

Bright Beginnings: Empowering Mothers and Strengthening Families

A Program Proposal

Noreen R. Moise

Kaitlyn J. Orquia

Courtney L. Krajesky

School of Social Work, Southern Adventist University

SOCW-612-A: Advanced Administrative Practice: Program Development

Dr. Laura Racovita

December 5, 2022

Contents

Abstract.....4

Background of the problem.....5

 Bright Beginnings.....8

Uniqueness of the problem.....8

Literature Review and Evidence Based Practices.....11

Problem Statement.....19

Needs Assessment Research Plan19

 Need for the Program.....20

 Source of Data.....20

 Statement of Purpose.....21

 Research Questions.....21

 Research Hypothesis.....22

 Research Variables.....22

 Methodology.....22

 Population and Sampling.....23

 Data Collection and Analysis plan.....24

 Ethical Considerations.....27

Program Proposal.....29

 Stakeholder Analysis.....29

 SWOT Analysis.....32

Evaluation Plan.....38

Proposed Program Resources.....43

Proposed Sustainability Plan.....44

Limitations.....45

Conclusion.....46

References.....47

Appendix A.....54

Appendix B.....56

Appendix C.....57

Appendix D.....58

Appendix E.....59

Appendix F.....63

Appendix G.....64

Abstract

Postpartum Depression (PPD) is a mental health condition that impacts Tennessee women at a rate of 16.7%, which is high compared to the National rate of 12.3% (Tennessee Department of Health, 2021, p.5). There are many studies that highlight the negative impact that PPD has on mothers, infants, and families when left untreated. The purpose of this needs assessment and program proposal is to assess the needs of women with Postpartum Depression in Hamilton County, Tennessee and develop a program to meet those needs.

After reviewing literature on effective interventions for PPD, it was discovered that Cognitive Behavioral Therapy (CBT) was an evidence-based intervention for PPD (Duffey, 2019). A needs assessment was developed to assess the needs for affordable CBT geared towards women with PPD in Chattanooga Tennessee. The needs assessment is assessed for physical needs and family support needs. A plan for a new community program, Bright Beginnings, was developed for Hamilton County Tennessee that will provide CBT services to women with PPD at little to no cost depending on income, with the added support of case management services. Bright Beginnings is designed with the goal of improving maternal mental health in the state of Tennessee.

Keywords: Postpartum Depression, Cognitive Behavioral therapy, Case Management, Needs Assessment, Program Development

Bright Beginnings: Empowering Mothers and Strengthening Families

A Program Proposal

Background of the Problem

Postpartum Depression

Postpartum Depression (PPD) is a mental health condition associated with pregnancy. The American Psychiatric Society characterizes it as “a serious, but treatable medical illness involving feelings of extreme sadness, indifference and/or anxiety, as well as changes in energy, sleep, and appetite...it carries risks for the mother and child” (2020). The article further explains that childbirth and the period after are vulnerable times for women due to biological and hormonal changes, stress, trauma, and social changes. Keeping this in mind, it becomes understandable why women may experience poor mental health during this time. Many women do. The Centers for Disease Control and Prevention stated that “1-10 women experience postpartum depression” (2022).

PPD has effects that impact mothers, infants, and families. This includes lower quality of life, difficulty forming secure bonding with infants, and poorer developmental outcomes for infants (The American Psychiatric Society, 2020). Barriers to obtaining help to address these effects include a lack of accessible mental health services and a lack of consistent mental health screening (Bobo et al., 2014).

The State of Tennessee collects data called the Pregnancy Risk Assessment Monitoring System (PRAMS) based on tracked statistics from a 5-year period. In the most recent PRAMS, based on data from 2013-2017, it is reported that Tennessee has higher rates of postpartum depression than the national average. “More women in Tennessee (16.7%) report experiencing postpartum depressive symptoms compared to U.S. women (12.3%).” (Tennessee Department of

Health, 2021, p. 5). Similar findings are also reported by the United Health Foundation (2021), which ranks Tennessee with the eighth highest rates of recorded postpartum depression (p.1).

Outcomes for new mothers experiencing postpartum depression and other mental illnesses are not always positive. Three out of four (76%) of pregnancy-related deaths have a co-occurring mental and substance use disorder between 2017-2021. (Tennessee Department of Health, 2022, p. 13). Postpartum depression can have far-reaching effects on mothers, infants, and families. A study published in *Women's Health* suggests that women with postpartum depression can experience negative physical and psychological effects impacting their quality of life and increasing risks of substance abuse (Slomian et al., 2019). This same study also found negative outcomes for infants in all areas of development. There is a need for more substantial mental health care for expecting and new mothers. A social services program geared toward addressing this problem could positively impact many lives.

It is essential to recognize that there are disparities in rates of depression, with low-income and minority communities of women having the highest rates (Brody, 2018). Specific to Tennessee, in 2019, black women experienced postpartum depression at a rate of 24.8% compared to the total state average of 15.5% (March of Dimes, n.d.). These themes can also be found in the maternity morbidity data. As the data shows, many pregnancy-related deaths involve a mental health factor. From 2017-2022 57% of pregnancy-related deaths were women on TennCare or uninsured (Tennessee Department of Health, 2022, p. 11). Qualifying for state insurance means these women lived at or below the poverty level. It is also important to note that while suggested, TennCare does not require physicians to perform mental health screenings on mothers, prenatally or postpartum. This is concerning, considering other state insurance has these requirements in place and standardized screening to ensure consistency and quality (Tennessee

Justice Center, 2022). With this information in mind, the key areas needing to be addressed are accessible mental health services for low-income and minority mothers and improved community education on effectively screening both prenatal and postpartum mothers.

The population is women within the Hamilton County area who come from various socioeconomic backgrounds and are more likely to experience postpartum depression without proper mental healthcare. This population is home to communities with little to no mental healthcare proceeding postpartum. These populations are not resourced financially and lack mental healthcare, which research shows are in high demand due to these low-income and racial disparities. These low-income individuals and groups will be assisted throughout Middle Tennessee populations.

There are various service programs with similar care to the target population. There is a program called Neighborhood House Association which provides care for mothers, including postpartum recovery and information on maternal depression. Baby University in Tennessee offers services such as mentoring and support. The Maternal Mortality in Tennessee 2017-2020 Report includes a Postpartum Support International hosted by the nonprofit organization Cherished Mom. It was a 2-day free of cost training for healthcare providers and support networks for mothers suffering from perinatal mood disorders. This training may be used as a model to train volunteers for a potential program. Another program is Maggie's Place in Arizona, which offers access to medical care and programs designed to build resiliency and strengthen families. They have various mental health services for new mothers. The mental health services they provide to develop resilience in mothers exemplify what may be used for a program. Another program is the Help Us Grow Successfully (HUGS). It offers home-based intervention services to pregnant/postpartum women, including identifying problems and connecting women

with related resources in Tennessee (Tennessee Department of Health, n.d). Networking with these organizations would be beneficial to program development to further understand the available resources and the continued needs in the community.

Bright Beginnings

Bright Beginnings aims to provide services for women of diverse backgrounds, eighteen and older with a diagnosis of PPD. After giving birth, a mother may go through many things, such as learning to care for the child and meet their child's needs. There are many issues, including social problems related to postpartum mothers. The specific need targeted is accessible PPD intervention and treatment. Bright Beginnings will seek to develop a holistic approach to address the mental health needs of women after giving birth to ensure their well-being with the many changes that come with taking care of their babies. The program will focus on providing evidence-based therapeutic interventions alongside case management to meet physical needs that may contribute to stress and depression. The program will provide services to aid the mother-child relationship, connecting mothers to needed resources, and empowering them to reach out to their family and friends for increased support. There are likely many needs for women experiencing PPD in Tennessee. Bright Beginnings will focus on aiding postpartum individuals who may not have access to proper postpartum mental health care due to the perceived lack of resources. Many of the programs mentioned above are Christian or Catholic-based, which can create a barrier for clients who do not wish to think of religion in this time of mental health struggles.

Uniqueness of the Program

Bright Beginnings will develop a program to address the needs of mothers experiencing Postpartum Depression (PPD) and perinatal mental health issues in East Tennessee. The program

aims to empower mothers, strengthen families, and provide community education to prevent and destigmatize PPD.

In order to help address the needs of this community, Cognitive Behavioural Therapy interventions will be provided to postpartum parents diagnosed with PPD at low or no cost. Participants may include their partners in the sessions to strengthen families. The needs assessment will determine if services are best received at an agency location, home, or through a secure video chat platform. Results from this assessment will help shape how services are delivered. Another part of the program will include case-management. Mothers will be provided with resources and care related to food for themselves and their baby, childcare as well as engaging family support. This aspect of the program ensures a holistic approach to mother's care.

Educating the community on PPD will be done by involving local clinics and health professionals as stakeholders and having meaningful conversations about PPD and the importance of mental health screening so that patients can get the referrals for the care they need. Additionally, the program will participate in community outreach events, such as health fairs to bring awareness about PPD and Bright Beginnings to the community. Mothers of all backgrounds and walks of life are welcome as the program offers services equally rendered to each client in need with many types of support available.

Bright Beginnings will be housed at The Partnership for Families, Children, and Adults. This is a non-profit organization based in Chattanooga, Tennessee. This agency is passionate about strengthening families and offers several family-based services. These programs include a domestic violence shelter and a Center for Family Connections. However, they do not offer a program that addresses maternal mental health needs. This agency would be a good fit for this

type of program because it already addresses a variety of family needs across the same region of Tennessee this program hopes to target. It is also a non-profit, which aligns with Bright Beginning's goal of providing accessible mental health care for individuals with PPD.

There are other programs in Tennessee that provide services to postpartum mothers, however, Bright Beginnings is unique due to the holistic approach and accessibility. A similar program identified is Help Us Grow Successfully (HUGS), run by the State of Tennessee. It offers home-based intervention services to women and families from birth to five years of age, including identifying problems and connecting women with related resources statewide (Tennessee Department of Health, n.d). While this program may connect clients to mental health services, HUGS does not seem to provide direct therapeutic care, and there is no indication of how often service is provided or if there are additional costs for certain services.

The program most similar to Bright Beginnings is based in Cleveland, Tennessee. *Foundation House* is a Christian non-profit that provides services and support to pregnant and postpartum women targeted at emotional support and substance abuse treatment through a Christian worldview. They currently offer services in the Cleveland, Tennessee, area. What makes this Foundation house similar to the group's developing program is the non-profit clinical support. However, they lack case management services and do not have a Hamilton County location. Additionally, Bright Beginnings aims to operate unaffiliated from a religious group to remain approachable for women of diverse cultures and religions.

Bright Beginnings will further identify the strengths and weaknesses of other programs and utilize this identification to assess better and serve clients in need. The program will develop ways to overcome client barriers and stigmas and serve a broad array of women struggling with postpartum and mental health issues. In order to survive and achieve growth, the program will be

updated on the latest methods and services rendered to women that research suggests have been proven effective. This program will be distinguishable as it will close the barrier gaps leading to failed client support while offering equality and education to women for higher results.

Literature Review and Evidence-Based Practices

The birth of a child is a significant life event. Childbirth and adjusting to life with a newborn is a unique experience for every mother. Postpartum Depression (PPD) is a common mental health issue in mothers post-birth. The Office on Women's Health Women's Health (OASH) describes symptoms of PPD as feelings of hopelessness, sadness, increased moodiness, loss of motivation, feelings of guilt, trouble focusing, disruptive sleeping, headaches, withdrawal from others, not feeling connected with the baby (2021). A study compared mothers diagnosed with PPD to mothers without PPD. They found that differences were significantly negative in mental health, vitality, general health, and social and physical functioning for mothers with PPD (Sadat, 2014). PPD may last for weeks, months, or years if left untreated. Women with long-lasting postnatal depression may experience depressive symptoms until at least 11 years after childbirth (Netsi et al., 2018). The prevalence of maternal PPD goes from 10–15% but can be as high as 30%, depending on diagnosis and follow-up (Simionescu, 2021).

Impact of PPD

PPD not only impacts mothers internally, but it may have impacts on them as partners and caregivers. A study found that women with depressive symptoms showed less closeness, warmth, and confidence toward their infant and partner over the first year (Lilja, 2011). PPD may impact relationship satisfaction negatively during the transition to parenthood (Don et al., 2012). PPD may cause a strain on new parents' relationship with each other.

Studies show that infants and mothers have a dyadic relationship, where the infant's development is impacted by their caregiver's mental state and vice versa (Hoffman, 2017). A mother's previous form of attachment also can affect their PPD diagnosis. Women who showed higher levels of anxious or avoidant attachment styles showed increased levels of PPD (Molmen et al., 2021). A mother's perceived level of competence as a mother also affects their depressive symptoms. A study showed that participants who fed their infants formula had 92% greater odds of screening positive for postpartum depression and were 73% more likely to screen positive for major depressive symptoms than those who breastfed or bottle-fed with their human milk (Shuman et al., 2022).

PPD Impact on Infants

A mother's mental health is strongly associated with the growth and development of an infant in the areas of physical, cognitive, social, and emotional development (Slomian, et al., 2019). The infants of mothers dealing with PPD had a higher fear score and emotional disorders, which included anxiety, compared to infants of non-depressed mothers (Slomain, et al., 2019). PPD may cause the mother to look down on their role as a caregiver. They may partake in less-healthy practices and have more negative reactions to their infant. This may include placing their infant in a back-to-sleep position, or they may display high discipline scores (Simionescu, 2021). They may also feed their infants water, juice, and cereal and bring them to the ER compared to non-depressed mothers (Balbierz et al., 2015). The impact of PPD on infants further emphasizes the importance of its early intervention and treatment.

