

Providing support where it is most needed **Community**

Doulas as connectors Decrease infant mortality

Strengthening Families **Engaging** Opportunity



2010 Annual Report



The Community-Based Doula Framework

Inspired Family friendly **National growth**

Focus and planning for long-term needs and strategies

The Community-Based Doula Framework within HealthConnect One



Photo by Flint Chaney

A community-based doula serves as birth coach, advocate, friend and supporter to a birthing mother. Community-based doulas develop personal, intimate connections with pregnant women before, during and after they give birth. Every community-based doula lives in the neighborhood she serves. She spends her time working with a mother before she goes into labor, staying with her throughout the delivery, and making home visits to ensure that mom, baby and family are supported. For nearly twenty years, HC One has developed and refined this community-based doula model with great success.

Community-based doulas use their expertise to create caring and intimate personal connections with birthing families...this connection building permeates every layer of HealthConnect One's work in maternal and child health programs. This is the *Community-Based Doula Framework*

– personal, intimate, built with respect, providing one-to-one support and connection, and based in the community.

HealthConnect One uses the Community-Based Doula Framework as a guide with all of our programming. Breastfeeding, birth and early parenting support initiatives are crafted in the same manner that a doula builds her relationship with a new mother – the focus is on care, respect and compassion, taking into account the concerns and needs of the family as well as the wider community, and always utilizing the power of peer-to-peer support. This is echoed in all of our work this year, from expansion in Breastfeeding Promotion and Advocacy, to our alignment with community health worker initiatives and our continuing development of Community-Based Doula replication sites across the country.

This is the *Community-Based Doula Framework* – personal, intimate, built with respect, providing one-to-one support and connection, and based in the community.

The Community-Based Doula Framework allows HealthConnect One to provide health interventions that are incredibly successful. As you read through the Annual Report this year, consider how this framework may shape your own life – as an advocate, friend and supporter for maternal and child health.

Letter from the Executive Director, **Rachel Abramson**



Dear Friends,
When we developed HealthConnect One, we knew that the power of peer-to-peer support would be successful in impacting families in underserved communities throughout Chicago, addressing Illinois high rates of infant mortality. Nearly 24 years later, the power of the model has translated into all of our programs, most significantly

with our signature Community-Based Doula program, now nationally recognized and replicated in 14 states, with interest from over 80 communities worldwide.

Community-based doulas are incredible women – they achieve results with birthing mothers that were once unimaginable with health professionals. Our community-based doulas impact the lives of mothers and their babies, but also the family and the community in which they work. Much like a doula’s work is respectful of her clients, so is HealthConnect One of the new communities we are expanding within. Each replication site, each program, every new potential partner, immediately becomes a part of HealthConnect One’s story.

Thank you for your support of our ever-expanding network – and thank you for being a vital part of our story!

Sincerely,

A handwritten signature in black ink that reads "Rachel Abramson".

Letter from the Board President, **Lydia Lazar**



Dear Friends,
When HealthConnect One returned from Washington DC in the Spring of 2010, with the rallying cry of “Doulas for Health Reform!”, I immediately knew we were embarking on a new era for community-based health initiatives. Our central program, the community-based doula program, has gained the recognition of the

federal government in the last few years (as we continue to serve as the National Community-Based Doula Leadership Institute) but has also garnered so much local support across the world.

As organizations endure over time, it is not unusual to find missions shift and business models change to the

detriment of the communities that are served. This has not been the case for HealthConnect One. Although our name has changed over time and our reach has widened, our core model has remained consistent. This core model is the framework that we highlight throughout this report – it is a unique method of utilizing peer-to-peer support in a respectful, intimate and compassionate way. And we have not wavered in our commitment to this model because it works – it improves the health of mothers, babies and families – and it improves the health of our communities.

This is an exciting time for HealthConnect One. I urge you to join us and spread the community-based doula framework to as many communities as we can.

Sincerely,

A handwritten signature in black ink that reads "Lydia Lazar".



