


Spring 5-19-2017

Paying it Forward: Training doulas as a form of reintegration and support for communities of color

Sandra E. Luna-Martinez
selunamartinez@dons.usfca.edu

Follow this and additional works at: <http://repository.usfca.edu/capstone>

 Part of the [Health Services Research Commons](#), [Maternal and Child Health Commons](#), [Other Public Health Commons](#), [Public Health Education and Promotion Commons](#), and the [Women's Health Commons](#)

Recommended Citation

Luna-Martinez, Sandra E., "Paying it Forward: Training doulas as a form of reintegration and support for communities of color" (2017). *Master's Projects and Capstones*. 545.
<http://repository.usfca.edu/capstone/545>

This Project is brought to you for free and open access by the Theses, Dissertations, Capstones and Projects at USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. It has been accepted for inclusion in Master's Projects and Capstones by an authorized administrator of USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. For more information, please contact repository@usfca.edu.

**Paying it Forward: Training doulas as a form of reintegration and support for
communities of color**

**Sandra E. Luna-Martinez
MPH Candidate 2017
University of San Francisco**

Abstract

As part of the birth justice movement in Alameda County, Roots of Labor Birth Collective (RLBC) is committed to support, empower and care for birthing members of the community. RLBC works to empower people of color with education and tools to have healthy babies and positive birth experiences regardless of their: gender, size, sexuality, orientation, culture or family structure. Healthy families begin with healthy communities and with that in mind, RLBC decided to tackle two major public health issues at once: recidivism and poor birth outcomes in communities of color. Doula training is not just an intervention to improve birth outcomes but also an opportunity for those who have been previously incarcerated to create a career by giving back to the community.

Even with evidence-based research supporting doula care as an intervention to improve birth outcomes in low-income communities, it is still seen as a luxury. RLBC believes that doula care and any care related to birth is a need and a right everyone should have.

Throughout my fieldwork I have completed: grant writing, key informant interviews and budgeting to help RLBC become a sustainable organization. The entire collective administration team has been working in-kind to make sure that the collective continues to provide free doula care regardless of their funding status. It is their hard work and dedication that has inspired those I have reached out to, to provide their professional services to help in any way that they can to help launch the Doula Community Fund campaign. With this marketing strategy, RLBC aims to gain clients who can pay full market value for a doula so that they can use part of the income to pay an RLBC doula to gift a birth to the community.

Running head: Birth care and reentry

I. Introduction

Lack of doula accessibility

A doula is a person that assists people in labor and provides: physical, emotional and educational support. Usually, doulas are present during the entire duration of the birth and stay afterwards to help the new parent with breastfeeding and post partum care. Doulas will often visit the expecting parent before and after the birth to ensure that both the baby and the new parent are in good physical and mental health. In the article, Potential Benefits of Increased Doula Support During Childbirth, of the women that wanted to have a doula but did not have one, 50% had a higher chance of delivering via c-section and more than 70% had higher odds of having a c-section without it being necessary(Kozhimannil, 2012). These women would have benefited from having more counseling and support before and during labor. Women who had doula support were less likely to have a cesarean birth meaning the costs were lower. Despite the positive outcomes of having a doula only 6% of American women can afford their services. Doulas on average cost anywhere between three hundred to twelve hundred dollars and it is even more difficult for women of color and minorities to access doula care(Kozhimannil, 2012). Doulas offer much more than labor support with their services extending from prenatal to postpartum care. In the U.S prenatal care begins in the first trimester and continues throughout the entire pregnancy. Doctors and medical staff use this time to screen for any serious problems like eclampsia, which increases blood pressure and can lead to convulsions or death. During these visits women also get counseling, emotional support and get connected and referred to Medicaid programs along with public and private food supplementation programs. When prenatal programs first started nurses would go to the patients house and now that does not happen anymore. The different variations and changes of care can affect the outcomes and it's difficult to know what change is tied to a certain outcome. Its important to note that prenatal care, based on the evidence might not be enough to target preterm birth, low birth weight and growth retardation(Alexander, 1995).

Running head: Birth care and reentry

Reintegrating in a society that stigmatizes having a criminal record

With the introduction of the Anti Drug Abuse Act in 1970 drug dependency became more criminalized in the U.S and started the war on drugs. In 1984 the sentencing reform act limited judges ability to consider the unique circumstances of a case like “pregnancy or motherhood” (Koltar, 2015). Having doula assisted births lowers the c-sections by 60%, which lowers the cost of births for the state. Another big problem is maternal and child separation. Newborns are often quickly given to a caregiver after birth and the mother is returned to prison and that can be a traumatic experience if the institution has no one trained to help these women cope with their loss. Separating these children from their mothers also has a negative affect in their lives because they are prone to social anxiety and having difficulty building social relationships(Koltar, 2015). After experiencing the loss of a child by surrendering their parental rights and having to give birth without the proper support these women are left to enter society alone. When re-entry programs are non-existent or fail to address the traumas of these individuals we find that 67.8 % of prisoners released are arrested within a three-year span (Stanley, Sata, & Chinyere, 2015). What is even more alarming is that two thirds of incarcerated women are parents compared to half of incarcerated men, yet there are no policies that address this problem(Stanley, Sata, & Chinyere, 2015).

