Project Title: Examining COVID-19 Vaccine Hesitancy among Faith Communities of Color

Principal Investigators:

<table>
<thead>
<tr>
<th>Role</th>
<th>Investigator</th>
<th>Department</th>
<th>Institutions/Colleges</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI</td>
<td>Kari O’Grady</td>
<td>Psychology</td>
<td>FHSS</td>
</tr>
<tr>
<td>Co-PI</td>
<td>Len Novilla</td>
<td>Public Health</td>
<td>Life Sciences</td>
</tr>
<tr>
<td>Co-PI</td>
<td>Sherinah Saasa</td>
<td>Social Work</td>
<td>FHSS</td>
</tr>
<tr>
<td>Co-PI</td>
<td>Natalie Blades</td>
<td>Statistics</td>
<td>Physical &amp; Mathematical Sciences</td>
</tr>
<tr>
<td>Consult</td>
<td>Bill Tayler</td>
<td>Accountancy/ Exec MBA</td>
<td>Marriott School of Business</td>
</tr>
</tbody>
</table>

Track: Track two

Abstract
Within the U.S., the COVID-19 outbreak provided a brutal audit, surfacing again the institutional disparities baked into U.S. social, economic, political, and healthcare systems. The U.S. Department of Health and Human Services (HHS) faces an urgent and wicked problem: for the U.S. to resiliently respond to C19, the U.S. population must be vaccinated, yet a large percentage of the population is vaccine hesitant. Solving this problem requires examination of tightly held sensemaking narratives -- or global schemas for making sense of what has happened, what is happening, and what will happen -- of those who are vaccine hesitant. More specifically, HHS is concerned with data indicating many in faith-infused communities of color hold sensemaking narratives prohibitive of C19 vaccination. These same communities are dying from C19 at disproportionately higher rates than their White counterparts. The unique lens of this research team is on how historical, recent, and current injustices experienced by minority faith-infused communities exacerbate negative impacts of catastrophes. The current study will investigate sensemaking processes in vaccine hesitancy among Black, Hispanic, and Indigenous faith communities based on the five resilience sensemaking processes of catastrophes. In particular, this study focuses on deeply transmitted sensemaking narratives of these communities and how those narratives contribute to C19 vaccine hesitancy in the U.S. Findings will be leveraged to secure HHS (and other) funding to respond to the urgent request from HHS for social science-driven strategies to decrease vaccine hesitancy and increase U.S. societal resilience more broadly.

Summary of Plans for External Funding:

<table>
<thead>
<tr>
<th>Grant Title</th>
<th>Amount</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Psychological Foundation (APA) Visionary Grant</td>
<td>20,000</td>
<td>April 1, 2021</td>
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<tr>
<td>(APA) Foundation COVID-19 Rapid Response Grant</td>
<td>20,000</td>
<td>May 1, 2021</td>
</tr>
<tr>
<td>NIH, HHS NOSI: Vaccine Hesitancy, Uptake, &amp; Implementation among Populations that Experience Health Disparities</td>
<td>175,000</td>
<td>Sept, 2021</td>
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<tr>
<td>Robert Wood Johnson Foundation: Building a Culture of Health</td>
<td>120,000</td>
<td>Rolling</td>
</tr>
<tr>
<td>National Science Foundation Rapid Response Grant</td>
<td>150,00</td>
<td>Jan. 17, 2022</td>
</tr>
<tr>
<td>Templeton Foundation Grant</td>
<td>450,000</td>
<td>Rolling</td>
</tr>
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</table>
Problem Statement
A large percentage of Black, Hispanic and Indigenous faith communities experience historically informed distrust towards U.S. healthcare systems. This distrust inhibits uptake of the C19 vaccination. Accurate information about the safety and usefulness of the vaccine can be helpful but is insufficient for addressing deeply transmitted narratives of medical abuse.

Faith community leaders have traditionally played a pivotal role in vaccine distribution during disease outbreaks, especially in urban and rural communities, due to the trust they engender in community members (Fauci et al., 2021; Vlahov, 2007). The Department of Health and Human Services; however, is encountering a barrier to this traditional distribution mechanism for vaccination. A large percentage of Black, Hispanic, and Indigenous populations are C19 vaccine hesitant. One reason for this vaccine hesitancy is historically informed and ongoing distrust towards U.S. healthcare systems within communities of color.

Religious organizations have long functioned as centers for sensemaking among communities of color, with religious leaders serving as the organizers, knowers, and teachers of their people. The powerful organizing role of religious communities and leaders has situated them as places of shelter from injustices and enablers of societal change. Religious leaders have often been leveraged, but not often enough listened to, when addressing public health concerns in the U.S.

Investigating resilience sensemaking processes involved in historically transmitted narratives of medical and societal distrust among these specific communities is essential for designing interventions that generate healing narratives and restorative actions at the individual, organizational, community and national levels.