The Five Essential Components

There are five essential components to HealthConnect One's community-based doula model – five components that make our work successful in communities throughout the country. Since piloting community-based doula programs in the mid-90's, HealthConnect One has gained national recognition for this model, resulting in two consecutive grants from the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) naming us the Community-Based Doula Leadership Institute.

HC One's model rings true with each partner because the five essential components make sense to those who do this work every day, whether they learned them from us or discovered them independently. "At Migrant Health Promotion, we've always used those five essential components," says Lizette Pacheco, Program Director for *Amor de Madre*, a HRSA-funded community-based doula replication program at Migrant Health Promotion in Texas which serves people living in *rural colonias*. "And we appreciate how HC One reinforces that in these meetings – paying our CHWs and providing benefits [for example] – it has to be done."

HC One's community-based doula programs:

- 1. Employ women who are trusted members of the target community.** Michelle Sarju, Clinical Director for the Community Doula Home Visiting Program at Open Arms in Seattle, Washington, agrees that doulas are most effective when they are trusted leaders from the community, so they understand the community's needs. "Our doulas never ask [mothers] if they're documented," she offers as an example. "It doesn't matter... The client knows she has someone she can trust."

2. Extend and intensify the role of doula with families from early pregnancy through the first months postpartum.

While she was a doula, herself, Lizette Pacheco told clients, “I’m going to be there – and make sure you’re treated with respect, and that you’re provided the services you deserve.” This was her commitment to clients, and it was vital to building trust. “Being with them and seeing you are doing what you said, something turns around and [over time] they WANT you to be there, they call you in... I’m having an appointment ... Maybe someone has never been there for them, saying you deserve respect, you’re a person... Once they have the baby, we follow-through with them, to show them they can do it and we’ll be there for them.”

3. Collaborate with community stakeholders/institutions and use a diverse team approach.

Migrant Health Promotion also partners with Rio Grande Breastfeeding Coalition. Says Pacheco, “This year, we went to different restaurants and spoke with them about how they feel about women breastfeeding in their establishments.” They encouraged the restaurants to become breastfeeding-friendly establishments, and put stickers on their door. As a result of this coalition effort, there are now twenty-one restaurants in various counties which are “breastfeeding-friendly,” eight of which were secured directly by Migrant Health Promotion.

4. Facilitate experiential learning using popular education techniques and the HC One training curriculum.

Michelle Sarju with Open Arms in Seattle describes the fluidity of HC One’s training curriculum, grounded in popular education, and how it impacts her agency’s community-based doula program. Open Arms’ doulas prepare children for the educational system, so they can learn. They begin by supporting parents in connecting with the baby prenatally, and recognizing and congratulating even the smallest success once the baby is out in the world learning.

Their work is “also family-led,” Sarju explains. “If a family is in crisis, the curriculum stuff doesn’t matter. You have to help the family navigate the crisis first. ... There are no standardized solutions. Each client is different. Yes, we need to be collecting data, performing assessments, but not when the family is in crisis or has higher priority needs.”

5. Value the doulas' work with salary, supervision and support.

At Migrant Health Promotion, doulas are considered full-time employees, are paid salary, and have benefits. Michelle Sarju describes the process of reflective supervision at Open Arms as non-hierarchical, “holding the doula so she can hold the baby and family, supporting the doula professionally, emotionally, mentally in the same way a doula supports her client.” During supervision, they review each client, asking where they are, what they need, what challenges the doula has experienced in working with them, what resources may be needed; they strategize about how to help a client get themselves out of a crisis – identifying the knowledge, information and resources a client may need to move themselves forward. Supporting doulas in this way allows them to support mothers in a similar manner.

These five essential components work for Migrant Health Promotion in Texas, Open Arms in Seattle and many more organizations across the country. The program changes with each community, whether working with teen mothers or women living in extremely rural areas -- the core components remain the same.

“We feel incredibly blessed to know about HealthConnect One and replicate the model,” Sarju says of her relationship with HC One. Using the Five Essential Components, HC One’s relationships become intimate, personal, complicated, supportive, and leave each person and partner organization standing on their own with greater strength and confidence.

