



MCHB (Maternal and Child Health Bureau)
Health Resources and Services Administration

**TA Webinar: HS Community Based Doula
Supplement**

6/7/2021

Esho, Simone (HRSA)

*****Screen Share*****

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Event Coordinator: Esho, Simone (HRSA)

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Problems Encountered with Zoom

No Problems Encountered

Recording

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Attendees

12102160930

12102315310

13173732633

14192134100

18044759044

18508755006

Abigail Duchatelier-Jeudy

Akesha Gainer

Amy

Amy London (Amy)

Amy Martin The Foundation for Delco

Ankita Patel

Anna Gruver

Anna Long

Belinda Pettiford - DPH# Women's Health Branch

Benita Baker

Benny Lindo

Beth Becker

Beth Langley - Outreach

Brian.Meyer

Camille Tinder

Captioner - Kelly S

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Paige Wilkins

Patricia Fontaine

pbrewster

Reiko Boyd

rickey green

Saeed Patel

Sandra Burns

Shannon Williams

Sharon Ross-Donaldson

Simone Esho

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Tahirah Watley

Tonya Daniel

TRandall

Varonica Caldwell

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Chat History

00:39:42 Benita Baker: Please chat in any questions.

00:49:18 Benita Baker: Yes, attachments count toward the page limit

00:51:12 Benita Baker: one-time grant of \$125,000 to cover the period between the time of the award and 3/31/24

Polls

N/A

Q&A

Q/A Done Over the Phone

Transcript

Heart Healthy Women: Supporting Women's Unique Cardiovascular Health Needs Monday, June 7, 2021

>> CARDONA BARNES: Good afternoon, everyone. My name is Cardora Barnes. Welcome to today's webinar. We are going to get started in about one minute.

>> CARDONA BARNES: Good afternoon again. Welcome to the preapplication technical assistant webinar. Notice of funding opportunity for HRSA 21 121. This webinar is for the supplemental funding for the Healthy Start community based doula initiative. The purpose of this webinar is to walk through information found in the notice of funding opportunity and to highlight key parts for potential applicants.

Please note that this is an overview of the key parts of the NOFO and it is not nor reading the NOFO and the HRSA application guide. Applicants are responsible for reading the entire NOFO and complying with the instruction included in a NOFO and SR 424 application guide. If you have a copy of the NOFO, you know, you may wish to follow along and take notes.

I am joined today by HRSA colleagues Simone Esho and Benita Baker. Also joining us is Tanya Randall, who is the grant management specialist within the HRSA Office of Federal Assistant Management. She will be supporting this program from a business, administrative and fiscal perspective.

Please note this presentation is being recorded. And all lines are muted. If you have concerns, you may disconnect now. A recording of this webcast will be placed on the funding website.

Next slide. During the webinar we will cover the following topics. Award and eligibility. HRSA and MCHB background. Program purpose and background. Key activities and program objectives. Application and submission information. Narrative submission highlights. And review criteria highlights. During this webinar you may include questions into the chat box as we go along. We will spend time at the end of our presentation to take questions.

Next slide. For this NOFO, HRSA expects to award up to 20 grants, for an amount not exceeding \$125,000. The application for this funding is due on Wednesday, June 30th, '21. At, 11:59 p.m. Eastern Standard Time. HRSA

suggests submitting application to grant.gov at least three calendar days before the deadline to allow for any unforeseen circumstances. Applicants should refer to the HRSA 424 Application Guide for additional information.

The period of performance is from April 1, 2021, through March 31st, 2024. This aligns with the base award funded under the HRSA 19049, which is the Healthy Start initiative, Eliminating Disparities in Perinatal Health.

This NOFO is a one time funding opportunity with no expectation of additional federal funds at this time.

Next slide. The only healthy grantees awarded in 2019 are eligible to apply for this award.

Next slide. I will now provide some background on the HRSA and MCHB mission and its vision. HRSA is an agency within the U.S. Department of Health and Human Services that works across diverse programs, serving everyone from infants to the elderly, to ensure access to a broad range of primary care and public health services, especially for the tens of millions of people who are geographically isolated and are economically or medically vulnerable. HRSA programs also help those that are in need of high quality primary healthcare, including, but not limited to, people living with HIV, pregnant women and mothers. HRSA also supports the training of health professional and the distribution of providers to areas where they are needed the most.

