



Community-Based Models That Are Improving Equity and Black Maternal Health Outcomes: A Focused Analysis

Introduction

Community-based organizations (CBOs) have long played a key role in advancing equity and supporting the health of moms and babies. This work is particularly important for communities of color and low-income communities, which tend to have poor health outcomes. Even before the coronavirus pandemic, CBOs had a history of designing successful program models to address critical gaps and unmet maternal and child health (MCH) needs in their communities. CBOs are also essential to reducing disparities because of their community-driven approach and

their culturally responsive models of care. These program models are able to provide access to much-needed services that go beyond those offered by the traditional health care system, including access to doulas, home visits and referrals to other social service programs. However, even the most successful CBO-led initiatives face serious challenges in securing long-term, sustainable funding and in scaling their models to reach more people.

Alongside other federal programs, Medicaid provides essential support for MCH services. Because Medicaid is a significant source of health coverage for pregnant women, young mothers, and children, Medicaid programs should provide sustained funding for innovative community-based models that have a proven track record of improving equity and maternal health outcomes in the communities they serve.

This paper provides background on the current health crisis facing Black women and babies, explores how CBOs are developing effective models to address equity and poor health outcomes, explains how Medicaid is a crucial source of coverage for children and pregnant women, and shares findings from a analysis we conducted to identify promising models in 70 communities across the nation. Our goal is to inform advocates and policymakers about successful maternal and child health models, to spur communities to replicate them, and to encourage CBOs to work with key state stakeholders to secure sustainable Medicaid funding for these models.

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What is a doula?

Doulas are trained professionals who provide continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible.*

* “What is a doula?” DONA International. <https://www.dona.org/what-is-a-doula/>

A Note About the Coronavirus Pandemic

The models included in our analysis were already working to address poor MCH outcomes before the pandemic struck, however a few important points have come to light since March 2020:

- » The pandemic worsened health disparities for communities of color and exacerbated the maternal health crisis.³⁴
- » The pandemic also underscored the need to address our nation’s significant gaps in health equity.
- » One important lesson from the pandemic is that communities must play an essential role in addressing health crises. State and federal leaders must listen to what communities need and understand how to best provide crucial resources to effectively respond to any future crisis, including the maternal health crisis.

The Maternal and Child Health Crisis Facing Black Women and Babies

The United States continues to grapple with poor maternal and child health outcomes, most prominently demonstrated by the abysmal rates of maternal and infant mortality in the United States.^{1,2} The U.S. ranks 10th out of 10 countries in maternal mortality compared to other similarly wealthy countries.³ And the U.S. ranks 33rd out of 37 countries for infant mortality compared with other member countries of the Organisation for Economic Co-operation and Development (OECD).^{4,5}

Due to historical, systemic racism, Black women and infants are at high risk for poor health outcomes.⁶ Black women from all income levels die or develop severe maternal morbidity from preventable pregnancy-related complications at three to four times the rate of non-Hispanic white women. This disturbing trend is seen in infants as well: The death rate for Black infants is twice that of infants born to non-Hispanic white mothers.⁷

As physician and maternal health scholar Dr. Joia Crear-Perry explains: “Structural racism and institutional policies and practices—Jim Crow, the GI Bill, ‘redlining’ (home mortgage denial on the basis of race and government-backed disinvestment in non-white neighborhoods), mass incarceration—are historically based features of an overly oppressive U.S. society that have

endured and adapted over time and continue to shape contemporary access to health-promoting resources and opportunities necessary for optimal Black maternal and infant health outcomes.”⁸

Issues of racism, discrimination and health inequities have persisted for generations. Racism in health care contributes to Black women receiving poorer quality health care overall than white women, and Black women are more likely to experience denials of or delay in necessary and life-saving care.⁹ In addition, Black women have more limited access to health coverage: Nearly 14% of Black women are uninsured compared to 8% of white women.¹⁰

However children’s uninsurance rates are lower than those of adults.¹¹ And, in recent decades, children’s access to care has increased overall,¹² including for low-income children and non-Hispanic white, non-Hispanic Black, and Hispanic children. However, disparities in access to care and coverage persist. According to a study from the Kaiser Family Foundation, Hispanic children and American Indian/Alaska Native children were still significantly more likely than white children to be uninsured.¹³

We have yet to see how the pandemic will ultimately affect children’s insurance coverage and maternal health, but it has greatly affected children’s health care in the short term. For example, vaccination rates and well-child visits declined¹⁴ during the pandemic, and there have been significant disruptions in maternal care.¹⁵

Congress has been slow to act on maternal health issues; however, policymakers have recently introduced several pieces of legislation designed to address maternal health issues.¹⁶ The first step it took was passing the America Rescue Plan Act of 2021. This law gives states the option to extend Medicaid postpartum coverage for up to 12 months through a state plan amendment.¹⁷ States are starting to take up this option, which will go into effect in 2022.

In addition to expanding coverage, states have been at the fore of confronting poor outcomes¹⁸ and have proposed initiatives to improve the health of women and children. Most states have implemented maternal mortality review committees that are designed to understand the causes of maternal deaths and make policy recommendations (and changes) based on committee findings.¹⁹ For example, California’s Maternal Quality Care Collaborative implemented evidence-based quality improvement toolkits,

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which resulted in reduced rates of maternal morbidity and mortality across the state.²⁰ The California Maternal Quality Care Collaborative also provides hospitals with access to near real-time benchmarking data through its online Maternal Data Center and has developed four quality measures related to maternal and infant health.²¹ And in early 2019, New Jersey launched a multi-pronged, multi-agency initiative, Nurture NJ, to address equity in maternal and infant health statewide.²² This initiative convenes community partners and state agencies to accomplish three primary objectives: ensuring all women are healthy and have access to care before pregnancy; building a safe, high-quality, equitable system of care and services for all women during prenatal, labor and delivery, and postpartum care; and, ensuring supportive community environments and contexts during every other period of a woman's life so that the conditions and opportunities for health are always available.²³

Working with Community-Based Organizations to Improve Maternal and Child Health Outcomes

CBOs should be considered essential partners as states develop strategies to improve equity and address high rates of poor MCH outcomes. In general, CBOs are developed within the communities they serve based on the needs of those communities. However, there are also some national, more standardized models that CBOs may tailor to fulfill the needs of the local community they are serving. In addition, CBOs employ a community-based workforce that includes community health workers (CHWs) – trusted community members who are deeply rooted in the communities they serve.²⁴

While there are important benefits to engaging CBOs in the work to scale up successful models so they can serve more people, there are also challenges. In particular, because CBOs can be hyperlocal and small in scale, it can be difficult to expand their capacity and replicate them in other parts of a state. Additionally, for CBO models that focus on MCH outcomes, there is a legacy of separation between public health-driven MCH programs and Medicaid initiatives.

Often, state public health programs reside in different departments and operate under separate funding streams. For example, programs funded by the Maternal and Child Health Services Block Grant (Title V, provided through the Health Resources and Services Administration) and Medicaid programs (funded through the Centers for Medicare & Medicaid Services) may be housed in different state agencies.

This bifurcation makes it difficult to coordinate programs despite the fact that these agencies focus on similar populations. Medicaid finances about half of all births in the U.S.²⁵ It covers 39 million children, and the Children's Health Insurance Program (CHIP) covers an additional 9 million.²⁶ Medicaid and CHIP are the primary sources of health coverage for low-income children, especially for children of color, because they are more likely to be economically disadvantaged. According to a study from Georgetown University's Center for Children and Families, more than half of children who identify as Black, other/multiracial, or Latino have Medicaid as their source of health insurance, compared with about one-third of non-Hispanic white children.²⁷ Furthermore, Black children make up 14% percent of U.S. children but represent 20.8% of children insured by Medicaid.²⁸

Given that Medicaid is a crucial source of coverage for children and pregnant women, especially in communities of color, it makes sense to leverage Medicaid to improve MCH outcomes.²⁹ However, Medicaid agencies operate with limited annual budgets, which can make it difficult for states that are interested in funding new programs and services under Medicaid. This is particularly challenging when these new programs and services are focused on long-term prevention of poor outcomes where short-term, immediate savings are more difficult to achieve.³⁰

CHWs have a promising track record of improving the health of children, particularly children of color; those with low family incomes; and, those living in under-resourced, marginalized communities where systemic, structural inequities fuel health disparities. Among the most compelling benefits of deploying CHWs are that they:

- » Share lived experience with the communities they serve.
- » Build ongoing relationships with community members.
- » Are holistic and multi-faceted in their work.
- » Have a unique ability to be change agents in their communities.

As a result of the need for more capacity to serve women and children, Title V funding is often seen as providing wraparound services that supplement Medicaid by building community capacity to deliver wrap around services such as care coordination, transportation, home visiting and nutrition counseling.³¹ This type of grant funding is helpful, especially in making it possible for new CBOs to begin to deliver services. However, it does not offer the long-term, sustainable funding that Medicaid does. So, it is much more difficult to scale and spread community-based models.

Overview of Our Analysis

Recognizing that some of the most successful strategies to address equity and improve maternal and child health outcomes are developed at the community level, we conducted an analysis to identify specific CBOs that are implementing promising models. This analysis explores the models that we determined have the most potential to be expanded and scaled through Medicaid.

In addition to looking at the quality of the CBOs and their models, we examined other factors, including:

- » The state's budget and policy climate.
- » Existing governor- or state-led initiatives focused on maternal and child health populations.
- » A state's perceived openness to expanding Medicaid support for maternal and child health initiatives (or a clear indication of impending Medicaid cuts).

Looking at these factors helped us assess how feasible it is for a state to consider covering additional maternal and child services through Medicaid.

Methodology

First, we tailored our analysis to focus on:

- » States with governors' offices and/or Medicaid programs that have expressed interest in prioritizing maternal and child health.
- » States with strong maternal and child health advocacy organizations.
- » States where data on maternal and child health outcomes either showed room for improvement (for example, Alabama and Washington, D.C.) or where progress has been made but there are opportunities to build on that progress (as in California).

