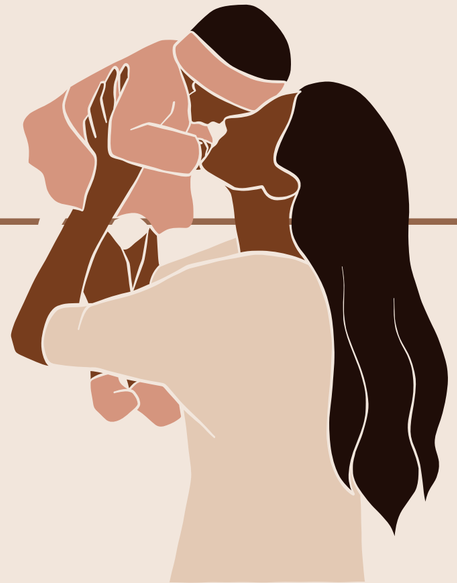
Alameda County Birth Equity Efforts

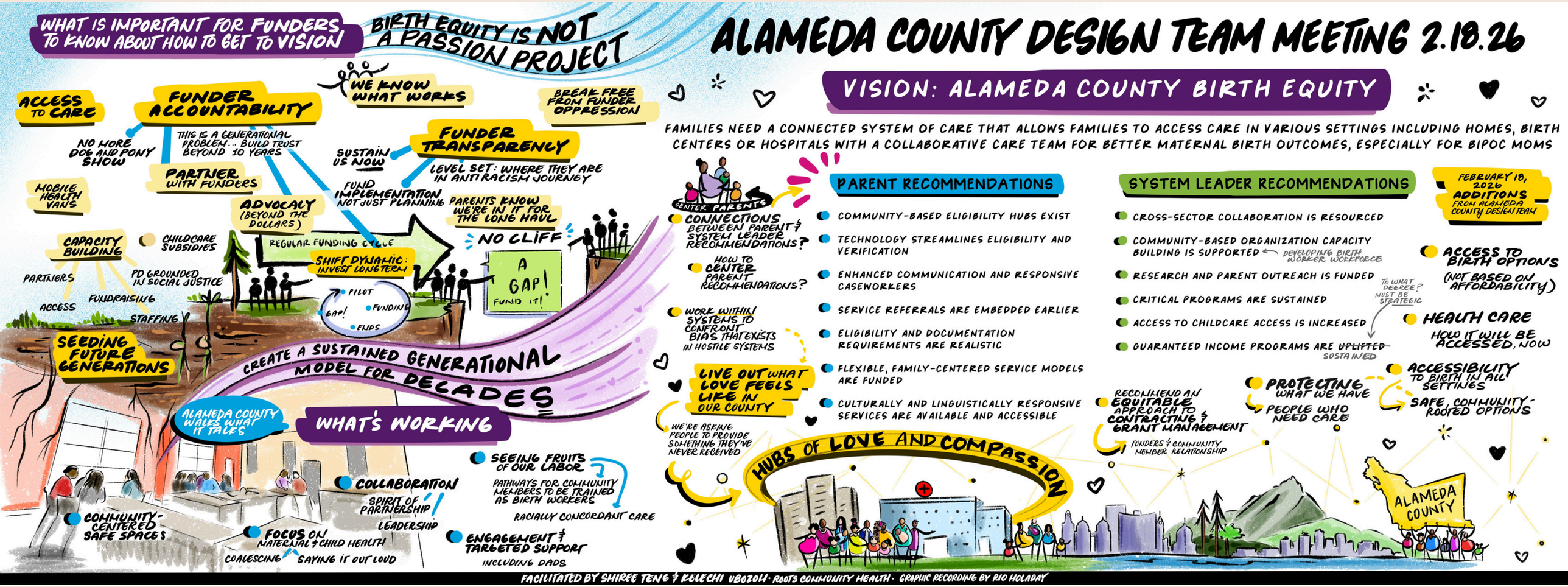
Summary and Final Recommendations

BY CONSULTING TEAM: KELECHI UBOZOH, SHIREE TENG, RIO HOLADAY
APRIL 2026



Project Graphic Recordings

By Rio Holaday


WHAT IS IMPORTANT FOR FUNDERS TO KNOW ABOUT HOW TO GET TO VISION
BIRTH EQUITY IS NOT A PASSION PROJECT
ALAMEDA COUNTY DESIGN TEAM MEETING 2.18.26
ACCESS TO CARE
FUNDER ACCOUNTABILITY
WE KNOW WHAT WORKS
BREAK FREE FROM FUNDER OPPRESSION
NO MORE DOG AND PONY SHOW
THIS IS A GENERATIONAL PROBLEM... BUILD TRUST BEYOND 10 YEARS
FUNDER TRANSPARENCY
SUSTAIN US NOW
LEVEL SET: WHERE THEY ARE IN ANTI RACISM JOURNEY
PARTNER WITH FUNDERS
MOBILE HEALTH VANS
FUND IMPLEMENTATION NOT JUST PLANNING
PARENTS KNOW WE'RE IN IT FOR THE LONG HAUL
ADVOCACY (BEYOND THE DOLLARS)
NO CLIFF
CAPACITY BUILDING
CHILDCARE SUBSIDIES
REGULAR FUNDING CYCLE
SHIFT DYNAMIC: INVEST LONGTERM
A GAP! FUND IT!
PARTNERS
PD GROUNDED IN SOCIAL JUSTICE
PILOT
GAP!
FUNDING
ENDS
FUNDRAISING
ACCESS
STAFFING
SEEDING FUTURE GENERATIONS
CREATE A SUSTAINED GENERATIONAL MODEL FOR DECADES
ALAMEDA COUNTY WALKS WHAT IT TALKS
WHAT'S WORKING
SEEING FRUITS OF OUR LABOR
PATHWAYS FOR COMMUNITY MEMBERS TO BE TRAINED AS BIRTH WORKERS
COLLABORATION
SPIRIT OF PARTNERSHIP
RACIALLY CONCORDANT CARE
LEADERSHIP
COMMUNITY-CENTERED SAFE SPACES
FOCUS ON MATERNAL & CHILD HEALTH
ENGAGEMENT & TARGETED SUPPORT
COALESCING
SAYING IT OUT LOUD
INCLUDING DADS
VISION: ALAMEDA COUNTY BIRTH EQUITY
FAMILIES NEED A CONNECTED SYSTEM OF CARE THAT ALLOWS FAMILIES TO ACCESS CARE IN VARIOUS SETTINGS INCLUDING HOMES, BIRTH CENTERS OR HOSPITALS WITH A COLLABORATIVE CARE TEAM FOR BETTER MATERNAL BIRTH OUTCOMES, ESPECIALLY FOR BIPOC MOMS