Reintegration is the process in which previously incarcerated people are introduced back into society. It is a difficult transition for those that lack the resources and support to start over. Among the many issues with reintegration, researchers found that the main causes of recidivism were substance abuse, unemployment and stable housing(Weiss, 2010). Individuals often feel unprepared to reintegrate into society and that is why it is important to focus on teaching vocational skills to reduce recidivism. In a study conducted of 476 women only one third had found jobs or adequate income 15 months after being released from jail.(Weiss, 2010). If former incarcerated women have to wait fifteen

Running head: Birth care and reentry

months to have a job or any income they will be forced to break the law to make a living and continue the cycle of imprisonment.

How it disproportionately affects people of color

Only 4% out of all the crimes are deemed serious violent crimes yet Americans have to deal with the consequences for having a criminal record regardless of the severity of their crime (Solomon, 2012). People of color are disproportionately affected by having a criminal record and searching for employment. Two studies showed that having a criminal record reduced the likelihood of getting a call back from a prospective employer by 50%. African Americans and Latinos were the most affected groups (Solomon, 2012). **See Figure 1.**

Doula care access and reintegration are two prevalent health injustices affecting communities of color. By creating programs that offer vocational training for previously incarcerated individuals specifically targeting health fields we could bridge the inequality gaps in underserved communities.

Running head: Birth care and reentry

II. Background

The Gamble Institute headed by Elizabeth Marlow has a lot of experience in mentoring and training previously incarcerated individuals to prepare them to reentry society. The purpose of the pilot program was to assess the feasibility to implement a peer to peer mentoring program for previously incarcerated individuals, establish the programs effect on coping, self esteem, abstinence, and social support, and establish a team of previously incarcerated individuals and researchers to test intervention programs for this population(Reports Summarize Clinical Trials and Studies Findings from RAND (Peer Mentoring for Male Parolees: A CBPR Pilot study) , 2015). This pilot program was highly effective in strengthening each individual's self-efficacy, abstinence and cravings.

The East Bay Community Birth Support project provided doula training to previously incarcerated women so they could integrate into society by providing doula services to low-income communities (Stanley, Sata, & Chinyere, 2015). Doula training was done in three weekends and covered information on postpartum care and breast-feeding. These doulas are trained to provide emotional support and basic care (Stanley, Sata, & Chinyere, 2015). The women that participated in the doula trainings and were able to graduate from the program felt empowered and in control of their own futures(Stanley, Sata, & Chinyere, 2015). One of the main limitations of this project was that they were not able to collect data on the families that were supported during their birth experiences because of limited funds (Stanley, Sata, & Chinyere, 2015).

On a larger practical scale nurses began a program where previously incarcerated individuals and graduate students mutually engage in a learning conversation. In one study, nurses, previously incarcerated adults and graduate students had the opportunity to sit down with former incarcerated individuals to learn more about them in hopes of providing better

Running head: Birth care and reentry

care for this population in their line of work (Marlow, 2015). Nurses are the ones that act on what they believe is right for the well being of their patient and that can be difficult when there is stigma surrounding the patients background, like being in prison(Marlow, 2015). One of the examples in the paper was interpreting pain and information that nurses have about the patient. If a prisoner is complaining that they have pain a nurse might mistake their pain as substance abuse and it is until they receive x-rays of a fracture that their mentality and approach to their patient changes (Marlow, 2015). This is a huge problem in medical institutions as well as smaller community based institutions. The background of previously incarcerated individuals and the automatic stigma it creates impose an assumed reality that is taken as true no matter who or what the individual has experienced. People of color are faced with discrimination in the work place and that is even more so amplified when they hold a criminal record, even if it is for minor offenses. Having a record and being a person of color pre disposes this community to recidivism. In this program graduate nurses were able to ask these individuals about their experiences in prison and learn about their lives. The conversation covered everything from drug addiction to poverty and it was a powerful exchange because nurses want to be part of the positive experiences this population has with medical care (Marlow, 2015). The results were that both groups felt like they contributed to something bigger than themselves and could have a positive effect in the health field and for individuals.

Even with the overwhelming amount of research that we have showing how doula care can dramatically improve low birth outcomes and decrease the number of cesarean births, doula care is still considered a luxury and continues to be inaccessible for people of color. A lot of these communities have been denied their rights as birthing people to have a birth with quality care that is supportive of

Running head: Birth care and reentry

their needs and wants. On the other hand we know how difficult it is for an individual with a criminal record to get a job and we also know that without a job they have a higher risk of returning to jail yet we continue to stigmatize and discriminate against this population. We need to raise awareness of how having a criminal record for minor and non-violent offenses punish these individuals unjustly. By providing career-training opportunities for previously incarcerated people, RLBC hopes make reintegration a smooth transition and at the same time give back to the community by making doula care affordable to those in need.