Next slide HRSA's mission is to improve health outcomes and to address health disparities. That's it. HRSA's mission is to improve health outcomes and address health disparities through access to quality services, a skilled health workforce and vacation and high value programs. HRSA's mission for the country is healthy communities and healthy people.

Next slide. MCHB's mission is to improve the health and well being of America's mothers, children's and families. MCHB accomplishes its mission by providing national leadership and working in partnership with states, communities, public/private partners and families. MCHB implement activity on the national, state and local levels.

I will now turn this presentation over to Simone Esho, where she will discuss the background for this notice of funding opportunity.

>> SIMONE ESHO: Okay. Next slide, please. The purpose of the Healthy Start program is to improve health outcomes before, during and after pregnancy, and reduce racial and ethnic differences in rates of infant death and adverse perinatal outcomes. To assist with this, HRSA is pleased to offer this supplement to Healthy Start grantees. The purpose of this supplement is to

increase the availability of doulas and Healthy Start service areas most affected by infant and maternal mortality in order to reduce such deaths and decrease racial and ethnic disparities.

Based on growing research on the doula model, we believe that doulas can play a key role in continuing to support Healthy Start families. Additionally, we believe that doulas can be well integrated into Healthy Start service delivery models as we have seen many of your success in utilizing doulas to support Healthy Start clients.

Next slide, please. As I previously mentioned, studies have shown numerous benefits of doula support for pregnant women, including being four times less likely to have a low birth weight baby, being significantly more likely to initiate breastfeeding. Being less likely to use an epidural and shorter duration of labor and decrease Caesarean birth, just to name a few.

Additionally, doulas serve as advocates for pregnant mothers to ensure they were listened to, respected and receive the best care possible.

Next slide, please. Numerous women across the United States have shared stories from their experiences during pregnancy, childbirth, and the postpartum period where they felt they were not heard during encounters with healthcare professionals. Such experiences in healthcare settings can harm women and result in poorer care and outcomes. These experiences may lead to an underutilization of healthcare services and a lack of health education regarding maternal warning signs. As note in HRSA's mortality summit, tech calls report that was released in February 2019, as well as CDC's Hear Her campaign, which launched in 2020, it is critical that women are listened to and that their needs and concerns are respected and addressed. The advocacy and support that doulas provide for measures is invaluable.

Next slide, please. We will now review key activities and program objectives. Using supplemental funds, recipients will recruit, facilitate training and certification, compensate and retain doulas. Doulas will provide services to women during the periods of pregnancy, birth and at least three months postpartum. Services should include culturally responsive pregnancy and childbirth education, early linkage to healthcare and social services, labor coaching, and breastfeeding education and counseling while fostering parental attachment.

Next slide, please. Recipients should meet the following program objectives by the stated dates: By November 2021, each recipient will contract with one or more doula training organizations to provide training for doula candidates. By

March 2022, each recipient will recruit three or more candidates to become doulas. By September 2022, each recipient will facilitate training for each hired doula. By March 2023, doulas required by each recipient will complete all requirements for the doulas of North America birth doula certification. And by March 2024, each recipient will provide prenatal birth and short term postpartum doula support to a minimum of 72 health start participants. We will now review application and submission information.

HRSA requires all applicants to apply electronically through grants.gov and encourages using the SF 424 work space application package associated with this NOFO following directions on the For Applicants page on grants.gov. Follow HRSA's SF 424 Application Guide, which provides detailed instructions to help with the application preparation and submission process. The total size of the uploaded files may not exceed 20 pages when printed by HRSA. Additionally, your application must be submitted and successfully validated by glance.gov no later than Wednesday, June 30th, at 11:59 p.m. Eastern Standard Time.

Next slide, please. Now we will go over the narrative submission highlights.

