The Developing Families Center

Providing maternal and child care to low-income families
in Washington, D.C.

The Developing Families Center (DFC) is a non-profit “umbrella” organisation which, through its partner organisations, provides support programmes and primary health care to low-income populations in one of the poorest areas of Washington, D.C. In addition to housing the only free-standing birthing centre in the District, the organisations within the DFC provide midwife-led antenatal care, offer nurse-led primary health care, hold support groups for teen parents, and deliver early childhood development programmes.

Dr. Ruth Watson Lubic, an experienced midwife and birth centre champion, moved to D.C. in 1994 to develop a holistic, family-centred health clinic focused on maternal and newborn care. She realised that the most disadvantaged populations in D.C., namely African Americans living in the poorest neighbourhoods, had very limited access to primary health care, social services, and early childhood development opportunities. With this in mind, the Developing Families Center was founded in 2000 in Northeast D.C.1

The DFC seeks to “meet the primary health care, social service, and child development needs of underserved individuals and childbearing and childrearing families… and promote their empowerment.”1 Its commitment to integrating its member organisations, both with each other and with the local community, allows it to provide high-quality, patient-centred, family-focused care.

The DFC itself has few staff: Dr. Lubic plays a significant role as founder of the Center, working closely with the current CEO, Dr. Linda Randolph, and three other non-clinical staff members. Randolph is a public health paediatrician who, along with Lubic, has been instrumental in fostering the relationships between the partner organisations housed at the DFC. The partner organisations have a variety of staff, including midwives, doulas, social workers, nurse practitioners, breastfeeding peer counsellors, community health workers, and early childhood educators.

The Family Health and Birth Center (FHBC), one of the DFC’s partner organisations, employs a midwife-led holistic model to provide antenatal and postnatal care, gynaecologic care, birthing services, and paediatric care. Unless they request individual appointments, women receive antenatal care in small groups beginning in the second trimester.2 Low-risk women can choose to deliver at the Birth Center or at
a nearby hospital, while women with higher risk of complications receive antenatal care at the Birth Center and are referred to the local hospital for delivery. Even in the hospital, FHBC’s midwives are the primary birth attendants during labour and delivery, and physicians only intervene for consultations or to accept referrals.1

The DFC also aims to provide non-clinical supportive services and empower local families to utilise the services they need to improve their quality of life. The DFC has space to facilitate access to health care and health insurance, distribute pregnancy tests, and provide social support for at-risk women, teenagers, and families. Early childhood development services also meet the DFC’s goal of enhancing the physical and cognitive development of children. Until quite recently, DFC housed an Early Head Start centre run by the United Planning Organization (UPO). However, UPO was offered a rent-free space for its Early Head Start centre and so has left the DFC. A new provider is expected to be operational by summer 2014.

**INSIGHTS FROM THE DFC**

- **Community support is vital.** Before the DFC opened its doors, it made connections with community leaders who saw the need for an integrated health care provider such as the DFC. The DFC has continued to foster community involvement through its Community Advisory Board2 and has been accepted as a safe haven for empowering and improving the community.

- **Integration works.** The ‘one-stop shop’ model used by the DFC allows different organisations to work together to deliver better, patient-centred care.

- **Collaboration can be challenging.** The organisations under the DFC umbrella were not founded to work together as a ‘one-stop shop’ and have often applied for the same limited funding sources, creating tension and inhibiting their ability to work together as a cohesive group.

For more information, please visit http://hsph.me/DFC.

**References**
3 Kearns A. Interview with Cynthia Flynn. 2014.

**Acknowledgements**
This brief was written as part of the Adding Content to Contact project (ACC). We extend sincere gratitude to Ruth Watson Lubic and Linda Randolph from the Developing Families Center for their time and assistance on this case study. Arlene Katz from the Department of Global Health and Social Medicine at Harvard Medical School, as well as birth centre consultant Cynthia Flynn, also provided valuable insights. ACC was made possible by Grant Number OPP1084319 from the Bill & Melinda Gates Foundation, and is a collaboration between the Harvard School of Public Health, HRP/WHO, and ICS Integrale.