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Sharing Best Practices in Maternal & Child Health

The HealthConnect One Community-Based Doula Program

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Category: **Best Practice**

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED
#01 Percent of women with a past year preventive visit **#04** A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months **#14** A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

BACKGROUND

The Community-Based Doula Program has evolved since the founding of HealthConnect One (HC One) — then known as the Chicago Breastfeeding Task Force — in 1986. As the Task Force engaged with natural leaders in a variety of Chicago communities, it expanded its grassroots approach to breastfeeding promotion into a model program for community-based maternal and child health promotion — and became Chicago Health Connection. Chicago Health Connection trained and supported community health workers (CHWs) through participant-driven programs that emphasized reinforcement of self-esteem and empowerment. Its scope soon expanded far beyond breastfeeding.

Chicago Health Connection became nationally recognized for programs that resulted in fewer complications during births, decreases in rates of c-section births, increases in breastfeeding rates and attachment between mother and child, and increases in mothers' self-esteem and personal skills. Its most innovative work was the development of the Community-Based Doula Program, which provides support to young families during pregnancy, birth, and the early postpartum period. In recognition of its programmatic and geographical growth, in 2008 Chicago Health Connection assumed the name it has today.

Today, HC One is no longer a direct-service organization; its expertise is in supporting agencies with direct-service programs. HC One helps agencies take innovative risks — and is an essential resource for shifting systems toward prevention and community-based family support. It has expanded its program replication to 52 sites in 20 states, with both private and public funding, including an effort funded by the W.K. Kellogg Foundation to boost programs in Michigan, New Mexico, Texas, and Mississippi.

PROGRAM OBJECTIVES

The goals of the Community-Based Doula Program are:

- To increase the rates of extended and exclusive breastfeeding in communities with low breastfeeding rates.
- To reduce the rates of low birth weight and prematurity, particularly in Black/African American communities.
- To reduce the use of c-sections among Black/African Americans and Hispanics unless they are medically necessary.
- To reduce the use of epidurals in favor of alternative pain management techniques.
- To further develop the corps of community health workers (CHWs) in maternal and child health and early learning.

TARGET POPULATION SERVED

Populations served are primarily low-income, and largely Hispanic and African-American, with small percentages of American Indians. Mothers tend to be young (more than 13% below age 18 and more than 50% between the ages of 18 and 24 years) and at high medical risk (42% of participants in the data analysis in The Perinatal Revolution experienced one or more health conditions associated with adverse pregnancy and birth outcomes, including overweight/obesity, diabetes, depression, high blood pressure, heart disease, respiratory illness or asthma, and sexually transmitted diseases).

PROGRAM ACTIVITIES

HC One collaborates with community health agencies nationwide in establishing effective programs and securing community support to train and hire community-based doulas.

PROGRAM OUTCOMES/EVALUATION DATA

Building the evidence base for HC One programs is a key priority of the organization. HC One staff evaluate programs, projects, and initiatives by collecting hard data, surveying partner sites and various stakeholders to determine the efficacy of their facilitation and technical assistance, and continually measuring results against the goals articulated by program staff each year. A web-based data collection system, called Doula Data, was developed specifically for the Community-Based Doula Program, with significant input from doulas, supervisors, and program directors, and has been used to analyze program outcomes compared to appropriate comparison data.

At the community level, HC One is dedicated to promoting rigorous and respectful assessment practices within its partner sites. The data collected and analyzed not only provide guidance for program evaluation but establish a baseline for research initiatives. Using outcome data and engaging stakeholders, HC One developed the Community-Based Doula Accreditation Program to define standards and indicators to serve as benchmarks for high-quality program implementation and evaluation of best practices.

The evaluation of Community-Based Doula Program outcomes by a national "Promotion and Support of Community-Based Doula Programs" Expert Panel focused on data collected from eight community-based doula programs from around the country, six of which received HRSA funding. Process and outcome data were collected by community-based doulas and entered into Doula Data, an online, user-friendly, systematic and comprehensive program-monitoring and evaluation tool. Doula Data was launched in 2008; it has 419 variables, which include a variety of topics and questions focused around participant history, prenatal and postpartum contacts and labor and birth.