Next slide, please. The sections of the project narrative are the introduction, the needs assessment, methodology, work plan, resolution of challenges, evaluation and technical support capacity, organizational information and budget and budget narrative.

Next slide, please. Information about the project narrative begins on page 6 of the NOFO starting with the introduction. Here you will need to describe your priority population, as well as their needs for doula services, their unmet health needs and any relevant barriers to this population accessing doula services that your project hopes to overcome.

Additionally, you will need to discuss barriers to women in your service area becoming doulas.

Next slide, please. In the methodology section you will propose the methods that you will use to address the stated needs and meet each of the previously described program requirements and objectives as stated in the purpose section of the NOFO. Include your plan to recruit, facilitate training and certification, compensate and retain doula candidates. Include your plan to provide doula services to Healthy Start participants. It is also important that the methodology includes targeted strategies that will reduce infant mortality and maternal mortality disparities among black, AI/AN or other groups of Healthy Start participants.

Next slide, please. For the work plan, describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the methodology section. Use a timeline that includes each activity and identifies responsible staff. Use the smart goals framework, meaning specific, measurable, achievable, realistic and time framed goals for project objectives and performance measure objectives.

Next slide, please. For the resolution of challenges, you will discuss challenges that are likely to ensue that you are likely to encounter in designing and implementing the activities described in the work plan. You will also discuss approaches that you will use to resolve such challenges.

Next slide, please. The application should include baseline targets for all performance measures in the work plan. Recipients will track, at a minimum, all measures outlined in the NOFO for the period of performance, including the number of candidates provided with doula training, including the number trained by race and ethnicity; the number of doulas receiving DONA certification and the number of Healthy Start participants provided with doula services including the number served by race and ethnicity. And just as a note, this is not an exclusive list – an exhaustive list of all of the performance measures and you will be able to find the rest on page 8 of the NOFO.

Next slide, please. For the organizational information, provide a staffing plan for the proposed project describing current experience, expertise, skills and knowledge of staff, contractors and partners. Describe your organization's recruitment and retention policies and strategies. Briefly describe methodology that will be used for monitoring utilization of services and quality assurance.

I will now turn it over back to Cardona to talk about the budget native attachments and the review criteria highlights.

>> CARDONA BARNES: Thank you Simone. It is important for applicants to follow the instructions in the HRSA SF 424 Application Guide and additional budget instruction in this NOFO. HRSA's guide and the NOFO supersede any budget instructions on grants.gov.

For the budget, applicants should include the total allowable cost for conducting your proposed project. In the budget narrative the applicant should describe each line item and provide a narrative to justify the expenses related to your proposed project.

Next slide. On page 10 and 11 of the NOFO, you will find a list of the attachment to include in your application. The applicant should include a work plan, a staffing plan and job description for key personnel, any letters of

agreement, MOUs or description of existing project specific contract. The organization chart and other relevant documents, if applicable.

Next slide. I will now go over the review criteria highlights.

Next slide on page 9 of the NOFO, you will find information on the narrative and the review criteria. These criterias will be used by outside reviewers to evaluate and score the merit of the application. The entire project proposal will be considered during the objective review. Here is a crosswalk that identify where each section in the narrative language falls within the review criteria.

The introduction and needs assessment corresponds to need. Methodology, work plan, resolution of challenges correspond to response. Evaluation and technical support capacity correspond to evaluation measures. Organizational information corresponds to resources and capabilities. And the budget and budget nature should include sufficient information to allow the reviewers to determine reasonableness of the support requested.

Next slide. On page 13 and 14 of the NOFO, here are the points that are allocated to each review criteria. For the criteria need is up to 30 points.

Response is up to 30 points. Evaluative measure up to 10 points. Resources and capabilities up to 20 points. And support requested up to 10 points.

The applicants should take the time to read pages 13 and 14 of the NOFO for specific details related to the review criteria and the allocation for each section of the project narrative.

I will now turn it back over to Simone and she will close out this presentation.

>> SIMONE ESHO: The program contact for this NOFO supplement is me, Simone Esho, and Tanya Randall is the grants contact. Our contact information is listed here on the slide. It's best to forward any programmatic questions that you may have over the next few weeks about this NOFO to MCHB Healthy Start at HRSA.gov.

