

Promoting Maternal, Paternal, Child and Adolescent Health in Alameda County

Alameda County Public Health
Department

October, 2025



Data on Population Health and Starting out Strong Programs

- We are sharing
 - Population-level data
 - Program-level data from the Starting Out Strong programs
- Some of the data reflect unjust inequities – **Please take care of yourselves and each other**
- ACPHD takes seriously the importance of using the data to inform better for our community



Presenter Introductions

Community, Assessment, Planning and Evaluation (CAPE) Epidemiologists:

Elaine Bautista, Epidemiologist

Ugonna Ihenacho, Epidemiologist

Christine Abella, Cal-EIS Fellow

Maternal, Paternal, Child and Adolescent Health (MPCAH) Continuous Quality Improvement (CQI) Team:

Misha Taherbhai, CQI Manager

Gene Cavagnaro, Data Management
Associate

Gabriela Castillo, Evaluation Specialist

Agenda

1. Introduce **MPCAH Data Sources and Uses**
2. Describe MPCAH target populations at the **county and program level**
3. Highlight **County-wide** Maternal and Infant Health Indicators and Associated **Program Data**
4. Share **program successes** which address inequities among target populations



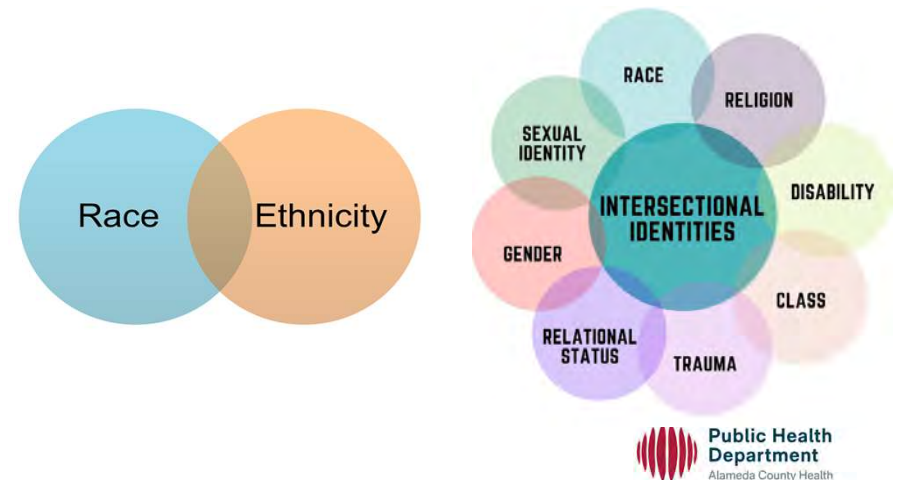
Why Data is Important and Why Are We Here Today

- Provide a snapshot of the health of mothers and infants in Alameda County
- As good MPCAHA Public Healthers, we all need to be informed about, and conversant on, these important facts
- Help ACPHD and MPCAHA to plan programming, form best practices, and comply with our mandate to ensure maternal, paternal, and child health in the county
- Inform stakeholders of the disparities and needs for funding and support.
- Keeps MPCAHA accountable to the community and clients we serve

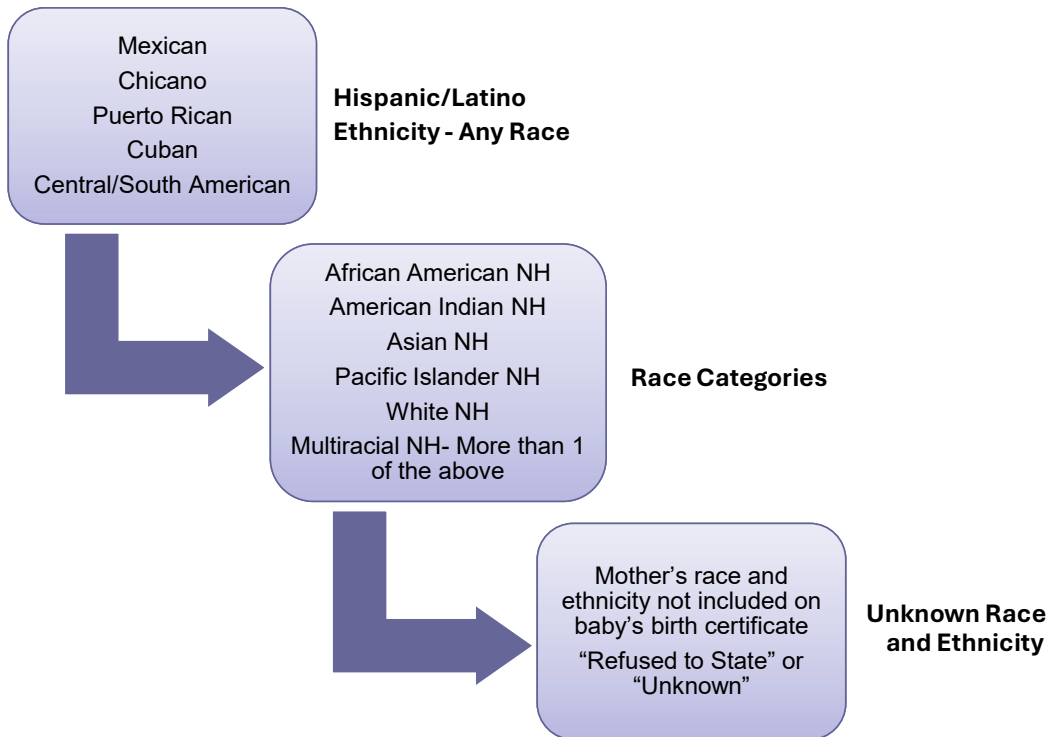


Defining Race & Ethnicity

- **To identify health inequities- Race and ethnicity are our best categories for measuring inequities between groups in AC.**
- **Race:** Narrow category based on real or perceived biological differences between groups of people.
- **Ethnicity:** Broad category based on common language, religion, nationality, history or another cultural factor.
- **Considerations with categorization:**
 - Race & ethnicity overlap in complex ways
 - Definitions have changed overtime (“Irish”= Race)
 - People can fit into multiple categories
 - People have multiple/intersecting identities

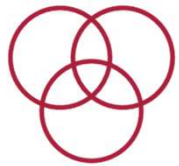


How We Determine Baby's Race and Ethnicity



- The Birth Certificate allows mothers/birthing people to select up to 3 race groups and Hispanic/Latino ethnicity
- Mother/birthing person's race and ethnicity determine baby's race and ethnicity.
- For ACPHD purposes, race and ethnicity are mutually exclusive (one category per mother/birthing person & baby).
- Starting Out Strong uses similar methodology
- Different program & data sources have different definitions

Race and Ethnicity Are Social Constructs



Race and ethnicity categories can overlap or not represent everyone



Race and ethnicity of infants are based on the race and ethnicity of the woman/birthing person



Historical and modern-day policies and practices shape inequities. Reporting data by race and ethnicity can help us understand and address some of these inequities

Data To Action: Examples of How Population Data Drives Programming

Healthy Start (ACHSI) and Perinatal Equity Initiative (PEI)

- Interventions aimed at improving birth outcomes and maternal mortality/morbidity among Black women/birthing persons countywide
- Infant Mortality Rate at least 1.5X the national average required to qualify for Healthy Start grant
- Funds allocated based on Race/Ethnicity and/or zip code

Spanish-Speaking Centering

- Development of an implementation plan to launch a CenteringPregnancy® model for Hispanic/Latina women/birthing persons in partnership with AHS
- Interventions aimed to address the higher rates of PMADs experienced by Hispanic/Latina women/birthing persons (1.3-1.6X of White women/birthing persons)
- Addresses the needs of immigrant Latina women/birthing persons who experience perinatal depression at 2X the rate of non immigrant Latina women/birthing persons

Source: Alameda County Health Start Initiative 2024-2029 Grant Application Attachment 1, November 2023 and from Alameda County Spanish-speaking Centering Pregnancy Latina Cultural Adaptation Program Proposal, October 2024

Population-Level Data Sources: Strength and Limitations

Strengths	Limitations	Examples
Large, diverse, and representative populations	Limited or no availability of individual-level social or behavioral data	Birth and death certificates, cancer registries, hospital discharge records
Longitudinal data availability	Geographic or demographic data gaps	Long-term surveillance data, e.g., mortality records, influenza tracking
Standardized data collection	Potential for misclassification and inconsistent reporting across different regions	National Vital Statistics System (NVSS) and Surveillance, Epidemiology, and End Results (SEER) Cancer Registries
Policy relevance and implications	Lag time for data can be months or years	California Births Dashboard data are currently available for 2000–2023
Cost-effective	May be difficult to link to other data sources; potential for an <i>ecological fallacy</i>	Using regional data to establish associations with health outcomes can give spurious results

Program Level Sources Strengths and Limitations

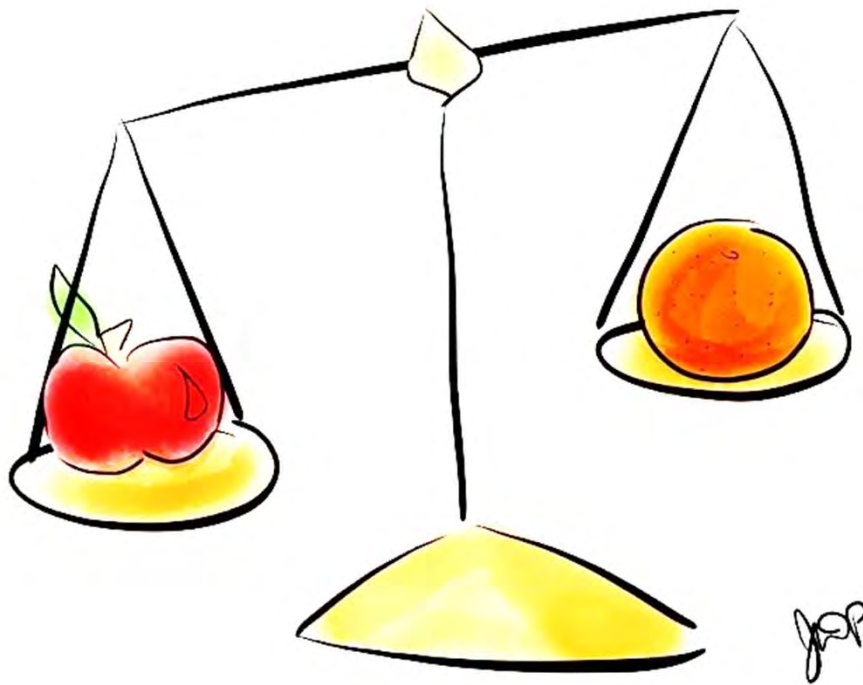
Strengths

- Data are collected when services are provided, don't have to wait – it is more current
- Mostly questionnaires and surveys are used which are good for behavioral assessments, health status, and social determinants of health
- Choice to design and implement data collection tools that fit our populations the best
- Ability to collect rich qualitative data with participants – storytelling, written or spoken feedback
- Ability to improve data collection over time, as relationship is built over time

Limitations

- Lack of interoperability between databases leading to duplicative data collection resulting in missing data or low-quality data
- Inconsistent data elements across systems - Race and Ethnicity, social determinants of health
- Not all programmatic data collection tools are validated
- Data collected on the most vulnerable of the population – those seeking services, does not represent whole population
- Response bias

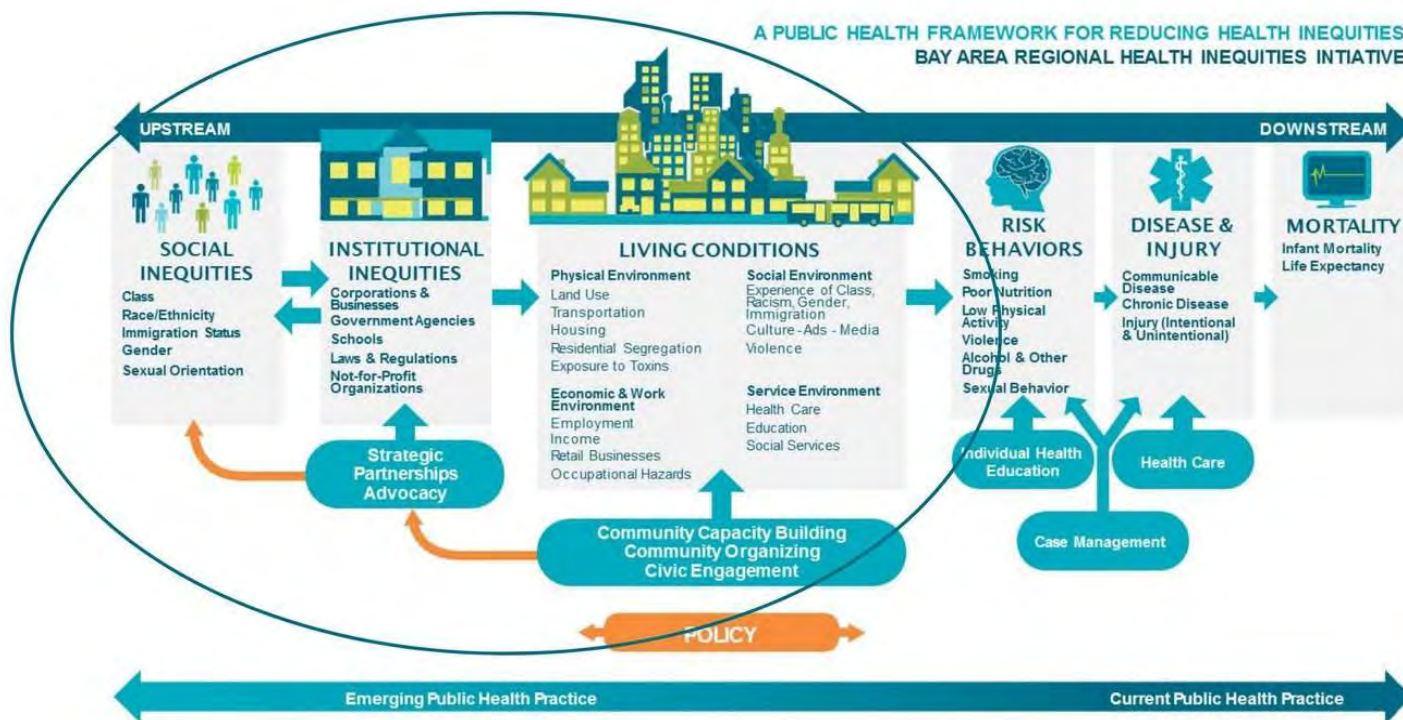
Population Data Vs. Program Data



- **Population level** data shows how the **county** is doing
- **Program data** shows how **programs** are doing
- Programmatic level birth outcomes can be **compared** to other programs providing **similar services to similar populations**

Alameda County Social and Structural Determinants of Health

Bay Area Regional Health Inequities Initiative (BARHII) Framework



Source: Bay Area Regional Health Inequities Initiative

Structural Drivers of Maternal, Paternal, Child, & Adolescent Health



Food & housing security

Support for low-income housing and SNAP benefits



Reproductive rights & evidence-based guidance on health in pregnancy

Reduces maternal morbidity and improves infant outcomes

Our community will be made worse off by further deprivation in these domains. The people who will be most impacted are the same people already most impacted by poverty and health inequities



Immigration policies & practices

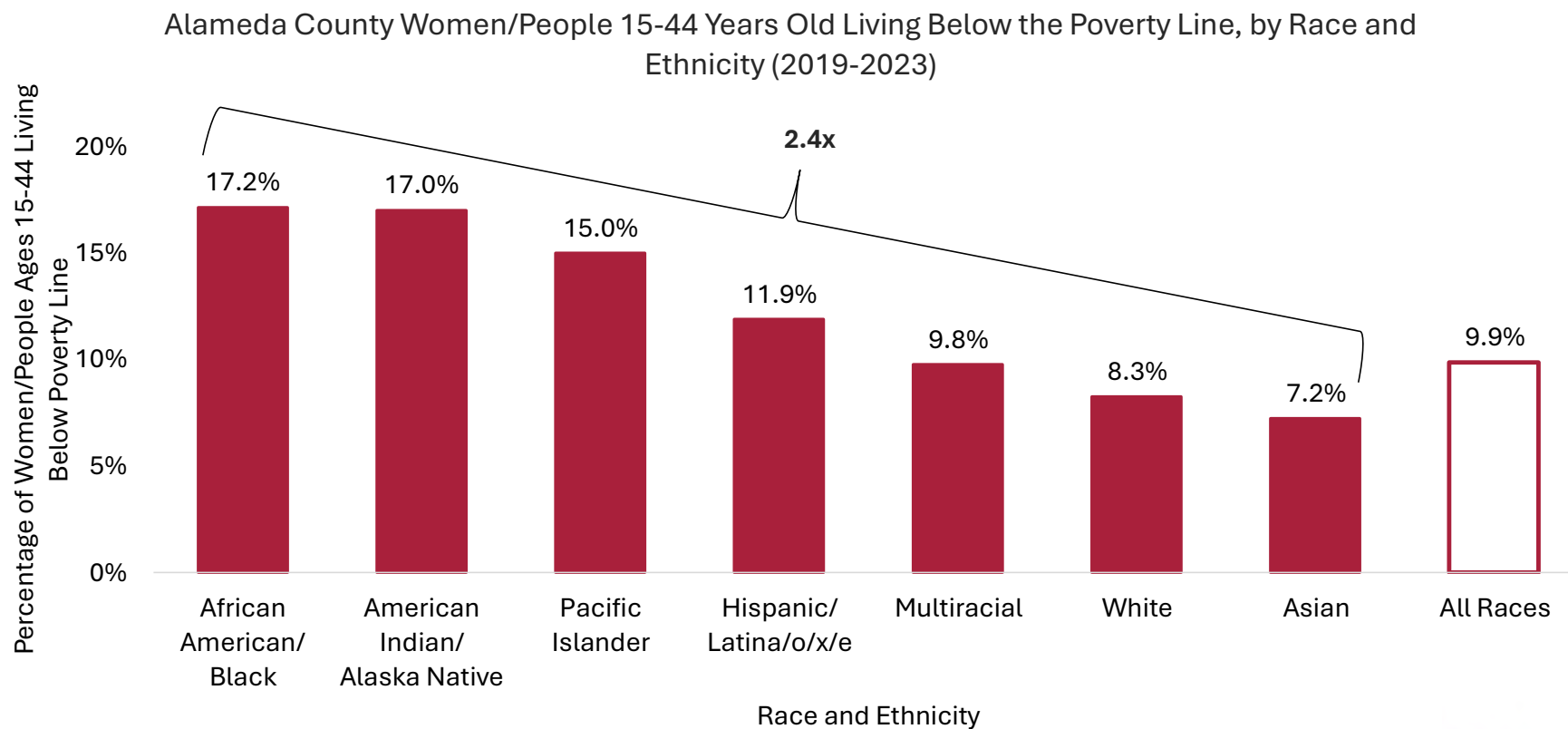
Strong and inclusive policies ensure that migrant families feel safe in inquiring about accessing services for healthcare and prenatal care



Health insurance policies & fiscal sustainability of hospitals

Health insurance and access to health care ensures that families can maintain continuous and timely access to high-quality care

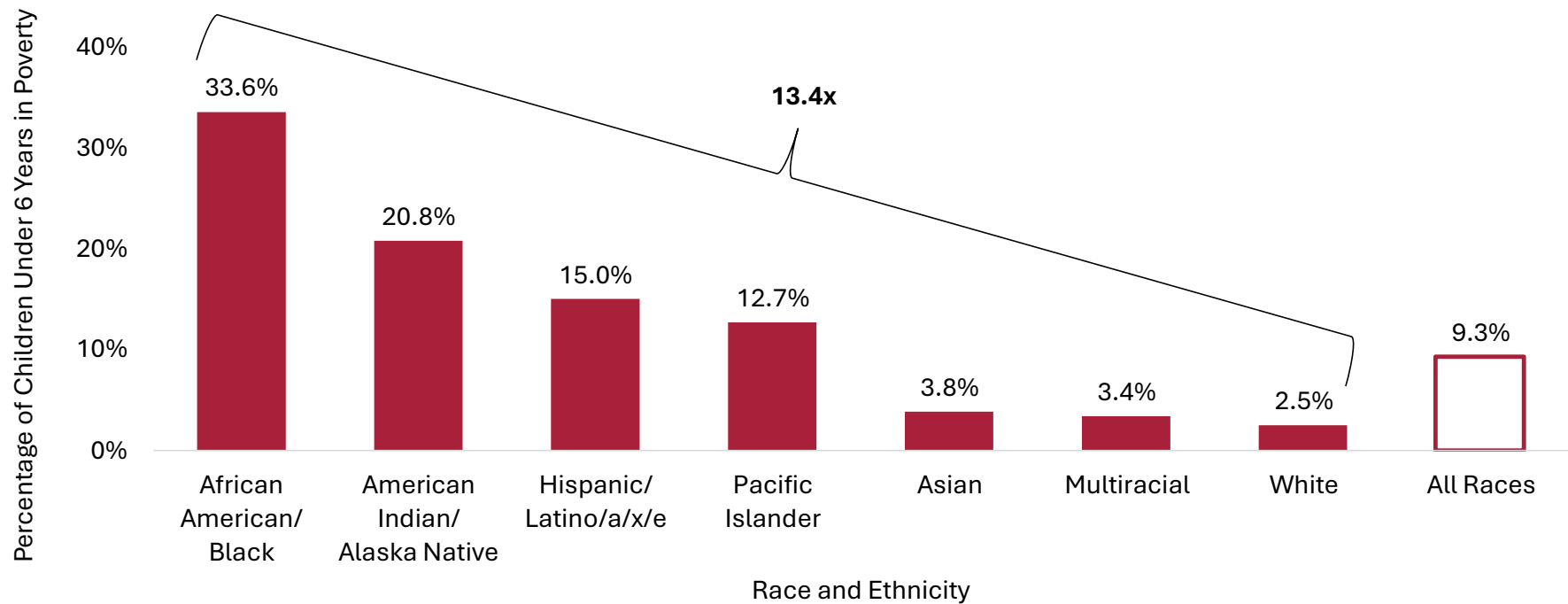
Inequities in Poverty Among Women/People of Reproductive Age



Source: ACS PUMS Data, 2019-2023

Inequities in Child Poverty

Alameda County Children Under 6 Years Old Living Below Poverty Level, by Race and Ethnicity (2019-2023)



Source: ACS PUMS Data, 2019-2023

Challenges for Families



Federal bill HR1 cuts billions annually from federal contributions to Medi-Cal (Medicaid) & CalFresh (SNAP), forcing the state to make difficult choices about reducing coverage to balance the state budget



Federal requirement to meet work requirements every 6 months will cause some to lose Medi-Cal and CalFresh coverage



Households with health insurance through Covered California will face higher premiums



Many immigrant families no longer eligible for Medi-Cal or CalFresh



Price of foods & vegetables continues to increase with tariffs and immigration policy potentially contributing

Paid Parental Leave Policies Benefit Families



Improves maternal and paternal health overall

Family dynamics and healthy behaviors instilled



Increases exclusive breastfeeding at 6 months

Extended breastfeeding is important for developmental period



Improves mental health

Reduced stress and psychological distress



Reduces rates of obesity

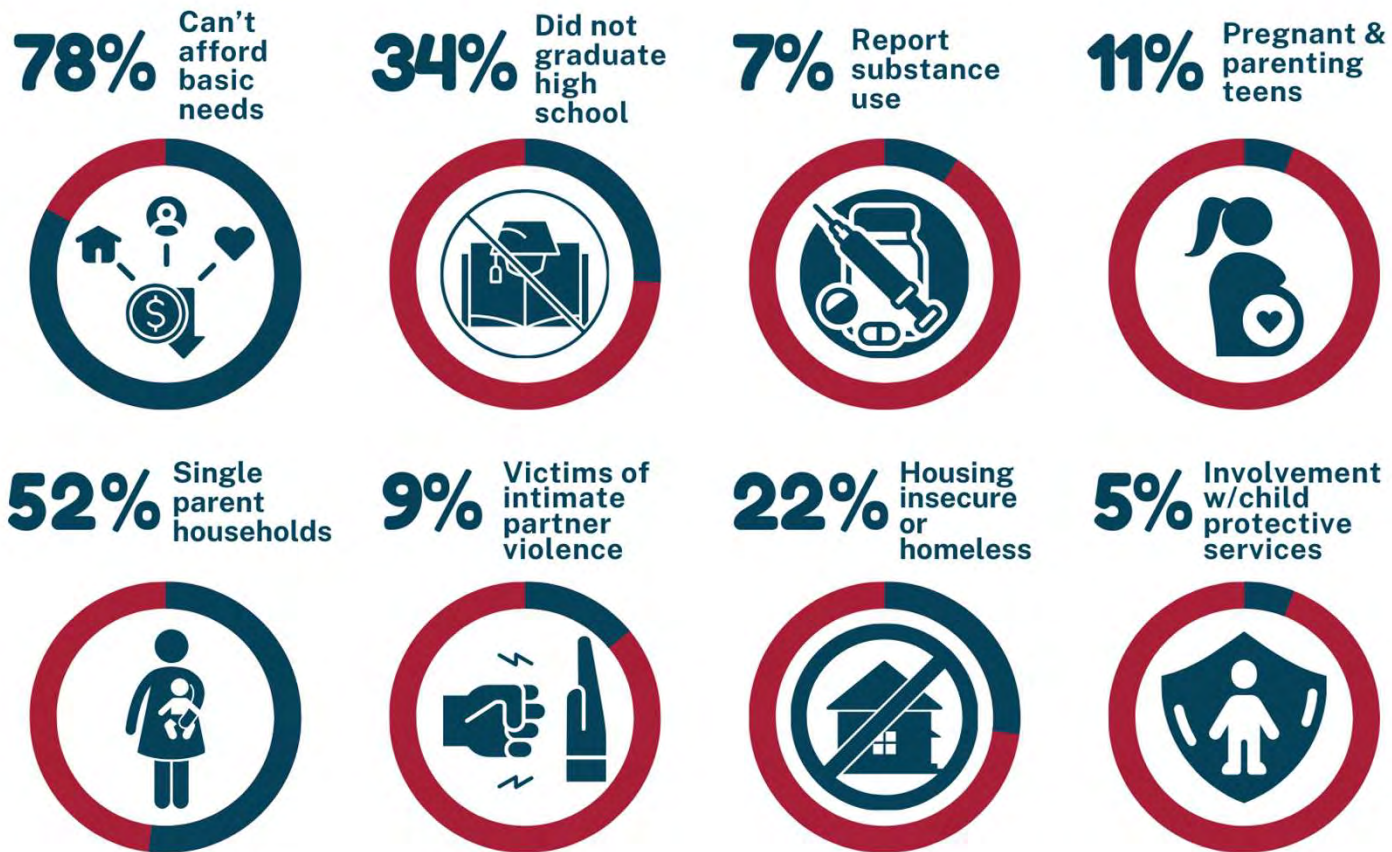
*Promotion of improved nutrition
Linked to improved cardiovascular health*

However, the extent of benefits differ due to structural drivers and differences in socioeconomic positions. Women from higher socioeconomic statuses may experience benefits more.

Partial leave may not be sufficient for economically disadvantaged parents risk taking time off.

Source: Hamad, et al. (2019). *Paid Family Leave Effects on Breastfeeding: A Quasi-Experimental Study of US Policies*. *AJPH*.
Lee, et al. (2020). *The effects of California's paid family leave policy on parent health: A quasi-experimental study*. *Soc Sci Med*.
White, et al. (2024). *Paid Family Leave and Acute Respiratory Tract Infections*. *JAMA*.

