equity can be achieved in vulnerable populations, by promoting diversity, equity, and belonging within our healthcare system. The foundation has been involved in health innovations related to maternity care in collaboration with American College of Nurse-Midwives (ACNM) and the American College of Obstetrics and Gynecology (ACOG). They have also sponsored conferences that focuses on OB-GYN care.

II. Importance and originality

Several professional organizations are combating maternal mortality in Georgia. The House of Budget and Research Office put together a policy brief in April 2019 that outlined measures that will be taken to reduce maternal mortality rates, among all pregnant women, residing in GA. Some actions to be taken will include quality improvement grants to address pregnancy-related complications, investing in the perinatal surveillance system, maternal mental health and behavioral disorders, increasing access to care in rural areas, research,

training healthcare professionals on best practices, among other initiatives. There are some organizations who target audience is specifically Black mothers residing in GA. Black Mamas Matter Alliance (BMMA) who primary focus is on Black maternal health rights and justice. They created a toolkit to ignite policy change, provide a comprehensive overview and resources on Black maternal health, and pinpoint action that can be taken by policymakers to address this public health concern (Advancing Black Maternal Health, 2015). Although there are some initiatives aimed at reducing maternal mortality, there needs to be specific funding to address implicit biases, patient-provider relationship, and perceived racism, as these all that leads to racial disparities in this racial group.

III. Significance and generalizability

Given the diversity and the current tension regarding social equity in our nation, strategies aimed at addressing systemic inequalities, implicit biases, racial disparities, health equity, etc. are critical. Although this grant proposal's target audience is OB-GYN fellows and Black mothers in GA, the finalized training program can be tailored/modified to suit the needs in educational programs across the nation.

IV. Sustainability

This project will not conclude once the data collection portion is finished. The enriched data obtained from community members will be used to construct a training program. The objective will be to obtain the necessary resources for the deliverables of the training program. Once finalized, the goal will then be to implement the pilot training program within the community in GA to improve the patient-provider relationship and potentially

reduce maternal mortality rates amongst Black women. The ultimate goal will be to utilize the data received from the pilot program in GA, to be diffused throughout the nation.

The Grant Review Process

A formal grant review request via email was sent out to the three reviewers who were not a part of the thesis committee. The email consisted of the grant review request, rationale as to why they were selected, grant review expectations, an opportunity for them to decline the request, and an expression of gratitude. The two grant reviewers on the thesis committee were also emailed the grant proposal. Each reviewer was allotted two weeks to review the grant proposal. If they required any additional time, this was discussed and accommodations were made.

For easy navigation and commenting, the request for proposal was copied and pasted on a Word doc and emailed to the reviewers. Each reviewer was presented with proposal review criteria, checklist, and ways that the grant proposal will achieve the priorities of the request for proposal. They were instructed to review this material and provide comments and ratings on a scale of 1-5 (1 being the lowest and 5 being the highest) for each section i.e. Cover Letter, Problem Statement, Program Objectives, Methods, Evaluation, and Budget. Reviews were provided individually. If there was a section that they did not feel comfortable addressing, then they were instructed to omit this section.

The reviewers returned the grant proposal via email. A follow up email was sent informing them that their review has been received and to express further gratification. Each grant review was analyzed individually. All comments and ratings were taken into consideration

and compared to the comments and ratings made by different reviewers. Modifications were based off new perspectives, ideas, logic, and rationale provided by the grant reviewers that could be used to strengthen the grant proposal.

Description of Grant Proposal Reviewers

Linelle Blais, PhD – Thesis Chair

Dr. Blais is a Research Associate Professor and a faculty member for Behavioral, Social, and Health Education and for the Executive MPH program. She is also the Executive Director of the Emory Centers for Training and Technical Assistance. She was selected as Thesis Chair and as one of the reviewers because of her experience in workforce competences, curriculum development, training programs, behavioral theories, and community research. Her expertise helped narrow the scope of the project. She also helped strengthen the grant proposal by determining strengths and weakness and by providing guidance in the methodological approach.

Sakina Coakley, MPA

Mrs. Coakley is the founder and president of the non-profit organization, GA SPEAKS, Inc. She was selected as a reviewer because she has experience in community health and working with minority groups in GA. She also has grant writing experience due to applying for funding related to her own non-profit organization. Her expertise helped with the grant writing process.

Glenda Crunk, MPA – Thesis Committee Member

Ms. Crunk is the Equal Employment Opportunity Regional Director for IMCOM-Europe. She was selected as Thesis Advisor and as one of the reviewers because of experience in workforce competency, community research, and advocacy for health equity. Her expertise helped subject matter, strengthening the literature review process, and the grant proposal budget.

Jerry Nnanabu, MD

Dr. Nnanabu is a second-year cardiology fellow at the University of Washington Medical Center. He was selected as a reviewer because he has experience working in the US healthcare system, treating patients of minority groups, and is currently in a medical training program. His expertise helped ensure that supportive evidence was provided to support the grant proposal.

Rebecca Upton, PhD

Dr. Upton is an Affiliate Professor for Rollins School of Public Health Executive MPH program. She was selected as a reviewer because of her expertise in focus groups, qualitative methods and analysis, and community research. Her expertise helped strengthen the description of the project section of the grant proposal. She provided valuable insight on what funders typically look for when reading grant proposals.

Protection of Human Subjects

This project will consist of two target audiences (Black women and OB-GYN fellows). The Black women group (anticipated number of focus groups = five and participants = 50). The Black women focus group will be self-identifying Black women who are within reproductive ages and considered a legal adult (18-45). Inclusion of various backgrounds will be sought e.g. age, education, income, household structures, parental status, religion/faith, etc. This social group can provide insight of current barriers faced in the healthcare system and behavioral factors in their personal life. OB-GYN fellows/trainees (anticipated number of focus groups = five and participants = 50). They will be those actively enrolled in an OB-GYN fellowship program in GA. The OB-GYN fellows will be both men and women. Inclusion of various backgrounds will be sought e.g. age, program year, race/ethnicity, religion/faith, etc. The sample size is based on methods obtained from previous evidence-based studies, the recruitment strategy, the likelihood of attendance, and timing to complete the project. Retention strategies will include routine follow-up with the participants who agree to be in the focus groups and compensation for participation; only one meeting will be required. Before the focus groups can began, the proposal must be submitted to and approved by the IRB, given that the study will be working with people.

Material collected will include contact information, such as name, email, and phone number. Data will include information obtained during the focus groups. Consent forms will be secured from all participants. Only the key personnel, working on this project will have access to this information. They will have access to this data for research purposes only i.e. contacting participants and data analysis.