For these reasons we focused our research on Alabama, California, Michigan, New Jersey, North Carolina, Oklahoma, Texas, and Washington, D.C.

Second, we built criteria to assess the CBOs in several categories, including:

- » Equity focus
- » Services offered
- » Target population
- » Diversity of Leadership
- » Infrastructure
- » Outcomes
- » Scalability
- » Familiarity and interactions with Medicaid
- » Potential to continue serving families during the pandemic

Table 1 below provides a more detailed description of the criteria we used to select the most promising CBO models for improving MCH and equity, as well as the scalability of those models.

Third, we examined a variety of sources for additional information on the specific CBOs that work in the MCH space. We started by looking at existing research and descriptions of maternal and child health-focused projects prepared by partner organizations that highlighted promising models. We concentrated our attention on those projects that aligned with our criteria.

We also reached out to partner organizations and people in our networks (including our Health Equity Academy in System Transformation and our Health Equity Task Force for Delivery and Payment Transformation) for ideas on standout models to explore. Finally, we used internet searches in each of our target states to get a comprehensive picture of the CBOs that focused on early childhood and maternal health.

Table 1. Criteria Used to Assess the Strength of CBOs’ Maternal and Child Health Models	
Organization description	Reviewed the mission statement or “about” section.
Equity focus (yes or no)	Reviewed mission and goal language for the following keywords: <ul style="list-style-type: none"> • Racism, racial equity, or bias. • Family-centered. • Holistic. • Culturally appropriate, culturally centered, or culturally aware. • Self-determination or empower women. • Health equity/health disparities.
Services	Reviewed programs and services offered by the CBO.
Target Population	Identified populations served by the CBO, focusing on the following options: women of color, low-income women, low-income families with children ages 5 or younger, children ages 5 or younger.
Leadership Diversity	Assessed presence of diverse CBO leadership; included additional detail for nuanced situations, such as diversity of staff.
Infrastructure	Determined if the organization was stand-alone or part of a larger system.
Outcomes	Sought and reviewed available information on outcomes or other measures of success stemming from CBO programs (process or health-related) on the organization’s website or in its annual report.

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Scalability	<p>Reviewed available data to assess potential scalability, looking for information on the following:</p> <ul style="list-style-type: none"> • Billing practices. • Systems. • Provider enrollment. • Caseload. • Easier with fee for service than value-based purchasing (but if CBO is part of value-based team, then it looks different).³²
Interactions With Medicaid	Assessed whether the CBO is involved with a Medicaid managed care organization, whether the CBO accepts Medicaid, if the majority of clients have Medicaid, etc.
Impact of the Coronavirus Pandemic	Assessed how the pandemic has affected the CBO's work; checked if CBO's services continued through the pandemic, if it had to shut down, or if it provided new services (tele-doula, for example) and supports.

Landscape Analysis

Please reference the chart in Appendix A, page 13, which synthesizes the information we found in the landscape analysis.

Prevailing Themes Across CBO MCH Models

A variety of themes emerged from our analysis. First, and most prominently, while a majority of the CBOs focused on pregnant and postpartum women and early childhood health, many of them also branched out to focus on families and the additional services and supports they need to thrive. Examples include parenting education, Early Head Start and Head Start programs, housing supports and income supports.

Second, the CBOs sought to equip families with the skills they needed to lead healthy, productive lives beyond their time in a specific program. Many of the CBO models had program options for continuing family involvement, often focused on a few months to a couple of years. The goal was to ensure that families left prepared to succeed outside of the program.

Third, nearly all of these programs were built by the community and had broader missions to improve the community beyond the populations they intended to serve. They aimed to build sustainable services for their communities, hire individuals from the area, and create a more vibrant life for the families they served – and even those that they did not. This type of commitment to the common good of a neighborhood, city, or county came through in their mission statements and their “no wrong door” approaches.³³

Limitations of Our Methodology

First and foremost, **this analysis was conducted at a particular point in time, and it is not exhaustive. There are likely many more promising models in other states and communities, especially in light of increased funding from the federal government to support states’ response to the pandemic.**

Our research focused on the information that we were able to find on websites and in other published documents. One particular limitation was the lack of readily available information on CBOs’ current interactions with Medicaid programs in their state. It would have been helpful to have a better understanding of whether the CBOs had experience working with Medicaid programs.

Another limitation was the available research on outcomes. As to be expected with community-level organizations, each one demonstrated its value and outcomes in a different way. While some of the national organizations published formal evaluations with short- and long-term outcomes, there were notable gaps in the information that CBOs shared publicly. We found some information on outcomes in testimonials of people who had used the services and from annual reports posted on the websites. Having more standardized information would have helped us understand more about the results CBOs are seeing in their communities.

Additionally, the pandemic dramatically altered states’ landscapes, and we were unable to assess the potential for Medicaid programs to add services. In an ideal assessment, we would review how open target state's leadership was to advancing and scaling new programs aimed at improving maternal and child health outcomes; explore new and existing statewide initiatives; and, consider how states might expand CBO models. Finally, we had also planned to see if there were state dollars earmarked for improving maternal

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and child health outcomes or if Medicaid programs had expressed any interest in increasing benefits to serve high-risk women and children.

Conclusion

Our analysis found that there are many strong CBOs across the nation that are committed to improving inequities in MCH outcomes and have developed models and approaches that are being implemented to reach those goals.

With additional support and sustained financial investment, these models have the potential to expand and be scaled to reach more high-risk women and families and to improve health outcomes. Since Medicaid is a key source of health coverage for pregnant women, mothers, and young children, states should consider supporting promising CBO models under their Medicaid programs.

We urge state advocates and policymakers to look closely at the many innovative approaches that are being implemented in communities across the country. And we encourage them to partner with key state stakeholders to identify promising models in their states and work to both scale them to reach more people and to secure sustainable Medicaid funding for a broader range of maternal and child services.

Appendix A: Community-Based Models That Are Improving Equity

State	CBO Name	Location	Self-Reported Description of CBO (as reported on CBO website)	Equity Focus (Yes or No)	Services Provided (as reported on CBO website)	Target Population Served	Diversity of Leadership and Organization	Infrastructure	Outcomes Reported on Organization Website or in Annual Report	Interactions With Medicaid and Scalability	Organization's Statement about the Pandemic's Impact and About Services Provided during COVID-19 Pandemic	Website
AL	Tuscaloosa's One Place	Tuscaloosa, AL	Tuscaloosa's One Place, A Family Resource Center empowers people to achieve their full potential. We provide resources to promote self-sufficiency, strengthen families, and prevent child abuse and neglect thus improving the quality of life for all members of our community.	Y	<ul style="list-style-type: none">Safe sleeping initiatives (baby box and cribs for kids).Home visiting Home Visiting — two types of programsParent programs and networks.Baby TALK (brain development and early literacy).Intensive in-home services.	Low-income families with children ages 5 and under	Y	Standalone (lots of state & community partners)	N/A	Available for Medicaid-eligible women	https://www.tuscaloosaoneplace.org/covid-19-resources	https://www.tuscaloosaoneplace.org/
AL	SAFE Family Services Center	Sylacauga, AL	SAFE is a community based, nonprofit organization whose purpose is to provide meaningful opportunities for families, to contribute to the growth of our community, and to promote community cohesion.	N	<ul style="list-style-type: none">Baby boxes and cribs for kids.Case management.CRIB (primary prevention program that promotes parent and child bonding while deterring child abuse and neglect).Fatherhood initiative.Home visiting (HIPPY and Parents as Teachers).	Low-income families with children ages 5 and under	Y	Standalone	N/A	N/A	https://59000563-fdde-45b5-a994-dccdc40674ed.filesusr.com/ugd/boc941_b7bob305950e4bf8bbfc81f34ffb9c4f.pdf	https://www.safefamilyservicescenter.com/
AL	Circle of Care	Valley, AL	We work to develop partnerships throughout the area to strengthen our communities for the sakes of individuals, families, and especially children. Our aim is to continually work to make our area a place where children are protected and loved, individuals are respected, families are empowered, and community is valued.	N	<ul style="list-style-type: none">Home visitation programs (Great Expectations/Special Deliveries/Parents As Teachers).Small Wonders (offered to Alabama Medicaid-eligible mothers/parents as way to inform and educate parents on proper prenatal care, infant mortality, and service coordination for parents and their young).Case management services.	Low-income families with children ages 5 and under	N	Standalone	N/A	Not clear — but looks like the Small Wonders program is reimbursed by Medicaid	https://thecirclecares.com/covid-19-status/	https://thecirclecares.com/
AL	Baobab Birth Collective	Birmingham, AL	At Baobab we employ business, education and medical professionals with over 20 years of professional experience and we understand that each birth experience is unique. We provide exceptional evidence based care, relative to each mother's needs. We realize that strong mothers lead to strong babies which lead to strong communities.	Y	<ul style="list-style-type: none">Doula services (prenatal through postpartum).Infant/child CPR classes.Car seat installation.Community referrals.Childbirth education classes.Lactation support.	Presumably women of color	Y	Standalone	N/A	N/A	N/A	https://www.baobabbirth.com/
CA	DULCE	National (13 sites across 3 states)	DULCE uses a universal approach based in the pediatric care setting that proactively addresses social determinants of health, promotes the healthy development of infants from birth to 6 months of age, and provides support to their families. It operates through an interdisciplinary team — clinical staff, community systems leaders, and legal partners — that meets weekly to review family needs.	Y	<ul style="list-style-type: none">Routine newborn, one-month, two-month, and four-month well-child clinic visits.Six-month visit (includes a customized transition plan).A weekly interdisciplinary case review.Legal services and support.	Low-income families with children ages 6 months and younger	N/A	National model adapted to the local context (includes a pediatric clinic, legal partner, and local early childhood umbrella organization)	A randomized control trial published in <i>Pediatrics</i> found that DULCE resulted in: <ul style="list-style-type: none">Accelerated access to supports. DULCE families secured supports for which they were eligible at roughly twice the pace of control families.Better completion rates for well-child visits and immunizations.Reduced use of emergency room care by DULCE families.	High scalability: can bill Medicaid for medical appts	https://cssp.org/our-work/project/covid-19/	https://cssp.org/our-work/project/dulce/
DC	Mamatoto Village	Washington, DC	Mamatoto Village is a 501 (c)(3) non-profit organization devoted to creating career pathways for Women of Color in the field of public health and human services; and providing accessible perinatal support services designed to empower women with the necessary tools to make the most informed decisions in their maternity care, their parenting, and their lives.	Y	<ul style="list-style-type: none">Home visitingLactation servicesPregnancy and postpartum care	WOC (primarily Black women)	Y	Standalone	Analysis of a sample of 355 clients found that despite the majority of clients being high risk for health and social factors, results were positive: <ul style="list-style-type: none">97% of the women in Mamatoto Village's care had a live birth.90% of women initiated breastfeeding.85% carried to full term.82% had normal birth weight babies.80% attended a six-week postnatal provider visit.	High scalability (most relevant for Black women). The majority of Mamatoto Village's revenue comes from reimbursement through Medicaid managed care organizations.	https://www.mamatotovillage.org/uploads/9/7/4/8/97484346/covid-19-update.pdf	https://www.mamatotovillage.org/

