Resource Sheet
Community Task Force

This document provides additional information and resources about the following community-generated recommendation for hospitals:

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>
> **"Have a community task force."**

The Current Challenge:

In our strategy sessions, community experts described numerous challenges and unmet needs that they had experienced giving birth in an inpatient setting. Many recommended bringing helpful individuals into the inpatient setting to help avoid or mitigate these problems. **Their ideas centered on hospitals creating knowledgeable, passionate, community-connected entities – "community task forces" – that would be available to support patients while in the hospital and also postpartum.** Community experts wanted individuals on the task force to provide patients with information and resources (e.g., patient rights; local paid parental leave policies), to help advocate for them, to equip them for medical decision-making, and to support better communication and understanding among patients, staff, and providers in the unit.

Though we could not find examples of existing community task forces that embodied all of these qualities, there are multiple existing evidence-based programs that perform some of them. For example, **community health workers, cultural brokers, promotoras, and representatives (CHW/P/Rs)** are frontline public health workers who are trusted members of the community they serve, and/or who have a close understanding of that community.[1] As of 2022, approximately 40% of hospitals had CHW/P/Rs in their workforce,[2] and CHW/P/Rs and peer support services have been covered under Medi-Cal since 2022-2023.[3] In addition to improving maternal-child health outcomes,[4] CHW/P/Rs may enhance coordination between inpatient maternity care services and outpatient perinatal services.[5] Additionally, perinatal CHW/P/Rs with "specific expertise related to pregnancy, birth, and postpartum care"[6] will be a core component of California's CMS-funded Transforming Maternal Health (TMaH) Model, which will run 2025-2035.[7] Broadly, individuals who can serve as cultural brokers have been identified as key individuals who can bridge cultural and linguistic differences to enhance communication and trust with patients.[8]

Below we outline additional examples of programs, services, and resources that perform some aspects captured in the "community task force" recommendation.

How the MENDS Community Recommendations could help:

There was substantial support among the MENDS community experts that having an established community task force in facilities would enhance maternity care. We urge hospitals to collaborate with community representatives to establish a task force that is tailored to community needs and priorities.

Recommendations for something like an established community task force are echoed in multiple other maternal health and health equity planning resources as well. Community recommendations documented in the 2022 Community Health Needs Assessment for San Francisco County (CHNA) called for a "task force that incorporates input from communities and community clinics."[9] Additionally, the HRSA-funded California Maternal Health Innovation Program's (MHIP) proposed strategic plan calls for facilities to implement community health workers (CHWs), doulas, and cultural navigators to support pregnant and postpartum women.[10] Some of the strategies outlined here may therefore be responsive to the CHNA and/or aligned with the MHIP strategic plan and, as such, may be a compelling investment for facility-level leadership.

Implementation Considerations – Examples of programs and supports that could help constitute a community task force:

To achieve the qualities and functions that community experts envisioned for the community task forces – knowledgeable, passionate, community-connected entities that would be available to support patients while in the hospital and postpartum – hospitals may need to use existing supports and create new programs. We believe there are many ways that hospitals can work toward achieving this recommendation. A combination of approaches will likely be needed in order to achieve the multi-dimensional aspects of this recommendation. Several examples follow.

- **Standing hospital-based community boards or councils**: There are many examples of standing hospital-based community boards or councils that can inform, guide, and oversee programs and decisions that affect maternity care patients. In addition to being desired by the local community, such boards are a key way for healthcare systems to rebuild trust with patient communities.[11] Hospitals should ensure that individuals from the communities most burdened by suboptimal maternal health outcomes and experiences are represented on the board. Examples of such boards/committees include:

  - Patient-family advisory councils
  - Community Advisory Board / Community Accountability Board
  - Steering committees

- **Services that provide direct support, empowerment, and information to patients**: Community-based doula care is a clear example from the maternity care setting. However, there are examples from other hospital settings as well, which could inform innovation in this space. These include bedside pastoral care,[12–14] consults to support cross-cultural communication, bedside ethics consults,[15] and inpatient peer support programs.[16–18]