Breastfeeding Connections



HealthConnect One is working hard to make breastfeeding the new 'norm,' especially in Illinois. We know that many women would breastfeed – or would continue breastfeeding – if they received more support. This includes the personal, peer-to-peer support of a breastfeeding peer counselor, as well as informational, emotional and physical support from hospitals and employers.

Lakisha Hudson, a breastfeeding peer counselor, has worked for years in a variety of hospitals to support birthing mothers. “When I started about 30% of the clinic [Northwestern Memorial Hospital PAC Clinic] was breastfeeding. Since I’ve been here, 80% are breastfeeding. It’s definitely a goal not just for me and the moms, but the clinic as well – that we are now breastfeeding friendly.” But getting to that point wasn’t an easy journey. Lakisha was laid off after budget cuts hit her prior employer -- and even at Northwestern, it took time to have the support of doctors and nurses.

As challenging as it can be, HealthConnect One has embarked over the last year to focus on the work that needs to be done to support peer counselors, but also the work that needs to be done systematically to change policies in Illinois -- policies that directly affect women like Lakisha, and the women she works with. In the last year, HealthConnect One has made three big waves in breastfeeding promotion.

The Illinois Blueprint for Breastfeeding, spearheaded by HC One, will outline the state of breastfeeding in Illinois and provide strategies to improve outcomes for use by all advocates and healthcare providers.

HC One also joined the Communities Putting Prevention to Work (CPPW) initiative in the City of Chicago and suburban Cook County, which uses obesity-prevention strategies (such as breastfeeding) to enact policy, systems and environmental change. Currently, breastfeeding strategies include increasing the number of Baby Friendly hospitals; establishing breastfeeding support referral systems and other policy changes.

In addition, HC One is continuing the important training and support to promote breastfeeding peer counselors as an essential part of increasing breastfeeding rates. Lakisha was trained by HealthConnect One over six years ago. She is currently the Breastfeeding Peer Counselor at Northwestern’s PAC Clinic. But to her, it’s not just about

breastfeeding, because you “Support mothers with breastfeeding, you became a part of their life... You just connect with them. You see the baby at six weeks; they send you photos, 1 year birthday.” This is the power of breastfeeding connections; they can last a lifetime.



Community Health Workers in Action

HealthConnect One staff was recently asked how to shorten the process of building relationships with community leaders, in order to “get on” with the business of health education, but HC One knows relationships take time, and education does not truly occur outside the context of a relationship.

As a result of this knowledge, HealthConnect One asks a lot of questions. We come to new relationships with openness and passion, an intention to connect. We share personal stories. We observe. We reflect. We adapt. We discuss. We observe. We reflect.

Case Study: The Message and Messenger Project



Photo by Eric V. Exit

Two years ago, HC One was approached by The Coleman Foundation to develop a campaign which would increase donations of umbilical cord blood among African-American and Hispanic families, for the treatment of cancers and various blood diseases. Because ethnicity plays a role in finding a match, low donation rates among specific ethnic communities result in low probability of finding a match in these same communities. “...The way the doctor explained to us, in order to find a good match, it had to come from the same background,” reports Guadalupe Gonzalez, the father of an umbilical cord blood transplant recipient. “Us being Hispanics, it had to come from another Hispanic family. He told us the chances were very low. Very low. And this is our kid, you know.”

HC One felt this program could benefit our communities, but in our role as doula for new programs, we understood the decision was not ours to make. We needed to ask birthing families themselves if they were interested. Through a series of five focus groups surrounding the foundation’s two hospital partners, we learned that families in these communities DID want to know more. In fact, many were hurt that no one had presented them with the opportunity to donate umbilical cord blood when they gave birth.

But we did not simply ask these families what information they needed. We also asked how they wanted to receive the information – much as a doula asks her client not only what support is needed, but how the support should be offered.