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DC	Martha's Table	Washington, DC	For 40 years, Martha's Table has supported strong children, strong families, and strong communities by increasing access to quality education, health and wellness, and family resources.	Y	<ul style="list-style-type: none">• Family visiting program• Community store• Early childhood education• Fresh produce and dry goods• Hot meals• Thrive initiative (five months of support, including groceries, dry goods, monthly financial assistance, and an assigned navigator)	Low-income families with children ages 5 and under	Y	Standalone (several locations)	N/A	Low (not sure if any of these services are Medicaid eligible). No current known interactions with Medicaid.	https://marthastable.org/covid19/	https://marthastable.org/
DC	Developing Families Center	Washington, DC	A unique umbrella organization, DFC is the first collaboration model and co-location of its kind to offer continuous, uninterrupted care for women and their families during the important childbearing and early child-rearing years. The DFC weaves together health care, and early childhood development services in one location. Each partner organization provides a subset of the services offered in the building. The DFC promotes and supports interconnections between the Center's direct service providers, maintains the facility, conducts research, provides program related grants and offers community-wide programming.	Y	<ul style="list-style-type: none">• Family-centered health care• Pediatric care• Prenatal and birth care• Doula services• Primary care and immunizations for the whole family• CenteringPregnancy®• Optional out-of-hospital birth setting• Medicaid and private health insurance enrollment• Postpartum care and follow-up• Breastfeeding education• Gynecological care and annual exams• Family planning and birth control,STI (sexually transmitted infection) testing by appointment• Age-appropriate education for children 6 weeks to 3 years old	Low-income families with children ages 5 and under	Y	Collaborative, co-location model that incorporates a family health and birth center in the same building as a parent child center	N/A	Clinic takes Medicaid	https://www.communityofhopedc.org/coronavirus-covid-19	http://www.developingfamilies.org/
DC	East River Family Strengthening Collaborative Inc.	Washington, DC	The mission of East River Family Strengthening Collaborative, Inc. (ERFSC) is to empower families, youth, seniors and communities to become more self-sufficient through integrated and collaborative community based services utilizing evidence based practices that are family focused and person-centered.	Y	<ul style="list-style-type: none">• Case management• Fatherhood support• Capacity building• Parent education and support services	Low-income families with children ages 5 and under	Y	Standalone	N/A	N/A	N/A	https://www.erfsc.org/
DC	CentroNía	Washington, DC	CentroNía provides education and support services to more than 2,400 low-income, working families and their children across the District of Columbia and Maryland.	Y	<ul style="list-style-type: none">• Parenting and child development workshops and trainings• Connections to resources• Early childhood education (infants and toddlers)• Home visiting program; pre-kindergarten (ages 3-5)	Low-income families with children ages 5 and under (majority of clients are Hispanic)	Y	Standalone	N/A	N/A	https://www.centronia.org/coronavirus/	https://www.centronia.org/
DC	Healthy Babies Project	Washington, DC	For 20 years, Healthy Babies Project, Inc. (HBP) has connected high-risk, underserved pregnant D.C. women and families to health care, social services, and educational opportunities.	Y	<ul style="list-style-type: none">• Pregnancy tests• Donation closet• Baby class• Perennial House (short-term housing for young parents and their newborns and siblings); resource connection (including health care, housing, employment, etc.)	Low-income women of color	N/A	Standalone	N/A	N/A	N/A	http://www.healthybabiesproject.org/
AL, CA, DC (pilot), NC, NJ, MI, OK, TX	Nurse-Family Partnership	National	Nurse-Family Partnership® is an evidence-based, community health program with over 40 years of evidence showing significant improvements in the health and lives of first-time moms and their children living in poverty.	Y	Nurse-Family Partnership works by having specially trained nurses regularly visit young, first-time moms, starting early in the pregnancy, and continuing through the child's second birthday.	Low-income families with children ages 5 and under	N/A	Model adapted to local context	More than 40 years of scientific studies have consistently proven that we succeed at our most important goals of keeping children healthy and safe, and improving the lives of moms and babies. <ul style="list-style-type: none">• 48% reduction in child abuse and neglect.• 67% less behavioral and intellectual problems in children at age 6.• 72% fewer convictions of mothers (measured when child is 15.• 82% increase in months employed.• 35% fewer hypertensive disorders of pregnancy.	High scalability. For more than 70 percent of moms served by Nurse-Family Partnership, Medicaid covers health care costs at some point in the program.	https://www.nursefamilypartnership.org/covid-19/	https://www.nursefamilypartnership.org/

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AL, CA, DC, NC, NJ, MI, OK, TX	Help Me Grow	National	Help Me Grow is not a stand-alone program, but rather a system model that utilizes and builds on existing resources in order to develop and enhance a comprehensive approach to early childhood system-building in any given community. Successful implementation of the Help Me Grow model requires communities to identify existing resources, think creatively about how to make the most of existing opportunities, and build a coalition to work collaboratively toward a shared agenda.	N/A	<ul style="list-style-type: none"> Centralized access point Family and community outreach Child health care provider outreach Data collection and analysis 	Children ages 5 and under	N/A	System model that can be tailored to a local context	https://helpmegrownational.org/wp-content/uploads/2020/07/HMG-Building-Impact-2019.pdf	High scalability (already replicated across the U.S.). Opportunities for Medicaid financing vary by state.	https://helpmegrownational.org/resources/affiliate-resources-for-responding-to-covid-19/	https://helpmegrownational.org/
CA, DC, NC, NJ, MI, TX	HealthConnect One's Community-Based Doula Program	52 sites in 20 states	<p>The goals of the Community-Based Doula Program are:</p> <ul style="list-style-type: none"> To increase the rates of extended and exclusive breastfeeding in communities with low breastfeeding rates. To reduce the rates of low birth weight and prematurity, particularly in Black/African American communities. To reduce the use of C-sections among Black/African Americans and Hispanics unless they are medically necessary. To reduce the use of epidurals in favor of alternative pain management techniques. To further develop the corps of community health workers (CHWs) in maternal and child health and early learning. 	Y	<ul style="list-style-type: none"> Community-based doula home visiting Breastfeeding peer counseling Birth equity leadership academy Advocacy Coaching 	Populations served are primarily low-income, and largely Hispanic and African-American, with small percentages of American Indians.	Y	Model adapted to local context	Chicago Health Connection (which was the name of the program when it was a direct service organization) became nationally recognized for programs that resulted in fewer complications during births, decreases in rates of C-section births, increases in breastfeeding rates and attachment between mother and child, and increases in mothers' self-esteem and personal skills.	High scalability. Opportunities for Medicaid financing vary by state.	https://www.healthconnectone.org/covid19-2/	https://www.healthconnectone.org/
MI	Oakland Family Services	Oakland, MI	Oakland Family Services is a private, nonprofit human service organization serving the area since 1921. It offers a continuum of prevention, education and treatment services that span the human life cycle, enrich the lives of children, strengthen families and rebuild lives.	N/A	<ul style="list-style-type: none"> Developmental assessments and support Fussy baby program Home visiting (Parents as Teachers) Parenting programs Preschool and early learning child care programs 	Low-income families with children ages 5 and under	N	Standalone	N/A	N/A	https://www.oaklandfamilyservices.org/coronavirus-covid-19-updates	https://www.oaklandfamilyservices.org/
MI	Strong Beginnings	Grand Rapids, MI	Strong Beginnings takes a holistic, three-tiered approach to reduce the disproportionately high rates of infant mortality and low birth-weight among communities of color. First, we provide direct support for African American and Latinx families in Kent County. The next level is community, as we offer learning opportunities for community residents, health care providers and agency staff, and work to improve the overall system of care. Finally, we encourage community engagement and collaborate with others to promote racial equity and address social determinants of health.	Y	<ul style="list-style-type: none"> Help getting prenatal care Education on how to stay healthy and raise a healthy child Information on parenting and child development Help build life skills, confidence, and emotional resilience Help with getting resources such as transportation, job training, food, baby, and medical care Counseling for stress and depression Breastfeeding support Strong Fathers/Padres Fuertes program Baby Scholars program 	Low-income families with children ages 18 and under	N/A	Affiliated with several community agencies (including health systems and the local health department)	N/A	High scalability. Must be Medicaid eligible to enroll in the program	N/A	https://www.strongbeginningskent.org/
MI	Spaulding for Children	Southfield, MI	Spaulding for Children finds permanent homes for children that are in the public child welfare system and supports families in maintaining their children safely in their homes. It was one of the first agencies in the country that specialized in finding and training adoptive families for the placement of children with disabilities and other challenges.	N/A	home visitation, family support services, child development screening and referrals, parent education and linkages to community resources, family support groups	Low-income families with children ages 5 and under	Y	Standalone	N/A	Scalability: not sure (seems low – as it is mainly an adoption/foster agency). Not clear about Medicaid interactions, but does not get funding from the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.	https://spaulding.org/wp-content/uploads/2020/03/CristinasLetter3232020_2.pdf	https://spaulding.org/

