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The Role of Medicaid Policy in Reducing Racial Disparities in Maternal Mortality and Other Health Outcomes: A Literature Review Series

Issue 1: Prenatal and Postpartum Home Visiting Services

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Introduction to the Literature Review Series

Medicaid plays a key role in providing maternity-related services for pregnant people, paying for slightly less than half of all births nationwide and nearly two thirds of births to Black, Native, and Hispanic parents. Recognizing the importance of Medicaid in advancing health equity, the Biden-Harris administration released the White House Blueprint for Addressing the Maternal Health Crisis in 2022,[1] outlining specific actions that the federal government will take to improve maternal health and address disparities. Since publication of the blueprint, nearly all state Medicaid agencies have extended Medicaid postpartum coverage to 12 months through a provision in the American Rescue Plan Act, and the Center for Medicare and Medicaid Innovation (CMMI) has announced a new decade-long Transforming Maternal Health Model (TMaH) to support state Medicaid agencies in the development of a whole-person approach to pregnancy, childbirth, and postpartum care.[2]

To offer insight into how Medicaid can leverage policies to advance maternal health equity, we conducted a systematic literature review focused on three Medicaid coverage policies: (a) prenatal and postpartum home visiting services, (b) freestanding birth centers, and (c) postpartum long-acting reversible contraception. These policies were selected because they are widely implemented by states and have been studied enough to glean formative findings. The aim of the literature review was to (a) examine the evidence on the effectiveness of these policies in reducing racial disparities in maternal mortality and other maternal health outcomes and (b) explore challenges and promising practices that can be applied to the Medicaid setting.

Literature review findings for Medicaid coverage of freestanding birth centers and postpartum long-acting reversible contraception can be found here. Support for this work was provided by the AIR Equity Initiative. The authors thank Talia Fish, Naba Husain, and Karen Ghelman for their research support.

Literature Review Methodology

To examine the evidence on the effectiveness of the policies in reducing racial disparities in maternal health outcomes, we iteratively defined a list of search terms and inclusion/exclusion criteria for each of the three policies (including manuscripts published between 2017 and 2022[3] on studies conducted in the United States) and searched a variety of databases and search engines to find applicable published manuscripts. To explore the literature on challenges and promising practices, we expanded our search to include gray literature, such as briefs and reports. We reviewed each article for relevancy to the goals of the literature review. We extracted data from each relevant article using a data extraction protocol and used the data to create a summary of findings. This issue brief summarizes our literature review findings for prenatal and postpartum home visiting services.

State and Federal Funding of Home Visiting Services

States finance home visiting services through a combination of public and private funding streams, including public insurance financing (e.g., Medicaid), state general revenue, and federal funding from the Maternal and Infant Early Childhood Home Visiting (MIECHV) program. As of 2024, coverage of prenatal and postpartum home visiting services is not mandated under the federal Medicaid program.[4] Financing home visiting through Medicaid is complex because home visiting often includes a range of services and the requirements for using Medicaid to pay for each service vary by state. As a result, states that cover home visiting services leverage at least one current category of Medicaid benefit to use federal funds to finance home visiting services. Some states use existing authorities under their state Medicaid plan, while others seek CMS approval through state plan amendments to cover Medicaid eligible services that are provided through the home visits or seek Medicaid waiver authorities.[4]

Home visiting is an evidence-based strategy in which a trained home visitor offers a service in a community or private home setting. Home visiting services typically include screening, education, care coordination, and referrals.

Despite funding complexities, states are increasingly implementing Medicaid reimbursement for home visiting services. As of 2022, 28 states use Medicaid to cover home visiting services for pregnant individuals, new parents, and infants.

The largest federal funding source supporting home visiting is the Health Resources and Services Administration's (HRSA) MIECHV program.[4] HRSA launched MIECHV in 2010 with the goal of achieving improved health outcomes for families and their children through an evidence-based and voluntary approach. This program implements evidence-informed home visits by health, social service, and/or child development professionals for pregnant individuals and families with young children living in communities at risk of poor maternal and child health outcomes.[5] Since MIECHV focuses on serving communities at risk of poor maternal and child health outcomes, many patients in these communities happen to be Medicaid beneficiaries. In Fiscal Year 2022, over 70% of MIECHV participants were enrolled in Medicaid or the Children's Health Insurance Program (CHIP).[4]

Evidence on the Effectiveness of Home Visiting in Reducing Racial and Ethnic Disparities

One of the central goals of our literature review was to gather the latest evidence on the effectiveness of home visiting in reducing racial and ethnic disparities in maternal mortality and other health outcomes. Overall, our review of the literature showed limited research examining the impact of home visiting services on racial and ethnic disparities in outcomes. We found no effectiveness studies that specifically focus on racial and ethnic disparities and only one evaluation study—the most recent 2019 Mother and Infant Home Visiting Program Evaluation[6] —that examined differences in outcomes across race and ethnicity. The evaluation found no statistically significant differences in outcomes across race and ethnicity.

Two studies, described below, offer insights into the potential for home visiting to improve maternal health outcomes for minority populations. Though these studies did not examine racial and ethnic disparities or outcomes specifically, they each included a large minority participant population, and therefore we can draw some conclusions about the programs' potential impact on racially and ethnically diverse birthing people.

There is limited research, particularly effectiveness studies, that examines the impact of home visiting services on racial and ethnic disparities in maternal health outcomes.