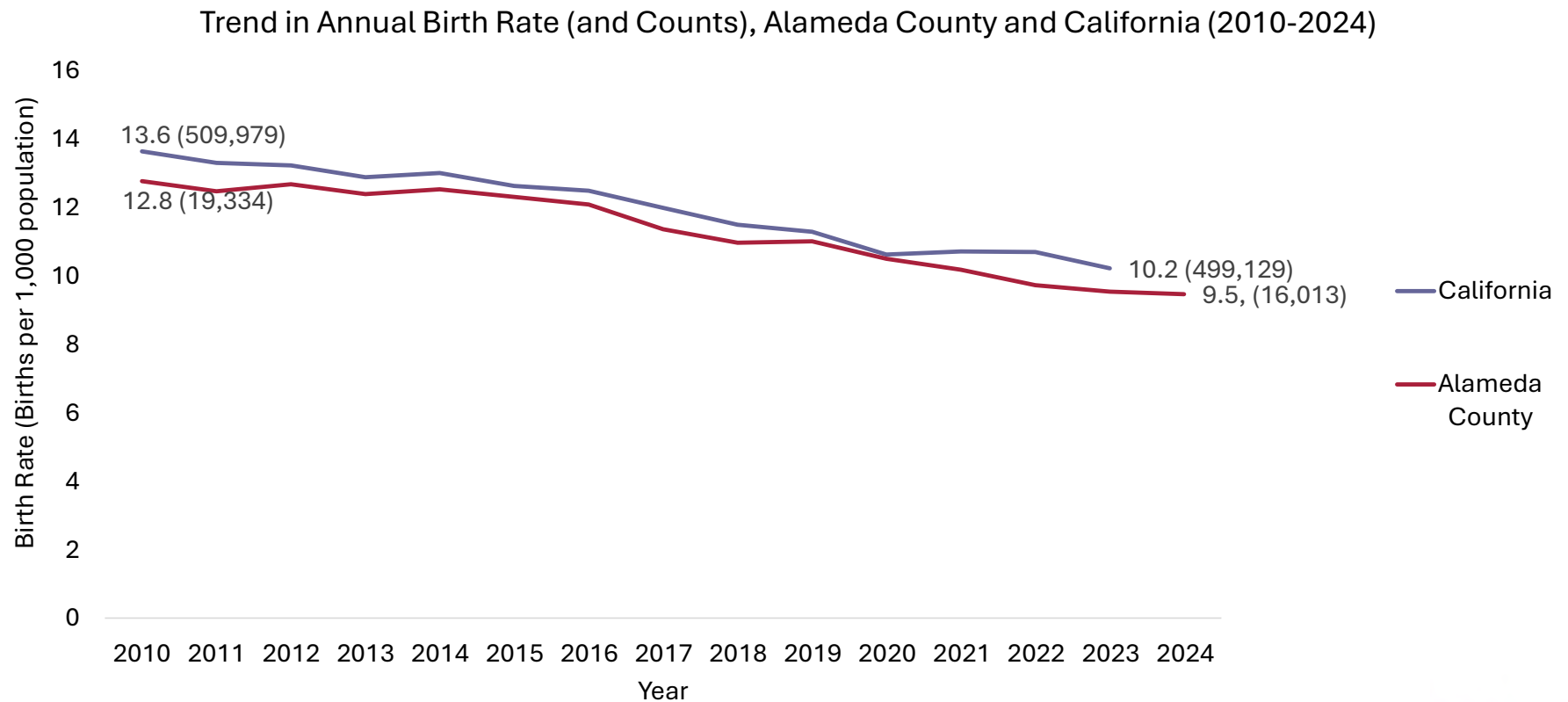
Starting Out Strong Client Stressors, CY 2024



Source: MPCAHA Case Management Systems and Tracking Sheets, CY 2024

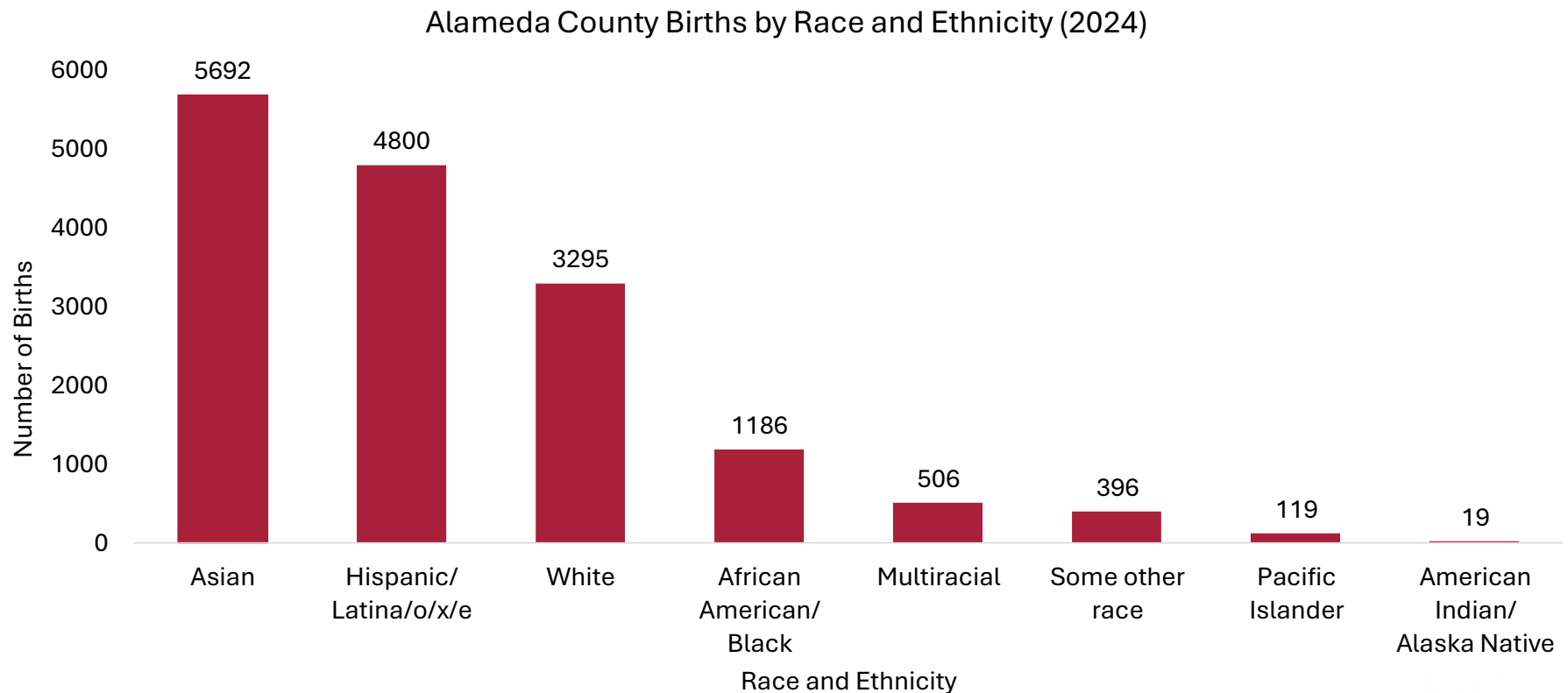
Alameda County Births and Birth Rates

Alameda County Has Lower Birth Rates than California



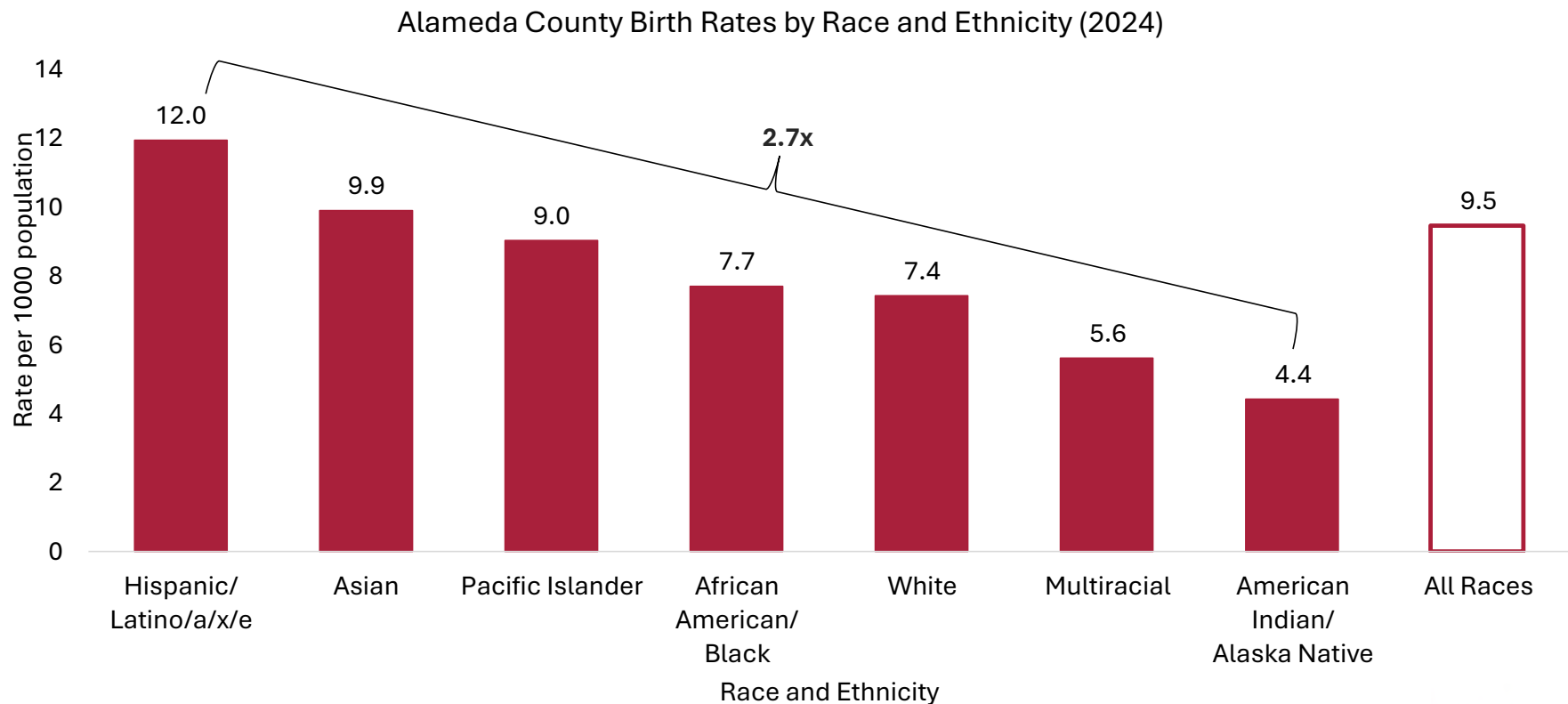
Source: CAPE, with data from Alameda County Vital Statistics files, 2010-2024 and CDPH Births Dashboard, 2010-2024.

Largest Number of Births in Alameda County among Asian, Hispanic/Latina and White Women/Birthing Persons



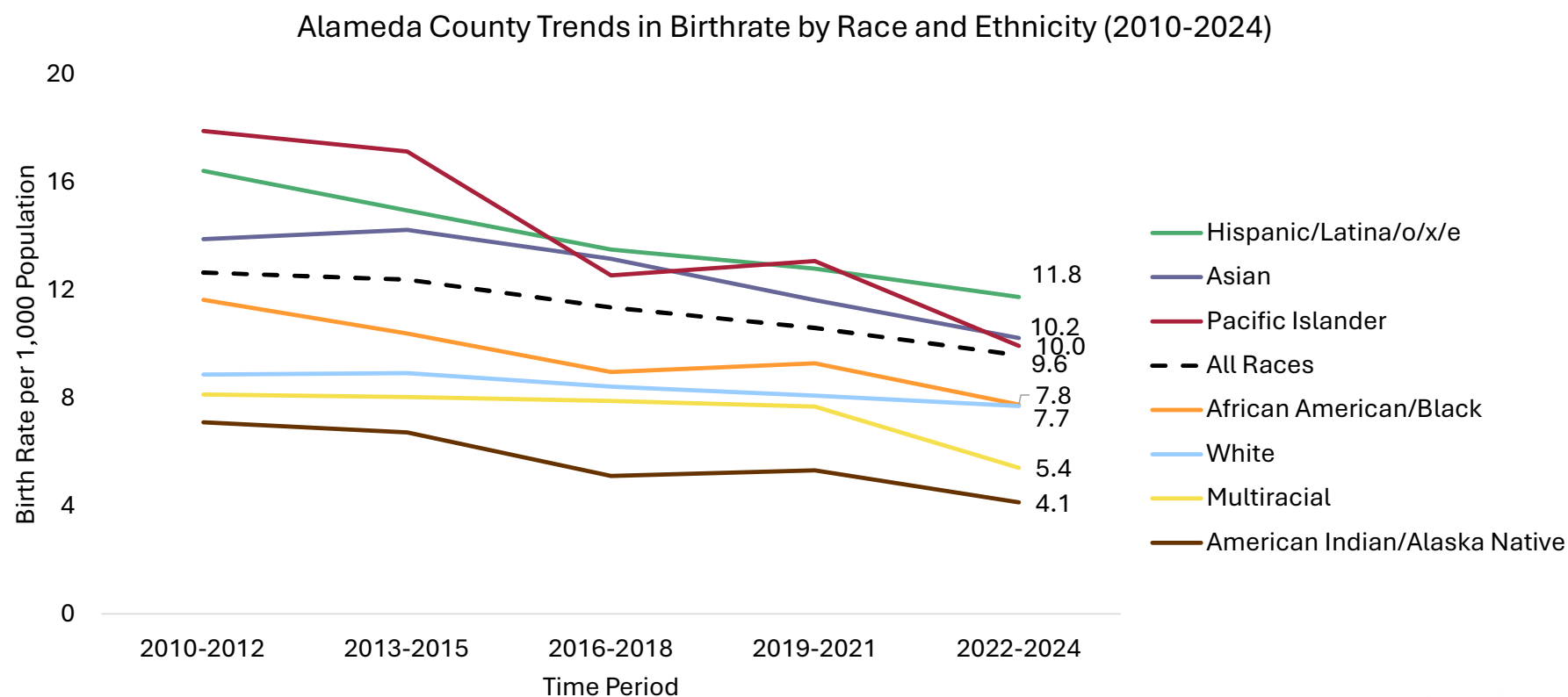
Source: CAPE, with data from Alameda County Vital Statistics files, 2024.

Birth Rates Differ by Race and Ethnicity of Person Giving Birth



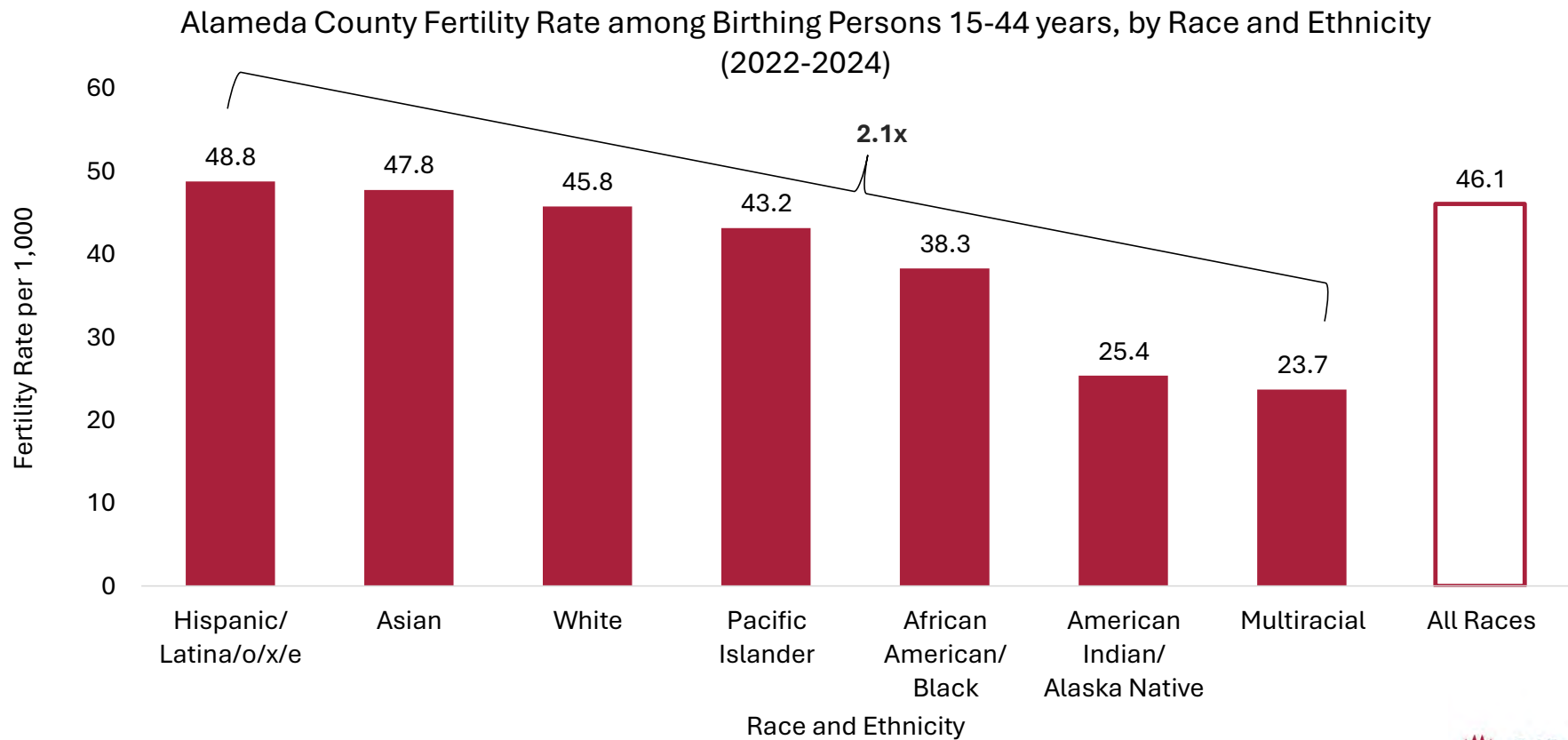
Source: CAPE, with data from Alameda County Vital Statistics files, 2024.

Birth Rates Are Decreasing Across Race and Ethnic Groups



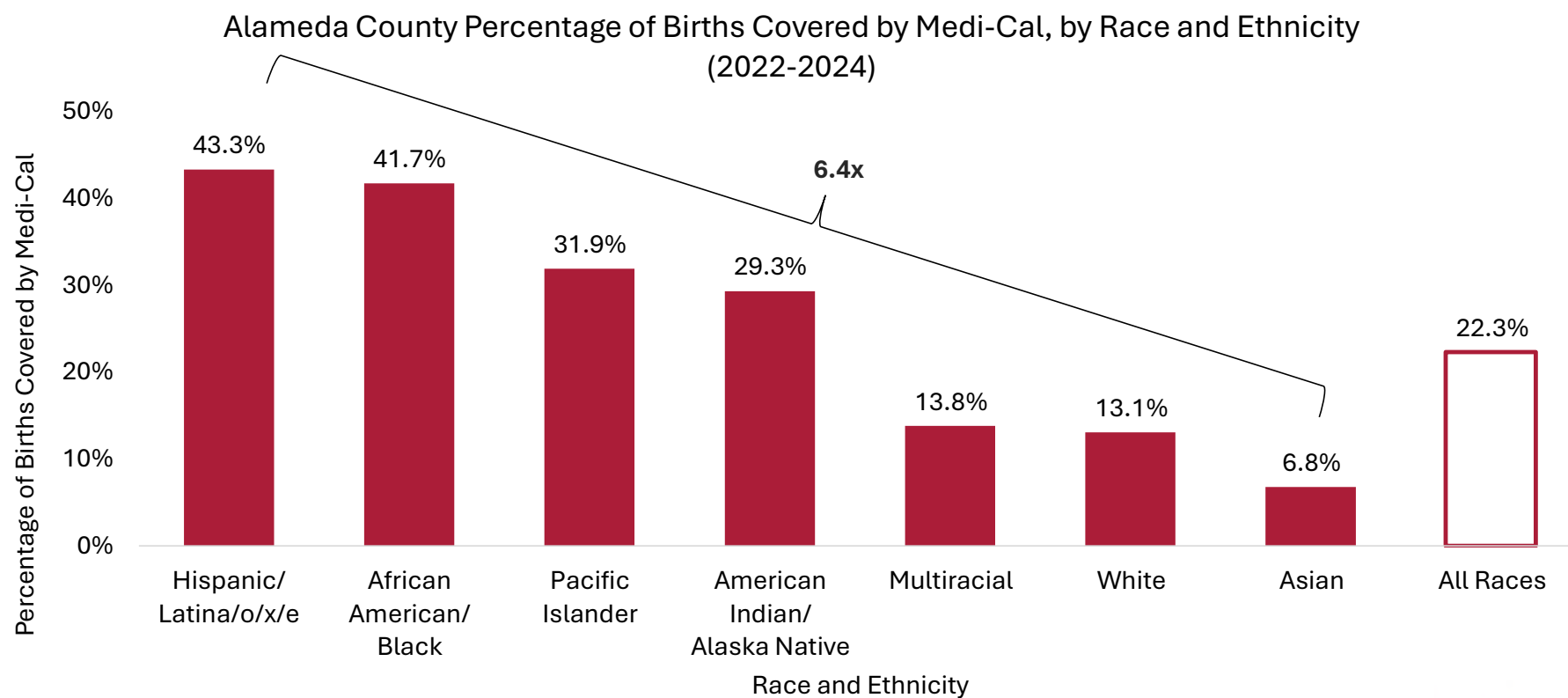
Source: CAPE, with data from Alameda County Vital Statistics files, 2010-2024.

Fertility Rate by Race and Ethnicity



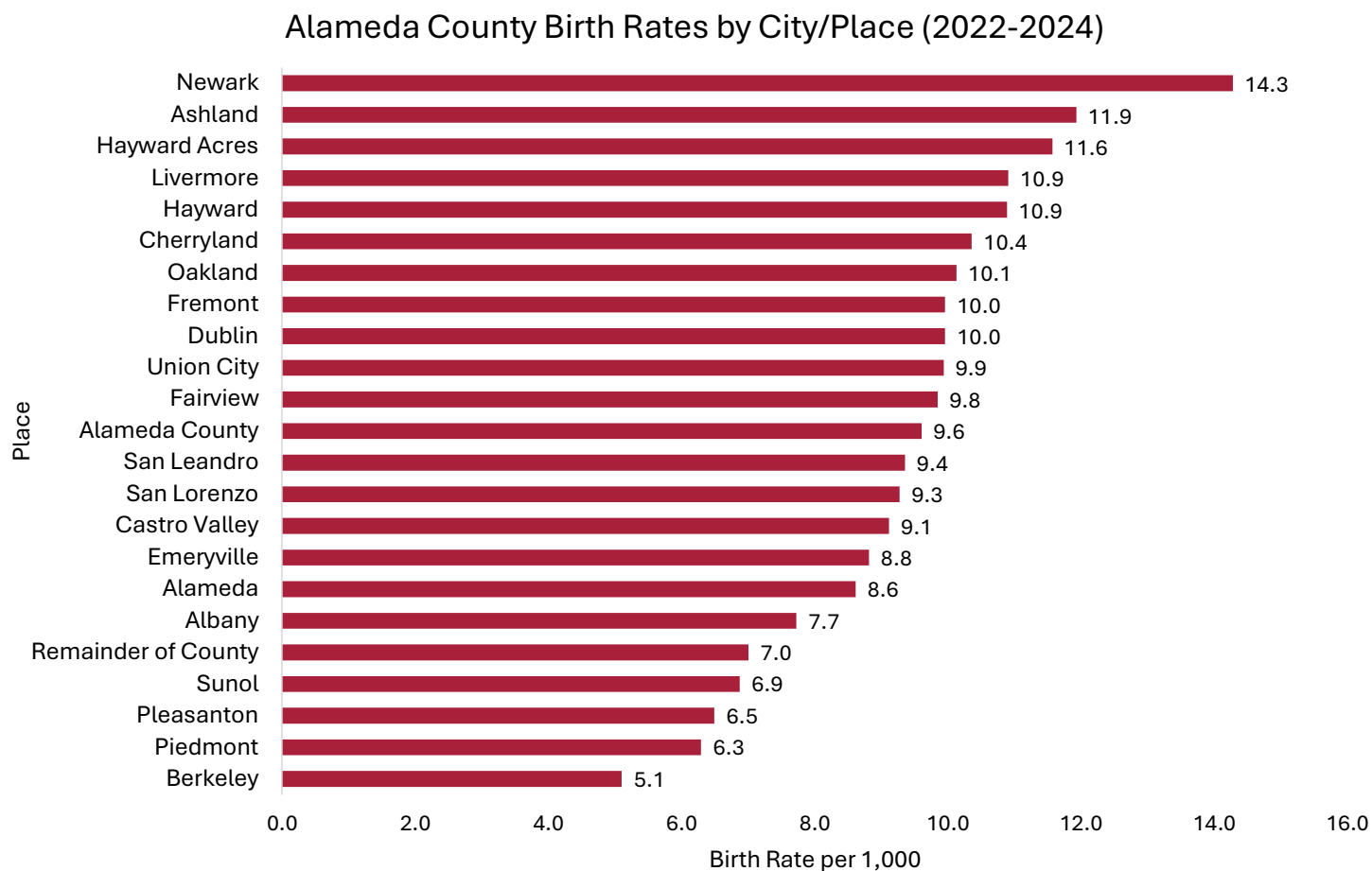
Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024.

Differences in Medi-Cal Coverage of Births by Race and Ethnicity



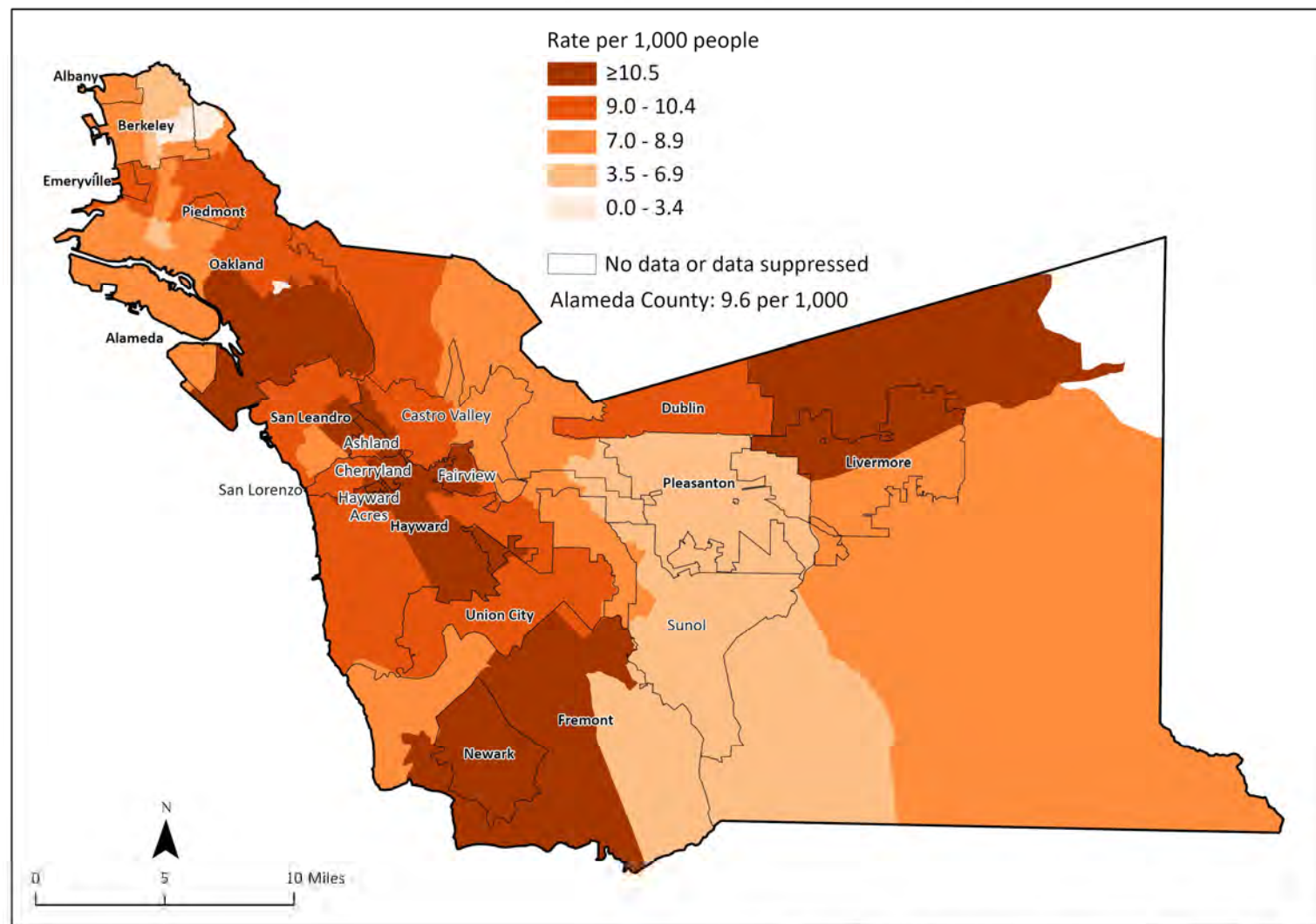
Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024.

