Developing a Faith-Based Prenatal Education Curriculum for African-American Women in Salt Lake City, Utah

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Acknowledgments

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Executive Summary

African-American women are nearly three times more likely to have their infants die before the age of one year (Utah Health Department, 2009). In Utah, 61 % of infant deaths in this population are linked to preterm birth and low birth weights (Utah Health Department, 2009). Additionally, this population has higher percentages of poor attendance to prenatal care appointments and prenatal education classes offered within the community. Despite efforts made by the Utah Department of Health, African-Americans, less than 3 % of the Salt Lake City population, continue to have the highest adverse birth outcomes. The adverse birth outcomes are largely due to a lack of or inadequate prenatal care including prenatal education (The Center for Disease Control and Prevention (CDC), 2010; Myers, 2011). The purpose of this project was to develop a culturally- specific prenatal curriculum for African-American women in Salt Lake City to be utilized at trusted sites such as faith-based organization (FBOs). This project will be disseminated through Community Faces of Utah (CFU), an organization that utilizes FBOs to provide health education to minority communities.

According to the American Academy of Pediatrics (AAP), education is an important component of prenatal care, particularly for women who are pregnant for the first time. Ideally, this should be provided at every prenatal visit. Due to multiple factors, it cannot be assumed that the prenatal education needs of African-American women are being met during their regular prenatal clinic visits. Previous research has shown that prenatal education classes have a significant impact on maternal knowledge, attitude and satisfaction toward labor, delivery, breastfeeding, nutrition, smoking cessation, and conditions of the postpartum period (Myers, 2010). Studies revealed that family and community are the preferred primary sources for information about pregnancy and childbirth preparation in African-American communities. Previous research on faith- based health promotion programs revealed that FBOs are essential in achieving the public health goals for healthier communities as they have become useful strategies in bringing preventative health care to African-American populations (Carter-Edwards et al., 2012). Implementation included identifying culturally specific content to create the framework for the curriculum, developing a prenatal education curriculum that can be utilized by FBOs in SLC African-American communities, and disseminating the curriculum through CFU and local African –American church leaders. Results of this project were the completion of a prenatal education teacher's manual, a study guide for participates.

The health beliefs and cultural practices associated with the perinatal period and childbirth vary among cultural groups. Traditional childbirth programs often reflect mainstream American culture. Offering prenatal education addressing race-specific health concerns in a familiar comfortable environment such as FBOs may impact the willingness of African-Americans to participate.

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Problem statement

Despite efforts made by the State of Utah Health Department, African-Americans, who make up less than 3 % of the Salt Lake City population, continue to have more adverse health outcomes than their non-African-American peers including the highest adverse birth outcomes. Between 2005 and 2008, the mortality rates for African-American infants in Utah were nearly twice the statewide rates (Utah Health Department, 2009). Over the last decade the United States has made many efforts to improve fetal and maternal health outcomes throughout all races. The United States Health Department, CDC, and state health departments have developed programs to improve prenatal education with the hopes of positively influencing pregnancy and infant outcomes (CDC, 2010; Utah Health Department, 2009). The Utah Health Department has implemented programs through the Women, Infants, and Children program (WIC), which is tasked with offering nutritional education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women. The Utah Health Department has also developed programs such as 'Just for You' (culturally sensitive health education videos), and the Maternal and Infant Health Program (MIHP) to help improve birth outcomes throughout all races/ethnicities (Utah Health Department, 2009).

In Utah, infant death is more common among births to African-American women than any other ethnicity (Utah Health Department, 2009). In the African-American population, nearly 65 % of the adverse outcomes were due to preventable prenatal conditions in the mother, complications of labor and delivery, and infections affecting the infant. Many of the adverse outcomes have been linked to poor maternal health and inadequate prenatal health care (Utah Health Department, 2009).