Ultimately, we learned that birthing families wanted to speak with someone in the healthcare setting who had ten minutes to explain the process and value of donation, and to address any questions or concerns. We developed an outreach toolkit and training program for case managers, doulas and community health workers who would present birthing families with their umbilical cord blood options. We gathered feedback from CHWs and cord blood advocates, adapted and tested these tools and methods, and requested feedback again.

As a result of our pilot, 215 of 307 women presented with their umbilical cord blood options decided to donate. While previous donation rates at each hospital were under 1%, the women presented with their umbilical cord blood options through our program requested donation kits at a rate of 70%. “This is the one time that nobody told them [our clients] they have to do this and that,” one case manager explains, excited about this project because, “This is something that they can decide on their own. So many... are happy to help someone else, happy to contribute.”

Expanding the Circle of Support: Chicago CHW Local Network

After nearly 25 years in this field, HC One and our supporters understand that community health workers are vital to community health. But like all direct service providers, CHWs need support as well. HC One supports the efforts of community health workers to exercise a collective voice on issues that matter to them. As fiscal agent to the Chicago Community Health Workers Local Network, HC One supports community health workers with mentorship and advice. HC One acts as a doula with

the Network, providing coaching, feedback, one-on-one mentoring and support, but not setting the agenda – not directing the action. On the path to becoming its own entity, the Local Network hired a full-time coordinator in the Fall of 2009, and developed an annual plan with five priority areas:

- Providing monthly trainings for community health workers and *promotores de salud*, on topics relevant to daily work;
- Building consensus around Chicago-area CHWs' basic core training and certification needs;
- Developing a survey to understand the activities and needs of Chicago's community health workers and *promotores de salud*;
- Maintaining a pool of community health workers, *promotores de salud*, and researchers interested in collaborating on community research projects;
- Circulating job opportunities and event announcements which may be of interest to CHWs or *promotores*.

"You are a valuable asset to the community. You may come and do outreach here at any time, and continue to save more lives."

- Covenant Bank to Frances Nance,
Community Health Worker

Community health workers are powerful. CHWs recognize and nurture the power within each client, and in turn, HC One nurtures each CHW, in each community. And we are not alone. This circle of support and power continues to expand: one parent, one doula, one supervisor, one director, one community, one nation committed to health. You are part of this story.

A Doula for Health Reform



"Thank you for being a Doula for Health Reform!" HealthConnect One cheered while giving Senator Richard J. Durbin (D-IL) a t-shirt that said just that: "I'm a Doula for Health Reform." HealthConnect One was grateful to all of our legislative 'doulas' for pushing the passage of the historic Affordable Care Act in the Spring of 2010, which will impact community health workers and doulas across the country.

In March 2010 HealthConnect One traveled to Washington, DC for our Annual Lobby Day on Capitol Hill. Women from Brooklyn (NY), Houston (TX), Bloomington (IN), Albuquerque (NM), Washington (DC), Teaneck (NJ) and Chicago (IL) participated in legislative visits to elected officials on Lobby Day to advocate for passage of Health Reform and increased federal funding for community-based doula programs.

Even people who could not join us in DC participated, virtually, on our Facebook page and with calls to legislators from home. Shortly after our Lobby Day, on March 23, 2010, President Obama signed Public Law 111-148, HR3590: Patient Protection and Affordable Care Act. This historic legislation was backed by Senator Richard J. Durbin (D-IL), a champion of the community-based doula program, who has been working to ensure that the community-based doula program is considered eligible under the Community Health Workforce language in the bill. He made remarks on the Senate Floor during Senate debate on December 23, 2009, wherein he mentioned community-based doula programs specifically: *"I am encouraged by the language in Section 5313 of the Patient Protection and Affordable Care Act, Grants to Promote the Community Health Workforce, and want to ensure that the definition of community health worker includes community-based doulas... The Federal Government currently funds community-based doula programs through the Maternal and Child Health Bureau's Special Projects of Regional and National Significance. Expanding the definition of community health workers in the reform bill will give these evidence-based programs greater support to meet the needs of families in underserved communities."*

All of the important work in Washington, DC would not have been possible without the efforts of the National Community-Based Doula Network. The Network is made up of over 450 maternal and child health stakeholders from across the United States, including groups who have established or applied to start a community-based

doula program based on the HC One model, groups who are interested in starting a community-based doula program, and advocates who believe in the power of the community-based doula model. This year, we have refined the communications and member activities to include national conference calls to engage the network in ongoing advocacy and doula activity, and ongoing email alerts which call members to action.

