



## Equitable access to basic needs and supports

<b>Idea 39</b>	Robust prenatal, maternal, and parenting care and resources
<b>Proposal 39b</b>	Accessible and comprehensive support for pregnant people and babies
<b>Description</b>	<b>Accessible and comprehensive support for pregnant people and babies.</b> Develop a roadmap/toolkit to allow any community to learn about and offer active and complete support, including mental health support, for pregnant people and infants/toddlers and figure out how to get it funded
<b>How will the proposed action advance equitable health and well-being?</b>	Maternal death and “problem” rates are drastically higher among women of color and that has a lifelong impact on their children.
<b>Is there work we can build on?</b>	<a href="#">Nurse-Family Partnership</a> <a href="#">Hello Family in Spartanburg</a> <a href="#">Elevate Policy Lab at Yale</a> <a href="#">MOMS Partnership</a> (Megan Smith, Yale) <a href="#">2Gen poverty work of Ascend</a> at Aspen <a href="#">Jay Belsky’s work</a>
<b>Who would have to act? Who would be key partners?</b>	Healthcare system Doulas Fundors Pregnant people and new parents the women themselves Families Relevant institutions, including courts/child services Medicaid Caregivers Tech providers (such as Hope Lab)
<b>A few high-level action steps</b>	<ol style="list-style-type: none"> <li>1. Find bright spots of community-led/engaged maternal/child work and engage their leaders as co-designers.</li> <li>2. Implement primary or secondary research to inform development of toolkit. Focus on marginalized communities (parents who are teens, low socio-economic status, rural, and communities of color) to assist in the development of the toolkit. Ensure that the toolkit is developed and ultimately used in close collaboration with community residents who are both experts in their needs and capabilities and potential users of the tool and services.</li> </ol>



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	<ol style="list-style-type: none"><li>3. Develop a packet of information relevant to the community that would show the benefits (including cost savings) that such a program would have for the community.</li><li>4. Engage funding expert (for example, MIECHV and other Medicaid sources, Blue Meridian, National Home Visiting Coalition, Promise Venture Studios)</li><li>5. Explore funder circles in regions/locations with the highest rates of maternal mortality and low child well-being</li><li>6. Explore overlap in outcomes and equitable policies that support pregnant/parenting individuals</li></ol>
<b>Other comments or guidance</b>	Hold equity at the center to ensure that benefits are experienced by those who need them the most.