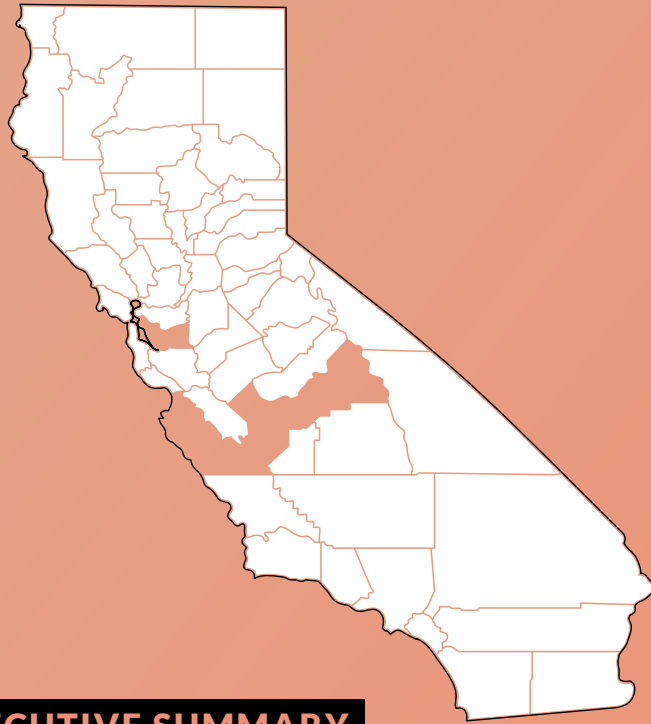




VIVA
social impact
partners



EXECUTIVE SUMMARY

Maternal and Child Health Systems Landscape: A Three-County Study in California

NOVEMBER 2025

Created with the support of a grant from The David and Lucile Packard Foundation

INTRODUCTION

The David and Lucile Packard Foundation launched the Children and Families Initiative (CFI) in 2024 to improve maternal and infant health and strengthen child development from pregnancy to age three. The initiative prioritizes improving outcomes and advancing equity for Black, Indigenous, and Latino families, who continue to experience the poorest outcomes across maternal and infant health indicators.

Families' lives are multifaceted: parents simultaneously navigate health care, child care, housing, and food supports, yet these systems remain fragmented and complex to access, creating additional burdens for those most impacted by inequities. Recognizing these challenges, the Foundation is grounded in the belief that if health care, child care, and financial supports are strengthened and better connected, maternal and child health outcomes will improve, and disparities by race and ethnicity will be reduced.

To guide this work, the Foundation funded a landscape assessment in Alameda, Fresno, and Monterey Counties. The assessment documents how publicly funded systems are structured and connected, identifies strengths and challenges, and elevates the lived expertise of families. The findings from this landscape assessment provide “proof points” of what more connected, effective, and equitable systems can look like, offering valuable recommendations for policy and philanthropy at the local, state, and national levels.

METHODOLOGY

This landscape assessment, conducted by VIVA Social Impact Partners in 2025, used a multi-method approach to understand publicly funded health care, child care, and financial services in each of the three counties. This resulted in capturing system structures as well as learning systems stakeholder perspectives and family experiences. The process was guided by a Design Team of local system leaders, who helped shape research questions and reviewed findings.

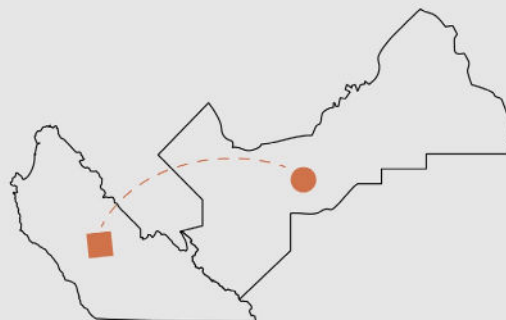
The assessment combined desk research on publicly funded health, child care, and financial support programs with interviews from system leaders in Alameda, Fresno, and Monterey Counties to surface strengths, challenges, and opportunities. Parents of children under age three from Black, Indigenous, and Latino communities were also interviewed in English, Spanish, and Indigenous languages to capture lived experiences. Finally, county sensemaking meetings validated and refined the findings with local stakeholders.