PPD may cause distress in the child's development years after the infant stage. A longitudinal study studied mothers with various levels of postnatal depression. Children of women with severe depression were at higher risk for behavioral problems by age 3.5 years, as

well as lower mathematics grades. They also struggled with depression during adolescence (Netsi et al., 2018).

PPD & Covid

The Coronavirus pandemic has come with challenges regarding PPD as well as it has exposed other factors affecting PPD. A study showed that the pandemic's diminished social support, stress, and anxiety have contributed to more women experiencing postpartum depression (Chen, et al., 2022). In a study, the rate of postpartum depression in their sample is 6.5-12.9% higher than those reported before the pandemic (Gaynes et al., 2021). Another study showed that participants who said that the pandemic did not change their childcare access or help received around the house displayed significantly lower depression scores than participants who reported pandemic-related disruptions to these support types (Gildner et al., 2021).

PPD, Low-income Mothers & Minorities

Though national guidelines support universal depression screening of pregnant and postpartum women, there are specific disparities in postpartum screening. A study shows that women who were African American, Asian, and otherwise non-white (Native American, multi-racial) were less likely to be screened postpartum than white women. The same study included that women insured by Medicaid/Medicare, used mainly by low-income women, were also less likely to be screened postpartum than privately insured women. This disparity shows certain women may have undiagnosed postpartum depression (Sidebottom et al., 2021). Another study found that women with a yearly household income of \$50,000 to \$74,999 were significantly more likely to seek mental health consultations than women with incomes less than \$25,000 at 5 and 9 months postpartum (Dagher, 2021). This creates a risk for their developing

infants. A study suggests higher depressive symptoms in mothers were associated with less infant weight gain, increased infant physical health concerns, and increased infant nighttime awakenings. They were infants of very low-income Hispanic mothers (Gress-Smith, 2012). The correlation between PPD and low income may be significant, as low-income mothers are less likely to be screened for PPD or unable to afford care.

There are many varying interventions when it comes to PPD treatment. The following will review a variety of intervention types. Many treatments followed a cognitive-behavioral therapy (CBT) based approach. Others decided to have personalized internet intervention. Some interventions found it fit to do a preventive intervention, bringing insight into using preventative measures to treat PPD before its occurrence. Most interventions included a control group with less pervasive interventions. Interventions for PPD are numerous, but each presents a different benefit to its participants.

When it comes to CBT interventions, it goes as follows. A total of 24 pregnant women in their second trimester were randomly selected to participate in this Web-based CBT intervention to prevent PPD. They had depression symptoms but had no major depression (Duffecy et al., 2019). Pugh and colleagues used a treatment arm of the Therapist-assisted internet cognitive behavior therapy (TAICBT) trial. The women were assessed through a telephone interview. (a) a score of 10 or higher on the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987) (Pugh et al., 2015). The first study showed a preventative CBT intervention, whereas the latter used a treatment.

Duffecy and colleagues' randomized controlled trial (RCT) compared eight weeks of a CBT-based internet intervention with peer support to an individual internet intervention. Each 10-15 min lesson was designed to provide information about pregnancy and postpartum issues

and the components of CBT. At the end of the lesson, women were prompted with a *Call to Action* to use the CBT strategy they had just learned (Duffecy et al., 2019). The program consisted of seven modules with psychoeducation elements. Each module contained typical CBT, such as mood rating and activity planning. An open-ended check-in was submitted to the internet therapist who supervised the provision of TAICBT (Pugh et al., 2015). CBT uses education as a form of intervention, and both interventions were used in this case.

For Duffecy and colleagues' intervention results, At six weeks postpartum, there was a decrease in depression symptoms from baseline to postpartum, and only one person met the criteria for PPD. Both groups showed Patient Health Questionnaire-9 (PHQ-9) scores below the clinical threshold for referral for treatment (Duffecy et al., 2019). By contrast, Pugh and colleagues' intervention results showed that most participants had positive thoughts about the intervention. They mentioned that it provided flexibility, anonymity, and privacy, amongst other benefits. Participants found it beneficial to have an individualized internet therapist and treatment. Drawbacks included not benefiting from face-to-face therapy and the fast-paced program (Pugh et al., 2015). Though both studies are different, they can give insight into the benefits of CBT-based treatments as an aid in PPD prevention and gaining knowledge.

Like Dufficiency and colleagues' intervention, other interventions show the value of treating PPD even before birth, and the results are seen postpartum. One preventive intervention used was Community Health Workers (CHW) to improve the health of low-income women. The participants were first recruited as pregnant women in their first trimester, and the study ended six months postpartum. In contrast, Duffecy's was in the second trimester and ended six weeks postpartum. The study used a comparison population. They differed such that it studied pregnant, postpartum, and other reproductive-aged women. The results showed lower depressive

symptoms six months postpartum compared to women who were not. However, no difference in depressive symptoms was seen in the women who reported poor relationships with their CHWs (Pugh et al., 2015). In Duffecy's intervention, mothers were given internet-based intervention. This considers how person-to-person support may affect PPD symptoms, even before the child's birth, compared to internet treatment. A good relationship with service providers is deemed beneficial even in person.

Like in Pugh and colleagues' studies, control groups show a difference between mothers who received an intervention and those who did not. An intervention conducted by Grote and colleagues used 168 participants in two randomized groups with mothers on average at 22 weeks gestation. One group was to receive the MOMCare intervention, and the other, the Maternity Support Services (MSS-Plus) MSS, offered services such as promoting healthy pregnancies and positive parenting outcomes, amongst other services. MSS-Plus providers refer depressed patients for mental health treatment in the community and/or from their OB (obstetrics) provider. They did not provide depression care. The MOMCare services included MSS-Plus and more. It was delivered by three depression care specialists (DCS) who collaborated with the patient's OB. MOMCare patients chose either interpersonal psychotherapy (IPT) and/or pharmacotherapy from their OB provider. (Grote et al., 2015).

Wozney and colleagues' study used The Strongest Families MOM: Managing the Mood intervention program. It is a cognitive behavioral 12-session intervention. Participants were asked to review each session in the handbook weekly, watch the video session, and complete exercises. They received weekly phone calls from a coach. In comparison, their control groups had an 'Ask Dr. Pat' column and an information brochure on PPD that described the illness, its causes, and treatment options. (Wozney et al., 2015).

For Grote and colleagues, The results came such that MOMCare patients showed significantly lower levels of depression and higher rates of depression remission and of adhering to antidepressants compared to the participants who did not receive MOMCARE (Grote et al., 2015). Similarly, in Wozney's intervention, The result from The Strongest Families MOM participants was such that the intervention effectively reduced the proportion of depression diagnosis outcomes at each time point. At the 12-month follow-up, the intervention group showed a significantly greater likelihood of diagnostic remission than the control group and a significant dosage effect. However, statistically superior outcomes to the control condition were only observed at the long-term follow-up. (Wozney et al., 2015). The comparison of those studies shows how more extensive and personalized interventions may have an impact on depressive symptoms. However, there may be value in the educational aspects of interventions when it comes to the long term.

There is value in looking into interventions for women with a history of depression. O'Mahen and colleagues engaged 83 women meeting DSM-IV criteria for major depressive disorder. Women in Lewis and colleagues' intervention had 450 women at three weeks postpartum with a history of depression. O'Mahen and colleagues, like in previous studies, had a control group. The intervention group went through NetmumsHWD (Netmums Helping With Depression) treatment, and the control group did treatment as usual TAU. The treatment group had an average of eight out of 12 telephone support sessions and five out of 12 modules given by supporters with behavioral activation (BA) training. The intervention included interactive exercises paired with extensive work examples. They also had weekly phone call support from mental health workers to help with questions about the intervention. TAU was a chat room

moderated by health visitors and supporters who gave mothers support and advice for depression (O'Mahen et al., 2014).

Lewis and colleagues' intervention consisted of 11 telephonic sessions, almost the same as the abovementioned one. Trained health educators gave phone sessions with three intervention groups. The first intervention was a 6-month telephone-based exercise intervention, a 6-month telephone-based wellness/support intervention, or usual care. The telephone-based exercise group consisted of participants who were told to exercise five days a week for 30 minutes for each session. The second group had a telephonic intervention with conversations around stress, sleep, nutrition, and more wellness-related topics (Lewis et al., 2021).

The results showed that women who received NetmusHWD significantly improved by 62.2% in depression compared with women in the TAU group, with 29.4% post-treatment. In Lewis' case, At six months following the study, symptoms of depression were significantly lower for participants in the wellness group compared to the exercise and usual care groups. However, wellness and exercise had protective effects on stress for women at risk of postpartum depression (Lewis et al., 2021). Both studies, which had women with experience with depression, used various forms of treatments. Lewis and colleagues used a wellness and exercise approach different from previous studies.

A few thoughts can be drawn from this literature review. It is important to note that all interventions involve professional mental health care providers. In the case of low-income or socioeconomically disadvantaged women, it is good to have some quality care, as seen in Mundorf and Colleagues and Grote and Colleagues' studies. It is also important to note that PPD is a depression-related issue. Incorporating general exercise, sleep, and nutrition may be valuable in interventions. Another aspect is that of CBT and therapeutic intervention, which seem

adequate, especially in times of newness. Finally, easy access to internet intervention seems efficient.

The literature review provided a foundation of knowledge that will be incorporated into the project plan. From the information gathered, it became clear that PPD affected mothers, infants, and family units. The program will be designed to not only empower mothers but strengthen families. The literature review does emphasize the need for service to low-income women. Secondly, an intervention identified in the previous section as effective is a clinical mental health approach with multiple sessions. This evidence-based practice will help shape the services offered to clients. Lastly, a theme that emerged as an intervention was group or peer support. The program can develop based on effective interventions by gathering this information. The intervention will also incorporate aspects of psychoeducation and accessibility to the intervention.

Problem Statement

Postpartum Depression is a treatable mental illness with a significant impact on families affecting Tennessee communities at high rates compared to data from other states and the national average. Low-income and minority women are disproportionately not treated for PPD. However, research does not clarify what barriers to services and treatment Tennessee women face, including cultural obstacles. The following will explore this issue to determine the specific barriers and needs of those with PPD and how to make an accessible program conscious of the demographic in need of service

Needs Assessment Research Plan

Need for the Program

The program will understand the gaps in services to address the targeted needs in the following ways. First, there will be a needs assessment among the community assessing the need for the program. The women in postpartum Chattanooga will fill out a survey answering questions on their perception of their needs being met concerning mental health, food, childcare, and family support. This survey will target the exact need of the community. The program will also assess the services offered by local agencies with similar services to postpartum mothers. Local agencies do not offer services on mothers' mental health, though they do well in the mother's case management needs. Bright Beginnings plans on offering ongoing mental health services with sections and case management deriving from the mothers' needs from what is expressed from their sessions. Another gap filled by the program is its low-to-no-cost approach. The program will ensure service to mothers in need since low-income mothers may not have access to mental health services and may not find a way to afford them due to providing for their babies.

Sources of Data

Galen Medical Group is a gynecology and women's health clinic in Chattanooga, Tennessee, providing healthcare to women during and after pregnancy. They promote the health of the mother and the baby. This clinic includes an educational element in postnatal care by teaching patients about the physical and emotional challenges they may face after birth.

According to their website, the Galen Medical group speaks with every mother about Postpartum Depression (PPD) at their six-week follow-up postpartum. They encourage women to reach out to them if experiencing symptoms of PPD to provide support. They also provide several online resources to patients, including a booklet, a resource guide, and an action plan. For

those unable to access the internet or own a computer, Galen Medical Group provides a printout resource for mothers to take home, including contact information for the provider and an action plan for mothers. Galen Medical also provides a yes/no survey to assess patients' mental health. However, it needs questions about social support. Galen Medical Group would be a data source through their records and patients. Many surveys have been used to assess the severity of PPD and the different needs of Postpartum women. An example of this can be found on the State of Wisconsin's Department of Health Website. However, existing surveys might need to be customized to encompass all the elements of the research questions.

The opportunity to be involved in the study will be offered to patients of Galen Medical Group diagnosed with mild to moderate PPD. Patients will be given a card with information about the study and an email address to contact if they are interested in receiving the survey. The survey can be completed online. A consent form will be provided as well as survey instructions. Efforts will be made to obtain subjects of racially, ethnically, and socioeconomically diverse backgrounds in Tennessee.

Statement of Purpose

This assessment aims to understand the needs of women with postpartum depression living in Chattanooga, Tennessee, in clinical mental health services, social support, and physical needs.

Research Questions

The research questions for the needs assessment are as follows. What are the accessible mental health services available as perceived by women with Postpartum Depression in Hamilton County Tennessee? What are the perceptions of partner and family support by women diagnosed with Postpartum Depression and how does this impact the severity of symptoms?

What are the existing basic needs of women with Postpartum Depression in Hamilton County such as food, healthcare, and childcare?

Research Hypotheses

The first alternate hypothesis is that there are accessible mental health services available as perceived by women with PPD in Hamilton County. Partner and family support is also available in women's opinions with PPD. Women with PPD in Hamilton County have access to basic needs such as food, healthcare, and childcare. The null hypothesis would be that there is no relationship between the perceived physical and social support and mental health needs and women diagnosed with PPD. Women's perception of partner and family support would also not be related to women diagnosed with PPD's symptoms severity. There would also be no relationship between health care, childcare, and food and women with PPD needs.

Research Variables

The independent variable would be the women with PPD's perceived partner and family support, mental health services available, and existing basic needs. Those needs include food, healthcare, and child care. The dependent variable would be women diagnosed with PPD and the severity of their symptoms. The Controlled conditions would be the geographic location (Chattanooga) and patients of the Galen Medical group. Extraneous variables could include the women's socioeconomic background, distance from available services, and family structure.

