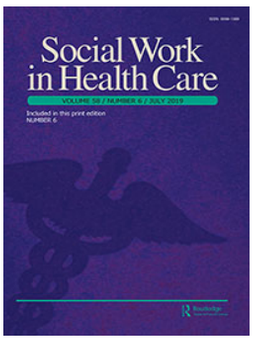

Routledge
Taylor & Francis Group

Social Work in Health Care

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/wshc20

"We have this awesome organization where it was built by women for women like us": Supporting African American women through their pregnancies and beyond

Laura Hmiel, Cyleste Collins, Portia Brown, Emily Cherney & Christin Farmer

To cite this article: Laura Hmiel, Cyleste Collins, Portia Brown, Emily Cherney & Christin Farmer (2019) "We have this awesome organization where it was built by women for women like us": Supporting African American women through their pregnancies and beyond, Social Work in Health Care, 58:6, 579-595, DOI: 10.1080/00981389.2019.1597007

To link to this article: https://doi.org/10.1080/00981389.2019.1597007

SOCIAL WORK IN HEALTH CARE
2019, VOL. 58, NO. 6, 579–595
https://doi.org/10.1080/00981389.2019.1597007

Routledge
Taylor & Francis Group

"We have this awesome organization where it was built by women for women like us": Supporting African American women through their pregnancies and beyond

Laura Hmiel[a], Cyleste Collins[b], Portia Brown[c], Emily Cherney[b], and Christin Farmer[d]

[a]Department of Medicine, Case Western Reserve University, Cleveland, OH, USA; [b]Department of Social Work, Cleveland State University, Cleveland, OH, USA; [c]Independent Consultant, Cleveland, OH, USA; [d]Birthing Beautiful Communities, Cleveland, OH, USA

ABSTRACT

Infant mortality is a problem that disproportionately affects infants of African American women, particularly residents in underserved neighborhoods. Chronic stress due to racism has been identified as an important factor in infant mortality. This study examined a novel community-based perinatal support professional (PSP) program, Birthing Beautiful Communities (BBC), in Cleveland, Ohio. BBC provides services for pregnant African American women in underserved neighborhoods with the goal of decreasing infant mortality and low birthweight rates by addressing chronic stress. Focus groups and one individual interview were conducted with the program's 14 PSPs, and 25 clients were interviewed individually. Interviews were analyzed inductively using qualitative thematic analysis to identify pervasive themes. Coders identified major themes of stress, resilience, community, cultural matching, advocacy, self-care, transformation, and self-actualization. BBC PSPs and clients alike reported the program is transforming the lives of clients by helping them address stressors. Findings suggest the community-based PSP model is an important but underused intervention in addressing infant mortality.

ARTICLE HISTORY
Received 10 June 2018
Revised 20 February 2019
Accepted 15 March 2019

KEYWORDS
Doulas; African American; infant mortality; pregnancy; childbirth; social support

Infant mortality, defined as the death of an infant before their first birthday, is a widely accepted measure of the overall health of a community and reflects the health disparities between communities. Typically the causes of death of these infants have been established to be congenital abnormalities, prematurity, and sudden unexplained infant death (SUID, formerly SIDS) (Matthews, MacDorman, & Thoma, 2015). African American infants are far less likely to see their first birthday than their Caucasian, Hispanic, or Asian counterparts in the US; the city of Cleveland is no exception (Matthews et al., 2015; Ohio Department of Health, 2014). When looking at historically underserved African American communities in Cleveland, rates of infant mortality climb even further than the national average for African

CONTACT Laura Hmiel, MD lxh308@case.edu School of Medicine, Case Western Reserve University, 2109 Adelbert Rd., Cleveland, OH 44106, USA.

Americans ("Infant Mortality in Cleveland – A report for Cleveland City Council Health Committee," 2014). Several important risk factors for infant mortality, prematurity, and SUID have been identified, ranging from smoking habits and maternal health to broader social determinants of health including socioeconomic status and racism (Collins & Hawkes, 1997; Collins, Rankin, & David, 2011; Collins, Wambach, David, & Rankin, 2009; Papacek, Collins, Schulte, Goergen, & Drolet, 2002). With well-established risk factors for a terrible problem in mind, various efforts have been made to tackle the problem of infant mortality in the United States.

One such intervention has been to give at-risk women access to birth doulas. Doulas are women who serve as ante-, peri-, and/or post-natal supports for a pregnant woman with the goal of easing her transition to motherhood. A doula's role is non-medical in nature, and she does not take the place of the physician or midwife who manages her client's health and that of her future child during pregnancy; instead, she is there to support the non-medical aspects of pregnancy and labor. Many studies have shown a doula's presence before and during labor positively impacts the woman's experience (Hodnett, Gates, Hofmeyr, & Sakala, 2005), decreases rates of intervention (Hodnett et al., 2005; Kozhimannil et al., 2016b; Kozhimannil, Hardeman, Attanasio, Blauer-Peterson, & O'Brien, 2013), and is related to positive effects on the health and development of her infant (Kozhimannil et al., 2016b; Kozhimannil, Attanasio, Hardeman, & O'Brien, 2013). Unfortunately, although women have served as doulas for one another throughout much of human history, the modern doula is rare and often prohibitively expensive when found, thus severely limiting the access of certain women to this valuable service. Research has found that many of the women who desire but do not have access to doula care are African American, uninsured (Behrman & Butler, 2006), and at risk of preterm birth.