The grants.gov contact center information is also listed, should you need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support.

Next slide, please. Now we will take your questions. Please type them into the chat box if you haven't already. Any questions that we are unable to answer during this webinar may be sent to MCHB Healthy Start at HRSA.gov and we will respond to all questions submitted.

>> Hello, everyone. This is Benita Baker. I will read the questions that we have that I have not already responded to and Simone or Cardora will answer your questions.

The question about why DONA was chosen for the NOFO at this time.

>> SIMONE ESHO: At this time we chose DONA because we wanted there to be one certifying body for all participants, just so that we can, kind of, standardize the process. But, you know, if we can have discussions and follow back regarding this.

>> Mary Powell has a question. She wants you to confirm the duration of the funding. Is it a one time grant of 125,000 to cover the period between the time of the award and March 31st, '24?

>> SIMONE ESHO: Yes, that is correct, a one time award of up to 125,000 that will be awarded in September of this year through March of 2024 at this time.

>> BENITA: Does the applicant already have to have a Healthy Start grant?

>> SIMONE ESHO: Yes. All those who are eligible are the 101 current Healthy Start grantees at this time.

>> BENITA: Will the doulas be required to complete the Healthy Start data collection tool?

>> SIMONE ESHO: At this time doulas will not be required to complete the Healthy Start data collection tools. If you choose to, you know, integrate them where they are hoping to do that, that's fine. But that is not a requirement of the supplement.

>> BENITA: Okay.

>> SIMONE ESHO: I also received a direct message which asked if bills have already been DONA certified, can you begin seeing patients prior to March 2021, 2023 and the answer was yes. That was the latest deadline that we would hope that you do begin to serve clients, but you can start before then.

>> BENITA: Someone asked to repeat the award amount response. And I typed in the chat box that I don't think everyone let me try it again.

>> SIMONE ESHO: I can repeat it as well. It will be a one time, up to \$125,000 award. The funding should go out September of this year. And the period of performance will be through March 31, 2024, which is going to be the end of the Healthy Start grants currently.

>> BENITA: So Lisa has a question. The speaker said that DONA's certification is under discussion. We would like to see we would like to, if possible, use a different, more BIPOC friendly certification process. Will that be acceptable? Lisa, please send your question to the Healthy Start mailbox. This is a question that needs further discussion.

Another person asked that same question. So if you send those questions to the mailbox, they will be answered directly. And anyone else who has that same question and wants a response, please send your question to the mailbox. We have another question. What if doulas are already certified by a different organization than DONA? Can they serve clients as part of this grant?

>> SIMONE ESHO: For this grant we are looking to increase the availability of doulas so we really want to be able to train new people to become doulas. So at this time we are looking for people who do not who are not currently certified or who currently are not doulas so that, you know, over time, you know, for now it will be to serve Healthy Start clients but even over time, there will be additional doulas available in your communities.

>> BENITA: Another question. Can this funding be used to address policy barriers as well as service barriers? Can we use this to look at systems barriers?

>> SIMONE ESHO: I would ask that you please send that question to the Healthy Start mailbox and we will get back to you regarding that.

>> Can you hear me?

>> SIMONE ESHO: Yes.

>> Can you clarify what you said about the doulas not being I'm confused whether they have to be certified by DONA to do this or if they aren't certified by DONA, can they also start doing this?

>> SIMONE ESHO: For the supplement we are looking to pretty much train anyone who have never been doulas before, so increase the availability of doulas in Healthy Start service areas. So it wouldn't be anyone who has already received any DONA certification or any other certification. There was another question regarding whether we could sites could use other certifying bodies and that's something that we will have to get back to people regarding that.

>> So you have a training, we don't know whether that would be qualified as being certified by that training. It has to be at some point be certified by DONA at this point? Is that what you're saying?

>> SIMONE ESHO: Yes, at this point. But if you have further questions about that, please send it to the mailbox and we will have further discussions and get back to grantees about that.

>> LINDA: Okay. Thank you.