See the **[Alameda County System Map](#)**, **[Fresno County System Map](#)**, and **[Monterey County System Map](#)** for visual representations of health program administration, child care program administration, and financial support program administration.

POLICY CONTEXT: REALIGNMENT IN CALIFORNIA

California's realignment policies of 1991 and 2011 shifted major health and social service responsibilities from the state to counties. This decentralization created opportunities for local innovation and, in some instances, expanded eligibility. However, it also introduced variation in program design and implementation from county to county, such as heightened administrative complexity. Families that move between counties often encounter inconsistent services and may experience gaps in coverage when benefit transfers do not go through or when they are unaware that they must request a transfer. At the same time, counties continue to grapple with underfunded mandates that strain already limited resources. Realignment remains a defining feature of California's safety net and continues to shape the maternal and child health services available today.

The majority of families interviewed for this report who had moved to a different California county reported experiencing temporary benefit loss and delays in coverage, including during pregnancy.

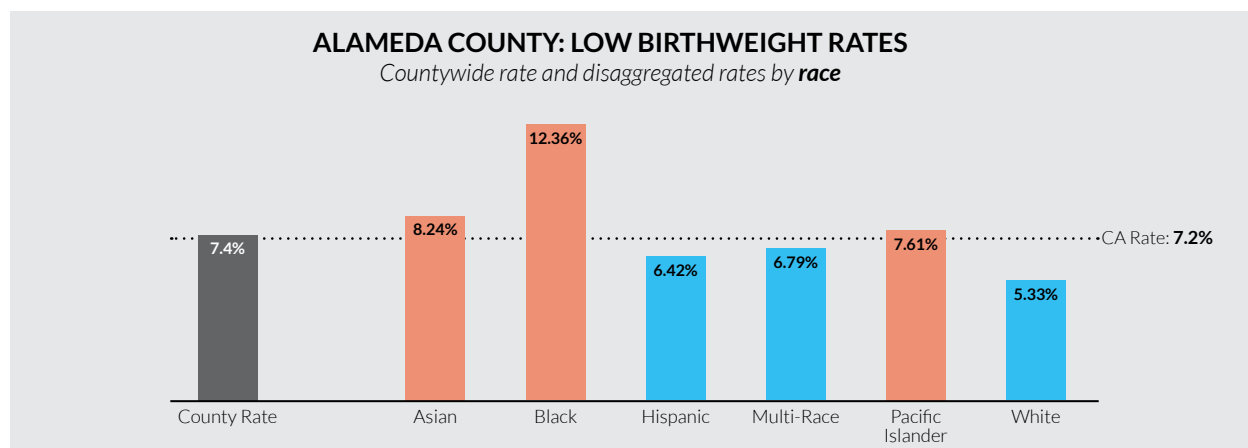


KEY FINDINGS

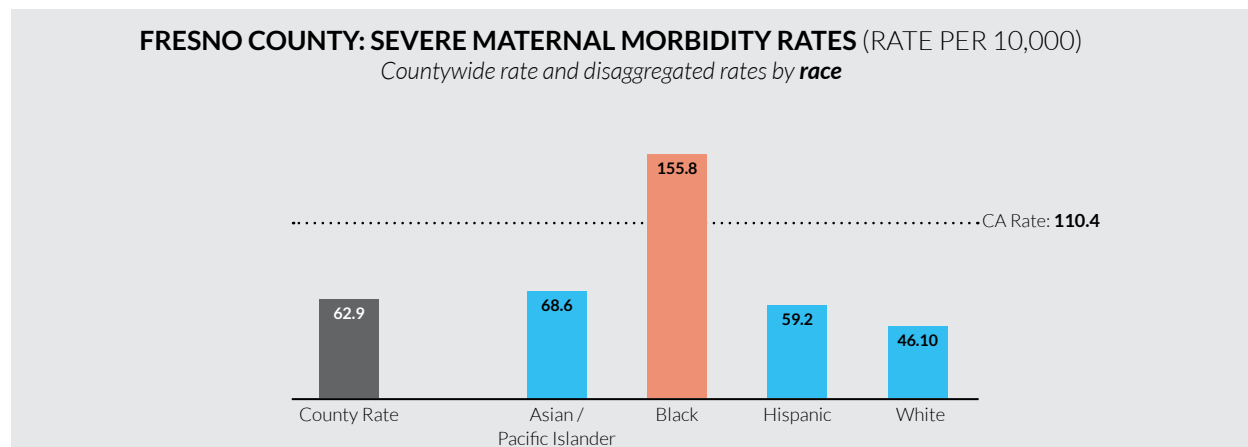
MATERNAL AND CHILD HEALTH OUTCOMES

The assessment examined key indicators of maternal and infant health across the three counties. Across all three counties, Black birthing parents and Medi-Cal enrollees consistently face the worst outcomes, underscoring the need for targeted, equity-driven strategies.