Methodology

The specific approach appropriate for this study is a quantitative approach. The rationale behind a quantitative methodology is to gather a variety of information relatively straightforwardly. It is also attractive as a quick means to collect data. The study will assess the perceived women's needs being met in Hamilton County, Tennessee. Those needs assessed will

be partner and family support, childcare, food, and mental health services. A survey (see Appendix E) will bring the women to consider how they perceive those areas postpartum. Similar to this study proposal, a study done by Corrigan and colleagues used a 47-item questionnaire. The survey took 15 minutes to fill out. It addressed PPD in the context of social support. It was used to determine whether mothers were overwhelmed with childcare or life since becoming a mother sought professional help (Corrigan et al., 2015).

Population and Sampling

The sample population will be women over eighteen with a current mild to a moderate diagnosis of Postpartum Depression. To become a part of the sample population, participants must live in Hamilton County, Tennessee. The sample population will comprise women from various socioeconomic backgrounds and ethnicities on Medicare or private insurance. Women diagnosed with severe PPD, based upon the criteria in the DSM-5, will be excluded from the study to avoid causing further emotional anguish (Diagnostic Statistical Manual of Mental Disorders). Additionally, minors will not be included.

To reach this population, the first step of the sampling plan is to partner with one of the most extensive Obstetrics and Gynecology clinics in Hamilton County, Galen Medical Group. This group is composed of 29 different physicians. This group accepts many insurance types and serves a wide variety of women in the community. Posters will be hung on bulletin boards in the office with information about the study. It will include a QR code that leads to a page that goes into more detail about the purpose of the assessment and the criteria to be a part. Galen Medical Group's physicians screen all patients at their 6-week postpartum checkup for Postpartum Depression. This will allow physicians to identify appropriate candidates with mild to moderate PPD. The physicians will be instructed to give the women a flyer about partaking in the needs

assessment. Women willing to participate can easily follow the instructions on the flier to submit their email to receive a copy of the consent form. Once this is signed, an assessment will be sent out virtually. Participation in the study is appreciated. Therefore a ten-dollar electronic gift card will be given to complete the survey. This will be disclosed before participants agree to participate in the assessment.

The rationale behind this sampling plan is that the medical setting is likely the best place to reach many women from diverse backgrounds diagnosed with PPD. Galen Medical Group is one of the largest clinics in Hamilton County, making it possible to reach a large group of women. It is natural for physicians at Galen Medical Group to assess patients for PPD at their 6-week postpartum checkup, which is an excellent opportunity to get information about their needs. Flyers with QR codes are a great way to distribute information and make it simple for women to choose if they want to participate. A limitation of this plan is that women on TennCare and the uninsured will likely not be patients at Galen Medical Group. This sample plan would need to be replicated at a clinic that takes uninsured patients and those on TennCare to reach that population.

Galen Medical Group will be the authorized agency for this study to gain information. In order to obtain permission, an email will be sent to the clinic, which will ask to use their clinic to conduct the research and permission to utilize their population and data sources, including the DSM5 Assessment. Bright Beginnings will also gain permission to communicate and collaborate with their doctors and medical staff to collect survey results effectively.

Data Collection and Analysis Plan

For this study, Bright Beginnings will ask the clinicians to help recruit eligible participants by first locating patients postpartum. From there, The program will ask them to call,

speak to or email potential participants to explain the study. The clinicians will have a script. If the participants agree to be screened for the study, the clinicians will be given a flier with instructions on how to enter their email to receive a consent form and further instructions. Consent forms not received will assume the participants' unwillingness to join the study. The participants will be provided a phone number to call if they have further questions about the study. Physicians will have one month to recruit participants.

After receiving the consent forms, researchers will send all participants the depression scale for screening. This will narrow down the sample for the study, which are those who scored a mild or moderate level of depression on the PHQ9 scale. Participants will have a 2-week time frame to provide the researchers with the screening. They will send their screening by email.

After finding eligible participants with mild to moderate depression symptoms, researchers will send them the survey by email. The data will be collected by compiling the received surveys by email. Participants will have a 2-week time frame to complete the survey and send it back to us. They will be given phone calls and receive emails as reminders to complete the survey. The survey will come with instructions. They will fill out the survey assessing their needs related to their postpartum to the best of their ability. They will then send back the survey. When the researchers receive the survey, participants will receive a \$10 gift card as an incentive by email.

There are three specific research questions that the survey is designed to answer. The survey will be divided into three parts to reflect this. Each survey portion will need a different form of data analysis to reflect the participants' responses. The first research question is, "What are the accessible mental health services available as perceived by women with Postpartum Depression in Hamilton County, Tennessee?". Multiple Regression would be utilized for this

question, as there could be multiple continuous independent variables such as education level, income level, healthcare received, and insurance benefits. The dependent variable would be the perception of available services.

The second research question is "What are the perceptions of partner and family support by women diagnosed with Postpartum Depression, and how does it impact the severity of symptoms?" This is also a question designed to explore relationships. However, the goal is to directly analyze the relationship between perceived support and the severity of depression symptoms. For this question, the statistical analysis used would be Person product-moment correlation. The two independent variables would be partner support and family support. The dependent variable would be the severity of the symptoms present.

The last research question is, "What are the existing basic needs of women with Postpartum Depression in Hamilton County, such as food, healthcare, and childcare?". This question is similar to the other two, as the purpose is to explore the relationship between postpartum women and their physical needs. For this type of question, there are many independent and dependent variables. Utilizing factor analysis would be the best option as it would allow for multiple measures to be analyzed from the sample of participants.

The first goal of the needs assessment is to gain perspective on the accessible mental health services available as perceived by women with Postpartum Depression in Hamilton County, Tennessee. Questions in the survey are designed to gather information on this topic. The women will be asked about services in the community, if personal finances impact their ability to receive help, and if their doctor is knowledgeable about community services. The results should show that there needs to be more community knowledge regarding resources available to assist women with PPD. Results might also reveal a gap in services for this population.

The second question the research intends to answer is about the perceptions of partner and family support by women diagnosed with postpartum depression and how this impacts the severity of symptoms. The needs assessment will ask additional questions in the needs assessment to assess how family support and mental health perceptions impact depression symptoms. Some women may have supportive families, while others might raise a child independently. Understanding the everyday needs of the community will assist in identifying the requirements of this population. The results should show that women have varied levels of partner and family support that influence the severity of symptoms.

Finally, the needs assessment hopes to identify the current basic needs of women with Postpartum Depression in Hamilton County, such as food, healthcare, and childcare. Some sample populations might have physical needs that could contribute to stress and poor mental health. This research aims to both identify these needs in connection with PPD. Questions on the survey were designed with this goal in mind. The hypothesis is that some of the sample population have food insecurities. Results should find that a sample of women have health insurance which will assist them in treatment, while others lack health insurance. Results should vary surrounding childcare as most women will need help with this, and others will not have this issue to address at all.

Ethical Considerations

Mental illness can be considered a culturally sensitive issue. It carries a stigma, and participants in the study may be hesitant to be open or honest about their experience. The research will ensure ethical consideration is given to the population regarding this topic. Bright Beginnings plans on protecting human participants by concealing and coding any personal identifiers collected. The only personal identifier collected will be email addresses. Galen

Medical Group will be bound by HIPAA laws to not disclose information about any participants. Bright Beginnings researchers will ensure the use of an end-to-end encrypted email system to translate email to code.

The program plans on protecting human participants while collecting the data through end-to-end encrypted email messaging systems and coding. Researchers will collect email addresses to distribute the surveys. The team will randomly assign email addresses a numeric code. The key to this code will be stored on a password-protected device and will be destroyed once data is collected. Researchers Kaitlyn Orquia, Noreen Moise, Courtney Krajesky, and Dr. Laura Racovita, the faculty sponsor, will access the data. The results of this research will be published in subsequent journals or books or presented to a professional audience and used for scholarly purposes. However, no names and information identifying you and others will be in write-ups or when presented.

The study will ensure compliance with the National Research Act and its Belmont Report. Under this Act, the researcher will uphold respect for the person through informed consent and choice to participate in or leave the study. The informed consent will explain the research in a concise yet informative manner to potential participants. It will include that they are not obligated to participate and may leave the study at any time. The assessments will be easy to read with minimal triggering factors, by the beneficence standard of the Act. All emails will contain phone numbers and emails to reach their clinicians if they have any questions or need help. It will also include emergency contact numbers and local resources. The program plans to protect human subjects after the data is collected by ensuring its results will impact those in the study and beyond. This needs assessment will ensure justice in access to services amongst postpartum mothers.

This study will be approved by the Institutional Review Board (IRB) of Southern Adventist University (see Appendix G). Their approval will mean their approval of the consent form. They will also assess the development of appropriate procedures for subject safety, the accessibility of contact information, the subject's free will to leave the study, and more. The research will only move forward with IRB approval. In addition, the researchers have completed CITI training on ethical research (see Appendix F).

Program Proposal

Stakeholder Analysis

There are several main stakeholders to consider for the development of Bright Beginnings (See Appendix A). Bright beginnings have not only considered positive and negative stakeholders, but also their varying levels of power and interest (see Appendix B). The most influential stakeholder both in power and interest is Partnership for Families, Children, and Adults (PFCA), the housing agency. This agency comprises a board of directors, a CEO, and branch directors. Each individual in these positions will need to be heavily involved in the development and approval of this program, especially regarding the budget and funding.

The main stakeholder includes women diagnosed with PPD and their families in the Chattanooga area. Program development will rely heavily upon the input collected from the needs assessment. It is essential to keep this group informed and involved throughout the process, as it is critical to the program's success. While families of women diagnosed with PPD were not directly surveyed, a portion of the survey focused on assessing spousal and family support to incorporate them into the program development.

The negative stakeholders identified included community members and local pharmaceutical representatives. Mental health is still taboo, and specific community members

might not see the need for a program dedicated to maternal mental health. Pharmaceutical representatives might also negatively respond to this program out of fear of lost revenue from decreased psychiatric drug sales. They might expect that instead of doctors prescribing medications, they might refer patients for therapeutic intervention. It is crucial to address these negative views by providing community education to destigmatize mental illness and therapeutic intervention.

The last group of main stakeholders includes local physicians, both Obstetricians, and Pediatricians. Each of these groups is passionate about promoting health for mothers and babies. Forging a partnership with local physicians will be beneficial to Bright Beginnings. These physicians have direct access to mothers with PPD. Therefore, they might have great ideas for program development and could refer their patients with PPD to the program for services.

Meetings will occur with stakeholders as a gateway to establishing grant funding, implementing a budget, and providing an inviting space for operations. The meetings will address the stakeholder plan to include addressing the stakeholder's needs while managing any concerns proactively. The method will also identify suitable communication lines, platforms, and frequency. The technique will mainly provide focal points concerning goals and what success will look like. Identifying the stakeholders' interests and expectations will also benefit the program. Follow-up emails will be used for good and effective communication lines.

An engaging stakeholder is an essential part of program development. Bright Beginnings will incorporate each main stakeholder in a way that aligns with their role once the program begins service. Leaders at PFCA will be involved in meetings throughout the planning process to establish grant funding, develop a budget, and create an inviting space of operations. This includes the board of directors, the CEO, and the branch director.

Women diagnosed with PPD will provide significant input to the services and avenues they are delivered. The needs assessment will gather this input. Additionally, members of the program team will distribute information and updates about the program at local PPD support groups to participants and their families. This will keep them informed and will help bring awareness to the program. The program will engage Chattanooga citizens at local health and community resource fairs. Bright Beginnings will set up a booth at these events to distribute information about PPD and the program.

Lastly, Hamilton County-based obstetricians and pediatricians will receive visits from team representatives to promote the program and forge partnerships with these physicians. During these meetings, physicians will have an opportunity to provide input on the program. However, the primary goal of these visits is to establish these physicians as a referral source for clients to keep the program running.

There is a plan to address negative stakeholders and those who might oppose Bright Beginnings. This plan aims to gain their support so they no longer negatively impact the program's success. Local pharmaceutical representatives regularly market medications to physicians to develop a business relationship by selling medicine. This includes medications used to treat Postpartum Depression. It is anticipated that pharmaceutical representatives will react adversely to this program. They may fear the financial impact of physicians referring women to this program for therapeutic interventions instead of prescribing medication. To address the above stakeholder's concerns, the program will inform physicians that participants will be encouraged to talk with their physician if they are interested in being prescribed medication. Participants are free to choose to be prescribed medicines along with treatment.

Additionally, some community members might oppose Bright Beginnings. Some community members do not value maternal mental health and are unaware of the impacts of Postpartum depression. Others may feel that the funding for this program could be better used elsewhere. To address the above concern, educational materials will be available to the community through social media, health fairs, and community events about Postpartum depression and the benefits of early intervention and treatment.

A few mental health providers and non-profits in the area provide a similar service to women in the community. While none of them offer the same service or are accessible to the low-income women this program is aimed to serve, there may be a negative reaction for fear of competition. In that case, the program will personally reach out to meet these groups. In this space, the group will explain the goal of this program and will propose working alongside each other to address the community's needs further. Through this plan, the group intends to gain the support of negative stakeholders.

SWOT Analysis

Bright Beginnings' strengths are as follows. The program is partnered with one of the most extensive Obstetrics and Gynecology clinics in Hamilton County, Galen Medical Group. Bright Beginnings has a great relationship with the "Partnership for Children and Families," which is the parent organization that helps fund the program. There is a director in place who displays excellent leadership roles. The facility which houses the program contains necessary resources such as phones, computers, and fax machines. The program group is composed of 29 different physicians. This group accepts many insurance types and serves a wide variety of women in the community.