In response to this mismatch, community-based doula programs have been slowly emerging around the US in recent years (Kozhimannil, Vogelsang, Hardeman, & Prasad, 2016a; Thomas, Ammann, Brazier, Noyes, & Maybank, 2017). One such new program aims to counteract some of these social determinants of health (SDH) for its clients by expanding its scope beyond a traditional peripartum support model. Birthing Beautiful Communities (BBC) was founded in Cleveland, Ohio, in 2014. BBC is a grassroots organization to employ low-income women from historically underserved African American communities as perinatal support professionals (PSPs) for pregnant women from the same or similar communities. BBC's is a unique model because their PSPs, in contrast to doulas, serve both clients and their families in a holistic manner, before, during, and for one year after their babies are born, focusing on not just birth goals, but life goals. The PSP supports and services are provided at no cost with the aims of reducing infant mortality and improving the social determinants of

health for clients, their families, and the community. They aim to accomplish this not only through traditional birth work, but also by taking targeted actions to improve clients' access to resources like nutrition, transportation, employment, and childcare. Moreover, the program specifically aims to support clients in dealing with stress together in groups using an intervention called Sister (SOS) Circles specifically tailored to addressing anxiety in African American women (Neal-Barnett et al., 2011), and visualizing, planning, and accomplishing life goals, such as attaining a GED. Little is known about the impact of doula care on a woman beyond immediate perinatal outcomes, including on how they can help mitigate her social determinants of health; moreover, few studies have investigated programs offering services beyond direct birth work. Finally, few studies have examined community-based doulas' perspectives on and experiences with their work (Gentry, Nolte, Gonzalez, Pearson, & Ivey, 2010); most studies focus exclusively on client outcomes (Breedlove, 2005; Edwards et al., 2013; Wen, Korfmacher, & Hans, 2016). In our discussion of the findings, clients refer to PSPs in shorthand as "doulas," but the reader should keep in mind the model is more expansive than that of a traditional birth doula.

This study uses qualitative analysis of interviews of BBC's PSPs and their clients in order to describe, in-depth, the perspectives and experiences of both clients and staff. Thematic codes were developed through thematic analysis to elucidate the PSPs' conceptualization of their work as well its perceived impact. Clients' perspectives are interwoven to identify areas of agreement and/or disagreement with PSPs' perspectives and to provide triangulation of the data.

Methods

Design

The study employed a social constructionist perspective and used in-depth interviews to examine PSP and client perspectives of the program in comparison to one another. Examining their understandings and experiences side by side allows us to learn about the structure and meaning of an innovative program from those closest to it.

Sample

Fourteen PSPs over the age of 18 and employed by BBC at the time of the interview and 25 clients over the age of 18 who had worked with BBC through their babies' births participated in the interviews. All PSPs and clients were Black women (most were African American). PSPs had worked at BBC for at least three months. Of those interviewed, 10 PSPs said they had

done birth work informally for friends or family prior to working for BBC, and most were mothers themselves. All were African American, and their ages ranged from their early 20s to early 60s. Clients interviewed were on average in their mid-twenties (M = 26.6, SD = 7.9). More than three quarters reported having one or two children. Most (about two-thirds) clients' highest level of education was having finished high school or less. Less than half of the clients reported being married. Clients had worked with 12 of the 14 PSPs. Nearly two-thirds (64%) of clients did not know what a doula was prior to enrolling in BBC.

Procedures

Researchers contacted PSPs directly via email to invite them to participate in a focus group. All 14 PSPs agreed to participate and were interviewed. To recruit client participants, BBC staff identified clients who met the eligibility criteria (working with BBC prior to child's birth, having had their child with BBC, working with a PSP, and attending BBC classes). A member of the research team contacted eligible clients to schedule interviews, following up with email reminders and/or phone calls.

The study was approved by a university-based institutional review board, and interviewers obtained signed informed consent from all interviewees. Each interviewee received a $50 gift card as a token of thanks for their participation. All interviews were conducted by African American women: a doctoral-level community-based interviewer with extensive qualitative interviewing experience (the third author) and a graduate student. The graduate student underwent intensive training in qualitative interviewing prior to conducting the interviews. The focused group interview was conducted with 13 of the PSPs, and one individual interview was held with a PSP who could not attend the focus group. All client interviews were held individually. All interviews were held at the BBC offices, in a group space for the focus group, and in private rooms for individual interviews. Interviews ranged from 45 minutes to 1.5 hours. Clients without transportation were provided with transportation to the interview via Uber or their PSP. Interviews were recorded on an MP3 recorder and professionally transcribed.

Interview questions

In the interviews, both PSPs and client were asked about their experiences with the BBC program. PSPs were first asked to introduce themselves and describe their positions at BBC and how long they had been with the program. Then, they were asked to explain the purpose of the organization, to give some broad perspectives on their clients, including their major

challenges and strengths, followed by a walk-through of the average client's first experience with BBC ("Please walk us through your 'typical' protocol when dealing with BBC clients for the first time."). Then PSPs were asked about the evolution of the PSP-client relationship ("How does your interaction with your clients change over time?"), what community resources the PSPs use with their clients and which services are the most helpful/best support their clients.

