



Birth Equity

Doulas of Color Strategy Brief

The Prenatal to 3rd Grade Workgroup is proposing two strategies with the goal of increasing the percentage of babies born at a healthy birth weight (5.5lbs or more) in Kent County while also creating sustainable career for women of color as a doula.

Strategy One: Connect expectant Women of Color in Kent County with Doula services – specifically prioritizing women who may be at risk of having a low birth weight baby.

Strategy Two: Equip a cohort of Women of Color in Kent County with the skills and certifications needed to achieve a career as a Doula that allows them to earn a sustaining wage.

Alignment with KConnect Vision

- Improving expectant mothers' connection to needed services and promoting preconception health helps to ensure all children have equitable pathways to community supports.
- Providing access to a sustainable career as a doula provides an equitable pathway to economic prosperity.

Commitment to Equitable Outcomes

- This strategy is an example of targeted universalism with the universal goals being all children born at a health birth weight and all adults having opportunities to make a sustaining wage and the targeted strategies being Doula support for Women of Color and economic advancement opportunities for Women of Color.

Need

- In 2016, black babies were more than twice as likely to be born at a low birthweight compared to white babies in Kent County. In fact, more than one in every seven babies born to Black/African American mothers in Kent County are considered low birthweight.
- The median family income for White families in Kent County is about \$81,000 while the median family incomes for Black and Latinx Families are about \$43,000 and \$40,000 respectively. This significant gap illustrates the need for targeted strategies in the area of workforce development.

Maximum Possible Benefit

- If this strategy is successful, the maximum possible benefit includes nearly 300 more babies born at a healthy birthweight in Kent County per year. This would represent a nearly 60% improvement in the number of low birthweight births in the area. Additionally, this strategy addresses workforce development by helping to create pathways to sustainable employment for Women of Color.

Executive Summary

Proposal

The Prenatal to 3rd Grade Workgroup is proposing a two-part, targeted strategy with the goal of closing the disparity gap and increasing the rate of babies born at a healthy birth weight (5.5lbs or more) in Kent County.

Part One: Connect expectant Women of Color with Doula services – specifically prioritizing women who may be at risk of having a low birth weight baby.

Part Two: Equip a cohort of Women of Color in Kent County with the skills and certifications needed to achieve a career as a Doula that allows them to earn a sustaining wage.

Background

The Prenatal to 3rd Grade Workgroup is focused on improving Kindergarten Readiness and 3rd Grade Reading in Kent County. Under Kindergarten Readiness, we have identified healthy births as a key indicator. We believe that increasing the number of children who are born healthy in Kent County will directly impact the number of children who are ready for kindergarten.

We are using the percent of babies born weighing 5.5 pounds or more as a proxy measure for healthy births. When looking at our local data, we see drastic disparities in birth outcomes. In 2016, Black babies were more than twice as likely to be born at a low birthweight compared to White babies in Kent County. In fact, more than one in every seven babies born to Black/African American mothers in Kent County are considered low birthweight. These disparate outcomes are the reason our workgroup decided to pursue a targeted strategy aimed at improving birth equity in our community. Looking at the local landscape of services and support, and considering national models, we identified an innovative strategy to address this disparity and improve birth outcomes.

A group of Prenatal to 3rd Grade Workgroup members came together to form the Doulas of Color Strategy Team and recruited additional stakeholders to participate in strategy development (Phase 4 in the KConnect Process Framework). The Doulas of Color Strategy Team includes the following members:

- Kiara Baskin, Strong Beginnings & Bump to Birth Doula Services
- Heather Boswell, First Steps Kent
- Kristina Donaldson, Prenatal to 3rd Grade Workgroup Co-Chair
- Anissa Eddie, KConnect
- Stacey Figg, The Village Doula GR
- Ashley Greenburg, First Steps Kent
- Kendra Ippel, Local Midwife
- Eliana Mazuera, Local Doula
- Wende Randall, Essential Needs Task Force
- Tiffany Townsend, Gold Coast Doulas
- Annemarie Valdez, First Steps Kent
- Peggy Vandermeulen, Strong Beginnings

Throughout the strategy development phase, this team examined research, analyzed data and gathered input from stakeholders. An overview of their findings and recommendations is included in the remaining sections of this document.

Rationale

Biological, social, and environmental factors all influence early childhood development in critical ways. A 2007 study examining gaps in early literacy development identified five risk factors that predicted delays in literacy development: low socioeconomic status, family structure (single-headed households), child health, parent health, and parent involvement in early literacy development (Janus & Duku, 2007). Of these risk factors, child health and early literacy skills had the highest effect sizes predicting later literacy levels. Babies born over 2.5kg (~5.5lbs) are much more likely to be ready for school by kindergarten than those born under 2.5kg (Janus & Duku, 2007). Other studies find similar conclusions that low birthweight and preterm births are strongly associated with lack of school readiness, particularly in early literacy development and math (Reichman, 2005). Reichman also highlights the disproportionate rates of preterm births and low birthweight among African American and women in lower income households.

In 2016, the percentage of babies born in Kent County weighing 5.5lbs or more was 92.3%. The number of babies born in Kent County weighing less than 5.5lbs in 2016 was 679. When this data is disaggregated by race, we find that 14.8% of all Black/African American babies born in Kent County are low birthweight compared to 6.4% of White babies. Knowing the long-term impact of healthy births and acknowledging these disparities, our team was compelled to identify a targeted strategy to increase birth equity in Kent County.

Strategy Proposals

Part One: Partnering Women of Color with Doula Services

Connect expectant Women of Color with Doula services – specifically prioritizing women who may be at risk of having a low birth weight baby.