Background
Global “big physical science” responded rapidly to the need to create vaccines in response to the C19 outbreak; it is unclear whether or not “big social science” will be able to respond to the numerous challenges that must be overcome in order to accomplish a successful vaccination project. The C19 outbreak is a brutal audit (Lagadec, 1993) that reveals more clearly the institutional abuse baked into the U.S. political, economic, and healthcare systems – but also provides a significant opportunity to build a more equitable U.S. healthcare system. For instance, a recent Census Bureau Household Pulse Survey of 68,348 U.S. citizens found stark differences in vaccine enthusiasm, ambivalence, hesitancy, and resistance between Black and White respondents. Data collected between January 6-18, 2021, revealed that 55.5% of White, non-Hispanic participants indicated they would “definitely” get vaccinated, compared to 29.6% of Black, non-Hispanic participants; 21.9% of White participants indicated they would “probably” get vaccinated compared to 33.8% of Black participants; 13.2% of White participants indicated they would “probably not” get vaccinated compared to 21.9% of Black participants; and 9.4% of White participants indicated they would “definitely not” get vaccinated compared to 14.7% of Black participants (January, 27, 2021).

C19 is a global pandemic, and as such requires access to deep expertise and longstanding partnerships with national and international scholars on resilience sensemaking in catastrophes of all types. Working with faith leaders to heal a people and facilitate resilient communities and societies will require expertise in both religious communities and communities of color (O’Grady et al., 2016).

Dr. O’Grady was invited to attend (virtually) a January 13, 2021 event at which the incoming Surgeon General (Dr. Vivek Murthy) spoke to faith leaders about C19 vaccination challenges:

The last challenge I want to frame for you is a challenge we face about . . . how to repair and rebuild the connections between us -- recognizing there is deep mistrust that has been sown over time partly as a result of a long-standing and deeper racism…. It has infiltrated medical research and led to the Tuskegee …. that have really destroyed trust that many people have in the medical system . . . and so we have to grapple with that. We have to confront that, we have to see it for
what it is and figure out how to heal despite those offenses of the past, because in very literal ways our lives depend on that right now . . . . People of faith understand that building a connection with people, building a relationship, is how we start to build trust. We don’t build trust with pamphlets, and information, and flyers and websites . . . We build trust through conversation, through listening deeply, through witnessing what people are experiencing, by showing up in their lives -- especially in times of need. There are few people that know that better than faith leaders across the country.

Faith leaders are experts in building trust in communities of color. They belong to, listen to, and speak for their communities, thus making these leaders a vital resource for addressing underlying narratives of medical and social distrust (see Gustafsson et al., 2020). The expertise and background of this grant team uniquely qualifies them to address the challenge articulated by Dr. Murthy. The IDR grant will provide necessary resources for the team to leverage additional funding to address the challenge.

### Team Makeup

<table>
<thead>
<tr>
<th>Team Name</th>
<th>Disciplinary</th>
<th>Methodological</th>
<th>Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kari O’Grady</td>
<td>Psychology (Resilience, Psych. of Religion and Diversity)</td>
<td>Qualitative research methods, interviews and focus groups</td>
<td>(L) Focus Groups (L) Meta-analysis (A) Interviews (L) Faith Com. Interventions</td>
</tr>
<tr>
<td>Len Novilla</td>
<td>Public Health</td>
<td>Research methods, Surveys, Interviews, Focus Groups</td>
<td>(L) Archival Data Analysis (A) Focus Groups (A) Interviews (L) Translate to Health Policy</td>
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<tr>
<td>Natalie Blades</td>
<td>Biostatistics</td>
<td>Quantitative, Survey</td>
<td>(L) Survey Instrument (L) Public Health Implications</td>
</tr>
<tr>
<td>Sherinah Saasa</td>
<td>Social Work</td>
<td>Community-engaged research</td>
<td>(L) Interviews (A) Focus Groups (L) Cultural Mistrust Interventions</td>
</tr>
</tbody>
</table>

### Competitive Advantage of the Team

In May 2020, Principal Investigator Dr. O’Grady was in a position – as the incoming President of the American Psychological Association’s Division 36, the Psychology of Religion and Spirituality (the third BYU faculty member to hold that position) – to be asked for help on a wicked problem. Officials in the Department of Health and Human Services asked her to start thinking about vaccine hesitancy in faith communities of color in the context of the C19 pandemic. Leveraging her position as an internal board member on BYU’s Healthcare Leadership Collaborative, Dr. O’Grady was able to recruit quickly three talented Co-Principal Investigators from three requisite disciplines for this invited, urgent, and challenging study: Statistics, Public Health, and Social Work. Great care was given to the construction of what turned out to be an all-female research team, none of whom have conducted research together in the past, in order to create an egalitarian research culture capable of effective collaboration across multiple academic disciplines in order to maximize the development of small wins addressing to the U.S. Government’s wicked problem. Dr. Talyer serve as a grant application and outcome consultant for the team. The research team, thus, has three competitive advantages over other proposed research projects: (1) the team’s research problem is urgent, complex, and requested; (2) the team members are experienced research experts from five distinct academic disciplines, providing a high potential for cross-disciplinary innovation; and (3) the research team was designed to maximize the interdisciplinary collaboration that will be necessary to secure additional funding.