We then asked PSPs to reflect on the mechanisms by which the program affects infant mortality ("Given that one of the hopes for BBC is to help reduce infant mortality and low birth weight births, how would you say the program does that?"), and how they defined "successful" outcomes with their clients. The next set of questions aimed to explore the PSPs' perspectives on BBC in general, including its positive and negative aspects ("From your experience, what is good about BBC?"), as well as what is special or unique about the program, what changes should be made, and what support they needed to do their work with clients better. Finally, PSPs were invited to share any final thoughts before the interview was concluded. The client's interview questions proceeded similarly, with the interviewer asking participants to walk the interviewer through their BBC experience, from initial referral, through in-person meetings, their pregnancy, classes they attended, prenatal visits, their birth, and then postpartum to their gather perspectives on the protocols staff followed and how BBC had affected them.

Data coding and analysis

Interview audio was recorded electronically and transcribed by a professional transcriptionist, who subsequently redacted participant names from the document. Observational data were summarized and analyzed primarily for descriptive purposes to better describe the context of the BBC work. Interview data were analyzed using an inductive approach to extract themes from the qualitative interviews, with thematic analysis (Braun & Clarke, 2006) as the primary qualitative framework used in the analysis. Three members of the research team coded and discussed the data, agreeing on a coding strategy. The coding process began with using PSPs' direct quotations, using their own words and proceeded by identifying general categories of responses and ultimately, themes.

Several checks on trustworthiness for qualitative data were conducted, including triangulation, member checks, and peer debriefing. Source triangulation (Patton, 1999) included examining data from clients, informal discussions with the agency director, experiences of an intern placed at the agency who was also part of the research team and checking administrative data to confirm findings. Analyst triangulation was also used (Patton, 1999) to ensure no one analyst's biases or assumptions affected the interpretation of

the data. Analysts were all women and included a medical student, a social work professor a social work graduate student, an independent consultant who was a doctoral level expert in narrative interviewing, and a public health graduate student. The team convened regularly to discuss and analyze the transcripts in several steps which included: (1) reading each transcript and marking sections that seemed meaningful and/or important to the coder; (2) coders meeting with one other regularly to discuss the notable passages and overall themes and insights; (3) developing summaries of the interviews and sharing those with a sample of participants as a member check. As a check on credibility (Lincoln & Guba, 1985), member checks were conducted with the participants. The research team worked to compile quotes, summarize the participants' responses, and email the summary to participants for feedback (all PSPs and a sample of 12 clients were contacted). No PSPs responded that edits were needed, and only one client responded with a small change to her summary. This change did not involve our overall interpretation of her perspective.

Results

PSPs' and clients' experiences with the program were broadly centered on four broad themes of stress, resilience, and self-care; cultural matching and community support; advocacy and self-care; and transformation and self-actualization.

Stress and resilience

Throughout the interviews, PSPs emphasized the ways in which stress was an important factor impacting their clients. One PSP specifically stated the aim of the program is "to reduce the infant mortality rate in the cities/communities that we serve through education, support and reducing the stressors of the mothers' lives." PSPs described the ways they work steps to help counteract the stressors in their clients' lives with the understanding that these stressors can negatively impact the health of their clients and their children. PSPs frequently talked about their clients' normalization of stress. Clients, they said, had so much stress in their lives that they had become accustomed to it. This was seen as problematic, but clients' strengths in the face of that stress were also emphasized. The PSPs said that despite the stress, their clients tend to be strong, adaptable, and resilient, and able to make it through very stressful situations on a regular basis, as women and mothers. The PSPs related to this. Said one PSP,

> Overall, I feel like their strength is kind of part of what <participant> said about the normalizing the stress, and I feel like we, just as a women, take on so much.

> So even though we feel like we might not make it through the next day, we still do it anyway for kids. Us, we just have to do it, have to make it through. Even like me, myself, like even when I'm stressed, it doesn't matter. I still have to do what I have to do for me and my daughter, so I feel like that's just… I don't know how to really describe what that is. Just us as women. Like that internal thing you do.

Describing challenges with transportation, employment, education, and relationships clients faced, one PSP said, "when these circumstances could really break you… they stand tall." Clients, too, identified a number of stressors they experienced, including housing, concerns about their physical health, negative experiences with past pregnancies, anxiety and depression, having little social support, and feeling lonely. At least two clients discussed having depression and anxiety but not wanting to take their medication while pregnant. Several clients reported feeling their pregnancies affected their emotions, which increased feelings of isolation. One client talked about how she had felt alone in her pregnancy. She said, "I felt like nobody was going through what I was going through, and then you want your own experience." Some clients did not welcome their pregnancies; at least two planned to give up their babies but ultimately changed their minds, which they attributed to BBC's support.

Clients commonly said they did not initially identify their stressors until their work with their PSP and BBC, perhaps contributing to the normalization of stress. One client said:

> I didn't realize, until I went to the class, that…I was just a little bit depressed after having my son…Feeling like I was alone. That was the biggest challenge for me…as a female being pregnant, you just expect to have some type of support system, family wise, friendship wise, and I didn't feel like I had that at all, and it would get to me.