CENTER PARENTS
CONNECTIONS BETWEEN PARENT & SYSTEM LEADER RECOMMENDATIONS?
HOW TO CENTER PARENT RECOMMENDATIONS?
WORK WITHIN SYSTEMS TO CONFRONT BIAS THAT EXISTS IN HOSTILE SYSTEMS
LIVE OUT WHAT LOVE FEELS LIKE IN OUR COUNTY
WE'RE ASKING PEOPLE TO PROVIDE SOMETHING THEY'VE NEVER RECEIVED
PARENT RECOMMENDATIONS
COMMUNITY-BASED ELIGIBILITY HUBS EXIST
TECHNOLOGY STREAMLINES ELIGIBILITY AND VERIFICATION
ENHANCED COMMUNICATION AND RESPONSIVE CASEWORKERS
SERVICE REFERRALS ARE EMBEDDED EARLIER
ELIGIBILITY AND DOCUMENTATION REQUIREMENTS ARE REALISTIC
FLEXIBLE, FAMILY-CENTERED SERVICE MODELS ARE FUNDED
CULTURALLY AND LINGUISTICALLY RESPONSIVE SERVICES ARE AVAILABLE AND ACCESSIBLE
SYSTEM LEADER RECOMMENDATIONS
CROSS-SECTOR COLLABORATION IS RESOURCED
COMMUNITY-BASED ORGANIZATION CAPACITY BUILDING IS SUPPORTED
DEVELOPING BIRTH WORKER WORKFORCE
RESEARCH AND PARENT OUTREACH IS FUNDED
CRITICAL PROGRAMS ARE SUSTAINED
ACCESS TO CHILDCARE ACCESS IS INCREASED
GUARANTEED INCOME PROGRAMS ARE UPLIFTED SUSTAINED
TO WHAT DEGREE? MUST BE STRATEGIC
FEBRUARY 18, 2026 ADDITIONS FROM ALAMEDA COUNTY DESIGN TEAM
ACCESS TO BIRTH OPTIONS (NOT BASED ON AFFORDABILITY)
HEALTH CARE HOW IT WILL BE ACCESSED, NOW
ACCESSIBILITY TO BIRTH IN ALL SETTINGS
SAFE, COMMUNITY-ROOTED OPTIONS
RECOMMEND AN EQUITABLE APPROACH TO CONTRACTING & GRANT MANAGEMENT
FUNDERS & COMMUNITY MEMBER RELATIONSHIP
PROTECTING WHAT WE HAVE
PEOPLE WHO NEED CARE
HUBS OF LOVE AND COMPASSION
ALAMEDA COUNTY
FACILITATED BY SHIREE TENG & RELECHI UBOZOH · ROOTS COMMUNITY HEALTH · GRAPHIC RECORDING BY RIO HOLADAY