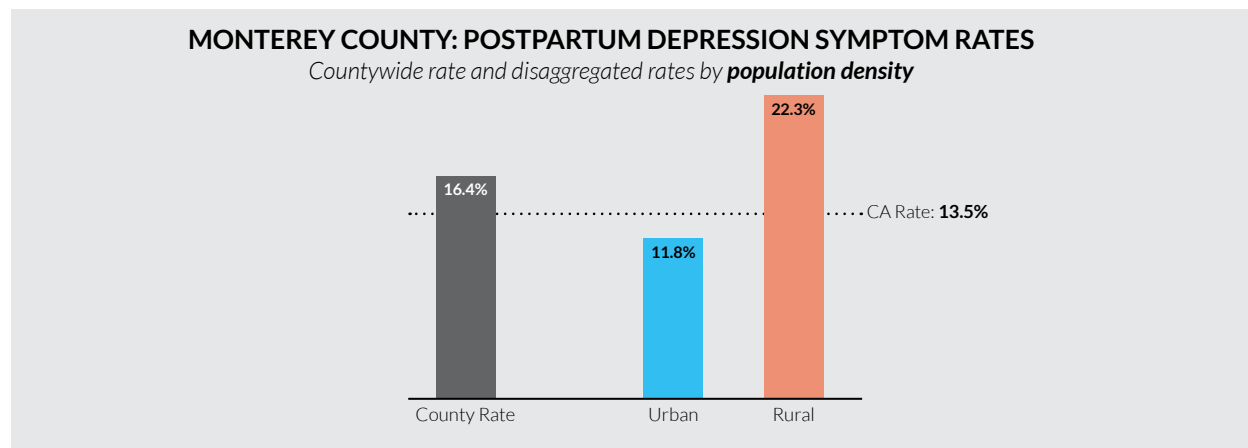
Alameda County performs above state averages in preterm birth and postpartum depression, but faces challenges with low birthweight and prenatal care adequacy. Black families, along with Native Hawaiian/Pacific Islander and American Indian/Alaska Native populations, experience the poorest outcomes.^{1,2,3,4,5,6}



Fresno County has higher rates of adequate prenatal care but struggles with elevated infant mortality and prenatal and postpartum depression. Black birthing parents experience severe maternal morbidity rates more than three times higher than White peers.⁷



Monterey County shows generally positive outcomes compared to state averages, yet postpartum depression is notably high. Birthing parents in rural settings experienced a 10.5 percentage point higher rate of postpartum depression compared to those in urban settings.⁸



SYSTEM CHALLENGES

California's safety net was built over many decades, beginning with federal New Deal programs in the 1930s and expanding significantly with the creation of Medi-Cal in 1966 and WIC in 1974.

These programs are administered today within county-based systems shaped by rules and administrative processes developed decades ago. As a result, counties must implement shifting federal and state requirements within aging infrastructure and in a federal policy environment marked by ongoing uncertainty in funding for key safety net programs. System challenges uncovered as part of the landscape assessment are listed below.

- 1. Administrative Complexity:** Complex eligibility rules, redundant paperwork, and administrative inefficiencies create major barriers to accessing services.

