The California Border Healthy Start Project (CBHS+) serves low-income women and their families living in areas of San Diego County with the poorest birth outcomes and highest levels of poverty.

CBHS+ is part of a national program funded by the U.S. Department of Health & Human Services / Health Resources and Services Administration to reduce racial and ethnic disparities in perinatal health (the period before and after birth).

National Healthy Start Goals:
1. Improve the health of women before, during, and after pregnancy
2. Promote quality improvement in perinatal services, preventive health and health workforce
3. Strengthen family resilience
4. Achieve collective impact
5. Increase accountability through quality improvement and performance monitoring & evaluation

OUR MODEL
The project provides 500 pregnant women each year in the targeted zip codes with free home visitation, non-medical case management and support to ensure a healthy pregnancy and delivery, as well as ongoing care and parenting education until the child is two years of age.

Since 2007, PCI’s California Border Healthy Start project has increased early entry into prenatal care by 24% and improved mental health by 40-60% among pregnant women and mothers of children under two.

Two service pathways exist for women of different risk levels and interests: (1) monthly home visiting using the evidence-based Parents As Teachers (PAT) home visiting model, and (2) group-based support and care coordination through PCI’s CARE Group empowerment model.

Home Visiting: Beginning in the prenatal period, each family receives tailored monthly home visits by an experienced Patient Navigator that includes education and skill building in child development and parenting aligned to the Parents as Teachers (PAT) curriculum. The PAT model ensures early detection of developmental delays and health issues; helps prevent child abuse and neglect; and increases children’s school readiness. Families receive comprehensive family assessments, child development screenings using the Ages and Stages tool, regular group connections and at least 12 personal visits per year.

Women are screened regularly for depression in both the prenatal and postpartum period using the Edinburgh Depression Screening Tool (PHQ-9), and referred to PCI’s Health Education and Action for Living (HEAL) mental health support and depression prevention groups or additional mental health services as needed.

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The program also engages fathers and partners of participants through its Fatherhood program, which works with fathers to better support the health of their families, improve their own health and build healthy, resilient families. Women without partners or family support are also provided with a PCI-trained volunteer doula to assist them in preparing for birth, support them in labor and delivery, and to visit them in the home once they return from the hospital.

Care Groups: Consistent with its focus on supporting women and families across their life course, CBHS+ works to improve the health of women and their families beyond their childbearing years, and in all aspects of their lives. All participants develop reproductive life plans and, through the CARE group model, women receive individualized support to pursue a goal of their choice and become part of a supportive community of women on a path to empowerment. With facilitation from a trained Patient Navigator, groups of 10-15 women meet regularly to strengthen their resilience through improved life skills, mental health and economic empowerment.

Through both home visiting and CARE groups, PCI’s experienced Patient Navigators work closely with partner clinics to ensure each participant has a medical home, and to connect participants to an array of enabling and supportive health and social services including pregnancy/childbirth education activities, parenting skill building/education, breastfeeding education, counseling and support, transportation, translation, child care, nutrition education and counseling services, male support services, housing assistance, job preparedness training, legal/immigration and any other services needed.

TARGET PROJECT AREA

CBHS+ currently provides services in 12 zip codes covering Central San Diego, Mid-City, Southeast San Diego and El Cajon:

92101, 92102, 92104, 92105, 92113, 92114, 92115, 92116, 92139, 92109, 92020, 92021

OUR COLLECTIVE IMPACT

CBHS+ is part of a network of over 100 Healthy Start grantees nationwide working to achieve collective impact, and one of 19 Healthy Start Leadership and Mentorship Grantees. In this capacity, PCI is a resource site for state, regional, and national action in support of other grantees and organizations working to improve perinatal outcomes. In addition, CBHS+ is mentoring other Healthy Start projects serving Hispanic populations along the US/Mexico border and nationwide.

In San Diego County, through its CBHS+ Community Action Network (CAN), PCI is participating with a network of more than 60 agencies and community leaders to convene and engage the broader community in collaboration, information sharing, and advocacy to transform perinatal health care for underserved communities.