Data from 2008-2012 were analyzed and compared with benchmarks from a similar sample of participants in the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance project of the CDC, from 2008-2010. Results of the analysis were consistent with positive outcomes that were shown in the original community-based doula pilot and reported by Dr. Susan Altfeld in the 2003 Chicago Doula Project Evaluation Final Report. These included much higher breastfeeding duration and exclusivity (at 6 weeks, 3 months and 6 months) and much lower c-section rates.

The principal outcomes documented by comparing Doula Data and PRAMS were:

- Longer breastfeeding duration among Hispanic mothers who were Community-Based Doula participants — 65 percent after six months among Hispanic women, vs. 33 percent in the PRAMS survey.
- Greater breastfeeding exclusivity among Hispanic mothers — 62 percent vs. 13 percent in PRAMS.
- Longer breastfeeding duration among Black/African American mothers who were Community-Based Doula participants — 37 percent after six months, vs. 17 percent in the PRAMS survey.
- Greater breastfeeding exclusivity among Black/African American mothers — 39 percent after six months vs. 7 percent in PRAMS.
- Less use of c-sections among all Community-Based Doula participants than among PRAMS subjects (24 percent vs. 30 percent).
- Less use of epidurals among Hispanic women than among PRAMS subjects (26 percent vs. 48 percent).

PROGRAM COST

Community-Based Doula programs lead to Cost Savings:

Program outcomes demonstrate some immediate cost savings and suggest additional long-term costs savings in the following areas:

- Higher breastfeeding rates lead to both short and long term cost savings for both mother and baby in the form of avoided illness and chronic disease. Over the long term, the cost of suboptimal breastfeeding in the U.S. is estimated to be $13 billion per year for pediatric costs and an additional $18.3 billion per year in maternal health costs.

- Each avoided C-section provides $4,459 in medical care savings (Medicaid costs).

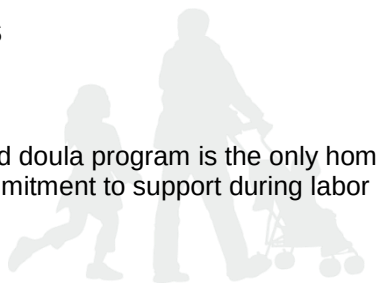
- Each avoided epidural provides $607 in medical care savings (Medicaid costs).

The cost of program implementation varies greatly, depending on existing capacity, size and structure of the organization, cost of living and comparable salary levels, the existence of similar programs in the agency, and whether there is significant travel and engagement with a cohort of other programs. Program budgets for a basic program (2 doulas and a supervisor, including admin and other direct costs, serving up to 50 births per year) have varied from $100,000/year to $200,000/year.

ASSETS & CHALLENGES

Assets

HC One's community-based doula program is the only home visiting program with a commitment to support during labor



and birth, which evidence shows is integral to the program's success. Community-based doulas provide culturally sensitive pregnancy and childbirth education, early linkage to health care and other services; labor coaching, breastfeeding promotion and counseling, and parenting education, while encouraging parental attachment. The peer-to-peer relationship and the continuity of care knit a fabric of support around the family, which has broad and deep impact on a variety of outcomes.

This model was built on the understanding that birth is a sensitive period in which families have a unique openness to change, learning and growth. It was also built on a recognition of the power of peer-to-peer support, particularly during this time.

HC One's unique approach brings to communities relationship-based, nuanced and respectful technical assistance, leadership support, and program development with community partners working to improve maternal and child health. HC One's expertise lies in empowering communities to address disparities and provide better support for healthy families around the birthing year.

HC One's respectful community-engagement and popular education approach leaves each of their partners with tools to continue the work once they have gone.

Challenges

This program, based on the community health worker model, takes a traditional, even ancient role and integrates it into systems of care in which it is both innovative and potentially challenging. Many organizations have little or no experience with a peer-to-peer model, and may not understand or even believe that this approach yields powerful outcomes.

This high-touch approach invests in human capital in an age when many are looking to invest in technology or other quick fixes. It may take attention to adapting management, training and supervision protocols to the new model. It also requires significant outreach to and engagement with community stakeholders, including community residents. HC One supports the program development process with training, technical support, and ongoing mentorship. Those organizations that are open to these changes are successful in program implementation, and find the community-based doula program a cost-effective and transformational model.