There will be ten local therapists and ten licensed Masters of Social Workers in the community providing services. Each year the therapists will continue their education and keep up with current licensure. The program will also utilize ongoing training and monthly meetings held at the facility to stay up to date, collaborate effectively with others, and train newcomers with the program curriculum. The desired results for community awareness will be the presence of a booth at one local health fair or community event a month. Ten clients will enroll in the program monthly due to the exposition at health fairs and community outreach events.

The program has numerous supporting strengths. These include the determination and dedication of the staff members who are readily available to gain insight into the population of women at hand and the determination to get to the root of the issues of women struggling with postpartum. This program is uniquely different from other agencies as it aims to serve, especially those considered low-income. The idea is to educate the community to reach a larger population of women who may not know that the program is readily available. Many programs aim to band-aid situations by medicating women in this population rather than providing them the utility of mental health assessment and assistance while further identifying whether or not they need medication. This program provides sound education and service to those in the community who struggle with postpartum depression regardless of their socioeconomic status, resulting in a long-term fix for mothers and their children.

Bright Beginnings' weaknesses are as follows. The first is that the program only has one location to serve women of PPD, as this program serves at only one facility in Chattanooga, TN. The program has a limited number of spots available for clients, making it more difficult to assist those in need. The program must build rapport within the community to build trust with future clients. More networking connections are necessary to improve outreach techniques. There need

to be more provided services offered in the area that address needs specifically tailored to benefit and support infants and mothers. Another weakness is the lack of access to more women in the community due to socioeconomic status and the lack of insurance surrounding women. The program may face financial constraints at varying times, which will need to be addressed to educate the community on the growing need for support for infants and mothers. The program needs more grant money to hire more staff which will assist in gaining more clients and outreach. Resources are limited, and there need to be more clients who have heard about the program. Another weakness is that some LCSW workers could do their own CBT privately, without case management.

The program's opportunities are as follows. An opportunity is the current statistics of mothers struggling with PPD in the state. In the state, 15.3% of women with a recent live birth reported experiencing depressive symptoms. This is 1.7% higher than the percentage for the country. This shows the need for PPD care in the state. 2. Another opportunity is as follows. There is an increased conversation around mental health post the Covid-19 pandemic. According to Optum.com, the pandemic has made talking about depression and anxiety easier, as people were finding words to describe their realities.

An opportunity for Bright Beginnings is funding from other agencies and non-profit organizations working to improve mothers' well-being. There are funding opportunities such as Free Grants for Women and Postpartum Support International, which provide funding for single mothers and mothers in need of postpartum support. Another opportunity is the doctors doing similar work with PPD mothers around Chatanooga. Doctors who may not specialize in PPD may be familiar with its symptoms on the DSM5. PPD knowledge among physicians allows them to connect their patients to Bright Beginnings.

A threat to the program is that local physicians and clinics may be quicker to give mothers experiencing PPD medication instead of referring them to Bright Beginnings. They may care about providing pharmacies more profit than mothers' well-being. Another threat is the community's lack of mental health knowledge and education. This lack of knowledge may be due to the cultural implications of mental health issues or the stigma around depression. Some may think PPD is abnormal for mothers to experience and means they are bad mothers. Shame and guilt around mothers' mental health may cause them to refrain from admitting the need and reaching out for help.

A threat to the program is the lack of support for low-income women, women of color, and single mothers. According to Urban.org, Within Tennessee, women ages 26 to 34, Hispanic women, and women with incomes at or below 138 percent of the Federal Poverty Level had higher uninsurance rates than the state average for all women of reproductive age in 2017 (Urban Institute, 2019). Uninsurance may mean those women do not know or look for healthcare opportunities to improve their well-being, as they think they cannot afford it.

A threat to Bright Beginnings is the lack of maternity leave for mothers needing care. The law in Tennessee is that mothers who have been employed full-time for at least twelve (12) consecutive months are entitled to up to four (4) months of parental leave (Tennessee Human Rights Commission, 2020). The program's target community of low-income mothers may not have been employed for 12 months. And if they have and are entitled to 4 months of maternity leave, four months is not enough for a mother caring for an infant, nor is it enough to care for her mental health and PPD-related symptoms. Another threat is the lack of access and transportation to the program. The program wishes to reach low-income mothers who may struggle with reaching out to the location for treatment.

Finally, a threat to the program would be its funding. It is not-for-profit, which means the funding is from donors, the local government, and other businesses. This funding insecurity may cause threats to the program's sustainability as the lack of money may cause difficulty in maintaining the facility, needed materials and case management services, as well as educational material and payment for therapists and volunteers (see Appendix C).

Bright Beginnings can utilize its strengths in the following ways. The social workers and medical staff are readily available to clients to educate and advocate for them. This strength will provide utility as the program will continue to address client needs and assess them as needed with highly motivated and trained staff members. The facility is partnered with one of the most extensive Obstetrics and Gynecology clinics in Hamilton County, Galen Medical Group. This organization is well known and will assist the program in networking within the community. Another strength is the connection with *The Partnership for Children and Families*, as this organization helps with funding and networking. The program aims to serve especially those who are considered low-income. The facility contains resources such as phones, computers, and fax machines that facilitate communication lines. More networking can be utilized to successfully improve areas surrounding outreach that will help omit future weaknesses. The program will aim to raise more grant funding, maintain resources, and continue program growth and development. With elevated networking and continued funding, the program may combat weaknesses and lack of education surrounding PPD in the community.

The program can take advantage of its opportunities in the following ways. The program may share with its patients how its services are related to the more significant mental health conversation, that not only other mothers are going through PPD, it is part of the wide range of mental health challenges. At workshops and health fairs, Bright Beginnings will have material

about mental health issues related to postpartum. Bright Beginnings encourages clients to apply for grants and opportunities if they are at a financially difficult place or need help with their health care needs. Connecting the patients with such resources will aid their mental health, knowing they have resources available for their financial needs. The program can take advantage of local doctors catering to PPD mothers by using their services and requesting their work and best strategies. There can be a connection where they can send potential patients to Bright Beginnings as needed, especially for mothers in financial need.

Bright beginnings will defend against the threat of doctors medicating their patients instead of referring them to the program by creating allies and relationships with local clinics. The program will be transparent in its methods of aiding mothers and how the services serve mothers for the long term. The program can take a stand against the miseducation and stigma around PPD. by educating its clients and patients from a culturally competent place. The program will help understand how to address mothers of different backgrounds of their need for help and provide them with empowering educational resources. The program will also combat this threat through community education with booths and pamphlets, encouraging conversation around mental health, depression, and PPD. The program will educate on the humanity of PPD and how its treatment may restore mother-child relationships.

The program can fight against the threat of the lack of maternity leave by ensuring ways for patients to use their support system and available case management tools to optimize their current maternity leave. The program will also be a part of conversations around extending maternity leave, reducing its requirements, and paying them. The program will combat the threat of lack of transportation for mothers to the program by offering bus passes and vouchers for the six weeks of sessions, as well as having a conversation about family support in that area.

Bright Beginnings plans on overcoming financial threats in the following ways. First, the program will ensure specific reaching out methods to uninsured mothers by word of mouth and health fairs in their community. The program will make allies of Hispanic and African American backgrounds and people familiar with low-income insurance agencies in hopes of reaching out to the target community. When it comes to outside funding, Bright beginnings will ensure funding sustainability through loyal partners, agencies, and government funding. Bright Beginnings will reach out to appropriate agencies and keep up with grant-related guidelines within the program. The program will work closely with people at governmental levels to know the resources available for the program's services.

Evaluation Plan

The program will evaluate the program based upon a logic model (See Appendix D). By having clearly defined inputs, outputs, clients served, activities, and measurable goals Bright Beginnings can easily evaluate the effectiveness of the program in many ways. Bright Beginnings will serve and assist women of diverse backgrounds, diagnosed with PPD, and living in Hamilton County, Tennessee by providing therapeutic mental health services and case management. This is designed to meet both mental health needs and physical needs including childcare, food, and family support. Direct recipients will include mothers, their families, and the community as the program provides education surrounding the subject.

The services and interventions that will address the needs are as follows. The first service will be a Cognitive Behavioral Therapy (CBT) modeled therapy. It will be for clients experiencing a mild or moderate level of PPD after screening. Those showing signs of severe PPD will be referred to a professional CBT clinic and obtain a 5-session voucher. Those providing this service will be ten local therapists and licensed Master of Social Workers in the

community, with up to 10 available to offer this service. The clients will be entitled to around six sessions for six weeks.

Another service Bright Beginnings will provide is case management for mothers with specific needs, as mentioned in their CBT sessions. At their initial session, the therapist will understand the mother's needs concerning food, family support, and childcare. The case management staff will look into transportation needs for mothers to access their session, whether with bus passes or asking for family or friend support. After the second session, the mother will receive lists of resources and agencies available to fulfill her needs in those areas and will be offered a specific service for her family's needs. The program will be connected to local food pantries, daycare, and childcare services. Bright Beginnings will promote family support through educational resources on communicating their needs and the role family members can play in child-rearing. Communication of requirements will also be part of the client's CBT session.

The last service will build community awareness of PPD. The program plans on hosting a booth at local health fairs and community events to spread PPD awareness. The program will ensure local clinics and obstetricians have pamphlets and resources for potential clients to reach out to the program. The program will give cards and brochures to local clinics, food pantries, and childcare services. The program will encourage served clients to participate in conversations with their family, friends, and coworkers on PPD as comfortable.

The desired results for each activity are as follows. Counseling services will see three women a week entering for services in January. The women will carry their six weeks session with a 70% completion rate and will have taken a pre-services survey to have a baseline for mid and long term goals. The outputs will be in the women's thoughts on how the sessions helped

their mental health before intervention. They will demonstrate an increase in the mother-child relationship and report practicing tools at home.

The desired results for the case-management side of the program will be that 100% of the clients in CBT will be assessed for case-management services, whether childcare, food, or education around family support. They will also report improved postpartum-related stressors due to more help. Up to one-third of the CBT clients will reach out for food services, Half will wish for childcare, and all will engage in activities related to encouraging family support in this stage of their life.

The desired results for community awareness will be the presence of the booth at least one local health fair or community event a month. Ten clients will enroll in the program a month due to the program's exposition at health fairs and community events. The program will also ensure that the resource pamphlets and brochures will be distributed and taken from each clinic monthly. One thousand five hundred pamphlets and resource sheets will be printed and distributed monthly. The program will also ask CBT clients about their conversations with family and friends about PPD and its needs. 70% of the clients will report carrying that conversation with a peer. This will be part of their mental health intervention to share their experience according to their comfort level.

The intermediate outcomes of each activity are as follows. If mothers complete their 6 CBT sessions within the program year, the milestone for the recipients of CBT will be an improvement in coping skills regarding their mental health-related problems . A single subject design will be utilized to collect and evaluate this data. Clients will be instructed to journal weekly symptoms ratings that will be recorded by the clinician. Clients will show they have a stronger family bond due to their ways of coping with their mental health. They will have an

increase in understanding of PPD. The benchmark clients will show 50% improvement in PPD-related symptoms and a report of progress in the areas where their mental health was affecting their mothering.

The intermediate outcomes for case management in the program are as follows. If The program caters to the client's needs of food, childcare, and family support, those areas improving will contribute to the betterment of mothers' PPD-related symptoms from the outside in. They will feel a shared task load between themselves, their partners, extended family members, and friends. They will have an alleviated sense of worry due to food insecurity and will have a habit of seeking food options at local pantries. They will have their children in childcare to aid in themselves finding a job or taking breaks as needed or will partner with fellow mothers in childcare needs. At termination of services, 80% of clients will agree on a post-service survey that having physical needs met improved their mental health.

The intermediate outcome for community awareness will be a general community understanding of PPD. The program will educate the community with booths at local health fairs. There will be a pre-presentation and post-presentation survey at the booth for those visiting the fair. The survey results will show a 50% increase in understanding of PPD by the people who visit the booth and listen to the presentation. In addition, Bright Beginnings will expand its network by meeting with physicians of women's and pediatric clinics at every office in Hamilton County within the first year of operations.

The end outcomes of each activity are as follows. Within the program year or longer, CBT clients will have a mental health toolkit accessible when in need throughout their motherhood. Though they may not have PPD, depression symptoms can appear in the future. They now have tools to regulate their moods. They will know to go to the doctor when needed

and will connect with other mental health-related care in the area and online. In a client satisfaction survey sent out a year after services are completed, 90% of former clients will agree that going through Bright Beginnings empowered them with tools that improved depression symptoms. 90% will agree that if they were to experience depression again, they could use these tools to improve symptoms and get assistance. 90% will agree that the program strengthened family bonds.

The end outcome for the case management of the client's needs for a year or more will be more stable childcare through the use of resources. Food insecurity will be null for the mothers, as they will have worked to have groceries regularly. They will also have consistent family support when in need due to their practice of asking for help. They will have a routined childcare and tackle the advantages of childcare services when needed. In a client satisfaction survey sent a year from termination of services, 90% of respondents will agree that case management increased stability and alleviated stress postpartum.

The outcome for community awareness will be that Bright Beginnings will receive workplace and community conversation reports. Community members will understand the impacts of PPD. They will know the agency as a referral point when speaking to mothers and those needing motherhood-related health care. Bright Beginnings will speak at local universities and businesses and 100% of participants surveyed will show a 50% increase in knowledge about PPD.