Cultural matching and community support

The PSPs emphasized that BBC is an organization "built by women for women", specifically for women who look like and are from the same or similar neighborhoods as the clients. This cultural matching of PSP and client refers to ensuring the two are each able to see herself in one another, both in terms of physical appearance as an African American woman and of life experiences and neighborhood. The visible representation of successful African American women running the organization was noted to be an important example of modeling success. Moreover, PSPs emphasized cultural matching on the neighborhood level as particularly powerful, allowing PSPs to speak with their clients from a level of deep understanding of her environment and situation. One PSP stated that by ensuring PSPs and clients

are from similar zip codes, they "make sure that [clients] are purposely and intentionally represented by someone that lives/works in their neighborhood so that there is easy access... There's an understanding of the neighborhood, understanding of the culture, 'cause each neighborhood has its own culture."

Similarly, PSPs reflected upon the program's sense of community. PSPs said the organization promotes a friendly sisterhood both among the PSPs and between PSPs and clients. PSPs said they appreciated debriefing and discussing difficult interactions with other PSPs, and also asking one another for advice. PSPs described developing close relationships with and learning new things from their clients. One PSP summarized the importance of the sense of community at BBC, specifically the relationships among Black women.

> They tell us how happy they are, how much they look forward to coming to coming to our meetings because it's almost like a place of refuge, a place of sisterhood, somewhere that… You know we have that negative stigma as Black women, and to come here to see that sisterhood, it's almost like finding a rainbow to many of these women. So I believe that us looking like them and representing them really makes them feel at home to where they are able to share with us and grow, and it's just a very positive experience.

The element of sisterhood and its importance mentioned in this quote refers to the SOS group intervention aimed at reducing women's anxiety, which is central to the BBC model.

Clients confirmed PSPs' perspectives on the importance of sisterhood. Clients' descriptions of BBC were rich with detail about the importance of the sense of community clients felt in attending the classes and working with their PSPs. The matching and shared experiences between themselves and their PSPs were particularly salient. Though clients said they had learned a lot from BBC programming, they also felt they had valuable information to offer other clients. One client said, "sometimes [other clients] might be confused, or they might not know, and then I can know something, or the doulas know something and then we can just… kind of like a share of information." Similarly, another client said, "You find out a better way to be a better person and a better parent to your child, and I think no matter how old you are, everybody can learn something from somebody else."

One client described BBC as a village, and endorsed the benefits of BBC clients learning from people similar to them. One said, "it was nice to be in the room with people that were around my age and lived where I live." Another client said she "liked best…[being] surrounded by Black women." Another described bringing a family member to an SOS session, who was very "touched" by the experience and who said, "you don't really get a bunch of Black sisters coming together talking like that." Another client said, "I just really love the fact that they're in our community bringing such awareness

and positivity to our women, helping them with a better focus than what society has placed on us to focus on." Clients appreciated the collaborative and supportive group provided by women whose lives resembled theirs, much as the PSPs did.

One client commented on the importance of the commonalities the BBC women share, saying, "we all come from the same background… We all going through the same thing." While clients said BBC's cultural and location matching brought them a sense of community and feeling of being understood, others said there were also benefits to the diversity of experiences BBC clients and PSPs bring. Referring to age differences in the client groups in classes, one client said she found information from "so many different people that's coming in from (different) religions... all that feedback, all those experiences" to be rich, and "you learn so much." The diversity, clients' commonalities in all being pregnant, and BBC's positive environment helped decrease social isolation through a sisterhood like that noted by PSPs.

Advocacy and self-care

Clients saw the sisterhood of BBC enacted through both individual and emotional support channels with work with the PSPs and in class, but this sisterhood was also enacted through advocacy and self-care. Clients described multiple ways that their PSPs specifically, and BBC in general, advocated for them; additionally, the PSPs and clients both viewed the encouragement of self-care as a form of advocacy. Ways PSPs advocated for clients included speaking on their behalf at prenatal visits and at their births, both with their families and healthcare providers, and helping them to obtain goods and/or services in the community via their connections, making phone calls, and coaching clients about how to obtain what they needed. At times, PSPs noted the need to balance advocacy with being present to the client's needs in the moment and respecting her decisions, even when they might differ from her hopes. An example of this was given with regard to the birth. The PSP's advocacy to help a client achieve her goal a birth with limited interventions (which was common for BBC clients) could be at odds with her goal of supporting and respecting the clients' decisions and right to self-determination. One PSP elaborated:

> If we're not there truly listening to them and wanting to support them on no matter what they want... If we're at the hospital and they're saying "I want an epidural," or "I want all the medication that they could give me," then I mean that's not something we would want to do, but we're there to support them. Not to impose our views our biases on them…I don't think anyone here does that, but I think we should be conscious, mindful…of that.

PSPs were active advocates for client self-care. PSPs, clients said, urged them to prioritize caring for themselves in various ways including letting others help them, resting when they needed to, cutting back on work

(especially if it was physically demanding), staying physically active (often taking them on walks), and doing special things for themselves like taking a bath or getting their nails done. One client said her PSP encouraged her to take care of herself, by "just them saying 'take it easy. If you need anything, let us know'…knowing if I needed them, they'd be there… I'm always doing everything for everyone else, and they…helped me realize, 'No. Do for you.'"