Research has revealed that resources on various prenatal health topics are available to the Utah population; yet the resources are not being accessed by African-Americans (Utah Health Department, 2009).African-Americans attend fewer prenatal education classes, prenatal appointments, and breastfeeding classes (Caine, Smith, Beasley, & Brown, 2012). They have lower rates of breastfeeding, are less likely to attend all prenatal clinic visits, and are more likely to have late entry to prenatal care, higher rates of low birth weights, and higher infant mortality (Utah Health Department, 2009). Prenatal classes are offered through a variety of resources including through WIC. While African-Americans do use WIC resources for nutritional supplements and infant formula, they are not taking advantage of other prenatal resources offered at WIC appointments (Khanani et al., 2010). They are also not taking advantage of prenatal resources provided by various organizations in the Salt Lake community such as Baby Your Baby, a program offered through the Utah Health Department (Utah Health Department, 2009). According to Mottl-Santiago et al. (2013) & Pilon (2011), the problem is not a lack of prenatal resources but barriers to accessing those resources including lack of awareness, lack of time, lack of child care, and location.

In African-American communities throughout the United States, churches have served as the foundation for community improvement (Carter-Edwards et al., 2012). Ethnographic research revealed that African-American churches have always been utilized as community centers, and for many African- Americans the church continues to be the focal point of life (Carter-Edwards et al., 2012). In the last decade, African -American churches have also become a center for “health promotion and disease prevention” (Carter-Edwards et al., 2012, p.196). According to Carter-Edwards et al. (2012), improving health has become the “next phase of the civil rights movement” for African-American faith based organizations (FBOs) (p.196).

According to African-American church leaders and representatives of the Utah NAACP, blacks in Utah continue to have problems accessing health care (Adams, 2002). Pastor Davis of Calvary Baptist Church, stated in an interview that Utah is unique in that there are no defined black communities (Adams, 2002). He goes on to state that church is the location for the black experience in Salt Lake City. If church is the center for community activity in Utah, spirituality is the motivation behind the activities of daily living and affects all aspects of African -American life including health status. Research has shown significant improvements occur in the health status of African- Americans when health education efforts are presented and promoted through spiritual, and faith based settings (Bostis, 2006). Findings indicate that spirituality has an influence on health and health-care seeking behaviors in African- Americans (Figueroa, Davis, Baker, Bunch, 2006).

Purpose & Objectives

The purpose of this project was to develop a faith based culturally-specific prenatal health education curriculum for African-Americans in Salt Lake City that could be offered at local African-American churches. The objectives were to identify culturally specific content to create the framework for the curriculum, to modify the content to meet the health care needs of African -American women, to structure the content and lesson formats to be easily utilized by peer health educators and delivered at FBOs, and to disseminate the complete curriculum to African -American church leaders in Salt Lake City and CFU, an organization that works with FBOs and trains peer health educators.

Definitions for the purposes of this project are as follows: Spirituality is defined as a belief that there is something greater than one self that gives meaning to one's life and inspires hope, faith , and personal growth; Religion is defined as an institution that provides instruction

on how to maintain faith and/or spirituality and is the personal choice of each individual; Faith based organization" (FBO) represents an a curriculum with an emphases on spiritual principles in the interpretation of curriculum content, and lesson plan format, as well as, the location in which the prenatal education classes can be held; however, the content of the curriculum has no specific religious affiliation; Peer health educators are defined as trained individuals with or without a medical background from within the local African- American community that volunteer to teach health promotion classes including prenatal education classes at the local churches.

Significance to Women's Health and Midwifery

Significance to Women's Health

The primary goal of prenatal care and education is a healthy mom and a healthy baby. Prenatal care has been well established in the medical community as a critical factor in maternal and fetal health, and is a necessary component in the prevention of adverse birth outcomes, and health promotion. Prenatal education often plays an important role in teaching pregnant women how to have a healthy pregnancy and birth, and how to maintain a healthy life style after giving birth. Prenatal education also opens the floor for discussions regarding other women's health issues including prevention of sexually transmitted infections, diabetes, and high blood pressure. Although there is limited evidence that supports a specific type of prenatal education class, the practice itself has become an integral part of today's prenatal care. Evidence has shown that the existing prenatal educational programs are beneficial to their participates ; however, there are still many women that do not participate in classes for various reasons including cultural concerns. Prenatal education, modified to meet the specific health care and cultural needs of

these under represented populations, could be a primary resources in improving prenatal care for all women.