III. Scope of the Project

Running head: Birth care and reentry

As January 2017, RLBC is fiscally sponsored by the non-profit organization L.C. and Lillie Cox Haven of Hope (LCLCHH), which focuses on reintegrating formally incarcerated women into society by providing training as birthing doulas to provide this valuable service to low-income families of color in Alameda County. Their program priorities include: creating a sustainable doula program while continuing to assist births at no cost, continue providing formal doula training for previously incarcerated women, offer interpreting services for the community, and host a birth festival to familiarize the community with the collective. RLBC is committed to caring for communities of color by having their doulas reflect the communities they serve. This allows birthing people of all ages, sex, gender, sexual orientation, family structures, and cultures have the best quality birth care they deserve. RLBC consists of 10 active doulas, 6 administrators and two interns from the University of San Francisco.

LCLCHH was founded in 2012 to honor the legacy of L.C. and Lille Cox who believed everyone deserves respect regardless of their race, color, culture and economic status. LCLCHH is a non-profit dedicated to support social entrepreneurs by providing business consulting services and fiscal sponsorships to organizations that share their core values(L.C. and Lille Cox Haven of Hope). As a LCLCHH fiscally sponsored organization, RLBC has access to donations from members of the community that are inspired by their work. Having LCLCHH's guidance has helped RLBC progress towards a business oriented collective. Darcelle Lahr who founded LCLCHH has contributed to the financial organization and campaign strategizing of RLBC. She has continuously made herself available to any needs of the organization including the setting up RLBC's own bank account and working towards making RLBC an LLC branch of LCLCHH in order for RLBC to start the Doula community fund project. With her help and guidance RLBC has also been able to save money on fiscal sponsor fees since she only takes 5% of the amount that is allocated in grants for her specifically and its on a case by case basis. RLBC is also sponsored by UCSF but unlike LCLCHH they do take the 10% allocated in grants for the fiscal sponsor.

Running head: Birth care and reentry

RLBC decided they needed another sponsor that would not take as much from grants and donations. This is one of the main reasons why RLBC has maintained their relationship as part of LCLCHH and has not pursued a non-profit status of their own.

As part of my internship, I was responsible for strategically planning a doula business model and implementing it as part of the “Doula Community Fund” campaign. The idea behind this campaign is to market RLBC doula services to affluent communities that can financially afford the expense of a doula at market value. For every doula they hire from RLBC, they will be gifting a doula to someone in the community who would otherwise not be able to afford one. The goal of RLBC is to charge \$2,000 for birth services and use \$500 of that to pay the doula that will be gifting a birth to the community at no cost. My objective was to organize the pricing in a way that we can continue to provide quality doula services at fair market value and gift free births to the community while paying our doulas and staff for the work they are doing. RLBC staff has been providing their labor in-kind for several months and as an organization we need to make sure we generate income in order to be sustainable. My boss who has friends in the birthing community personally referred me to a midwife. She hired both a doula and a midwife for her daughter’s birth and since then has been very open about sharing the benefits and advice when choosing one. What made this meeting particularly important was the fact that this midwife was working on opening her own birth center and was looking to contract other midwives and doulas. I saw this as a big opportunity for the doulas at RLBC to jumpstart their careers and create a database of paying clients. Unfortunately due to the cost of living in the bay area she decided to open her birth center in Texas where she would be able to serve more clients with lower operational costs. During my collaborating meeting with a midwife that has market value paying clients around the bay area, she pointed out improvements that RLBC had to make in order to pursue that specific clientele. On top of helping me create a financial analysis on pricing and marketing strategies, she suggested that RLBC reach out to birth centers in the bay area that can send client referrals to the collective.

Running head: Birth care and reentry

RLBC addresses multiple layers of the ecological health model by forming: primary groups, institutions, and community relationships. My internship placement allowed me to build community relationships across economic statuses. I was able to reach out to stakeholders in the community for guidance and support. RLBC does this on a daily basis with their collaboration with LCLCHH and other birth activists in the community. Most importantly RLBC has a tight knit community of doulas and families who support each other mutually through birth. By providing doula training and allowing women in the program to work with families of color, RLBC creates a social network which provides safe, reliable and provides quality services that meet client's specific needs.

As a RLBC roots member, my daily activities range from working on the "Doula Community Fund" campaign to budgeting, researching grants, applying for grants, attending conferences, attending regular RLBC root organizational meetings, assisting in planning the birthing festival that will be taking place late spring of 2018, to brainstorming improvements that could be made so that the collective runs smoothly. My main goal is to successfully create a business structure and budget that works to advance RLBC as an organization and that can financially sustain all of the doulas and administrative staff for their services regardless of grant funds. For several months, RLBC's administrative staff has provided in-kind services in order to save the remaining grant money to pay doulas to assist in free births. First I had to create a flyer but that led to identifying RLBC's website as a major issue that needed improvement before launching the Doula community fund campaign. Working in conjunction with the flyer, the website is the most important piece to this campaign. That is the space where perspective clients go to sign up to request a doula and learn about RLBC's different projects. Realizing how important the website is to the sustainability campaign I sent out in-kind donation letters to some of the clients in my accounting firm to donate their skills to redo the doula portraits. I also reached out to my personal contacts to see if any of my web designer friends would take some of their time to organize the website

Running head: Birth care and reentry

in a way that would make sense and be user friendly. Fortunately, one of my college friends immediately offered her services once I told her about RLBC's Doula community fund project.