VISION: ALAMEDA COUNTY BIRTH EQUITY

FAMILIES NEED A CONNECTED SYSTEM OF CARE THAT ALLOWS FAMILIES TO ACCESS CARE IN VARIOUS SETTINGS INCLUDING HOMES, BIRTH CENTERS OR HOSPITALS WITH A COLLABORATIVE CARE TEAM FOR BETTER MATERNAL BIRTH OUTCOMES, ESPECIALLY FOR BIPOC MOMS

PARENT RECOMMENDATIONS

- COMMUNITY-BASED ELIGIBILITY HUBS EXIST
- TECHNOLOGY STREAMLINES ELIGIBILITY AND VERIFICATION
- ENHANCED COMMUNICATION AND RESPONSIVE CASEWORKERS
- SERVICE REFERRALS ARE EMBEDDED EARLIER
- ELIGIBILITY AND DOCUMENTATION REQUIREMENTS ARE REALISTIC
- FLEXIBLE, FAMILY-CENTERED SERVICE MODELS ARE FUNDED
- CULTURALLY AND LINGUISTICALLY RESPONSIVE SERVICES ARE AVAILABLE AND ACCESSIBLE

SYSTEM LEADER RECOMMENDATIONS

CROSS-SECTOR COLLABORATION IS RESOURCED

COMMUNITY-BASED ORGANIZATION CAPACITY BUILDING IS SUPPORTED

RESEARCH AND PARENT OUTREACH IS FUNDED

CRITICAL PROGRAMS ARE SUSTAINED

ACCESS TO CHILDCARE ACCESS IS INCREASED

GUARANTEED INCOME PROGRAMS ARE UPLIFTED

WHAT'S MISSING?

ALAMEDA COUNTY MAP: MATERNAL HEALTH SERVICES

HOME VISITING & PERINATAL FAMILY SUPPORT

PROGRAMS THAT SUPPORT PREGNANCY, POSTPARTUM, EARLY CHILDHOOD, AND PARENTING ACROSS HOME-BASED OR RELATIONSHIP-BASED MODELS.

- BUILDING BRIDGES FOR A HEALTHY BABY
- CALWORKS HOME VISITING PROGRAM
  - BRIGHTER BEGINNINGS
  - ALAMEDA COUNTY SOCIAL SERVICES AGENCY & ACPHD
- EARLY CHILDHOOD HOME VISITING PROGRAM (TIBURCIO VASQUEZ HEALTH CENTER)
- HEALTHY FAMILIES ALAMEDA COUNTY
- FAMILY PARTNERSHIP PROGRAM (BRIGHTER BEGINNINGS)
- FAMILY SUPPORT PROGRAM (BRIGHTER BEGINNINGS)
- NURSE FAMILY PARTNERSHIP
- SPECIAL START
  - ACPHD
  - UCSF BENIOFF
- STRONG FAMILIES TRIBAL HOME VISITING (NATIVE AMERICAN HEALTH CENTER)
- ROOTS COMMUNITY HEALTH & BANANAS HOME VISITING FAMILY SUPPORT PROGRAM

PERINATAL & REPRODUCTIVE HEALTH

CLINICAL OR CLINICAL-ADJACENT PROGRAMS SUPPORTING PREGNANCY, REPRODUCTIVE HEALTH, AND POSTPARTUM.

- DESIRED REPRODUCTIVE HEALTH ACCESS FOR MATERNAL SERVICES (DREAMS) (ACPHD)
- PERINATAL WELLNESS PROGRAM (ACPHD-BHCS)

FATHER FOCUSED SUPPORT

PROGRAMS SUPPORTING FATHERS AND NON-BIRTHING PARENTS.

- FATHERHOOD INITIATIVE (ACPHD)
- PRENATAL BLACK FATHER GROUP (FIRST 5)
- FATHER CORPS (FIRST 5)
- DAD-SCUSSIONS (FIRST 5)
- FATHERHOOD LEARNING COMMUNITY (FIRST 5)
- FATHERHOOD SUMMIT (FIRST 5)

BIRTH EQUITY & BLACK MATERNAL HEALTH

PROGRAMS FOCUSED SPECIFICALLY ON BLACK BIRTH OUTCOMES, EQUITY, AND ANTI-RACIST MATERNAL HEALTH SERVICES.