Data will be collected and measured using a pre and post-counseling survey. The outcomes will be seen in the women's thoughts regarding how the sessions assisted their mental health before the intervention. Outcomes will be measured by gathering information from the client counseling surveys. Resource pamphlets will be distributed and picked up from clinics

bi-weekly. In order to accurately assess data and results, surveys will be conducted at the sessions before and after intervention in the six-week window of session time. Case management regarding families will utilize family support through surveys focused on journaling results and the data collected from this method. Food boxes and childcare for those who addressed needs will be collected as needed. Community outreach will be conducted by community members monthly to continue education and further address those in need.

Data will be sourced from single subject design journaling to determine intermediate outcomes. This is the most direct possible data source to measure intermediate outcomes as it will be data results reflecting the expected change. The benchmark will be finishing the six sessions achieved by clients, which will be a 50% improvement in PPD-related symptoms and a report of progress in the areas where their mental health was affecting their mothering. There will be a 50% increase in mothers being referred to local mental health clinics, including the program, due to mental health-related issues. Women complete CBT sessions with pre and post-surveys. These will be looked at to estimate progress toward the final result as the outcomes will conclude the progression of improvement from pre and post-CBT treatment plans.

Among the 100 low-income mothers displaying PPD symptoms who will reach out for CBT from the program, 60 mothers will enroll in the CBT sessions, and 70% will complete the 6 sessions in 6 weeks. It will lead to an improvement in the mother's mental health and will empower their motherhood positively.

Proposed Program Resources

Those providing this service will be local social workers and therapists, with up to ten staff available to render services and five individuals working in case of management full-time. Total hours will be five days a week and eight hours a day. Five volunteers will be available for

outreach, booths, and community events. The clients will be provided with six sessions for six weeks or more, depending on how they set up the sessions. Community awareness endeavors will occur as long as the program runs and will be ongoing. CBT training, intervention training, and LCSW licensure will be updated and required annually. The topic and scope will be focused on PPD, mental health, and case management, which will take place annually.

Mothers will receive a list of resources available to address any needs surrounding transportation, food insecurities, childcare, etc. Pamphlets will be distributed and taken from the clinic bi-weekly. The program will be connected with local food pantries to address food insecurities with women and their families and any childcare needs. The office space will be at the Partnership, and off-location events will also occur. Bright Beginnings will provide laptops for staff and travel expenses, including staff mileage to and from events. Expenses will also cover training materials and booth set-up costs under expenses.

Proposed Sustainability Plan

Bright Beginnings will be sustainable due to the diverse funding sources planned to be utilized. Funding sources include grants, donations, and counseling session rates based on a sliding scale. Partnership for Families, Children, and Adults have a grant writer who works to find and apply for grants for various programs offered at the agency. This individual would assist Bright Beginnings in finding and applying for grants regularly. Grants will be needed as the primary source of funding. This money is necessary to pay for office space, bills, and office supplies and to cover staff salaries to limit fees clients traditionally have to pay for services.

Federal, State, Local, and Independent grants will be considered. Grants will be obtained in advance so that another is already in place by the time one expires. In addition to grant funding, Bright Beginnings will engage in fundraising activities. An example of a fundraising

event is a Postpartum Depression Awareness 5k walk/run, where all proceeds would fund the program. Partnership for Families, Children, and Adults host a yearly fundraising banquet in the community. Proceeds raised from this event go towards funding all agency programs. Lastly, the website will have a donations section, including avenues such as Cashapp and Venmo. Funds gained through fundraising can be used to cover outreach events and training opportunities for staff.

To gain some revenue to help cover additional costs grants might fail to cover, Bright Beginnings will charge clients above the Tennessee poverty line an adjusted rate for each counseling session. A sliding scale will be used to determine the cost of therapy sessions using a $0.001x$ [annual income] scale for clients whose income is above the poverty level (Hairston, n.d).

Staff needed to run this program will include LMSWs or LCSWs to provide counseling and BSWs for case management. The program will utilize online resources like Indeed to recruit staff. Through the grant funding, Bright Beginnings aims to contract staff with a stable salary acquired from grants, supplemented by other funding as needed. In addition to staff, Bright Beginnings will build a team of volunteers to assist with community outreach and fundraising events.

Limitations

In the development of this program, there were some limitations faced. If Bright Beginnings were to be implemented, the first limitation would be funding. Since this program will need to rely on grants as it begins, sourcing funding will be the first barrier. In addition to funding, another limitation is that the needs assessment is based on Galen Medical Group. This means that the data collected is based on women who attend doctor appointments and are insured. This, unfortunately, leads to uninsured women going without being assessed. Lastly,

Maternal Leave in the United States is often 4 to 6 weeks. This would leave women with limited time to participate in a weekly intervention.

Conclusion

Postpartum Depression (PPD) is a mental health condition that impacts Tennessee women at a rate of 16.7%, which is high compared to the National rate of 12.3% (Tennessee Department of Health, 2021, p.5). Many studies highlight the negative impact PPD has on mothers, infants, and families when left untreated. The purpose of this Needs Assessment and Program Proposal Plan is to assess the needs of women with Postpartum Depression in Chattanooga, Tennessee, and develop a program to meet those needs.

After reviewing the literature on effective interventions for PPD, it was discovered that Cognitive Behavioral Therapy (CBT) was an evidence-based intervention for PPD (Duffey, 2019). Bright Beginnings will develop a needs assessment to assess the needs for affordable CBT geared toward women with PPD in Chattanooga, Tennessee. The needs assessment is assessed for physical needs and family support needs. Bright Beginnings will operate in Chattanooga Tennessee and will provide CBT services to women with PPD at little to no cost depending on income, with the added support of case management services. Bright Beginnings is designed to improve maternal mental health in Tennessee.

References

- Baby University - Better Tennessee. (2018, November 20). *Baby University*.
<https://bettertennessee.com/partners/baby-university/>
- Balbierz, A., Bodnar-Deren, S., Wang, J., & Howell, E. (2015). Maternal depressive symptoms and parenting practices 3-months postpartum. *Maternal & Child Health Journal*, 19(6), 1212–1219.
<https://doi-org.ezproxy.southern.edu/10.1007/s10995-014-1625-6>
- Bobo, W. V., Wollan, P., Lewis, G., Bertram, S., Kurland, M. J., Vore, K., & Yawn, B. P. (2014). Depressive symptoms and access to mental health care in women screened for postpartum depression who lose health insurance coverage after delivery: Findings from the Translating Research into Practice for Postpartum Depression (TRIPPD) effectiveness study. *Mayo Clinic Proceedings*, 89(9), 1220–1228. <https://doi.org/10.1016/j.mayocp.2014.05.011>
- Brody, D.J., Pratt L.A., Hughes, J. P. (2018). Prevalence of depression among adults aged 20 and over: United States, 2013–2016. *NCHS Data Brief*, (303), 1-8.
<https://www.cdc.gov/nchs/products/databriefs/db303.htm/>
- Centers for Disease Control & Prevention. (2022, May 23). Depression among women.
<https://www.cdc.gov/reproductivehealth/depression/index.htm>
- Chen, Q., Li, W., Xiong, J., & Zheng, X. (2022). Prevalence and risk factors associated with Postpartum Depression during the COVID-19 pandemic: A literature review and meta-analysis. *International Journal of Environmental Research and Public Health*, 19(4), 2219.
<https://doi.org/10.3390/ijerph19042219>
- Corrigan, C. P., Kwasky, A. N., & Groh, C. J. (2015). Social support, Postpartum Depression, and professional assistance: A survey of mothers in the midwestern United States. *The Journal of Perinatal Education*, 24(1), 48–60. <https://doi.org/10.1891/1058-1243.24.1.48>
- Dagher, R. K., Pérez-Stable, E. J., & James, R. S. (2021). Socioeconomic and racial/ethnic disparities in postpartum consultation for mental health concerns among US mothers. *Archives of Women's*

- Mental Health*, 24(5), 781–791.
<https://doi-org.ezproxy.southern.edu/10.1007/s00737-021-01132-5>
- Don, B. P., & Mickelson, K. D. (2012). Paternal Postpartum Depression: The role of maternal Postpartum Depression, spousal support, and relationship satisfaction. *Couple and Family Psychology: Research and Practice*, 1(4), 323–334. <https://doi.org/10.1037/a0029148>
- Duffecy, J., Grekin, R., Hinkel, H., Gallivan, N., Nelson, G., & O’Hara, M. W. (2019). A group-based online intervention to prevent Postpartum Depression (Sunnyside): Feasibility randomized controlled trial. *JMIR Mental Health*, 6(5), e10778. <https://doi.org/10.2196/10778>
- Early Head Start – Neighborhood House Association. (2022). Neighborhoodhouse.org.
<https://www.neighborhoodhouse.org/nha-programs/head-start/early-head-start/>
- Feeley, Bell, L., Hayton, B., Zelkowitz, P., & Carrier, M.-E. (2016). Care for Postpartum Depression: What do women and their partners prefer? *Perspectives in Psychiatric Care*, 52(2), 120–130.
<https://doi.org/10.1111/ppc.12107>
- Free Grants for Women. (2022) Medical Bills Assistance Programs for Single Mothers.
Directory of Free Grants for Women.
<https://freegrantsforwomen.org/medical-bills-assistance-single-mothers/>
- Gaynes, B., Gavin, N., S Meltzer-Brody, Lohr, K., Swinson, T., G Gartlehner, Brody, S., & Miller, W. (2005). *Perinatal Depression: Prevalence, screening accuracy, and screening outcomes: Summary*. Agency for Healthcare Research and Quality (US).
<https://www.ncbi.nlm.nih.gov/books/NBK11838/>
- Gildner, T. E., Uwizeye, G., Milner, R. L., Alston, G. C., & Thayer, Z. M. (2021). Associations between postpartum depression and assistance with household tasks and childcare during the COVID-19 pandemic: Evidence from American mothers. *BMC Pregnancy and Childbirth*, 21(1).
<https://doi.org/10.1186/s12884-021-04300-8>

- Gress-Smith, J., Luecken, L., Lemery-Chalfant, K., & Howe, R. (2012). Postpartum Depression prevalence and impact on infant health, weight, and sleep in low-income and ethnic minority women and infants. *Maternal & Child Health Journal*, 16(4), 887–893.
<https://doi-org.ezproxy.southern.edu/10.1007/s10995-011-0812-y>
- Grote, N. K., Katon, W. J., Russo, J. E., Lohr, M. J., Curran, M., Galvin, E., & Carson, K. (2015). Collaborative care for Perinatal Depression in socioeconomically disadvantaged women: A randomized trial. *Depression and Anxiety*, 32(11), 821–834.
<https://doi-org.ezproxy.southern.edu/10.1002/da.22405>
- Hairston, S. (n.d.). (2021). *Sliding scale therapy: What it is and how to get it*. Open Counseling.
<https://blog.opencounseling.com/sliding-scale-therapy-what-it-is-and-how-to-get-it/>
- Hoffman, C., Dunn, D. M., & Njoroge, W. F. M. (2017). Impact of postpartum mental illness upon infant development. *Current Psychiatry Reports*, 19(12), 100.
<https://doi-org.ezproxy.southern.edu/10.1007/s11920-017-0857-8>
- Lewis, B. A., Schuver, K., Dunsiger, S., Samson, L., Frayeh, A. L., Terrell, C. A., Ciccolo, J. T., Fischer, J., & Avery, M. D. (2021). Randomized trial examining the effect of exercise and wellness interventions on preventing postpartum depression and perceived stress. *BMC Pregnancy & Childbirth*, 21(1), 1–11. <https://doiorg.ezproxy.southern.edu/10.1186/s12884-021-04257-8>
- Lilja, G., Edhborg, M., & Nissen, E. (2011). Depressive mood in women at childbirth predicts their mood and relationship with infant and partner during the first year postpartum. *Scandinavian Journal of Caring Sciences*, 26(2), 245–253. <https://doi.org/10.1111/j.1471-6712.2011.00925.x>
- Maggie's Place. (2021). *What we do*. <https://www.maggiesplace.org/what-we-do/>
- March of Dimes. (2022) *Data: Preconception/Interconception (PRAMS)*
<https://www.marchofdimes.org/peristats/data?reg=99&top=21&stop=632&lev=1&slev=4&obj=35&sreg=47>

- Molmen Lichter, M., Peled, Y., Levy, S., Wiznitzer, A., Krissi, H., & Handelzalts, J. E. (2021). The associations between insecure attachment, rooming-in, and postpartum depression: A 2 months' longitudinal study. *Infant Mental Health Journal*, 42(1), 74–86.
<https://doi.org/ezproxy.southern.edu/10.1002/imhj.21895>
- Mundorf, C., Shankar, A., Moran, T., Heller, S., Hassan, A., Harville, E., & Lichtveld, M. (2018). Reducing the risk of Postpartum Depression in a low-income community through a community health worker intervention. *Maternal & Child Health Journal*, 22(4), 520–528.
<https://doi-org.ezproxy.southern.edu/10.1007/s10995-017-2419-4>
- Netsi, E., Pearson, R. M., Murray, L., Cooper, P., Craske, M. G., & Stein, A. (2018). Association of persistent and severe Postnatal Depression with child outcomes. *JAMA Psychiatry*, 75(3), 247.
<https://doi.org/10.1001/jamapsychiatry.2017.4363>
- Office on Women's Health. (2021, February 17). *Postpartum depression*.
<https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression>
- O'Mahen, H., Richards, D., Woodford, J., Wilkinson, E., McGinley, J., Taylor, R., & Warren, F. (2014). Netmums: A phase II randomized controlled trial of a guided Internet behavioral activation treatment for postpartum depression. *Psychological Medicine*, 44(8), 1675-1689.
doi:10.1017/S0033291713002092).
- Opie, Uldrich, A. C., & Ball, K. (2020). Maternal postpartum diet and Postpartum Depression: A systematic review. *Maternal and Child Health Journal*, 24(8), 966–978.
<https://doi.org/10.1007/s10995-020-02949-9>
- Optum, Inc. (2022). How the pandemic changed the conversation on mental health. Optum.com.
<https://www.optum.com/health-articles/article/healthy-mind/how-pandemic-changed-conversation-mental-health/>
- Postpartum Support International. Tennessee. (2022). Facebook.com.
<https://www.facebook.com/psitnchapter>