    - **Community-based doula care** is a clear, evidence-based example of direct support, empowerment, and information for patients. Multiple studies demonstrate that community-based doulas, who often share cultural, racial, or linguistic backgrounds with their clients, provide culturally congruent, continuous, nonclinical support that addresses both informational and emotional needs.[19–21] Local research exemplifies the beneficial experiences of community doula care within Black and Pacific Islander communities, whose members experience higher rates of mistreatment, discrimination, and adverse outcomes in perinatal care settings.[21] Additionally, qualitative research has demonstrated that the presence of doulas positively impacted healthcare providers' experience of providing pregnancy-related care.[22]
    - Although there is not much data on **inpatient peer support programs** in the perinatal space, promising programs exist in other medical contexts. For example, multiple studies have described the key role that peer mentors play to facilitate care and bridge the gap between patient and provider in inpatient addiction medicine.[16,17] A mixed method study on peer support implementation describes opportunities for successful implementation in the neonatal context, as well as challenges and opportunities for improvement.[18]
    - **Chaplains and other spiritual leaders** may be able to support spiritual well-being and support for pregnancy-related concerns.[23] Spiritual care provided on maternal-infant units has been shown to improve religious well-being and existential well-being[24] and can support those people who have experienced perinatal bereavement through a miscarriage.[25]

- **Programs that facilitate connection and outreach between patients and community resources**:

    - **Community health workers, promotoras, and representatives (CHW/P/Rs)** are an example of a "frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served."[1] (See page 1 for more information).

- **Patient navigators** are a "patient-centered intervention utilizing trained nonmedical personnel to identify [and mitigate] obstacles to healthcare."[26] In the perinatal context, they may work to facilitate patients' engagement in postpartum care, provide patient education, and "equip... patients with tools for self-advocacy."[26] Postpartum inpatient engagement with a patient navigator has been associated with "substantial improvements in postpartum care receipt as well as other postpartum health care delivery markers" among low-income patients.[27]

Implementation considerations as hospitals work to create a community task force:

- **Ensure that CHW Programs are sustainable** and meet the needs of the community: see Considerations for Building Sustainable Community Health Worker Programs to Improve Maternal Health (Mehra et al, 2020), linked here and in the Resources section of this document.
- **Implement or strengthen existing patient navigator systems:** Best practices for patient navigators working in obstetric/postpartum settings are published here and linked in the Resources section of this document.[28] An additional study that explores provider perspectives and recommendations for obstetric patient navigation implementation is available here and linked in the Resources section of this document.[29]
- **Support patient access to community-based doula care to bolster community-based support of patients:** Hospitals can support community-based doulas by supporting their inclusion and integration in the L&D setting. See Strategies for Promoting Doula Inclusivity in the Labor and Delivery Setting (DeBernard Perkins & Isaacs 2025), linked here and in the Resources section of this sheet.[30] Local organization SisterWeb may be able to provide consulting and expert advice.
  - A consideration regarding volunteer doula programs: Multiple regional hospitals have a volunteer doula program to fulfill such a need. However, doulas able to volunteer their time may not come from the same communities as the patients that most need on-call doula support. Specifically, doulas who come from underserved and marginalized communities—who may be most able to support patients from the same communities—may not be able to work in non-paying positions. Creating funded positions for community-based doulas may be a promising approach.

Resources (Partial. See other linked resources in the sections above.)

- Community Boards
  - SFGH's Community Accountability Board (CAB)
  - Alameda Health System's Patient and Family Advisory Council (PFAC)

- Community Doula Care
  - [Strategies for Promoting Doula Inclusivity in the Labor and Delivery Setting](#)
  - [SisterWeb](#), a local community doula organization
- Community Health Worker and Patient Navigator Implementation
  - [Considerations for Building Sustainable Community Health Worker Programs to Improve Maternal Health](#)
  - [Obstetric Provider Perspectives on Postpartum Patient Navigation for Low-Income Patients](#)
  - [Bridging the postpartum gap: best practices for training of obstetrical patient navigators](#)

Note: This is a dynamic resource sheet that will evolve as more evidence becomes available on interventions that support this recommendation. Last Updated January 2026.

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