Geographic Differences in Birth Rate Across Alameda County.



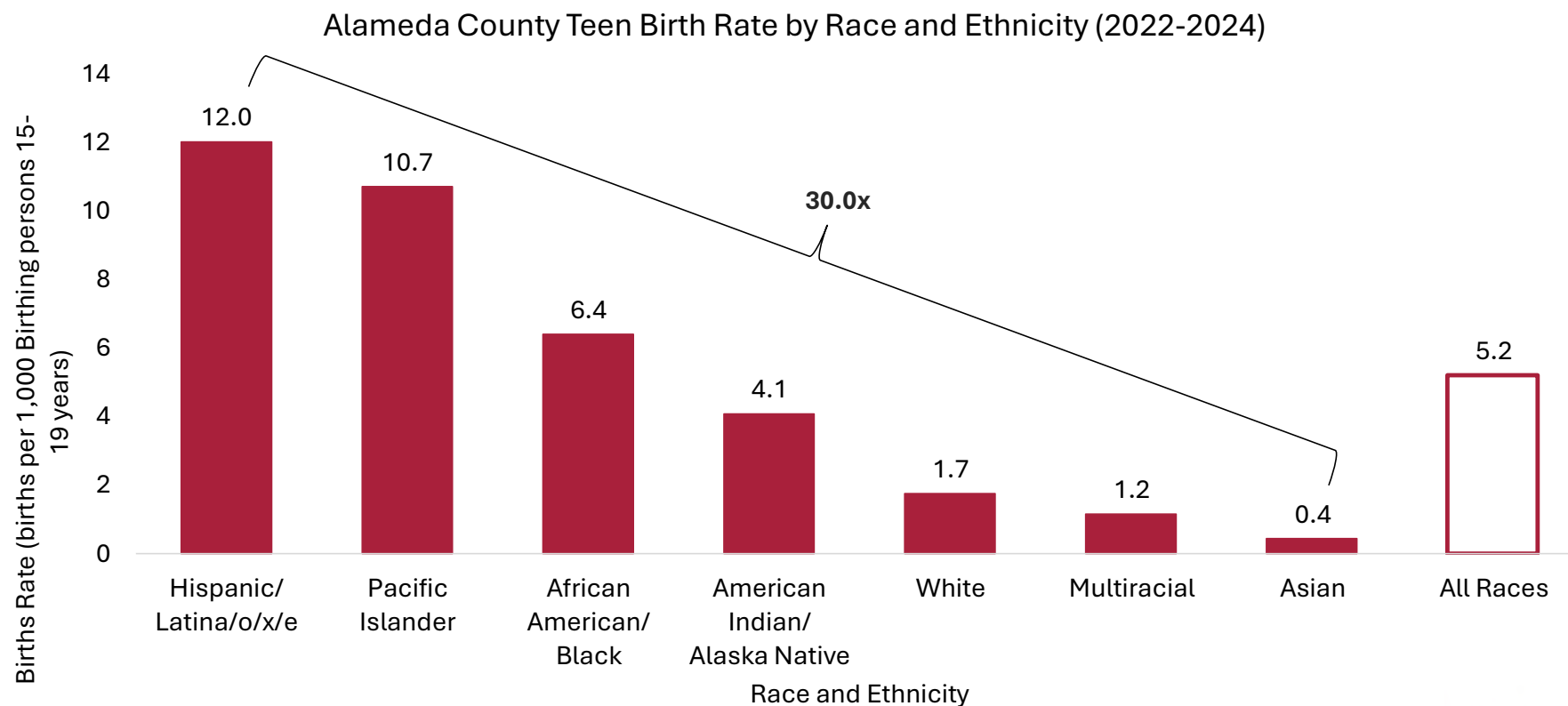
Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024.

Alameda County Birth Rates by Zip Code (2022-2024)



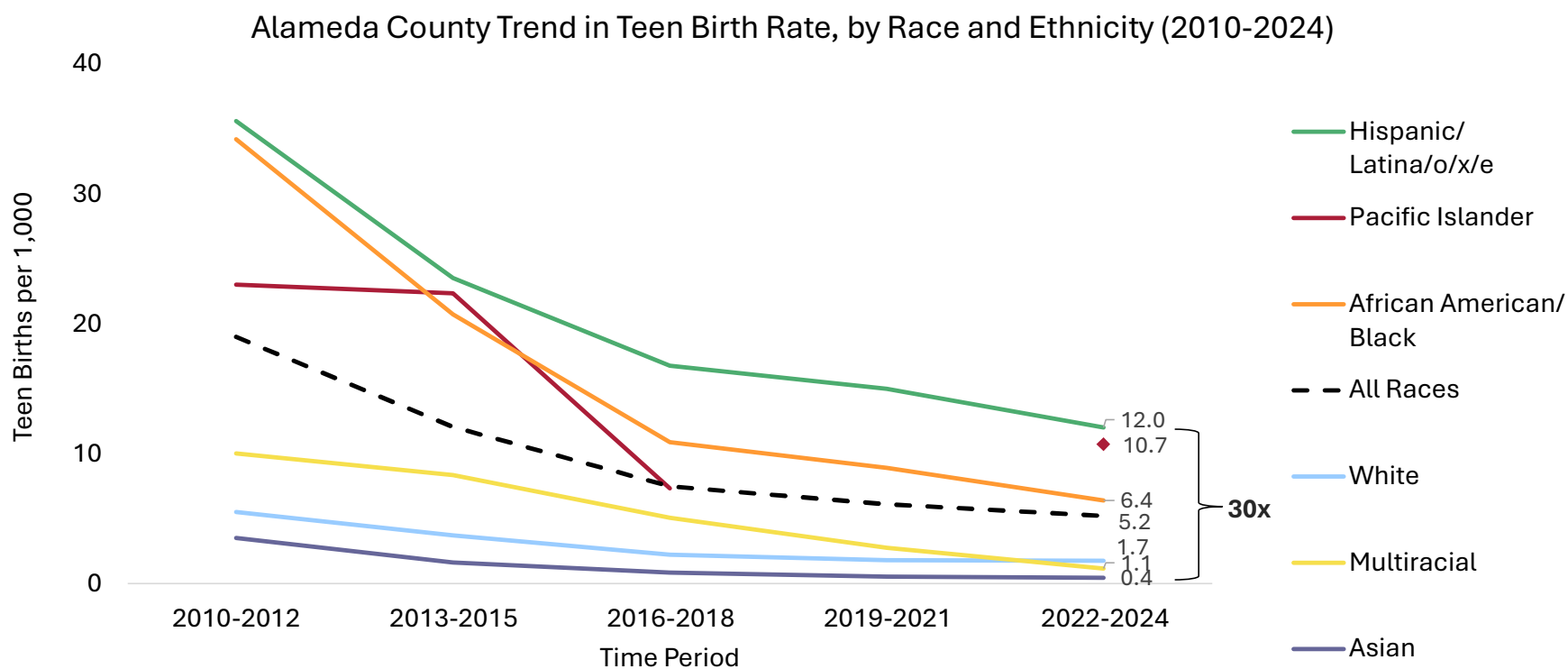
Source: ACPHD CAPE, with data from California State Vital Records, 2022-2024.

There are racial/ethnic disparities in teen birth rate (per 1,000 females ages 15-19 years)



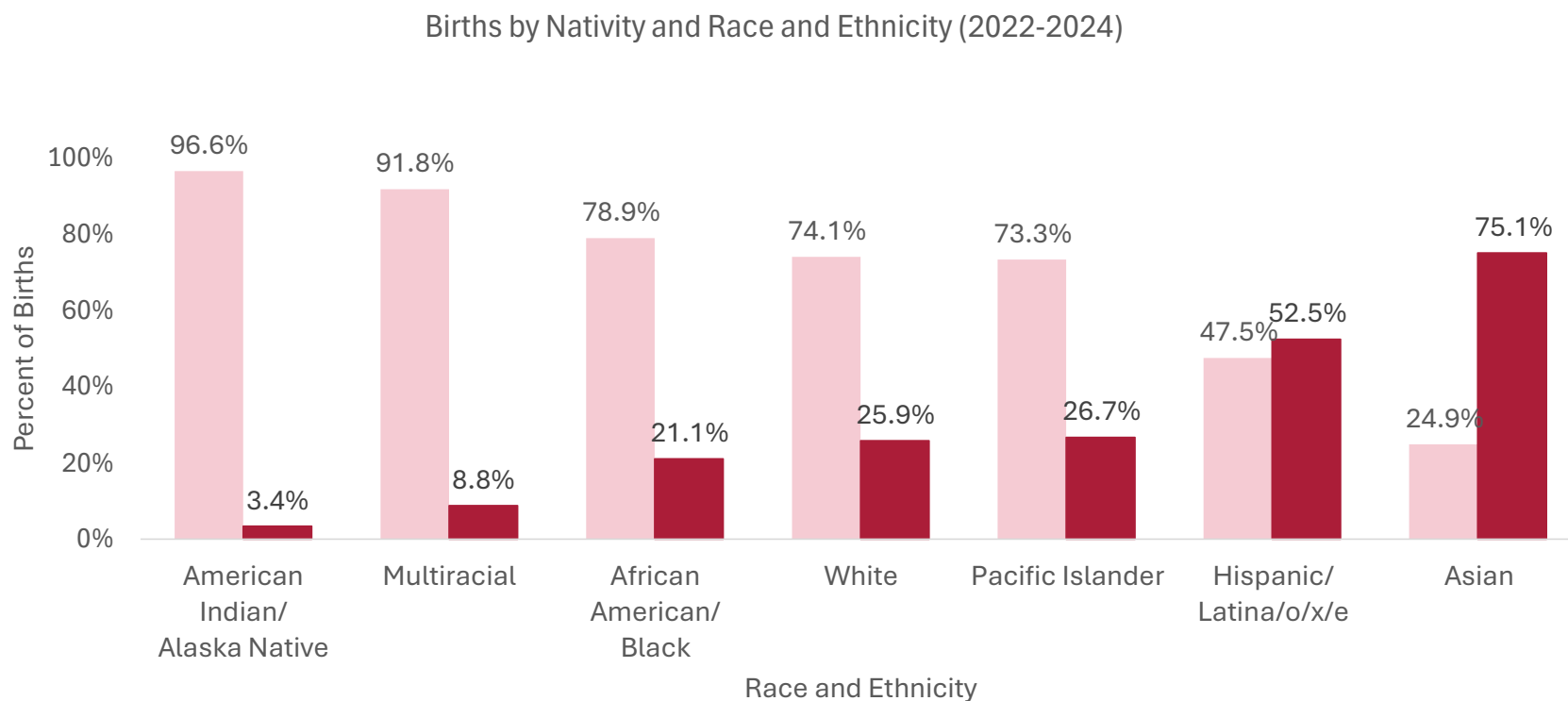
Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024.

Decreases in Teen Birth Rates Across all Race and Ethnic Groups



Source: CAPE, with data from Alameda County Vital Statistics files, 2010-2024.

Births to women by RE and Nativity (U.S. born vs non-U.S. born)

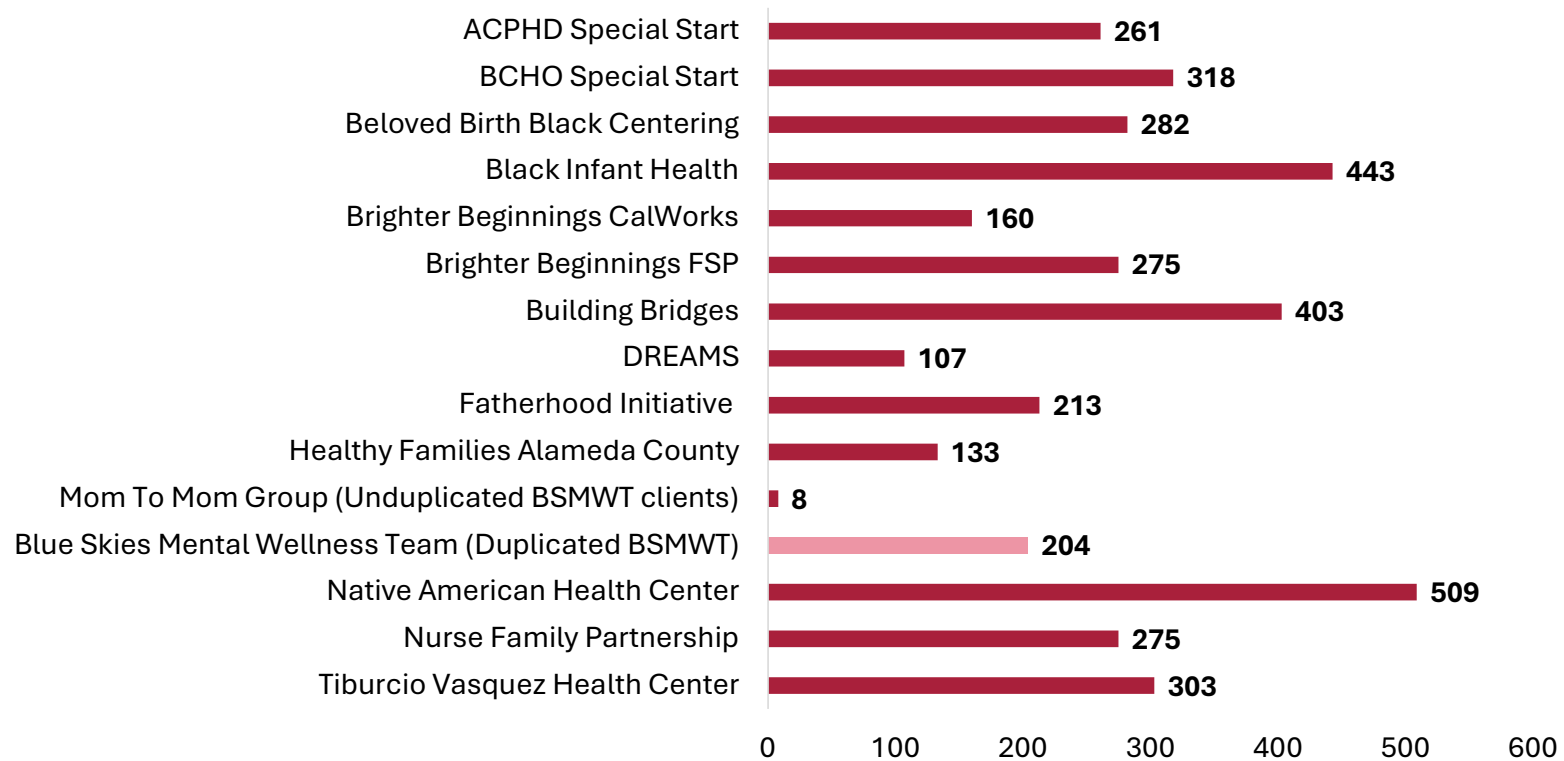


Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024.

Starting Out Strong Clients

Starting Out Strong Clients Served By Program

Total Unduplicated Clients Served by Program, CY 2024

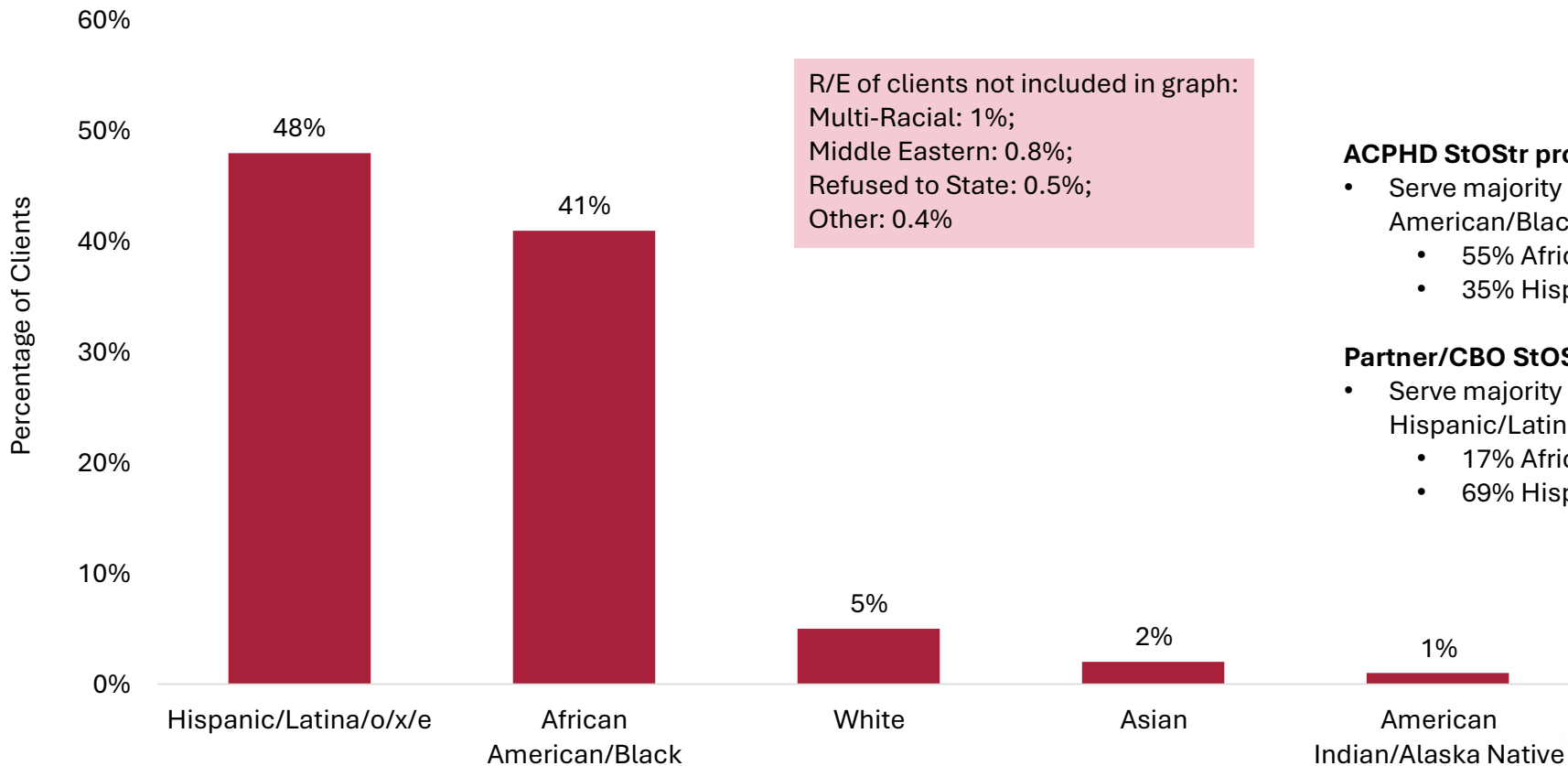


**3,690 Prenatal, Parenting women/people, Fathers/Partners, and Infants
& Children 0-8 yrs old were served through 20,811 visits!**

Source: MPCAHA Case Management Systems and Tracking Sheets, CY 2024.

Starting Out Strong Clients Served By Race and Ethnicity

Race and Ethnicity of Starting Out Strong Clients Served, CY 2024



ACPHD StOStr programs:

- Serve majority African American/Black clients:
 - 55% African American/Black
 - 35% Hispanic/Latina/o/x/e

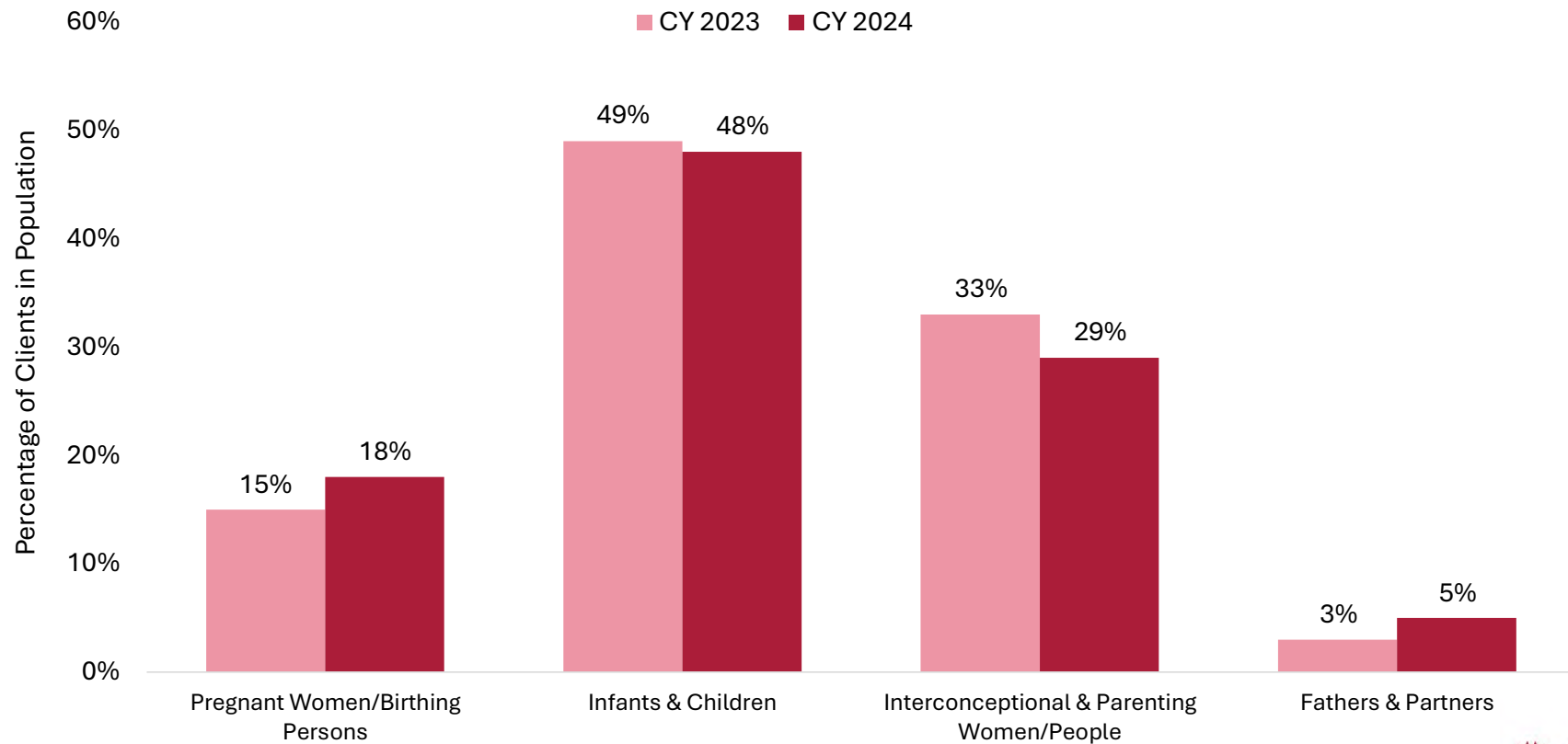
Partner/CBO StOStr programs:

- Serve majority Hispanic/Latina/o/x/e clients:
 - 17% African American/Black
 - 69% Hispanic/Latina/o/x/e

Source: MPCA Case Management Systems and Tracking Sheets, CY 2024.

Starting Out Strong Clients By Client Type

Starting Out Strong Client Type Served, CY 2023 vs. CY 2024

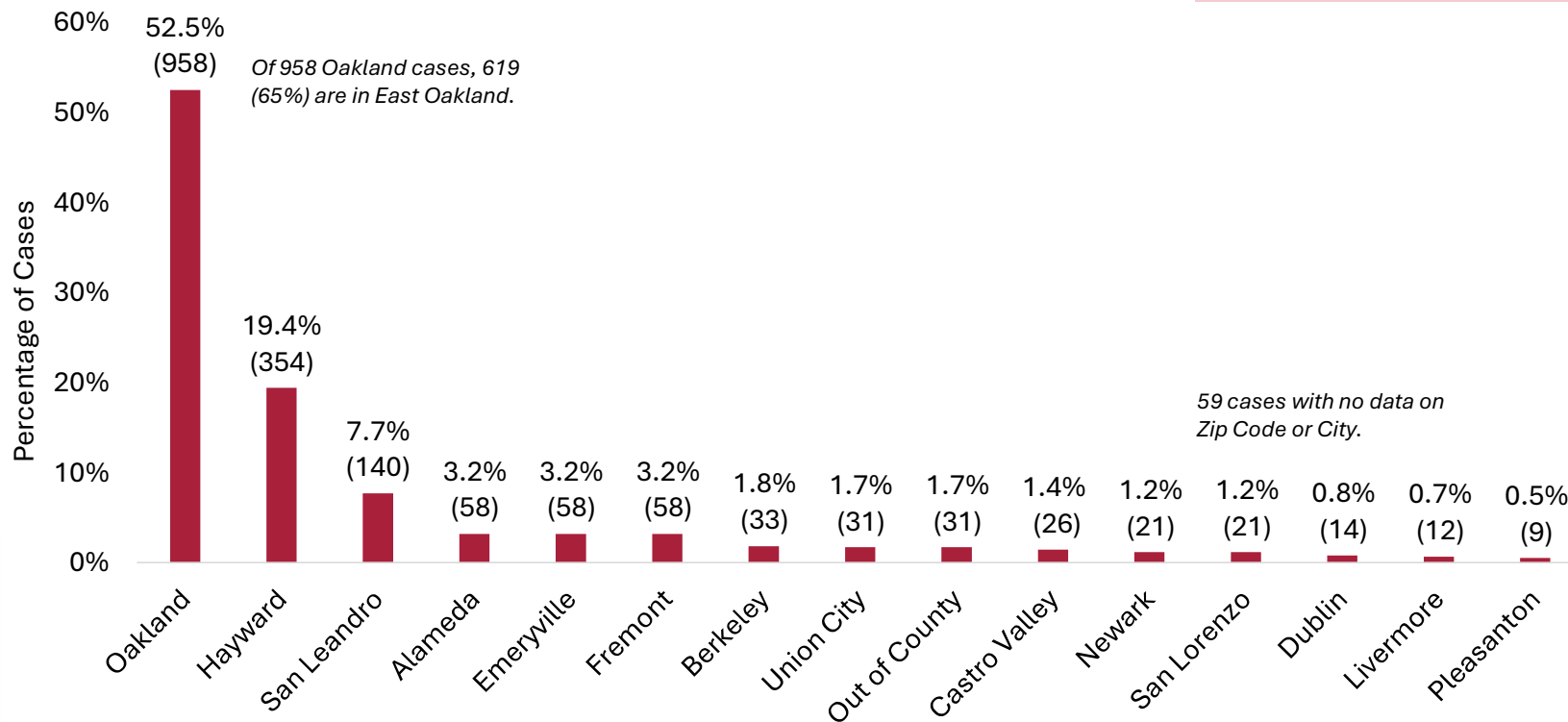


Source: MPCAHA Case Management Systems and Tracking Sheets, CY 2024.

Starting Out Strong Serves Families in Areas with the Highest Birth Rates

In Alameda County, the highest birth rates are in East Oakland, San Leandro / Hayward, Fremont / Newark, and northern Livermore.