**Kari O’Grady:** Dr. O’Grady’s long-term inclusion in these national strategic discussions -- first as a member of the diversity, equity, and inclusion sub-committee of the American Psychological Association’s governing board, second as the current president of the APA’s division focused on the
Psychology of Religion and Spirituality, and third as an advisor to the faith-based and community partnerships office of HHS – helps bridge the gap between the available international scholarship and the urgent U.S. policy challenges, such as the one articulated by Dr. Murthy. Her research focuses on resilience sensemaking processes in under-resourced national and international communities encountering large-scale crises. Dr. O’Grady’s academic work on diversity issues and resilience with leaders of various faith traditions globally, her service as an interfaith specialist for the Church of Jesus Christ of Latter-day Saints in Washington DC, and her long-time assembly membership in the Interfaith Conference of Washington grants her access and partnerships with faith leaders and their communities. Drs. O’Grady and Novilla Internal Board Members for BYU’s Marriott School Healthcare Leadership Collaborative.

**Len Novilla.** Dr. Novilla’s research focuses on social determinants of family and community health, linking public health and primary care by addressing health inequities, and building cultures of health through an interdisciplinary approach that transcends traditional disciplinary bounds. She is particularly interested in defining the role of the family as the linking and sustaining framework in improving population health, health equity, and health systems within chronic diseases. Her current research focuses on vaccine hesitancy and on COVID-19 medical frontliner burnout and resilience. Dr. Novilla serves in various committees including the State of Utah Multicultural Commission, Multicultural Subcommittee of the Utah COVID-19 Task Force, and the Thrasher Research Fund.

**Natalie Blades (Statistics).** Dr. Blades research activities focus on applications of statistics in public health and medicine. A large fraction of her time is spent collaborating; she is currently working on a study of social vulnerability and COVID-19 risk as it relates to voting rights. Dr. Blades has expertise in addressing issues of study design, analytical methodology, data acquisition and data quality issues, and developing modifications to the analytical approach as dictated by observed data.

**Sherinah Saasa (Social Work).** Dr. Saasa has research and clinical experience working with marginalized and minority populations in community-based and mental health settings. Her research broadly focuses on exclusionary mechanisms and factors that facilitate negative socio-economic and health outcomes for Black immigrants in the United States. Her current projects include examining COVID-19 impacts on economic, social and psychological well-being of immigrant populations in the United States. To build understanding of lived experiences, scope of disadvantage and service needs, she utilizes quantitative and qualitative methodologies. Dr. Saasa is a Licensed Clinical Social Worker in Utah and the state of Georgia. Her training, practice and teaching emphasize the role of context and social environments on life quality and wellbeing across the life course.

**Bill Tayler (BYU School of Accountancy).** Dr. Tayler is a Certified Management Accountant specializing in healthcare research and consulting, specifically population health. He also specializes in professional judgment and decision making, behavioral biases, performance measurement, the assignment of decision rights, and incentive compensation. Bill has presented his research as an invited speaker at universities and conferences globally. His work has been published in the top accounting, finance journals, business journals, and medical journals (such as the Journal of the American Medical Association-Internal Medicine and the Journal of General Internal Medicine). Bill currently serves as the chair of the BYU Healthcare Leadership Collaborative, as a research journal editor and on multiple editorial boards, and as a director of the Institute of Management Accountants Research Foundation.

**Project Methodology**

The unique and complex nature of resilience sensemaking processes during catastrophes of all types (including pandemics) requires gathering participant information that cannot be obtained through quantitative research methods, requiring mixed-method research and community-engaged research.
**Mixed-Method Study.** The team will employ a mixed-method research methodology to triangulate and contextualize findings (Lin et al., 2006). Dr. O’Grady’s background teaching advanced qualitative and mixed-methods doctoral seminars and Dr. Blades’ background in biostatics provides the necessary expertise for a large-scale mixed methods study.

**Community Engagement.** The identified external grant agencies (especially HHS) are prioritizing community engaged research (CEnR). CEnR is the process of working closely with stakeholders to investigate areas of focus directly affecting their well-being (Balls-Berry & Acosta-Pérez, 2017). This research approach is consistent with previous research conducted by team members. Working from a CEnR approach, the team will collaborate with U.S. religious leadership in communities of color throughout the research process through focus groups and individual interviews to gain contextualized insights about vaccine hesitancy, medical distrust, cultural mistrust, and additional psycho-social-spiritual sensemaking processes involved in vaccine hesitancy (Anderson et al., 2012). The research team will also work with religious leaders to identify appropriate survey instruments and to locate community members to take the surveys. All participants will be paid (see budget), which is especially important when conducting research within under-resourced populations (Grady, 2019).

**Data and Measures**

**Qualitative meta-analysis.** Dr. O’Grady’s Organizational Psychology and Societal Resilience lab at BYU has been analyzing 300 articles on resilience sensemaking processes during catastrophes including pandemics. The qualitative data analysis is about 75% complete and will guide the research approach, selection of the qualitative interview protocol and the quantitative item selection and inform the findings through abductive research methodologies. Dr. Novilla has recently completed a metanalysis on disease hesitancy that will also inform the focus group questions, interview protocol, selection of quantitative measures and data interpretation.