- B.L.A.C.K COURSE (FIRST 5)
- MIDNIGHT MILK CLUB (FIRST 5)
- HUGS (FIRST 5)
- NARRATIVE NATION
- OAKLAND BETTER BIRTH FOUNDATION (FIRST 5)
- BLOOM CLINIC (UCSF BENIOFF)
- BELOVEDBIRTH BLACK CENTERING (ALAMEDA HEALTH SYSTEM & ACPHD)
- BLACK INFANT HEALTH (ACPHD)
- EMBRACEHER (ACPHD)
- PERINATAL EQUITY INITIATIVE (ACPHD)
- ECM BIRTH EQUITY POPULATIONS OF FOCUS (ACPHD)

CHILDCARE & EARLY CARE SUPPORT

PROGRAMS HELPING FAMILIES ACCESS AND PAY FOR CHILDCARE OR NAVIGATE CHILDCARE SYSTEMS.

- CHILDCARE SUBSIDY VOUCHERS (CALWORKS STAGES 1, 2 & 3)
  - 4 C'S OF ALAMEDA
  - BANANAS INC.
  - DAVIS STREET
  - HIVELY
- CHILD CARE RESOURCE & REFERRAL PROGRAMS
  - 4C'S OF ALAMEDA
  - BANANAS INC.
  - HIVELY
- MEASURE C FAMILY, FRIEND, AND NEIGHBOR CARE VOUCHERS (FIRST 5)

ADVOCACY

PROGRAMS ADVOCATING FOR MATERNAL HEALTH THROUGH POLICY, RESOURCES, AND SOCIAL JUSTICE INITIATIVES

- OAKLAND THRIVES / RISE EAST COLLECTIVE IMPACT INITIATIVE
- OAKLAND STARTING SMART AND STRONG

ABOUT THIS MAP

THIS MAP WAS ADAPTED FROM A LANDSCAPE ASSESSMENT OF THE MATERNAL AND CHILD HEALTH SYSTEM IN ALAMEDA COUNTY, CONDUCTED BY VIVA SOCIAL IMPACT PARTNERS AND FUNDED BY THE PACKARD FOUNDATION. IT IS A SNAPSHOT IN TIME AND WE WELCOME ITS EVOLUTION AND GROWTH AS WE LEARN MORE ABOUT THE SYSTEM.

LEGEND

CHECK WITH INDIVIDUAL ORGANIZATIONS FOR A COMPLETE LIST OF ELIGIBILITY REQUIREMENTS

WHO WE SUPPORT

- PREGNANT, POSTPARTUM, OR PARENTS OF CHILDREN 0-5 FOCUSED
- BLACK / AFRICAN AMERICAN FOCUSED
- AMERICAN INDIAN / ALASKA NATIVE FOCUSED
- INCOME-BASED ELIGIBILITY OR SPECIAL HEALTHCARE NEEDS
- LOCATION-BASED ELIGIBILITY

SERVICE DURATION

- 0-12 MONTHS
- 0-24 MONTHS
- 0-36 MONTHS
- 0-5 YEARS OLD
- 0-12 YEARS OLD

FACILITATION PROCESS & MAP DRAFT BY SHIREE TENG & KELECHI UBOZOH | GRAPHIC BY RIO HOLADAY

ALAMEDA COUNTY MAP: MATERNAL HEALTH SERVICES

EARLY CHILD DEVELOPMENT & EDUCATIONAL ENRICHMENT

PROGRAMS SUPPORTING GROWTH, DEVELOPMENT, SCHOOL READINESS, AND EARLY LEARNING.

- EARLY HEAD START (EHS) & HEAD START (HS)
  - ALAMEDA FAMILY SERVICES
  - BRIGHTER BEGINNINGS
  - BANANAS TINY STEPS
  - CAPE, INC.
  - CITY OF OAKLAND
  - KIDANGO
  - THE UNITY COUNCIL
  - REGIONAL CENTER OF THE EAST BAY (RCEB)
- YMCA OF EAST BAY
- NEIGHBORHOODS READY FOR SCHOOL (NRFS) (FIRST 5)
- ECE LIBRARY PROGRAMMING (FIRST 5)
- HELP ME GROW (FIRST 5)
- LOTUS BLOOM

CHILD & FAMILY HEALTH, MENTAL HEALTH, AND SUPPORT SERVICES

PROGRAMS ADDRESSING MENTAL HEALTH, BEHAVIORAL HEALTH, CHRONIC HEALTH-RELATED NAVIGATION, OR PSYCHOSOCIAL RISK.

- ASTHMA START PROGRAM (ACPHD)
- BLUE SKIES MENTAL HEALTH & WELLNESS TEAM (ACPHD)
- CHILD & YOUNG ADULT SYSTEM OF CARE (ACPHD)
- PROJECT DULCE - ALAMEDA HEALTH SYSTEMS
- OUR ROOTS

HEALTH COVERAGE & CARE COORDINATION

PROGRAMS FOCUSED ON INSURANCE, AUTHORIZATION, ELIGIBILITY, AND LONG-TERM HEALTH NAVIGATION

- MEDI-CAL (ALAMEDA ALLIANCE)
- MEDI-CAL (KAISER PERMANENTE)
- CALIFORNIA CHILDREN'S SERVICES
- CALIFORNIA CHILDREN'S SERVICES - ENHANCED CARE MANAGEMENT (ACPHD)
- DOULA PROGRAM (MEDI-CAL)

HOUSING & BASIC NEEDS

PROGRAMS PROVIDING HOUSING STABILIZATION AND ESSENTIAL NEEDS.