Significance to Midwifery

Prenatal education and the practice of midwifery share the core goals of empowering women to make informed choices, helping women understand the importance of prenatal care, and promoting safe and satisfying pregnancies, labors, and child birth experiences. Prenatal education classes provided the settings for open discussions on health conditions that affect maternal and fetal health. The classes create an environment of trust and support where healthy life style habits can be promoted and fears can be addressed. Prenatal education supports midwifery by advocating for pregnant and laboring women's rights to make safe birth choices. Midwifery supports prenatal education by examining and practicing researched evidenced based child birth management. Prenatal education can, like midwifery, continue to help women make healthy birth choices.

Clinical & Policy Implications

This project will increase African-American women's awareness of the importance of prenatal care, increase attendance at prenatal appointments, early entry into care rates, early identification of high risk pregnancies, and rapid treatment for pregnancy related conditions. The results will be healthier moms and babies. Policy implications include promotion of Healthy People 2020's healthy pregnancy goal to reduce infant mortality by 10 % and support of the Maternal and Child Health Services Title V Block Grant and Utah's goal to reduce conditions related to infant mortality such as preterm birth (PTB) (CDC, 2013; United States Department of Health and Human Services, 2012).

Theoretical Framework

This project utilizes the Health Belief Model (HBM), a conceptual theoretical framework often used in health education and promotion. This model theorizes that an individual's actions are strongly influenced by beliefs and perceptions. The HBM was developed in the 1950s to analyze how public health services provided by the United States Public Health Service organization were being utilized (Hochbaum 1958, & Hall, 2012). According to Sharman (2011), this action was prompted by the unsuccessful use of the public tuberculosis (tb) service. The United States Public Health Service prevention programs adopted the model to improve public health education and promotion programs such as the tb service. Initially the HBM used by the public health service consisted of four components. Over the last decade the constructs have increased from four to six and include perceived threat (perceived susceptibility and perceived severity), perceived benefits, perceived barriers, cues to action, and self-efficacy (Sharma, 2011).

The first construct, perceived susceptibility, refers to the belief that the individual has regarding their chance of acquiring the disease or having an adverse health outcome. The more susceptible a person feels, the greater the likelihood that they will take preventative actions (Hall, 2012 & Sharma, 2011). For example, if an African-American woman believes that poor health increases her risk of having a fetal demise during delivery, she is more likely to take steps to prevent the undesired outcome.

Perceived severity, the second construct, is often paired with perceived susceptibility. It refers to a person's assessment of the severity of the disease or potential for adverse outcomes. This construct is often affected by the individual's personal modifying factors (Hall, 2012). For example, a pregnant woman may worry about the effects of poor nutrition on the health of her

infant, but she might not take the actions to improve the quality of her food due to cultural food preferences. Also, the woman might not know how to make the necessary changes to her diet.

The third construct of the HBM is perceived benefits, the individual's belief that the benefits of the preventative method outweigh the current method of action. This construct is often linked with the fourth concept, perceived barriers. Perceived barriers refer to an individual's perception of road blocks (real or imagined) that hinders their taking part in the new preventative measure (Hall, 2012 & Sharma, 2011). A woman may believe that prenatal education is important, but perceived barriers (cost, convenience, child care, location, personal perceptions) may keep her from taking action. Additionally, the barrier might be the individual's perceived threat. For example, a woman may not believe that early prenatal care is important to an infant's health due to a personal history of having health infants after little or no prenatal care.

The fifth construct is cues to action, the factors that influence the individual to make a change and adopt the new behavior. It is strongly influenced by the final construct of self-efficacy, the individual's confidence in their ability to accomplish the new behavior (Hall, 2012 & Sharma, 2011). For example, the woman gains awareness of how poor nutrition affects maternal and infant health and, at the same time, is given the resources to begin making small changes in her diet. The cue to action is the gained awareness, while the resources increases her confidence that she is in control of making the appropriate changes.

Methods/Evaluation

In my efforts to improve African-American's participation in prenatal education classes in Salt Lake City, three areas of concern were addressed – location of classes, curriculum content, and teaching strategies. To address these concerns, a prenatal education curriculum that can be provided at FBOs was modified to meet the needs of African-Americans.

