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

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
Community-Based Doula Model

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

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
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 doula's work with salary and support

Current Model Replication

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

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
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

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

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
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

Results - Benefits

<table>
<thead>
<tr>
<th>Measure</th>
<th>CBD Participants</th>
<th>HP 2020 Objective</th>
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</thead>
<tbody>
<tr>
<td>Low-birth weight</td>
<td>4.5% (3/66)</td>
<td>7.8%</td>
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<tr>
<td>C-section</td>
<td>21.2% (14/66)</td>
<td>23.9% (1st birth)</td>
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<tr>
<td>Epidural</td>
<td>30.3% (20/66)</td>
<td></td>
</tr>
<tr>
<td>Breastfed ever</td>
<td>95.4% (62/65)</td>
<td>81.9%</td>
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<tr>
<td>Breastfed at 3 months (exclusive)</td>
<td>76.2% (32/42)</td>
<td>46.2%</td>
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<tr>
<td>Breastfed at 6 months (exclusive)</td>
<td>46.7% (17/37)</td>
<td>25.5%</td>
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<tr>
<td>Breastfed at 6 months</td>
<td>73.3% (11/15)</td>
<td>60.6%</td>
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Results – Cost Savings

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

Total cost savings for direct services in Medicaid populations during the first two years postpartum = 10%, (~$1,088,960 per 1,000 clients)³⁴⁵
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

References


Thank you...

• Kristin Rankin, PhD
  University of Illinois at Chicago

• HealthConnect One Staff

• Community-Based Doulas around the country!