2. **Burden on Families:** Parents reported long call center and in-person wait times, administrative errors that interrupted benefits, and repeated requests across agencies to provide the same documentation.
3. **Siloed and Antiquated Enrollment Systems:** Enrollment remains fragmented across programs, requiring families to navigate multiple systems that do not share information.
4. **Funding Instability:** Uncertainty about the sustainability of programs such as CalWORKs, Medi-Cal, Enhanced Care Management (ECM), and Head Start threatens continuity of essential supports for families.
5. **Workforce and Child Care Shortages:** Limited availability of perinatal mental health providers, child psychiatrists, and doulas, as well as child care shortages, long waitlists, and low wages, continue to restrict access to needed care and services.

SYSTEM STRENGTHS

Despite challenges, systems leader stakeholders and families pointed to meaningful strengths.

1. **WIC Support:** Parents consistently praised WIC for respectful staff, accessible support, and digital tools that make participation easier.
2. **Cross-Sector Collaboration:** Community partnerships and cross-sector collaboratives are aligning services and elevating shared goals across systems.
3. **Medi-Cal Reform:** Medi-Cal initiatives—including ECM, Dyadic Care, and extended postpartum coverage—are helping fill gaps in perinatal care.
4. **Home-based Care:** Family, Friend, and Neighbor providers and Family Child Care Homes remain essential for working families, particularly those needing nontraditional or flexible care hours.
5. **Resource & Referral (R&R) Agencies:** R&R agencies play a key role in supporting families and providers through navigation assistance, referrals, and help with licensing.

“I feel like they [Resource and Referral] understand how hard it is for parents to find daycare...As a single parent, I feel like they come up with different ways for us to excel.”

Alameda County parent testimonial about BANANAS, a Resource and Referral organization, particularly for single or working parents.

CROSS-SYSTEM COLLABORATION

Across Alameda, Fresno, and Monterey counties, stakeholders are implementing strategies to break silos and align services across systems. Examples that illustrate the success of collective impact approaches include:

- Alameda’s Rise East leverages a targeted universalism approach, focusing on uplifting the Black community through strategies to strengthen education, reduce violence, increase access to housing and employment, and improve maternal and child health.
- Fresno’s Early Matters is prioritizing maternal and child health, quality early care, and school readiness using a data driven approach.
- Monterey’s Bright Beginnings Initiative works with the Bright Futures Education Partnership for a cradle-to-career approach.



Parents reported benefiting from trusted community-based organizations that provide culturally responsive navigation support.

Persistent barriers to cross-system collaboration persist, including complex funding requirements that lead to funding silos, limited staff capacity, and insufficient representation of people with lived experience in decision-making.

CULTURALLY RESPONSIVE STRATEGIES

All three counties are piloting approaches tailored to Black, Indigenous, and Latino families. Alameda County offers prenatal care for Black parents and has invested in building a culturally representative lactation workforce. Fresno County partners with the local black centered health care providers and supports group prenatal models. Monterey County has invested in bilingual parenting supports and provider training focused on Latino and Indigenous communities.

Parents consistently emphasized that respectful treatment is as important as cultural specificity. While some found services aligned with their cultural needs, many noted that programs too often lack language access or staff trained to engage Indigenous communities.

RECOMMENDATIONS

PARENT RECOMMENDATIONS

Parents across the three counties shared their lived expertise navigating fragmented systems and identified opportunities for improvement:

1. **Develop community-based eligibility hubs:** Create neighborhood-based hubs where families can apply for multiple benefits in one place, reducing administrative burden and building trust.

2. **Invest in technology to streamline eligibility and verification:** Design digital tools that allow families to submit eligibility documents once and use them across programs, modeled after user-friendly platforms like WIC's app.
3. **Enhance communication and caseworker responsiveness:** Improve follow-up, provide real-time updates, and ensure clear, consistent information from caseworkers.
4. **Embed service referrals earlier:** Introduce program information and enrollment support during pregnancy and at hospital discharge to connect families sooner.
5. **Advocate for more realistic eligibility and documentation requirements:** Adjust income thresholds, time limits, and paperwork rules to better reflect the cost of living and realities of raising young children.
6. **Fund flexible, family-centered service models:** Expand programs that holistically support families and are responsive to cultural and linguistic needs.
7. **Expand culturally and linguistically responsive services:** Increase access to bilingual and Indigenous-language staff and culturally grounded approaches that reflect the values and lived experiences of Spanish and Mixteco-speaking families, particularly in Fresno and Monterey Counties.