- CALWORKS HOUSING SUPPORT PROGRAM
  - BUILDING FUTURES
  - EAST OAKLAND COMMUNITY PROJECT
  - WOMEN'S DAYTIME DROP-IN CENTER
- CALWORKS TEMPORARY/PERMANENT HOMELESS ASSISTANCE
- CALWORKS CASH AID (ALAMEDA COUNTY SOCIAL SERVICES)
- BANANAS CARE PROGRAM
- HOUSING AND HOMELESS PROGRAM (AC HEALTH)
- CAL WORKS-FAMILY STABILIZATION PROGRAM (ALAMEDA COUNTY SOCIAL SERVICES)
- CALFRESH
- WIC
- DIAPER DISTRIBUTION PROGRAM
  - BANANAS
  - LOTUS BLOOM

GUARANTEED INCOME PROGRAM

PROGRAMS THAT PROVIDE REGULAR, UNCONDITIONAL CASH PAYMENTS TO INDIVIDUALS OR FAMILIES.

- STEADY STEPS (BANANAS INC.)
- ABUNDANT BIRTH PROJECT (ACPHD)

FAMILY SUPPORT & NAVIGATION

PROGRAMS OFFERING GENERAL SUPPORT, NAVIGATION, EDUCATION, OR LONG-TERM GUIDANCE FOR FAMILIES.

- CENTER FOR HEALTHY SCHOOLS & COMMUNITIES (AC HEALTH)
- SIDS PROGRAM (ACPHD)
- EXCELLENCE FOR IMMIGRANT CHILD HEALTH & WELLBEING (UCSF)
- ROOTS COMMUNITY HEALTH
- LOTUS BLOOM
- 4C'S OF ALAMEDA
- BANANAS INC.
- DAVIS STREET
- HIVELY

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FACILITATION PROCESS & MAP DRAFT BY SHIREE TENG & KELECHI UBOZOH | GRAPHIC BY RIO HOLADAY

ALAMEDA COUNTY DESIGN TEAM MEETING 3.26.26

NO WRONG DOOR

ECOSYSTEM

TRANSPARENCY:
PROCESS & WHO IS FUNDED
LAID OUT, WHO'S DOING WHICH PART

LIKE A QUILT

WHAT IS THE PROBLEM?

(BEFORE JUST THE SOLUTION)

- NEIGHBORHOOD ELIGIBILITY HUBS: NOT ENOUGH HUBS, OR NOT ENOUGH AWARENESS OF EXISTING HUBS?
- ARE THERE FUNDING PRIORITIES THAT ARE THE SAME, JUST FROM DIFFERENT PERSPECTIVES? #2, #4, #5

WHAT EXISTS?

- EXAMPLE: MEASURE C, STATE POLICY
- WHERE IS THERE MOMENTUM, WHAT IS BEING BUILT
- LANDSCAPE ANALYSES

COLLAPSING PRIORITIES

IMPLEMENTATION
WHAT HAPPENS ONE LAYER DOWN

SPECIFICITY
BREAKING APART

EVERYTHING HAS LAYERS

HOW TO COORDINATE & LEVERAGE

- NOW
- AND PLANNING

IN 1 YEAR, THINGS WILL BE WORSE

WHAT ARE RISKS

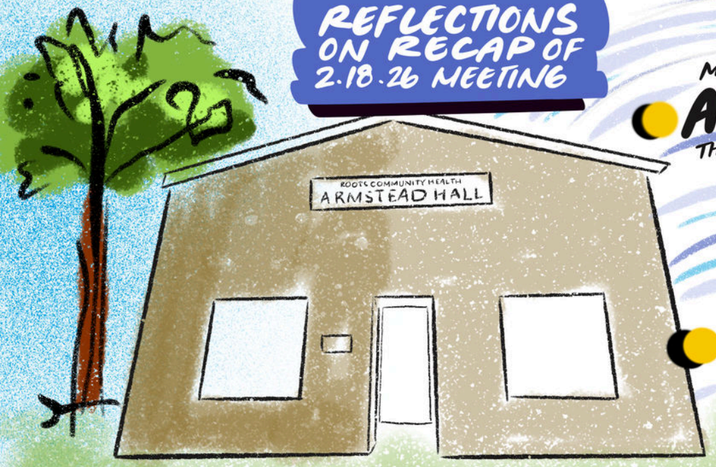
- CAPACITY TO COLLECT AND USE IT STRATEGICALLY
- COMMUNITY GROUND-TRUTHING
- DATA
- DATA GOVERNANCE
- INTERCONNECTION (RISK HAS INCREASED)
- BLINDSPOTS
  - WHAT ARE OURS?
  - ARE WE CREATING NEW ONES?
  - WHO'S FALLING THROUGH CRACKS?
- CHILLING EFFECT IMMIGRATION
- LOSS OF HEALTH INSURANCE

