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Health Outcomes & Cost-Savings of the Community-Based Doula Model

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Presenter Disclosures

Presenter 1: Sarah Kerch
I have no financial relationships to disclose

Presenter 2: Kristin Rankin
I have no financial relationships to disclose



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Presentation Overview

- Background:
 - Community-based doula model
 - Current community-based doula program efforts
- Benefits of the Community-Based Doula Model
- Cost-Savings of Community-Based Doula Programs Implemented in Medicaid Populations
- Discussion of Findings


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Community-Based Doula Model

Who are community-based doulas?
What do community-based doulas do?



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Community-Based Doula

- Community-based doulas:
 - Provide ongoing, relationship-based, peer-to-peer support
 - Prenatal, labor & birth, postpartum
 - Serve women in low-income, underserved communities
- Elements of training model:
 - Building community support (stakeholders' meeting)
 - Training of trainers
 - 20 sessions
 - Experiential learning and popular education



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Community-Based Doula Model

Five Essential Components:

1. Employ community-based doulas who are trusted members of the target community
2. Extend and intensify the role of the community-based doula with families from early pregnancy through the first months postpartum
3. Collaborate with community stakeholders and institutions, and use a diverse team approach
4. Facilitate experiential learning using popular education techniques and the HealthConnect One training curriculum
5. Value a community-based doulas' work with salary and support



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Current Model Replication

- 16th year of implementation
- 47 existing sites in 17 states



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Current Model Replication

- Health Resources and Services Administration (HRSA):
 - National program to implement the community-based doula program
 - Result of advocacy efforts
 - Deemed HealthConnect One the "Community-Based Doula Leadership Institute" to train and provide technical assistance
- 2 cohorts:
 - 1st Cohort - 6 sites from October 2008 to August 2010
 - 2nd Cohort - 6 sites (2 from 1st cohort) from September 2010 to August 2012



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Current Model Replication

- W.K. Kellogg Foundation
 - Three-year project – “Tapping Powerful Resources: Strengthening the CHW Workforce in Maternal and Infant Health”
 - Develop four community-based doula and breastfeeding peer counselor programs in:
 - New Mexico
 - Michigan



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Evaluation of Community-Based Doula Model

- *Doula Data*
 - Implemented in July 2010
 - Web-based and user-friendly, guiding service provision
 - Collects over 400 variables
 - Currently used by 9 active sites



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Methods

- Inclusion criteria:
 - Two years worth of data in *Doula Data*
- Participant data pulled from *Doula Data*:
 - Birth weight
 - Breastfeeding initiation and duration
 - C-section
 - Epidural



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Methods

- Cost savings:
 - Calculated using:
 - Service use estimates from comparable populations
 - Medicaid cost estimates from scientific literature
 - Difference in service use between baseline and reported service use from included *Doula Data* sites
 - Based on outcomes of Community-Based Doula programs:
 - C-section rates
 - Epidural rates
 - Low birth weight infants
 - Breastfeeding initiation, duration and exclusivity rates
- Cost estimates inflated to 2011 U.S. dollar

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Results - Benefits

Measure	CBD Participants	HP 2020 Objective ¹
Low-birth weight	4.5% (3/66)	7.8%
C-section	21.2% (14/66)	23.9% (1 st birth)
Epidural	30.3% (20/66)	-
Breastfed ever	95.4% (62/65)	81.9%
Breastfed at 3 months (exclusive)	76.2% (32/42)	46.2%
Breastfed at 6 months (exclusive)	46.7% (7/15)	25.5%
Breastfed at 6 months	73.3% (11/15)	60.6%

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Results – Cost Savings

Measure	CBD Participants	Comparison	Source
Low-birth weight	4.5% (3/66)	6.2% ²	NCHS
C-section	21.2% (14/66)	31% ³	HCUP
Epidural	30.3% (20/66)	43.1% ⁴	Handler, A; Kennelly, J; & Peacock, N
Breastfed at 3 months (exclusive)	76.2% (32/42)	67% ⁵	The Lancet

Total cost savings for direct services in Medicaid populations during the first two years postpartum = 10%, (~\$1,088,960 per 1,000 clients)^{3,6,7,8}

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Discussion

- Implementation
 - Trusting the process
 - Balance between flexibility and program standards
- Evaluation
 - Comparison population
 - Using data as evidence for quality standards
 - Need to share program impact at all levels



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Thank you...

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