Recruitment will take place throughout Georgia via collaborating with local organizations and a social media campaign, designed for the target audience. Consent forms will be secured from all participants when they sign-up for the focus groups by key personnel. The form will be sent and returned electronically with the participants' signatures. The nature of the information provided to the participants will include the purpose of the study, eligibility, and compensation. All participants will be required to sign an informed consent form acknowledging that the researchers cannot guarantee confidentiality due to the nature of focus groups.

Some risks may include psychological, as sensitive information will be discussed during the focus groups. Participants may feel uncomfortable discussing some topics related to health, gender, race, etc.; however, they will be reassured that they can elect to decline any question and remove themselves for the study at any time. The participants will be required to sign-up for the study, using their contact information. Their responses during the focus group will not be associated with their identity. Security software will be utilized to protect all sensitive data e.g. encryption technology, two-authentication, etc.

The participants in this study will benefit, as they will provide invaluable input as community members as to how we can strengthen the patient-provider relationship between Black women and healthcare providers. The findings will be shared with the participants (i.e. common themes and potential topics), if they request. The risks associated with participating in this study is reasonable, as all measures will be taken to protect the participants' information. Additionally, the participants will have the opportunity for their voices to be heard and to make a difference in the healthcare system. Financial compensation will be

available for all participants; however, this is not deemed as a benefit of the study. Financial compensation of a $75 visa gift card will be available for all participants. Childcare will be provided for the Black mothers, if the focus groups are held in-person versus online. However, this is not deemed as a benefit of the study.

Chapter IV: Incorporation of Reviewer Comments

This chapter outlines the comments made by each grant reviewer. Special thanks are expressed to the grant reviewers who took the time out of their schedules to assist in the grant writing process. Their expertise provided invaluable insight, new perspective, and helped strengthen the grant proposal before submission.

Reviewer 1 Comments

Comment 1: In the Cover Letter, the problem and importance can be described in one paragraph.

Response to comment 1: Thank you for your feedback. I made it a mission to be as specific as possible while also sticking to the page requirement/character count.

Comment 2: More research support on the patient-provider paragraph; unsupported assumptions in this paragraph.

Response to comment 2: More information pulled from the literature review has been incorporated in the Problem section and the Support Documents section of the grant proposal.

Comment 3: Is there a lack of existing curriculum that makes you feel this is filling a gap in the field?

Response to comment 3: Yes, there is a lack of existing curriculum regarding improving the social dynamic relationship between OB-GYN fellows and Black mothers, and training programs that is taking a comprehensive approach tailored towards patient-centeredness. This gap has been added to the Problem Statement in the Cover Letter to support the need of this training program.

Comment 4: I think your cover letter does a better job of explaining the purpose more than your purpose statement. The purpose needs to begin with "The purpose of my proposal is…" as the first sentence. See project summary on cover letter for this – it is succinct.

Response to comment 4: Thank you for your feedback. I decided to keep the Purpose Statement short: The purpose of this project is to develop the model for the training program that improves the social dynamic relationship between OB-GYN (obstetrician-gynecologist) fellows and Black mothers in Georgia.

Comment 5: The program objectives are missing. Objectives appears to be:

1. *Determine best practices and delivery methods to address implicit biases and communication barriers between OB-GYN fellows and Black mothers in GA.*
2. *Determine methods to improve self-advocacy and health literacy in Black women.*
3. *Identify perceived communication challenges and opportunities to improve the communication exchange between the patient-provider through focus groups with OB-GYN fellows and Black women in GA to inform content of the training curriculum.*
4. *Determine preferred curriculum design and delivery format from both the patient and provider to inform each audience's respective training.*

Response to comment 5: The objectives that you presented are more aligned with the goals of the project. These have been incorporated in the final grant proposal. In addition to your suggestions, I have included one more objective: V. Build the curriculum design for the training program based on the preferred curriculum design for each audience.

Comment 6: I am sure you make the argument/provide data that health literacy/ communications impacts maternal health explicitly.

Response to comment 6: Agreed that making the argument is important. I have included theoretical frameworks, models, skill, and techniques in the grant proposal to support methods in improving the patient-provider relationship and maternal health outcomes. They are outlined in further detail in the Supportive Documents section.

Comment 7: You need to define a theoretical framework/communications theory that you are using (I know you have it in your thesis; need to refer to here).

Response to comment 7: Agreed that evidence found during the literature review needs to be included in the grant proposal to support the project. I have included theoretical frameworks, models, skill, and techniques in the grant proposal to support methods in improving the patient-provider relationship and maternal health outcomes. They are outlined in further detail in the Supportive Documents section.

Comment 8: Some confusion regarding why so many (10) focus groups of Black mothers since not tied to the 10 counties for any reason except availability of Black mothers. Suggest reduce to five focus groups.

Response to comment 8: Agreed that this is excessive. The number of focus groups have been reduced to 10 total (five for the Black women group and five for the OB-GYN fellow group).

Comment 9: I am not sure that recruitment outreach through social media is targeted enough to be effective – more focused and proactive outreach of Black mothers or

fellows might be better. Just as you are discussing reaching directly to the medical training programs for fellows, so too think about where, what places, you can go to where you can find your Black mothers in those counties.

Response to comment 9: I agree that a more focused and proactive outreach would be better. My only concern here is given the presence of COVID-19, would I still be able to reach my target audience by this approach alone, effectively? I am hesitant that many places may close and potential participants may venture outside less, given the pandemic. Therefore, having a social media campaign can reach those sheltering in place. Additionally, it is highly likely that the focus groups will have to be facilitated online.

Comment 10: Three hours is too long for a focus group… 90 minutes?

Response to comment 10: This is a valid point. The hours have been reduce to 90 minutes per focus group.

Comment 11: Do not think your focus group facilitator needs to be a mother or a health care professional, necessarily.

Response to comment 11: This is a valid point. The facilitators will include myself and someone else who has experience with facilitating focus groups.

Comment 12: I would recommend you do the focus groups yourself with one other co-facilitator.

Response to comment 12: This is a valid point. The facilitators will include myself and someone else who has experience with facilitating focus groups.

Comment 13: What selection criteria will you use to determine who will be in your focus groups beyond just being Black women in GA? Any specific selection criteria for the fellows? Men? Women?

Response to comment 13: The Black women focus group will be self-identifying Black women who are within reproductive ages and considered a legal adult (18-45). Inclusion of various backgrounds will be sought e.g. age, education, income, household structures, parental status, religion/faith, etc. The OB-GYN fellows will be both men and women. Inclusion of various backgrounds will be sought e.g. age, program year, race/ethnicity, religion/faith, etc. The specific selection criteria also been included in the Participants and Recruitment section and the Supportive Documents – Protect of Human Rights section.

Comment 14: I think it is beyond your scope to compare between focus groups. Rather you are looking for themes across.