This project required gathering relevant data on the unique perinatal health issues for African-American women, and the impact of parental education on perinatal outcomes in African-Americans from evidence-based articles. The curriculum targeted audience was African-American women of reproductive age (14-45) in Salt Lake City. Additional research was done to assess the benefits of faith-based health education, and peer-led health education programs. The goal was to create a faith-based prenatal educational program that could be provided through local African-American churches. Data collection consisted of both qualitative and quantitative data gathered from research articles and interviews with stakeholders. A search of PubMed, CINAHL, and MEDLINE databases was performed and yielded a limited number of articles that met the project criteria. The primary sources for the data used to develop the curriculum content was obtained from government sponsored websites including CDC, the Utah Department of Health, the Office of Women's Health (OHW), the March of Dimes, the Black Infant Health Program (BIH), the World Health Organization (WHO), and the Office of Minority Health (OMH).

The project consisted of modifying current prenatal curricula information to take into account the unique health care needs of African-American women and their families. The completed curriculum will be distributed via FBOs. It includes instruction in early pregnancy, breastfeeding, labor, birth, and the first 2 months of the postpartum period, including returning to work and family planning. This curriculum provides accurate, evidenced-based information about prenatal care and pregnancy.

Evaluation of the project was through the following: 1) Successful completion of a culturally sensitive prenatal education curriculum; 2) Evaluation of the curriculum by content experts from several organizations including Community Faces of Utah (CFU), The International

Center for Traditional Childbearing (ICTC), and Midwives of Color from various groups including the American College of Nurse Midwifery (ACNM); 3) The transmittal of the completed curriculum to the Community of Faces organization, and local African-American church leaders for utilization and distribution within their communities.

Results

Data was gathered from various sources including the government sponsored websites the CDC, Utah health Department, the March of Dimes, OWH, OMH, BIH, WHO, as well as, from health care organizations sites including ACNM, AAP, and the American Congress of Obstetricians and Gynecologists (ACOG). The results suggested that culturally specific prenatal education programs may have significant effects on knowledge, attitudes, planned and actual behavior of African- American pregnant women towards prenatal care, breastfeeding, and birth. Additional data was examined to determine the impact of health care programs being taught out of faith based organizations, and the impact of faith based health education. Results revealed significant effects on reductions in cholesterol, blood pressure levels, weight, and increases in the healthy life style habits of African- Americans.

Based on the results, a prenatal education curriculum that addresses the culturally specific health care needs of African American pregnant women was created. This curriculum includes learning and teaching strategies found to be most affected in this population, images that reflect the individuals, content that emphasizes the unique health care needs of African-American pregnant women, lesson plan examples that are formatted similar to Sunday school class structure in some African-American churches, and culturally specific stories to increase learning through shared experiences. The curriculum also was created to be easily understood by none medical peer health educators which includes members of FBOs. While the curriculum itself

does not address the barrier of class location faced by many African American women, it was designed as a resource for FBOs.

The final curriculum was reviewed by pastors of local African American churches, by members of Community Faces of Utah, the NAACP, the International Center for Traditional Childbearing (ICTC), and midwives of color from various organizations and practices; however, this project had several limitations. The project addresses the barrier of unfamiliar locations of prenatal education classes through the literature, but was limited by time; thus a prenatal education class at a FBO utilizing this curriculum was not held at the time of this article. Another limitation was revealed through the content research on traditional and cultural pregnancy and childbirth behaviors and practices of African -Americans. The research was limited on specific childbirth practices of African-American women; what was revealed was that most African-American women have similar childbirth practices as the main stream United States population; further studies are needed to evaluate this claim. Therefore the content of the curriculum focuses on the culturally specific health care needs of this population and not traditional childbirth practices. Additionally, research suggests that while this population would greatly benefit from relevant content they would benefit more from culturally appropriate teaching strategies and classes being taught from trusted locations.