Starting Out Strong Cases by City, FY 2024-25



Families Served: 1883

North County: 1107

Oakland, Alameda, Emeryville, Berkeley

Central/South County: 651

Hayward, San Leandro, Fremont, Union City, Castro Valley, Newark, San Lorenzo

East County: 35

Dublin, Livermore, Pleasanton

Other

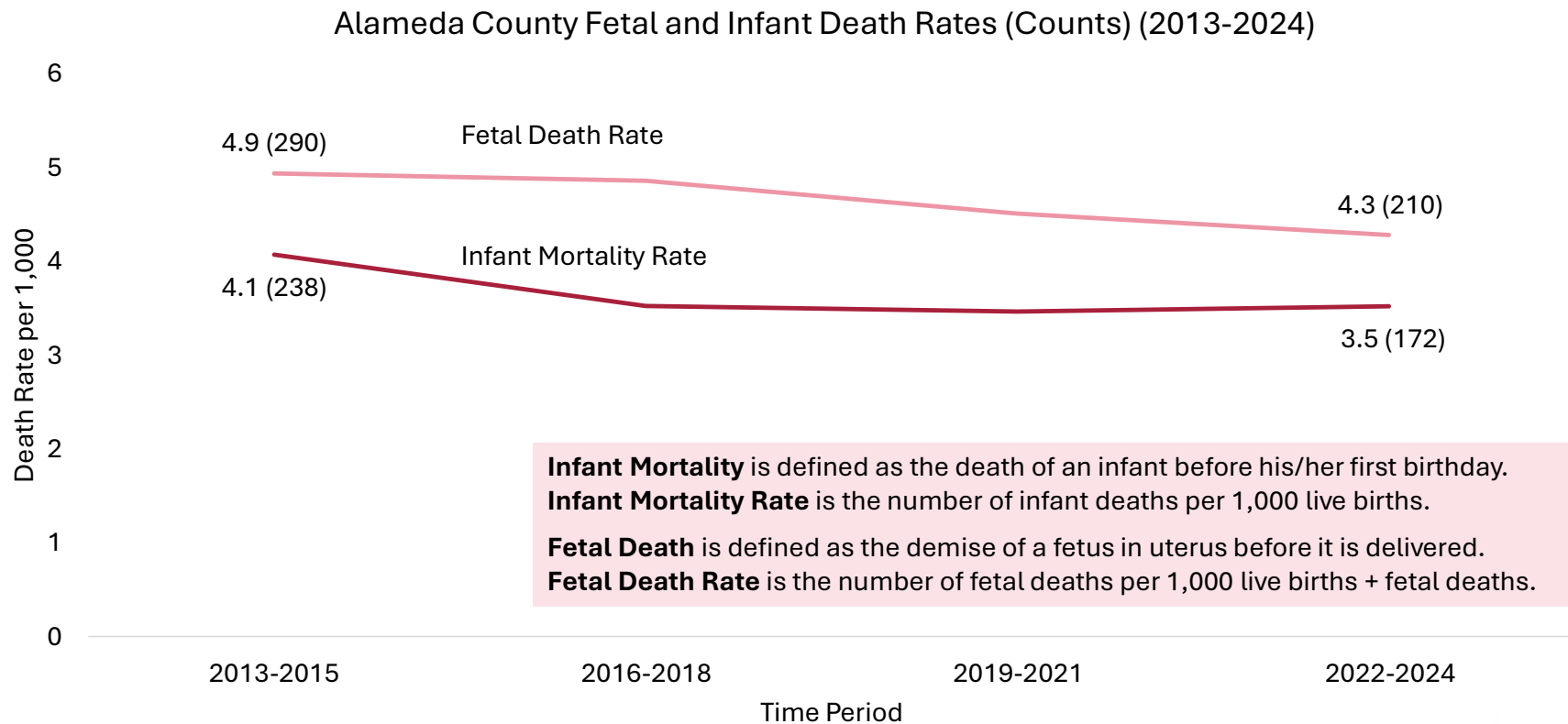
Out of County: 31
Unknown: 59

Source: MPCA Case Management Systems and Tracking Sheets, FY 2024-2025



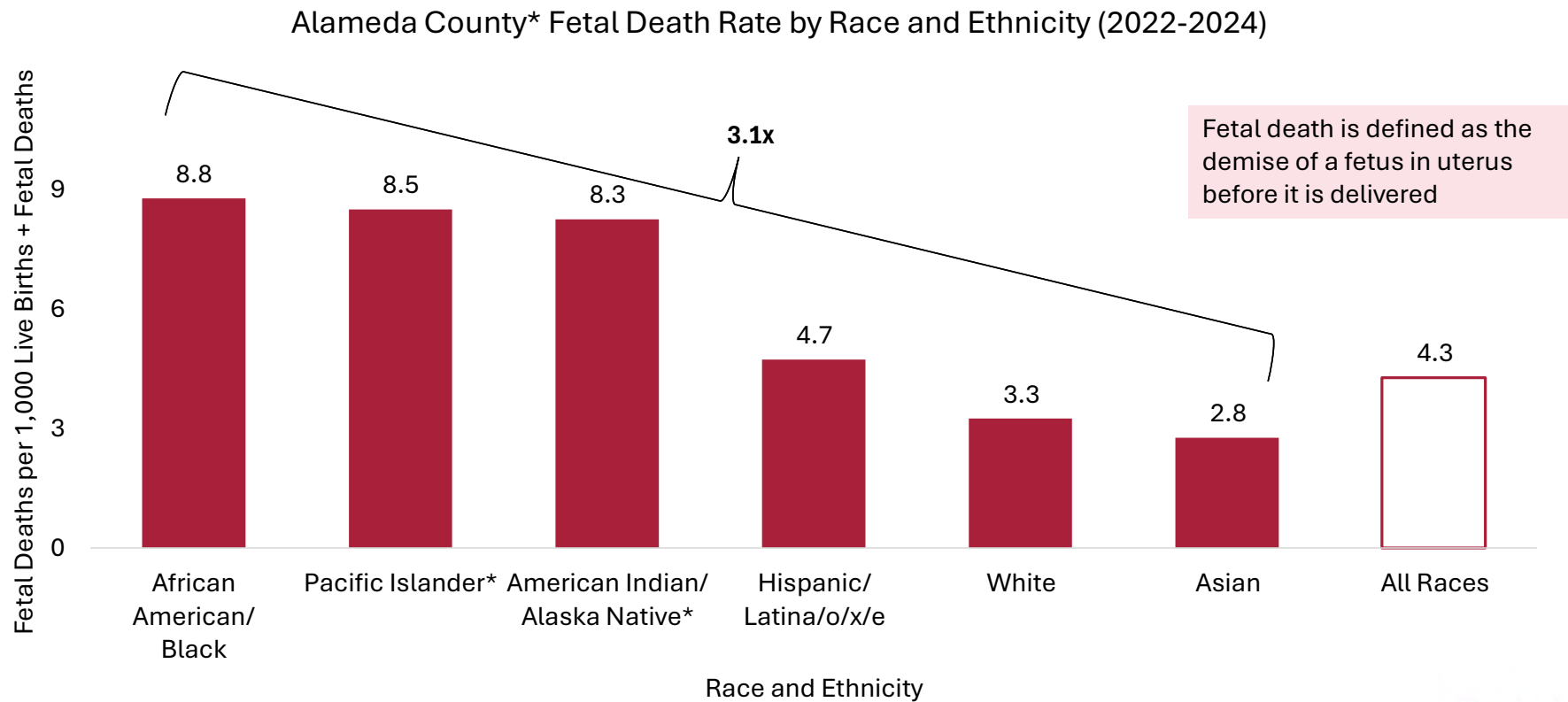
Alameda County Infant, Fetal and Maternal Deaths

Infant and Fetal Death Rates are Decreasing



Source: CAPE, with data from Alameda County Vital Statistics files, 2013-2024.

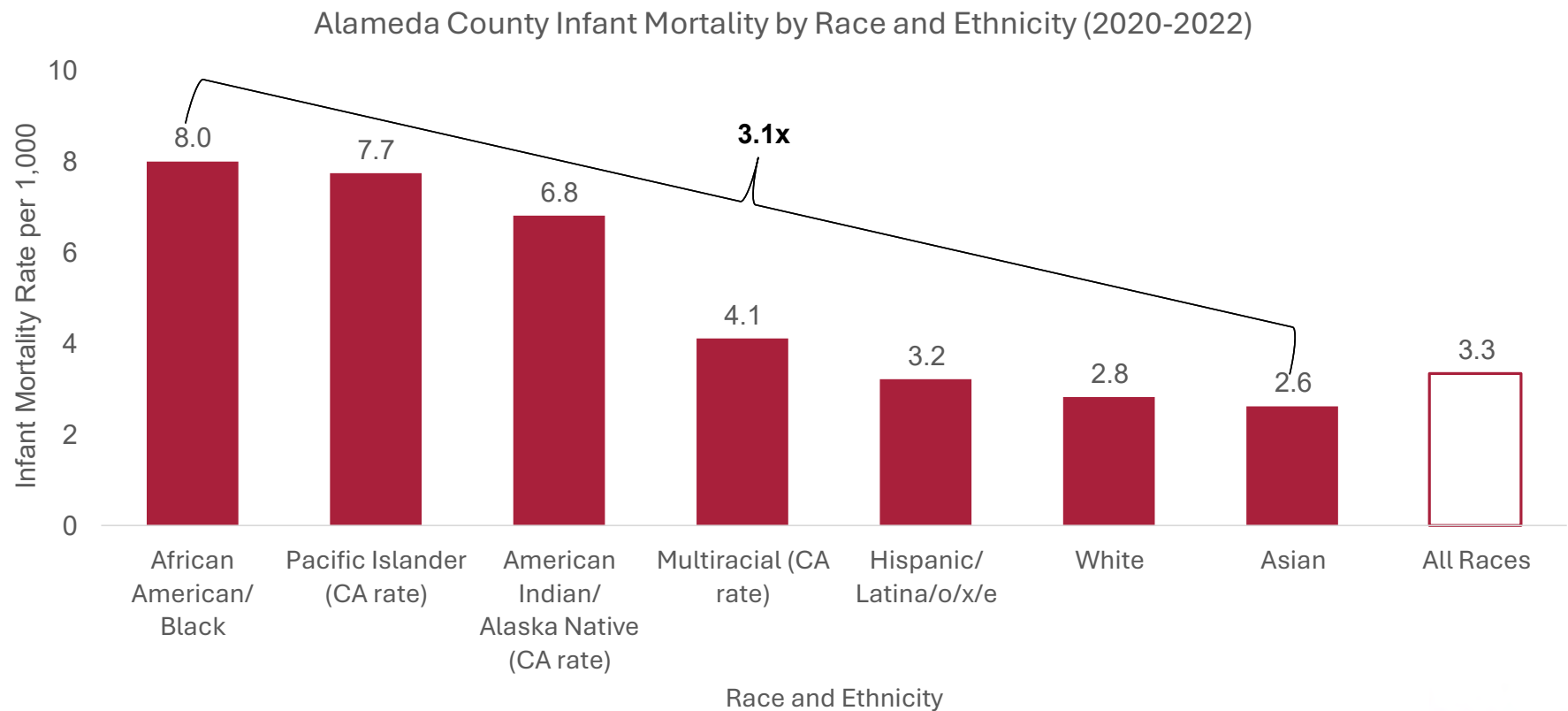
Racial and Ethnic Inequities in Fetal Deaths



Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024 and CDPH Fetal Mortality Dashboard, 2022-2024.

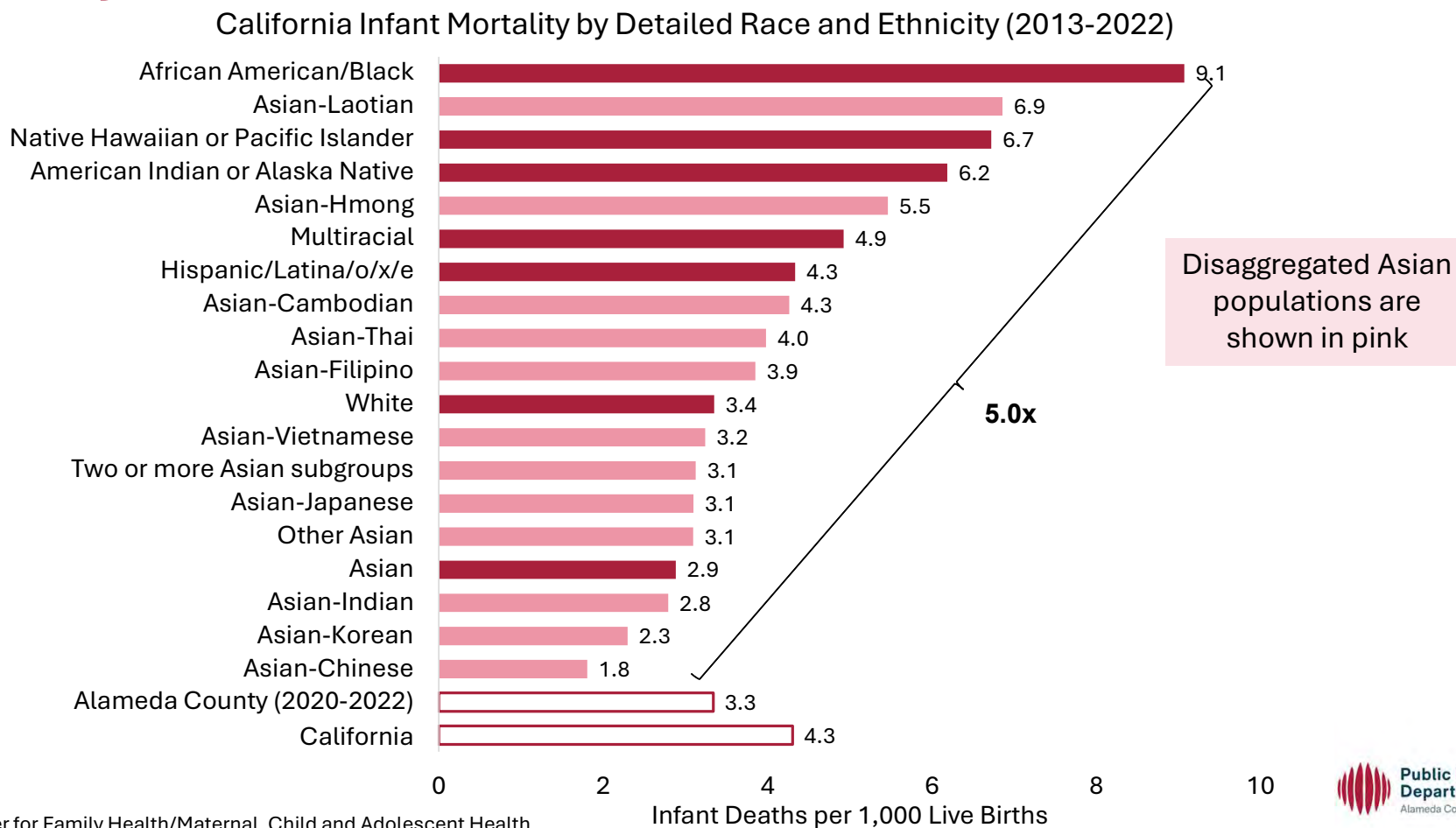
*Statewide data in California (2022-2024) due to small counts in Alameda County.

Racial and Ethnic Inequities in Infant Deaths



Source: CAPE, with data from CDPH Infant Mortality Dashboard 2020-2022.

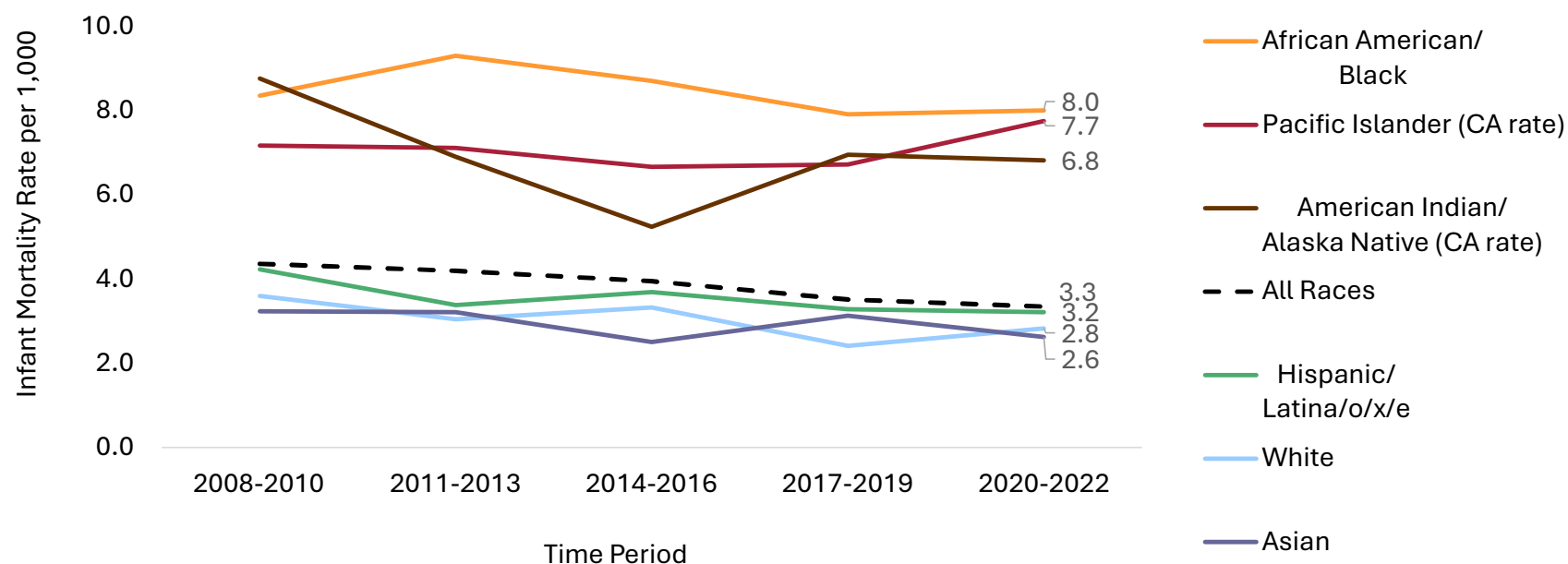
California Detailed Racial and Ethnic Inequities in Infant Mortality



Source: CDPH Center for Family Health/Maternal, Child and Adolescent Health Division/Epidemiology, Surveillance, and Federal Reporting Section, 2013-2022.

Important to Continue Progress on Racial and Ethnic Inequities in Infant Mortality

Alameda County* Trend in Infant Mortality by Race and Ethnicity (2008-2022)

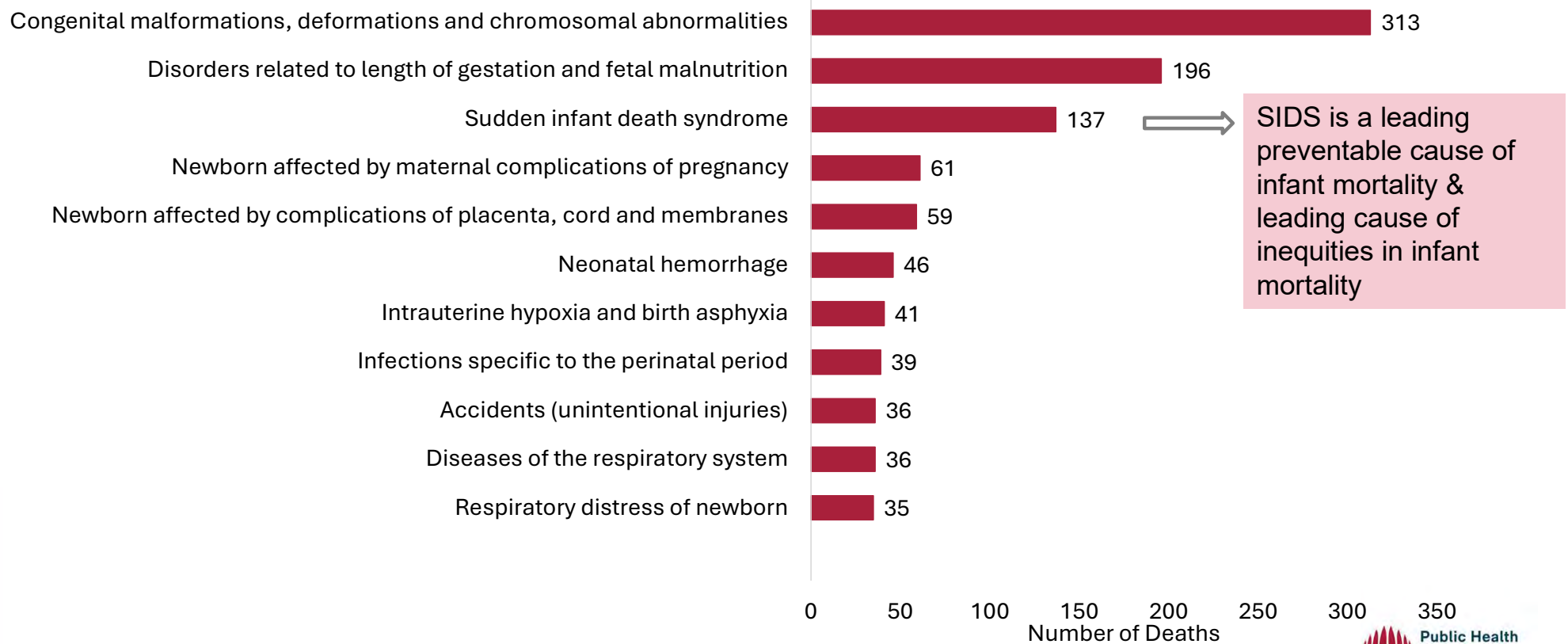


Source: CAPE with data from CDPH Infant Mortality Dashboard 2008-2022.

*California data (2010-2021) provided for some populations due to small counts in Alameda County.

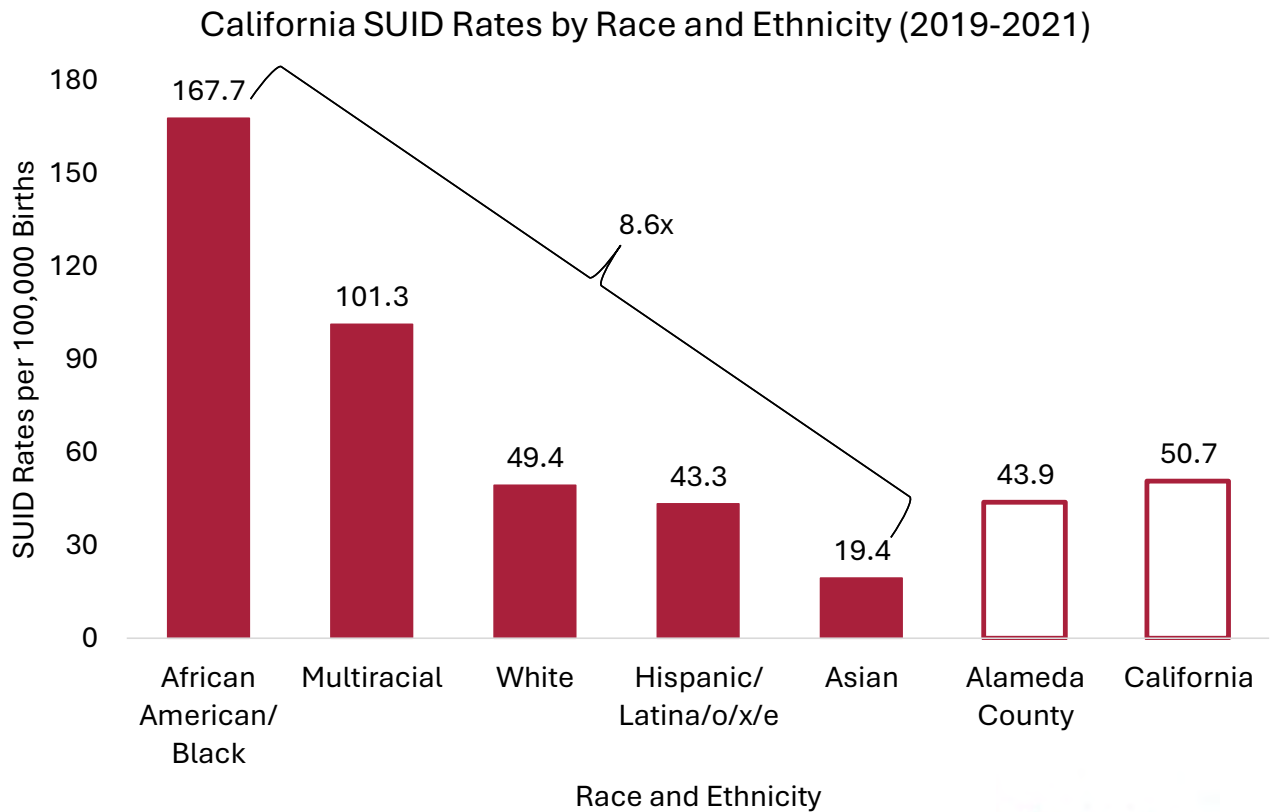
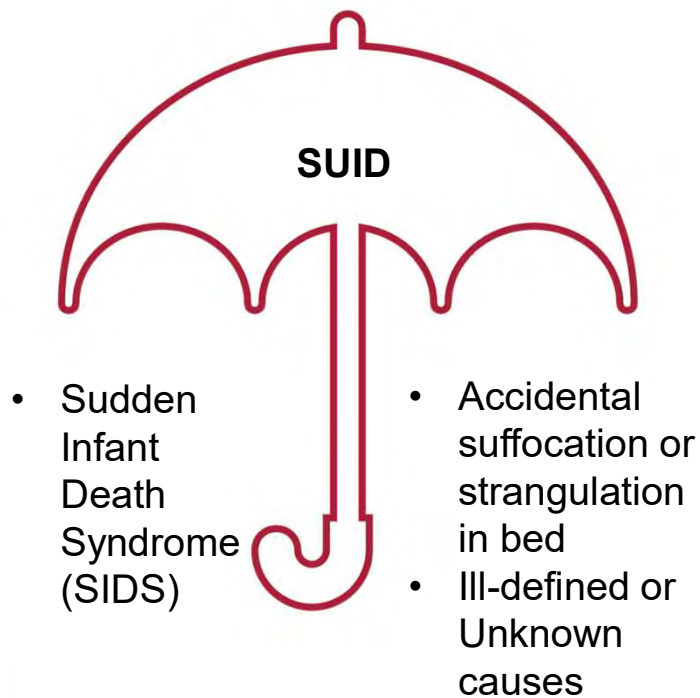
Leading Causes of Infant Deaths in Alameda County

Alameda County Leading Causes of Infant Deaths (2005-2024)



Source: CAPE, with data from Alameda County Vital Statistics files, 2005-2024.

