



Original article

Exploring Group Composition among Young, Urban Women of Color in Prenatal Care: Implications for Satisfaction, Engagement, and Group Attendance



Valerie A. Earnshaw, PhD^{a,b,*}, Lisa Rosenthal, PhD^c,
 Shayna D. Cunningham, MHS, PhD^d, Trace Kershaw, PhD^d, Jessica Lewis, MFT^d,
 Sharon Schindler Rising, MSN, CNM^e, Emily Stasko, MS, MPH^f,
 Jonathan Tobin, PhD^{g,h}, Jeannette R. Ickovics, PhD^d

^a Division of General Pediatrics, Department of Medicine, Boston Children's Hospital, Boston, Massachusetts

^b Department of Pediatrics, Harvard Medical School, Boston, Massachusetts

^c Department of Psychology, Pace University, New York, New York

^d Division of Social and Behavioral Sciences, School of Public Health, Yale University, New Haven, Connecticut

^e Centering Healthcare Institute, Boston, Massachusetts

^f Department of Psychology, Drexel University, Philadelphia, Pennsylvania

^g Clinical Directors Network, New York, New York

^h Department of Epidemiology and Population Health, Albert Einstein College of Medicine of Yeshiva University, Bronx, New York

Article history: Received 28 February 2015; Received in revised form 22 September 2015; Accepted 22 September 2015

ABSTRACT

Purpose: Group models of prenatal care continue to grow in popularity. However, little is known about how group composition (similarity or diversity between members of groups) relates to care-related outcomes. The current investigation aimed to explore associations between prenatal care group composition with patient satisfaction, engagement, and group attendance among young, urban women of color.

Methods: Data were drawn from two studies conducted in New Haven and Atlanta (2001–2004; $n = 557$) and New York City (2008–2011; $n = 375$) designed to evaluate group prenatal care among young, urban women of color. Women aged 14 to 25 were assigned to group prenatal care and completed surveys during their second and third trimesters of pregnancy. Group attendance was recorded. Data were merged and analyzed guided by the Group Actor–Partner Interdependence Model using multilevel regression. Analyses explored composition in terms of age, race, ethnicity, and language.

Main Findings: Women in groups with others more diverse in age reported greater patient engagement and, in turn, attended more group sessions, $b(\text{se}) = -0.01(0.01)$; $p = .04$.

Conclusion: The composition of prenatal care groups seems to be associated with young women's engagement in care, ultimately relating to the number of group prenatal care sessions they attend. Creating groups diverse in age may be particularly beneficial for young, urban women of color, who have unique pregnancy needs and experiences. Future research is needed to test the generalizability of these exploratory findings.

Copyright © 2016 by the Jacobs Institute of Women's Health. Published by Elsevier Inc.

Group prenatal care, involving shared visits of pregnant women with a prenatal care provider, is gaining in popularity. For example, since the first CenteringPregnancy (a group model of

prenatal care) site opened in 1999, there has been a steady growth in the spread and uptake of the model. As of June 2015, there were more than 300 sites located in all but five states

Funding statement: Funding for this work came from the National Institute of Mental Health (NIMH; R01 MH/HD61175, R01 MH074399, Jeannette R. Ickovics PI; R01 MH07394, Jonathan N. Tobin PI). Dr. Earnshaw's effort was supported by the Agency for Healthcare Research and Quality (AHRQ; K12 HS022986) and NIMH (T32 MH020031). The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIMH or AHRQ. We are grateful to David A. Kenny and Randi L. Garcia for their statistical consultation. Sharon

Schindler Rising is Founder of the non-profit, Centering Healthcare Institute. There are no other known conflicts of interest to report.

* Correspondence to: Valerie A. Earnshaw, PhD, Boston Children's Hospital, General Pediatrics BCH 3201, Attn: Valerie Earnshaw, Boston, MA 02115. Phone: 1 (857) 218-5577; fax: 1 (617) 730-0957.

E-mail address: valerie.earnshaw@childrens.harvard.edu (V.A. Earnshaw).

(Centering, 2015). Growing evidence suggests outcomes of group prenatal care are either comparable with or better than traditional individual prenatal care. Infants born to women in group prenatal care have longer gestations and heavier birth weights (Ickovics et al., 2007; Thielen, 2012). Women in group prenatal care report greater satisfaction with care and attend more visits (Massey, Rising, & Ickovics, 2006). Group prenatal care may be particularly beneficial for young, urban women, who have unique social, developmental, and cultural needs during pregnancy (Klima, 2003). Despite its benefits, there are challenges to implementing group prenatal care in this population. In a recent translational study, greater group attendance was associated with better birth outcomes, but young women attended only approximately one-half of recommended visits (Ickovics et al., in press). It is important to identify predictors of group attendance among this population.