Background

The racial disparities in birth outcomes demonstrate that inequities exist from the very beginning of a child's life in Kent County. Improving birth outcomes overall and closing the disparity gap helps to put a child on the path to economic prosperity from day one.

Research shows us that receiving Doula services is directly connected to improved birth outcomes.

The most recent Cochrane Review of 26 randomized trials of continuous support during labor reported that when women had continuous support they were less likely to:

- Have an epidural or other regional analgesics
- Use any type of pain medication including narcotics
- Give birth by cesarean section
- Give birth by vacuum extraction or forceps
- Give birth to a baby with a low Apgar score at five minutes after birth
- Be dissatisfied with or negatively rate their childbirth experience

(Bohren et al. 2017)

We believe that Kent County is well positioned to implement this strategy because access to Doula services directly complements the strong prenatal supports currently offered here in Kent County by collaborating to provide optimal maternity care that is culturally competent and personally curated. The Doula's hallmark, continuity of care, not only

results in increased patient satisfaction of their overall experience, but also increases completion of postpartum and well child visits, decreases likelihood of postpartum depression, and increases knowledge of family planning.

We have identified a national organization called Health Connect One that can offer support and guidance as we pilot this strategy. Health Connect One helps affiliates all over the country replicate their successful Community Based Doula Program. We have connected with Focus Hope and the Black Mother's Breastfeeding Association in Detroit that have both been able to successfully replicate the Doula program with the help of Health Connect One. The Community Based Doula Program Model connects underserved women to women in their community who are specially trained to provide support during the critical months of pregnancy, birth, and the early months of parenting. To date, more than 6,000 families have benefited from services provided by community-based Doula through replication programs in underserved areas nationwide. The organizations that have implemented this model have intentionally established the Community Based Doula Programs within the broader continuum of care for families (e.g. home visiting, developmental screenings, support groups, etc.).

Area of Focus

Women of Color in Kent county who may be at risk for having a low birth weight baby

Part Two: Doula Employment Cohort

Equip a cohort Women of Color in Kent County with the skills and certifications needed to achieve a career as a Doula that allows them to earn a sustaining wage.

Background

The median family income for White families in Kent County is about \$81,000 while the median family incomes for Black and Latinx Families are about \$43,000 and \$40,000, respectively. This significant gap illustrates the need for targeted strategies in the area of workforce development. Creating more employment and entrepreneurship opportunities for Women of Color who experience disparate outcomes in these areas promotes equity in access to economic opportunities.

The 2018 median salary for a full time Doula, nationally, is \$39,663, which is 17% above 200% FPL for 1 adult and 1 child and 20% below the MIT Living Wage calculation for 1 adult and 1 child. By comparison, the median income for full-time restaurant/food industry workers in Michigan, including tips, is \$18,792. 80% of restaurant workers in Michigan are women.

The US Bureau of Labor Statistics projects a 5%-9% growth in Doula jobs (personal care and service workers) between 2016 and 2026. Because doulas generally earn a flat rate per birth or hourly wage, full time status may range from 4-7 births per month (at \$500-\$1,000 per birth; some communities nationwide average up to \$2,000 per birth for experienced doulas). Kent County saw 8,795 births in 2016; on average 6.9% of births utilize doula services (over 600 births with doulas). At the labor market growth projection, this demand will be small in terms of hard numbers (40 more births per year). That said, by piloting a small cohort of women who have identified this as a good career path, we are increasing their wage potential and providing a vital service to women/children.

There are local supports available for creation of a business plan and for business development. This would provide for freelance or business ownership, leading to wealth creation. An alternative is a center or cooperative of doulas sharing planning and expenses while building their business. From 2007-2012 the number of women-owned businesses across the country grew 26.8%, a stark difference from the 2% increase in all businesses over the same period. Of the nation's 2.6 million black-owned businesses, over 58% are female-owned in 2012. In Kent County, in 2012, there were 17,687 women-owned businesses.

Although this particular strategy is very targeted in nature, this pilot will provide the opportunity to learn more about the systemic barriers Women of Color face when pursuing employment that offers a sustaining wage. Identifying ways to reduce and eliminate those barriers will result in insights that can be applied to recruitment and retention efforts for other job opportunities in the medical field and beyond.

Area of Focus

6-8 Women of Color who are interested in gaining the skills and certifications needed to achieve a career as a Doula that allows them to earn a sustaining wage

Proposed Implementation Steps

1. Develop an implementation plan based on focus group input and stakeholder feedback
2. Confirm a host organization/meeting space
3. Finalize partnership with Health Connect One
4. Finalize budget and secure needed funding
5. Recruit 6 to 8 women to participate in the Pilot
6. Conduct the training
7. Coordinate with referring organizations to recruit clients for the Doulas in the Pilot
8. Coordinate certification requirements for Doulas in the Pilot
9. Nurture cohort support network
10. Complete independent third-party evaluation

Associated Costs

- Doula training & materials for the Pilot Cohort
- Trainer/facilitator
- Doula certification for the Pilot Cohort
- Recruitment collateral
- Project coordinator
- Food & childcare for training participants

Possible Planning and Implementation Team

- Kiara Baskin, Strong Beginnings & Bump to Birth Doula Services
- Heather Boswell, First Steps Kent
- Kristina Donaldson, Prenatal to 3rd Grade Workgroup Co-Chair
- Anissa Eddie, KConnect/First Steps Kent
- Stacey Figg, The Village Doula GR
- Ashley Greenburg, First Steps Kent
- Kendra Ippel, Local Midwife
- Eliana Mazuera, Local Doula
- Wende Randall, Essential Needs Task Force
- Tiffany Townsend, Gold Coast Doulas
- Annemarie Valdez, First Steps Kent
- Peggy Vandermeulen, Strong Beginnings
- OBGYN Physician or Nurse
- GRCC Representative