**Focus groups.** Dr. Saasa, Dr. Novilla, and Dr. O’Grady will conduct focus groups of 6-7 faith leaders with each of the three populations under investigation. Focus groups will take place over an electronic platform and will last 60-90 minutes. The focus groups will inform interview questions and selection of survey instruments. Faith leaders for the focus groups and interview study will be identified through the HHS Partnership Office and the research team’s long-standing relationships with faith leaders from Black, Hispanic and Indigenous communities.

**Interviews.** Students from Dr. O’Grady’s lab, Dr. Novilla’s lab, and students in BYU’s Marriott School of Business Healthcare Industry Research Collaborative will conduct interviews with 200-225 faith leaders of Black, Hispanic, and Indigenous faith populations. Interviews will mainly be conducted over an electronic platform and will last 30-45 minutes.

**Survey Instrument.** Each faith leader will recommend 10 members of their community interested in filling out a survey. The survey tool will contain 5 instruments assessing cultural mistrust, vaccine hesitancy, and spiritual coping and will take 35 minutes to complete. This will produce 2,000–2,225 completed surveys. Dr. Blades will oversee this portion of the study.

**Archival Health Data.** Archival health data of target populations will be gleaned from data banks. The archival data will be utilized for comparative information and will contribute to overall findings.
Outcomes.

Consistent with CEnR, the team will discuss findings, including potential community intervention strategies, with leaders and members of faith communities of color in town halls and media outreach efforts. Findings will be disseminated through funding proposals, professional conferences, journal publications, and policy-shaping reports to diverse academic and healthcare outlets, the Health and Human Services Partnership Center, and the White House Office of Faith-based and Neighborhood Partnerships.

Outcome 1 (Scientific Communities). We will increase understanding in the scientific community of the underlying processes that lead to cultural and medical mistrust, including C19 vaccine hesitancy, in communities of color through presentations at professional conferences and peer-reviewed publications.

Outcome 2 (Healthcare Communities). In partnership with BYU’s Healthcare Leadership Collaborative, we will increase understanding of the underlying processes and practices that lead to medical mistrust and vaccine hesitancy in communities of color through publications and online educational modules aimed at those involved in the healthcare industry.

Outcome 3 (Local Communities). In partnership with faith leaders and other community leaders, we will discuss individual, organizational, and community-level implications of the research findings through Town Halls. Evidence-based, grassroots, small win interventions will be shared through community engagement events and media platforms.

Outcome 4 (U.S. Federal Government). In partnership with faith community stakeholders, we will design strategic and well-aligned community and national-level small win interventions to address cultural mistrust and vaccine hesitancy among communities of color and generate healing narratives and practices that address medical and cultural abuse in communities of color. The research findings, implications, and suggested interventions will be described in a policy brief for the Health and Human Services Partnership Center and the White House Office of Faith-based and Neighborhood Partnerships.
## Budget and Budget Narrative

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<tr>
<th>Proposed Budget Item</th>
<th>IDR Request</th>
<th>Leveraged</th>
<th>Total</th>
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<tr>
<td>Focus Group Award (20 x $30)</td>
<td>$600</td>
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<td>$600</td>
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<td>Student Transcription of Focus Groups (90 hours x $11.00)</td>
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<td>$990</td>
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<tr>
<td>Interview Award (220 x $20)</td>
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<td>Student Transcription of Interviews (600 hours x $11.00)</td>
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<td>$6600</td>
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<td>Survey Award (2200 x $10.00)</td>
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<td>Additional Student Hours and Wages (450 x $13.00)</td>
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<td>Student and Faculty Travel (pending travel ban change)</td>
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<td>Community Outreach Efforts</td>
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<td>$2500</td>
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<td><strong>$5840</strong></td>
<td><strong>$45790</strong></td>
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### Budget Narrative

The proposed research will not be possible without BYU IDR funding because of the costs associated with the community-engaged process-focused research and outreach needed to secure external funding and address urgent national concerns.

Team members have committed to offset costs of undergraduate and graduate researcher wages by supplementing the undergraduate and graduate wages from Dr. O’Grady’s lab budget, Dr. Novilla’s research assistant budget, and the Healthcare Leadership Collaborative research assistant budget. Students will be employed to transcribe and analyze faith leader focus group interviews (90 hours x $11.00 in undergraduate wages), to transcribe faith leaders interviews (600 hours x $11.00 in undergraduate wages), and to analyze qualitative and quantitative data (450 x $13.00 in graduate wages).

Funds will also be required to support research participant awards. Each participant of the three focus groups of faith leaders will be awarded a $30 Amazon gift card (20 x $30) for participation. Faith leaders will be awarded $20 Amazon gift cards for individual interviews (220 x $20). Finally, individuals from the three target populations will be awarded $10 Amazon gift cards each for filling out surveys (2200 x $10).