Clients said PSPs' advocacy empowered them in many ways, including speaking up for themselves and gathering strength to get through the day. Several clients said BBC helped them gain newfound confidence in their ability to achieve their goals, such as finding quality housing and becoming self-sufficient. One client shared her progress in obtaining housing with BBC's assistance and how it helped increase her confidence and reduce her fear about the future:

> I didn't have anything…but I made something out of nothing...I was so tired, I really wanted to give up on that housing, but always said 'I just want my kids to have a Christmas in our own house…and I got a house, my apartment…I feel as though I came a long way… Walking through those doors the first time, (I was scared) of a new beginning, I guess, and now that I'm here… I'm not scared/ worried because I have the confidence in myself that it's always gonna be better… It's good now. It's gonna get better.

Client transformation and self-actualization

In addition to advocacy, the PSPs described education and modeling of behavior as specific tools they used in working to impact their clients' lives. PSPs said their clients, at intake, tended to be uninformed of their options and had limited confidence in their abilities to make choices regarding many aspects of their lives. PSPs talked about their clients generally having only ever been exposed to the lives and mothering styles of their own friends and relatives, and thus were unaware of other ways to go about their pregnancy and motherhood. One PSP described clients as "confused" and "frustrated," trying to become independent, but only knowing one way to live: "They know how their mother mothered them and then they just perpetuate that… They know what their friends do when they have babies, and so they just do that." Clients, PSPs said, came to BBC with little knowledge of how they could change their lives, such as leaving an abusive partner, breastfeeding their children, or pursuing their own education, and PSPs felt they were positive role models in showing clients other ways of being in the world.

From their clients' starting points, PSPs noted their clients' transformations from less educated, uninformed, and powerless to more educated, informed, and empowered. PSPs mentioned several tools they employed in order to aid their clients' transformations. PSPs noted that they frequently

help their clients learn about the tools they need to make their own choices and become advocates and care for themselves. One PSP noted that the PSPs at BBC "are modeling what a Black woman should look like in today's age," implying the need to change from the client's status quo. This modeling involves PSPs "living what they are teaching," for example by eating healthily around the office as they teach their clients about nutritional health. In the process of these transformations, clients learned how to address the stressors in their lives in order to better care for themselves and their families.

PSPs described clients as willing and motivated to collaborate with their PSPs and to transform themselves for the better. This transformative collaboration involved not only modeling and education, but also shifting clients' entire perspective on their lives and abilities. One PSP stated she strives to help clients "bring about those uncomfortable barriers within themselves… to really push past it… to see a brighter way, a brighter light, however, you want to reference to just that awakening of yourself." This PSP saw something asleep in her clients, something present but unacknowledged; to her, the power to live a better life was always present in her clients, ready to be used. Another PSP described some of this process of empowerment:

> A lot of times we see that when we're telling women like 'You are a powerful being. (You are) the ultimate, a goddess, this,' they don't believe it, (right?) because we live in a world where it's very masculine-focused… So once they understand that and they know the history of where we come from, it makes a difference about how proud you are to be a resilient Black woman.

Through this process of awareness, PSPs discussed taking a holistic health approach and working with clients to realize their strengths and facilitate clients' transformation and self-actualization, though the PSPs noted several limitations to clients achieving transformations. One PSP noted that some of her clients did not accept her recommendations, even when these changes had the potential to alter risk factors for her and her child's health. The PSPs reflected that they could not change all client behaviors, nor was that their goal; while they aimed to transform aspects of the clients' lives and pregnancies, the PSPs tried to prioritize respect and support for the clients in their decisions.

One client explained how working with BBC allowed her to gain confidence and tools to work through adversity and achieve her goals: "I can see where I'm actually going. I've painted a picture. I dreamt it…I can speak things into existence now because I have confidence." Another client spoke to her transformation as well:

> It was relieving…knowing that I'm just so focused on my dreams and goals, I can accomplish them now. I can set a standard for myself. (I can) find myself now, be happy and people will just look at me and say 'You look different. Is it a dude?'

> 'No. It's not! It's me!' you know?... I still have my doubts/worries about being on my own now, but I'm trying to manage it.

Overall, much as PSPs said they watched their clients grow empowered and confident through their journey with BBC, clients described the same change in themselves. Clients felt that BBC's emphasis on positive strategies for helping them work through their stressors was extremely beneficial and they were enthusiastic about the shifts in their lives they perceived as due to BBC.

Discussion

In our interviews with PSPs and clients of novel program for pregnant African American women, themes centered on personal strength, growth, and change, both regarding the client and PSP. PSPs described their clients arriving to the program with stressors that were risk factors for unhealthy pregnancies and births, but also some resilience to handle these stressors on their own. PSPs' advocacy, encouragement, and supportive attitudes helped clients maximize these strengths and decreased social isolation. PSPs described their efforts to build a welcoming community for these clients and with their fellow PSPs, and clients confirmed the importance of this community for their well-being. The PSPs identified that their cultural similarity to their clients, not only as African American women, but also as members of the same communities, enabled them to experience a deeper level of understanding and relationship with their clients. Once that strong PSP-client relationship had been built, PSPs discussed their clients' changes, and transformations. Importantly, the PSPs' experiences and insights into the program were corroborated by the clients. The community BBC offered together with the personalized nature of the PSP and cultural matching allowed clients access to professionals who had lived through and understood their situations. The resulting sense of trust and community, helped clients feel supported, empowered, and renewed through their pregnancy and beyond.

