

Home and Community–Based Perinatal Supports for California Families

INTRODUCTION

Welcoming a new baby is a time of tremendous change for families. In the months leading up to and following birth, birthing parents and other primary caregivers may have many emotions and questions about their baby and themselves as they navigate this new chapter of life.

Parents and caregivers can often benefit from additional emotional, physical, and educational supports provided by a trusted, culturally relevant professional such as a home visitor, doula, or community health worker, in addition to the child and caregiver's medical teams.

These supports can help reduce stress, ensure families connect to the resources they need, and provide education and advocacy to improve outcomes. Depending on the type of care provided, families may experience improved mental health and well-being, improved birth outcomes, enhanced caregiver/child bonding, better adherence to well-care appointments before and after birth for parent, caregiver and child, and prevention of, and early intervention for, intimate partner violence.

For families experiencing external stressors during and after birth, such as poverty and systemic racism, these supports can be especially impactful in improving outcomes in birth and early childhood.

ABOUT THIS BRIEF

California has made significant strides to increase access to multigenerational, whole-family supports during the prenatal and postpartum period. However, significant gaps remain in access. This brief overviews the state of maternal and infant health in California, the landscape of home and community–based perinatal/parenting supports, and the new services California should develop to improve outcomes for families and respond to their needs.

The State of California Family Wellness During the Perinatal Period



California is currently—and has historically—faced a maternal and infant health crisis. At the center of this crisis are the disproportionate impacts on Black families. In California, Black birthing individuals are roughly three to four times more likely to die from pregnancy-related causes than individuals in all other racial/ethnic groups. This reality underscores that the crisis, far from being a new phenomenon, demands renewed urgency and action now.

California's Black infants are over two times more likely to die than White infants, regardless of education and income.

Research indicates these perinatal outcomes are the result of toxic stress built up over a lifetime of experiencing racism, compounded by health care provider bias and racial disparities in health care quality and access.¹

Overall, significant racial and ethnic disparities exist across various maternal health measures in California, such as prenatal visits, preterm births, and maternal and infant mortality rates. For many of these measures, Black birthing people and infants had poorer outcomes than their peers in other racial/ethnic groups.²

For example, more than one in five California birthing people report prenatal or postpartum depressive symptoms, with Black California birthing people reporting higher rates of depressive symptoms than those of other races/ethnicities.³

Racial and ethnic disparities also persist into the postpartum and early childhood period. Overall, families struggle to connect to infant well-child visits in the Medi-Cal program, which provides health care to over half of all young children in California. In 2022, only half of infants in Medi-Cal managed care received the recommended six or more well-child visits in the first 15 months of life.⁴ Black, American Indian/Alaskan Native, and Native Hawaiian/Pacific Islander children receive markedly lower rates of care than peers of other races.⁵ Overall, postpartum parents are under significant stress.



Recent survey data from the Rapid Survey Project at Stanford University found that most parents in the postpartum period feel tired, disorganized, isolated, or lack confidence in their caregiving abilities.⁶

Furthermore, the typical stressors of new parenthood are exasperated for families experiencing poverty, violence, or racism. Negative impacts on the emotional and physical well-being of caregivers in turn impacts child well-being.⁷

Types and Impacts of Home and Community-Based Perinatal Supports

There are various models of supports for parents during the perinatal period outside the clinical setting. The focus, approach, and intended outcomes of each of these models and workforce differ and offer various types of supports to meet families' unique needs and preferences.

This brief highlights three critical home and community-based supports delivered by a community-based workforce: doula services, community health worker services, and home visiting services.

Doula Services:

birthing support, empowerment,
advocacy, improved birth outcomes



DOULAS ARE NON-CLINICAL BIRTH WORKERS WHO PROVIDE PERSON-CENTERED AND CULTURALLY RELEVANT PHYSICAL, EMOTIONAL, AND INFORMATIONAL SUPPORT PRENATALLY, DURING LABOR/DELIVERY, AND POSTPARTUM.