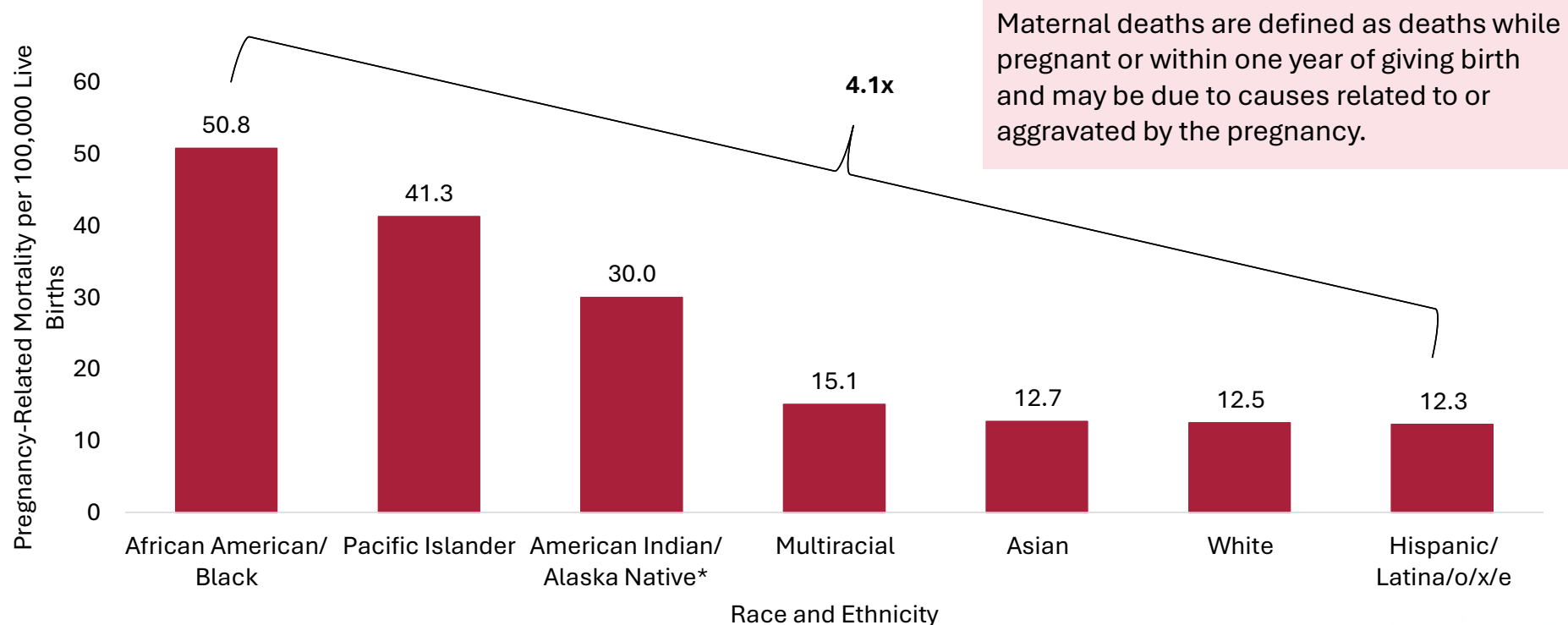
Racial and Ethnic Inequities in Sudden Unexpected Infant Death (SUID), California (2019-2021)



Source: CDPH Sudden Unexpected Infant Death Dashboard, 2019-2021.

Racial and Ethnic Inequities in Pregnancy Related Deaths

California Pregnancy-Related Mortality, by Race and Ethnicity (2009-2022)

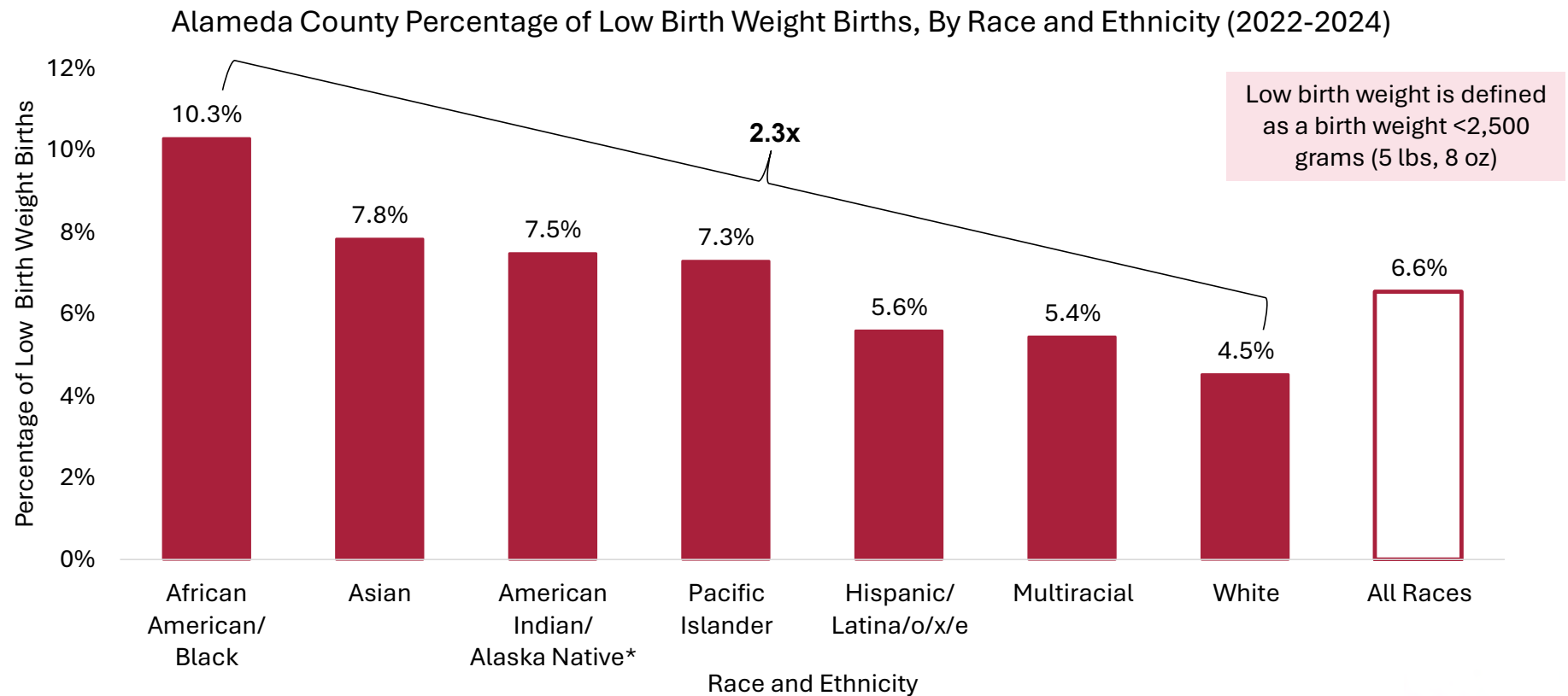


Source: CDPH Center for Family Health/Maternal, Child and Adolescent Health Division/Epidemiology, Surveillance, and Federal Reporting Section, 2013-2022, and CDC MMWR <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>

*American Indian/Alaska Native data are 2007-2016 national estimates due to the small number of deaths in CA.

Alameda County Infant Indicators

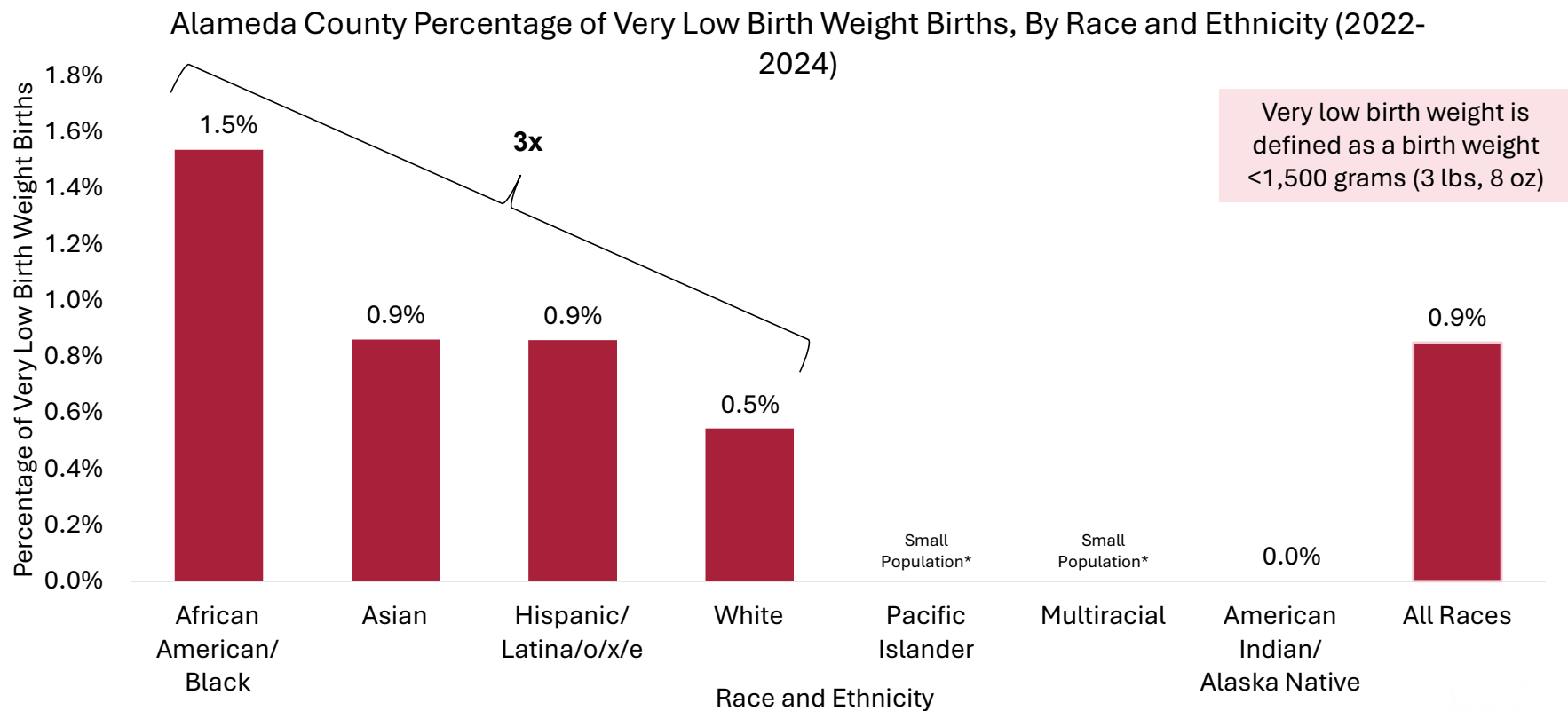
Racial and Ethnic Inequities in Low Birth Weight Births



Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024 and CDPH Low Birthweight Dashboard, 2021-2023.

*Statewide data in California (2021-2023) due to small counts in Alameda County.

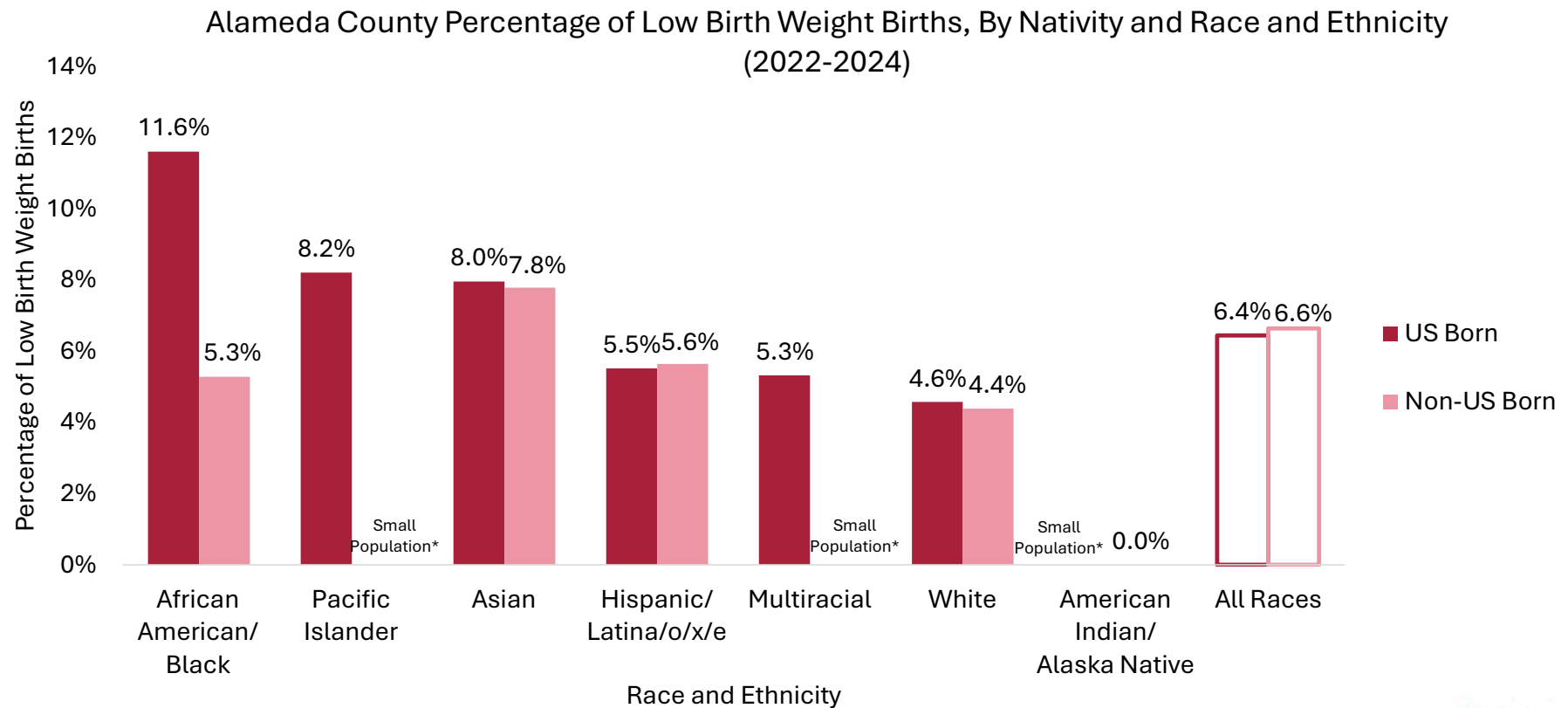
Similar Patterns in Very Low Birth Weight Births



Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024.

*Suppressed data due to counts <11

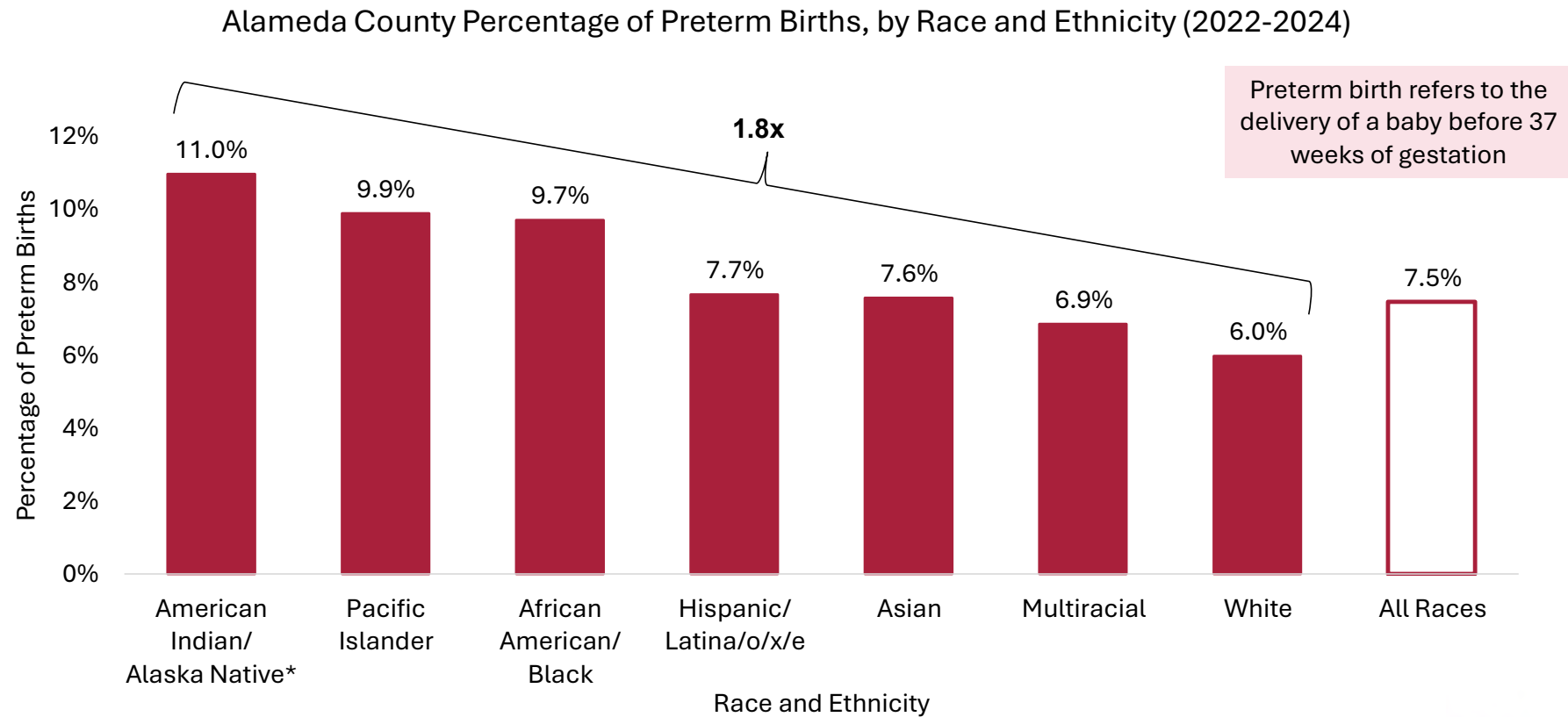
Racial and Ethnic Inequities in Low Birth Weight Births by Nativity



Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024.

*Suppressed data due to counts <11

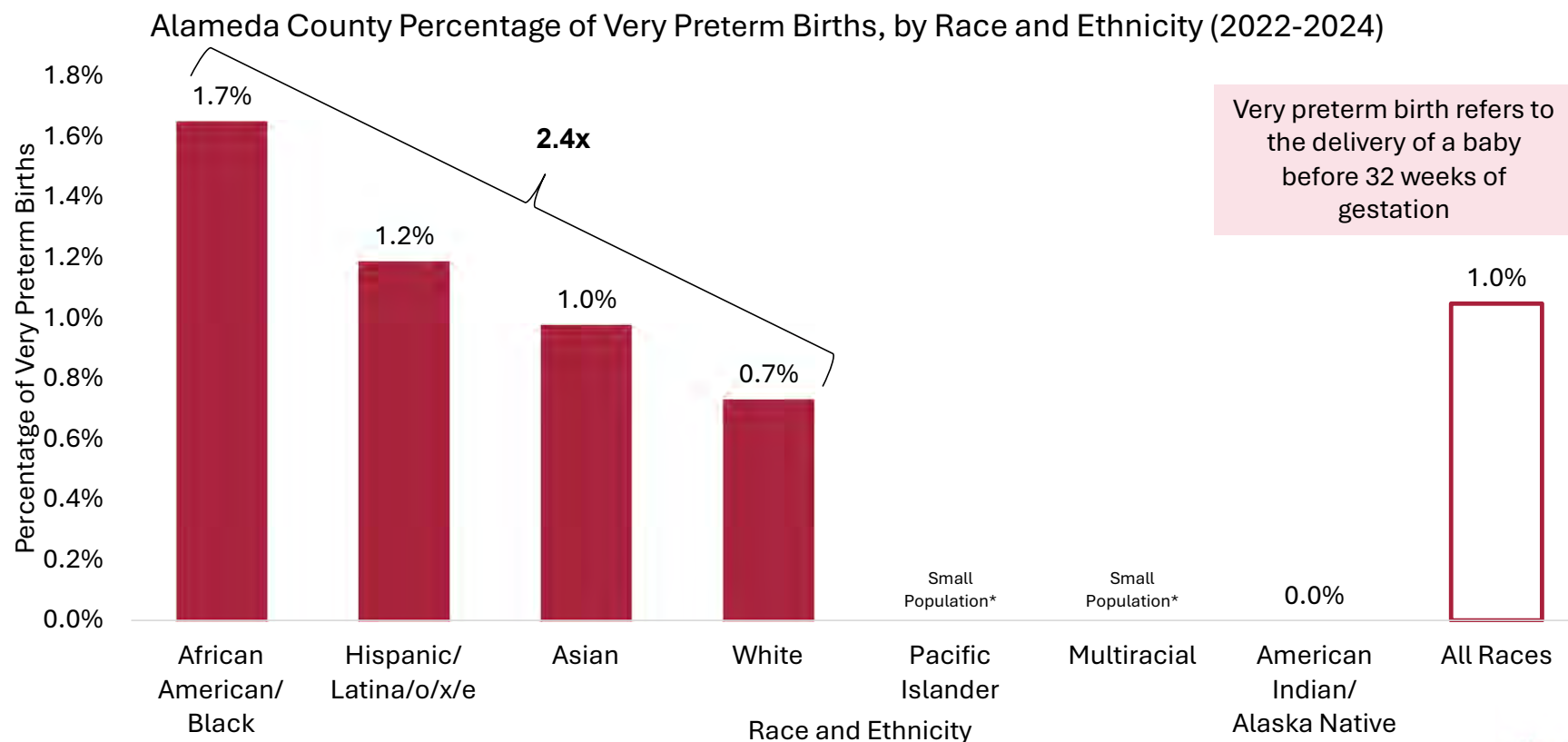
Racial and Ethnic Inequities in Preterm Births



Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024 and CDPH Preterm Birth Dashboard, 2021-2023.

*Statewide data in California (2021-2023) due to small counts in Alameda County.

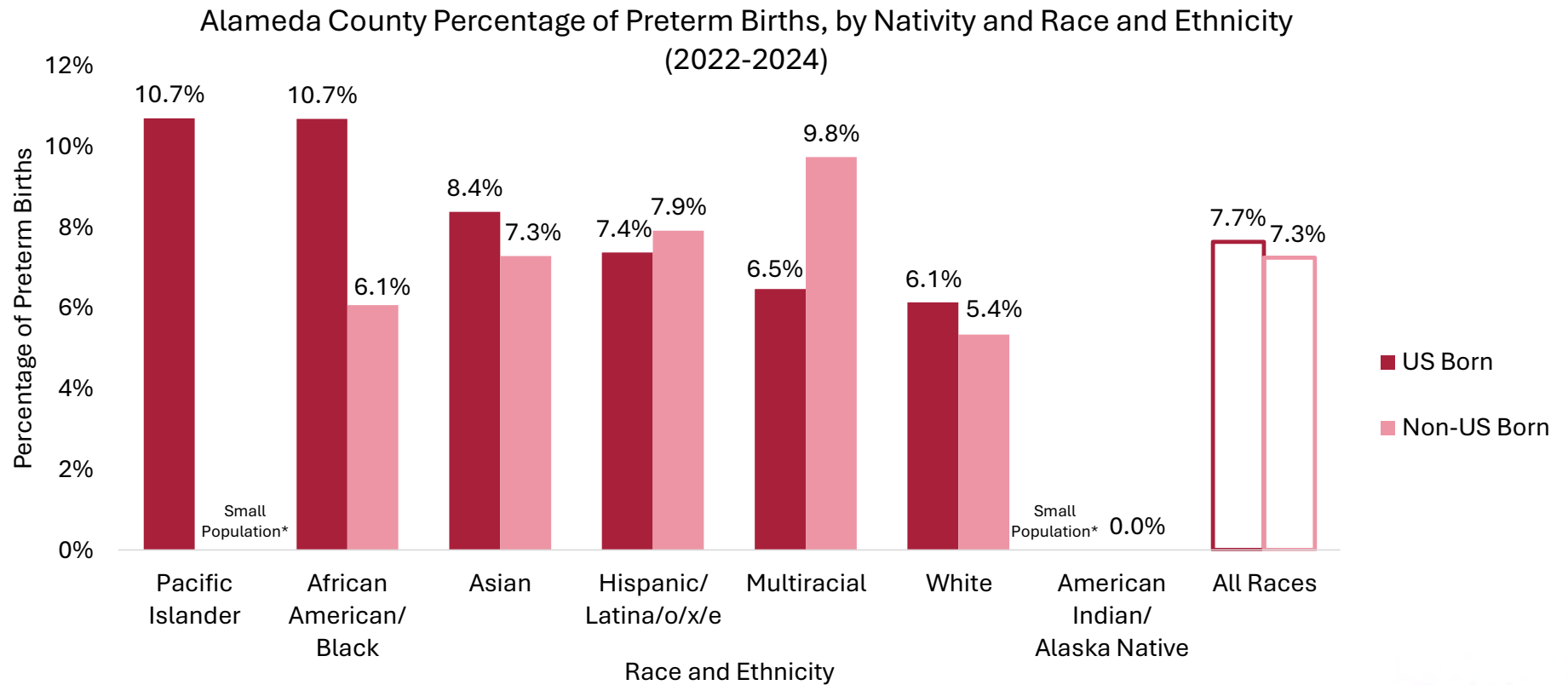
Highest Burden of Very Preterm Births among African American/Black Women and Birthing People



Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024.

*Suppressed data due to counts <11

US Born Pacific Islander and African American Communities Had the Highest Percentages of Preterm Births

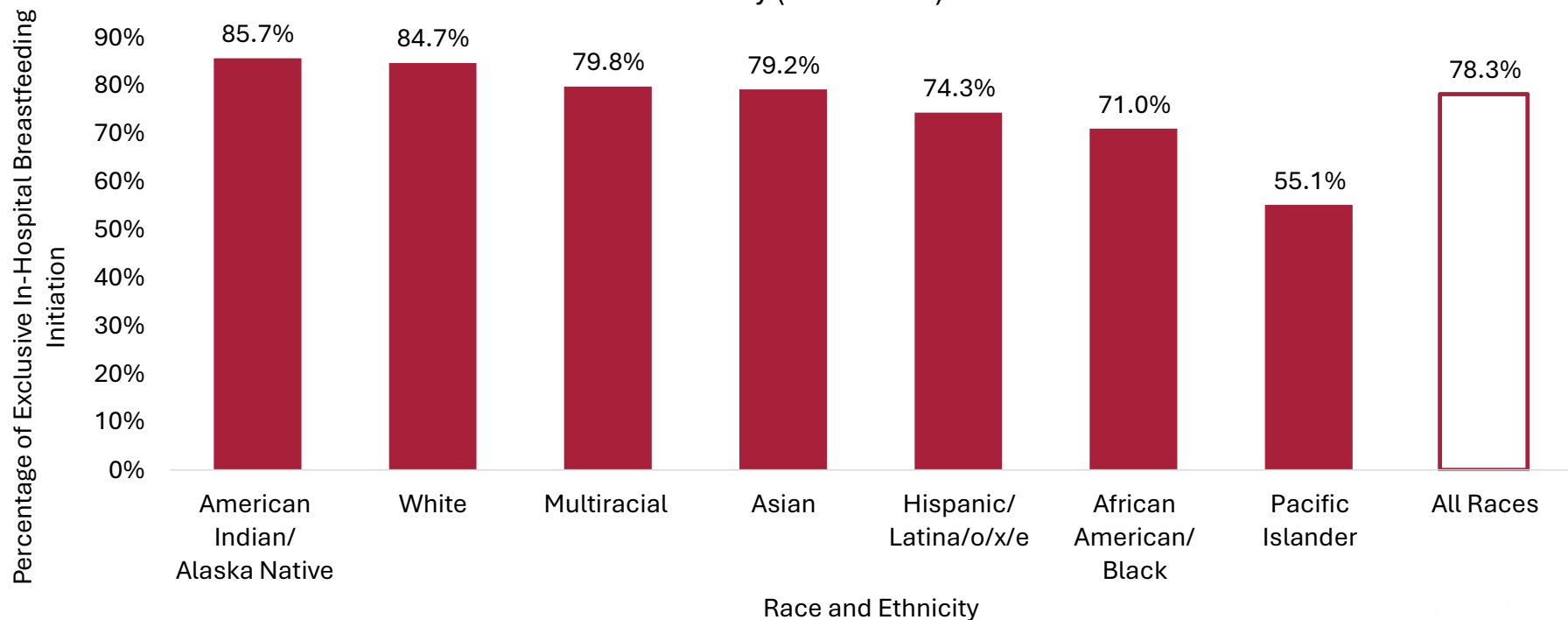


Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024.