>> BENITA: Helen, what do you estimate as a living wage for the doulas. 125,000 divided by 75 is 1700. That's without pulling funds from different training calls.

>> SIMONE ESHO: It's up to you how you decide to do this. I know for some doula programs they pay doulas by birth or how many women they serve. It's more like a contract. So it's really up to you all how you decide to do this. Similar to when you create your Healthy Start program, you decide how you want to pay your staff.

>> BENITA: Is a job description provided for doulas that they are independent subcontractors rather than employees?

>> SIMONE ESHO: I'm sorry. Can you please repeat that question?

>> BENITA: Is a job description required for doulas that they are independent subcontractors rather than employees?

>> SIMONE ESHO: Yes. We would want to still see a general job description for all the doulas that you are going to use for this program.

>> BENITA: I don't know if this question was answered. I think I asked it already. Can we train our father who are male coordinators?

>> SIMONE ESHO: No. This question didn't come up yet. Can you please send that question to the Healthy Start data mailbox and we will get back to you regarding that?

>> BENITA: Can a doula who is certified by another agency retrain to become DONA certified? Will the grant pay for that recertification?

>> SIMONE ESHO: At this time like, at this time we were looking mainly looking for people who are not doulas already for this program. Again, to increase the availability of doulas into Healthy Start communities.

>> BENITA: Let me see. So, this is not really a question. But it says, I want to make sure I understand. This is a one time grant of 125,000. If that's the case, then it comes to around 41,000 a year.

>> SIMONE ESHO: Yes, that's correct. But you will get the money at one time.

>> BENITA BAKER: By the way, DONA is pronounced DONA, not Donna. Thank you.

The problem in our community is that clients cannot afford doula services as they are not covered by Medicaid or other insurance. If this grant is just seeking to increase the amount of doulas in the community, how is this going to benefit the community long term?

>> SIMONE ESHO: So at this time, I mean, we only have limited funding for this project. I mean, that's definitely a great concern and something that a lot of states have been working on. And so, you know, we hope to see something, you know more advances in that area in the future. But at this time we are

hoping to be able to provide additional services for our current Healthy Start clients.

>> BENITA BAKER: If we contract this out, can we use the doula support to supplement Healthy Start Home Visiting services?

>> SIMONE ESHO: At this time, no. This will be separate from the Home Visiting services that Healthy Start sites currently provide.

I also received another direct question. Are there a certain amount of doulas expected to be retained or hired? At this time we are expecting a minimum of three for each site. If you're able to do more, that's also fine. But we are asking for a minimum of three.

>> BENITA BAKER: Does a client need to choose Home Visiting or doula services?

>> SIMONE ESHO: The Home Visiting and the doula services will be separate from one another. You know, it is fine if you have, you know, home visitors or doulas working together in some way. But it's not something that they would choose either/or. It's a separate activity.

>> BENITA BAKER: Page 1 of the NOFO lists a number of services that the doulas should provide. Does each doula have to provide each service or is it okay if the Healthy Start project overall provides, for instance, childbirth education?

>> SIMONE ESHO: These are services that the doula should be trained and equipped and be able to provide for clients as well. Again, if you do have your doulas working in tangent with your Home Visiting services, that is fine. But we do want them to be able to provide those services.

>> BENITA BAKER: Actually, I think we missed that.

Can doulas serve patients outside of our current Healthy Start area?

>> SIMONE ESHO: So the 72 number that we are requiring of the 72 Healthy Start clients will need to be, you know, the 72 clients that live within the Healthy Start service area. Doulas outside of their commitment, if they are able to, you know as long as they are able to meet the commitment to Healthy Start clients, if they are able to serve others, that is fine. But we do want to be sure they are serving at least 72 Healthy Start clients that live within the service area.

Also I want to clarify that the 72 is not per doula, but between all three doulas or more that you would be hiring or contracting with.

>> BENITA BAKER: Thanks. This was helpful. Blessing. Thank you.

>> SIMONE ESHO: Thank you.