- Pugh, N. E., Hadjistavropoulos, H. D., Hampton, A. J. D., Bowen, A., & Williams, J. (2014). Client experiences of guided internet cognitive behavior therapy for Postpartum Depression: a qualitative study. *Archives of Women's Mental Health*, 18(2), 209–219.
<https://doi.org/10.1007/s00737-014-0449-0>
- Sadat, Z., Abedzadeh-Kalahroudi, M., Kafaei Atrian, M., Karimian, Z., & Sooki, Z. (2014). The impact of Postpartum Depression on quality of life in women after child's birth. *Iranian Red Crescent Medical Journal*, 16(2), e14995. <https://doi.org/10.5812/ircmj.14995>
- Segre, L., & Davis, W. (2013). *Postpartum Depression and Perinatal Mood Disorders in the DSM*.
<https://www.postpartum.net/wp-content/uploads/2014/11/DSM-5-Summary-PSI.pdf>
- Shuman, C. J., Peahl, A. F., Pareddy, N., Morgan, M. E., Chiangong, J., Veliz, P. T., & Dalton, V. K. (2022). Postpartum depression and associated risk factors during the COVID-19 pandemic. *BMC Research Notes*, 15(1). <https://doi.org/10.1186/s13104-022-05991-8>
- Sidebottom, A., Vacquier, M., LaRusso, E., Erickson, D., & Hardeman, R. (2020). Perinatal Depression screening practices in a large health system: Identifying current state and assessing opportunities to provide more equitable care. *Archives of Women's Mental Health*, 24(1), 133–144.
<https://doi.org/10.1007/s00737-020-01035-x>
- Simionescu, A. A., Hetea, A., Ghita, M., Alexandra Stanescu, A. M., Nastasia, S., & Boghitoiu, D. (2021). Postpartum Depression in mothers and fathers – An underestimated diagnosis. *Romanian Medical Journal*, 68(2), 157–161. <https://doi-org.ezproxy.southern.edu/10.37897/RMJ.2021.2.5>
- Slomian, J., Honovo, G., Emonts, P., Reginster, J. Y., & Bruyere, O. (2019). Consequences of maternal Postpartum Depression: A systematic review of maternal and infant outcomes. *Women's Health*, vol. 15, 2019, p. 174550651984404., <https://doi.org/10.1177/1745506519844044>.
- Tennessee Department of Health. (n.d.) *Help Us Grow Successfully (HUGS)*.
Tn.gov.<https://www.tn.gov/health/health-program-areas/fhw/early-childhood-program/hugs.html>

Tennessee Department of Health. (2022, April 13). *Maternal Mortality Annual Report 2017-2020:2022 Report to the Tennessee General Assembly*.

<https://www.tn.gov/health/health-program-areas/fhw/maternal-mortality-review.html>

Tennessee Department of Health. (2021). *Trends for Selected Maternal & Child Health Indicators 2013-2017*. <https://www.tn.gov/health/health-program-areas/mch/mch-prams/reports.html>

Tennessee Human Rights Commission. (2020). Maternity Leave. Tn.gov.

<https://www.tn.gov/humanrights/publications/laws-and-regul/maternity-leave.html>

Tennessee Justice Center. (n.d.) *The Importance of Maternal Depression Screenings*.

<https://www.tnjustice.org/importance-maternal-depression-screenings/>

The American Psychiatric Society. (2020, October). *What is Peripartum Depression (formerly Postpartum)*.

<https://www.psychiatry.org/patients-families/postpartum-depression/what-is-postpartum-depression>

United Health Foundation. (2021). *Postpartum Depression in Tennessee*

https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/postpartum_depression/state/TN

Urban Institute. July 2019 (n.d.). Insurance Coverage among Women of Reproductive Age in Tennessee. <https://www.urban.org/sites/default/files/2019/07/24/factsheet-uninsured-women-tn.pdf>

Van Lieshout, R. J., Layton, H., Savoy, C. D., Brown, J. S. L., Ferro, M. A., Streiner, D. L., Bieling, P. J., Feller, A., & Hanna, S. (2021). Effect of online 1-day Cognitive Behavioral Therapy-based workshops plus usual care vs usual care alone for Postpartum Depression: A randomized clinical trial. *JAMA Psychiatry*, 78(11), 1200–1207.

<https://doi.org.ezproxy.southern.edu/10.1001/jamapsychiatry.2021.2488>

Wozney, L., Olthuis, J., Lingley-Pottie, P., McGrath, P., Chaplin, W., Elgar, F., Cheney, B., Huguet, A.,

Turner, K., & Kennedy, J. (2017). Strongest Families™ Managing Our Mood (MOM): A randomized controlled trial of a distance intervention for women with Postpartum Depression.

Archives of Women's Mental Health, 20(4), 525–537.

<https://doi-org.ezproxy.southern.edu/10.1007/s00737-017-0732-y>

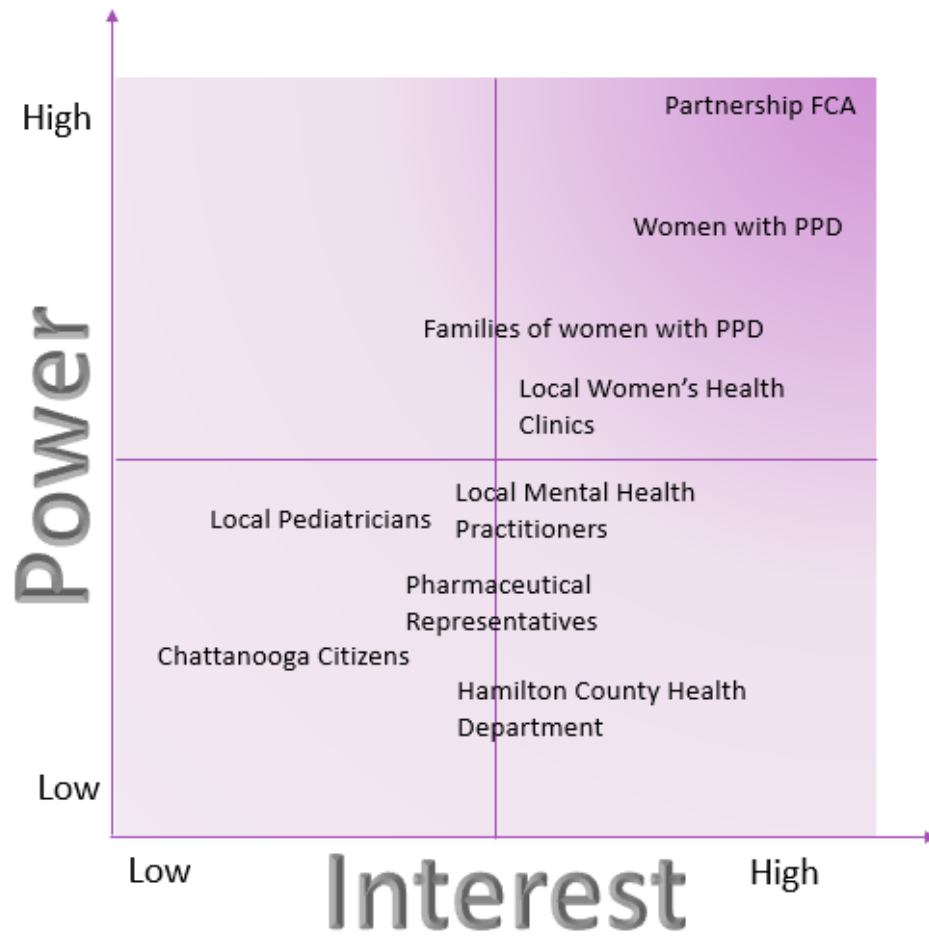
Appendix A

Stakeholder	Characteristics	Main Interest	Fears and expectations	Potential impact	Priority	Recommendations	Responsibility
<i>Identity of individual or group/s.</i>	<i>What sort of person or group are they?</i>	<i>What are their main interests and/or motivations?</i>	<i>What is their potential reaction to the project? What do they expect from the project?</i>	<i>How important is their impact on the project? (low, med, high, critical)</i>	<i>Rank the importance of the stakeholder to the success of the project (critical, high, med, low).</i>	<i>Implications for your project planning. (e.g., keep informed, involve in planning, etc.)</i>	<i>Who in your cohort will implement the recommendations?</i>
Local Women's Health Clinics (Galen Medical Group, Chattanooga OBGYN Group, Volunteers in Medicine, Clinica Medicos, CHI Memorial, Erlanger Hospital)	This list of clinics is made up of local physicians that provide Gynecology and Obstetrics care in Chattanooga.	This program would be a great referral option for patients who are low income and need treatment for PPD.	Their reaction would be positive. They would expect to be able to refer women to the program who could not afford to privately pay for therapy to treat PPD.	It is of high importance that they support this program as they have direct access to women in the community with PPD. Their impact is high.	Their support is of high importance.	They would need to be informed every step of the way and be involved in planning process to make this service as accessible as possible. However, they would not have decision making power.	Kaitlyn
Hamilton County Health Department	The Hamilton County Health Department promotes many programs aimed at physical and mental health	They would be interested at a new community program targeted as serving low-income mothers with PPD.	Their reaction would be positive. They are always looking to support programs that promote health.	It is of low importance. While it would be great for publicity to have them as supporters, they are not critical to the implementation of the program	Their support is of low importance	They would need to be kept informed, but they do not need to be involved in the planning process.	Courtney
Partnership for Families, Children, and Adults	This local non-profit is the housing agency for this program.	Since they are the housing agency, their interest would be high in the success of the	Their reaction is positive. They expect for the project to be ethical, effective, and realistic.	Their impact is critical.	Their support is critical, as they will determine if the program operates.	Their Board of Directors will need to be involved in every step of the project and included in all decision making.	Noreen

		program. Since they would be handling the grant funding for this project, they will want to be very involved.					
Chattanooga Pediatricians	This group represents all the pediatricians practicing in Chattanooga Tennessee.	Their main interest is healthy infant development. This is directly linked to maternal mental health.	Their reaction would be positive. They would expect to be able to refer mothers to the program for care.	Their impact is medium. They would have some influence in referrals, but their patients are the infants, not the mothers.	Their support. Is of medium importance. It would be beneficial, but not essential to the success of the program.	They would be kept informed during the planning process and their input would be welcomed.	Kaitlyn
Pharmaceutical Reps	This represents the local pharmaceutical representatives that sell and medications for PPD to local physicians.	Their interest would be fear of losing business if patents are referred for therapeutic treatment	Their reaction would be potentially negative. They might expect some revenue loss.	Their negative reaction would have a low impact on the program. They might advocate for their medications over therapeutic interventions. This could impact referrals from physicians.	Educating this group that this program is not anti-medication could help gain their support. Their support would have low impact on the success of the program.	They would be informed as much as the public.	Courtney
Women with PPD	This represents future clients.	Their main interest would be having an option for affordable therapeutic treatment for PPD.	Their reaction would be positive to have more options available in the community.	This group has high impact on the success of the program as they are the participants.	They are priority number one. Their support is critical.	They will need to be involved in every step of the planning process and will be kept in the loop for announcements.	Noreen
Mental Health Practitioners	This represents local mental health providers that serve women or that specialize in maternal	Their interest is serving the same populations group our program is	Their reactions will likely be mixed. Some might negatively perceive the	Their impact of the program is medium. They could be a great asset in developing	They are of low importance when it comes to them being	If they agree to partner with the program, they can be involved in the planning process. However, most will be	Kaitlyn

	mental health.	intended to serve.	program as competition and other might react positively and see it as a partnership opportunity.	the program and could be a great referral source for clients that can't afford their rates.	stakeholders to the success of the program.	informed same as the public.	
Families of women with PPD	This represents spouses and families closely involved with those suffering with PPD.	Their main interest would be the wellbeing of their family.	Their reactions will likely be a mixture of positive and negative. Some might be really invested in the project as they feel hopeful it will help their family. Others might not see the benefit of mental health services.	Their impact on the development of the project is low as we would be relying more on the women diagnosed with PPD for input rather than the family.	Their support as stakeholders is of high importance. Having a partner or family in support of this program will likely be beneficial to the participation of women with PPD.	They will be kept informed during the planning process.	Courtney
Chattanooga Citizens	This represents those living in the community in which this program will operate.	Their main interest would be knowing what types of social programs are available in the community.	Their reactions will likely be a mixture of positive and negative. Some might be excited about this program, while other might think that it is unnecessary, or funding could be used elsewhere.	Their impact on the development of the program would be low.	Their support is of medium importance. The communities' opinions could determine how the program is received in the community.	They will receive general announcements to bring awareness to this topic and promote services the program provides.	Noreen