Doulas help empower birthing individuals to advocate for their health care preferences and facilitate communication with providers.⁸ Doula care is associated with positive delivery outcomes, including a reduction in cesarean sections, epidural use, length of labor, low-birthweight, and premature deliveries. Additionally, the emotional support provided by doulas lowers stress and anxiety during labor.⁹

Doulas are particularly important for Black, Indigenous, and other communities of color to combat poor birth outcomes attributed to experiences of racism in traditional health care.¹⁰ Cultural congruence between a birthing parent and doula can also strengthen overall health care satisfaction and help address social determinants of

health. In some cases, doulas may help families identify and connect to resources for basic needs, such as food and housing, and may detect physical or emotional abuse and the presence of maternal mental health conditions.¹¹

Doulas can provide care in a wide array of settings including in the community, at home, and in clinical settings, among other locations. Community-based doulas are members of the communities they serve and understand the needs of their clients and build trusting relationships. A strong and trusting doula/client relationship built on shared experience increases a pregnant person's engagement in care, agency in decision-making, and overall improved health outcomes.¹²

Community Health Worker Services:

community and individual support, advocacy, service navigation and education, improved health outcomes



COMMUNITY HEALTH WORKERS OR PROMOTORAS ARE FRONTLINE PUBLIC HEALTH WORKERS AND TRUSTED MEMBERS OF THE COMMUNITIES THEY SERVE.

They create a link between the community and health/social services, which are not always easy to navigate nor culturally responsive, to improve access to services and quality. Community health workers build individual and community capacity by increasing health knowledge and self-sufficiency through various activities such as outreach, community and individual education, screening, and referral.^{13, 14}

Community health workers can provide support to families both one-on-one and in groups during the perinatal period on a wide array of topics and help families connect to the services they need for themselves and their children.

Community health workers can also provide care in many settings, including in the community, at home, in clinical settings, and other locations. Community health workers are from the communities they serve and share lived experiences with the individuals they care for. Community health workers understanding, trust, and deep cultural awareness allow them to have a strong impact.

They can reach community residents where they live and work. Community health workers help to reduce health disparities in underserved communities and improve access to health care and social services.^{15, 16}

Home Visiting Services:

parenting support, attachment, service connection, improved child development



HOME VISITING CONNECTS PARENTS-TO-BE AND PARENTS/CAREGIVERS OF INFANTS AND TODDLERS WITH A DESIGNATED SUPPORT PERSON—TYPICALLY A NURSE, EARLY CHILDHOOD SPECIALIST, OR OTHER TRAINED PROFESSIONAL—WHO GUIDES THEM THROUGH THE EARLY STAGES OF RAISING A FAMILY.

When services start prenatally, home visitors help parents, caregivers, and families prepare for a new baby.

Home visitors provide parents/caregivers with information on how their child is growing, learning, and developing, emotional and physical health support for the whole family, help with goal setting, and connections to community services like childcare and food assistance. Home visitors meet families in their home, communities, or virtually. Home visitors build trusted relationships with the families they work with.

Evidence-based home visiting programs offer a proven track record in addressing or at least mitigating disparities in health care quality and health outcomes by coordinating care and referrals to a variety of services, including other early childhood care and education programs.

When home visiting programs use culturally responsive and community-driven approaches they have the potential to address racial and ethnic disparities and improve maternal and early childhood outcomes.¹⁷

Improving Home Visiting for Black Families

AS OF 2021, THE MAJORITY OF CALIFORNIA'S HOME VISITING WORKFORCE IDENTIFIED AS HISPANIC OR LATINX AND SPEAK SPANISH FLUENTLY. THIS MIRRORS MAJORITY OF FAMILIES THAT ACCESS HOME VISITING. ¹⁸

In considering the role of home visiting services that support Black families in California, it is important to assess the current home visiting workforce and evidence of home visiting impacts on Black families.

In a recent national study of select evidence-based home visiting models, no statistically significant differences in health and well-being outcomes were found across race and ethnicity.¹⁹ Although outcomes improved across groups, there should be even more focus on reducing and addressing racial and ethnic disparities.