LESSONS LEARNED

HC One community-based doula programs follow these Five Essential Components, which are the result of lessons learned through 20 years of co-learning with our partner sites:

1. Employ trusted members of the community
2. Extend support from early pregnancy through the first months postpartum
3. Collaborate with community stakeholders and use a diverse team approach
4. Facilitate experiential learning through popular education, and
5. Value the community-based doula's work with salary, supervision and support.

Our experience has shown these program components to be critical to achieving strong positive program outcomes. We understand that fidelity to the model must be balanced with an appreciation of local community and organizational needs – for instance, a community-based doula program in a foster care system needs additional training in mental and behavioral health, and some communities have additional priorities to incorporate into program services. But there are limits to the adaptability of this model, and when the essential components are discarded, we have seen program outcomes plummet.

Particularly important is the employment of trusted members of the community; this is the essence of the peer-to-peer model, and when this powerful strategy is not understood or poorly implemented, health and parent engagement outcomes are worse. Mothers are less likely to call the doula for the birth, to stay in the program for very long, or to be open to new experiences -- like breastfeeding or engaging with other health or social services. The community-based doula provides a strong support to healthy families, and a trusted access to other systems of care.

FUTURE STEPS

HC One is actively planning for the sustainability of current programs in the current economic and political environment. The recognition of the social and economic determinants of health, and the increased use of a life-course perspective on health and disease, have led to significant policy shifts.

These changes have led to a prioritization of health promotion and disease prevention, a commitment to community-based innovations, and an understanding that investments in pre-conception, pregnancy, birth and early childhood support are essential for the health of our population and our economy.

The MIECHV program established by the Affordable Care Act has made possible unprecedented investment in home visiting programs across the country. (The Community-Based Doula Program is currently defined by MIECHV as a promising practice.) Yet the uptake of innovation remains uneven, and sustainability of these approaches depends on active advocacy efforts and perhaps new business models. Convening our Network partners and national content

experts to determine these strategies is at the core of HC One's 2016-2019 strategic plan.

COLLABORATIONS

The Community-Based Doula Program is national in scope, so collaboration is woven into every aspect of the process. HealthConnect One has worked with 52 organizations in 20 states.

HC One included stakeholders (e.g. community residents, community-based doulas, supervisors, program directors) in all aspects of curriculum and model development, including the development of a web-based data collection system. The organization provides a model and support for local CHWs in many aspects of their work, remaining dedicated to the principles of peer support, to respecting local community traditions and standards, and to incorporating stakeholder input.

An essential aspect of initial program site collaboration is the requirement that the organization convene a stakeholders meeting, to include partner organizations, community advocates, providers, and community residents, to discuss the issues facing birthing families and the potential structure and objectives of the community-based doula program. HC One regularly convenes diverse partners and other sector leaders in order that they might learn from each other, create workable consensus on issues including CHW accreditation and certification, and ensure nimble and robust advocacy and messaging during this volatile era of health reform implementation. This work also builds local and national leaders and advocacy champions.

PEER REVIEW & REPLICATION

The work of HC One is subject to ongoing peer review from experts and practitioners from within and outside the organization, including the National Network of replicating sites (through meetings and other convenings) and the broader early health and early learning community (through frequent presentations). Current and past program staff members from organizations around the country have been extensively involved in the development of the Doula Data evaluation system and the development of standards and indicators to measure high quality program implementation. In addition, the "Promotion and Support of Community-Based Doula Programs" Expert Panel comprised 20 experts from academic and public health disciplines; program data and The Perinatal Revolution were also reviewed by an additional 11 ex officio federal staff and content experts.

Replication is at the heart of the Community-Based Doula Program — see the list of sites and collaborating agencies in our National Site Summary at: http://www.healthconnectone.org/filebin/pdf/HC_One_National_Site_Summary.pdf.

RESOURCES PROVIDED

HC One website
The Perinatal Revolution

Key words: Doula, Reproductive Health, Birth Outcomes, Health promotion, Access to Care, Health inequity/Disparity

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