In addition to working on making RLBC financially sustainable, I aimed to bring awareness of the services RLBC can provide to the community and to private clients who wish to contribute to a social justice perspective to prenatal and perinatal services that RLBC doulas provide. The goal is to have the marketing campaign completed and implemented by the end of May 2017. Using birth photos provided by one of the doulas at RLBC, I planned to create a campaign flyer to distribute in the community. RLBC was not able to provide me with an image of one of their clients so instead I created a flyer draft to continue the campaign progress moving forward. The flyers will contain a summary of the mission and values of RLBC and their commitment to empower communities of color as part of the birth justice movement, with the opportunity to join in solidarity and help extend birth equality, by hiring one of their doulas. RLBC members will be distributing the campaign flyers in libraries, birth centers, and campuses all over Alameda County at the end of May.

Most importantly, to help jumpstart the Doula community fund I researched a grant that will fund the direct costs of the project. That way, RLBC members have more time to perfect their doula campaign and increase their paying client database making the transition a lot easier. During this fieldwork experience I have successfully completed two grant applications submitted in May 2017, contributed to the reconstruction of RLBC's operational budget, launched the Doula community fund, received three in-kind donations and created a budget for the birth festival that will take place in late spring 2018.

Running head: Birth care and reentry

IV. Public/Population Health Impact: Findings and Significance

Grant writing to raise funds

At the beginning of my internship there was an urgency to generate funds to help the doula program sustain itself without grant funding. The original grants were running out and there was a need to figure out how to generate income while continuing to help the community. As part of my MPH program, I took grant writing this semester with Professor Amanda Lesky, which required us to complete one full grant for a community organization of our choice. As a result of my concurrent enrollment in my fieldwork with RLBC, I completed two full application requirements. The first one was for the W.K Kellogg Foundation (WKKF) to fund RLBC's Doula Community Fund project. The WKKF is a project-based foundation that means that they will not fund costs associated with running the organization but will fund costs for a specific project the organization wants to do. The focus areas for their project-based grants are: educated kids, healthy kids, secure families, racial equity, civic engagement which all ties back to building strong communities for healthy children (W.K. Kellogg Foundation). The purpose of the Doula Community Fund is that for every paying client that hires a doula from RLBC, they will be gifting a free birth to the community to promote the health of all birthing people and their children. We hope that with the WKKF funds we are able to (Akonadi Foundation) jumpstart the Doula Community Fund project and continue to give back to the community while supporting RLBC's doulas. With the WKKF RLBC would be able to gift fifty births to the community for the price of only twenty five births. This grant does not have a deadline but I am submitting the application on RLBC's behalf May 1st. I am asking the WKKF to jumpstart the Doula Community Fund by gifting 50 births to the community. Included in the budget are transportation and childcare stipends for doulas. With this project grant RLBC would become a prominent resource to the community and have an increase in paid births. **See figure B for the WKKF project grant.**

Running head: Birth care and reentry

I also had the opportunity to apply to the Akonadi Foundation Beloved Community Fund, which funds community events that highlight the culture and diversity of Oakland. They support efforts that use arts and culture as a method to build voice, power and self-determination (insert web citation). The Beloved Community Fund's priority areas are: racial trauma and healing, representations of youth of color that combat stereotypes, short and long term structural effects of police brutality and racial inequalities (Akonadi Foundation). RLBC is planning to host their first annual Birth Festival to familiarize the community with the collective and raise awareness on how quality doula care leads to positive birth outcomes in communities of color. Not having access to doula care is a reflection of racial inequalities that are present in the system and have direct impacts in the community. RLBC wants the community to know that they are actively fighting to make birth care accessible for everyone. For this application I have to complete an extensive and detailed budget for the entire festival before submission. Since I am completing both grant applications on my own this application will not be submitted until June 23rd. I will be requesting the maximum total of \$15,000 to cover the venue, artists, performers and RLBC coordinating staff for the festival. By hosting this community event, RLBC hopes to become visible to the community and inspire others to contribute to the birth justice movement whether its by becoming a member, donating money or hiring one of RLBC's doulas.

Key Informant Interviews

I also did two interviews to get more knowledge on structuring RLBC's operational budget. The first person I turned to was my boss who is a certified tax preparer and runs her own accounting firm in San Francisco. She has a giving nature and I knew she would be just as excited as I was about the work RLBC is doing in the community. In order to create a sustainable budget or have some numbers to work with she referred me to one of her midwife contacts.

My interview with the midwife to help me set parameters to realistically portray how much affluent birthing people are willing to pay for doula services in the bay area. I was particularly interested

Running head: Birth care and reentry

in meeting with her because she was opening her own birth center and I thought it would be a great opportunity for RLBC to develop a partnership. During our meeting we decided that for the services provided to paying and non-paying clients, RLBC could charge a maximum price of \$2,000 per birth. This would include one prenatal appointment, an on call period of two weeks, labor, and two post partum visits.

Speaking with my peers and professors we decided to have a sliding scale in order not to miss any income that clients are able to contribute. RLBC wanted to make sure that perspective free clients were narrowed down to those with the most financial need. With this information, I turned to my boss who is a certified tax preparer and runs her own accounting firm in San Francisco to help me determine an operating budget for this project. She suggested we limit the overhead hours so that we have enough money to cover some of the collective's needs, which ranged from transportation to providing childcare for doulas that have children.