Appendix B



Appendix C

SWOT Analysis Matrix

<p style="text-align: center;">Strength</p> <ul style="list-style-type: none"> - Partnerships with Local Women’s Clinics - A strong leader at partnership for Families, Children and Adults - Access to phones, printers, and fax machines - Partnership with Galen Medical Group , made up of 29 physicians - 10 Licensed therapists with proper training - Strong CBT program Curriculum -Presence at local health fairs, schools , and businesses -Holistic approach, proving therapy and case management Dedicated Staff -Unique to other programs in the area - Program provides community education 	<p style="text-align: center;">Weakness</p> <ul style="list-style-type: none"> - Only one location with limited spots available for clients - This is a new program so more time is needed to build rapport with the community. - It is difficult to access low-income mothers that might not seek medical assistance - Additional funding is needed and there are limited resources available - LCSWs are able to independently do counseling in the community for money income without case management. Finding more to employ may be challenging.
<p style="text-align: center;">Opportunity</p> <ul style="list-style-type: none"> - There are high rates of PPD in Tennessee, which means there is an opportunity for more services in this area - There is some grant funding available to help sponsor mothers with PPD from Postpartum Support international - Community outreach can provide physicians in the community with an increased willingness to learn about PPD and refer women for services. 	<p style="text-align: center;">Threat</p> <ul style="list-style-type: none"> - Physicians may opt for patients to be prescribed medication and not referred to Bright Beginnings - Lack of Mental Health knowledge in the Community - Guilt mothers feel surrounding PPD may limit their willingness to seek help - Low-income and women of color mothers may not be insured, leading to them not seeking assistance - Limited maternity leave could impact a mother's ability to attend sessions - This program is reliant on grant funding and donations to run. Funding insecurity is a threat

Appendix D

Inputs	Outputs		Outcomes (Impact)		
	Activities →	Participants	Short Term →	Medium Term →	Long Term
Staff that are trained to provide Cognitive Behavioral Therapy (CBT) and assess for Postpartum Depression Needs (PPD).	Cognitive Behavioral Therapy will be provided to women with PPD at little to no cost.	Women diagnosed with PPD	Maintain 70% of clients to complete at least 6 sessions of CBT	Bright Beginnings will utilize a single subject design to collect data on CBT effectiveness on reducing PPD symptoms. Clients will journal their progress each week. Clients will report 50% improvement in postpartum depression symptoms.	A year after the service is completed, participants will be sent a letter and a client satisfaction survey. 90% of respondents will agree that going through the program empowered them with tools to improve depression symptoms. 90% will agree that if they were to experience depression again, they could use these tools to improve symptoms and get assistance. 90% will agree that the program assisted to strengthen family bonds.
Funding: Grants, Donations, sliding scale rates	Case- management services will be available to coordinate transportation, childcare, and other needed services.	Families of women diagnosed with PPD	Assess 100% of clients for case management needs and develop agreed upon service plans to meet needs of food insecurity, childcare, and activities related to family support.	On at termination of service, 100% of clients that received case management services will agree that their case manager connected them to at least one service whether it be childcare or food services, etc. 80% will agree on a post service survey that having	A year after the service is completed, participants will be sent a letter and a client satisfaction survey. 90% will agree that case management services increased stability and alleviated stress postpartum.
				physical needs met, improved their mental health.	
Office Space	PPD assessments will be provided to establish severity of PPD.	Physicians of Local Women's health Clinics and Pediatric Offices on Hamilton County	Participate in at least one community outreach event per month leading to 10 new clients enrolling per month.	Participants of community outreach events will be surveyed after speaking with a Bright Beginnings representative. 100% of those surveyed will agree that they had at least a 50% increase in knowledge about Postpartum Depression.	Seek opportunities to speak at local schools and businesses. 100% of participants surveyed in a post survey will show a 50% increase in knowledge about PPD.
Knowledge Base	Community Education will be provided to families, friends, and the community through a variety of printed resources.	Program Volunteers	Distribute 1500 pamphlets and resource sheets to clinics, gynecology offices, and pediatric care centers that have agreed to distribute information in Hamilton County once a month. 70% of clients will report having a conversation with a community member about PPD.	Meet with a physician at every gynecology office and pediatric clinic in Hamilton County within the first year of operations to build relationships for referrals and request to have a space in the waiting room to hang a poster or set out flyers about Bright Beginnings and postpartum depression.	Develop and maintain an annually updated pamphlet with information about Postpartum Depression, treatment, and bright Beginnings that can be distributed at health fairs and clinics.
Evidence-based Practice Interventions	Family support will be provided if appropriate by the case manager.	Guests of local health fairs and mental health events.			
Partnerships with local physicians and nonprofits that serve pregnant or postpartum women and infants.	Community Outreach will be completed by participating in local health fairs and meeting with local medical groups and non-profits.				

Physical Needs



To what extent would you agree with the following statements:
(Click the appropriate)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
26. I have dependable transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I need help finding childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I have all the baby supplies I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I have health insurance that meets my physical and mental health needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I have a stove, refrigerator, and microwave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I have access to hot and running water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I have access to nutritious meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I have access to baby formula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I receive SNAP Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I receive WIC benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					No	Yes
36. I receive SNAP Benefits					<input type="radio"/>	<input type="radio"/>
37. I Receive WIC Benefits					<input type="radio"/>	<input type="radio"/>

Friends that encourage women to seek help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close relationships with health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuity of care from a single known person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health professionals being empathetic and non-judgemental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to build trust and respect with healthcare professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Honest discussions with GP about medications to get full information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having my voice heard in discussions and decisions about treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet forums and communities/ blogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media <u>e.g.</u> Facebook, Twitter, Instagram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet searches about symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source- <https://www.cambridge.org/core/journals/primary-health-care-research-and-development/article/understanding-barriers-to-women-seeking-and-receiving-help-for-perinatal-mental-health-problems-in-uk-general-practice-development-of-a-questionnaire/5430A023D2DE26E089E7B18B43587309#supplementary-materials>

Appendix F

  Completion Date 09-Sep-2022
Expiration Date N/A
Record ID 51321571

This is to certify that:

Kaitlyn Orquia


Has completed the following CITI Program course:

Responsible Conduct of Research
(Curriculum Group)
Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Southern Adventist University

Not valid for renewal of certification through CME.


Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wd49ecfc-5f8e-44aa-9d99-e3415362cbf7-51321571

  Completion Date 23-Sep-2022
Expiration Date N/A
Record ID 51298760

This is to certify that:

Noreen Moise

Has completed the following CITI Program course:

Responsible Conduct of Research
(Curriculum Group)
Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Southern Adventist University

Not valid for renewal of certification through CME.


Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w1c867651-4477-47ef-b4b3-fd0508f59e55-51298760

  Completion Date 23-Sep-2022
Expiration Date N/A
Record ID 51298760

This is to certify that:

Noreen Moise

Has completed the following CITI Program course:

Responsible Conduct of Research
(Curriculum Group)
Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Southern Adventist University

Not valid for renewal of certification through CME.


Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w1c867651-4477-47ef-b4b3-fd0508f59e55-51298760

Appendix G



IRB Tracking #	2022-2023-Reserved for IRB Committee		
Date of Approval:	Reserved for IRB Committee		
Research Request:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Full Review	
	<input checked="" type="checkbox"/> Expedited	<input type="checkbox"/> Animal/Plant	
Type of Research (Check all that apply)	<input type="checkbox"/> DNP SCHOLARLY PROJECT	<input type="checkbox"/> APPLYING FOR	
	ARC FUNDING		
	<input checked="" type="checkbox"/> GRAD. STUDENT RESEARCH	<input type="checkbox"/> FUNDED FACULTY	
	RESEARCH		
	<input type="checkbox"/> UNDERGRAD. STUDENT RESEARCH	<input type="checkbox"/> GENERAL FACULTY	
	RESEARCH		
	<input type="checkbox"/> THESIS		

RESEARCH APPROVAL

NOT REQUIRED FOR
LITERATURE REVIEW OR ACADEMIC EXERCISE

1. RESEARCH PRINCIPLE INVESTIGATOR

1.1. Understanding the physical, social support, and mental health needs of women with Postpartum Depression in Chattanooga
TITLE: Tennessee

1.2. PRINCIPAL INVESTIGATOR:	<u>CITI TRAINING</u> ¹	EMAIL ADDRESS:	PHONE #:	SCHOOL/DEPARTMENT:
Noreen Moise	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	noreenmoise@southern.edu	321- 287-4148	School of Social Work, Southern Adventist University
CO-INVESTIGATOR:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	EMAIL ADDRESS:	PHONE #:	FACULTY SUPERVISOR:
Kaitlyn Orquia		kgoffin@southern.edu	941-380-5283	Laura Racovita
CO-INVESTIGATOR:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	EMAIL ADDRESS:	PHONE #:	STARTING DATE:
Courtney Krajesky		ckrajesky@southern.edu	(423)883-9933	10/2/2022

Co-INVESTIGATOR:	<input type="checkbox"/> YES <input type="checkbox"/> No	EMAIL ADDRESS:	PHONE #:	ESTIMATED COMPLETION DATE: December 2022
MORE CO-INVESTIGATORS. LIST THEIR NAMES, EMAILS, PHONE NUMBERS, AND CITI TRAINING COMPLETION				
1.3. IS THIS RESEARCH BEING DONE WITH ANY INSTITUTIONS, INDIVIDUALS, OR ORGANIZATIONS NOT AFFILIATED WITH SAU? <i>If yes, please provide information of authorized officials below</i>				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF INSTITUTION: Galen Medical Group				
ADDRESS: 1651 Gunbarrel Road	CITY: Chattanooga	STATE: Tennessee	ZIP CODE: 37421	
CONTACT NAME: ALICIA ALLEN	POSITION: Specialist in Obstetrics and Gynecology	EMAIL ADDRESS: n/a	PHONE #: n/a	
EXTERNAL FUNDING AGENCY:		IDENTIFICATION # (if applicable):	GRANT SUBMISSION DEADLINE (if any):	
1.4. APPLICATION CHECKLIST. ATTACH (INSERT OR PASTE) ALL CHECKED ITEMS TO SECTION #9 (CHECK ALL THAT APPLY)				
RESEARCH INSTRUMENTS:	<input type="checkbox"/> TESTS <input checked="" type="checkbox"/> SURVEYS <input type="checkbox"/> QUESTIONNAIRES <input type="checkbox"/> PROTOCOLS <input type="checkbox"/> OTHER FORMS ELSE USED TO COLLECT DATA			
<input checked="" type="checkbox"/> INFORMED CONSENT DOCUMENTS				
<input checked="" type="checkbox"/> PERMISSIONS FROM APPLICABLE AUTHORITIES <i>(such as principals of schools, teachers of classrooms, etc. to conduct your research at their facilities on their Letterhead)</i>				
<input checked="" type="checkbox"/> RECRUITING MATERIALS AND TEXT OF E-MAIL OR WEB-BASED SOLICITATIONS				
<input type="checkbox"/> ALL LINKS AND/OR QR CODES MUST BE ATTACHED AS COPIES				
SUBMIT via irb@southern.edu <input type="checkbox"/> Signed by the faculty advisor, then scanned and submitted <input type="checkbox"/> Submitted directly by the faculty advisor (no signature required)				
YOU CANNOT BEGIN YOUR RESEARCH UNTIL IT HAS BEEN OFFICIALLY APPROVED BY THE IRB				

2. RESEARCH PROJECT DESCRIPTION

2.1. BACKGROUND AND RATIONALE FOR THE STUDY

This section should present the context of the work by explaining the relation of the proposed research to previous investigations in the field. Include citations for relevant research.

The birth of a child is a significant life event. Childbirth and adjusting to life with a newborn is a unique experience for every mother. Postpartum Depression (PPD) is a common mental health issue in mothers post-birth. The Office describes symptoms of PPD on Women's Health (OASH) as feelings of hopelessness, sadness, increased moodiness, loss of motivation, feelings of guilt, trouble focusing, disruptive sleeping, headaches, withdrawal from others, and not feeling connected with the baby (OASH, 2021). A study compared mothers diagnosed with PPD to mothers without PPD. They found that differences were significantly negative in mental health, vitality, general health, and social and physical functioning for mothers with PPD (Sadat, 2014). PPD may last for weeks, months, or years if left untreated. Women with long-lasting postnatal depression may experience depressive symptoms until at least 11 years after childbirth (Netsi et al., 2018). The prevalence of maternal PPD goes from 10–15% but can be as high as 30%, depending on diagnosis and follow-up (Simionescu, 2021).

Netsi, E., Pearson, R. M., Murray, L., Cooper, P., Craske, M. G., & Stein, A. (2018). Association of Persistent and Severe Postnatal Depression With Child Outcomes. *JAMA Psychiatry*, 75(3), 247.

<https://doi.org/10.1001/jamapsychiatry.2017.4363>

Office on Women's Health. (2021, February 17). Postpartum depression. Womenshealth.gov.

<https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression>

Sadat, Z., Abedzadeh-Kalahroudi, M., Kafaei Atrian, M., Karimian, Z., & Sooki, Z. (2014). The Impact of Postpartum Depression on Quality of Life in Women After Child's Birth. *Iranian Red Crescent medical journal*, 16(2), e14995. <https://doi.org/10.5812/ircmj.14995>

Simionescu, A. A., Hetea, A., Ghita, M., Alexandra Stanescu, A. M., Nastasia, S., & Boghitoiu, D. (2021).

Postpartum Depression in Mothers and Fathers – an Underestimated Diagnosis. *Romanian Medical Journal*, 68(2), 157–161. <https://doi-org.ezproxy.southern.edu/10.37897/RMJ.2021.2.5>

2.2. PURPOSE/OBJECTIVES OF THE RESEARCH

Briefly state, in non-technical language, the purpose of the research and the problem to be investigated. When possible, state specific hypotheses to be tested or specific research questions to be answered. For pilot or exploratory studies, discuss the way in which the information obtained will be used in future studies so that the long-term benefits can be assessed.