Community outreach and dissemination efforts will require $2500 for materials and services involved in social media messaging and the development of healthcare industry education modules. Data collection will occur online, but a small travel fund ($1,300) is requested to offset travel costs associated with in-person Town Hall discussions and other community leader collaboration efforts if travel is permitted. Dissemination of findings to scientific communities will require conference fees for students and faculty ($1500) and journal fees ($500).
## Plans for External Funding

<table>
<thead>
<tr>
<th>Grant</th>
<th>Funding</th>
<th>Due Date</th>
<th>Notes</th>
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<tr>
<td><strong>Year One</strong></td>
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<tr>
<td>American Psychological Foundation Visionary Grant</td>
<td>20,000</td>
<td>April 1, 2021</td>
<td>C19 vaccine hesitancy is a natural experiment in 2020-2024 that can be leveraged to learn more about the use of “psychology to solve social problems in … Understanding the connection between behavior and health”</td>
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<tr>
<td>American Psychological Foundation COVID-19 Rapid Response Grant</td>
<td>20,000</td>
<td>May 1, 2021</td>
<td>A more thorough understanding of vaccine hesitancy in minority faith communities “will provide insights that will help psychologists to work with individuals, families and groups who are struggling to cope during these challenging times.”</td>
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<tr>
<td>NIH, HHS Notice of Special Interest (NOSI): Research to Address Vaccine Hesitancy, Uptake, and Implementation among Populations that Experience Health Disparities</td>
<td>175,000</td>
<td>July 7, 2021</td>
<td>Trust-building, trust-preserving, and trust-repairing are central catastrophe management processes.  core challenge for the DHHS in 2020-2024 will be the identification of strategies to “address the barriers to increasing reach, access, and uptake of vaccinations among health disparity populations at high risk and likely to experience vaccine hesitancy.”</td>
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<td><strong>Year Two</strong></td>
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<tr>
<td>National Science Foundation Rapid Response Grant</td>
<td>175,000</td>
<td>Jan. 17, 2022</td>
<td>The Rapid Response Grant is designed to facilitate timely collection of “perishable data,” such as C19 vaccine hesitancy data.</td>
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<tr>
<td>Robert Wood Johnson Foundation Pioneering Ideas: Exploring the Future to Build a Culture of Health</td>
<td>150,000</td>
<td>Rolling</td>
<td>“This FOA seeks proposals that are primed to influence health equity in the future.” The C19 outbreak is a brutal audit that makes it possible to see more clearly the institutional abuse baked into the U.S. political, economic, and healthcare systems – but also provides a significant opportunity “to influence health equity in the future.”</td>
</tr>
<tr>
<td>Templeton Grant</td>
<td>450,000</td>
<td>Rolling</td>
<td>The C19 outbreak is an opportunity to advance understanding of the complex role of “spirituality in the public sphere.”</td>
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</table>
O'Grady 2021 IDR Application

References


Team Members BIOSKETCH

Name: Kari A. O'Grady  
Position Title: Visiting Associate Professor

Education:

<table>
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<th>INSTITUTION</th>
<th>Degree</th>
<th>Completion Date</th>
<th>Field of Study</th>
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<tr>
<td>Brigham Young University</td>
<td>B.A.</td>
<td>2004</td>
<td>Psychology</td>
</tr>
<tr>
<td>Brigham Young University</td>
<td>Ph.D.</td>
<td>2008</td>
<td>Counseling Psychology</td>
</tr>
<tr>
<td>Utah Valley University Counseling Center</td>
<td>Postdoc.</td>
<td>2009</td>
<td>Clinical Counseling</td>
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APPOINTMENTS:

2019-2021  Visiting Associate Professor Brigham Young University  
2016–2018  Associate Professor Loyola University Maryland  
2010-2016  Assistant Professor Loyola University Maryland  

A. Personal Statement
My research focuses on resilience sensemaking processes in under-resourced national and international communities encountering large-scale catastrophes. Recent research in my lab attends to the psycho-social-spiritual sensemaking intersections at play before, during, and after crisis or catastrophe has occurred with attention to the various stakeholders involved and how they impact one another. I, and my students, have conducted fieldwork in African nations and in the U.S. with Black American populations including protestors, police, politicians, educators, and pastors following the shooting of Michael Brown in Ferguson Missouri, refugees and religious leaders in Sierra Leone and the United States, rape survivors and the doctors, psychologists, and clergy that treat them at HealAfrica in the Democratic Republic of the Congo, and survivors of the Haiti earthquake of 2010. My teaching includes crisis intervention, research methods and issues of diversity. I designed BYU psychology department’s required undergraduate multicultural psychology course last year, and I serve on several university and private boards as a diversity advisor and healthcare advisor.