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MI	MomsBloom	Grand Rapids, MI	Our mission is to connect families with newborns to passionate community members who provide quality, hands-on postpartum support.	Y	<ul style="list-style-type: none">• In-home support (includes Nonjudgmental support and companionship.• Newborn care.• Meal preparation and light household tasks.• Connection to community resources.• Care for siblings.• Parent education.• Providing an opportunity for the parent to have time for self-care.• Virtual villages (due to COVID-19).	Families with newborn babies	N/A	Standalone	N/A	No interaction with Medicaid. Services are provided for free (funded by donors and the voter-approved Ready by Five Early Childhood millage fund).	Providing virtual support, as well as in-home support during the COVID-19 pandemic.	https://momsbloom.org/
MI	Zero to Thrive	National model (started in MI, with Mom Power locations in TN, OH, VT, WI, VA)	Zero to Thrive is built on the premise that the period from pregnancy through early childhood is an especially sensitive time for mitigating the multi-generational effects of inequity, trauma, and adversity and promoting mental health.	Y	<ul style="list-style-type: none">• Mom Power.• Fraternity of Fathers.• Strong Military Families.	Families with children ages 5 and under	N	Program of University of Michigan Medical School	N/A	High scalability (for the Mom Power and Fraternity of Fathers programs)	https://zerotothrive.org/covid-19/	https://zerotothrive.org/
MI	Starfish Family Services	Inkster, MI (several offices in Wayne County)	Starfish Family Services is a nonprofit human service agency, recognized as a champion for children and families across metro Detroit who have limited access to essential resources such as education, healthcare, and economic opportunities. Serving over 4,000 children and their families annually, we provide high-quality programs and support services that focus on early childhood education and development, behavioral health wellness, and empowered parents. Through our holistic approach, Starfish partners with families so they have access to the right resources at the right time.	Y	<ul style="list-style-type: none">• Parenting workshops.• Leadership coaching.• Advocacy skills training (e.g., understanding your rights about health, education, immigration).• Peer-to-peer parent support groups.• Play groups.• Nurse-Family Partnership.• Integrated health care services.• Preschool programs (Early Head Start, Head Start, Great Start Readiness Program)• Speech and occupational therapy..• Applied behavioral analysis for autism.	Low-income families with children ages 5 and under	N	Network of regional offices and health clinics	From 2014 impact report: <ul style="list-style-type: none">• 60% of young mothers had fewer symptoms of depression after participating in Baby Power, an intensive group curriculum for new moms at high risk for depression• 90% of parenting program participants showed an increase in parenting behaviors that improve their child's cognition and school readiness• 63% of children ages 3 to 5 who received our home-based mental health services, improved behaviors, moods and functioning	High scalability. Starfish Family Services take Medicaid for some services.	https://www.starfishfamilyservices.org/coronavirus/	https://www.starfishfamilyservices.org/
MI	PR Kids MIHP	Highland Park, MI	<p>Our Mission:</p> <ul style="list-style-type: none">• To promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development.• To improve the health and well-being of Medicaid eligible pregnant women and infants.• To decrease infant mortality as part of Michigan's strategic plan.	N/A	<ul style="list-style-type: none">• Psychosocial and nutritional assessment.• Plan of care development.• Professional intervention services.• Coordination with other medical care providers and Medicaid Health Plans (MHPs), including well-baby visits and immunizations.• Maternal and infant nutritional counseling.• WIC support and referrals.• Breastfeeding education.• Coordination services with medical care provider.• Childbirth education referrals.• Counseling referrals.• Family planning education.• Parenting education classes referrals.• Car seat assistance.• Food bank assistance.• Housing resources.• Referral(s) to community agencies for baby items.	Low-income women	N/A	Standalone	N/A	High scalability. Serves women who are eligible for Medicaid.	N/A	https://www.prkidsmihp.com/

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MI	Rootead	Kalamazoo, MI	Rootead offers services and resources to create a healthy relationship with the mind, body, and spirit through ancestral healing arts to address epigenetic stress for BIPOC (black, indigenous, people of color).	Y	<ul style="list-style-type: none"> Community-based doula program. Doula training program (focused on training Black women. community support (healing spaces for people of color). 	Women of color	Y	Standalone	N/A	Low scalability	We have decided to move the majority of our programming virtually on platforms like Zoom, Facebook Live, and Instagram Live. For the remainder of our in-person programs, here are the actions we are taking: public events hosted outside; sanitation stations at all events; distancing families/audience members 6 feet apart per group, masks required, with placement markers to indicate spacing; people engaging in physical activities are not required to wear masks if it obstructs their breathing, but you are required to be 8-10 feet away from others.	https://rootead.org/
MI	Native Healthy Start/ Family Spirit	Detroit, MI	Maajtaag Mnobmaadzid ("A Start of a Healthy Life") is designed to complement, not replace prenatal, postpartum and pediatric medical care. In addition to providing support and education during pregnancy, there is also a focus on helping women become and stay healthy before and between pregnancies. We affirm the sacred role of women in the community as givers of life, and promote understanding of the importance of family well-being and the health of women throughout the lifespan.	Y	<ul style="list-style-type: none"> Home or office visits by a maternal child health nurse and/or community health worker. Support and education based on the needs of the family. Services to women with high-risk pregnancies. Referral, follow-up and after-care services for a variety of family needs. Education and breastfeeding support. Depression screening to pregnant women and new moms. Transportation to medical and other appointments. Health education counseling for teens and their families. Participation in collaborative community efforts to develop and improve services for families. Community health promotion classes and events. 	Women of color (Native American women and children 5 and under)	Y	Part of American Indian Health & Family Services	N/A	No income guidelines, but organization does have information for enrolling in Medicaid/CHIP on the website (so assuming organization takes Medicaid/CHIP)	N/A	https://www.aihfs.org/maternal_child_health.html
MI	Black Family Development	Detroit, MI	BFDI's purpose is to provide culturally-sensitive quality services to families, individuals, community groups, and organizations residing and/or operating in the Detroit/Wayne County and Oakland communities.	Y	<ul style="list-style-type: none"> LENA Start (brain development program for parents with babies and toddlers. Home visiting Parents as. 	Women of color families with children ages 5 and under	Y	Standalone	From LENA Start program: <ul style="list-style-type: none"> Parents reported reading nearly one and a half times as much with their children at graduation compared with the start of the program. Children whose parents participated in the program are gaining over 1.5 months of developmental skill every month. 	N/A	https://blackfamilydevelopment.org/images/pdf/covid-update.pdf	https://www.blackfamilydevelopment.org/
MI	Twenty Hands	Kalamazoo, MI	The goal of Twenty Hands, as a maternal infant health program, is to provide culturally competent care coordination to pregnant women and babies that promotes healthy pregnancies, healthy birth outcomes, and healthy infant development during the first year of life.	Y	<ul style="list-style-type: none"> Home visiting program 	Low-income women	N/A	Standalone	N/A	Funded by Medicaid	https://twentyhands.weebly.com/covid-19-resources.html	https://twentyhands.weebly.com/
MI	Family Focus Health Services	Lake Orion, MI	Family Focus Health Services is a Maternal Infant Health Program (MIHP) provider certified by the State of Michigan. Our primary goal is to support pregnant women and their babies who are on Medicaid. As a provider, we work to promote healthy pregnancies, and reduce infant mortality.	N/A	Services provided include: <ul style="list-style-type: none"> Home visits with registered nurse and licensed social worker to determine needs. Mother and infant health assessments. Specialized health care plans. Coordinated services with medical care providers and Medicaid. Referrals to other local community service agencies as needed (i.e., mental health, domestic violence, substance abuse, basic needs assistance, etc.) Referrals for childbirth education or parenting classes. Arrange for transportation if needed. 	Low-income women	N/A	Standalone	N/A	Available for Medicaid-eligible women	N/A	https://cgrave9.wixsite.com/familyfocushealth