SYSTEM STAKEHOLDER RECOMMENDATIONS

System leaders across Alameda, Fresno, and Monterey Counties emphasized the importance of philanthropic investment in strengthening equity and alignment across health, child care, and financial support systems. Key recommendations included:

1. **Build cross-sector collaboration:** Fund convenings, dedicate staff time, build facilitation and equity-centered leadership skills, and provide resources for meaningful community participation to build system and community capacity for cross-sector collaboration.
2. **Support community-based organization capacity building:** Support community-based organizations (CBOs) to expand their capacity with flexible, multi-year funding to sustain culturally responsive services and enable participation in systems-change initiatives.
3. **Fund research and parent outreach:** Fund targeted research and parent outreach to better understand and engage under-reached populations, such as Indigenous and Filipino communities, and to improve enrollment in programs like Black Infant Health.
4. **Intentional support program sustainability:** Protect and sustain critical programs at risk of funding loss.
5. **Increase child care access:** Invest in child care access for children ages 0- 3 by expanding infant/toddler slots, supporting family child care during nontraditional hours, and funding provider training and facilities.
6. **Uplift guaranteed income programs:** Sustain and scale guaranteed income programs by funding pilots, supporting counties in navigating policy barriers, and aligning income pilots with other family support programs.

CONCLUSION

Findings from this landscape assessment underscore both the promise and the challenges of building more equitable systems of care. Diverse system stakeholders emphasize the urgent need for streamlined eligibility processes, culturally responsive services, and stronger partnerships that center on the voices of families most impacted by inequities. Meeting the needs of families across Alameda, Fresno, and Monterey Counties will require ongoing assessment of the landscape and discussion with communities. This report serves as a starting point for coordinated, community-driven solutions that reduce disparities and create healthier futures for children and families.

ABOUT VIVA SOCIAL IMPACT PARTNERS

VIVA Social Impact Partners is a woman-owned consulting firm dedicated to strengthening early childhood, maternal health, and family well-being systems through research, strategic planning, community engagement, systems design, impact measurement, and communications. Since 2011, VIVA has partnered with counties, foundations, public agencies, and statewide initiatives across California and the U.S. to design more equitable, coordinated, and community-centered systems.

VIVA's approach integrates multi-method research, cross-system mapping, strategic facilitation, and lived-experience insights to illuminate how programs function on the ground and where systems can improve. We combine rigorous analysis with community engagement and equity-centered design, ensuring that strategies are informed by data, shaped by community voice, and communicated through compelling narratives that inspire action.

To move findings into sustained change, VIVA partners with clients from design through implementation, supporting collaborative planning, strengthening systems for greater equity and effectiveness, measuring impact, and developing communications that help partners tell their story and mobilize support.

Learn more at www.vivasocialimpact.com.

ENDNOTES

- 1 California Department of Public Health. (n.d.). *Preterm birth*. Maternal, Child and Adolescent Health Division. Retrieved June 15, 2025, from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Preterm-Birth.aspx>
- 2 California Department of Public Health. (n.d.). *Infant mortality*. Maternal, Child and Adolescent Health Division. Retrieved June 15, 2025, from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Infant-Mortality.aspx>
- 3 California Department of Public Health. (n.d.). *Low birthweight*. Maternal, Child and Adolescent Health Division. Retrieved June 15, 2025, from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Low-Birthweight.aspx>
- 4 California Department of Public Health. (n.d.). *Severe maternal morbidity*. Maternal, Child and Adolescent Health Division. Retrieved June 15, 2025, from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Severe-Maternal-Morbidity.aspx>
- 5 California Department of Public Health. (n.d.). *Prenatal care*. Maternal, Child and Adolescent Health Division. Retrieved June 15, 2025, from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Prenatal-Care.aspx>
- 6 California Department of Public Health. (n.d.). *Maternal mental health*. Maternal, Child and Adolescent Health Division. Retrieved June 15, 2025, from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Maternal-Mental-Health.aspx>
- 7 *ibid*
- 8 *ibid*