B. Relevant Publications


Name: Len B. Novilla
Position Title: Associate Professor

Education:

<table>
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<th>Degree</th>
<th>Completion Date</th>
<th>Field of Study</th>
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<tr>
<td>University of the Philippines, Institute of Public Health, Quezon City, Philippines</td>
<td>B.S.</td>
<td>1986</td>
<td>Public Health</td>
</tr>
<tr>
<td>University of the City of Manila, Manila Philippines</td>
<td>M.D.</td>
<td>1990</td>
<td>Medicine</td>
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<tr>
<td>University of Utah, Department of Family &amp; Preventive Medicine, Salt Lake City, UT</td>
<td>MPH</td>
<td>1999</td>
<td>Public Health</td>
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APPOINTMENTS:
2019–Present : Associate Department Chair, BYU Department of Public Health
2003–Present : Associate Professor, BYU Department of Public Health

A. Personal Statement
My research focuses on the family as a sustaining framework in health promotion and disease prevention and as the link and sustaining framework in improving population health, health equity, and health systems within the context of chronic diseases; social determinants of family and community health, linking public health and primary care by addressing health inequities, and building a culture of health through an interdisciplinary approach that transcends traditional disciplinary bounds. My current research focuses on vaccine hesitancy and on COVID-19 medical frontline burnout and resilience. I have been involved in public health practice, policy, and research on multicultural communities in the State of Utah. This includes intersectoral work and discussions on the disproportionate impact of COVID-19 on multicultural individuals and families, who, likewise bear the burden of chronic diseases that render them vulnerable to severe COVID-19. I am highly motivated in carrying out this research to better understand how to address mistrust and vaccine hesitancy among individuals and families and significantly reduce the burden of COVID-19 and chronic diseases in communities of color.

B. Relevant Publications


This paper was commissioned by the World Health Organization for the World Conference on Social Determinants of Health, held 19-21 October 2011, in Rio de Janeiro in Brazil. It was one of the 28 selected papers from around the world intended to highlight country experiences on implementing action on the social determinants of health.


C. Personal Statement

I have research and clinical experience working with marginalized and minority populations in community-based and mental health settings. My research broadly focuses on exclusionary mechanisms and factors that facilitate negative socio-economic and health outcomes for Black immigrants in the United States and low-income children in sub-Saharan Africa. My current projects include examining COVID-19 impacts on economic, social and psychological well-being of immigrant populations in the United States, and educational disparities and mental health needs of vulnerable children in Sub-Saharan Africa. To build understanding of lived experiences, scope of disadvantage and service needs, I utilize quantitative and qualitative methodologies. I am a Licensed Clinical Social Worker in Utah and the state of Georgia. My training, practice and teaching emphasize the role of context and social environments on life quality and wellbeing across the life course.

Although I do not have extensive experience with grant-funded and interdisciplinary projects at this early stage of my career, I have the training, expertise and the required motivation to successfully conduct the proposed research project.

D. Relevant Publications


O'Grady 2021 IDR Application

Name: Natalie J. Blades
Position Title: Associate Professor

Education:

<table>
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<tr>
<th>INSTITUTION</th>
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<th>Field of study</th>
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<tr>
<td>Wellesley College</td>
<td>A.B.</td>
<td>1997</td>
<td>Mathematics</td>
</tr>
<tr>
<td>Johns Hopkins Whiting School of Engineering</td>
<td>M.S.E.</td>
<td>2002</td>
<td>Mathematical Sciences</td>
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<tr>
<td>Johns Hopkins School of Public Health</td>
<td>Ph.D.</td>
<td>2003</td>
<td>Biostatistics</td>
</tr>
<tr>
<td>The Jackson Laboratory</td>
<td>Postdoc</td>
<td>2005</td>
<td>Gene Expression</td>
</tr>
</tbody>
</table>

APPOINTMENTS:

2014–2021  Associate Professor, Statistics, Brigham Young University
2006–2014  Assistant Professor, Statistics, Brigham Young University
2003–2021  Associate, Biostatistics, Johns Hopkins Bloomberg School of Public Health
Fall 2005  Visiting Assistant Professor, Statistics, Brigham Young University

Appointments

2014–2021  Associate Professor, Statistics, Brigham Young University
2006–2014  Assistant Professor, Statistics, Brigham Young University
2003–2021  Associate, Biostatistics, Johns Hopkins Bloomberg School of Public Health
Fall 2005  Visiting Assistant Professor, Statistics, Brigham Young University
2002–2005  Post-Doctoral Associate, Jackson Laboratory

A. Personal Statement

My research activities focus on applications of statistics in public health and medicine. A large fraction of my time is spent collaborating; I am currently working on a study of social vulnerability and COVID-19 risk as it relates to voting rights. I have expertise in addressing issues of study design, analytical methodology, data acquisition and data quality issues, and developing modifications to the analytical approach as dictated by observed data.