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NC	Equity Before Birth	Durham, NC	We are taking the unprecedented approach of supplementing income in the absence of paid parental leave and covering the cost of essential services and support. We are doing this through fundraising and intentional partnership. Our Direct Service Partners are BIPOC-led grassroots organizations who already serve our target population.	Y	Sponsorship: supplementing income and providing paid leave Partner with BIPOC-led grassroots organization to direct mothers/people to services	Black birthing persons Residing in Durham, Wake, Orange or Chatham counties Pregnant or within 18 months of having or losing an infant	Y	Standalone	N/A	No interaction with Medicaid	N/A	https://www.equitybeforebirth.com/
NC	SistasCaring4Sistas Doula Services	Asheville, NC	SistasCaring4Sistas is a community-based doula program founded by women of color for women of color who could benefit from this evidence-based form of birth support. Our doulas are part of a larger social justice movement, working in partnership with MAHEC and Mothering Asheville, that is committed to eliminating health disparities for mothers and infants.	Y	Support before, during, and after labor and delivery	Women of color	Y	Part of the Mountain Area Health Clinic	N/A	No interaction with Medicaid.	N/A	https://mahec.net/patient-information/ob-gyn-care/doula-services/our-services
NC	Florence Crittenton Services of North Carolina	Charlotte, NC	The mission of Florence Crittenton Services is to provide comprehensive health, education and social services for at-risk or pregnant adolescents.	N/A	In addition to Florence Crittenton Services offering a safe, health-focused living environment, a full range of other comprehensive services are provided. They include: <ul style="list-style-type: none">• Health care and prenatal care• Education• Parenting skills• Early childhood development education• Life skills (such as money and time management)• Scholarships• Group/individual counseling• Family planning• Career services• Healthy relationship curriculum• Substance abuse treatment and prevention	Low-income women	N/A	Standalone	https://www.fcsnc.org/wp-content/uploads/2019/07/MP-Program-Logic-Model-FY-2017-2018-Final-.pdf	State Maternity Home Fund funds, through the Department of Social Services in your home county or through a North Carolina state-licensed adoption agency, are available based on a client's need for services. Clients must apply for Medicaid or private insurance upon admission to FCS. Additionally, medical charges for clients at FCS include outpatient charges at outside medical facilities such as Carolinas Medical Center, Presbyterian Hospital, and area OB-GYNs. FCS does not provide these services.	https://www.fcsnc.org/uncategorized/covid-19-communication/	https://www.fcsnc.org/
NC	Women's Birth & Wellness Center	Chapel Hill, NC	WBWC is non-profit center for nursing excellence . We specialize in the midwifery model of care with a focus on person-centered, holistic, trauma-informed, and gender-affirming healthcare throughout the life cycle. We serve our community members regardless of sexual orientation, gender identity, race, religion, ethnicity, economic background, or immigration status.	Y	<ul style="list-style-type: none">• Health center (offers annual exams, birth control, etc.)• Birth center (all prenatal care and labor/delivery)• Lactation center• Community classes (e.g., parenting, breastfeeding, etc.)	Women-identifying individuals	Y	Standalone	N/A	High scalability. Organization takes private insurance, Medicaid, and offers a sliding scale for uninsured patients.	https://ncbirthcenter.org/covid19/	https://ncbirthcenter.org/

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NC	Family Service of the Piedmont	Jamestown, NC	Family Service of the Piedmont empowers individuals and families to restore hope, achieve stability and thrive through quality support services, advocacy and education.		<ul style="list-style-type: none"> • Healthy Start, a home visiting program that provides education and care coordination to pregnant women and families of children under the age of three. The goal of the program is to lower risk factors associated with preterm birth, low birth weight, infant mortality and poor developmental outcomes. • The Incredible Years parenting education and support group • Safe, child-friendly supervised visitations and custody exchanges through Harmony House • The Fairview Family Resource Center in High Point, which offers a wide range of resources for children and adults living in the Fairview Elementary School district • Support groups • Information and referrals 	Low-income families w/ children	N	Standalone	<ul style="list-style-type: none"> • 99% of families at high risk of child abuse or neglect did not receive reports to social services after completing the Healthy Start program • 99% of caregivers reported that the services they received helped them and their child to heal 	N/A	https://www.fspcares.org/message-from-the-president-about-covid-19/	https://www.fspcares.org/
NJ	Village Birth International	NY, PA, NJ, international	Village Birth International is a community-based organization dedicated to improving outcomes in maternal-child health while seeking birth and reproductive justice for families facing inequities in the childbearing year. We are committed to universal health equity for all families by eliminating the impact of racism and systemic oppression on perinatal outcomes.	Y	<ul style="list-style-type: none"> • Prenatal • Labor and birth • Postpartum • Childbirth education • Parenting groups 	Women of color	Y	Standalone	N/A	N/A	Offering virtual doula support	https://villagebirthinternational.org/
NJ	The Children's Home Society of New Jersey	Trenton, NJ	The Children's Home Society of New Jersey is a nonprofit organization that helps that helps at-risk infants, children, youth, and families achieve their potential. We protect abused or neglected infants and children, strengthen families, and strive for stable, permanent, and loving homes. The Children's Home Society of New Jersey gives parents the knowledge they need to help their children and themselves long after our active services have ended. The Children's Home Society of New Jersey strives to create a safe and culturally sensitive environment that promotes and fosters self-awareness of life impacting events while providing respect, encouraging independence and instilling hope in our children, families, staff, volunteers and interns.	Y	<ul style="list-style-type: none"> • Community doulas (HealthConnect One model) • Holistic prenatal health program (many services) • CUNA (culturally competent services to Latino parents and children from pregnancy to age 3) 	families with children	White ED; diverse staff	Standalone	https://www.chsofni.org/wp-content/uploads/2021/02/CHSoFNI-Impact-Report-2019-2020.pdf	N/A	https://www.chsofni.org/about-chsofni/#	https://www.chsofni.org/
NJ	Central Jersey Family Health Consortium	Multiple offices (Hackensack, Morristown, Tinton Falls, North Brunswick)	Central Jersey Family Health Consortium, Inc. (CJFHC), was originally organized through funding from the Robert Wood Johnson Foundation in 1988. Established in 1992, CJFHC is a leading private non-profit 501(C)3 organization licensed by the NJ Department of Health and part of a regionalized maternal and child health (MCH) system.	N	<p>The Healthy Women, Healthy Families (HWHF) Program is for childbearing pregnant and non-pregnant women and their families from all races and backgrounds to improve their quality of life. Participants of the program will received personalized support from a Community Health Worker and/or group support from programs specific to reducing infant death in cities with high rates of black infant mortality.</p> <p>Family Connection Central Intake assists women in accessing the most appropriate services for their needs. Family Connection also provides pregnant women and parents with early linkages to evidence-based home visitation services and other community-based programs. The Connection works to improve coordination among home visitation providers, develop uniform client data collection and analysis, and provide linkages to other supportive services in the region.</p>	Low-income families and children ages 5 and under	N/A	Network of regional offices	N/A	High scalability. Already a regional model and currently licensed by the New Jersey Department of Health.	Several updates provided on website for a variety of areas	https://cjfhc.org/index.php/en/
NJ	The Partnership for Maternal and Child Health of Northern New Jersey	Multiple offices (Newark, Irvington, Paterson, Dover, Secaucus, Warren County)	Our mission is to meet the healthcare needs of women, infants and children in NJ while coordinating education, outreach and advocacy through regional planning and collaboration. The consortium conducts extensive community outreach and educational programs for the consumers and health care providers in the state of New Jersey.	Y	<ul style="list-style-type: none"> • Early childhood literacy program • Support groups • On-demand community education classes • Healthy Women Healthy Families • Prematurity Prevention Initiative • Breastfeeding education and support • Home visiting programs (Nurse-Family Partnership, Parents as Teachers, Healthy Families) • Early childhood specialists • Perinatal mood disorders support group 	Low-income families and children ages 5 and under	N/A	Network of regional offices	N/A	High scalability. Already a regional model and currently licensed by the New Jersey Department of Health.	https://partnershipmch.org/important-covid-19-update/	https://partnershipmch.org/

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NJ	Children's Aid and Family Services	Paramus, NJ	Children's Aid and Family Services strengthens families and empowers individuals – children and adults alike – to reach their fullest potential. Motivated by compassion and in partnership with the community, we make positive lasting differences in the lives of those we serve. We provide high-quality, innovative services to children, adults, and their families that advance social, educational and emotional development and wellbeing.	N	<ul style="list-style-type: none"> • Zoe's Place (residence for pregnant teens, young moms and their babies who would otherwise be homeless) • Baby Basics (free infant formula and diapers) • EPIC (parenting education courses) 	Low-income families and children ages 5 and under	N/A	Standalone	<ul style="list-style-type: none"> • 1.5 million diapers have been provided to families in need. • Zoe's Place has been home to more than 80 teens and their babies since 2014. 	N/A	Due to COVID-19, office staff members are working at home.	https://cafsni.org/
NJ	La Casa de Don Pedro	Newark, NJ	La Casa de Don Pedro's resident-centered agenda empowers people and builds their self-sufficiency. Through education & economic development strategies, neighborhood revitalization initiatives, and family stabilizing programs & services, this agenda works to ensure that Greater Newark's residents engage in and benefit from the region's growth. It also guarantees that they may continue to enrich this dynamic region with their vibrant and diverse cultural identities that make the region unique.	Y	<ul style="list-style-type: none"> • Free support for expectant mothers • Early Head Start (age 3 and under), and Head Start Early Childhood Education (ages 3-5) programs 	Low-income families and children ages 5 and under	Y	Standalone	<ul style="list-style-type: none"> • Daily, 660 3- and 4-year-old children are educated. • The multilanguage program fosters cultural competency and serves the needs of a diverse community. • Nine preschool centers are located in all of Newark's wards. 	N/A	http://www.lacasanwk.org/coronavirus/	http://www.lacasanwk.org/
NJ	Southern New Jersey Perinatal Cooperative	Multiple offices (Pennsauken, Camden, Absecon)	The Southern New Jersey Perinatal Cooperative improves the health of pregnant women, children and families in South Jersey. SNJPC offers a comprehensive set of programs and services that enhance the system of care, strengthen communities and provide families the tools they need to lead healthier lives.	Y	<ul style="list-style-type: none"> • Home visiting (Nurse-Family Partnership and Parents as Teachers, Atlantic County Health Families, Infant & Family Development) • Healthy Women Healthy Families (outreach, education, and case management services) • Camden Healthy Start • Free diaper program • Early childhood service coordination and specialists • Lead and Healthy Homes program • Postpartum wellness (postpartum mental health hotline) 	Low-income families and children ages 5 and under	N/A	Network of regional offices	https://www.snipc.org/file_download/inline/60c62ad2-20b3-4080-8b31-59cf837a5ce6	High scalability. Already a regional model and currently licensed by the New Jersey Department of Health.	https://www.snipc.org/news-events/newsroom/news-archives.html/article/2020/06/26/covid-19-program-updates	https://www.snipc.org/
NJ	Ironbound Community Corporation	Newark, NJ	Founded in 1969, Ironbound Community Corporation's (ICC's) mission is to engage and empower individuals, families, and groups in realizing their aspirations and, together, work to create a just, vibrant and sustainable community. ICC upholds and builds upon the principles of "Justice and Equality for All." We strive to practice and build equity, work towards a Just Transition, and organize community on the basis of the Jemez Principles.	Y	<ul style="list-style-type: none"> • Early Head Start (ages 3 and under) and preschool/Head Start (ages 3-5) • Parenting programs • Healthcare access (health vans and insurance enrollment assistance) • Fresh produce for families 	Low-income families and children ages 5 and under	Y	Standalone	Expanded state-of-the-art 35,000-square-foot Early Childhood Birth-5 Center, which is home to a nationally accredited and acclaimed program that closes the achievement and developmental gaps of impoverished children and prepares them for kindergarten.	N/A	https://ironboundcc.org/icc-covid19-response/	https://ironboundcc.org/
OK	Infant Crisis Services	Oklahoma City, OK	Three-pronged approach: rescue, feed, connect	N	<ul style="list-style-type: none"> • Provides formula, food, diapers, blankets, clothing, and other basic necessities by appointment. These services are available four times annually to children from birth to age 3. • Distributes items throughout the community using BabyMobiles. • Connects clients with resources through client services. 	Low-income families and children ages 5 and under	N	Standalone	N/A	Low scalability	BabyMobiles operating on a limited schedule due to COVID-19.	https://www.infantcrisis.org/
OK	Sunbeam Family Services	Oklahoma City, OK	To provide people of all ages with help, hope, and the opportunity to succeed through Early Childhood, Foster Care, Counseling and Senior Services.	N	<ul style="list-style-type: none"> • Infant and early childhood mental health services • Support groups for grandparents raising grandchildren • Early education programs (birth to age 4) 	Low-income families and children ages 5 and under	N/A	Standalone	During fiscal year 2018-2019: <ul style="list-style-type: none"> • 867 toddlers and babies were prepared for school readiness at 20 early education centers, partner sites, and the home visitation program. • 412 Oklahomans received compassionate mental health and infant mental health services. 	N/A	N/A	https://sunbeamfamilyservices.org/