The purpose of this assessment is to understand the needs of women with Postpartum Depression living in Chattanooga Tennessee in the areas of clinical mental health services, social support, and physical needs. The research questions are as follows; What are the accessible mental health services available as perceived by women with Postpartum Depression in Chattanooga Tennessee? What are the perceptions of partner and family support by women diagnosed with Postpartum Depression and how does this impact the severity of symptoms? What are the existing basic needs of women with Postpartum Depression in Chattanooga such as food, healthcare, and childcare?

2.3. METHODS AND/OR PROCEDURES

Briefly discuss, in non-technical language, the research methods which directly involve use of human subjects. Discuss how the methods employed will allow the investigator to address his/her hypotheses and/or research question(s).

The research method will be a quantitative survey. The rationale behind a quantitative methodology is to gather a variety of information relatively straightforwardly. It is also attractive as a quick means to collect data. Our study will assess the perceived women's needs being met in Chattanooga, Tennessee. Those needs assessed will be partner and family support, childcare, food, and mental health services.

A survey will bring the women to consider how they may perceive those areas postpartum. Similar to our study proposal, A study done by Corrigan and colleagues used a 47-item questionnaire. The survey took 15 minutes to fill out. It addressed PPD in the context of social support. It was used to determine whether mothers were overwhelmed with childcare or life since becoming a mother sought professional help (Corrigan et al., 2015).

Participants will be patients of clinics in the Chattanooga area that have been diagnosed with Postpartum Depression. Patients with Postpartum Depression categorized as “severe” by DSM-5 standards will not be eligible for this study due to potential psychological risks. Participants must be diagnosed with mild to moderate postpartum depression.

3. DESCRIPTION OF RESEARCH SAMPLE

3.1. APPROXIMATE NUMBER OF SUBJECTS: 50

3.2. TYPE OF HUMAN SUBJECTS THAT ARE INVOLVED:

If human subjects are involved, check all that apply

- | | |
|--|--|
| <input type="checkbox"/> MINORS
<i>if minors are involved, attach a Child's Assent Form</i> | <input type="checkbox"/> HEALTH CARE DATA INFORMATION
<i>if this line is checked, attach any necessary HIPAA forms</i> |
| <input type="checkbox"/> PRISON INMATES | <input checked="" type="checkbox"/> VULNERABLE OR AT-RISK GROUPS <i>e.g. poverty, pregnant women, substance abuse population</i> |
| <input type="checkbox"/> MENTALLY IMPAIRED | <input type="checkbox"/> ANIMALS OR PLANTS |
| <input type="checkbox"/> PHYSICALLY DISABLED | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> INSTITUTIONALIZED RESIDENTS | |
| <input type="checkbox"/> ANYONE UNABLE TO MAKE INFORMED DECISIONS ABOUT PARTICIPATION | |

3.3. PARTICIPANT RECRUITMENT

Describe how participant recruitment will be performed. Include how potential participants are introduced to the study. Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> SAU DIRECTORY | <input type="checkbox"/> WEB-BASED SOLICITATION
<i>List the site(s): Specify</i> |
| <input type="checkbox"/> POSTINGS, FLYERS | <input checked="" type="checkbox"/> E-MAIL SOLICITATION
<i>How addresses obtained: Specify</i> |
| <input type="checkbox"/> RADIO, TV | |
| <input checked="" type="checkbox"/> PARTICIPANT POOL | |

Specify

OTHER: Specify

Attach any recruiting materials you plan to use at the end of the document.

4. CONTENT SENSITIVITY, PRIVACY, AND CONFIDENTIALITY	
<i>Efforts will be made to keep personal information confidential. We cannot guarantee absolute confidentiality. Personal information may be disclosed if required by law. Identities will be help in confidence in reports in which the study may be published and databases in which results may be stored</i>	
4.1. DOES YOUR RESEARCH ADDRESS CULTURALLY OR MORALLY SENSITIVE ISSUES? Mental Illness can be considered a culturally sensitive issue. Postpartum depression is a diagnosable mental illness in the DSM5.	<input checked="" type="checkbox"/> YES No <input type="checkbox"/> N/A
4.2. WILL PERSONAL IDENTIFIERS BE COLLECTED? Email addresses will be collected in order to distribute the surveys. However, this should be the only personal identifier collected as patients of clinics in the Chattanooga area will be able to voluntarily submit their email address to receive a survey without needing to give further personal identifiers.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> N/A
4.3. WILL IDENTIFIERS BE TRANSLATED TO A CODE? <i>If Yes, describe</i> Email addresses will be randomly assigned a numeric code. The key to this code will be stored on a password protected device and will be destroyed once data is collected.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> N/A
4.4. WILL RECORDINGS BE MADE (AUDIO, VIDEO)? <i>If Yes, describe</i> Enter	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
4.5. DOES YOUR RESEARCH INCLUDE ANY HUMAN HEALTH-RELATED INFORMATION? Postpartum depression is a health related issue. In order to participate in this study, one must have a diagnosis of Postpartum depression. HIPAA guidelines will be followed throughout this study.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> N/A
4.6. HOW ARE YOU PLANNING TO PROTECT SENSITIVE/PERSONAL/HIPAA INFORMATION? THE ONLY PERSONAL IDENTIFIER COLLECTED IN THIS STUDY WOULD BE AN EMAIL ADDRESS. THIS PERSONAL IDENTIFIER WILL BE CODED AND STORED ON A PASSWORD PROTECTED DEVICE. THE KEY WILL BE DESTROYED AFTER THE DATA IS COLLECTED. MEMBERS OF THIS STUDY WILL COMPLY WITH PRINCIPLES OF CONFIDENTIALITY AND HIPAA LAW.	<input type="checkbox"/> N/A
4.7. WHO WILL HAVE ACCESS TO DATA (SURVEY, QUESTIONNAIRES, RECORDINGS, INTERVIEW RECORDS, ETC.)? <i>Please list</i> Those who will access the data are Kaitlyn Orquia, Noreen Moise, and Courtney Krajesky. Additionally, Dr. Laura Racovita, the faculty sponsor, will have access to the data, .	
5. FUNDING, COSTS, AND PARTICIPANT COMPENSATION	
5.1. IS FUNDING BEING SOUGHT TO SUPPORT THIS RESEARCH? EXTERNAL <i>If Yes, describe</i> We will seek funding from Southern Adventist University	<input checked="" type="checkbox"/> INTERNAL <input type="checkbox"/> <input checked="" type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> N/A
5.2. IS THERE A FUNDING RISK? <i>If Yes, describe</i> Enter	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
5.3. WHO WILL KEEP THE FINANCIAL RECORDS? Noreen Moise	
5.4. ARE PARTICIPANTS TO BE COMPENSATED FOR THE STUDY? <i>If Yes, describe</i> <input checked="" type="checkbox"/> TYPE Visa Gift Card <input checked="" type="checkbox"/> SOURCE Southern Adventist University	<input checked="" type="checkbox"/> AMOUNT \$ 10 \$ <input checked="" type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> N/A
5.5. WILL PARTICIPANTS WHO ARE STUDENTS BE OFFERED CLASS CREDIT? <i>If Yes, describe</i> Enter	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
5.6. ARE OTHER INDUCEMENTS PLANNED TO RECRUIT PARTICIPANTS? <i>If Yes, describe</i> Enter	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
5.7. ARE THERE ANY COSTS TO PARTICIPANTS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

<i>If Yes, explain</i> Enter	
6. ANIMALS/PLANTS	
6.1. ARE THE ANIMALS/PLANTS BEING STUDIED ON THE ENDANGERED LIST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
6.2. ARE SCIENTIFIC COLLECTION PERMITS REQUIRED, I.E. TENNESSEE WILDLIFE RESOURCES AGENCY?	<input type="checkbox"/> YES No <input checked="" type="checkbox"/> N/A
6.3. HAVE THE ANIMAL(S) OF THIS STUDY ALREADY BEEN USED IN A PREVIOUS STUDY (NON-NAÏVE ANIMALS)?	<input type="checkbox"/> YES No <input checked="" type="checkbox"/> N/A
6.4. WILL THE ANIMAL(S) USED IN THIS STUDY BE USED IN A FUTURE STUDY?	<input type="checkbox"/> YES No <input checked="" type="checkbox"/> N/A
6.5. WHERE WILL THE ANIMALS BE HOUSED?	<input type="checkbox"/> YES <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
6.6. WILL THE RODENTS (IF APPLICABLE) BE HOUSED IN WIRE BOTTOM CAGES?	<input type="checkbox"/> YES <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
6.7. WILL PLANTS BE USED FOR INSTRUCTIONAL PURPOSES AS PART OF TEACHING A COURSE?	<input type="checkbox"/> YES <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

7. RISKS	
<p><i>Risk is any potential damage or adverse consequences to researcher, participants, or environment. These might include physical, psychological, social, or spiritual risks whether as part of the protocol or a remote possibility.</i></p>	
<p>7.1. ARE THERE ANY RISKS INVOLVED WITH THIS STUDY? <i>If Yes, check all that apply</i></p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p><input type="checkbox"/> PHYSICAL RISK <i>May include pain injury, and impairment of a sense such as touch or sight. These risks may be brief or extended, temporary or permanent, occur during participation in the research or arise after.</i> <i>If Selected, describe</i> Enter</p>	
<p><input checked="" type="checkbox"/> PSYCHOLOGICAL RISK <i>Can include anxiety, sadness, regret and emotional distress, among others. Psychological risks exist in many different types of research in addition to behavioral studies.</i></p> <p>This study is assessing the needs of women diagnosed with Postpartum Depression. Survey questions will touch on subjects such as depression, social support, mental health, and physical needs. This has the potential to bring up feelings of stress, anxiety, and sadness. Participants will receive notification of the types of questions that will be asked, as well as the potential psychological risks on the consent form and survey instructions. Participants will also be notified that they can withdraw from study at any time and are under no obligation to complete the survey. Participants will be provided with resources for the suicide hotline, as well as the National Maternal Health Hotline.</p>	
<p><input type="checkbox"/> SOCIAL RISK <i>Can exist whenever there is the possibility that participating in research or the revelation of data collected by investigators in the course of the research, if disclosed to individuals or entities outside of the research, could negatively impact others' perceptions of the participant. Social risks can range from jeopardizing the individual's reputation and social standing, to placing the individual at-risk of political or social reprisals.</i> <i>If Selected, describe</i> Enter</p>	
<p><input type="checkbox"/> LEGAL RISK <i>Include the exposure of activities of a research subject "that could reasonable place the subjects at risk of criminal or civil liability."</i> <i>If Selected, describe</i> Enter</p>	
<p><input type="checkbox"/> ECONOMIC RISK <i>May exist if knowledge of one's participation in research, for example, could make it difficult for a research participant to retain a job or find a job, or if insurance premiums increase or loss of insurance is a result of the disclosure of research data.</i> <i>If Selected, describe</i> Enter</p>	
<p><input type="checkbox"/> SPIRITUAL RISK <i>May exist if knowledge of one's spiritual beliefs or lack of, could be exposed which in turn could invoke an economic, social and or psychological risk.</i> <i>If Selected, describe</i> Enter</p>	
<p>7.2. IN YOUR OPINION, DO BENEFITS OUTWEIGH RISKS? <i>If Yes, explain</i> This study will aid the ones involved in the study to understand their postpartum needs.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>7.3. EXPLAIN HOW YOU PLAN TO MINIMIZE THE RISKS IDENTIFIED ABOVE Enter</p>	
8. RESULTS	
<p>8.1. HOW WILL THE RESULTS BE DISSEMINATED?</p> <p> <input checked="" type="checkbox"/> CLASSWORK ONLY <input type="checkbox"/> PUBLISHED ARTICLE <input type="checkbox"/> STUDENT CONFERENCE <input type="checkbox"/> PROFESSIONAL CONFERENCE <input type="checkbox"/> OTHER Specify </p>	

Signatures: If submitted by a faculty member, electronic (typed) signatures are acceptable. If submitted by a student, please print out completed form, obtain the faculty advisor’s signature, scan completed form, and submit it via e-mail. Only Word Form or PDF files are acceptable submissions.

Noreen Moise
Principal Investigator (PI) or Student

09/29/2022
Date

Faculty Advisor (for student applications)

Click dropdown to enter date
Date

All student applications must be either signed by the faculty advisor then scanned and submitted electronically, or submitted directly by the faculty advisor. All applications should be submitted by email to: irb@southern.edu

Did the investigator complete CITI Training? YES

Additional Special Requirements or Attachments to the Application

Approvals from other IRBs

Cooperative research projects involve research that involves more than one institution. In these instances, federal law holds each institution responsible for safeguarding the rights and welfare of human subjects and for complying with federal policy; therefore, SAU IRB applications must be made even if there is another institution conducting a review of the same research project. When a study is being carried out at a non-US site, approval from other institutional review boards at the foreign site must be sought. The IRB recommends that a copy of each IRB approval be submitted.

Questionnaires/Other Instruments

Any questionnaires, tests, survey instruments or data collections sheets which are not standard and well known must be submitted as part of the application. Structured interview questions and outlines for unstructured interviews also must be included.

Advertisements/Notices/Recruitment Flyers

The text of any advertisement, video display, notice, sign, brochure or flyer used to recruit subjects either should be included as an attachment. It includes documents to which there are Links and/or QR-Codes.

9. APPENDICES AND ATTACHMENTS

Insert all Research appendices and/or attachments. These include the checked in the #1.4 items.

*To **add** an attachment, click inside the insert-frame below and paste your material. To **add several** attachments: before pasting your material, click on the frame below and use the “+” button (see the pictured below) to add as many frames as many attachments you have. Paste your material.*



*Start each attachment **on a new page** by using “Enter” (Windows) or “Return” (Mac) to move to the next page.*

Insert appendices and attachments within this frame