*Suppressed data due to counts <11

Nearly 4 in 5 Families Start Breastfeeding Their Infants in Hospitals, but with Inequities by Race and Ethnicity

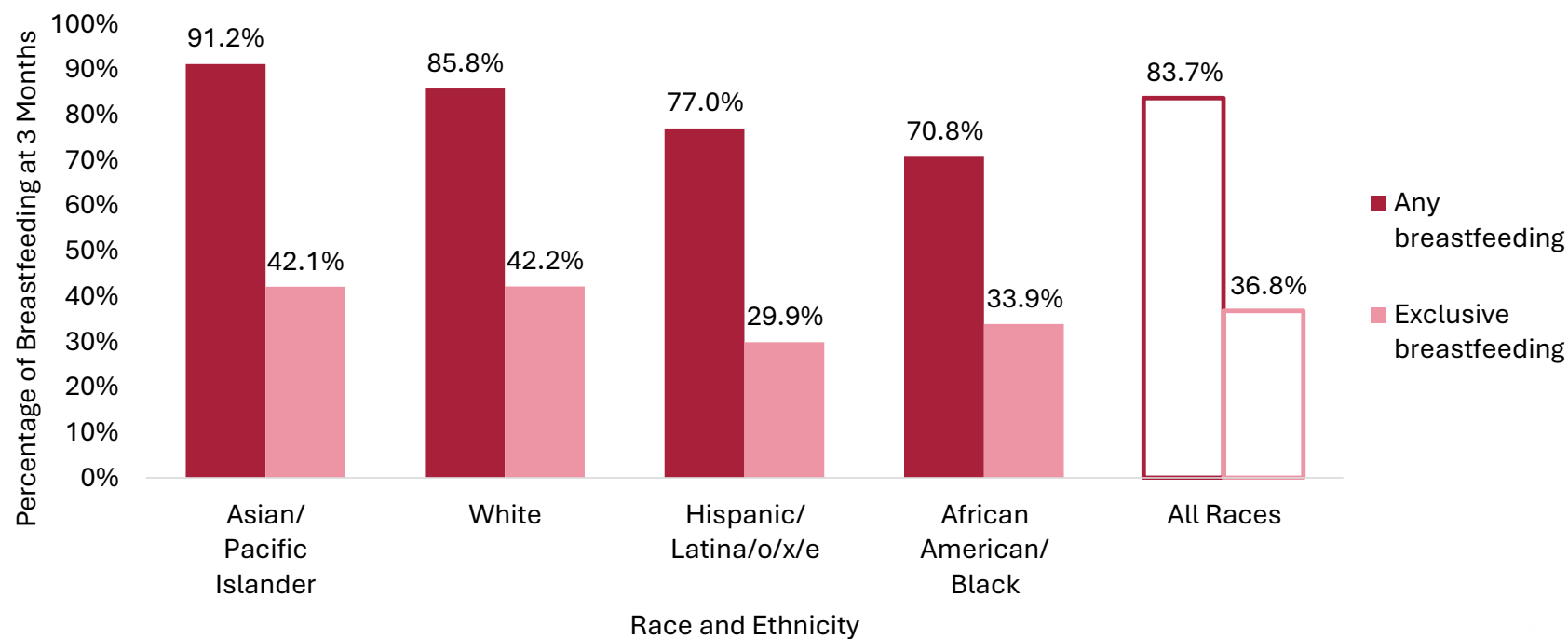
Alameda County Percentage of Exclusive In-Hospital Breastfeeding Initiation, by Race and Ethnicity (2020-2022)



Source: CDPH Breastfeeding Initiation Dashboard, 2020-2022.

4 in 5 Families Breastfeed Their Infant at 3 Months After Delivery, but Fewer Exclusively Breastfeed

Alameda County Percentage of Any and Exclusive Breastfeeding at 3 Months, by Race and Ethnicity (2019-2021)



Source: CDPH Breastfeeding Intention and Duration Dashboard, 2019-2021.

Structural Drivers of Breastfeeding and Infant Care Practices



No Guaranteed Paid Family Leave

Time with Baby

Pumping Accommodations at Work



Safe and Stable Housing

Black/African American and Hispanic/Latino/a/x/e women and people giving birth report higher rates of homelessness

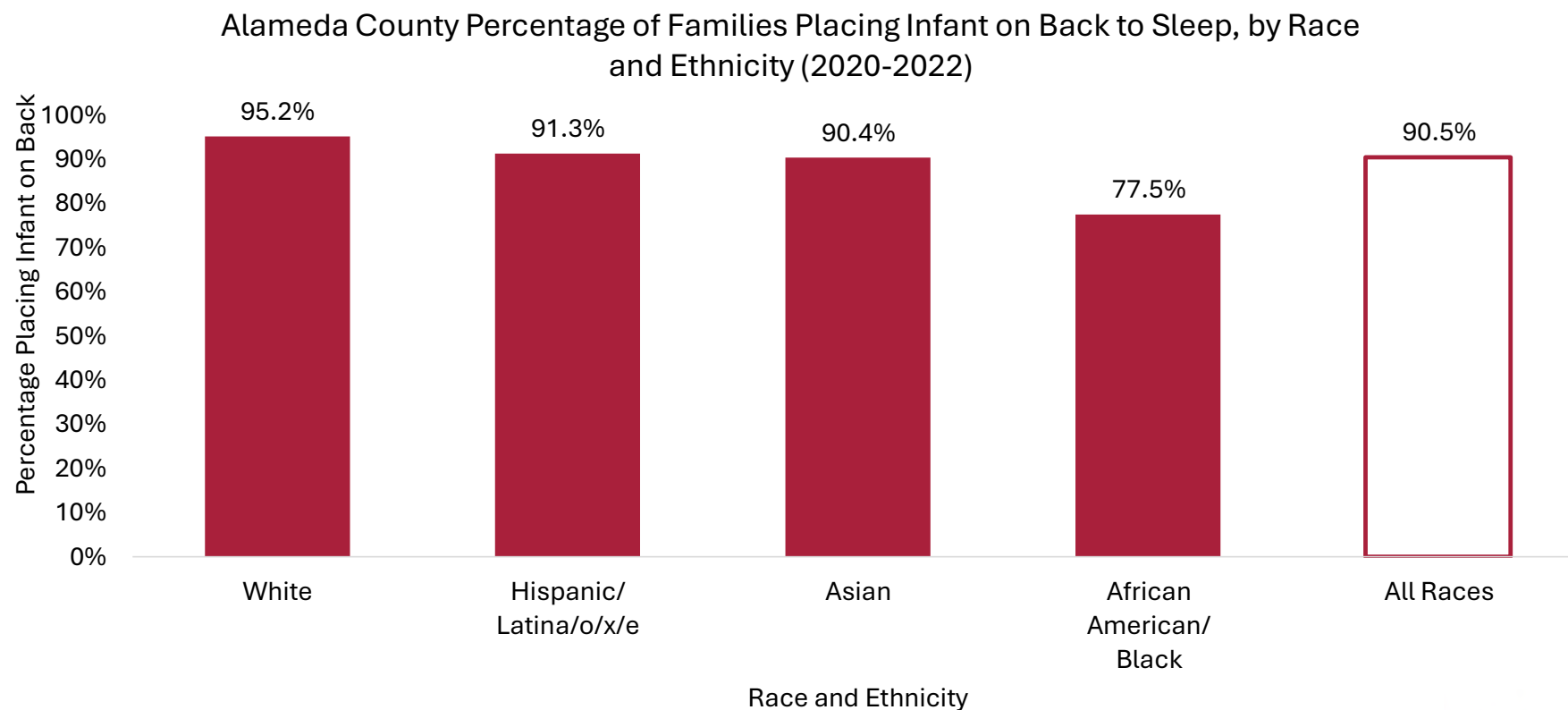
Prenatal and Postpartum Care

Lactation Support/Coaching
Infant Care Education



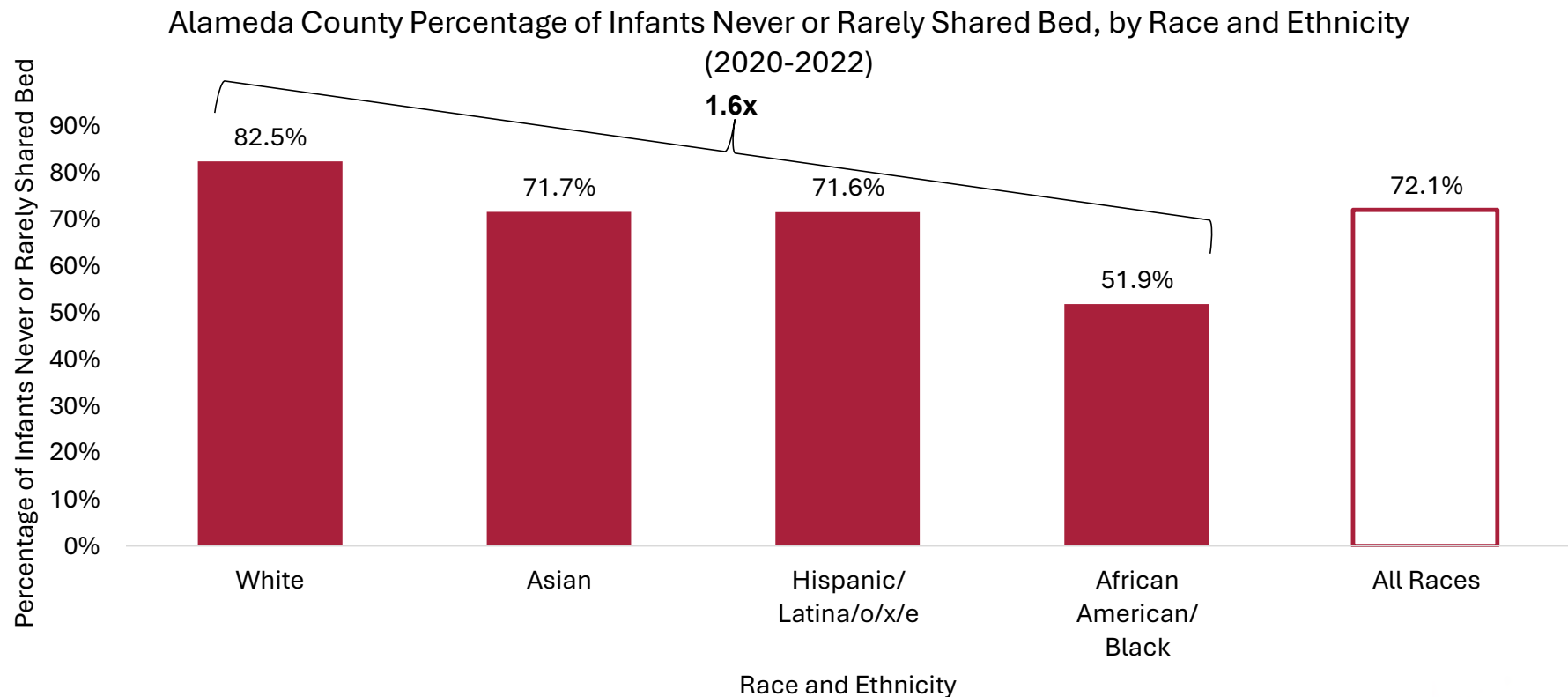
Due to structural racism and differences in socioeconomic position, some women and people giving birth have less time and resources to spend on lactation supports, supplies, and infant care education

There Are Opportunities to Increase Education on Placing Infants on Back to Sleep by Race and Ethnicity



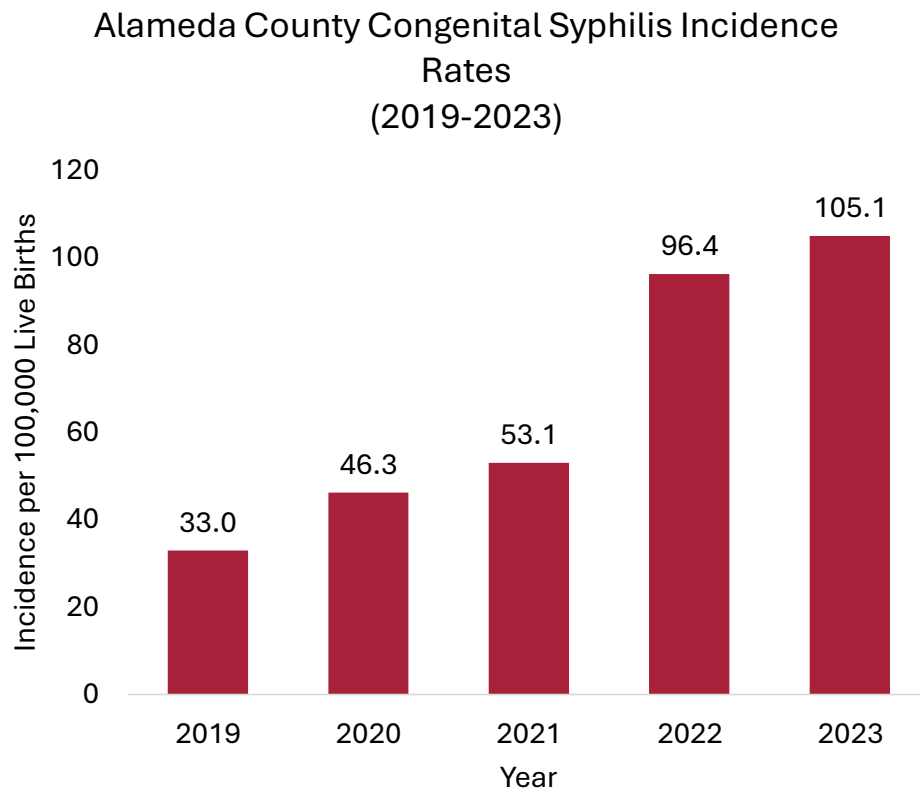
Source: Maternal and Infant Health Assessment (MIHA) Survey, 2020-2022.

There Are Differences in How Often Infants Never or Rarely Share Beds with Families by Race and Ethnicity



Source: Maternal and Infant Health Assessment (MIHA) Survey, 2020-2022.

Increasing Rates of Congenital Syphilis in Alameda County

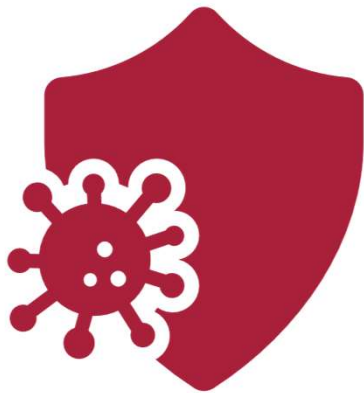


- Syphilis in newborns - occurs when a pregnant person passes the infection to their fetus during pregnancy or during birth
- Babies born with congenital syphilis may have deformed bones, skin rashes, jaundice, and other physical, neurologic, and developmental impairments
- Some contributing factors include increasing rates of syphilis in the community, provider knowledge and practices, lack of healthcare access, reductions in sexual health services, housing instability, and poverty
- Can be prevented with timely screening and adequate prenatal care during pregnancy

Source: Alameda County Division of Communicable Disease Control and Prevention (DCDCP), with data from the California Reportable Disease Information Exchange (CalREDIE), 2019-2023.

Key Priorities for Healthy Childhoods

Keep up
high immunization
rates in pregnancy
and childhood



Increase blood
lead screening at
12 months &
24 months



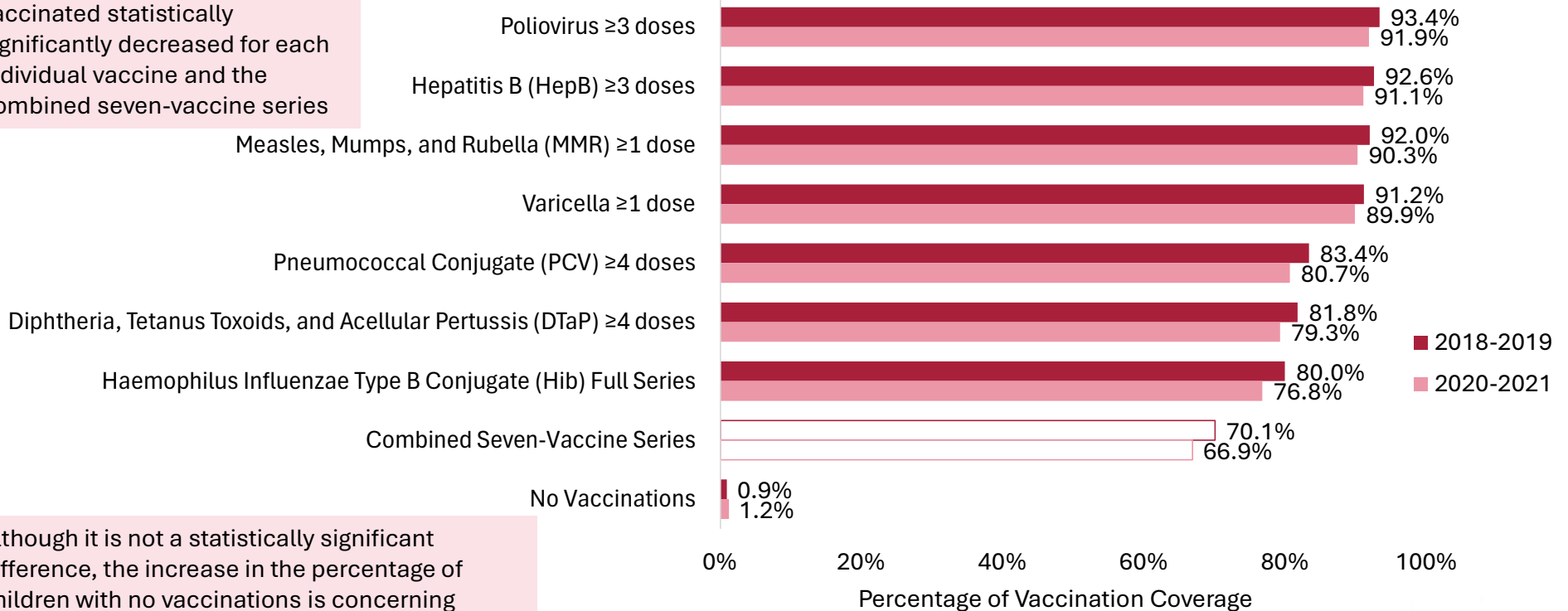
Promote healthy
food & reduced
sugar sweetened
beverage
consumption



National Vaccination Rates are Decreasing

United States Estimated Percentage of Vaccination Coverage by Age 24 Months Among Children Born During 2018-2019 and 2020-2021 (2019-2023)

The percentage of children vaccinated statistically significantly decreased for each individual vaccine and the combined seven-vaccine series

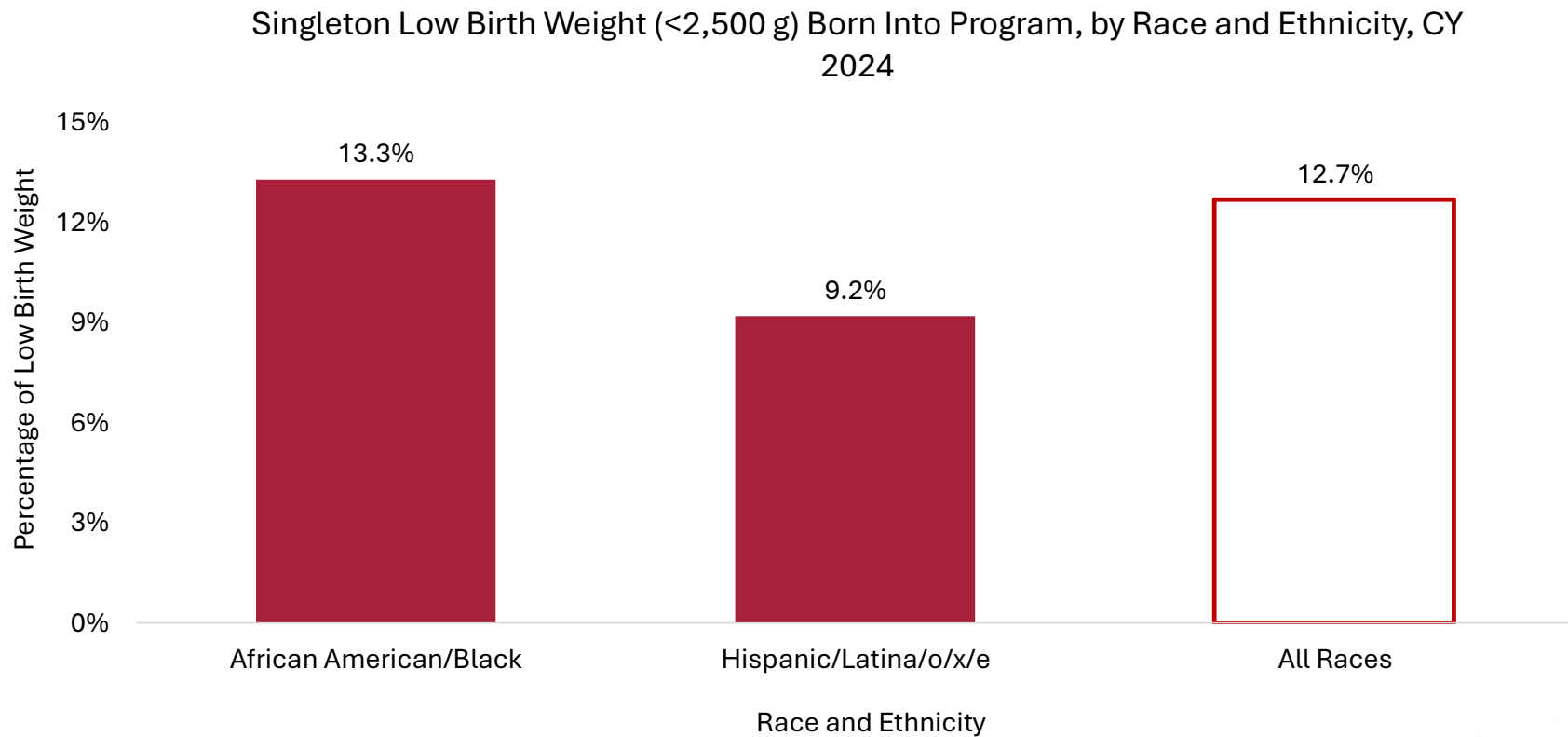


Although it is not a statistically significant difference, the increase in the percentage of children with no vaccinations is concerning because it approaches the Healthy People 2030 target threshold of having ≤1.3% of children with no recommended vaccines by age 2 years

Source: National Immunization Survey-Child, 2019-2023 as published in MMWR Morb Mortal Wkly Rep 2024;73:844-853

Starting Out Strong Infant and Child Health Measures

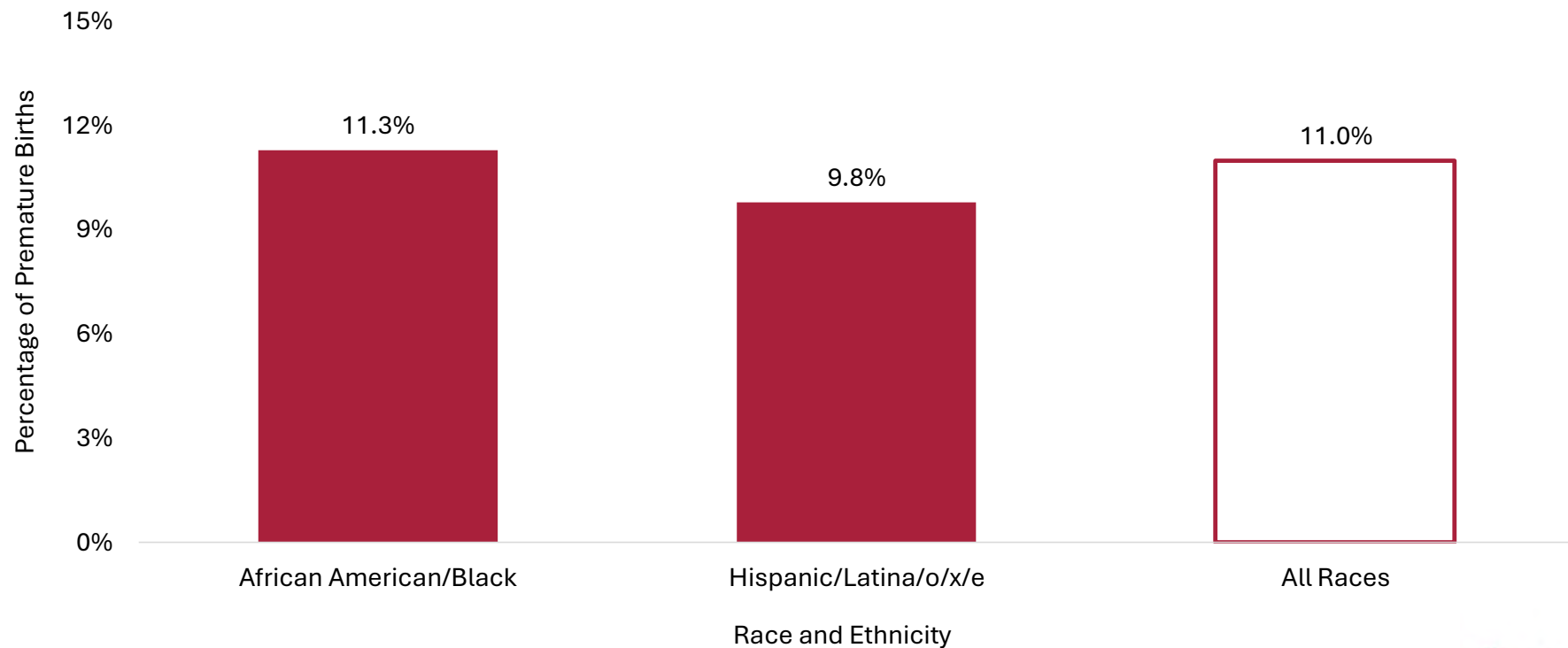
Singleton Low Birth Weight Born Into Program



Source: MPCAHA Case Management Systems Birth Data, CY 2024.

Singleton Premature Born Into Program

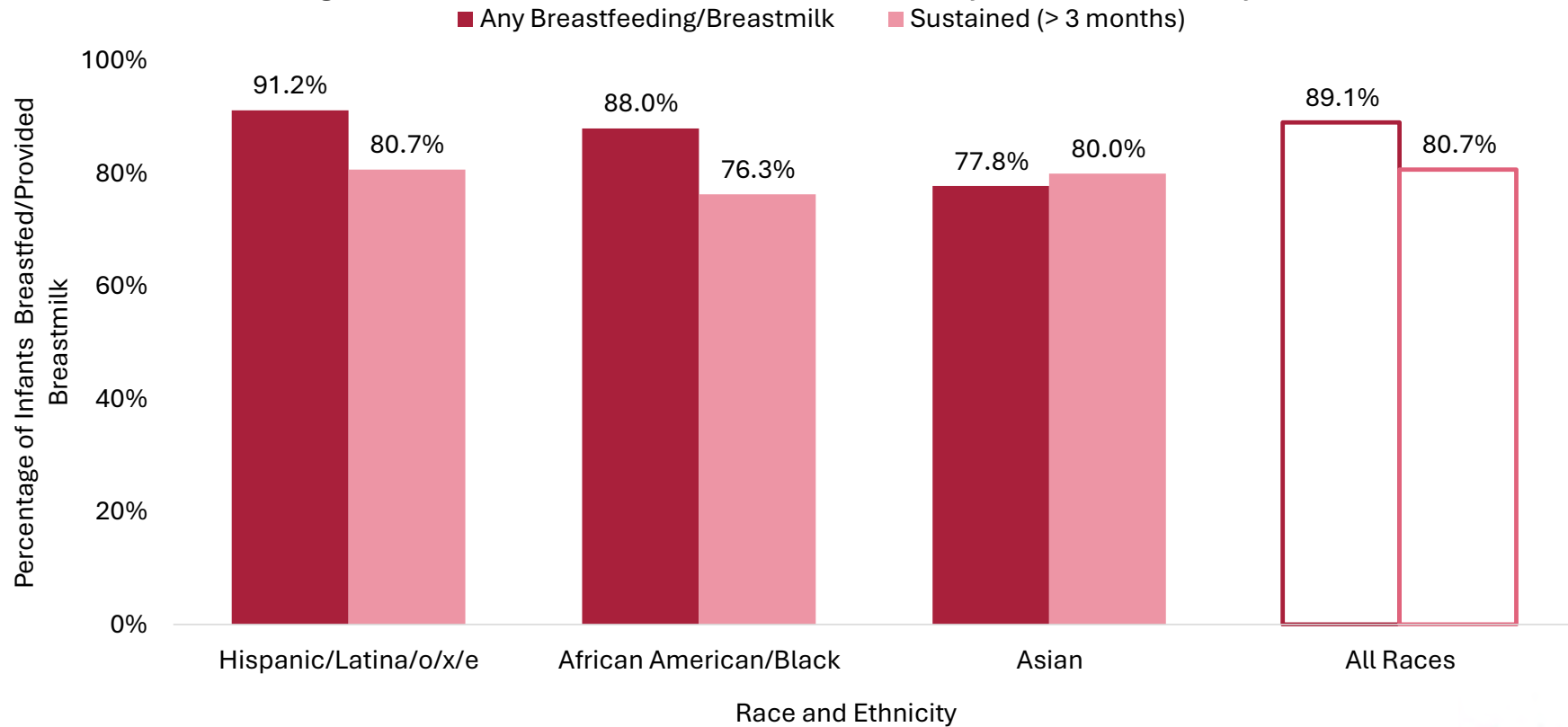
Singleton Premature Births (<37 Weeks Gestational Age) Born Into Program,
by Race and Ethnicity, CY 2024



Source: MPCAHA Case Management Systems Birth Data, CY 2024.