These findings allowed us to create a working model of how the BBC program operates to affect its clients. Clients enter the program as individuals at high risk for adverse birth outcomes due to multiple factors including their race, location, behaviors, and overall stress (Collins & Hawkes, 1997; Collins et al., 2011, 2009; Papacek et al., 2002). From this starting point, PSPs talk about working with clients to help them find the skills and strength necessary to care for themselves in new ways. This newfound self-care, in theory, allows the clients to transform their lives and attain some level of self-actualization, or the concept of the full realization of one's potential (Maslow, 1943). Along

the way, the culturally-matched PSPs' efforts to educate, model, encourage and empower their clients facilitated their journeys.

Our findings are consistent with prior literature emphasizing the doula as a tool for education and advocacy for her pregnant client. Other studies of doula programs have found doulas provide clients with usable knowledge and enhance clients' sense of agency (Baffour, Jones, & Contreras, 2006; Kozhimannil et al., 2016a; Thomas et al., 2017). Relatedly, this study agreed with the literature in demonstrating themes of empowerment and personal transformation, ideas which have been found to be vital aspects of other community-based efforts to address infant mortality. Studies of community-based doula programs (Kozhimannil et al., 2016a; Thomas et al., 2017) and healthcare-based outreach programs (Yoo & Ward, 2011) have noted client empowerment as a component of their work and experience. Theoretical frameworks for the process of such programs have considered empowerment-related themes as an intermediate step from client engagement towards the ultimately desired outcomes of healthier infants (Kozhimannil et al., 2016a; Yoo & Ward, 2011).

What is relatively new in this program, however, is the aspect of cultural matching. Other studies of community-based doulas have considered the influence of cultural similarities on client-doula connection and care, such as language (Kane Low, Moffat, & Brennan, 2006). While the benefits of culturally-appropriate care have previously been explored (Nypaver & Shambley-Ebron, 2016), BBC appears to be unique in that the PSPs viewed the cultural matching aspect of the program as essential to their care. "Culture" in BBC is viewed not as equivalent to race; rather, it is defined more broadly, more along the lines of how it has been treated in cognitive anthropology as shared understandings of the world (Shore, 1996). Race can be part of such shared understandings, and the effects of racism have been well-documented as affecting health (Barnes, 2008; Collins, David, Handler, Wall, & Andes, 2004; David & Collins, 2014; Dominguez, 2011; Nuru-Jeter et al., 2009), culture is bigger than race alone. This suggests that part, but not all, of the importance of the cultural matching within BBC can be attributed to ensuring their African American clients are served by African American PSPs. However, in BBC "cultural matching" is about more than race. Understanding the unique challenges of place, the PSPs noted that BBC matches clients and PSPs with regard to location/community, which PSPs considered important and clients also agreed was an asset.

Prior studies have emphasized that place can serve as a risk factor for health outcomes (Collins & Hawkes, 1997; González, Wilson-Frederick Wilson, & Thorpe, 2015) and that efforts to handle such public health disparities could benefit from considering this SDH among others. Adoption of such a perspective suggests that BBC takes a more sophisticated approach to understanding culture and its importance when tailoring its

services. BBC's approach appropriately recognizes the heterogeneity of intra-cultural diversity (Pelto & Pelto, 1975) within its client population as salient to its service model. This is a radical departure from public health approaches that lump African Americans together in a one-size-fits-all category common in "cultural competence" approaches; by contrast, the BBC approach is consistent with research findings that suggest cultural nuance is important to consider and address for health outcomes (Dressler & Bindon, 2000; Dressler, Oths, & Gravlee, 2005). As clients see this aspect of their care as similarly important, the cultural matching in BBC seems to play a role in its ultimate impact on infant mortality in these high-risk locations.

Strengths and limitations

This study offers a glimpse into a novel program that operates beyond the scope of the traditional, birth-exclusive doula model. By drawing directly from the words of the PSPs employed by the organization, we were able to more richly describe the program as well as identify what is unique about this program as compared with other doula-based programs in the U.S. Also, with additional client perspectives, we were able to explore whether PSPs' and clients' experiences were similar. A limitation is that the data were collected at a point-in-time with a small group of women representing one organization, thus we cannot speak to any changes in PSPs' nor clients' experiences over time. Also, as the PSPs' data were collected in a focus group, it may be that competing narratives (which may have been revealed in individual interviews) were silenced (Smithson, 2000). Finally, this study is isolated to one population within one Midwestern city, limiting its generalizability to populations found elsewhere.