NEED A FOCUSED MEETING ON THIS

GUARANTEED INCOME

- FRAMEWORK: ONE OF MANY BENEFITS FAMILIES MAY BE ELIGIBLE FOR
- WHAT IS PHILANTHROPY'S ROLE HERE? (WON'T FUND FOREVER)
- DON'T REINVENT THE WHEEL LEARN FROM OTHERS DOING THIS WORK

REFLECTIONS ON RECAP OF 2.18.26 MEETING



MAKE IT
- **ACTIONABLE**
  - THIS ISN'T NEW
- **INTEGRATION**
  - HOW LONG DOES IT TAKE TO BUILD A CATHEDRAL?
  - NOTHING HAPPENS IN ISOLATION
  - NOT PROBLEM-SPECIFIC: EVERYONE NEEDS HUBS OF LOVE & COMPASSION!
- **CENTER COMMUNITY**
  - ESPECIALLY IN RELATIONSHIP WITH FUNDERS
  - FUNDING CAN'T BE A PASSION PROJECT OF FUNDERS
- **H·O·P·E**

IMPORTANCE OF LIVED EXPERIENCE

PRIORITIES

1. PROTECT & EXPAND CURRENT WORK
   - INCLUDING GUARANTEED INCOME
2. STRENGTHEN PARENT ACCESS
   - LEVERAGING HUBS & VANS
   - COMMUNITY SPACES
   - FILLING GAPS
3. DATA FOR ACTION, COLLABORATION, STRATEGIC USES
   - INCLUDING COMMUNITY GOVERNANCE & DATA VULNERABILITY

GRAPHIC RECORDING BY RIO HOLADAY

ALAMEDA COUNTY FUNDING RECOMMENDATIONS

1

PROTECT & DEFEND CURRENT WORK

3

CREATE A SINGLE APPLICATION & INVEST IN A DIGITAL SYSTEM WHERE COUNTY DATABASES COMMUNICATE WITH EACH OTHER

2

SUPPORT EXISTING TRUSTED NEIGHBORHOOD-BASED HUBS

... TO BECOME PLACES WHERE FAMILIES CAN APPLY FOR MULTIPLE BENEFITS IN ONE PLACE

PARALLEL TRACK: ADVOCACY

Our Why

The goal is to improve outcomes in maternal health and support healthy child development for children birth to age three, with a focus on Black, Indigenous, and Latino families.

Families need a connected system of care that allows families to access care in various settings including homes, birth centers or hospitals with a collaborative care team for better maternal birth outcomes, especially for BIPOC moms.

Our How

WE'VE BEEN GATHERING COMMUNITY INSIGHT TO SUPPORT A PARENT-FRIENDLY, CONNECTED SYSTEM OF CARE FOR MATERNAL HEALTH.

WE'VE RECEIVED FEEDBACK FROM:

- Maternal Health Providers, Doulas, Midwives, & Mental Health Providers
- Attendees at the 2025 California Black Birth Equity Summit October 2025
- Alameda County Public Health Representatives
- Insight from Viva Report Findings Centering Parents
- Alameda Design Team Meeting on 2.18
- Perinatal Equity Initiative Stakeholder Meeting on 2.24
- Alameda Design Team Meeting on 3.26
- Alameda Design Team Meeting on 4.10

THIS INSIGHT INFORMED:

- Short Term Funding Strategies
- Mid Term Funding Strategies
- Policy/Education/Advocacy Recommendations
- Final Funding Considerations

Our How: Funding Priorities

SHORT TERM (PART 1)

- Sustain and Maintain Current Birth Equity Work Funding during this current administration (e.g. implementation & service delivery).
- Create and pilot a single application across the various agencies (public and private) so parents don’t need to repeat themselves.
- Create and test Mobile clinics and provide staffing where care may be delivered in communities.

Our How: Funding Priorities

SHORT TERM (PART 2)

- Strengthen internal data systems internal to Alameda Health so that the data talks to each other (EPIC upgrades, training) to reduce redundancy.

- Support community-based organizations (CBOs) by expanding their capacity for social justice-oriented professional development and providing flexible, multi-year funding to sustain culturally responsive services, while implementing healing-centered training to mitigate burnout, repair service-driven harm, and decolonize internalized oppression.