Other advocacy efforts include our National Conference, which took place September 23-25, 2009, at the Holiday Inn Mart Plaza in Chicago. We hosted over 100 participants from as far apart as American Samoa and St. Louis, Japan and Texas, New York, Georgia, and Illinois. The event included both experiential and research-based learning, and engaged participants on major issues affecting maternal and child health, such as baby-led breastfeeding, creating a baby-friendly hospital setting, umbilical cord blood donation and banking, and comfort measures for pregnant and parenting families. We also offered two favorite sessions from past conferences – one on social inequality, stress and family health, and another on practical advocacy skills, this time focused on storytelling and motivation for change. Best practices were shared, and innovative ideas discussed throughout the conference. Following passage of the Affordable Care Act, and a general trend towards incorporating community health workers into more mainstream health systems, HealthConnect One believes that now is the time for our conference to move to Washington, DC in 2011.

"I was really excited about having the opportunity of speaking during Lobby Day... I think this was a great way to be heard This work has major social, economical, emotional and spiritual impact not only on the mothers we work with, but for society as a whole,"
– Marisa Peña-Alfaro, *Community-Based Doula and Advocate*

This is exactly the sentiment we hope to carry through all of our work on Capitol Hill and beyond.

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U.S. Department of Health and Human Services, Office of Women's Health, Region V
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Access Kling Clinic, Chicago, IL
Ahavah House and Institute, Inc., Trenton, NJ

Alabama WIC Program, AL
Alivio Medical Center, Chicago, IL
American Institute of New Health, Warwick, NY
Baltimore Healthy Start, MD
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BirthMatters, ReGenesis Health Center, Spartanburg, SC
Bloomington Area Birth Services, IN
Brooklyn Young Mother's Collective, NY
Catholic Charities of Southern Nevada, NV
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Chicago Partnership for Public Health, IL
Chicago Metropolitan Agency for Planning, IL
Chicago State University's Neighborhood Assistance Program, IL
Chicago Urban League, IL
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Emory University, GA
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Families First of Palm Beach, FL
Family Health and Birth Center, Washington, DC
Firman Community Services, Inc., Chicago, IL
Fort Worth Dallas Birthing Project, TX
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Greater Philadelphia Health Action, Pennsylvania, PA
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Health and Medicine Policy Research Group, IL

Healthy Family Initiatives, Houston, TX
Healthy House within a MATCH Coalition, Merced, CA
Healthy Origins, MD
Healthy Teen Network, Washington, DC
Heart of Georgia Healthy Start, Dublin, GA
Illinois Department of Human Services, IL
Illinois Maternal and Child Health Coalition, IL
Illinois WIC Program, IL
Indiana Perinatal Services, IN
Infant-Toddler Development, Minneapolis, MN
Lydia Home, Chicago, IL
Mammalia, Valparaiso, Chile
March of Dimes, Chicago, IL
Marillac Social Center, Chicago, IL
Mary's Center for Maternal and Child Care, Washington, DC
Maternal Infant Health Outreach Worker Program
Maternity Care Coalition, Philadelphia, PA
Mercy Hospital and Medical Center, Chicago, IL
Metropolitan Family Services Agency, San Francisco, CA
Migrant Health Promotion, Weslaco, TX and Saline, MI
Mile Square Health Center, Chicago, IL
Mille Lacs Band of Ojibwe, Onamia, MN
MOM Project, Healthy Families, IN
More than Midwives, Oregon, WI
Mount Sinai Hospital, Chicago, IL
New Mexico Community Health Worker's Association, Albuquerque, NM
North Carolina WIC, NC
Northwestern Prentice Ambulatory Care (PAC) Clinic, IL
Open Arms Perinatal Services, Seattle, WA
Pacific Area for Labor Support, Seattle, WA
PCC Community Wellness Center, Chicago, IL