Implications and future studies

Given the large body of evidence supporting the use of doulas to support women in childbirth, and the scope of infant mortality across the nation, once more data are collected to support its impact, this model could be replicated and expanded to other areas. Additionally, raising awareness of the value of doula care among not just at-risk communities but also their healthcare providers would enable more women to access this complementary, non-medical service throughout their pregnancies. Nonetheless, more research is needed to fully understand the impact of this program. As noted above, this study provides insight into PSPs' and clients' perspectives on or attitudes towards the program; a study exploring these views utilizing quantitative data would provide valuable information regarding the extent to which the program actually succeeds in preventing infant mortality among its clients. A larger, mixed methods investigation including quantitative data on clients' service usage and birth outcomes is currently underway and will assess how the

organizations' services and supports influence the health of its client and the extent to which the organization accomplishes its goals.

Conclusion

It is difficult to believe, without looking at statistics, that infant mortality is as urgent and dire of a problem in the United States as it is. For the children of such a wealthy country to die before their first birthday is shocking; for some of those children to bear a disproportionate amount of that burden is unacceptable. Something must be done in order to level this health disparity among our most vulnerable citizens. This study offers promising evidence of the possible impact of one innovative, community-based program on reducing infant mortality and improving health outcomes in its target population.

Funding

This work was supported by the Greater University Circle Community Health Initiative.

References

Baffour, T. D., Jones, M. A., & Contreras, L. K. (2006). Family health advocacy: An empowerment model for pregnant and parenting African American women in rural communities. *Family & Community Health*, *29*(3), 221–228. doi:10.1097/00003727-200607000-00009

Barnes, G. L. (2008). Perspectives of African-American women on infant mortality. *Social Work in Health Care*, *47*(3), 293–305. doi:10.1080/00981380801985457

Behrman, R., & Butler, A. (2006). *Preterm birth: Causes, consequences, and prevention*. Washington, D.C.: Institute of Medicine National Academies Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77–101. doi:10.1191/1478088706qp063oa

Breedlove, G. (2005). Perceptions of social support from pregnant and parenting teens using community-based doulas. *The Journal of Perinatal Education*, *14*(3), 15–22. doi:10.1624/105812405X44691

Collins, J. W., Jr., David, R. J., Handler, A., Wall, S., & Andes, S. (2004). Very low birthweight in African American infants: The role of maternal exposure to interpersonal racial discrimination. *American Journal of Public Health*, *94*(12), 2132–2138. doi:10.2105/AJPH.94.12.2132

Collins, J. W., Jr., & Hawkes, E. K. (1997). Racial differences in post-neonatal mortality in Chicago: What risk factors explain the Black infant's disadvantage? *Ethnicity & Health*, *2*(1/2), 117–125. doi:10.1080/13557858.1997.9961820

Collins, J. W., Jr., Rankin, K. M., & David, R. J. (2011). African American Women's lifetime upward economic mobility and preterm birth: The effect of fetal programming. *American Journal of Public Health*, *101*(4), 714–719. doi:10.2105/AJPH.2010.195024

Collins, J. W., Jr., Wambach, J., David, R. J., & Rankin, K. M. (2009). Women's lifelong exposure to neighborhood poverty and low birth weight: A population-based study. *Maternal & Child Health Journal*, *13*(3), 326–333. doi:10.1007/s10995-008-0354-0

David, R. J., & Collins, J. W., Jr. (2014, February 2). Layers of inequality: Power, policy, and health. *American Journal of Public Health*, *104*, S8–S10. doi:10.2105/AJPH.2013.301765

Dominguez, T. P. (2011). Adverse birth outcomes in African American women: The social context of persistent reproductive disadvantage. *Social Work in Public Health*, *26*(1), 3–16. doi:10.1080/10911350902986880

Dressler, W. W., & Bindon, J. R. (2000). The health consequences of cultural consonance: Cultural dimensions of lifestyle, social support, and arterial blood pressure in an African American community. *American Anthropologist*, *102*(2), 244–260. doi:10.1525/aa.2000.102.issue-2

Dressler, W. W., Oths, K. S., & Gravlee, C. C. (2005). Race and ethnicity in public health research: Models to explain health disparities. *Annual Review of Anthropology*, *34*(1), 231–252. doi:10.1146/annurev.anthro.34.081804.120505

Edwards, R. C., Thullen, M. J., Korfmacher, J., Lantos, J. D., Henson, L. G., & Hans, S. L. (2013). Breastfeeding and complementary food: Randomized trial of community doula home visiting. *Pediatrics*, *132*(Supplement 2), S160–S166. doi:10.1542/peds.2013-1021P

Gentry, Q. M., Nolte, K. M., Gonzalez, A., Pearson, M., & Ivey, S. (2010). "Going beyond the call of doula": A grounded theory analysis of the diverse roles community-based doulas play in the lives of pregnant and parenting adolescent mothers. *The Journal of Perinatal Education*, *19*(4), 24–40. doi:10.1624/105812410X530910

González, G., Wilson-Frederick Wilson, S. M., & Thorpe, R. J. J. (2015). Examining place as a social determinant of health: Association between diabetes and US geographic region among non-Hispanic Whites and a diverse group of Hispanic/Latino men. *Family & Community Health*, *38*, 4. Retrieved from https://journals.lww.com/familyandcommunityhealth/Fulltext/2015/10000/Examining_Place_As_a_Social_Determinant_of_Health_.5.aspx

Hodnett, E. D., Gates, S., Hofmeyr, G. J., & Sakala, C. (2005). Continuous support for women during childbirth. *Birth: Issues in Perinatal Care*, *32*(1), 72. doi:10.1111/j.0730-7659.2005.00336.x

Infant Mortality in Cleveland - A report for Cleveland City Council Health Committee. (2014, October 1). Cleveland Department of Public Health Office of Biostatistics.