Multiple evidence-based home visiting models operating in California are exploring adjusting their model practices to be more culturally responsive and their research to expand their knowledge of differential impacts across models.^{20, 21, 22}

Specific practice and policy changes could be implemented to become more culturally responsive and narrow racial disparities, including the use of culturally informed practices and recruiting a more diverse workforce.²³



The focus, approach, and services provided by each home or community-based provider are slightly different, but each can play an essential role for families during the perinatal period. Families could work with one or more provider types during the pregnancy, postpartum, and early childhood period given the differences in services and support offered.

Overall, perinatal support services, delivered in the home or other community-based setting by a community provider or other family-serving professional, can be transformative and effective if delivered respectfully and in accordance with the family's traditions and history.²⁴

Funding for Home and Community-Based Perinatal Supports in Medi-Cal

In recent years, both doula and community health worker services have become Medi-Cal benefits.^{25, 26} As Medi-Cal benefits, Medi-Cal members can receive these services and Medi-Cal will cover the cost. The inclusion of these new benefits is part of a multi-year effort from the Department of Health Care Services to transform Medi-Cal and create a more coordinated, person-centered, and equitable health system.

A clear part of achieving these goals is supporting a community health workforce through doulas, community health workers, and care managers, among others, so individuals can access culturally relevant care in their communities through their Medi-Cal coverage.

Medi-Cal represents a tremendous opportunity to reach a wide array of low-income parenting individuals of color in our state. Over 50% of children ages birth to three have Medi-Cal coverage, and 40% of births are covered by Medi-Cal.²⁷

Furthermore, most children in the Medi-Cal program are children of color, and the majority of Black and Hispanic children in California have Medi-Cal for their health care.

Although 28 states across the country have some state-level Medicaid funding for home visiting, California has not yet created a Medi-Cal benefit for home visiting.²⁸

Home visiting services are primarily funded through four sources in California.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) CALIFORNIA HOME VISITING PROGRAM (CHVP)

Funded by the federal Maternal Infant Early Childhood Home Visiting (MIECHV) program and state general fund

CALWORKS HOME VISITING PROGRAM (HVP)

Funded by federal Temporary Assistance for Needy Families (TANF) and state general funds

EARLY HEAD START, HOME-BASED OPTION (EHS-HBO)

Funded by the federal Administration for Children & Families and flows directly to local programs (also available through CalWORKs)

FIRST 5 COUNTY COMMISSION FUNDING

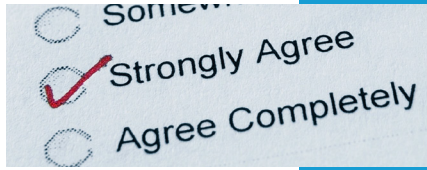
Since their inception, First 5s have been funders and promoters of home visiting services. Over the past several years, as state investments have grown and First 5 Proposition 10 tobacco tax revenues have declined, First 5s have reduced their level of funding for home visiting services.

Even with these significant investments, home visiting services only reach a small proportion of the families who may benefit from additional support. Together, these programs provided home visiting services to an estimated 20,000 families in fiscal year 2022, or approximately 3% of children ages birth to 3 enrolled in Medi-Cal.²⁹

Family Perspectives on Home and Community-Based Perinatal Supports

First 5 Center for Children's Policy conducted a targeted survey of families on expanding access to "light touch" home visiting services (brief check-ins, basic screenings, and resource connections) through the Medi-Cal program, the intersection between doula services, community health worker services, home visiting services, and the kinds of things families rank as most important when deciding whether to engage in these services.

We received responses from 47 individuals in California who had a baby in the last two years. Given the critical importance of supporting Black families in the perinatal period, we centered Black families in our sample. Our respondents' racial/ethnic breakdown is 53% Black, 36% Hispanic, 9% multi-racial, and 2% White or European.



In our survey, 87% of families shared they feel positively about receiving perinatal services in the home. This was true irrespective of respondent race/ethnicity.

When asked to rank their ideal location to receive various services such as lactation support, guidance on parenting, and care coordination, “in the home or another space of my choosing by a trained person” was the most popular response.