Response to comment 14: This is a valid point. Data analysis will look for themes across the focus groups versus comparing between the focus groups.

Comment 15: Use your theory to define the factors to be used in your focus group facilitation guide. State that will have a guide.

Response to comment 15: I have included theoretical frameworks, models, skill, and techniques in the grant proposal to support methods in improving the patient-provider relationship and maternal health outcomes. They are outlined in further detail in the Supportive Documents section.

Comment 16: You might want to discuss how you will ensure (cross-validate) the themes. Sometimes this is done by having multiple coders and coming to consensus on those themes that are not the same.

Response to comment 16: Agreed that cross-validation would be beneficial. This was also mentioned by another grant reviewer, and this is an approach that some researchers used data analysis of focus groups, such as Cuevas (2016).

Comment 17: ***What I believe that your intermediate and final outcomes are:***

Intermediate Outcomes

1. ***Environmental scan of best practices in delivery methods to address implicit biases and communication barriers***
2. ***Environmental scan of best practices in delivery methods to address self-advocacy and health literacy***
3. ***Five focus groups of Black women in GA***
4. ***Five focus groups of OB/GYN fellows in GA***

Final Outcome:

1. ***A set of grounded recommendations from Black mothers that can be used in the design and development of a training curriculum for this audience.***
2. ***A set of grounded recommendations from OB-GYN fellows that can be used in the design and development of a training curriculum for this audience.***

Response to comment 17: Based on our ongoing conversations, I have modified the outcomes accordingly to the following. The changes were made based because the final

product will be a curriculum design. Below can be viewed in the Expected Outcomes section.

Intermediate Outcomes

3. A set of grounded recommendations from Black mothers that can be used in the design and development of a training curriculum for this audience.
4. A set of grounded recommendations from OB-GYN fellows that can be used in the design and development of a training curriculum for this audience.

Final Outcome

1. A curriculum design for a training program based off the grounded recommendations of OB-GYN fellows.

2. A curriculum design for both training programs based off the grounded recommendations of Black mothers.

Comment 18: Need to modify to reduce the number of focus groups; use yourself as the focus group facilitator plus one other co-facilitator.

Response to comment 18: The number of focus groups have been reduced to 10 total. I will be a co- facilitator. This has been updated in the Description of Project - Participants and Recruitment section.

Comment 19: Add travel costs (gas); materials, such as flip chart/markers; a venue, if you think that you cannot get free space; food, if you plan to provide drink/snack; childcare for mothers.

Response to comment 19: These expenses have been incorporated in the Budget form.

Comment 20: You will not need social media, I do not think.

Response to comment 20: I agree that a more focused and proactive outreach would be better. My only concern here is given the presence of COVID-19, would I still be able to reach my target audience by this approach alone, effectively? I am hesitant that many places may close and potential participants may venture outside less, given the pandemic. Therefore, having a social media campaign can reach those sheltering in place. Additionally, it is highly likely that the focus groups will have to be facilitated online.

Comment 21: *Your total budget probably will be closer to 50k – 60k maybe?*

Response to comment 21: The budget has been revised to depict the expenses and total cost needed for the grant proposal. The investigator will seek $58,000. This has been updated in the Budget Section.

Comment 22: *How much will you compensate participants. Will you give them an amazon gift card for $300 each for example?*

Response to comment 22: The participants will be compensated with Visa gift cards. This has been included in the Description of Project - Participants and Recruitment and the Budget sections.

Comment 23: *CPBR reference is good for arguing why you want to ground your curriculum by engaging the intended audience (patient and provider).*

Response to comment 23: Thank you for your feedback.

Comment 24: *Finally, check your sentence structure and grammar. That is it!*

Response to comment 24: Thank you. I have revised and proofread the final grant proposal.

Reviewer 2 Comments

Comment 1: This was a very clear and concise cover letter. The statistical data included was informative and thorough.

Response to comment 1: Thank you for your feedback.

Comment 2: Pertaining to the problem statement: Overall, this was interesting and compelling.

Response to comment 2: Thank you for your feedback.

Comment 3: The program objectives are SMART (Specific, Measurable, Achievable, Realistic and Time-Related).

Response to comment 3: Thank you for your feedback.

Comment 4: The described participant recruitment strategy appears very reflective of today's climate and needs. It is appreciated that social media campaigns were mentioned. Also, a means to perform study activities through electronic, telephonic means etc., due to the COVID-19 pandemic is forward thinking.

Response to comment 4: I considered COVID-19 in regards to the focus group sessions; however, I did not consider this regarding the recruitment strategy. An online approach may be needed given the pandemic. A social media strategy has been included in the Participants and Recruitment and the Protect of Human Subjects sections.

Comment 5: Constructively there can be a sample questionnaire added to supportive documents to help add to the evaluation portion of the grant. For example, a pre/post questionnaire that is administered to the participants before the session to gauge their perception and the same exact questionnaire administered after the session to see if their knowledge or perception has changed.

Response to comment 5: Thank you for this feedback. I agree that an evaluation form of the focus group is a good idea. The following evaluation plan of the focus groups with be added to the methodological section: Upon completion of the focus group, the participants will be asked to complete an individual evaluation form regarding their experience in the focus group. There will also be a section where they can include any additional information regarding what was discussed during the focus group that they did not have the opportunity to share or did not feel comfortable sharing.

Comment 6: The budget is clear/concise and reasonable.

Response to comment 6: Thank you for your feedback.

Reviewer 3 Comments

Comment 1: Very compelling case. This type of research is needed as the problem of high maternal rates in Black mothers continue to plague healthcare outcomes.

Response to comment 1: Thank you for your feedback.

Comment 2: Regarding the methods, easy to follow.

Response to comment 2: Thank you for your feedback.

Comment 3: Budget – proposal narrative missing. Recommend adding a note indicating efforts/plan of action to use unpaid internships or graduate practicums as a means to keep cost down; more reflective of costs detailed in "personnel" category. Alternatively, increase the requested amount.

Response to comment 3: The budget has been revised to depict the expenses and total cost needed for the grant proposal.

Reviewer 4 Comments

Comment 1: Nice work. Would however re-work the final two sentences, to clarify them. You're trying to relay important information here, just ensure you keep your audience engaged, and following.

Response to comment 1: Thank you for your feedback. The Cover Letter has been revised accordingly with this in mind.

Comment 1: Your project addresses an important issue, and you have put in clear effort to make it as manageable and concise as possible. Likely because of this, some of your objectives appear to be to lay preliminary groundwork for further education/training/outreach.

Response to comment 1: Agreed that evidence found during the literature review needs to be included in the grant proposal to support the project. I have included theoretical frameworks, models, skill, and techniques in the grant proposal to support methods in improving the patient-provider relationship and maternal health outcomes. They are outlined in further detail in the Supportive Documents section.