Literature Review

Background

Conditions in the perinatal period account for the largest proportion of deaths in African-American infants (Giarratano et al., 2010; Harper et al., 2007). Many of the adverse outcomes that affect these women have been linked to poor maternal health and inadequate prenatal health care (Utah Health Department, 2009). African-American's in the Salt Lake City population

suffer from more chronic maternal diseases, including obesity, hypertension, diabetes, and asthma, all of which have been associated with poor birth outcomes; yet they are the least likely to receive health promotion and disease prevention (Harper et al., 2007). African-Americans also experience higher rates of non-sexually transmitted infections, including bacteriuria, bacterial vaginosis, and Group B streptococcal vaginal infections, which increase the risk for preterm birth (Utah Health Department, 2009).

In addition, studies have shown that a higher proportion of African-American infants born at very low birth weights (VLBW) is related to the increased risk of African-American women developing major conditions associated with VLBW such as chorioamnionitis, premature rupture of the membranes, preeclampsia, and hemorrhage (Kiely et al., 2011; Shieh & Weaver, 2011). These conditions can reflect the overall state of maternal health, as well as, the quality and accessibility of primary health care for pregnant women in Utah (Shieh & Weaver, 2011). Over the last three years, the Infant mortality rate amongst these women has steadily increased while it has decreased or remained stable for all other ethnicities in Utah (Utah Health Department, 2011).

Prenatal education

In the late nineteenth and early twentieth centuries, childbirth education was closely tied with prenatal care. In 1907, public health nurses and social reformers, in their efforts to reduce maternal mortality, instituted prenatal visiting programs that included instruction to pregnant women on "personal hygiene, rest and diet" (Thompson et al., 1990, p. 15).

In their *Guidelines for Perinatal Care*, the AAP and ACOG, recommend prenatal education classes for all pregnant women (Ateah, 2013; Utah Department of Health, 2011). Randomized control trials (RCT) studies are limited on prenatal education; however,

observational studies have shown that prenatal education increases a woman's awareness to the importance of prenatal care (Johnson et al., 2008).

Several studies demonstrated the effectiveness of a prenatal education programs on maternal knowledge, attitude and satisfaction toward labor, delivery, and breastfeeding (Spencer & Grassley, 2013; Walker & Worrell, 2008). Previous research has shown that prenatal education classes had a significant impact on nutrition, smoking cessation, and conditions of the postpartum period (anxiety, postpartum marital satisfaction, and postpartum adjustment) (Serçeku & Mete, 2010). Prenatal care has proven to positively influence modifiable risk factors such as nutrition, breastfeeding and smoking cessation (Caine, Smith, Beasley, & Brown, 2012).

A Cochrane Review by Hagnon and Sandall (2011) concluded that educative programs are the key to effective prenatal care, but they need to be greatly improved upon in terms of numbers offered, timing, structure, process, and purpose. Prenatal education programs are often designed and infused with content based on the needs and desires of the main population, as well as the view point of local health professionals (Serçeku, & Mete, 2010). The content typically includes information about labor and birth, e.g. how to manage pain, postpartum infant care, parenting, and breastfeeding (Delgado, 2013). While this is valuable information, it does not completely address the specific health care needs of African-American women.

Culturally specific health education

Evidence has shown that an individual's cultural background will impact how one best learns and integrates new information (Munro, Lori, & Martyn, 2012; Utz, Reither, & Waitzman, 2012). Mottle-Santiago et al. (2013) wrote that "even without being consciously aware of it, culture determines how we think, believe, and behave" (p. 271). A study on the perceptions of

African-American maternity health-care providers and their patients revealed that family and community are the preferred primary sources for information about pregnancy and childbirth preparation (Abbyad & Robertson, 2011).

Teaching Strategies

Often the first introduction to education for African- Americans is through their churches. Traditional African -American churches provided education through interactive sermons and Sunday school lessons. Many educational strategies found to be effective in African-American communities are the same methods used in the Sunday school classes of African-American churches and include methods that require self- reflection, group responses, storytelling, story sharing or testimonies, and visualization (Lewis, 2006). These methods allow individual participation while preventing feelings of embarrassment as most activities require volunteers. Evidence suggest that to affectively teach the African-American adult the content must be immediately relevant and useful, the class structure must be interactive, lecturing should be avoided, motivation and self-esteem builders should play a critical role in curriculum and lesson development, and most important the teacher must develop a relationship of trust with each member of the class (Lewis , 2006).