B. Products


Name: Bill Tayler
Position Title: Associate Professor

Education:

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>Degree</th>
<th>Completion Date</th>
<th>Field of study</th>
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<tbody>
<tr>
<td>Brigham Young University</td>
<td>B.S.</td>
<td>2002</td>
<td>Accounting</td>
</tr>
<tr>
<td>Brigham Young University</td>
<td>M.Acc</td>
<td>2002</td>
<td>Prof. Accounting</td>
</tr>
<tr>
<td>Cornell University</td>
<td>M.S.</td>
<td>2006</td>
<td>Management</td>
</tr>
<tr>
<td>Cornell University</td>
<td>Ph.D.</td>
<td>2007</td>
<td>Management</td>
</tr>
</tbody>
</table>

Appointments:

- 2019–present  Associate Director, School of Accountancy, Marriott School of Business
- 2018–present  Robert J. Smith Professor, Marriott School of Business, BYU
- 2017–2018     Glen Ardis Professor, Marriott School of Business, BYU
- 2017          Professor, Marriott School of Business, Brigham Young University
- 2013–2017     Warnick Deloitte Touche Fellow, Marriott School of Business, BYU
- 2012–2017     Associate Professor of Accounting, Marriott School of Business, BYU
- 2007–2012     Assistant Prof of Accounting, Goizueta Business School, Emory University
- 2005          Accounting Instructor, Johnson Graduate School of Management, Cornell
- 2002–2007     Research Assistant, Johnson Graduate School of Management, Cornell
- 2001–2002     Research Assistant, Marriott School of Management, BYU
- 2001          Accounting Instructor, Financial/Managerial Accounting, BYU

Personal Statement

Dr. Tayler specializes in healthcare research and consulting, specifically population health. He also specializes in professional judgment and decision making, behavioral biases, performance measurement, the assignment of decision rights, and incentive compensation. Bill has presented his research as an invited speaker at universities and conferences globally. His work has been published in the top accounting, finance journals, business journals, and medical journals (such as the Journal of the American Medical Association-Internal Medicine and the Journal of General Internal Medicine). Bill currently serves as the chair of the BYU Healthcare Leadership Collaborative, as a research journal editor and on multiple editorial boards, and as a director of the Institute of Management Accountants Research Foundation.

Relevant Publications


   - Excellence in Ethics Best Paper Award, presented by the Excellence in Ethics Research Conference at the University of Notre Dame, 2013.

   - Policy impact: Medicare and Medicaid Programs; Regulation to Require Drug Pricing Transparency (2019)


   - Best Paper Award, presented by the Management Accounting Section of the American Accounting Association, 2010.
   - Impact on Management Accounting Practice Award, presented by the American Institute of CPAs, the Chartered Institute of Management Accountants, and the Management Accounting Section of the American Accounting Association, 2014.
   - Wikipedia: Surrogation.

   - Best Paper Award, presented by the Management Accounting Section of the American Accounting Association, 2011.
   - Finalist of the Glen McLaughlin Prize for Research in Accounting Ethics, 2008.

    - Funded by the IMA Research Foundation, 2018.

O’Grady 2021 IDR Application

Recently Funding History

Kari O’Grady


Dean’s Grant (2013). A $7,900 grant to take a doctoral student to the Democratic of the Republic of the Congo to study posttraumatic transformation in female survivors of sexual assault.

Dean’s Grant (2012). A $4,500 grant to take a team of doctoral students to Haiti to conduct a follow up quantitative and qualitative study of posttraumatic transformation in Haiti.

Loyola Seed Grant (2010). A $5,000 grant to conduct a quantitative and qualitative study on posttraumatic transformation in Haiti following the earthquake.

Graduate Research Fellowship (2006). A $6,000 fellowship awarded by Brigham Young University Graduate School to top 5 dissertation studies of all graduate school departments.

Research & Creative Activities (ORCA) Scholarship (2002-2003). A $1,000 scholarship awarded for a study conducted about the role of inspiration in scientific scholarship and discovery.

Len Novilla


4. Social Factors that Shape Utah’s Health: Variations in Health Outcomes and Policy & Practice Implications of the Social Determinants of Population Health as They Apply to the Utah Setting. Co-authored with Michael Barnes, Carl L. Hanson, and Joshua West. Project is in collaboration with the Utah Department of Health and State IBIS Program. Status: Awarded $19,288 from the BYU Office of Research and Creative Activities, December 30, 2009.


6. An Implementation of Breastfeeding Friendly Policies among Utah County Businesses. Co-authored with MaryAnne Hunter, MPH (c), Michael Barnes, Ph.D., CHES, Carl Hanson, Ph.D., CHES, Stephanie Fugal, M.S., and Eugene C. Cole, Dr.P.H. Submitted for funding consideration for $4,000.00
from the BYU Graduate Studies Office for the Graduate Mentoring Grant, January 30, 2009. Status: Awarded $4000.00.

7. Understanding the Impact and Correlates of Health Behavior Change at the Individual and Family Settings as a Factor of Family Health History Risk Assessment: What Factors Prompt Individuals 50 and Above to Complete and Share their Family Health History and Seek professional Medical Advice and Screening? Collaborative research with Carl Hanson, Ph.D., CHES, Michael Barnes, Ph.D., CHES, and Steve Heiner, Ed.D. Submitted for funding consideration for the College of Health & Human Performance Faculty Development Award, October 2008. Status: Awarded $1,421.00.

8. Developing an Academic Health Department – The Utah County Health Department and Brigham Young University, Department of Health Science Partnership to Establish the Family and Community Health Research Institute. Co-author with Carl Hanson, Ph.D., CHES and Michael Barnes, Ph.D., CHES. Submitted for funding consideration for $5,170.00 from the College of Health and Human Performance, Brigham Young University, January 2008. Status: Awarded $5,170.00.