One of the root members talked about how we could limit overhead costs and the ideal hourly pay rate for those doing admin work with the program director and doula coordinator. Within the budget, RLBC would like to have sufficient funds to pay root members and also cover transportation and childcare costs for doulas during the on call period. To start off the campaign, RLBC decided to keep the wages for doulas at \$500 per birth until they are financially stable and the collective is self-sufficient. This led to the uncovering of more needs like writing a contract where clients are required to pay 50% of the birth upon signing and have a certain amount of days where they can cancel for a full refund. The remaining 50% of the birth cost would have to be paid the week before the on call period begins which is two weeks before the birth. **See figure B for the breakdown of RLBC's budget based on different amounts paying clients are able to afford.**

Running head: Birth care and reentry

In-kind Donations

In addition to grant writing and budgeting, I also wrote letters for two in kind donations to a photographer and web designer to help us update RLBC's website. After my meeting with the midwife, I realized that there was an aesthetic component to this campaign. In order to market RLBC to clients that are able to pay full market value for doula services, RLBC needed to improve their entire website including doula portraits. Having a website that is well put together and easy to navigate is very important because it is our main source of communication with the community. Community members as well as current and potential clients use the website to learn more about the work RLBC is doing in the community and most importantly, it is where potential revenue can be generated from clients who request doulas.

During a lunch meeting with one of my undergraduate friends I had the opportunity to talk about what RLBC was doing for people of color and she was able to relate to the struggle against racial inequality. She is a web designer and engineer and when I sent her a follow up email asking for her talent she offered to do the entire website free of cost.

Portraits were another problem area on the RLBC website that needed improvement. They lacked cohesiveness and quality. RLBC portraits need to have some form of uniformity and portray a structured, professional and reliable collective. Fortunately, our accounting firm has plenty of photographers we work with so I was able to contact the photographer that did our holiday office photo shoot this year and coincidentally portraits are her specialty. When I wrote the letter to her I explained RLBC's mission and commitment to the community and how they needed her skill set to make their marketing campaign a success. In return we offered her full photo credit on all RLBC's social media outlets and brand new website. The photographs will be taking at the beginning of May before the launch of the new site. Because of the photographer's booked schedule, the portraits will be taken until

Running head: Birth care and reentry

May 23, 2017. The web designer will be updating the website at the beginning of June 2017 once RLBC has the new doula portraits.

As part of the new website display, I figured RLBC could help aspiring artists by displaying their artwork on the new site. I also reached out to one of my personal contacts and was able to get her permission to use one of her birth pieces.

By the end of my internship I was able to create a business structure and contribute to the operational budget for the collective. The RLBC doula training program focused on assisting women who had been previously incarcerated to enter into a career that could provide a living wage, sustainable work and break the cycle of poverty which are factors that can keep women out of the criminal justice system. As part of my fieldwork I conducted a financial analysis of the organization's costs in order to run the collective efficiently and strategized to maximize the allocation of funds. **See Figure C for RLBC's operational budget.**

Implications

More research should be done to find ways to connect previously incarcerated women with reentry programs after they leave jail. Most of the time it is hard to keep in contact or find out what happened to them after they have been released.

RLBC should launch a study tracking the birthing people and children that used their services to see the long-term benefits of having a doula assisted birth and how it has continued to influence their health choices. Tracking past clients will also give the collective accurate numbers on its effectiveness to reduce recidivism in their target population. This could even be an opportunity for a program evaluator to rate the collective's program and impact. Having a detailed survey of clients can help RLBC expand and qualify for federal grants. Facilitating reentry has positive benefits to both the person and the

Running head: Birth care and reentry

community but we would need to collect more data on RLBC to make sure the program is working as intended.

There is a need for the creation of more integration career programs that train people to address health inequalities in different communities. Roots of Labor needs to expand doula training to multiple languages that are crucial to underserved communities. During my interviews with key informants there are a lot of birthing people of different cultures and religions that need doulas that are representative of their unique backgrounds.

This collective has proven how crucial and effective it is to train previously incarcerated people as doulas that address health inequalities. Our policy needs to change and we need to allow people to pursue careers in health regardless of their background. The government should allow community health programs like RLBC to accept funds from insurance companies if their clients have insurance without having to have a non-profit status. By having these limitations we are preventing Roots of Labor and other community based organizations from fulfilling their mission of empowering people of color through healthy positive birth experiences.

Running head: Birth care and reentry

V. Conclusion

One of our major public health problems is that 67% of previously incarcerated people go back to jail because of housing, unemployment and stigma. On top of that, low-income families of color face low birth outcomes due to lack of access to care. Studies show that women of color won't even get medical attention until after their first trimester. Roots of Labor Birth Collective (RLBC) focuses on training previously incarcerated women of color as doulas so they can provide birth care to low-income families of color. By addressing two important health issues that affect communities of color, RLBC's sustainability campaign aims to help their trained doulas have a profitable career and continue to offer free birth work to the community. The goal is to expand the clientele and reach affluent clients that can afford to pay full hiring price of a doula of \$2,000. RLBC would be using half of that income to pay another doula to give a free birth to the community. The Doula community fund is a project where anyone can contribute to making birth care accessible to everyone.