FBOs in Health Care

Spirituality is a major element of life in African- American communities, and is often quoted as their source of strength and hope. Spirituality has been identified as a fundamental determinant in the health care behaviors of African-Americans (Letiecq, 2007). Spirituality also has been proven to have a positive influence on the health care seeking behaviors in African Americans (Banerjee, Mahasweta, and Canda, 2009).

Church has always been the focal point of African-American communities. According to the Pew Research Center's Forum on Religion & Public Life, in their 2007 survey, African-Americans were found to be significantly more religious when compared with other racial and ethnic groups (Sahgal & Smith, 2009). The study revealed that nearly 90% of African-Americans described themselves as religious, and that of the portion that claimed no religious affiliation close to 80% stated that religion and spirituality still play an important role in their lives (Sahgal & Smith, 2009).

Results from a study of 18 faith-based health promotion programs revealed that faith-based organizations are essential in achieving the public health goals for healthier communities; they have become useful strategies in bringing preventative health care to African-American populations (Abbyad & Robertson, 2011).

Focus group participants of a similar study also related that pregnant African-American women are much more likely to turn to fellow church members for information and support about birthing than to their providers or unfamiliar individuals in the community (Abbyad & Robertson, 2011).

Implications for Practice

Pregnancy and childbirth practices are heavily influenced by culture. In an effort to increase African American's participation in their health care, many communities have begun offering health promotion and prevention classes in FBOs (Carter-Edwards et al., 2012). In designing a prenatal education program for African American clients in Salt Lake City, there needs to be greater emphasis on relevant health topics and cultural practices (Abbyad & Robertson, 2011). In African American culture, the perception of relevance of information to current issues may influence the rate of active participation in prenatal classes. Previous

ethnocultural research has shown that African- Americans are focused on the present and immediate future and believe that distant future tasks and concerns are best dealt with in the future, so pending prenatal care appointments or educational needs may take a lower priority than the present day activities or concerns (Abbyad & Robertson, 2011).Prenatal education content needs be presented during a time and in a format conducive for the individual learning which for the African American population means providing education on what is relevant this week and anticipatory guidance for what may be relevant in the next 2-3 weeks only (Abbyad & Robertson, 2011).

Recommendations

Data is limited and outdated when it comes to birth practices of African American women. More research is needed to determine in greater detail the cultural perceptions, beliefs, and practices of African American women in regards to pregnancy and child birth.

Based on the literature FBOs role in the health promotion and disease prevention of African Americans is important. It is my recommendation that the curriculum be utilized in the future at local churches. The curriculum should be available to individuals interested in becoming peer health educators at the local churches. Prenatal education class attendance and participation at these locations should be studied to assess the effects on the targeted populations. Additionally, the curriculum should be evaluated on a larger scale for cultural benefits and if proven to be effective culturally specific prenatal education curriculums for other minorities should be developed.

Conclusion

In conclusion, prenatal education class curriculums can and should be modified to meet the health care and cultural needs of specific populations. As ethnic diversity in Utah increases,

prenatal education programs need to diversify to meet the needs of its minority groups. It is critical that prenatal education programs incorporate key African- American health beliefs, customs, practices, and learning styles when designing culturally appropriate prenatal education curriculums as part of the prenatal care experience (Abbyad & Robertson, 2011).Additionally, to encourage African- American women in Salt Lake City to participate in prenatal education programs classes need to held in none isolating, familiar, trusted environments such as FBOs. Based on the strong connection between African-American health status and spirituality utilizing FBOs to deliver the prenatal education classes is a feasible alternative. Only after the educational needs of minorities and barriers regarding access to prenatal education classes are addressed will African- American families and their communities benefit (Bostis, 2006).