- Fund targeted research and parent outreach to better understand and engage under-reached populations (e.g. Indigenous, Filipino communities) and improve enrollment in programs like Black Infant Health.

Our How: Funding Priorities

MID-TERM

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

- Establish community spaces for parent mutual aid and respite throughout the County, prioritizing language and cultural access.

- Improve caseworker responsiveness by ensuring consistent follow-up, real-time updates, and clear information.

Our How: Advocacy

POLICY ADVOCACY & EDUCATION

- Advocate for realistic eligibility by adjusting income thresholds, time limits, and paperwork to reflect actual living costs.
- Advocate for enhanced reimbursement to incentivize health care systems to adopt evidence based benefits that are under reimbursed/utilized.
- Advocate for Medi-Cal to reimburse midwifery in all settings and expand BIPOC educational pathways to ensure racially concordant care.
- Expand child care for ages 0-3 by increasing slots, supporting nontraditional hours, and funding provider training and facilities.
- Work within Systems to confront bias that exists in hostile systems to support birthing workforce and families.

What We Heard

MATERNAL HEALTH PROVIDER & SYSTEM LEADER FEEDBACK – 2.18.26

We brought together the Alameda Design Team (maternal health providers and system leaders) who shared their vision for a connected maternal health system of care and funding priorities. Here's what they said:

1. **Sustain Alameda's Birth Equity Work. (Protect What We've Got!)** With the divestment of public health from this administration, there is an urgent need to **protect both current community offerings** and **people seeking care**.

2. **Prioritize funding implementation and direct services.** Folks explained that is what is truly needed in this current state of crisis and the challenges of having short-term funding for planning, but not implementation, which corrodes community trust because, **"parents need to know we're going to be here for the long haul."**

3. **Provide community-rooted options** that are cost-effective and low-risk for everyone. **Invest in a Mobile Van** and staff for community service delivery to respond to targeted Black & Brown communities afraid to come to services.

4. **Retain** and discover new approaches to better implement **Guaranteed Income Programs.**

5. **Increase accessibility** to birthing options in all settings (e.g., home births, midwifery care).

How Should It Feel?
Implementation Principles Across Systems

MATERNAL HEALTH PROVIDER & SYSTEM LEADER FEEDBACK 2.18.26

Living Out What Love Feels Like

1. **From Hostility to Sanctuary:** Interrupting racist systemic environments to create welcoming, safe respectful, person-centered spaces for every birth worker. The maternal health workforce feels deeply supported professionally and has more capacity to **"Live Out What Love Feels Like".**

2. **From Scarcity to Abundance:** With sustained funding that feels like a permanent foundation, we create a **generational model** for families to experience for decades. Family-serving organizations feel resourced and capable of building long-term capacity rather than patching holes. Families feel seen and supported with reliable access to care and child subsidies that meet their needs.

3. **From Transactional to Equitable:** Trust and partnership through an equity lens replace the bureaucratic challenges. The funding conversation feels like a collaborative investment that is transparent, fair, and accessible.

What We Heard

PEI STEERING COMITTEE FEEDBACK 2.24.26

We presented these funding priorities to the Perinatal Equity Initiative (PEI) Steering Committee who agreed with the Alameda Design Team, and shared the following additional feedback:

1. Expressed need for **Guaranteed Income** for pregnant people and uplifted the evidence-base behind allotting unrestricted funds, which both **builds trust** with families and **reduces preterm birth rates**.

2. **Raise limits on income eligibility** for parents and birth workers. Black doulas get penalized for making too much money. Emphasized the importance of reimbursement for midwives.

3. **Fund birthing centers and reduce costs of home births,** ensuring birth workers are reimbursed.

4. **Increase education and engagement for fathers/partners** to lessen the information gap through the birthing process and help prepare fathers/partners on how they support mothers/birthing people to prep for birth and postpartum.

5. Agreement that the **system is hostile to birth workers** and a need for system change/improvement.

What We Heard

PEI STEERING COMMITEE FUNDING PRIORITIES 2.24.26

We asked the PEI Steering Committee to rank the funding priorities 1-3, by short-term, mid-term, and long-term. Here's what they shared:

Short-Term Funding Priorities:

1. **(81%)** Sustain and Maintain Current Birth Equity Work Funding (e.g., implementation & service delivery).
2. **(67%)** Strengthen internal data systems within Alameda so data "talks" to each other.
3. **(43%)** Create and pilot a single application across the various agencies (public and private).