Comment 2: Excellent detail used in describing methods of activities.

Response to comment 2: Thank you for your feedback.

Comment 3: - It remains unclear who will be doing the evaluation and how the evaluation reports will be produced.

Response to comment 3: Agreed. The evaluation and outcomes needs to be clear. This section has been further elaborated on in the Expected Outcomes section.

Reviewer 5 Comments

Comment 1: Overall, this is a great project and strong proposal. It is very clear and well researched with supportive detail about the necessity to improve health communication strategies that affect patient-provider outcomes among Black women in the state of Georgia. The proposal points out the pressing need to address systemic inequalities in access to health care, socio-cultural, and economic biases that are reflected in maternal health outcomes in this context. This is a particularly timely project and one that seems an obvious and necessary next step in the public health programming for the state of Georgia.

Response to comment 1: Thank you for your comment.

Comment 2: Given that this is a pressing issue and a great public health concern, the actual problem at hand should be detailed from the very outset. It is such an important topic and the reader should grasp the importance from the very start. The first two sentences could be deleted and more detail added right from the outset about the data on maternal death in Georgia (or the US more broadly) and some specifics added here. Are you talking about pre-natal complications or maternal death – what is the time frame or do all of these get lumped together when we talk about maternal death? That actually might be important to parse out a bit. If, for example, you state the CDC notes that women are dying at an alarming rate, tell the reader what that rate is and then how it compares to other contexts. It is really striking that maternal mortality among Black women has been on a consistent rise that the trendline keeps going up, I think you want to make that point even clearer

from the very start and don't worry about statements about childbirth or pregnancy. Be as straightforward as possible.

Response to comment 2: Yes, I agree that the grant proposal should be specific as possible. The proposal places an emphasis on maternal mortality versus pregnancy-related complications. I have deleted the original two sentences and incorporated more supportive evidence regarding high maternal mortality rates among Black women by focusing on deaths, presenting maternal mortality rates of other racial groups, and speaking more to the importance of the topic. These points have been included in the Cover Letter and The Project Description sections.

Comment 3: It is an ambitious project – one that should be funded. Identifying best practices will be key in order to improve health communication and outcomes. Further, creating curricular modules to help improve understanding and self-advocacy for patients and providers is much needed. Again, an ambitious project but one that promises to fill a gap in current training programs. It should be clearer in this section perhaps as to where that curriculum will be implemented.

Response to comment 3: Agreed that evidence found during the literature review needs to be included in the grant proposal to support the project. I have included theoretical frameworks, models, skill, and techniques in the grant proposal to support methods in improving the patient-provider relationship and maternal health outcomes. They are outlined in further detail in the Supportive Documents section. There is a lack of existing curriculum regarding improving the social dynamic relationship between OB-GYN fellows and Black mothers, and training programs that is taking a comprehensive approach tailored towards

patient-centeredness. This gap has been added to the Problem Statement in the Cover Letter to support the need of this training program.

Comment 4: In the importance section too it might be worth reiterating the quantitative problem at hand – what is the maternal mortality rate? Compare that with rates of other demographic or geographic groups perhaps? Highlight too the very timeliness of such a project – biases in health care, public health and medicine have long existed but hopefully there is heightened awareness of just how pernicious these biases are and how very important it is and will continue to be to address such inequities.

Response to comment 4: Good idea. I highlighted the timeliness of this project. I also have provided more data and importance in the Problem section.

Comment 5: The problem statement and discussion are really good – you've drawn in some great references and it is clear here that dismantling racists and discriminatory practices remains an on-going practice. The second paragraph in that section could be edited for clarity and more succinctness – the point about the importance of communication is key and the fact that socio-cultural determinants of health and the contexts in which patients and providers are immersed can be highlighted even more – are there references to include here perhaps? It would be interesting to see here whether the outcomes are better if patients and providers share any demographic or experiential similarities? Are there any studies or evidence of that to include that would bolster this section? You want to preempt any assumptions that the research assumes that the experience of all Black women, or all

patients, or all providers is exactly the same, and instead, really point out that no matter how one identifies, or the experiences they may have had, the institutions and public health approaches that have existed previously, are biased and reinforce these negative health outcomes for Black women. You want to point out that this project considers those demographic and experiential variables at the individual level but even more importantly, your project will go beyond that and help to begin to design better policies and practices that dismantle institutional biases and improve health communication on all sides.

Response to comment 5: There is evidence to suggest that race-concordance makes patients feel more comfortable during the clinical encounter. However, studies have also shown that this did not improve patient-centered communication or self-advocacy. Your last two sentences do a great job summarizing the premise of this project. I will be sure to re-illiterate these points in the grant proposal. It is great to point out that everyone is different and should not be categorized as the same based on their racial identity. This is the premise of providers taking a patient-centered approach. I have also outline how biases negatively affects maternal outcomes. This has been outlined in the The Problem section.

Comment 6: The definition of implicit bias could be included earlier – you want to make it clear from the outset what your key terms are.

Response to comment 6: Agreed. The ramifications of implicit bias and its relatedness to this project has been included in the Cover Letter section.

Comment 7: The Purpose opening paragraph can be a lot more specific. It's a bit wordy and redundant as is with a few typos etc. and it could be tightened up to be made even more powerful. What are the theories for example? Are there studies of effective communication that could be included here beyond Adebayo et. Al? Its such a great approach to suggest that BOTH patients and providers need a framework to work within – you want to make that clear here. When you talk for example about improving health literacy – are there other examples of where things have improved and gotten better as a result of attention to these issues?

Response to comment 7: Agreed. Instead of overloading the Purpose section, I decided to keep that brief using one-sentence. I have included other examples (outside of just Adebayo) for literature regarding the communication and patient empowerment in the Problem and the Supportive Documents section.

Comment 8: Agreed, but describe why CBPR is a 'great approach' – give some specifics here.

Response to comment 8: Community-Based Participatory Research (CBPR) principles will be used for this project, as it relies heavily on the inclusion of community members to address health disparities. The premise of the project is to include community members into the discussion in order to create an effective training program tailored to their needs. I have outline this further in the Description of the Project section.

Comment 9: Use the active voice and present tense as much as possible throughout the proposal – that will make it stronger – so 'This project is intended to seek….' can be made much more powerful by simply stating 'this project will include….' Etc. The same is true for the section below, 'We seek 50…' instead of 'We are seeking'

Response to comment 9: Great point. I have used active voice throughout the grant proposal, as applicable.