Queen of Peace Center, St. Louis, MO
Rock-Walworth Comprehensive Family Services, Inc. / Early Head Start, Beloit, WI
SIDS Foundation of Illinois, IL
South Bay Center for Counseling, El Segundo, CA
John H. Stroger Hospital of Cook County Perinatal Center, IL
TCA Health, Inc., Chicago, IL
Tewa Women United, Espanola, NM
The Haven Peer Support Doula Project, Denver, CO
The Institute for Transfusion Medicine, IL
The Phoenix Birthing Project, AZ
True to Life Foundation, Chicago, IL
Unitarian Church of Evanston, IL
University of Chicago, IL
University of Colorado Harris Community-Based Doula Training Program, CO
University of Illinois at Chicago, IL
University of Minnesota Irving B. Harris Training Center for Infant-Toddler Development, Minneapolis, MN
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Westside Association for Community Action, Chicago, IL
Westside Health Authority, Chicago, IL
Yukon-Kuskokwim Health Corporation, Bethel, AK
YWCA of Greensboro, NC
Zero to Three Press, Washington, DC

Supporter Spotlight: Donna Grant Dorsey

Donna Grant Dorsey is one of HealthConnect One's newest and strongest supporters. Ms. Dorsey is Vice President of Human Resources at Navistar, Inc., an active volunteer, HealthConnect One Board Member, wife, and mother of three. Despite the pull of these diverse commitments, her enthusiasm for HealthConnect One's mission has been undaunted, as evidenced during a recent presentation to her office.

"I wanted my team to understand the things that I'm passionate about, inside and outside of the workplace. Because I'm passionate about mothers and my work at HealthConnect One, I highlighted my involvement in the organization and I showed parts of the documentary *A Doula Story*." This presentation made an impact on her colleagues, inspiring at least one new mother to watch the entire film to better understand the work of a community-based doula.

When asked why 'Corporate America' should care about the work at HealthConnect One, Donna simply responded that "any employer should be in tune to what employees are passionate about." She continued that she is "fortunate to work for Navistar where they support my professional career and things outside of the workplace."

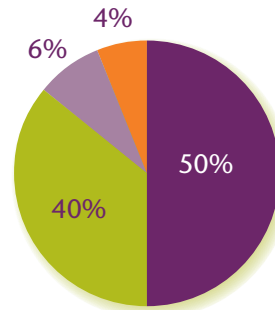
HC One is grateful for Donna's continued involvement, and her intensely contagious fervor. She has not only inspired her team with HC One's mission, but inspired Navistar Inc. to make a financial contribution. Her generosity with time and her commitment to the organization will continue to help us year after year, and is an invaluable contribution to our organization.

Financials

Sources of Funding Used

July 1, 2009 - June 30, 2010

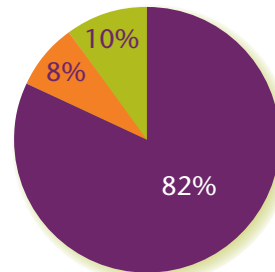
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|------------------------------------|-----------|-----|
| Foundation grants | \$588,599 | 50% |
| Government Contracts and Fees | \$473,384 | 40% |
| Individual and Corporate Donations | \$45,682 | 4% |
| Other and Donated Services | \$71,289 | 6% |



How Funds Were Used

July 1, 2009 - June 30, 2010

| | | |
|------------------------|-----------|-----|
| Program | \$980,731 | 82% |
| Management and General | \$90,764 | 8% |
| Fundraising | \$126,537 | 10% |



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Institute Advisory Board

HealthConnect One Associate Board

Message and Messenger Project Advisory Committee

Providing support where it is most needed **Community**

Doulas as connectors Decrease infant mortality

Strengthening Families **Engaging** Opportunity



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The Community-Based Doula Framework

Inspired Family friendly National growth

Focus and planning for long-term needs and strategies