Infants Breastfed or Provided Breastmilk

Percentage of Infants Breastfed/Provided Breastmilk, by Race and Ethnicity, CY 2024



Source: MPCA Case Management Systems and Tracking Sheets, CY 2024.

Safe Sleep Practices

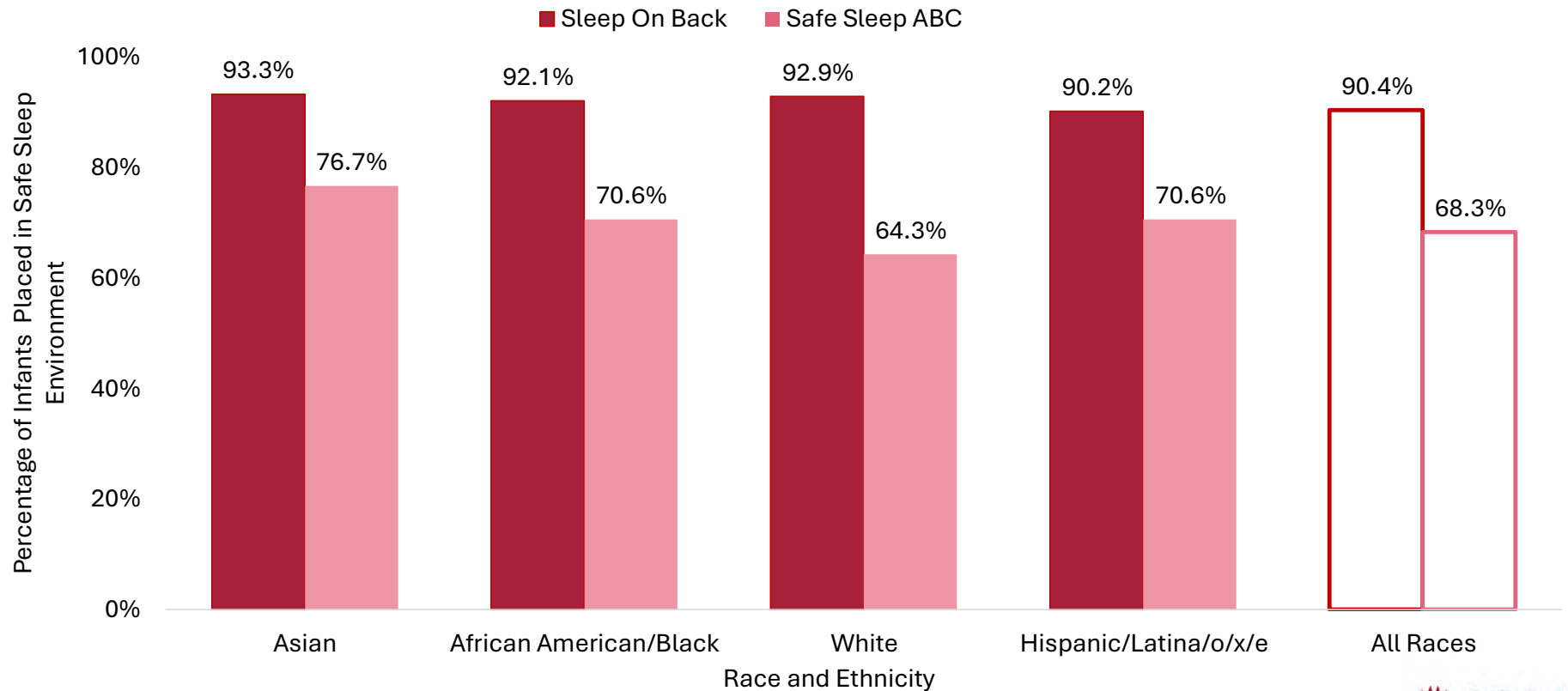
Safe Sleep

A: Alone in crib (no co-sleeping)

B: Back (put to sleep on back)

C: Crib (in crib with tightly fitted sheets and no toys or blankets)

Percentage of Infants Placed in a Safe Sleep Environment, by Race and Ethnicity, CY 2024



Source: MPCA Case Management Systems and Tracking Sheets, CY 2024.

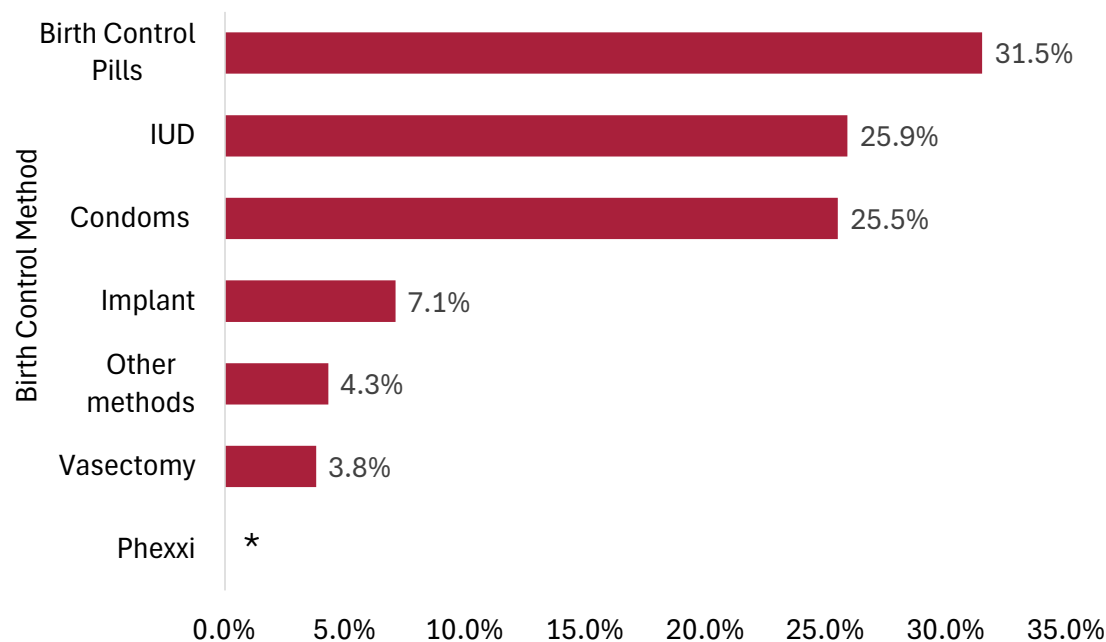
Alameda County Pregnancy and Delivery Indicators

Birth Control Methods to Prevent Unintended Pregnancies

3.9%
of women 18-44 years in
California had an
unintended pregnancy
in the past 12 months

55.2%
of women 18-44 yrs in
Alameda County use birth
control to prevent pregnancy

Alameda County Percentage of Main Birth Control Method Use
in the Past 12 Months (2024)



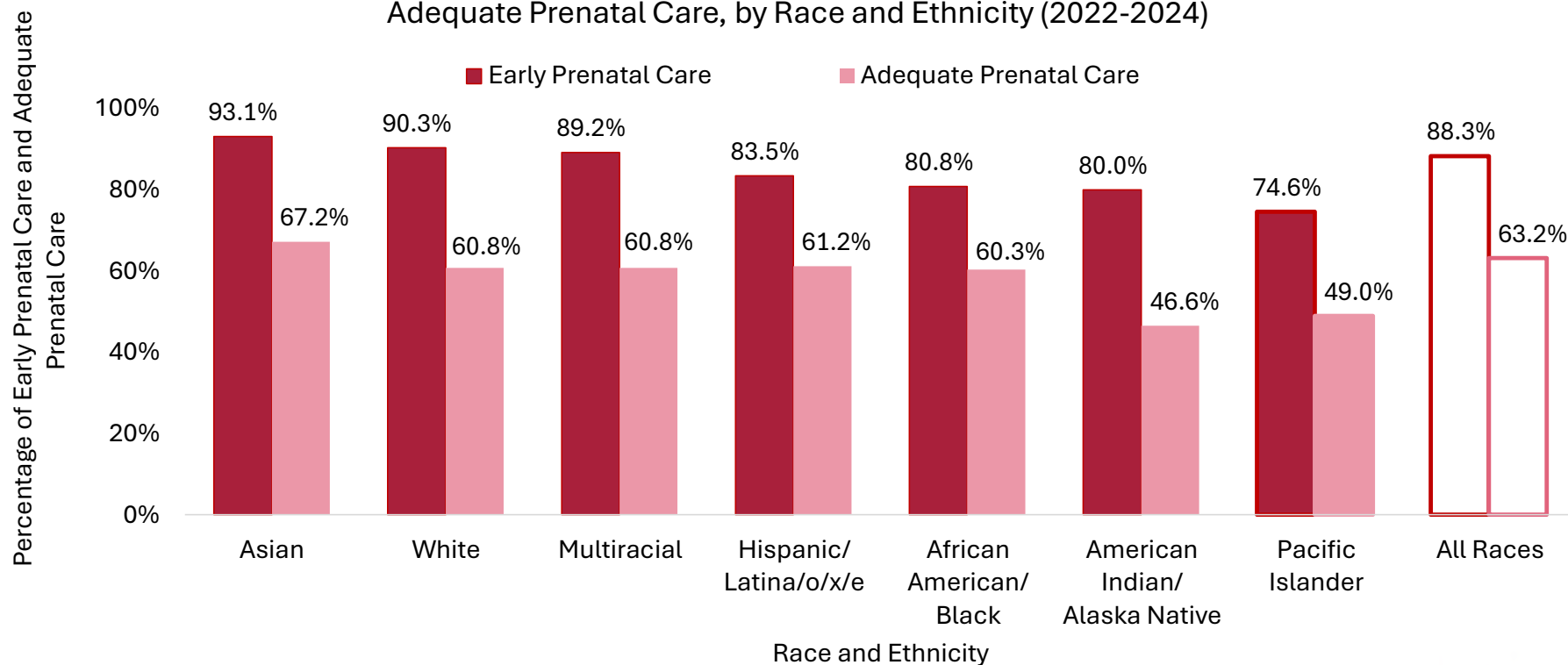
Percent of Main Birth Control Use

*Suppressed data due to counts <11

Source: California Health Interview Survey, 2024.

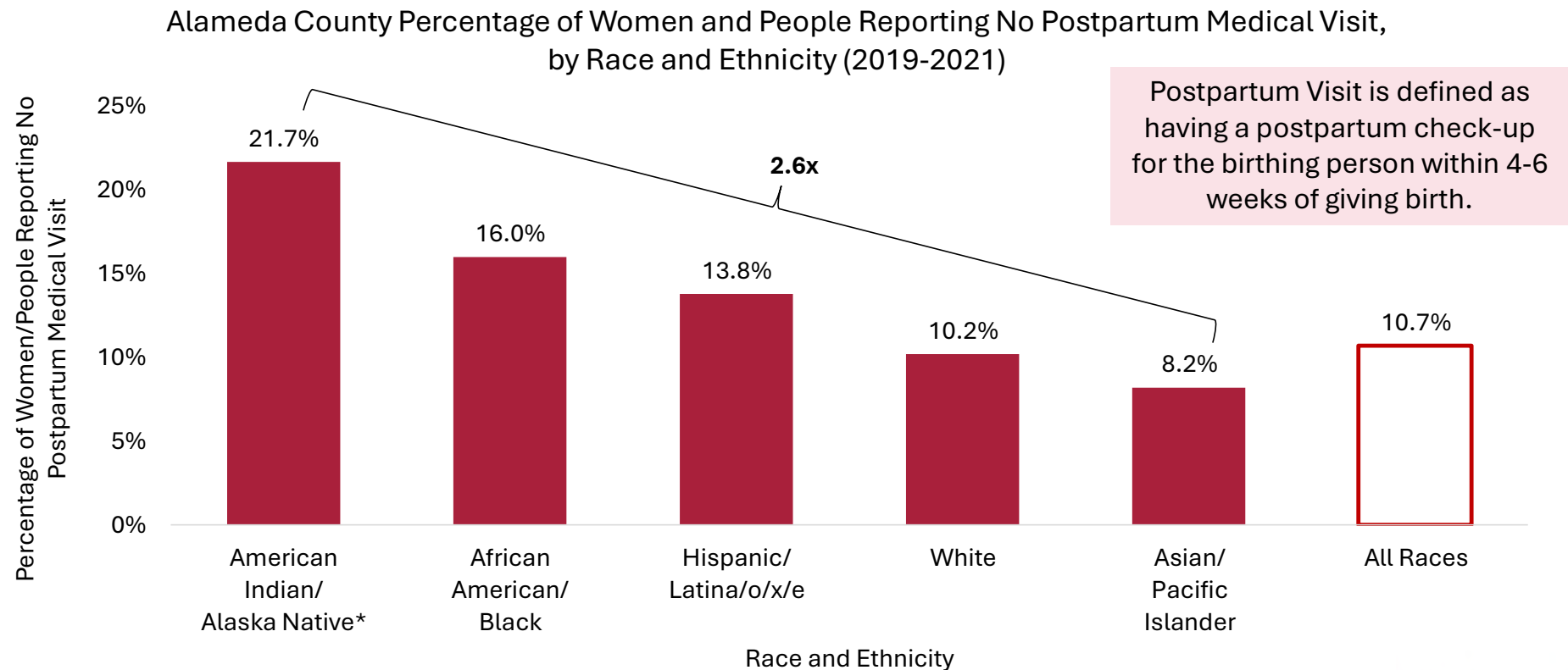
Inequities in Prenatal Care

Alameda County Percentage of Women and Birthing Persons with Early Prenatal Care and Adequate Prenatal Care, by Race and Ethnicity (2022-2024)



Source: CAPE, with data from Alameda County Vital Statistics files, 2022-2024.

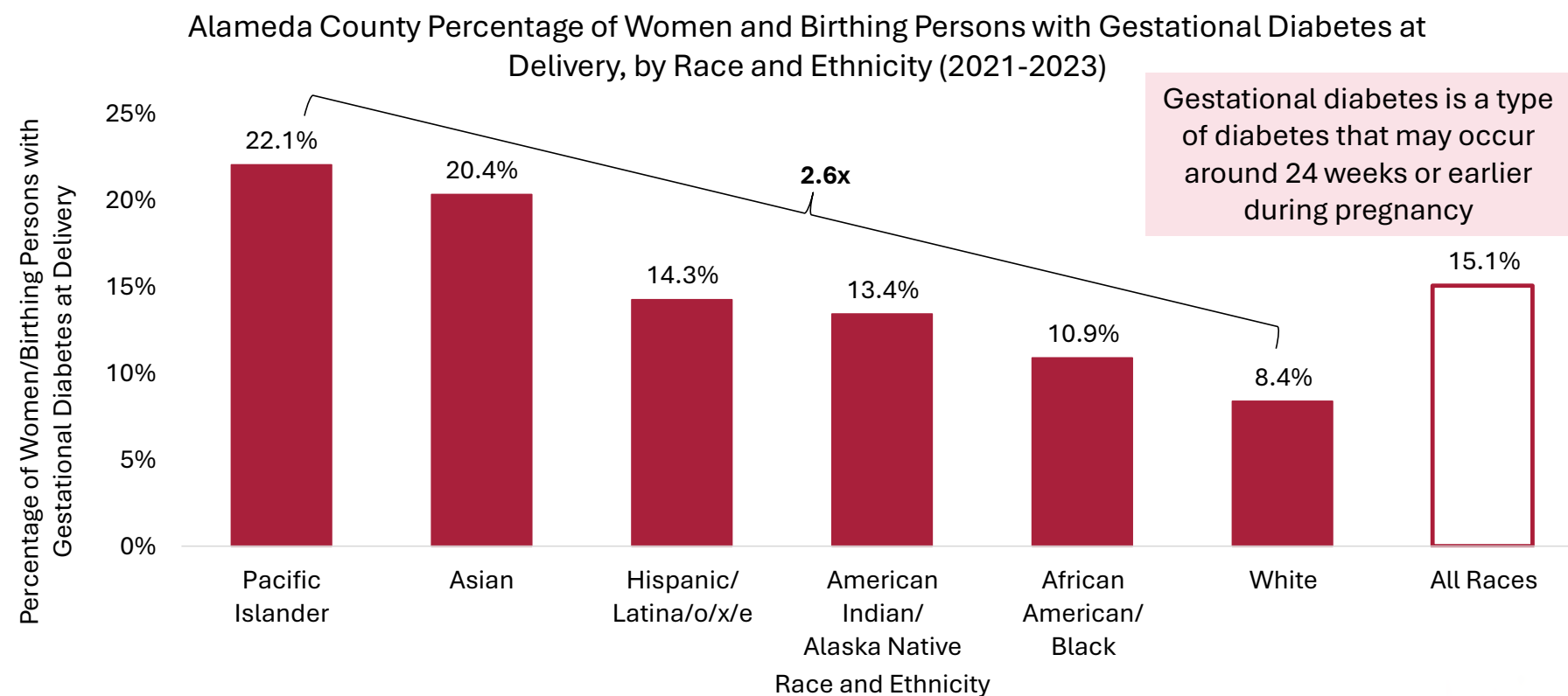
Racial and Ethnic Inequities in Postpartum Medical Visits



Source: Maternal and Infant Health Assessment (MIHA) Survey, 2019-2021.

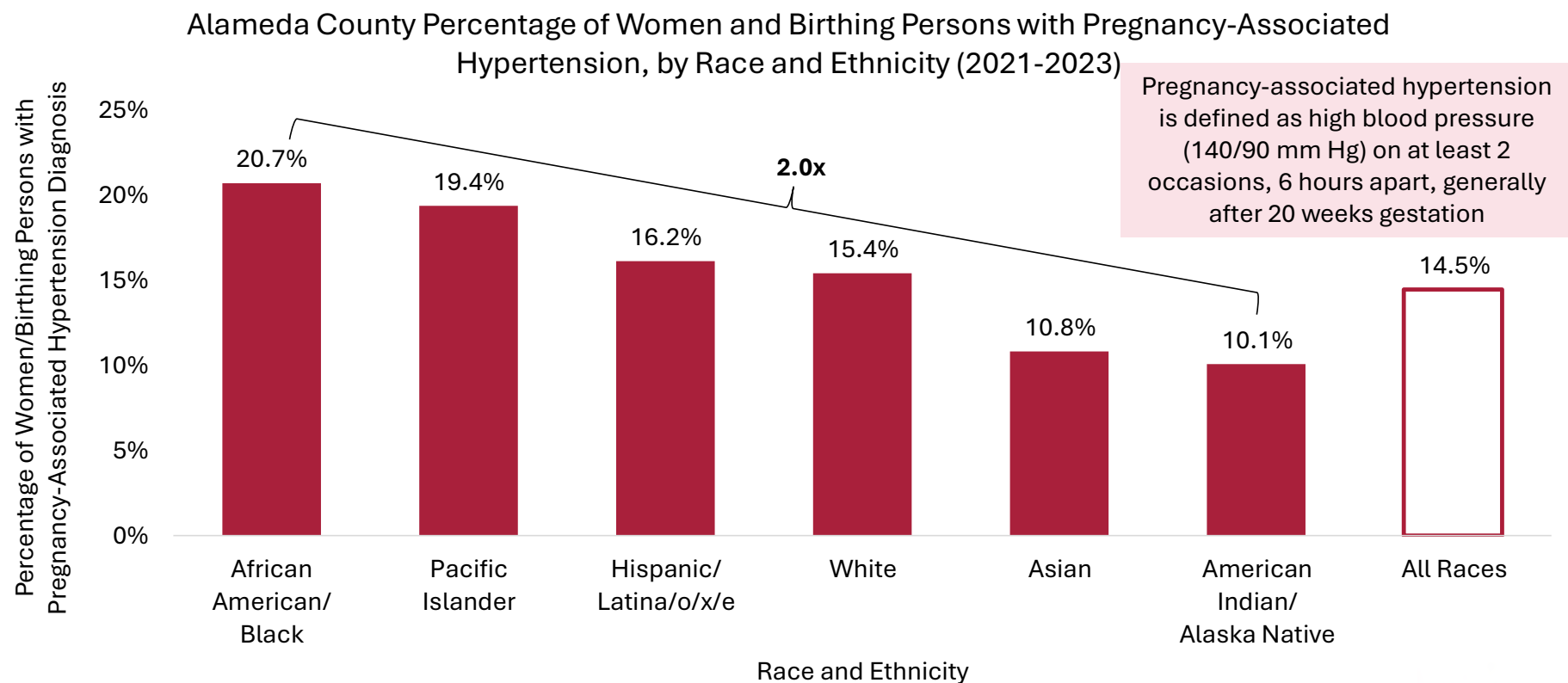
*Statewide data in California (2019-2021) due to small counts in Alameda County.

Racial and Ethnic Inequities in Gestational Diabetes at Delivery



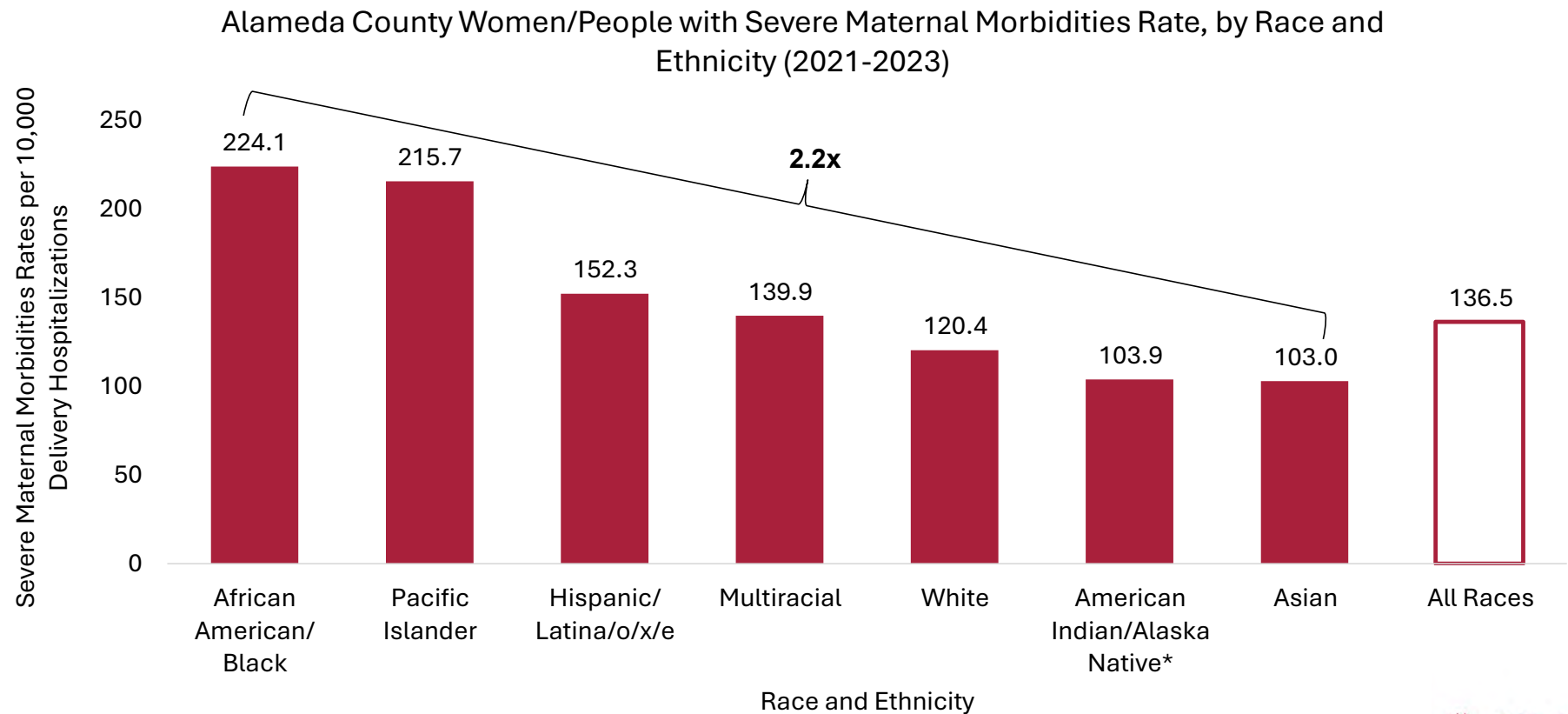
Source: CDPH Maternal, Child and Adolescent Health Division / Epidemiology, Surveillance and Federal Reporting Section, 2021-2023.
Shah, et al. (2021). *Trends in Gestational Diabetes at First Live Birth by Race and Ethnicity in the US, 2011-2019*. JAMA.

Racial and Ethnic Differences among Women and Birthing Persons with Pregnancy-Associated Hypertension



Source: CDPH Maternal, Child and Adolescent Health Division / Epidemiology, Surveillance and Federal Reporting Section, 2021-2023.

Racial and Ethnic Inequities in Severe Maternal Morbidity

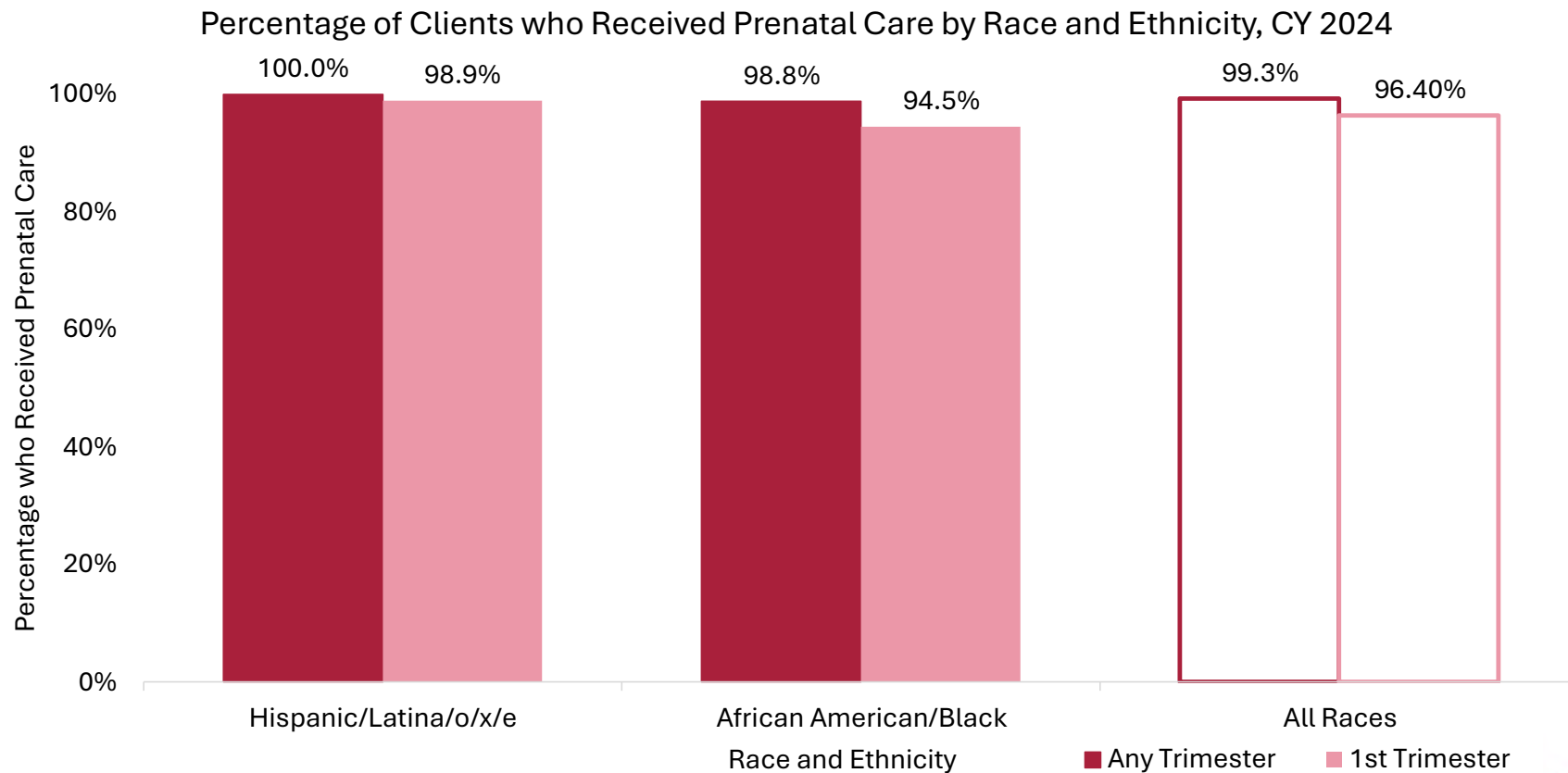


Source: CDPH Maternal, Child and Adolescent Health Division / Epidemiology, Surveillance and Federal Reporting Section, and CDPH Births Dashboard data, 2021-2023.