In order to familiarize the community with the collective, Roots of Labor is planning an annual birth festival that celebrates art; culture and birth work in the city of Oakland. Having a public event that includes all of the unique and cultural aspects of the city of Oakland will help RLBC reach out to a variety of perspective clients with a spectrum of contribution capacities. Anything that people are willing to give to the Doula community makes a difference and RLBC wants to make sure that message is heard throughout the community.

As an intern at RLBC, I'm in charge of running the "Doula Community Fund" campaign I described above. Through various interviews with key informants I was able to construct an outline of how the campaign should look like. I found the maximum price people in the bay area are willing to pay for a doula and birth centers where I could distribute our finished flyer. By initiating this campaign, key informants advised that RLBC updated their website and the doula portraits to a professional standard.

Running head: Birth care and reentry

Seeing the need there was to update the website to complement the doula campaign I was assigned, I reached out to professionals that could donate their time and skills to help the organization. I wrote two in kind donation letters and was able to get a photographer to take new portraits and a web designer to redo the website at no cost.

Due to the lack of funding for all the great projects envisioned at RLBC, I was able to apply to two full grants: The Beloved community fund, and the Kellogg foundation. The Beloved Community Fund will be used to fund RLBC's first annual birth festival event and the Kellogg foundation will help jumpstart the Doula community fund project.

The next steps that RLBC needs to take in order to continue having impact in the community is making sure that they have a strong community presence. It is important to build a relationship within the birthing community so that families, pregnant or not, know that there is an existing doula support system. Within that support system the community needs to have opportunities. Whether its access to care or possible employment, RLBC needs to become a source of opportunities for people of color in Alameda County. Having a reliable client source with referrals will secure a network for doulas to find work and connect with more clients. RLBC is committed to continue to educate women on different birth related topics like: placenta encapsulation, breastfeeding and even abortion care. The collective's goal is to expand knowledge and care to any birthing member of the community regardless of the outcome of their pregnancy. We need to keep creating reentry programs for our communities and have those programs be centered on health disparities so that they're addressing multiple public health issues at once.

Running head: Birth care and reentry

References

- Akonadi Foundation . (n.d.). *Beloved Community Fund* . Retrieved 2017 йил 20-Feb from
 akonadi : <http://akonadi.org/grantmaking/beloved-community-fund/>
- Alexander, G. K. (1995). The Role of Prenatal Care in Preventing Low Birth Weight. . *The Future of Children* , 5(1) , 103-120.
- Cook, C. S.-B. (1999). Access Barriers and the use of prenatal care by low-income, inner city women. . *Social work* , 129-139.
- Guerra-Reyes, L. H. (2016). Racial disparities in birth care: Exploring the perceived role of African-American women providing midwifery care and birth support in the United States. *Women and Birth* .
- Koltar, B. K.-G. (2015). Meeting Incarcerated Women's Needs For Pregnancy Related and Postpartum Services: Challenges and Opportunities. *Perspectives on Sexual & Reproductive Health* , 47 (4), 221-225.
- Kozhimannil, K. B. (2012). Potential Benefits of Increased Access to Doula Support During Childbirth. 20(8) .
- L.C. and Lille Cox Haven of Hope . (n.d.). *About us* . Retrieved 2017 йил 3-April from The Haven Of Hope : <https://www.thehavenofhope.org>
- Marlow, E. N. (2015). Nurses, formerly incarcerated adults, and Gadamer: Phronesis and the Socratic dialect . *Nursing Philosophy* , 16, 19-28.
- McGlade, M. S. (2004). The Latina paradocs: an opportunity for restructuring prenatal care

Running head: Birth care and reentry

delivery. *American Journal of Public Health* , 94(12), 2062-2065.

Munoz, E. C., & Collins Michelle CNM, P. (2015). Establishing a Volunteer Doula Program Within

Nurse-Midwifery Education Program: A Winning Situation for Both Clients and Students.

Journal of Midwifery & Women's Health .

Reports Summarize Clinical Trials and Studies Findings from RAND (Peer Mentoring for

Male Parolees: A CBPR Pilot study) . (2015 йил 4-July). *Obesity, Fitness & Wellness*

Week .

Shlafer, R. H.-T. Doulas' Perspectives about providing support to incarcerated Women: A

Feasibility study. *Public Health Nursing* , 32 (4), 316-326 .

Solomon, A. L. (2012 йил June). *National Institute of Justice* . Retrieved 2017 йил May from

www.nij.gov/journals/270/criminal-records.aspx

Stanley, D., Sata, N., & Chinyere, O. a. (2015). Evaluation of the East Bay Community Birth

Support Project, a Community Based Program to Decrease Recidivism in Previously

Incarcerated Women . *JOGNN* , 44.

W.K. Kellogg Foundation . (n.d.). *Grants* . Retrieved 2017 from WKKF: WKKF.org

Weiss, J. H. (2010). Redifining Boundaries: A Growneded Theory Study of Recidivism in Women .

Health Care for Women International , 31, 258-273.