Kane Low, L., Moffat, A., & Brennan, P. (2006). Doulas as community health workers: Lessons learned from a volunteer program. *The Journal of Perinatal Education*, *15*(3), 25–33. doi:10.1624/105812406X118995

Kozhimannil, K. B., Alarid-Escudero, F., Vogelsang, C. A., Blauer-Peterson, C., Hardeman, R. R., & Howell, E. A. (2016b). Modeling the cost-effectiveness of doula care associated with reductions in preterm birth and Cesarean delivery. *Birth: Issues in Perinatal Care*, *43*(1), 20–27. doi:10.1111/birt.12218

Kozhimannil, K. B., Attanasio, L. B., Hardeman, R. R., & O'Brien, M. (2013). Doula care supports near-universal breastfeeding initiation among diverse, low-income women. *Journal of Midwifery & Women's Health*, *58*(4), 378–382. doi:10.1111/jmwh.12065

Kozhimannil, K. B., Hardeman, R. R., Attanasio, L. B., Blauer-Peterson, C., & O'Brien, M. (2013). Doula care, birth outcomes, and costs among Medicaid beneficiaries. *American Journal of Public Health*, *103*(4), e113–e121. doi:10.2105/AJPH.2012.301141

Kozhimannil, K. B., Vogelsang, C. A., Hardeman, R. R., & Prasad, S. (2016a). Disrupting the pathways of social determinants of health: Doula support during pregnancy and childbirth.

Journal of the American Board of Family Medicine, *29*(3), 308–317. doi:10.3122/jabfm.2016.03.150300

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Thousand Oaks, CA: SAGE.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, *50*(4), 370–396. doi:10.1037/h0054346

Matthews, T. J., MacDorman, M. F., & Thoma, M. E. (2015). Infant mortality statistics from the 2013 period linked Birth/Infant Death Data Set. *National Vital Statistics Reports*, *64*(9), 1–30.

Neal-Barnett, A., Stadulis, R., Murray, M., Payne, M. R., Thomas, A., & Salley, B. B. (2011). Sister Circles as a culturally relevant intervention for anxious Black women. *Clinical Psychology: Science and Practice*, *18*(3), 266–273. doi:10.1111/j.1468-2850.2011.01258.x

Nuru-Jeter, A., Dominguez, T. P., Hammond, W. P., Leu, J., Skaff, M., Egerter, S., … Braveman, P. (2009). "It's the skin you're in": African-American women talk about their experiences of racism. An exploratory study to develop measures of racism for birth outcome studies. *Maternal & Child Health Journal*, *13*(1), 29–39. doi:10.1007/s10995-008-0357-x

Nypaver, C. F., & Shambley-Ebron, D. (2016). Using Community-Based Participatory Research to investigate meaningful prenatal care among African American Women. *Journal of Transcultural Nursing*, *27*(6), 558–566. doi:10.1177/1043659615587587

Ohio Department of Health. (2014). 2014 Ohio Infant Mortality Data: General Findings. Retrieved from http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/cfhs/Infant%20Mortality/2014%20Ohio%20Infant%20Mortality%20Report%20Final.pdf

Papacek, E. M., Collins, J. W., Jr., Schulte, N. F., Goergen, C., & Drolet, A. (2002). Differing postneonatal mortality rates of African-American and White infants in Chicago: An ecologic study. *Maternal & Child Health Journal*, *6*(2), 99. doi:10.1023/A:1015464207740

Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *HSR: Health Services Research*, *34*(5), 1189–1208.

Pelto, P. J., & Pelto, G. H. (1975). Intra-cultural diversity: Some theoretical issues. *American Ethnologist*, *2*, 1–18. doi:10.1525/ae.1975.2.1.02a00010

Shore, B. (1996). *Culture in mind: Cognition, culture, and the problem of meaning*. New York, NY, USA: Oxford University Press.

Smithson, J. (2000). Using and analysing focus groups: Limitations and possibilities. *International Journal of Social Research Methodology*, *3*(2), 103–119. doi:10.1080/136455700405172

Thomas, M.-P., Ammann, G., Brazier, E., Noyes, P., & Maybank, A. (2017). Doula services within a Healthy Start Program: Increasing access for an underserved population. *Maternal and Child Health Journal*, *21*(Suppl 1), 59–64. doi:10.1007/s10995-017-2402-0

Wen, X., Korfmacher, J., & Hans, S. L. (2016). Change over time in young mothers' engagement with a community-based doula home visiting program. *Children & Youth Services Review*, *69*, 116–126. doi:10.1016/j.childyouth.2016.07.023

Yoo, J., & Ward, K. J. (2011). *Black Infant Health Evaluation*. First 5 LA. Retrieved from https://www.first5la.org/files/BIH_FinalReport_11112011_Combined.pdf