The first study[7] followed participants over a 2-decade period in Memphis, Tennessee; Elmira, New York; and Denver, Colorado. Though the program did not specifically target minority populations or focus on equity, the participant population was diverse.[8] Each city implemented home visits in different ways, but all ultimately followed protocol outlined in the evidence-based Nurse-Family Partnership model. This study found no significant differences across groups in any of the cities. However, analysis that combined all three trials found a reduction in external-cause maternal mortality among nurse-visited mothers. Since most participants were Black or Hispanic, this study suggests that both prenatal and infant/toddler home visiting by nurses may play a role in decreasing the risk of premature death in low-income pregnant women of color living in high-risk communities.

The second study[9] followed up with Black mothers living in Memphis, Tennessee, 18 years after receiving home visiting services. This study also utilized the Nurse-Family Partnership model. The outcomes measured in this study were maternal depression, substance abuse, and public savings. While the study found no significant effect on substance abuse or depression 18 years after participation in the program, it did find that women visited by nurses incurred $17,310 less in public benefit costs over the 18-year period. Again, though the study did not specifically measure the program's impact on racial disparities, the study results suggest that home visiting may have a long-term impact on Black women's health and economic status, reducing the need for public benefits.

Challenges Addressing Disparities in Home Visiting Services

It is estimated that only 15% of the more than 465,000 eligible families receive MIECHV services, a population that largely overlaps with the Medicaid-eligible population.

Our review of the literature uncovered important challenges and barriers that may influence home visiting's impact on health outcomes for populations of color. Access to resources and funding is a critical issue for many programs. Despite increased federal and state investment in home visiting services over the last decade, many home visiting programs only reach a fraction of eligible families due to inadequate access to resources and insufficient funding.[4]

Also, while many home visiting programs are rooted in evidence, they still require modification over time to address new research, particularly programs that impact care for communities of color.[4] For example, research shows that implicit bias continues to impact the medical field and even extends to home visits.[10,11] One example of this is that Black birthing people experience disparities in pain management during postpartum that cannot be explained by different levels of perceived pain.[12] Culturally informed practices and training need to be thoroughly integrated into home visiting services to ensure effective treatment.

The lack of a diverse workforce can also act as a barrier for families from different racial and ethnic backgrounds in need of services.[10] Racially concordant care has been shown to improve outcomes, increase satisfaction, and better help families access programs and resources that meet their needs.[10,13] Yet, a 2018 study revealed that 63% of home visitors were non-Hispanic Whites though over half of enrollees were Black or Latino.[14] In a 2020 study, only 41% of home visitors reported having racial, ethnic, and cultural traits similar to those of most of their clients.[14] These studies demonstrate that there is room for improvement.

Promising Practices for Addressing Disparities in Home Visiting Services

Ensuring that home visiting services are tailored to the individual, are culturally informed, and address the comprehensive needs of individuals and families is a promising strategy for reducing racial and ethnic disparities.

Our research revealed a few noteworthy practices used in providing home visiting services to communities of color. First, it is critical to provide individualized interventions. Providing individualized services relies heavily upon understanding the parent's and family's particular needs and circumstances, priorities, and strengths. Ensuring that the home visitor has sufficient time and capacity to support high-needs families, and that there is consistency in what is being provided and by whom, are important as well.[10]

Second, the use of culturally informed practices is beneficial. While there is a need to significantly improve the uptake of using culturally informed practices, some evidence-based home visiting programs are seeing positive

results by tailoring their services to meet the needs of different cultures.[10] One simple example is to provide services in multiple languages depending on the language needs of each family.

Third, addressing health-related social needs is essential. Some evidence-based home visiting programs focus on facilitating seamless referrals and transitions to additional support services, and this strategy seems to positively impact the experience of home-visited families who are disadvantaged in more than one way.[10]

Policy and Program Considerations

Our research underscores the potential for home visiting to improve disparities in maternal health outcomes. As Medicaid and states consider investing in evidence-based home visiting services and programs, they need to place a special emphasis on racial and ethnic equity. In particular, federal and state Medicaid policymakers and program administrators should consider using the following strategies:

- Investing in and recruiting a **diverse workforce**. Training, recruiting, and retaining high-quality staff who are racially, ethnically, and culturally diverse is essential for meeting the needs of individuals and families who participate in home visiting programs.
- Making certain that home visitors and tangential service providers understand the importance of **individualized care and culturally informed practices**. Prioritizing tailored, culturally compassionate service delivery helps to ensure that home visiting services meet the comprehensive needs of individuals and families.
- Addressing **health-related social needs**. Many families who receive home visits live in high-stress, high-poverty conditions and have limited access to healthy housing, fresh food, safe neighborhoods, and quality education. To address racial and ethnic disparities, home visitors should be equipped to facilitate seamless and individualized referrals to community-based supports.
- Addressing barriers preventing low-income and racially diverse parents from accessing **community-based doula services**. Whether the services are provided directly or via home visiting models, use of community-based doulas, who often come from diverse backgrounds and are well integrated into their communities, is one way to address racial and ethnic equity concerns in the delivery of home health services.[15]
- Directing **more funds toward research** that helps to illuminate the potential for home visiting to address racial and ethnic disparities in maternal health outcomes. Home visiting programs should also **disaggregate service and outcome data** by race and ethnicity to identify inequalities and determine strategies for improvement.

Endnotes

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