Comment 10: Do you need to mention IRB anywhere here? That the project will be approved and by whom? Emory? Hospitals in GA? Are you compensating the participants? Ultimately you want this to be a curriculum approved for use in hospitals, training programs, etc….it seems like you'd want to have administrators as part of the focus groups too, or perhaps that would be relevant later? In any case, having multiple stakeholders involved seems wise. Lastly with respect to focus groups – do you want to include any citations/references here to other studies? Best practices? The Patton book on qualitative methods might help and could bolster this section too. Does there need to be any additional description of the social media campaign? Given that this is a project grounded in significance of communication, it might bear some mention of the importance of development of the campaign for recruitment.

Response to comment 10: Yes, and IRB will be needed. This has been included in the Supportive Documents – Protection of Human Rights section. The participants will be compensated. I did not consider the angle of adding administrators as part of the focus groups. Various stakeholders can improve the communication strategy. Thanks for this new

idea. I believe that including administrators, especially for the curriculum for OB-GYN fellows, will serve best later. The administrators can provide an in-depth look of the current training programs, time availability of fellowships, concerns at the institutional level, etc.

Comment 11: The analysis will be so crucial – when it comes to the analysis will you have multiple coders to check for reliability of the qualitative data? That might be something to consider adding. Given that Cuevas et al have done a similar study as you note, you might want to cite this work at the very start and include some mention of their outcomes and findings. Here seems a good place to mention the value of qualitative work such as focus group research – you want readers to think about the value added in this proposal – what makes it different? What makes it stand out? What new information will it add? The answers to those questions are really driven by the results of the qualitative conversations/focus groups that you are having with participants and you want to highlight how valuable that will be!

Response to comment 11: Yes, multiple coders are now mentioned in the data analysis section of the grant proposal for cross validation. This inclusion with help with cross-referencing. Detailing the work of Cuevas et al 2016 is also important. The following paragraph has been added to address the selected approach for focus groups: Community-Based Participatory Research (CBPR) principles will be used for this project, as it relies heavily on the inclusion of community members to address health disparities. This project seeks to engage community members within the research, development, and implementation phase. This approach has been demonstrated by Cuevas et al., 2016 and the New York StateWide Senior Action Council, Inc. They both facilitated a focus group to include their target audiences. For example: By including Black patients into the discussion as community

members, Cuevas et al., 2016 were able to identify gaps in the patient-provider relationship between Black patients and clinicians e.g. poor communication, mistrust, perceived discrimination, and race discordance.

Comment 12: With the outcomes sections – do you need a simple statement after the bulleted lists about how these are measurable? The Final outcomes could include some sort of vision of what the curriculum would look like – what is the actual deliverable going to be? Pamphlets? Books? Podcasts? Videos? All of those things? Just something that contextualizes and sums up what this project aims to do through the various steps of data collection would bring the proposal some closure here. It was a bit unclear whether the project really was aimed at funding a pilot training program or entire long term curriculum and even an evaluation. Remember you want to keep the project simple and direct and in that sense, measurable for this section in particular. You might bring the discussion of outcomes back to the Macy Foundation emphasis on health education and health educators here and remind the reviewers about how this project fits with the Foundation's stated priorities.

Response to comment 12: Thank you for your feedback. Update of the Expected Outcomes are presented below.

Intermediate Outcomes

5. *A set of grounded recommendations from Black mothers that can be used in the design and development of a training curriculum for this audience.*
6. *A set of grounded recommendations from OB-GYN fellows that can be used in the design and development of a training curriculum for this audience.*

Final Outcome

1. A model for a training program based off the grounded recommendations of OB-GYN fellows.

2. A model for both training programs based off the grounded recommendations of Black mothers.

In addition, it is a good idea to circle back to how the expected outcomes will help achieve the foundations priorities. The following has been added:

The Josiah Macy Jr. Foundation goal is to equip future health professionals to meet the challenges of our diverse and complex healthcare system and the population that they serve. The outcomes of the project aligns with the Foundation's priorities because it seeks to equip our healthcare professionals to provide patient-centered care that promotes health equity for all.

Comment 13: With the supportive documents – it might also be a good place to reiterate the review process by an IRB, demonstrating that you are aware that that must happen before research can begin.

Response to comment 13: Great point. The Protect of Human Rights portion is included in the Supportive Document section of the grant proposal.

Comment 14: Again, overall a great project idea – the proposal seems exactly what the Macy Foundation is looking for in their call for proposals. This particular project is both relevant and sustainable and would be suitable it seems either as a Board grant or President's grant according to the description on the Macy Foundation site. Moreover, it will be generalizable with results and the final products useful in a range of contexts. Some last suggestions/comments – it would certainly strengthen the actual proposal and not just the letter of inquiry if you can demonstrate awareness and connections between this proposal and current projects already in existence. For

example, the BMMA has done some great work, and as you note, they have a toolkit – this project would seem to build on that one, using their data as a springboard and to reinforce the idea that it is the patient-provider relationship/communication that needs this lens. With the Foundation's focus on education of health professionals, you want to highlight that and then again, the unique aspect of your project that highlights the education of women patients as well. The unique focus of your project, its emphasis on the dialectical relationship between patient and provide, is something to really describe as essential as well as what the next steps and outcomes will be in concrete terms. What you want is to make it clear as to a) why the patient-provider context is the most necessary to focus on, why will it have the greatest impact? Why fund this project over another that focuses on just teaching providers for example? And b) how what you are proposing here will affect broader institutional structures and biases – that is, how will a focus on individuals and individual relationships lead to those bigger systemic and cultural changes? There is no doubt in my mind that this is how to shift culture and norms that need to change but you want to make it clear, and cite other successes and references that reinforce to the evaluators that this is what is needed and how it will work. Now is certainly the time and as you point out, high maternal mortality among Black women in Georgia is a pressing and very important public health issue.

Response to comment 14: Yes, citing existing programs and stating how this program can fill the gap is vital for the merits of the grant proposal. I will be sure to specify that the goal is to produce to two training programs for each respectable audience. Thank you for your feedback.

Chapter V: Final Grant Proposal

Project Information

Project Name:

Grant Proposal to develop a pilot training program that enhances the social dynamic relationship between obstetrician-gynecologist (OB-GYN) fellows and Black mothers in Georgia.

Area of Priority:

Promoting Diversity, Equity, and Belonging

Amount Requested:

$58,000

Duration of Project:

Start Date: January 2021

End Date: September 2022

Principle Investigator(s):

Shalanda Henderson is the principle investigator for this project. She is a Master's in Public Health student who has academic training in curriculum design and analysis, qualitative methods, social health, granting writing, and communications. She has collaborated with others to develop a training program for caregiver burnout. She has developed an interview and a focus group guide for the Black community pertaining to racial disparities in the US. She has collaborated with others to develop a pilot program to address the lack of access to maternal mental health in GA. She has also collaborated with a team to create a health

communication campaign. Her professional work includes health consulting, mediation, and patient advocacy. She assists in facilitating discussions between healthcare providers regarding treatment plans while ensuring that the patients' needs are being met. She has also created training programs and materials at the department level of her organization to improve workforce competency.