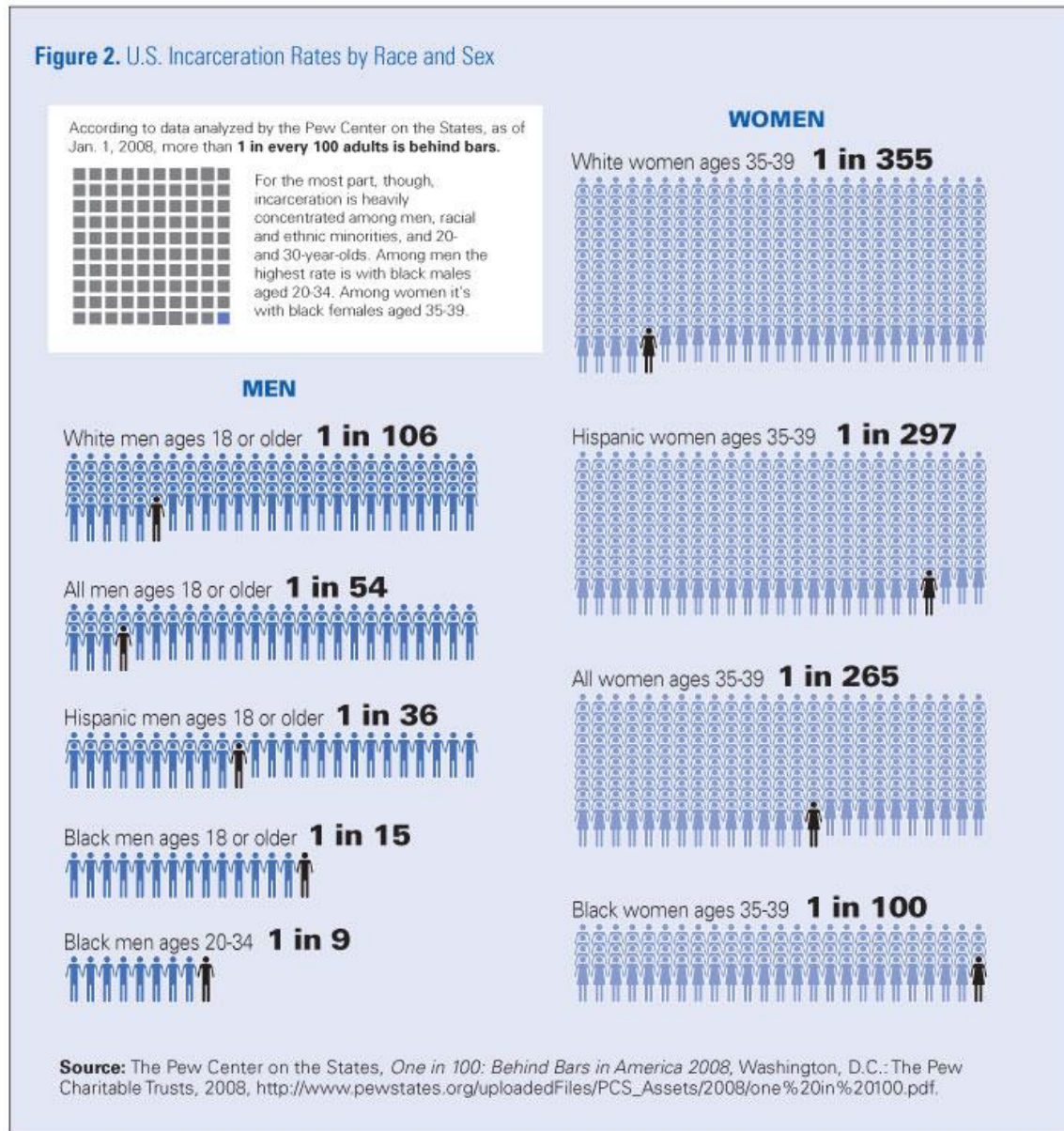
Wilson, S. F. (2017). Doulas for Surgical management of miscarriage and abortion: A

randomized controlled trial . *American Journal of Obstetrics and Gynecology* , 216 (1),

44e1-44e6.

Tables and Figures

Figure A. Incarceration rated broken down by race, sex and age groups.



Source: Solomon, The National Institute of Justice. June 2012 www.nij.gov/journals/270/criminal-records.aspx

Running head: Birth care and reentry

FIGURE B

WKKF Project Budget for RLBC Doula Community Fund

PERSONNEL

Doula Payment

Cost of Doulas	\$2,000	per two births
Cost of Doulas	\$50,000	Project total
Number of gifted births	50	Project total

Root Member salary

Doula Coordinator

Hours	30	per week
Rate	\$20	per hour
Wages	\$2,400	per month
Wages	\$28,800	Total project salary

Transportation

1000	Project total
-------------	---------------

Childcare services for doulas

Nanny costs	15	per hour
Hours	100	Project total
Total:	1500	

Total project cost	\$81,300
---------------------------	-----------------

--

Running head: Birth care and reentry



FIGURE C

RLBC Operational Budget

PERSONNEL

Doula Payment

Cost of Doulas	\$6,000	per month
Cost of Doulas	\$72,000	per year
Rate	\$500	per birth

