

BLACK DOULA NETWORK

THE PROBLEM - INEQUITY

Fresno is facing a Black Maternal and Child health and a healthcare infrastructure crisis.

Black women in Fresno experience preterm birth at a rate of **67.5% higher than white women**. Black women are six times more likely to die from a preventable pregnancy related cause compared to white women. **Black babies die at more than three times the rate of white babies.**

"The doctor did not come up with a plan. That resulted in 7 days of life support, baby being delivered in an emergency room via C-section, without anesthesia, and the baby going to Valley Children's Hospital, and ultimately in 7 and 10 days later baby passing away as well."

Mother in Fresno, who lost both her daughter and grandchild from preventable pregnancy complications.

Black women in Fresno are more likely to live in unfinished neighborhoods and experience higher rates of comorbidities. Increased access to doulas may result in positive birthing experiences, more full-term pregnancies, and healthier babies.

THE MOMENTUM/IMPETUS

Recently passed California legislation (SB 65 Omnibus), has the potential to be a game-changer in transforming birth outcomes of Black communities, as it provides reimbursement of doula services for Medi-Cal patients. Nevertheless, viewing its potential through the lens of Fresno's Black birthing community, the promises of SB 65 can only be maximized, if the prerequisites, namely, a culturally concordant doula workforce, an equitable, doula/patient informed high-quality doula training, and a supportive infrastructure also exist.

OUR SOLUTION THE BLACK DOULA NETWORK

The **BLACK Doula Network (BDN)** is a social enterprise designed to address the doula provider deficit, build the missing backbone infrastructure needed to support and sustain doulas, and provide birthing persons with access to healthcare services demonstrated to decrease health disparities.

The **BLACK Doula Network is a multi-faceted approach**, which includes development of a culturally respectful, high-quality, doula and patient-informed

training curriculum, a plan to integrate trained doulas into the hospital and healthcare system to ensure continuum of care, and an administrative backbone network, that will function similar to an Independent Provider Association (IPA), ensuring that doulas have the legal and administrative support they need and birthing persons have access to high-quality full spectrum support. As a flagship initiative for race equity, the Network will lead to system changes and serve as a model for measurable outcomes and effective public policies.

The **BDN will advance racial justice and birth-and social-equity in Fresno**. Broader impact includes creating a sustainable and scalable solution beyond Fresno that demonstrates how to center race in health equity and improve health outcomes and patient experiences.

1-5 YEAR RESULTS

- **BLACK Doula Network Training** workforce development opportunities for Black women through partnering with Fresno City College
- **BLACK Doula Infrastructure** backbone support - Clearinghouse
- **Improved birth outcomes** for Black birthing persons and babies

OBJECTIVE OF THE GUIDANCE

This practical guidance is designed to build **Belonging, Love, Affinity, Community, and Kinship** and to share power with Black Girls, Women, Birthing Persons, and Mothers in all decisions, resources, services, policies, and programs that affect them. This guidance is to ensure that power is shared responsibly by taking account of, giving account to, and being held to account by the people most impacted.

TAKING ACCOUNT

Prioritize opportunities for the voices of Black girls, women, birthing persons, and mothers to be heard and shape decision-making at all phases.

GIVING ACCOUNT

Provide information to the community throughout, outlining what plans and commitments are, how and why decisions were made, and what the process is/was.

BEING HELD TO ACCOUNT

Provide Black girls, women, birthing persons, and mothers access to meaningfully evaluate the quality of their care, determine the effectiveness of care in addressing their needs, offer solutions to improve their care, and expect that their solutions will be adopted.

All of these dimensions should be informed by a vulnerability and age analysis—because people’s visibility, voice, opportunities, and constraints are very much affected by their experiences and age.

PRINCIPLES OF ENGAGEMENT

1. CENTER BLACK VOICES

Generate meaningful and relevant results and outcomes for Black girls, women, birthing persons and mothers—in accordance with their **specific needs, priorities, and preferences.**

2. RESPECT THEIR RIGHTS

Work in ways to **protect, facilitate, and enable** Black girls, women, birthing persons, and mothers to exercise their rights, including the right to high quality care, equitable access to services and resources, and **respect** their right to share their views and opinions about services, policies, and/or decisions that affect them.

3. BUILD TRUST

Build relationships of trust based on mutual respect, transparency, power-sharing, and two-way communication.

4. END-TO-END PARTICIPATION

End-to-end participation requires both integrating Black perspectives into the **content** of policies, services, and programs, and **representation** of Black people in the decision-making process.

BLACK Wellness & Prosperity Center (BWPC) is a research driven social enterprise founded to make equitable policies and programs more effective.

We are a catalyst to lift the well-being and prosperity in the Black community.

IMPLEMENTATION GUIDANCE

BWPC developed this implementation strategy for engaging Black girls, women, birthing persons, and mothers—understanding that participation from the served community is always critical to the design of successful programs, projects, products, and services.

MINIMUM STANDARDS CHECKLIST

- ✔ **Black girls, women, birthing persons, and mothers have been consulted** and engaged in the needs assessment, intervention priorities, selection criteria and design of activities and/or other data reflecting their views and perspectives.
- ✔ **There are strategies and approaches to promote participation, facilitate trust,** and two-way communication and transparency throughout the initiative, project, decision process, or activity.
- ✔ **There is a plan to mitigate barriers and bottlenecks faced by Black people** exercising their right to information and respectful care and services.
- ✔ People are **provided with accessible and understandable key information** on 1) objectives and activities, 2) their rights and entitlements and 3) how to participate in and share in decisions that affect them.
- ✔ There are **accountability measures to mitigate anti-Black racism** at the individual and organizational level and training and capacity-building for those who serve Black people.
- ✔ **Systems are developed and/or coordinated to ensure programs, care and services** are culturally concordant and respond respectfully and holistically to diverse needs and priorities.

These minimum standards are developed with the recognition & acknowledgement of the existence and sanctioning of biases against Blackness in society. Great intentionality must be developed to counteract these biases.

OPERATIONAL CONSIDERATIONS

- 1. A budget is allocated** to compensate participation of Black girls, women, birthing persons, and mothers as *experts*.
- 2. There are resources dedicated to building capacity** for Black-led community partners, representatives, and leaders.
- 3. There is a plan to hire, invest in,** procure from, and/or work with Black-owned businesses.
- 4. Existing knowledge, capacities, and investments** are respected in the planning and allocation of resources.