Organizational Information and Support

Shalanda Henderson attends Emory University. This project is being completed at the department level (Rollins School of Public Health). This project has received support from several fellow members of the Rollins School of Public Health community. Support has been received from others who reside outside of Rollins School of Public Health.

Additional Project Information and Uploads

Cover Letter

The Josiah Macy Jr. Foundation

44 East 64th Street

New York, New York 10065

Dear The Josiah Macy Jr. Foundation,

The Problem Statement: Georgia is ranked with having the highest maternal mortality rates in the nation. This crisis is disproportionally affecting the Black mothers who live in this state. In 2019, while the deaths per 100,000 births for White (59.7), Hispanic (26.1), and Asian/Pacific Islander (50) mothers were high in 2019, they were still lower than the State average for Black mothers (95.6). Black mothers face several disparities, challenges, and barriers in GA that are contributing to high maternal mortality rates. These include, but not limited to, access to health care services i.e. preventative care, prenatal care, and mental health care, lack of quality of care (especially in underserved areas), poor management of chronic health conditions, and social determinants of health. It is unfortunate that Black mothers are facing the current disparities, challenges, and barriers when their primary focus should be on their health, family, and baby. However, when the above factors are coupled with a poor patient-provider relationship, implicit and racial biases and lack of patient empowerment, this only exacerbate the public health crisis. Several training programs have been developed to tackle these exacerbations, individually; however, there is a need for a comprehensive training program that takes a holistic, multi-facet approach at addressing these challenges and barriers.

The Project: The principle investigator is seeking funding to develop the curriculum design for two pilot training programs that improve the social dynamic relationship between OB-GYN (obstetrician-gynecologist) fellows and Black mothers in GA. One training program will be for OB-GYN fellows and one will be for Black mothers. Focus groups will be used to collect the experiences, perspectives, and ideas from each target audience, respectively. Their grounded recommendations will help develop comprehensive training programs that best tailors to their needs as a medical trainee and as a Black mother.

The Importance: Given the current racial climate in the US, there should be heightened awareness surrounding systemic inequalities, implicit biases, communication barriers, and poor patient-centered care that contributes to negative maternal health outcomes of Black mothers in GA. Healthcare providers cannot offer the most adequate care without addressing their own biases and utilizing a patient-centered approach. Additionally, health literacy and self-advocacy should be encouraged in Black mothers to promote patient empowerment and to improve the clinical encounters. Addressing these barriers and challenges can help close the gap and strengthen the patient-provider relationship. This in return can lead to better health outcomes, patient satisfaction, and potentially a reduction in maternal mortality rates of Black mothers in GA.

Sincerely,

Shalanda Henderson

Project Description

The Problem

The research on implicit bias among healthcare providers with maternal health of Black mothers indicates that Black mothers receive less quality of care due to these biases (Cooper 2012; Blair 2013; Hall 2015). ProPublica and NPR collected more than 200 stories that highlights the negative effects that implicit biases have on Black women and mothers. These stories include Black women reporting delays in treatment, medical mistrust, poor communication, perceived discrimination, and feelings of inadequacy due to their race (NPR, Robert Wood Johnson Foundation, & Harvard TH School of Public Health, 2017).

The US healthcare system is not immune to inequalities, stereotyping, segregation, and biases. Although prejudiced explicit attitudes towards Black mothers may have reduced throughout the course of history, substantial display of implicit biases towards this social group remains. Blair et al. (2013) and Cooper et al. (2012) states that implicit biases within healthcare providers is can result in lower reported patient-centered care by Black patients. These held systemic inequalities, stereotypes, and biases can negatively affect the social dynamic relationship between the healthcare provider and the Black mother.

Focusing on measures that OB-GYN fellows must take to address improve the patient-provider relationship is only half of the challenge. Black mothers also play a role in improving the patient-provider relationship. Kaplan et al., 2004 made that the point that we cannot rely solely on healthcare providers to address all the complexities of a patient without some assistance. Therefore, it is important that Black mothers, too, are well equipped for the brief clinical encounters. Some measures include participatory decision-making, health literacy, advocacy, and value affirmation exercises. The research on patient empowerment in

relations to the patient-provider relationship indicates the improvement in treatment adherence and better health outcomes.

The Purpose -

The purpose of this project is to develop the curricula designs for the training programs that improves the social dynamic relationship between OB-GYN (obstetrician-gynecologist) fellows and Black mothers in GA.

Description of the project

What makes this pilot training program different from others is that we will address both sides of the health communication dyad through training curricula that builds on existing evidence-based approaches. This proposal will address implicit biases, racial disparities, communication barriers, and patient empowerment, too. However, the distinguishing factor here is that this training program will take a comprehensive, holistic approach at addressing these challenges and barriers versus addressing each component separately. Another distinguishing factor is that this training program will be specifically designed to provide patient-centered care that is responsive to the needs of Black women, as it time to create practices and approaches to improve the system that has a history of disproportionately affecting positive health outcomes in Black mothers.

Several evidence-based conceptual frameworks and models exist that will inform the content and design of the focus group questions and the curricula development addressing the needs of OB-GYN fellows and Black mothers. These include the Burgess Framework (2016) on implicit biases in healthcare professionals, which will be the primary organizing structure for

the curricula development, and the SHARE Approach Workshop curriculum created by Agency for Healthcare Research and Quality (AHRQ) (2016), the Common Group Identity Model (2014), the Patient Empowerment Model, 6-Function Model (2007) which complement and support the Burgess Framework. A brief overview of these concepts are included in the Supportive Documents section.

Community-Based Participatory Research (CBPR) principles will be used for this project, as it relies heavily on the inclusion of community members to address health disparities. This project seeks to engage community members within the research, development, and implementation phase. This approach has been demonstrated by Cuevas et al., 2016 and the New York StateWide Senior Action Council, Inc. They both facilitated a focus group to include their target audiences. For example: By including Black patients into the discussion as community members, Cuevas et al., 2016 were able to identify gaps in the patient-provider relationship between Black patients and clinicians e.g. poor communication, mistrust, perceived discrimination, and race discordance. It is anticipated that the project will take 21 months: three months finalizing the focus group guide and questions; nine months developing and implementing of the recruitment strategy and facilitating the events; three months for data analysis; six months for developing the model for potential deliverables.