>> BENITA BAKER: Any additional questions? I don't see anything more in the chat box. Remember, if you think of any additional questions as you're going

through the NOFO, send your questions to MCHBHealthyStart@HRSA.gov. I see a couple others I will get to, questions I will get to in a minute. For those who had those questions that needed further review, please make sure you send them to the mailbox.

Okay. Let's see. Can we elect to train three to four of our care coordinators as doulas?

>> SIMONE ESHO: Can you please send that message that question to the Healthy Start mailbox and we will follow up with additional information?

>> BENITA BAKER: Do I understand that this grant pays for training staff training staff and doulas? I'm not

>> SIMONE ESHO: So it's for the training, the certification and also for paying the doulas to provide the services. Yes.

>> BENITA BAKER: Will there be monthly reporting for this grant and what is the schedule for reports?

>> SIMONE ESHO: At this time we do not have monthly reporting, but there definitely will be progress reports that you will have to complete for this. And I believe that information is in the NOFO as well.

>> BENITA BAKER: Did you say we need to contract with three doulas with the grant dollars?

>> SIMONE ESHO: So, yes. We are asking that each award recipient hire contract, however you choose to do the model, but at least three doulas or more.

>> BENITA BAKER: The letters of intent that are being requested from potential doulas need to be included in the proposal submission?

>> SIMONE ESHO: No, that does not need to be included at this time. The letters of intent that (?) use will be for any other organization you will be working with for the supplement.

>> BENITA BAKER: Is there a matching or call sharing requirement?

>> SIMONE ESHO: No, there is not.

>> BENITA BAKER: That is no.

If current Healthy Start staff desire to become certified doulas, is this an option?

>> SIMONE ESHO: Yes. We have had a few similar questions. If you could please send that to the MCHBHealthyStart@HRSA.gov mailbox, we will definitely respond back with more information.

>> BENITA BAKER: If three is required, it would not make sense to spend 41,000 for your first two years because that would not be enough to pay doulas in the third year, right?

>> SIMONE ESHO: So, again, it's a one time award. It's up to you to decide how you spend the money. It does not have to be 41,000 per year. I know someone asked that that works out to around \$41,000 per year. I said yes. That doesn't mean you need to spend 41,000 in one year. You decide how to spend that money that will best work for your grant.

>> BENITA BAKER: Earlier there was mention that we had flexibility on how we allocate our budget. Is the 72 clients a necessity to meet the requirement of this grant?

>> SIMONE ESHO: Yes. The 72 clients is a necessity.

>> BENITA BAKER: Okay. One more message. How much does it cost to become DONA certified?

>> SIMONE ESHO: At the end of the NOFO we did provide a link to their website, which has all the information. I don't have the number on the top of my head, but it does have all the information required to become certified. So all the steps that we will take and all the payments that will need to happen. So you can find that information there.

>> BENITA BAKER: Oh. And she added, and postpartum certified.

>> SIMONE ESHO: So they do not need to be postpartum certified. So when we say that they will serve clients in three months postpartum, it's not, you know, any sort of extensive care. It's more so maybe one or two visits or so where you kind of check in with the measure just to make sure that all is well. We are not looking for, you know, like a full spectrum of postpartum doula.

>> BENITA BAKER: 72 clients a year or until it says 2021, but I believe that was through 24.

>> SIMONE ESHO: Yes, it will be 72 total by the end of 2024. We recognize 125,000 is not an exorbitant amount. So it will be 72 by the end of that time period.

>> BENITA BAKER: And the second part to that question is, is this in addition to the Healthy Start requirement of 300 pregnant women served?

>> SIMONE ESHO: Yes. I mean, if part of that 72 will be, you know will likely be from the 300 pregnant women that you're already serving. So it does not need to be 72 separate women from those 300 pregnant women that you would already serve.

>> BENITA BAKER: So this is a follow up to the DONA cost. They are saying, it's difficult to find on the website.

>> SIMONE ESHO: Okay. Can you send us an email and we can just give you more information regarding that?

>> BENITA BAKER: And also, to tack on to a previous question, they wanted to clarify 72 clients total through 2024.

>> SIMONE ESHO: Yes, that's correct.