Root Member Wages

Doula Coordinator

Hours	15	per week
Rate	\$20	per hour
Wages	\$1,200	per month
Wages	\$14,400	per year

Administration

Hours	10	per week
Rate	\$20	per hour
Wages	\$800	per month
Wages	\$9,600	per year

Financial/Grant Coordinator (DF & RO)

Running head: Birth care and reentry

Hours	20	per week
Rate	\$20	per hour
Wages	\$1,600	per month
Wages	\$19,200	per year

PR & Marketing

Hours	10	per week
Rate	\$20	per hour
Wages	\$800	per month
Wages	\$9,600	per year
Total Admin Wages		\$52,800 per year

MISC (to be categorized)

PR & Marketing Costs	\$1,000.00	per year
Roots Development/Retreats	\$700	per year
Orientations & Trainings		
<i>wages for facilitators</i>	2000	per year
<i>funds for materials & food</i>	500	per year
Budgeting Software	120	per year
Translation Equipment		
Events/Honorariums for Outside Facilitators	1000	per year
Transportation (SRJ, Emergency, etc)	700	per year
Total	\$6,020.00	per year

Appendices

Running head: Birth care and reentry

Appendix B: Fieldwork time log

Master of Public Health Program FIELDWORK TIME LOG

Student Information	
Student's Name: Sandra Luna-Turiano	Campus ID #: 20358872
Student's Phone: (510) 672-1471	Student's Email: selvamarquez@dsu.edu
Preceptor Information	
Preceptor's Name: Helen Arago	Preceptor's Title: Program Director
Preceptor's Phone: 206.683.4350	Preceptor's Email: arago.h.9@gmail.com
Organization: Roots of Labor Birth Collective	
Student's Start Date: 2/3/17	Student's End Date: Hours/week: 5/5/17 ≈ 23hrs/wk

Time Log for (Check One): Spring 2017

_____ Summer 2016 _____ Fall 2015
 _____ Summer 2016 _____ Fall 2016

Week	Total # of Hours for Week	Preceptor Initials
2/3 - 2/10	23 hrs	HA
2/12 - 2/19	23 hrs	HA
2/20 - 2/24	23 hrs	HA
2/27 - 3/3	23 hrs	HA
3/6 - 3/10	23 hrs	HA
3/13 - 3/17	23 hrs	HA

Running head: Birth care and reentry

Sandra E. Luna Martinez

3/20 - 3/24	30hrs	<i>Sandra E. Luna Martinez</i>
3/27 - 3/31	35hrs	<i>Sandra E. Luna Martinez</i>
4/3 - 4/7	22hrs	<i>Sandra E. Luna Martinez</i>
4/10 - 4/14	22hrs	<i>Sandra E. Luna Martinez</i>
4/17 - 4/21	22hrs	<i>Sandra E. Luna Martinez</i>
4/24 - 5/5	22hrs	<i>Sandra E. Luna Martinez</i>

Running head: Birth care and reentry

Student Evaluation of Field Experience

Appendix C: Student Evaluation of the organization

Please use the following key to respond to the statements listed below.

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N/A = Not Applicable				
My Field Experience...				
Contributed to the development of my specific career interests	A			
Provided me with the opportunity to carry out my field learning objective activities		A		
Provided the opportunity to use skills obtained in MPH classes		A		
Required skills I did not have Please list:				N/A
Required skills I have but did not gain in the MPH program Please list:			D	
Added new information and/or skills to my graduate education Please list: Learned how collectives and community organizations actually function in real life.	SA			
Challenged me to work at my highest level		A		
Served as a valuable learning experience in public health practice			D	
I would recommend this agency to others for future field experiences.				NO
My preceptor...				
Was valuable in enabling me to achieve my field learning objectives		A		
Was accessible to me		A		
Initiated communication relevant to my special assignment that he/she considered of interest to me			D	
Initiated communication with me relevant to general functions of the agency		A		

2. Would you recommend this preceptor for future field experiences? Please explain.

Yes No Unsure

3. Please provide additional comments explaining any of your responses.

RLBC was in a transition period during the time of my internship and that made it very difficult for me to get work done and get my projects approved. It took a lot of time and back and forth between all the collective members to make a decision on little things and it wasted a lot of my learning time.

4. **Summary Report:** All students are required to prepare a written summary of the field work to be submitted with this evaluation form.

Sandra E. Luna-Martinez

5/9/17

Student Signature

Date

Appendix D: MPH Program Competency Inventory

USF MPH Competencies	Notes
1. Assess, monitor, and review the health status of populations and their related determinants of health and illness.	Conducting the study of training previously incarcerated women as doulas.
2. Apply theoretical constructs of social change, health behavior and social justice in planning community interventions.	Creating a birth collective to make doula care affordable and accessible.
3. Demonstrate leadership abilities as collaborators and coordinators of evidence based public health projects.	Collaborating with community partners and other activists.
4. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.	The doula community fund project aimed to serve and preserve communities of color.
7. Effectively communicate public health messages to a variety of audiences from professionals to the general public.	The annual birth festival event to familiarize the community with RLBC
6. Advance the mission and core values of the University of San Francisco.	RLBC is works to make a change by making birth care a human right and not a luxury.