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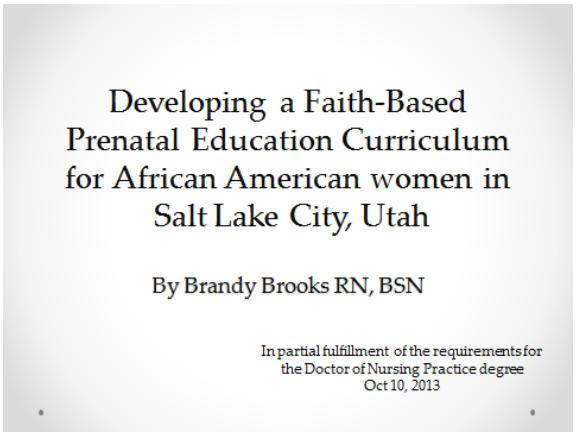
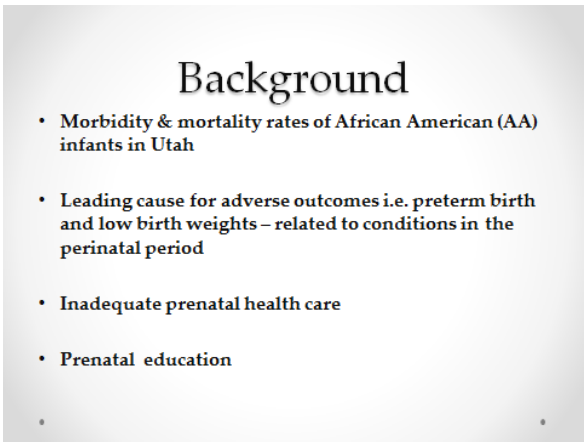
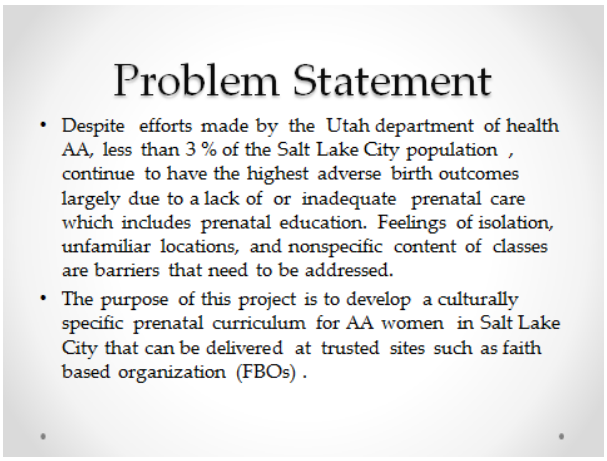
Appendix A
Defense Proposal







Clinical & Policy Implications

- Increase awareness to the importance of prenatal care.
- Promotes Healthy people 2020's healthy pregnancy goals.
- Support Maternal and Child Health Services Title V Block Grant.

Objectives

- Identify culturally specific content to create the framework for the curriculum
- Develop a prenatal education curriculum that can be utilized by FBOs in SLC AA communities.
- Disseminate curriculum to Community Faces of Utah.

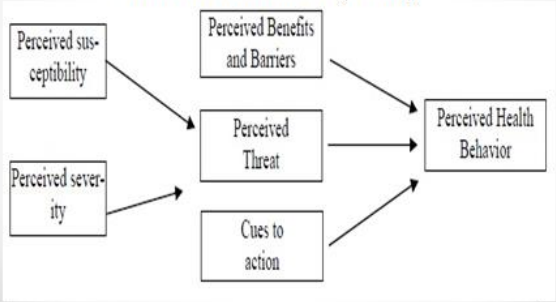
Implementation & Evaluation

Objective	Implementation	Evaluation
Identify culturally specific content to create the framework for the curriculum	Gather existing material from various resources including the CDC and UDOH Contact Midwives of Color	Review content with the content experts and revise as needed.
Develop Curriculum	Define the curriculum objectives/goals Create a scope and sequence Determine the teaching and learning approach	Successful completion of a culturally sensitive prenatal education curriculum. Evaluation of the curriculum by selected individual/s using an evidence based curriculum assessment tool.
Disseminate curriculum	Present drafts of curriculum at routine meetings with Community Faces of Utah.	Present final copy of curriculum to Community Faces of Utah affiliates during scheduled meeting.