9. Understanding the Impact and Correlates of Health Behavior Change at the Individual and Family Settings as a Factor of Family Health History Risk Assessment: What Factors Prompt Individuals 50 and Above to Complete and Share their Family Health History and Seek professional Medical Advice and Screening? Collaborative research with Carl Hanson, Ph.D., CHES, Michael Barnes, Ph.D., CHES, and Steve Heiner, Ed.D. Submitted for funding consideration for $4,017.40 from the BYU Gerontology Program. Status: Awarded $4,017.00.

10. Perceptions of Family Health History among Hispanic Immigrants in Utah County. Co-authored with MPH student, undergraduate students, and faculty: Grant Sunada, Cynthia Penaflor, Elsie Lopez, and with Carl Hanson, Ph.D., CHES and Michael Barnes, Ph.D., CHES. Submitted for funding consideration for $1,600.00 from the Mary Lou Fulton Chair, College of Health & Human Performance, January 2008. Status: Awarded $1,600.00.

11. Formative Research of the Family Health History Toolkit among Utah Hispanics. Co-authored with Carl Hanson, Ph.D., CHES and Michael Barnes, Ph.D., CHES. Submitted for funding consideration for $3,915.00 from the Utah Department of Health, Chronic Disease and Genomics Program, July 2007. Status: Awarded $3,915.00.

12. Family Health History/Genomics Awareness + Maternal and Child Health Global Conference. Collaborative project with Carl Hanson, Ph.D., CHES and Michael Barnes, Ph.D., CHES. Funded through the Utah Department of Health, July 2007. Status: Awarded $5,000.00.

13. Family Health History and Perceptions of Chronic Disease Risk among Seniors. Collaborative research with Carl Hanson, Ph.D., CHES and Michael Barnes, Ph.D., CHES. Funded through the Utah Department of Health, January 2007. Status: Awarded $3,500.00.


15. Funding for Maternal and Child Health Class Travel to the 3rd Annual Unite for Sight International Conference on Empowering Communities To Bridge Health Divide, April 1-2, 2006 at Yale University. Funded through the Fulton Grant, February 2006. Status: Awarded $2,000.00.
16. **Funding for HIV/AIDS Training from The AIDS Support Organization (TASO), Uganda** (collaborative grant with MPH graduate students, Christianna Romney and Natalie De La Cruz), funded through the Fulton Grant, October 2005. Status: Awarded $7,000.00.

17. **Health Outcomes and Family-related Protective Factors: A Secondary Analysis of the National Survey of Children’s Health and the State and Local Area Integrated Telephone Survey (SLAITS)** (collaborative research with Michael Barnes, Ph.D., CHES and Carl Hanson, Ph.D., CHES) funded through the Fulton Grant, April 2005. Status: Awarded $4,195.00.


20. **Course Improvement Grant, Health 673 Maternal and Child Health Issues**, funded through the Faculty Center, June 2004. Awarded $2,000.00.


**Sherinah Saasa**

BYU Mentoring Grant; PI: Seeking Learning: Children’s Perspectives on Barriers to Successful Education Outcomes [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3292771/] 2020 – present: $19, 994

**Natalie Blades**


**Bill Tayler**


ORCA Grant awarded to research assistant Andrew Peterson for his work on our coauthored project, “What Gets Measured Gets Done: Pedometers and Personal Fitness,” 2016.
Outstanding Emerging Scholar Award, presented by the Accounting, Behavior and Organizations Section of the American Accounting Association for “Using internal controls and incentive compensation to motivate employees in a multidimensional task,” 2012

IMA Emerging Scholar Manuscript Award, presented by the Institute of Management Accountants for “The Balanced Scorecard as a Strategy-Evaluation Tool: The Effects of Implementation Involvement and a Causal-Chain Focus,” 2012

Outstanding Emerging Scholar Award, presented by the Accounting, Behavior and Organizations Section of the American Accounting Association for “Strategy selection, surrogation, and strategic performance measurement systems,” 2011

Best Paper Award, presented by the Management Accounting Section of the American Accounting Association for “Norms, Conformity, and Controls,” 2011

Alumni Award for Excellence in Research, presented by the Goizueta Business School, 2010

Best Paper Award, presented by the Management Accounting Section of the American Accounting Association for “Lost in Translation: The effects of incentive compensation on strategy surrogation,” 2010

Dean’s Research Grant Award presented by the Goizueta Business School, 2007, 2008, 2009, 2010

Outstanding Doctoral Dissertation Award, presented by the Management Accounting Section of the American Accounting Association and the Institute of Managerial Accountants for “The Balanced Scorecard as a Strategy Evaluation Tool: The Effects of Responsibility and Causal-Chain Focus,” 2008

Finalist of the Glen McLaughlin Prize for Research in Accounting Ethics for “Norms, Conformity, and Controls,” 2008

Institute of Management Accounting Doctoral Student Grant for “The Balanced Scorecard as a Strategy Evaluation Tool: The Effects of Responsibility and Causal-Chain Focus,” 2006