Participants and Recruitment

To obtain the experiences, perspectives, and ideas of each target audience, we will two different focus groups; one for Black women and one from OB-GYN fellows. The Black women focus group will be self-identifying Black women who are within reproductive ages and considered a legal adult (18-45). Inclusion of various backgrounds will be sought e.g.

age, education, income, household structures, parental status, religion/faith, etc. Five separate focus groups will be held. A statewide recruitment strategy will be disseminated in the state of GA. However, theses top 10 counties (Fulton, DeKalb, Cobb, Clayton, Henry, Gwinnett, Bibb, Muscogee, Richmond, and Dougherty) is where the most resources will be utilized to recruit participants for the focus group since they have a greater population of Black women between the ages of 18-45. Partnerships will be established in these counties to help with recruitment of community members. Organizations who have similar missions, goals, and objectives surrounding reduce maternal mortality rates in GA, addressing racial/health disparities, and empowering Black women will be sought. Given the current pandemic and the anticipation of stay-at-home orders, a social media campaign will be launched via Facebook, Instagram, and YouTube using targeted ads to recruit potential participants who live outside of these counties. Contacting local media sources and posting flyers at doctor offices, coffee shops, restaurants, and salons are other outlets for recruitment, too.

When designing the focus groups, factors such as education level, age, and social economic statuses will be taken into consideration in order to foster a safe, open environment and to encourage participation. The background information provided during the recruitment process will be used for the placement of each participant in one of the five focus groups, respectively. For example, it may be advantageous to place participants who have a higher education beyond high school in the same focus groups to prevent intimidation by those who have a High School Diploma/GED or less. Another example would be considering age (given the age ranging from 18-45) by placing participants with their peer group. Some members of the Black community withhold speaking or discussing certain topics around

those who they consider their elders. Therefore, considering peer groups can help participants feel more comfortable sharing information without fear of judgement or being disrespectful.

The OB-GYN fellows will be both men and women. Inclusion of various backgrounds will be sought e.g. age, program year, race/ethnicity, religion/faith, etc. Five separate focus groups will be held. The focus group for OB-GYN fellows will follow the same format as the focus groups for the Black women; however, the recruitment methods will be slightly different. A social media campaign will still be launched for these participants. Yet, the key difference will be academic institutions and hospitals in GA with an OB-GYN fellow-trainee program will be contacted to see if any would like to participant in the study. All participants will be compensated with a $75 visa gift card.

When designing the focus groups, factors such as gender, program year, and race/ethnicity will be taken into consideration in order to foster a safe, open environment and to encourage participation. The background information provided during the recruitment process will be used for the placement of each participant in one of the five focus groups, respectively. For example, considering program year may prevent first-year fellows from feeling intimidated by third-year fellows. Considering gender and race/ethnicity may help participants feel more comfortable sharing his or her input because they have others in the focus group who identify as them.

*Note that given that there will only be five focus groups, the dynamic of all focus groups may not be perfect. So having moderators who are capable of engaging all participants and keeping the session on track is essential.

Setting and Procedures

The focus groups may have to take place via video conference applications due to the current COVID-19 pandemic, as some participants may not feel comfortable meeting in-person. The in-person sessions will be at local venues in a centralized location; specific locations are to be determined. There will be 10 participants in each focus groups. The sessions will last approximately 90 minutes. Participants will be compensated for their time. *Black women's focus group:* two moderators will be community members who self-identify as Black women (one will be the principle investigator). These moderators for the focus group will be selected, as the participants may feel comfortable sharing intimate information about their experiences with the healthcare system, such as sexism and racism. *OB-GYN fellow focus group:* two moderators will be community members with some familiarity with the healthcare system (one will be the principle investigator).

Data Analysis

Each focus group will be video- and audio- recorded for data collection purposes. A data analyst will use NVivo software to analyze video and audio recordings, create transcripts, coding, and themes. Data analysis will be done separately for each individual focus group. Once finalized, themes will be compared across all focus groups. We will cross-validate themes, by having multiple coders participating in the data analysis and coming to consensus. These findings will be used to determine if any further data analysis is warranted

i.e. coding themes and organization. Findings at the conclusion of the data analysis will be used to determine what materials should be covered in the program and best delivery methods.

Upon completion of the focus group, the participants will be asked to complete an individual evaluation form regarding their experience in the focus group. There will also be a section where they can include any additional information regarding what was discussed during the focus group that they did not have the opportunity to share or did not feel comfortable sharing.

Expected Outcomes

The Josiah Macy Jr. Foundation goal is to equip future health professionals to meet the challenges of our diverse and complex healthcare system and the population that they serve. The outcomes will help the foundation achieve its priorities because the project seeks to equip our healthcare professionals to provide patient-centered care that promotes health equity for all.

Intermediate Outcomes

- A set of grounded recommendations from Black mothers that can be used in the design and development of a training curriculum for this audience.
- A set of grounded recommendations from OB-GYN fellows that can be used in the design and development of a training curriculum for this audience.

Final Outcome

- A curriculum design for a training program based off the grounded recommendations of OB-GYN fellows.
- A curriculum design for both training programs based off the grounded recommendations of Black mothers.

Project Budget

Brief Budget Form

Applicant Organization: Emory Rollins School of Public Health

Project Title: Communication takes two: developing a pilot training curriculum that improves the patient-provider relationship between OB-GYN fellows/trainees and Black women residing in Georgia.

Principal Investigator(s): Shalanda Henderson

Start Date: January 2021

End Date: September 2022

Budget Category	**Macy Support**	**Non-Macy Support**	**Total**
Personnel	Investigator's Salary Moderators x2 Data Analysts x2 (paid-internships)	N/A	**$44,000**
Other Direct Cost	Participant compensation (visa gift card): 50 Black women for the focus group **AND** 50 OB-GYN fellows/trainees. Travel	N/A	**$14,000**

	Recruitment strategy: funding for social media ads and print-out flyers NVivo Videoconference software Audio-recording device Video-recording device Flip chart Writing Utensils		
Purchased Services	N/A	$0	**$0**
Indirect Cost	N/A	$0	**$0**
Grand Total	**$58,000**	**$0**	**$58,000**

Definitions:

- Personnel---salary and fringe benefits
- Other Direct Costs---office operations, communication, travel, meeting expenses, etc.
- Purchased Services---consultant and/or contract costs
- Indirect Costs---administrative expenses related to overall operations

The Foundation's approved rate for Indirect Cost is 10%.

If you anticipate support (including in-kind) from an organization other than the Macy Foundation, please enter those amounts in the Non-Macy support column.

Please provide a brief explanation for Macy Support and Non-Macy Support items.

The grantee is seeking funds for the cost and implementation of the focus group i.e. investigator salary, moderators, participant compensation, recruitment strategy, travel, and materials. Two moderators will be compensated $150 each per focus group. It is estimated

that there will be 10 focus groups, collectively. A paid internship will be offered to two Masters of Doctoral students at Rolling School of Public Health to assist in the data analysis phase. Participants will be compensated $75 for the focus group session that they attend. It is estimated that there will be 100 participants, collectively. Recruitment will primary be in partnerships with local community members in GA; however, funds need to be allocated for social media and non-digital methods to reach more potential participants due to the current pandemic. There are no Non-Macy Support Items included in the budget.