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OK	Center for Children and Families	Norman, OK	CCFI offers strength-based programs and services to aide and educate families coping with abuse, neglect, divorce, separation, teenage pregnancy, a lack of quality out-of-school care, and/or other adverse experiences. While our continuum of care is broad, with services ranging in intensity, our focus has always been to ensure that all children have safe, secure, nurturing environments and caring adults in their lives.	Y	<ul style="list-style-type: none"> Baby pantry (diapers and wipes) Bringing up Babies (home visiting program) Counseling services (for parents and their children age 17 and under) Parent education courses 	Low-income families and children ages 5 and under	N	Standalone	N/A	N/A	Offering virtual services until further notice	https://www.ccfnorman.org/
OK	Latino Community Development Agency, Inc.	Oklahoma City, OK	Our mission is to improve the quality of life in the Latino community through education, leadership, services and advocacy.	N	<ul style="list-style-type: none"> Early education (Early Head Start and transitional preschool) Home visiting programs (Parents as Teachers and SafeCare) Child mental health services (individual case management and family counseling) Systems of care (wraparound services) Reunification services for families with children in Department of Human Services custody 	Low-income families and children ages 5 and under	Y	Standalone	N/A	N/A	N/A	https://tcdaok.com/
TX	Mama Sana Vibrant Woman	Austin, TX	Mama Sana Vibrant Woman is a community organization that works to facilitate access to culturally appropriate and quality, prenatal and postnatal care for women of color in Austin and Travis County.	Y	<ul style="list-style-type: none"> Pregnancy and birth circles Childbirth prep workshops Wellness clinics Birth companion program (training and certification of doulas) 	Women of color	Y	Standalone	A six-month snapshot of the organization's evaluation shows the following promising results: <ul style="list-style-type: none"> 36 mothers delivered their babies at term (37 weeks or more). 37 mothers had healthy birth weight babies. 100% of mothers initiated breastfeeding. 	Low scalability. Many services can't be reimbursed by Medicaid.	Support circles are happening via Zoom.	https://www.msvwatx.org/
TX	Abide Women's Health Services	Dallas, TX	Abide Women's Health Services exists to improve birth outcomes in communities with the lowest quality of care by offering healthcare and complimentary services that are easily accessible, holistic, evidence based and free from judgment.	Y	<ul style="list-style-type: none"> Childbirth education Baby café (drop-in breastfeeding education) Mama swag bags (pregnancy/postpartum essentials) Pregnancy testing Fertility awareness (class for teens) Birth companion services <p>***The organization is in the first phase of a four-phase process. Eventually it aims to have a full-service clinic (with doula services and well-woman care) and a natural birth center.</p>	Women of color	Y	Standalone	90% of the women served by Abide are women between ages 17-40, and are Hispanic and Black	N/A	N/A	https://www.abidewomen.org/
TX	Giving Austin Labor Support (GALS)	Austin, TX	We partner with volunteers and organizations to provide emotional, physical, and educational support to those who are under-supported through the birth experience improving birth outcomes and strengthening families. Core values: compassion, support, empowerment, respect and community	Y	<ul style="list-style-type: none"> On-call birth support Prenatal doula program Jail support program (pregnancy, birth, and postpartum support) Connection with postpartum resources Doula training 	Low-income women	White ED; diverse staff	Standalone	<ul style="list-style-type: none"> GALS served 101 families. 100% of families felt the birth was better because the GALS volunteer was there. 100% of health care workers would recommend GALS to other patients. The C-section birth rate was 16.6%. (In Texas, the C-section rate is 35%.) 	N/A (likely relies on fundraising and a volunteer network)	N/A	http://www.givingaustinelaborsupport.org/
TX	The Prenatal Clinic	Bryan, TX	Our Mission is to provide community-centered prenatal care and health education to medically indigent pregnant women in the Brazos Valley. Comprehensive, accessible and affordable prenatal care and health education are the best ways to improve pregnancy outcomes.	Y	<ul style="list-style-type: none"> Prenatal clinic (medical care during pregnancy) Health education classes (nutrition, breastfeeding, parenting, newborn care, etc.) Referrals to social services programs Social worker on staff Postpartum care 	Low-income women of color	White ED; diverse staff	Has partnered with Texas A&M University Health Science Center since 2016	<ul style="list-style-type: none"> Since the prenatal clinic was founded in 1985: The number of fetal deaths in Brazos County declined by 26% since 1992. The number of prenatal clinic patients starting their prenatal care in the first trimester has risen from 30% in 1987 to over 68% in 2016. The number of Brazos County women who give birth with no prenatal care has been reduced by 76%. 	High scalability. Serves women who are eligible for Medicaid and CHIP	N/A	https://www.bcsprenatal.org/
TX	Any Baby Can	Austin, TX	Any Baby Can is a leader and partner in parent education, family health and child development programs in Central Texas. Any Baby Can partners with families to build stability, develop skills, and unlock each child's full potential.	Y	<ul style="list-style-type: none"> Support, medical case management, and resource navigation for families of children with a special healthcare need Early childhood intervention for children with developmental delays Home visiting programs (Nurse-Family Partnership and Parents as Teachers) Parenting and childbirth classes (Nurturing Parenting Program) Mental health counseling program 	Low-income families with children age 5 and under (A majority of clients are Hispanic.)	Y	Standalone (but operates in 10 TX counties)	100% of clients would recommend Any Baby Can to another family.	High scalability (assuming that some of these services are reimbursable by Medicaid/CHIP)	https://anybabycan.org/coronavirus-covid-19/	https://anybabycan.org/