We focus on the association of group composition with women's satisfaction with and engagement in care, and their group attendance. Group composition refers to similarity or diversity between members of groups, including in terms of age, race, ethnicity, and language. Group composition is a potential target for intervention; unlike other predictors of attendance (e.g., mother's education; Frisbie, Echevarria, & Hummer, 2001), providers can control the composition of groups to achieve maximum potential for attendance. However, there is little research on effects of prenatal care group composition to inform how to best compose groups. In a qualitative study, Novick et al. (2011) found that women in group prenatal care were conscious of similarities and differences between women in their groups. Women said similarities could be comforting, promoting connections between group members. Women also said differences were valued, with diversity between group members allowing for exchange of advice and mentorship. For example, Novick et al. noted that "older women liked to share stories with younger women" (p. 13).

Research from outside of prenatal care also suggests benefits of both similarity and diversity in composition of interaction partners, including in groups and pairs. In health care settings, studies on racial concordance between patients and physicians demonstrate that Black patients are more satisfied with care received from and are more likely to schedule health care appointments with Black physicians (Dovidio et al., 2008). Additionally, some studies in employment contexts suggest similarity between mentees and mentors is associated with better outcomes for mentees (Ensher & Murphy, 1997; Foley, 2006). In educational settings, in contrast, studies on racial composition of student populations demonstrate greater diversity is associated with positive educational and psychosocial student outcomes (Bowman, 2010; Hurtado, 2005; Juvonen, Nishina, & Graham, 2006). Students who have positive interactions with diverse peers may experience a stronger sense of belongingness (Locks, Hurtado, Bowman, & Oseguera, 2008), which may link diversity with positive outcomes.

In the current investigation, we adopted an exploratory approach and examined whether group composition in age, race, ethnicity, and/or language is associated with young, urban women of color's satisfaction with and engagement in group prenatal care. Given evidence that patients who are more satisfied with and engaged in care are more adherent (Bakken et al., 2000; Schneider, Kaplan, Greenfield, Li, & Wilson, 2004), we further examined whether group composition is associated with group session attendance via the mediating mechanisms of patient satisfaction and/or engagement.

Material and Methods

Data were from two separate randomized controlled trials evaluating CenteringPregnancy. Study 1 was conducted in New Haven and Atlanta in two university-affiliated hospitals, with 653 women randomized to group prenatal care between 2001 and 2004. Study 2 was conducted in New York City in 14 community hospitals and health centers, with 623 women at clinical sites randomized to group prenatal care between 2008 and 2011. Inclusion criteria for both studies included pregnancy less than 24 weeks gestation, no medical problems indicating high-risk pregnancy, ability to speak English or Spanish, and willingness to participate in study procedures. Study 1 participants were aged 14 to 25 years, whereas study 2 participants were aged 14 to 21 years old.

Structured interviews were completed in English or Spanish using audio computer- or handheld-assisted self-interviewing technology. Baseline interviews were completed during the second trimester and second interviews were completed during the third trimester of pregnancy. Both studies were reviewed and approved for human subjects protections by Institutional Review Boards. Study 1 was reviewed at Yale University School of Medicine (Human Investigations Committee) and Emory University. Study 2 was reviewed at Yale University School of Medicine (Human Investigations Committee), Clinical Director's Network, Biomedical Research Alliance of New York (BRANY), Columbia University, Bronx-Lebanon Hospital Center, Brookdale Hospital (Research and Clinical Projects Committee), Brooklyn Hospital, Public Health Solutions, and Lutheran Medical.

Participants

Analyses were limited to women who were assigned to group prenatal care, attended at least one session with at least two other women before their second interview, and completed the second interview. Criteria regarding group size (i.e., three women) were guided by recommendations for Group Actor-Partner Interdependence Model analyses (Garcia, Meagher, & Kenny, 2014). Meeting these analysis criteria were 557 women from study 1 and 375 women from study 2. Study 1 participants included in this investigation were similar to participants of the overall study 1 in terms of age, race, ethnicity, and language. Study 2 participants included in this investigation were more likely to be Latina and slightly more likely to speak Spanish than participants of the overall study 2.

Measures

Women reported sociodemographic characteristics, including age, race, ethnicity, and whether they felt most comfortable speaking English or Spanish at the baseline interview.

Satisfaction with and engagement in care was measured using the Patient Participation and Satisfaction Questionnaire (Littlefield & Adams, 1987) at the second interview. Previous work has found evidence supporting the content and construct validity of the Questionnaire, as well as its reliability (Cronbach's $\alpha = 0.83$ – 0.97). The satisfaction subscale was used to measure satisfaction and included 6 items from the original scale (e.g., "Your wishes were taken into consideration about breathing techniques during prenatal care," "Your wishes were taken into consideration about medications during prenatal care"), and one item added by the study team ("Overall, how satisfied were you with your prenatal care?"). The Participation subscale was used

Download English Version:

<https://daneshyari.com/en/article/10518208>

Download Persian Version:

<https://daneshyari.com/article/10518208>

[Daneshyari.com](https://daneshyari.com)