

# HomePlace

Healing & Practical Supports for African American Birthing Families



## The Need

- Black women are more than 50% more likely to have a pre-term birth.
- Black infants are 2.3x more likely to die within their first year of life.
- Black women are nearly twice as likely to have a low-birth weight baby compared to white mothers.
- 29-44% of U.S. born Black women experience postpartum depressive symptoms (PDS), yet few are properly identified and/or connected to mental care services.



## Why This Matters

African American mothers are almost **3x more likely** to experience maternal death.

## The R.O.I.

- The proposed investment of \$330,000 annually is projected to immediately save approximately \$706,000 in Medicaid costs - a more than 2:1 return on investment.
- Doula-assisted mothers are 4x less likely to have a low-birth-weight baby and 2x less likely to experience complications..

This bill concerns an appropriation for African American-focused HomePlace  
**S.F. 1691/H.F. 1777**

## Summary for Lawmakers

This bill appropriates funding to support the development and implementation of an African American-focused health and healing program HomePlace aimed to improve access to culturally centered healing and care during pregnancy and the postpartum period, with the goal of improving maternal and child health outcomes. It seeks to allocate \$1 million in fiscal year 2026 from the general fund to the commissioner of health for a grant to the Birth Justice Collaborative to strengthen and implement the program.

The purpose of the funding is to strengthen culturally centered care during pregnancy and the postpartum period, addressing disparities in maternal and infant health. Birth Justice Collaborative would submit a report to the commissioner of health by December 15, 2026, or within 12 months of receiving the grant, detailing program outcomes and recommendations for future funding and expansion. The allocated funds would be used by 2028.

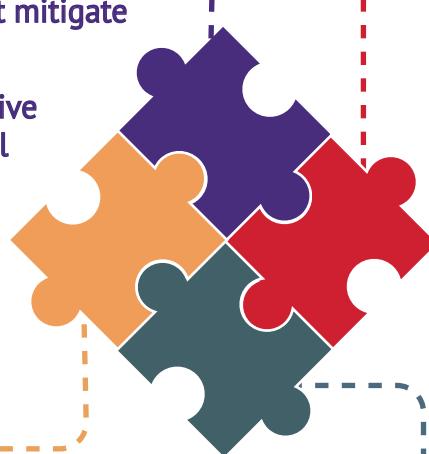
# WHAT WILL BE DONE AT HomePlace



We will utilize learnings from lived experts to support systems change for equitable health outcomes for African Americans.

## 1. INCREASE FELT SENSE OF CONNECTION, HEALING, AND BELONGING

- Establish healing experiences that mitigate the impact of racism and trauma
- Reduce stress and provide protective factors (ie. therapy, groups, cultural connection).
- Monitor and support well-being.



## 3. REDUCING IMPACTS OF ECONOMIC HARDSHIP

- Provide concrete economic supports in times of need.
- Financial and economic counseling.
- Support access to resource navigation and/or job support (housing, benefits).



## 2. PRACTICAL SUPPORT & KNOWLEDGE

- Culturally rooted approach to learning about early parenting and postpartum support.
- Tailored support, such as transportation and access to essential supplies.



## 4. PATHWAYS TO TRUSTED PROVIDERS

- Connect responsive providers to HomePlace participants.
- Support education and capacity of medical providers and cultural birthworkers to work in tandem.

**Economic Continuum:** Our goal is to have a blend of economic experiences within the HomePlace community, including those in the lowest poverty levels, the “floating families” who make too much to receive services but not enough to get help, and more resourced families who still face the impacts of the chronic stress of being an African American birthing family.



### Selected Sources:

Minnesota Department of Health. (2021). Care during pregnancy and delivery. Retrieved September 19, 2022 from <https://www.health.state.mn.us/docs/communities/titlev/carepregdelivery2021.pdf>

James, K. F., Smith, B. E., Robinson, M. N., Tobin, C. S. T., Bulles, K. F., & Barkin, J. L. (2023). Factors Associated with Postpartum Maternal Functioning in Black Women: A Secondary Analysis. *Journal of Clinical Medicine*, 12(2), 647. <https://doi.org/10.3390/jcm12020647>