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TX	Child Care Group	Dallas, TX	To champion a strong two-generation system that teaches children and parents, trains early childhood professionals and assists families.	Y	<ul style="list-style-type: none">• Early childhood centers• Home visiting program (Parents as Teachers)• Parent navigators• Child care assistance	Low-income families w/ children (0 - 5)	N	Standalone	<ul style="list-style-type: none">• Organization hosts 60 parent meetings per year, providing opportunities for families to learn parenting skills, access resources, strengthen their life skills and build their peer communities.• With support and encouragement from Family Advocates, 83% of the parents at our centers are employed or in job training.	N/A	https://childcaregroup.org/covid-19-information	https://childcaregroup.org/
TX	Latched Support	Windcrest, TX	Latched Support transforms communities through babies, women, and families by providing access to vital health services, quality education, critical material assistance, and advocacy.	N/A	<ul style="list-style-type: none">• Breastfeeding assistance• Material assistance• Parenting classes	Low-income women	Y	Standalone	N/A	N/A	N/A	http://latchedsupport.com/about/
TX	Family Service	San Antonio, TX	Family Service's wraparound programs take a holistic approach by addressing the individual's entire life and family structure, which creates long-term change.	Y	<ul style="list-style-type: none">• Early childhood education (includes assistance in obtaining health services)• Early Head Start and head start• Parenting education courses• Family Service Promotoras• Family Strengthening Program• Early childhood well-being counseling services• Parent engagement program (run through local schools)	Low-income families with children age 5 and under (A majority of clients are Hispanic.)	N	Standalone (with multiple office locations)	<ul style="list-style-type: none">• 99% of clients agreed their lives improved with in-home parent education courses.• 96% of parents agreed Early Childhood Well-Being Clinicians helped improve their child's behavior.• 87% of Head Start students are on track for school benchmarks at the end of year.	N/A	https://family-service.org/covid19/	https://family-service.org/
FL	Commonsense Childbirth	Winter Park, FL	Our mission is to inspire change in maternal child health care systems worldwide; to re-empower the birthing mother, father, family and community by supporting the providers, practitioners and agencies that are charged with their care.	Y	<ul style="list-style-type: none">• Community-based maternity centers (includes prenatal and postpartum care and a birthing center)• National perinatal task force• Training programs for midwives and paraprofessionals	WOC and/or low-income women	Y	Standalone (several CBO entities)	<ul style="list-style-type: none">• The JJ Way,® A Patient-Centered Model of Care, attained a preterm birth rate of 8.6% for Black women, while the county and state rates are at 13%. The model also produced better low birth weight rate outcomes for Black women than county and state averages at 8.6% versus 13.1%.• For Latina mothers, the pre-term birth rate was 4%, a rate less than half of the county and state rates for Latinas. Latinas using the JJ Way® had low birth weight rates of 1% versus the average county and state rates of 7.5%.• The JJ Way® also produced better outcomes for white mothers for preterm birth and low birth weight. Additionally, the cesarean rate of Commonsense Childbirth's clients is only 8 percent in comparison to the 30%-50% percent rates found at local hospitals.	High scalability (most relevant for Mexican, Chicana, and American Indian populations). The majority of clients are enrolled in Medicaid.	No longer taking walk-ins (must make an appointment)	https://commonsensechildbirth.org/
NM	Breath of My Heart Birthplace	Espanola Valley, NM	Breath of My Heart Birthplace is a non-profit Licensed Freestanding Birth Center and full scope midwifery practice.	Y	<ul style="list-style-type: none">• Free walk-in clinic• Birth services• Fertility and preconception care• Apprenticeships for midwives of color and training for community health workers	WOC and/or low-income women	Y	Standalone	<ul style="list-style-type: none">• The current cesarean rate is 2 percent for women who are actively engaged at Breath of My Heart Birthplace throughout their pregnancy, in comparison to the statewide rate of 23%, and Breath of My Heart Birthplace also has extremely low rates of preterm births and low birth weight babies.• Breath of My Heart Birthplace also uses walk-in clinic utilization to gauge its community impact. The Breath of My Heart Birthplace walk-in clinic has a return rate of 65%, and a quarter of patients retain their services for midwifery care.	Scalability would be high if organization accepted Medicaid, but it does not.	No walk-ins, one client at a time, decreased number of staff on-site, remote visits available	https://breathofmyheart.org/
NY	Ancient Song Doula Services	New York, NY	Ancient Song Doula Services is a social profit organization working towards addressing racial disparities and inequities within the healthcare system. We do this by providing full spectrum doula services, training & certification, conferences and educational forums to address the maternal mortality and severe maternal morbidity, implicit bias, and racism within healthcare systems.	Y	Doula services and doula training	WOC and/or low-income women	Y	Standalone	Trained 124 doulas in 2019	High scalability (at least for the Sister Doula program). Organization is contracted with a Medicaid managed care organization (MCO) for doula services.	Physical location is closed	https://www.ancientsongdoulaservices.com/

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MO	Uzazi Village	Kansas City, MO	Established to decrease the material and infant health disparities found in the urban core, particularly among African-American women, but also other at-risk populations residing there.	Y	<ul style="list-style-type: none">• Doula services• Walk-in breastfeeding clinic• Community education classes• Support groups• Infant and toddler clothing closet	Women of color	y	Standalone	The Sister Doulas have had a direct impact on promoting better birth outcomes, with an emphasis on reducing preterm labor, low birthweight and non-medically indicated C-sections, and increasing breastfeeding rates among the families they serve.	High scalability (at least for the Sister Doula program). contracted with a Medicaid MCO for doula services	N/A	http://www.uzazivillage.org/
NM	Tewa Women United	Northern New Mexico	In 2008, Tewa Women United started the Yiya Vi Kagingdi Doula Project to serve first-time Native American mothers with culturally appropriate birth support.	Y	<ul style="list-style-type: none">• Professional doula support• Monthly parent circles• Childbirth education classes• Breastfeeding support services• Circle of grandmothers intergenerational support circle• Referrals to community resources• Pregnancy and infant loss circles/support• Doula training and certification	People of color, especially Native American mothers	Y	Standalone	N/A	N/A	N/A	http://tewawomenunited.org/programs/reproductive-justice-program/yiya-vi-kagingdi-doula-project/
MA	Accompany Doula Care	Boston, MA	An independent, sustainably-funded Doula Agency that provides culturally and linguistically tailored services to individuals and healthcare systems seeking safe and positive birthing experiences in Massachusetts. We are a group of doulas whose passion for eradicating healthcare inequities is rooted in achieving Berwick's Triple Aim.	Y	<ul style="list-style-type: none">• Prenatal home visits• Continuous labor, delivery, and immediate postpartum support• Postpartum home visits	N/A	Diverse doulas, less diversity among leadership	Standalone	<ul style="list-style-type: none">• 92 enrolled members• 53 births• 34 members received• in-person birth support,• despite COVID-19.• Lower than state average• preterm birth rate• 3 NICU admissions• 11% NTSV c-section rate	High scalability. Contracting with a Medicaid Accountable Care Organization to manage births for Medicaid women.	N/A	https://www.accompanydoulacare.com/
MN	Everyday Miracles	Minneapolis, MN	Our mission is to improve birth outcomes and reduce health disparities by providing evidence-based education, compassionate and culturally aware support and a non-judgmental, caring community.	Y	<ul style="list-style-type: none">• Doula services• Childbirth education, breastfeeding, and parenting classes• Chiropractic care• Community groups• Access to car seats and breast pumps	Low-income women and underserved communities.	N	Standalone	The women participating in the program have a cesarean rate of 17%, significantly lower than the national average (32.2% in 2014). Ninety-eight percent of clients initiate breastfeeding, and 72 percent continue past six months, compared with national averages of 75 percent and 43 percent, respectively.	High scalability. Medicaid reimburses for doula services, breast pumps, and car seats, and class discounts are offered through Medicaid.	https://www.everyday-miracles.org/covid19	https://www.everyday-miracles.org/
MO	First Chance For Children	Columbia, MO	First Chance for Children provides early childhood programs and family resources to foster healthy outcomes for children and families in mid-Missouri.	Y	<ul style="list-style-type: none">• Lend and learn toy libraries• Baby bags• Safe C.R.I.B.S. (community resources, infant beds, and support)• Baby U (home visiting program)	Low-income families with children age 5 and under	N	Standalone	In fiscal year 2019: <ul style="list-style-type: none">• 78% of children in Baby U received the ASQ-3 and ASQ-SE and were on track, or receiving supportive services for development.• 95% of families reported participating increased their feelings of confidence as a parent.• 94% of families participating in home visitation reported increased knowledge of health and safety issues.	High scalability if organization accepted Medicaid.	https://firstchanceforchildren.org/program-updates-during-covid-19/	https://firstchanceforchildren.org/
KY	Family & Children's Place	Louisville, KY	Family & Children's Place turns hurt into hope for children and families impacted by abuse and neglect.	N/A	HANDS (Health Access Nurturing Development Services) provides voluntary in-home visitation for new and expectant parents that begins during pregnancy or shortly after the child's birth. Our services help foster healthy pregnancy and births, stable child growth and development, safe homes and self-sufficient families.	Low-income families with children age 5 and under	N/A	Standalone (but partners with Public Health Department)	<ul style="list-style-type: none">• Reduced rate of preterm birth• Decreased interaction with child protective services• Increased rate of meeting development milestones	High scalability. Medicaid reimbursement for assessment and home visitation	https://www.familyandchildrensplace.org/covid19/	https://www.familyandchildrensplace.org/
CA	Happy Mama Healthy Baby Alliance	Pasadena, CA	HMHBBA is focused on improving birth outcomes for all women and birthing persons, with a special emphasis in communities of color who are disproportionately experiencing poor birth outcomes such as high rates of cesarean section, maternal mortality, prematurity, and infant mortality. Mission: To promote high-quality, family-centered, evidence-based, respectful maternity and newborn care, and improved health outcomes for all childbearing persons and their babies.	Y	<ul style="list-style-type: none">• Community health education classes• Community doula program (doula support and postpartum care)• Professional training and certification programs (including for doulas, midwives, and breastfeeding counselors)• Professional collaboration and consultation• Professional networking and continuing education learning opportunities• Conferences and events• International birth worker cultural exchange program	Women of color	Y	Standalone	N/A	Pregnant women and persons who have Medi-Cal are eligible for free services.	N/A	https://motherbabysupport.net/