Mid-term Funding Priorities:

1. **(56%)** Create neighborhood-based eligibility hubs where families can apply for multiple benefits in one place.
2. **(46%)** Establish community spaces for parent mutual aid and respite throughout the County, prioritize language and culture.
3. **(12.5%)** Improve caseworker responsiveness by ensuring consistent follow-up, real-time updates, and clear information.

Policy/Advocacy/Education Funding Priorities:

1. **(67%)** Expand childcare for ages 0-3 by increasing slots, support nontraditional hours, funding provider training and facilities.
2. **(62%)** Advocate for Medi-Cal to reimburse midwifery in all settings, expand BIPOC educational pathways to ensure racially concordant care.
3. **(62%)** Advocate for realistic eligibility by adjusting income thresholds, time limits, and paperwork to reflect actual living costs.

What We Heard: Implementation Considerations

During key informant interviews and large group discussions we also heard:

(1) To advance birth equity, consider investing in specialized training and internship pipelines to grow a culturally responsive **mental health workforce**. At the same time, consider adding standardized screening and outcome metrics to programs so that mental health is measured and prioritized as a core part of care.

(2) To ensure funding reaches impactful organizations, funders should do their homework by looking for groups that are actually **active** in the community and have the data and **client satisfaction scores** to prove they are making a difference.

(3) Including **community members** in the grant review process ensures funding supports organizations that are truly credible and visible on the ground.

Crystalizing Funding Priorities 3.26

We met again with the Alameda Design Team who continued to syntehsize recs:

1. **Protect** and **expand** current birth equity work: perinatal and postpartum care work, including home visits, clinical, educational, doula and midwifery support, and guranteed income.

2. Support **parent access** by leveraging existing, trusted neighborhood hubs to: (a) provide community delivered perinatal care (b) act as eligibility hubs where parents can apply for multiple benefits, and (c) offer community spaces for parent mutual aid.

3. S**ingle application** to apply for Maternal Health Benefits.

4. Data **talks to each other** across the county understanding data vulnerability and developing community governance.

FINAL FUNDING PRIORITIES

DESIGN TEAM MEETING 4.10.26

During our last meeting, the group further prioritized and specified the final funding recommendations:

(1) Protect and defend current work, including: guaranteed income, mental health supports, restorative support for birth workers, neighborhood hubs (family resource centers), collaborative work, early bonding such as infant massage + Black/Latine-Centering models, perinatal care one on one and in groups;

(2) Create new and support existing trusted neighborhood-based eligibility hubs where families can apply for multiple benefits in one place, reducing administrative burden and building trust. Hubs include: Organizations (such as Bananas, Roots, Lotus Bloom, Black culture zone, 4Cs, Hively), Federal Qualified Health Centers (FQHC); FRCs (such as Lincoln, Trybe, Lotus Bloom), WIC Centers, Hospitals (such as Highland, CHO, Kaiser, Sutter) and the African American Wellness Hub (2028; part of ACBHD).

(3) To ease parental access for maternal health benefits, a single application with common questions will facilitate warm hand-offs between system partner.

FINAL FUNDING PRIORITIES Cont.

DESIGN TEAM MEETING 4.10.26

(4)Resource and Support Advocacy focusing on the following community-defined needs:

- advocate for realistic eligibility by adjusting income thresholds, time limits, and paperwork;
- advocate for enhanced healthcare reimbursement rates to incentivize evidence-based benefits;
- advocate for Medi-Cal to reimburse midwifery in all settings and expand BIPOC educational pathways to ensure racially concordant care;
- advocate to expand childcare for ages 0-3 by increasing slots, supporting nontraditional hours, strengthening family, friend, and neighbor care, where much of 0-3 childcare is provided, and funding provider training and facilities to fully support the birthing workforce and families;
- work within systems to confront bias that exists in hostile systems to support the birthing workforce and families.

BIRTH EQUITY IS NOT A PASSION PROJECT

DESIGN TEAM MEETING 4.10.26

For programs to thrive, we need:

- Infrastructure
- Effective and sustained solutions that expand parental access to benefits and care depend on reliable and well designed systems as infrastructure (data, single application)
- As programs and participants (moms/birthing people) engage in public advocacy the more resources are directed to where they're needed

Potential Funders List

1. Hellman Foundation
2. Kataly Foundation
3. First Five
4. Greenlining Institute (Fellowship Programs)
5. UpTogether
6. Stupski Foundation
7. Kaiser
8. Sunlight Giving
9. California Wellness
10. California Endowment
11. East Bay Community Foundation
12. San Francisco Foundation
13. Third Plateau
14. Silicon Valley Foundation
15. Robert Wood Foundation
16. Kellogg Foundation
17. Ford Foundation
18. The Mckenzie Foundation
19. Yield Giving
20. Pivotal Foundation
21. 1440 Foundation

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Alameda County Birth Equity Efforts

Next Steps/Thank You!

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