>> BENITA BAKER: Great. Any more questions?

>> LINDA: The site says they charge 575 for virtual training.

>> SIMONE ESHO: So with the DONA certification, the training is with if you take a look at the website, there's different sites where you can receive certification, so the costs may vary by which organization you go with to provide the training.

>> BENITA BAKER: If we want to pay our doulas a higher wage, can we add funding to this grant funding to meet the 72 clients requirement? If you mean funding from your regular Healthy Start program, it would depend and that would have to be something more (?) if you're a project officer.

Do the 72 clients need to all I'm assuming you're trying to say meaning prenatal clients. Clients need to all be prenatal clients? So do the 72 clients need to all be prenatal clients?

>> SIMONE ESHO: Yes, they will all need to be prenatal clients.

>> BENITA BAKER: We currently have doulas that are DONA trained but not certified that are already supporting Healthy Start clients. Can we use this funding to expand those services?

>> SIMONE ESHO: So at this time, again, we are looking to have new people trained and certified.

>> BENITA BAKER: I don't see any more questions as of yet. Give it a few minutes.

Is there any flexibility on the new training requirement? Our county has many doulas that are already working with clients that could benefit from this grant and we will be bypassing them to provide new training.

>> SIMONE ESHO: So if you could send that to the Healthy Start mailbox. Again, at this time we were mainly focusing on, you know, training new doulas. I know there are also sites that do not have doulas at this time. So we are really looking at training new doulas, whether for sites who don't have doulas or even for those who may want to add to their staff. But if you want to go ahead and just send that to the email box and look into that and get back to you.

>> BENITA BAKER: Is the expectation that all 72 clients will have a doula attend the birth? What if we have client attrition? Will they count in the sevens 72? Count in the 72.

>> SIMONE ESHO: With you please send that email to the Healthy Start data mailbox. We were original looking at, again, having that prenatal birth and postpartum support but we can definitely follow up with you regarding that.

>> BENITA BAKER: Given that the program period April 21 has already started, could you be more specific about the time frame of when the funding announcement will be made? NOFO currently states before September 30th.

>> SIMONE ESHO: , yes, as stated in the NOFO, it will be before September 30th 2021. The period of performance, they have us used just a line with the current grant. That's why it starts with the April date.

>> BENITA BAKER: Will we all get the answer to email questions? No you will not. If you have a question, even if it's the same question someone else has asked, please send it to the mailbox.

Already limitations as to how many people can be in the room due to COVID. Are they okay to have virtual visits as part of the 72?

>> SIMONE ESHO: Yes, virtual visits are fine if there are restrictions.

>> BENITA BAKER: Similarly, if clients have unexpected outcomes during their pregnancy and birth, will they still count towards the 72 clients served?

>> SIMONE ESHO: Could you please send that question with a little more information, regarding, like, you know, some of the unexpected outcomes and we can get back to you regarding that.

>> BENITA BAKER: Just a few add on questions to the question of outcomes during prenatal birth. For example, virtual during birth so they don't replace significant other. Another one. Such as miscarriage, late term abortion, et cetera. So, you will just include that in your question to mail.

I don't see any more questions. Any other questions? Okay. Are the 72 are the 72 prenatal participants required to begin services with doulas in their first trimester?

>> SIMONE ESHO: No, it does not have to be in the first trimester. As long as it begins in that prenatal period.

>> BENITA BAKER: DONA certification is extensive, including births and (?). Could there be a consideration for using the funding to assist doulas that are already DONA trained to get certified? I think you answered that question.

>> SIMONE ESHO: Yes. If you could send us your questions to the mailbox, we will get back to you.

>> BENITA BAKER: I don't see any additional questions. Give it a few more minutes.

If there are no more questions, we will go on and end this webinar. Again, any question that you may have, please send to the MCHBHealthyStart@HRSA.gov mailbox and we will get back to you as quickly as we can. Thank you all for being here. And let us know of anything that we can do.

>> Thank you.

>> BENITA BAKER: Thank you.

>> SIMONE ESHO: Thank you, everyone.

>> BENITA BAKER: Bye bye