On average, a provider being “well-trained” was the most important factor to respondents when considering whether to work with a perinatal professional. The families in the survey who had received perinatal services described a wide array of things they found most helpful about the service:

- Not having to go out with a newborn
- Someone coming to the home who showed care, and supported parent mental state
- Getting support on better parenting and communication with baby
- Lactation support
- Learning about the resources available for baby and family
- Information on child development
- Reassurance and support
- Material supports such as diapers

California Should Expand Access to Home- and Community-Based Services through Medi-Cal

The exclusion of a specific home visiting benefit from Medi-Cal leaves a gap in perinatal supports for families interested in services to support their parenting journey, attachment with their child, and promote their child’s health and development. Although the community health worker (CHW) services benefit could fund some of the activities in typical home visiting models, the benefit cannot cover the whole cost. Furthermore, the CHW services benefit is not specified for early childhood, and Medi-Cal managed care plans are not required to enroll a specific perinatal serving workforce for members.

First 5s are Leveraging Medi-Cal CHW Services Benefits for Home Visiting, but More Funds are Needed

SEVERAL COUNTY FIRST 5S ARE CURRENTLY CONTRACTING OR EXPLORING CONTRACTS WITH MEDI-CAL MANAGED CARE PLANS TO LEVERAGE THE MEDI-CAL CHW SERVICES BENEFIT FOR THEIR HOME VISITING INVESTMENTS.



First 5 Yolo County is a supervising provider with the Medi-Cal managed care plan, Partnership Health Plan, leveraging the CHW services benefit for its Welcome Baby home visiting program.

First 5 Yolo County manages Welcome Baby, a maternal/child health equity, home visiting program where families receive physical health assessments, lactation consultation, mental health screenings, parenting information, and connections to community resources from two providers: first, a Welcome Baby Nurse Home Visitor makes a home visit within one to two weeks postpartum, and then a community health worker makes up to two subsequent home visits.

Welcome Baby improves critical health outcome measures, exceeding rates found for all births in Yolo County, and among those covered by the local Medi-Cal

managed care plan, Partnership HealthPlan of California. By partnering with First 5 Yolo, Partnership HealthPlan seeks to improve performance in these measures.

- Nearly all Welcome Baby participants (97.8%) completed at least one postpartum visit
- 86.7% of participants completed their one-month visit and 99.4% of participants completed their two-month visit
- All participants are being screened and provided referrals for postpartum mental health concerns as needed as early as 1-2 weeks after hospital discharge.³⁰

However, the CHW services benefit, especially with current reimbursement rates, does not cover the cost of programs like Welcome Baby. Although there are community-based providers employed as part of these programs, the benefit does not fully cover the costs of their time, nor can it always pay for other members of the care team in these programs. Similarly, these programs have data systems and overhead costs are also not included in the benefit. All of these additional components are essential to the programs' positive outcomes in child health, health access and health equity.

Creating an Early Childhood Development-Focused Medi-Cal Benefit is Aligned with Various State Priorities and Goals

As noted above, the Department of Health Care Services is seeking to transform Medi-Cal, and a clear part of achieving its goals is supporting a community health workforce. At the same time, the Department has set goals to:

- Improve children’s preventive care and maternity care and reduce racial disparities in these outcomes for California families with Medi-Cal coverage.³¹
- Expand the settings in which care is provided, including through home visiting and a community-based workforce and increase enrollment of Medi-Cal-covered pregnant individuals and families into state funded home visiting programs.³²
- Develop and implement a comprehensive Birthing Care Pathway to cover the journey of a Medi-Cal member from conception through 12 months postpartum. This includes a care model with related benefit and payment strategies in Medi-Cal to reduce maternal morbidity and mortality and address significant racial and ethnic disparities in maternal health outcomes among Black, American Indian/Alaska Native, and Pacific Islander individuals.³³

A new Medi-Cal benefit that provides parenting supports in the community is an important part of achieving these goals. The state should build from the lessons of the CHW services and doula benefit and the clear and compelling need to better serve families, particularly Black families and other families of color. Additional home-based parenting supports are an essential component to a comprehensive set of Medi-Cal benefits that nurtures families and children throughout the perinatal period.