Defense Proposal

Theoretical Framework

Health Belief Model (HBM)



Literature Review

- Maternal characteristics and birth outcomes in the SLC AA population
  - Risk factors for preterm birth and infant mortality
- Prenatal education
  - Benefits and limitations
- Efficacy of prenatal education
  - Link to prenatal care

Literature Review Continued

- Culturally specific health education
  - Impact on learning
- FBOs in Health Care
  - Promotes healthier communities
  - Represent a trusted site, consider "home away from home"

Defense Proposal

Summary

- The health beliefs and cultural practices associated with the perinatal period and childbirth vary among cultural groups. Traditional childbirth programs often reflect main stream American culture. Offering prenatal education addressing race-specific concerns in a familiar comfortable environment such as FBOs, may impact African Americans willingness to participate.

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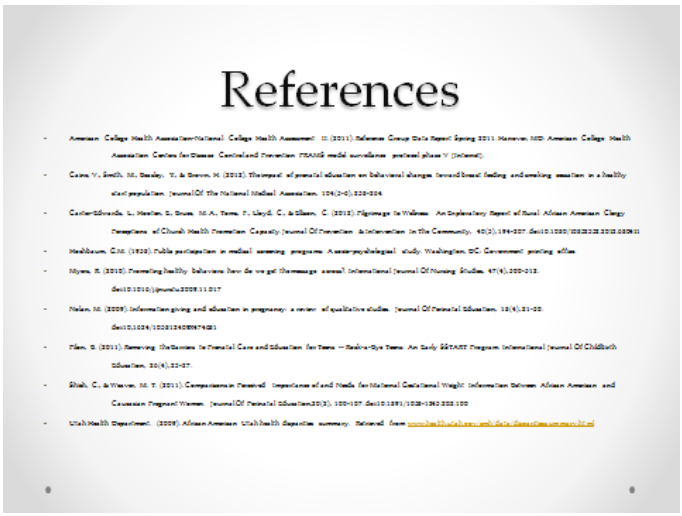

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Appendix B
Poster Defense

Development of a Faith-Based Prenatal Education Curriculum for African American Women in Salt Lake City, Utah.

Brandy Brooks RN, BSN,DNP candidate.

Purpose: To develop a prenatal education curriculum specific to the health care needs of African American (AA) women in Salt Lake City, Utah that can be utilized at trusted sites such as faith based organizations (FBOs).

Background

- AA ,less than 3 % of the Salt Lake City population, have the highest adverse birth outcomes including:
  - Three times more likely to have their infants die before the age of one year.
  - 61 % of infant deaths linked to preterm birth and low birth weights.
  - Adverse birth outcomes largely due to a lack of or inadequate prenatal care including prenatal education.
  - Known barriers to prenatal education in Utah are ineffective teaching strategies, nonspecific content ,and unfamiliar locations of classes.
- Research has shown significant improvements occur in the health status of AA when health education efforts are presented and promoted through religious, spiritual and FB venues.
- Findings indicated that spirituality has an influence on health and health-care seeking behaviors in AA.

Methods

- Databases and websites such PubMed, and the CDC were used to gather data on the unique perinatal health care needs of AA pregnant ,the benefits of FB health education, and the impact of peer-led health education programs.
- Data from all resources was organized, and modified to meet the culturally specific needs of AA women.
- Each section of the curriculum was evaluated by content experts from several organizations including Community Faces of Utah (CFU), The International Center for Traditional Childbearing (ICTC), and Midwives of Color from various groups including the American College of Nurse Midwifery (ACNM).

Results

The results of this project are the completion of a prenatal education teachers manual and a participates study guide addressing the following:

- Teaching strategies found to be effective in AA communities with sample lesson plans.
- Content that is structured to the specific health care needs of AA pregnant women.
- Available resources for AA pregnant women and families.
- Lesson plans formatted similar to Sunday school classes at AA churches.

Conclusions

The completion of the curriculum is only one part of improving prenatal education for AAs in Salt Lake City. Prenatal education classes need to be held at FBOs utilizing the curriculum to evaluate ease of use and effectiveness. Conversations with members of Calvary Baptist church in Salt Lake City revealed a population ready for change and willing to be the first group to begin classes using the results of this project.

The next step is to train peer health educators through CFU to use the curriculum to provide classes at FBOs such as Calvary Baptist Church.

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Appendix C

Faith Based Prenatal Education Curriculum Teachers Manual (includes all contet found in student manual)

To view the curriculum double click on the PDF object and a PDF version of the file will open.