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CA	MOMS Orange County	Santa Ana, CA	Helping mothers deliver their babies as healthy as possible and teaching them to stimulate strong infant development.	Y	<ul style="list-style-type: none">• Home visiting• Group classes• Free baby items	Low-income women	N	Standalone	<ul style="list-style-type: none">• 27% reduction in odds of neonatal intensive care unit stay• 93% of babies on track with immunizations• 98% of babies on track for developmental milestones	N/A	Still serving clients and accepting enrollment for classes and in-home phone visits	https://www.momsorangecounty.org/
CA	SBCC Thrive LA	Los Angeles, CA	For more than 40 years, SBCC has empowered communities across Los Angeles to discover and develop tools for individual and collective well-being. Across our full range of innovative, grassroots programs and initiatives, we reach more than 10,000 families annually. As an organization, we have made a core commitment to place the gifts, talents and leadership capacities of neighborhoods first; as it is our belief that sustained positive impact must be resident-led and community-driven.	Y	<ul style="list-style-type: none">• Community-based doula services (prenatal, labor, lactation and postpartum services)• Preschool (age 5 and under)• Thriving Dads program• Case management• Resource connection• Kinship/relative support services (for family members and extended family caring for kids in foster care)	Low-income families w/ children (0-5)	N/A	Standalone	N/A	N/A	https://youtu.be/L22gVEM6NQE	https://www.sbccthrivelat.org/
CA	Welcome Home Midwifery Services	Sacramento, CA	Welcome Home Midwifery Services, Inc. is a 501(c)(3) nonprofit organization, providing midwifery care, doula services, and provider training to Sacramento and its surrounding communities.	N/A	Midwife services and doula services (volunteer doulas for those in need)	N/A	N/A	Standalone (but has birth center)	N/A	takes Medicaid for midwife & birth center services	N/A	https://www.welcomehomesac.org/
CA	Children's Institute	Los Angeles, CA	Children's Institute provides early education, behavioral health and family strengthening services to 26,000 children and families each year. We also train professionals and caregivers in trauma-informed care, evidence-based clinical treatment, parenting and fatherhood.	Y	<ul style="list-style-type: none">• Skill building and social support• Behavioral health and wellness• Community activities• Project Fatherhood• Employment support• REACH team (works with families who have experienced gun violence)• Early Head Start• Head Start• Family child care homes• Home visiting program	Low-income families with children age 5 and under (the majority are people of color)	N/A	Network of multiple offices in Los Angeles	<ul style="list-style-type: none">• 84% of children w/ a developmental delay at intake improve within a year of receiving CII early childhood education• 100% of families learn activities to help their child learn at home• 90% of families enrolled in the home visiting program strengthen at least one protective factor within a year	High scalability. Already well established in LA.	N/A	https://www.childrensinstitute.org/
CA	For the Child	Long Beach, CA	For over 40 years For The Child has strengthened families, prevented the trauma of child abuse, neglect and exposure to violence and helped low-income children and families heal when it has occurred.	N	<ul style="list-style-type: none">• Early childhood mental health• Parent groups• Other programs focused on child abuse/neglect/foster care	Low-income families with children age 5 and under	N/A	Stand-alone	N/A	N/A	[W]e are open and we are providing mental health care and support for vulnerable children and families during this crisis.	https://www.forthethechild.org/
CA	The Whole Child	Whittier, CA	The Whole Child is a 62-year-old non-profit organization providing Mental Health, Family Housing, Parent Enrichment and Nutrition Education services to some of the most vulnerable families in Los Angeles County.	Y	<ul style="list-style-type: none">• Home visiting• Parent socialization groups• Developmental screenings• Case management• Crisis intervention• Birth to 5 mental health services (lots more mental health services)• Family housing• Nutrition education	Low-income families with children age 5 and under	Y	standalone (multiple offices)	https://www.thewholechild.org/2018-2019-annual-report/	N/A	N/A	https://www.thewholechild.org/
CA	SHIELDS for Families	Los Angeles, CA	SHIELDS for Families is a non-profit organization that provides social services for child and youth development, child welfare, mental health, substance abuse treatment, and supportive services to individuals, children, and families.	Y	<ul style="list-style-type: none">• Shelter, housing, and transportation• Substance abuse treatment• Child protective services• Home visitation for pregnant women• Healthy start• Child development centers• Child welfare services• Adult vocational and educational services• Re-entry services	High-risk families and individuals with or without children	Y	Standalone	N/A- have annual reports, but last one published in 2011	N/A	https://www.shieldsforfamilies.org/COVID-19/	https://www.shieldsforfamilies.org/

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CA	El Nido Family Centers	Los Angeles, CA	El Nido Family Centers is a social service non-profit that provides counseling and family support services to disadvantaged communities throughout Los Angeles County.	N	<ul style="list-style-type: none">• Child abuse prevention and treatment• Parent education and family development• Teen parent family services• Youth development	Families in low-income communities of Los Angeles County	Y	Various centers across Los Angeles	In 2019-2020: <ul style="list-style-type: none">• More than 95% of teen parents delivered full-term babies at healthy weights.• 100% of babies are up to date on immunizations.• 73 parenting education classes were conducted in 2019. https://www.elnidofamilycenters.org/wp-content/uploads/2020/06/El-Nido-19-20-Impact-Report.pdf	N/A	https://www.elnidofamilycenters.org/program/10975/	https://www.elnidofamilycenters.org/	
CA	Friends of the Family	Los Angeles, CA	Friends of the Family is a comprehensive family resource center known for pioneering innovative, practical programs where families are recognized as central to a child's well being and are supported to build on their skills and strengths.	N	<ul style="list-style-type: none">• Family well-being• Family economic success• Early childhood education• Community building	Families in the San Fernando valley (and surrounding areas), who tend to have limited financial resources and be extremely diverse.	Y	Stand-alone — Federally Qualified Health Center	N/A	High scalability. Organization accepts Medicaid.	Friends of the Family is committed to continue being a vital resource for families during the current corona virus outbreak while keeping everyone safe. In line with the most current CDC guidelines, the agency is making adjustments to the way we provide support, taking advantage of creative options like telecommunication to ensure that the families we serve can get what they need to survive and thrive.	https://www.fofca.org/	
CA	Maternal and Child Health Access	Los Angeles, CA	Maternal and Child Health Access (MCHA) improves the health of low-income women and families through advocacy, education, training and direct services	Y	<ul style="list-style-type: none">• Breastfeeding support groups• Health educational support classes for women• CalFresh (California Supplemental Nutrition Assistance Program (SNAP)) outreach site• Application assistance and education for social support programs• Perinatal outreach and education• Maternal and child health access trainings• Welcome Baby (home visitation program that supports families with newborns)	Low-income women and families	N/A (updated list of board of directors unavailable)	Standalone	N/A	N/A	Some services still available, moved online	http://www.mchaccess.org/index.php	
CA	Antelope Valley Partners for Health	Lancaster, CA	AVPH partners with various organizations, groups, and businesses to create a community collaborative where they can promote health and wellness to children, adults, seniors, and individuals in the community.	Y	<ul style="list-style-type: none">• Home visitation program (prenatal and postpartum education, resource development, goal setting, and comprehensive service planning)• Welcome Baby (home visitation program that supports families with newborns)• Lactation center• Prevention and after care	Most vulnerable and underserved population of the Antelope Valley, which includes adults and children of diverse ethnic origins who currently live at or below the poverty line, have no access to health care services, and must overcome the geographic barriers living in the area	Y	Standalone	N/A	N/A	Accepting phone calls but no in-person visitation	http://www.avph.org/	
CA	Children's Bureau	Several CA locations	The Children's Bureau helps at-risk children and their parents with the support, tools, and resources they need to be successful. They provide comprehensive programs and services, help other organizations with innovative tools and training, and work to develop innovative solutions that impact broader communities in sustainable ways.	N	<ul style="list-style-type: none">• Prevention services• Mental health services• Foster care, foster adoption, and related services	Children and families	Y	N/A	<ul style="list-style-type: none">• 50,000 at-risk children and parents were served through 20 Southern California community sites.• More than 600 low-income children improved school readiness skills and received developmental and health screenings.	Funding comes from state and federal sources, but Medicaid is not named directly.	https://www.all4kids.org/news/statements/6213/	https://www.all4kids.org/	

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MD	B'More for Healthy Babies	Baltimore, MD	<p>Guided by the 2009 Strategy to Improve Birth Outcomes, the initiative has invested heavily in quality improvement measures for the city's public system of pregnancy, preconception, and early childhood services. In 2013, BHB began focusing on ensuring that all programs and services are anti-racist and trauma-informed.</p> <p>HealthCare Access Maryland and Family Leauge of Balitmore the 2 partner orgs both provide direct care coordiantion.</p>	Y	<ul style="list-style-type: none">• (Covene Coalitions)• Early Childhood Advisory Council• Prenatal/Postpartum Behavioral Health Network• Sexual Health Coalition• Equity Workgroup• BabyStat Coalition	Baltimore women of child-bearing age Babies and toddlers	N/A	Collaboration between the Baltimore City Health Department, the Family League of Baltimore and HealthCare Access Maryland	<p>Since 2009 (when BHB was launched):</p> <ul style="list-style-type: none">• The infant mortality rate in Baltimore City has declined by 36%.• 38% decrease in the black-white disparity in infant mortality• 29% decrease in sleep-related infant deaths• 55% decrease in teen births• 76% decrease in black-white dispartiy in teen births	Funding from CareFirst BlueCross BlueShield, City of Baltimore, Maryland Department of Health, and U.S. Department of Health and Human Services and Scalability	https://www.healthybabiesbaltimore.com/covid19-resources	https://www.healthybabiesbaltimore.com/
MS	Magnolia Medial Foundation	Raymond, MS	Magnolia Medical Foundation (MMF) is a community-based organization founded in 2009 to provide preventive health services (health screenings, health education, promotion, chronic disease management services, i.e., cancer, diabetes, heart disease, and stroke) to high risk and underserved individuals and communities.	Y	<ul style="list-style-type: none">• Training for doulas• Wrap-around community health services	N/A	N/A	Standalone	N/A	No interaction	N/A	https://www.magmedfound.org/?page_id=52

Endnotes

¹ ProPublica, "Lost Mothers: Maternal Care and Preventable Deaths," <https://www.propublica.org/series/lost-mothers>.

² Nearly 700 women die in childbirth per year, a rate of 17.4 deaths per 100,000 live births in 2018. Centers for Disease Control and Prevention. "First Data Released on Maternal Mortality in over a Decade," January 30, 2020, https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2020/202001_MMR.htm.

³ Julia Belluz, "We Finally Have a New US Maternal Mortality Estimate. It's Still Terrible." Vox, January 30, 2020, <https://www.vox.com/2020/1/30/21113782/pregnancy-deaths-us-maternal-mortality-rate>.

⁴ The Organisation for Economic Co-operation and Development was founded in 1961 and brings together 37 member countries that span the globe from North and South America to Europe and the Asia-Pacific region and a range of partners that collaborate on key global issues at national, regional, and local levels (<https://www.oecd.org/about/members-and-partners/>).

⁵ The U.S. infant mortality rate is also disproportionately high, at 5.7 deaths per 1,000 live births.; America's Health Rankings, 2018 Annual Report (Minnetonka, MN: United Health Foundation, December 2018), <https://www.americashealthrankings.org/learn/reports/2018-annual-report/findings-international-comparison>.

⁶ Joia Crear-Perry, Rosaly Correa-de-Araujo, Tamara Lewis Johnson, Monica R. McLemore, Elizabeth Neilson, and Maeve Wallace. *Journal of Women's Health*. Feb 2021. 230-235. <http://doi.org/10.1089/jwh.2020.8882>.

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