NOTES

1. <https://www.chcf.org/wp-content/uploads/2023/11/MaternityCareAlmanac2023.pdf>
2. <https://www.chcf.org/wp-content/uploads/2023/11/MaternityCareAlmanac2023.pdf>
3. <https://www.chcf.org/wp-content/uploads/2023/11/MaternityCareAlmanac2023.pdf>
4. <https://www.dhcs.ca.gov/services/Documents/Childrens-Health-Dashboard-June2024.pdf>
5. <https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2022-23-Preventive-Services-Report.pdf>
6. <https://rapidsurveyproject.com/our-research/postpartum-parents-emotional-wellbeing-physical-health-affect-caregiving>
7. <https://first5center.org/publications/parent-mental-health-concerns-and-the-impact-on-young-children-how-california-can-support-whole-family-wellness-through-two-generation-interventions-like-home-visiting-and-dyadic-care>
8. <https://www.healthaffairs.org/content/forefront/doula-care-saves-lives-improves-equity-and-empowers-mothers-state-medicaid-programs>
9. <https://pubmed.ncbi.nlm.nih.gov/37378162/>
10. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10507922/#:~:text=For%20low%2Dincome%20people%20and,voice%20of%20the%20pregnant%20person.>
11. <https://www.healthaffairs.org/content/forefront/doula-care-saves-lives-improves-equity-and-empowers-mothers-state-medicaid-programs>
12. <https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/>
13. <https://www.chcf.org/resource-center/advancing-californias-community-health-worker-promotor-workforce-medi-cal/introduction/background-on-chw-ps-in-california/>
14. <https://www.apha.org/apha-communities/member-sections/community-health-workers/>
15. <https://www.elsolnec.org/chw/>
16. <https://www.nhlbi.nih.gov/health/educational/healthdisp/role-of-community-health-workers.htm#:~:text=Among%20the%20many%20known%20outcomes,health%20and%20social%20service%20system.>
17. <https://www.chcs.org/media/Addressing-Racial-Ethnic-Disparities-Maternal-Child-Health-Home-Visiting-Programs.pdf>
18. <https://www.childtrends.org/publications/findings-from-the-first-5-california-home-visiting-workforce-study>
19. <https://www.chcs.org/media/Addressing-Racial-Ethnic-Disparities-Maternal-Child-Health-Home-Visiting-Programs.pdf>
20. https://parentsasteachers.org/wp-content/uploads/2022/10/RR_PATNC_research-brief_Black-families-Sep-22.pdf
21. <https://pubmed.ncbi.nlm.nih.gov/39044009/>
22. <https://www.healthyfamiliesamerica.org/prospective-affiliates/hfa-model-flexibility/indigenous-families/>
23. <https://www.chcs.org/media/Addressing-Racial-Ethnic-Disparities-Maternal-Child-Health-Home-Visiting-Programs.pdf>
24. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9158407/>
25. <https://www.dhcs.ca.gov/community-health-workers>
26. <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>
27. <https://www.chcf.org/wp-content/uploads/2023/11/MaternityCareAlmanac2023.pdf>
28. <https://nashp.org/state-tracker/medicaid-reimbursement-for-home-visiting-services/>
29. <https://first5center.org/blog/home-visiting-landscape-in-california>
30. https://first5yolo.org/wp-content/uploads/WB_OneYearReport_FINAL.pdf
31. <https://www.dhcs.ca.gov/services/Pages/DHCS-Comprehensive-Quality-Strategy.aspx>
32. <https://www.dhcs.ca.gov/Documents/DHCS-Medi-Cal's-Strategy-to-Support-Health-and-Opportunity-for-Children-and-Families.pdf>
33. <https://www.dhcs.ca.gov/CalAIM/Documents/Birthing-Care-Pathway-Report.pdf>

ACKNOWLEDGMENTS

First 5 Center for Children’s policy thanks the multiple experts, stakeholders, and families who contributed valuable insights into this brief, including California Black Women’s Health Project, Child Care Resource Center, Children’s Institute, El Sol Neighborhood Educational Center, First 5 Fresno, First 5 LA, First 5 Marin, First 5 Yolo, Jurupa Valley Doulas, and San Diego Community Birth Center. First 5 Center also thanks the county First 5s that contributed to [First 5 Association’s Home Visiting Policy Framework](#), which laid the foundation for this research. Support for this project was generously provided in part by the Blue Shield of California Foundation.