Supporting Documents

Theoretical Frameworks/Models/Evidence-based studies

Burgess Framework (2016)

The Burgess (2016) framework borrows from cognitive psychology approaches in its design to combat implicit biases in healthcare professionals. Its goal is to mitigate negative health outcomes and encounters. Addressing these biases can improve the patient-provider relationship. With the use of this framework, it is posited that the following concepts can serve as an opportunity to address implicit biases and to improve the social dynamic relationship between OB-GYN fellows and Black mothers. Briefly, this includes bringing awareness to our own biases, understanding the psychology behind biases, promoting confidence in race-discordance encounters, promoting positive emotions, increasing empathy, and building a partnership with patients.

The SHARE Approach Workshop Curriculum

The SHARE Approach Workshop curriculum (2016) was designed to help train healthcare providers on engaging patients in the decision-making process. Winthrop University

Hospital saw a decline in patient satisfaction and breastfeeding. They implemented the SHARE Approach Workshop curriculum in their organization to be taken by 142 nurses. After completion of the program and implementation in practices, the nurses reported improvement in patient interactions, communication, and education techniques. The hospital also saw an improvement in patient satisfactions and breastfeeding rates (Agency for Healthcare Research and Quality, n.d.). Given that chronic conditions, like hypertension and other cardiovascular conditions, have a high prevalence in Black women and are less controlled, it is crucial that they adherence to their treatment plans in order to mitigate pregnancy-related mortality. Partnership building between the OB-GYN fellow and the Black mother can improve treatment adherence, as the mother will be a part of the decision-making process and feel as though the OB-GYN fellow is on her "team".

The Common Group Identity Model

This model theorize that biases can be reduced when the patient and provider see each other as "we" and not at "them". We tend to be more trusting and reduce social distance when we are interacting with someone who we can identify with i.e. race, ethnicity, gender, etc. The premise of sharing an identity with someone who is dissimilar can involve findings common interests and goals. Penner et al (2014) created a common group identity between providers and Black patients (race discordant). This was done via repetition of symbols and messages that stressed the team nature of the encounter. They found that the intervention increased trust and treatment adherence. Having a sense of "we-ness" can strengthen the patient-provider relationship, as OB-GYN fellows and Black mothers are a team with the same goal being a healthy birth outcome.

Patient Empowerment- Programs and Evidence-based studies

- *Health Literacy:* Lori et al., 2017 study improvement in health literacy through group antenatal care. They concluded that the program improved health literacy regarding healthy behaviors, pregnancy concerns, birth preparedness, and breastfeeding. They also discovered that health literacy regarding antenatal care was best delivered in a group setting versus individual.
- *Self-advocacy:* Methods to improve self-advocacy includes education materials that places a greater emphasis on addressing the core values and needs for self-advocacy, establishing comfortability with health care information (tying back to health literacy), and explaining the importance of connectedness with the provider (Hagan and Medberry, 2016).
- *Value Affirmation Exercises:* value affirmation can potentially reduce bias impact. Patients who fear being stereotyped by their provider may report poor communication, perceived discrimination, and lack of trust. One study found that Black patients, who participated in a value affirmation exercise before their clinical encounter, provided more information about their medical history and had a more positive interaction with the provider, emotionally. It was also concluded that values affirmation increased patient adherence (Havranek, et al., 2012).

The 6-Function Model

Epstein RM and Street RL. Jr., 2007 constructed the 6-function model for communication goals during clinical encounter. The following has been determined as the six core functions for clinical encounters: (1) fostering the relationship, (2) gathering information, (3) providing information, (4) making decisions, (5) responding to emotions, and (6) enabling disease- and treatment-related behaviors. The researchers have determined that six functions increase

patient-centered communication by improving patient satisfaction, treatment adherence, health outcomes – all of which this grant proposal seeks for social dynamic relationship between OB-GYN fellows and Black mothers.

Supporting Documents (cont'd)

Human Subjects/IRB

Protection of Human Subjects

This project will consist of two target audiences (Black women and OB-GYN fellows). The Black women group (anticipated number of focus groups = five and participants = 50). The Black women focus group will be self-identifying Black women who are within reproductive ages and considered a legal adult (18-45). Inclusion of various backgrounds will be sought e.g. age, education, income, household structures, parental status, religion/faith, etc. This social group can provide insight of current barriers faced in the healthcare system and behavioral factors in their personal life. OB-GYN fellows/trainees (anticipated number of focus groups = five and participants = 50). They will be those actively enrolled in an OB-GYN fellowship program in GA. The OB-GYN fellows will be both men and women. Inclusion of various backgrounds will be sought e.g. age, program year, race/ethnicity, religion/faith, etc. The sample size is based on methods obtained from previous evidence-based studies, the recruitment strategy, the likelihood of attendance, and timing to complete the project. Retention strategies will include routine follow-up with the participants who agree to be in the focus groups and compensation for participation; only one meeting will be required. Before the focus groups can began, the proposal must be submitted to and approved by the IRB, given that the study will be working with people.

Material collected will include contact information, such as name, email, and phone number. Data will include information obtained during the focus groups. Consent forms will be secured from all participants. Only the key personnel, working on this project will have

access to this information. They will have access to this data for research purposes only i.e. contacting participants and data analysis.

Recruitment will take place throughout Georgia via collaborating with local organizations and a social media campaign, designed for the target audience. Consent forms will be secured from all participants when they sign-up for the focus groups by key personnel. The form will be sent and returned electronically with the participants' signatures. The nature of the information provided to the participants will include the purpose of the study, eligibility, and compensation. All participants will be required to sign an informed consent form acknowledging that the researchers cannot guarantee confidentiality due to the nature of focus groups.

Some risks may include psychological, as sensitive information will be discussed during the focus groups. Participants may feel uncomfortable discussing some topics related to health, gender, race, etc.; however, they will be reassured that they can elect to decline any question and remove themselves for the study at any time. The participants will be required to sign-up for the study, using their contact information. Their responses during the focus group will not be associated with their identity. Security software will be utilized to protect all sensitive data e.g. encryption technology, two-authentication, etc.

The participants in this study will benefit, as they will provide invaluable input as community members as to how we can strengthen the patient-provider relationship between Black women and healthcare providers. The findings will be shared with the participants (i.e. common themes and potential topics), if they request. The risks associated with participating

in this study is reasonable, as all measures will be taken to protect the participants' information. Additionally, the participants will have the opportunity for their voices to be heard and to make a difference in the healthcare system. Financial compensation will be available for all participants; however, this is not deemed as a benefit of the study.

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