*Statewide data in California (2021-2023) due to small counts in Alameda County.

Starting Out Strong Maternal Health Measures

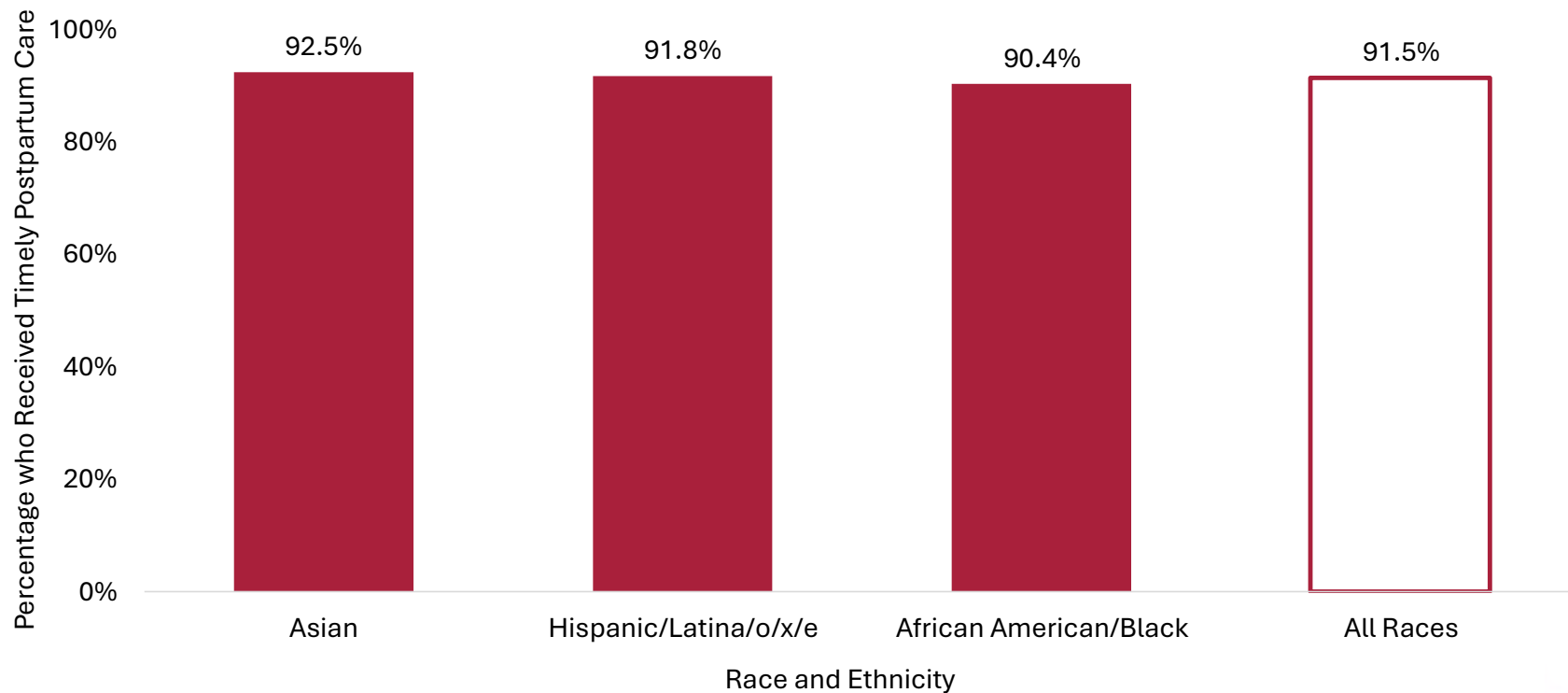
Improving Access to Prenatal Care



Source: MPCAHA Case Management Systems and Tracking Sheets, CY 2024.

Improving Access to Timely Postpartum Care

Percentage of Clients who Access Postpartum Care within 6 Weeks of Birth,
by Race and Ethnicity, CY 2024

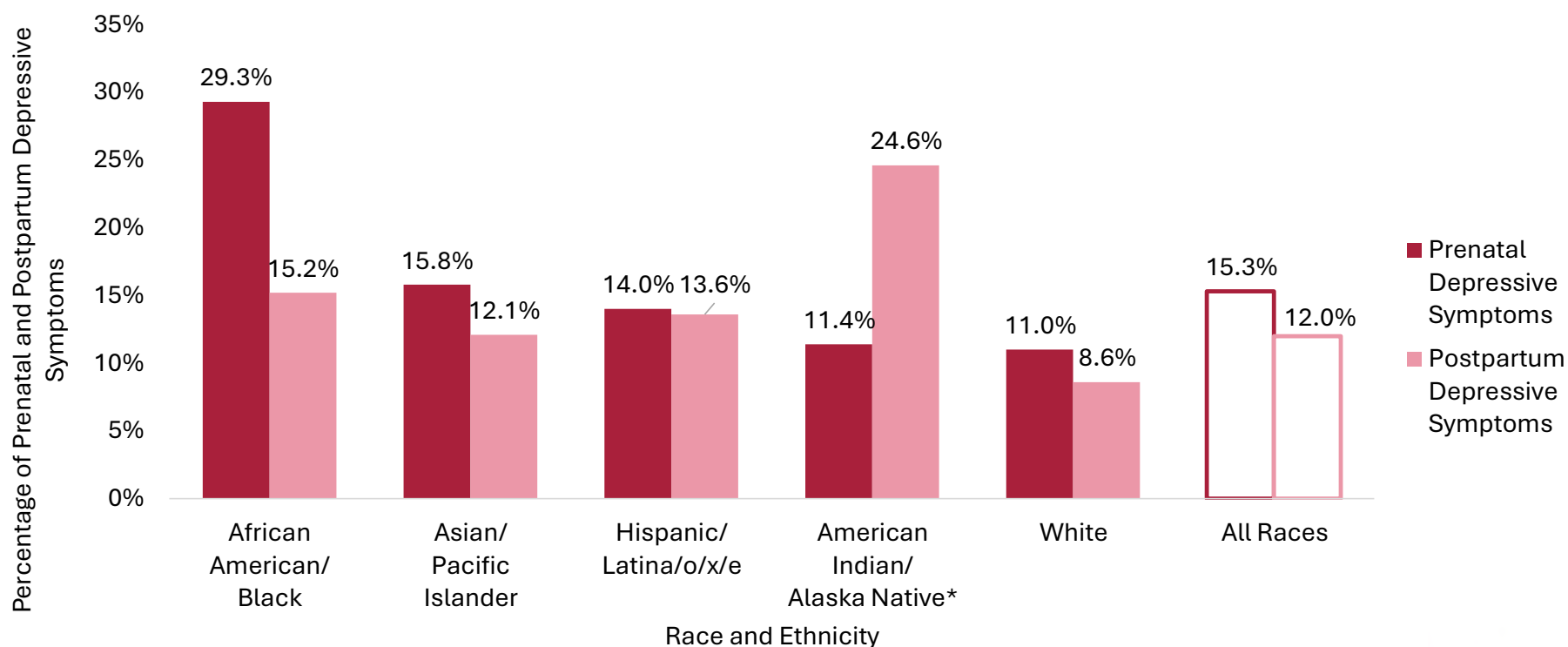


Source: MPCA Case Management Systems and Tracking Sheets, CY 2024.

Maternal Mental Health & Stress

Inequities in Prenatal and Postpartum Depressive Symptoms

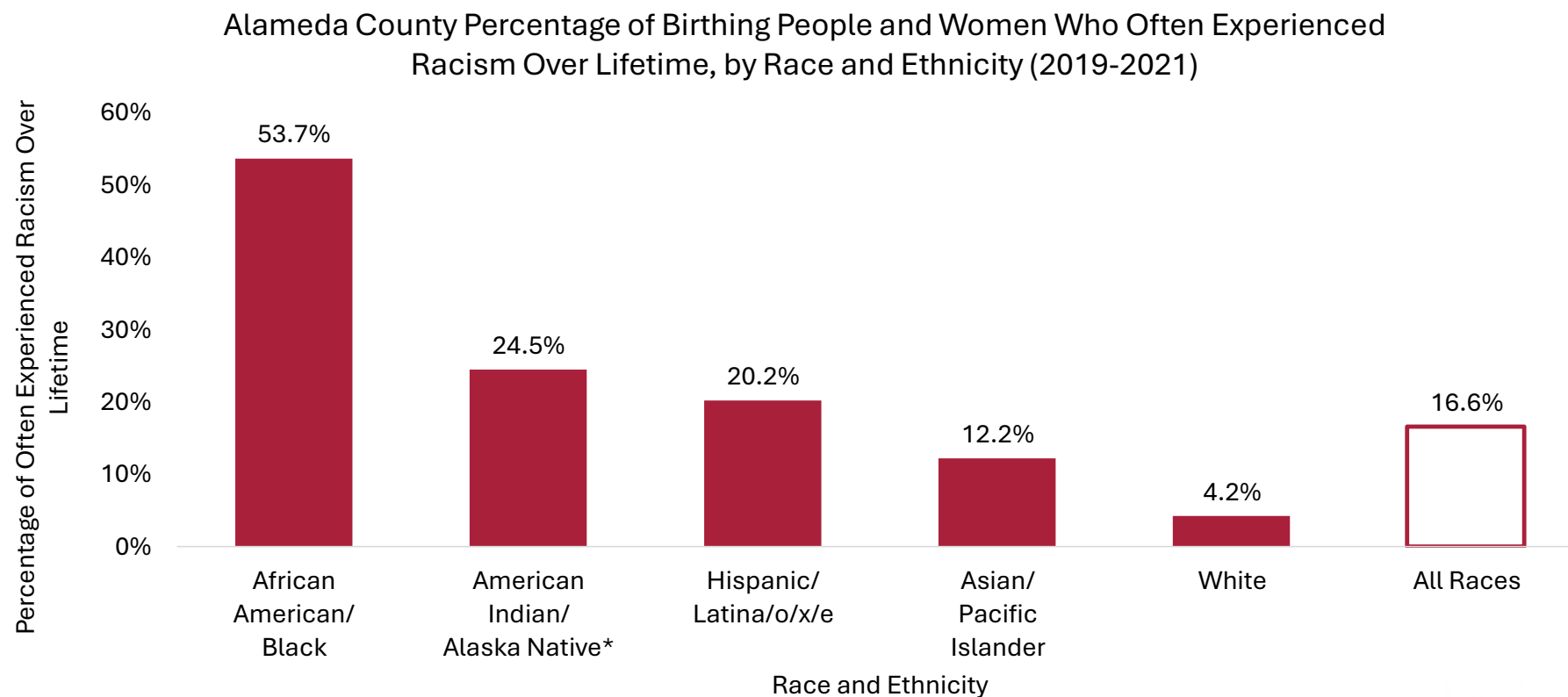
Alameda County Percentage of Women/People Experiencing Prenatal and Postpartum Depressive Symptoms, by Race and Ethnicity (2019-2021)



Source: Maternal and Infant Health Assessment (MIHA) Survey, 2019-2021.

*Statewide data in California (2019-2021) due to small counts in Alameda County.

African American/Black Birthing People and Women Continue to be Affected by Racism and Structural Inequities



Source: Maternal and Infant Health Assessment (MIHA) Survey, 2019-2021.

*Statewide data in California (2019-2021) due to small counts in Alameda County.

Addressing Perinatal Mental Health: Mom To Mom Pre/Post Evaluation

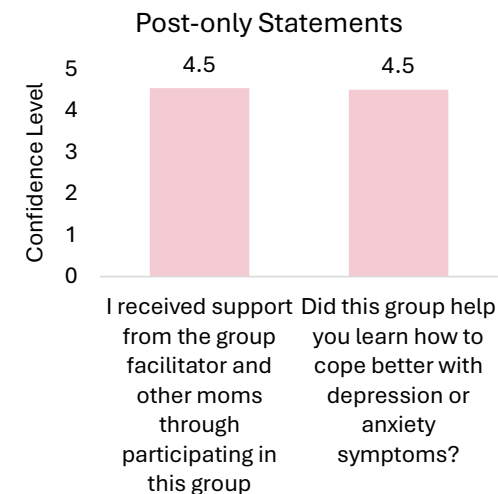
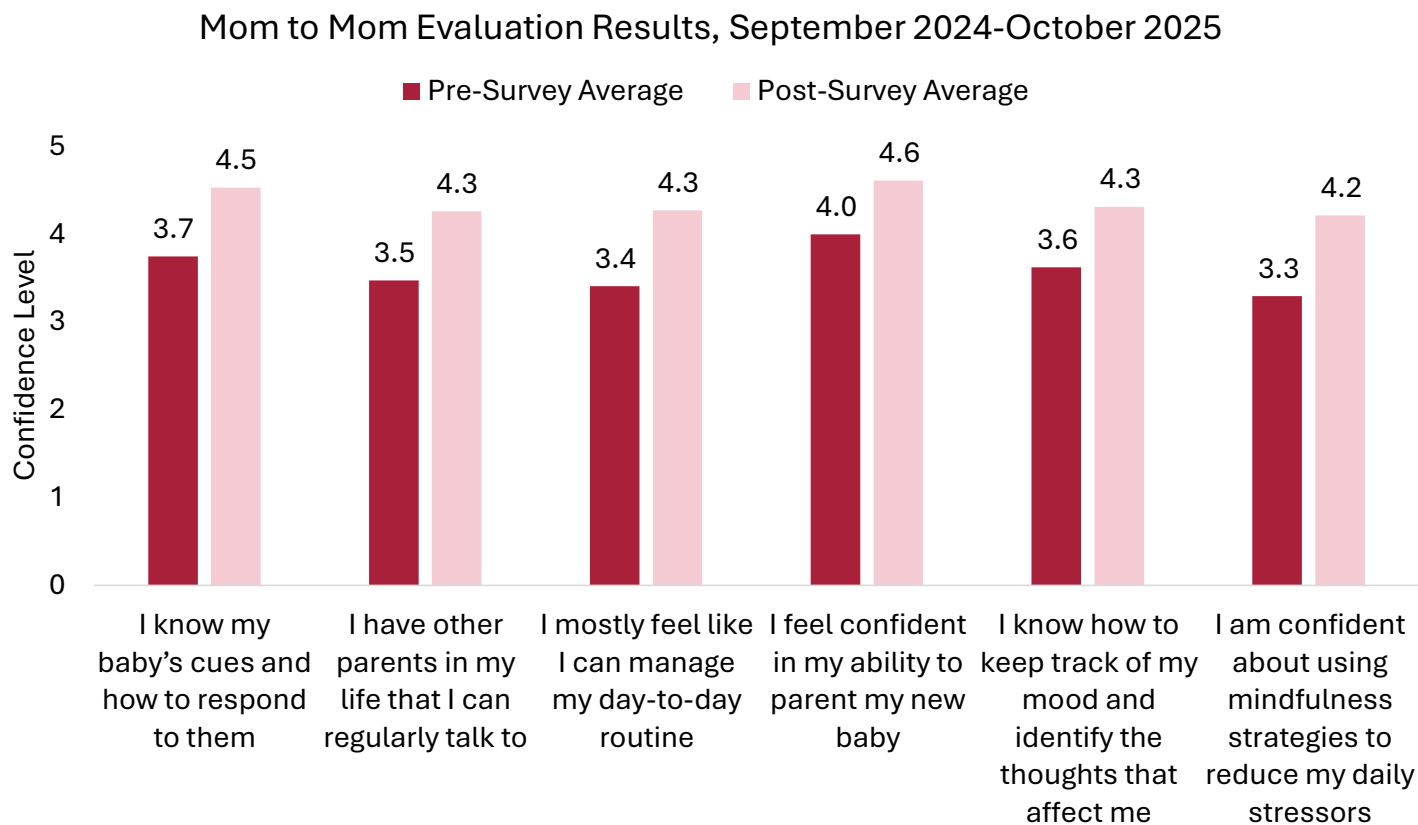
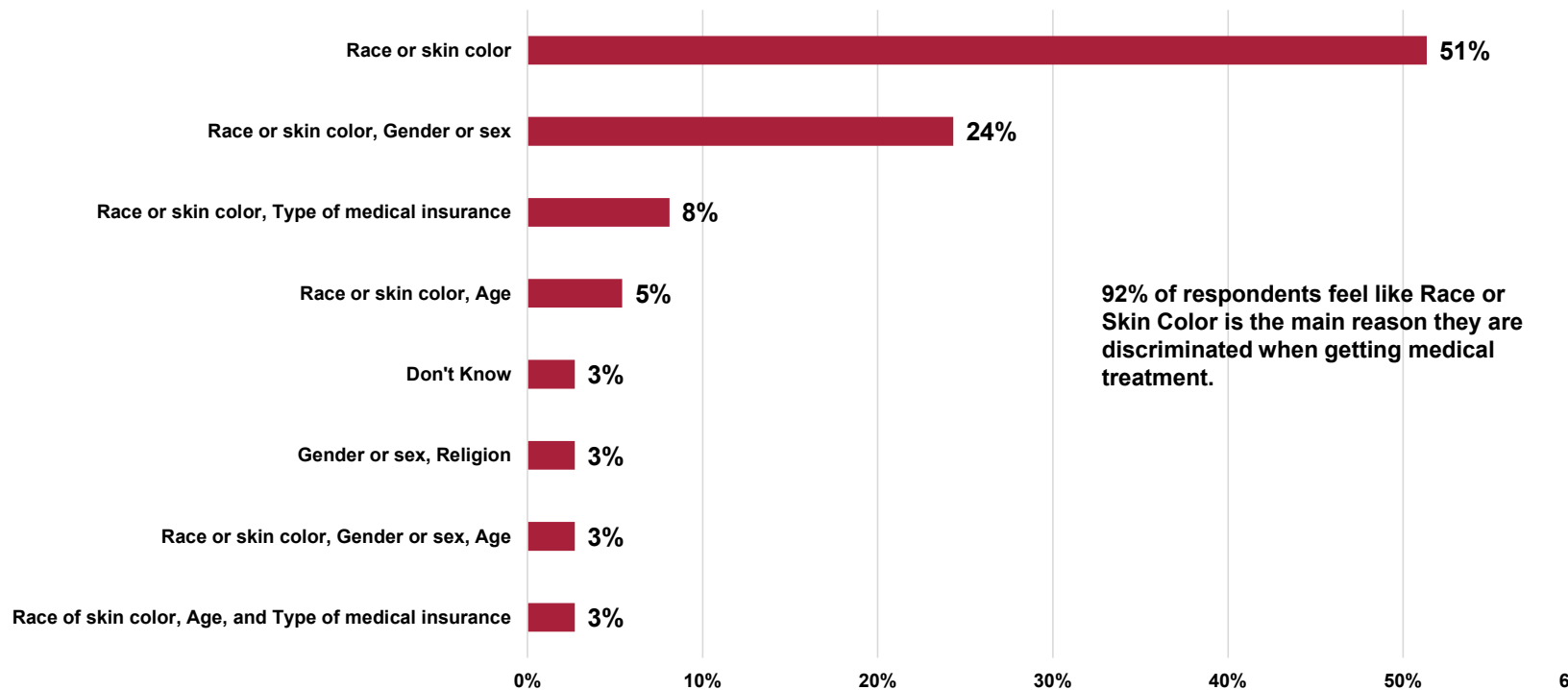


Table 1: Scale	
Strongly agree - 5	4.2 - 5
Agree - 4	3.4 - 4.19
Neither Agree nor Disagree - 3	2.6 - 3.39
Disagree - 2	1.8 - 2.59
Strongly Disagree - 1	1 - 1.79

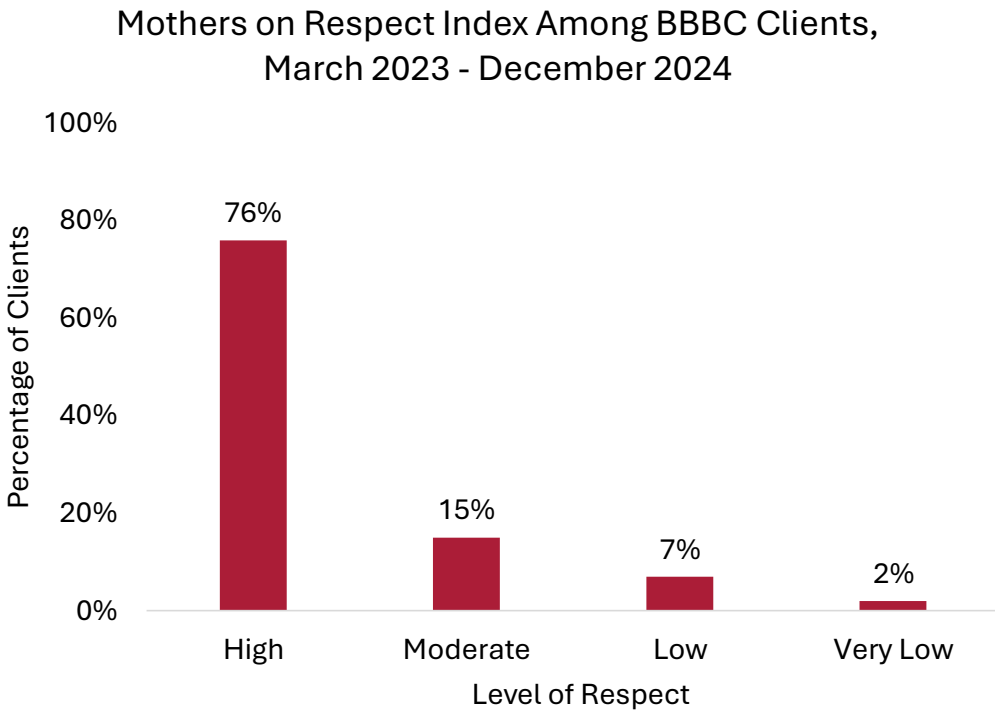
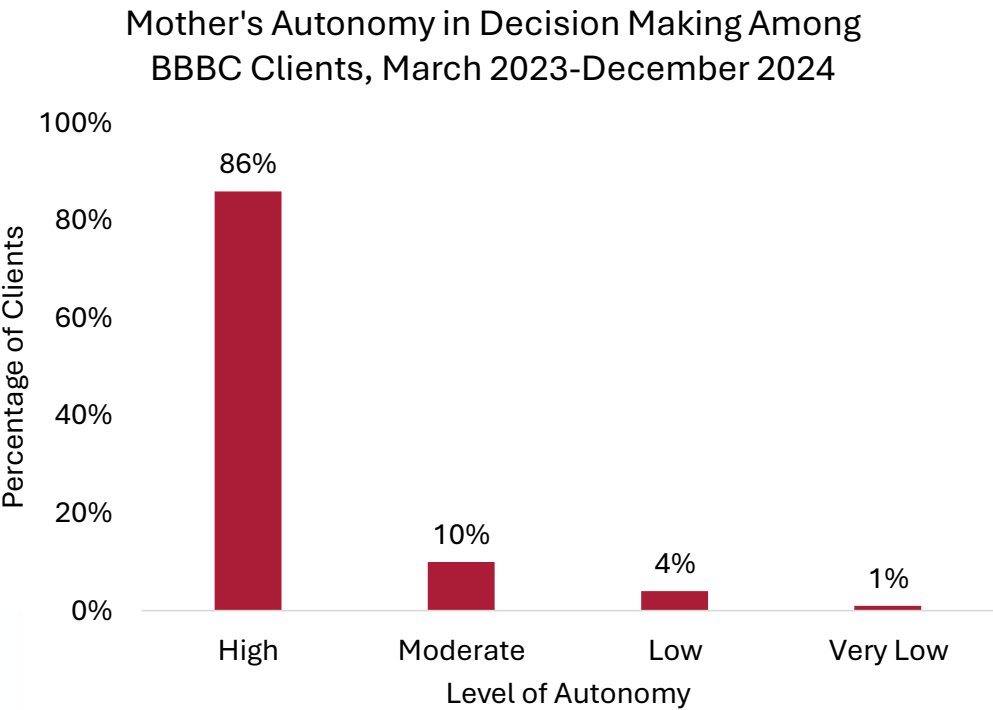
Source: Survey Monkey Mom To Mom Pre/Post Surveys September 2024 – October 2025.

Black Infant Health Experience of Racism

86% of BIH respondents said they are “Sometimes” or “Often” treated unfairly when getting medical care.



Addressing Anti-Black Racism: Beloved Birth Black Centering Respect and Empowerment

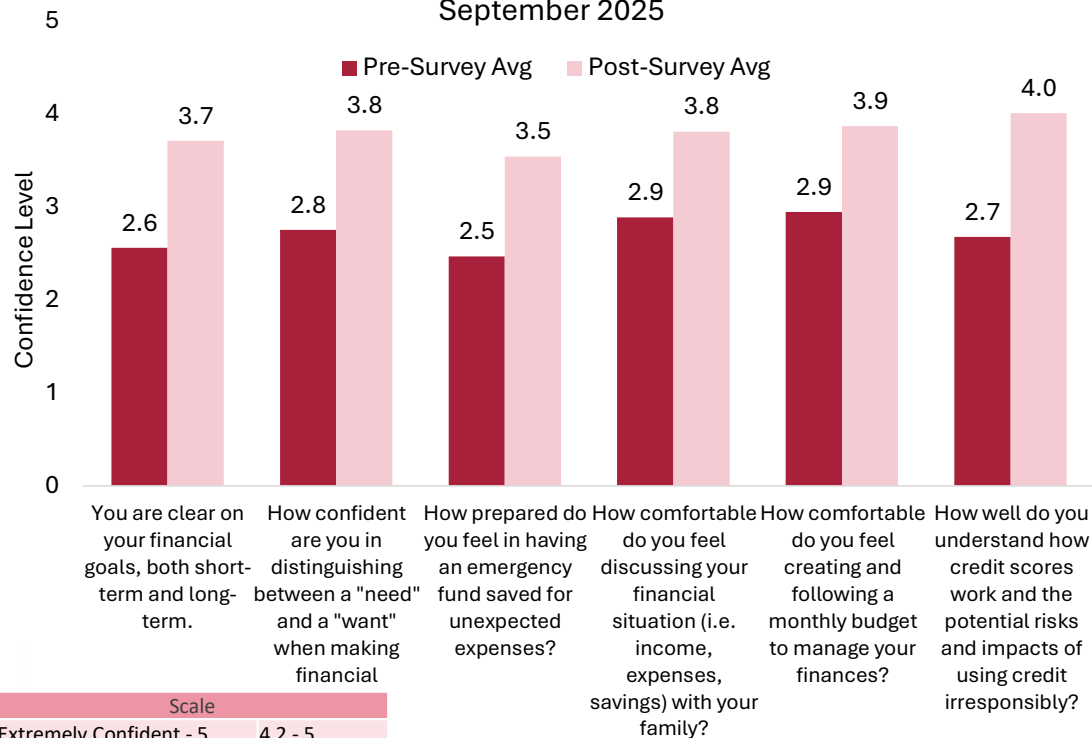


Source: Healthy Soft MADM and MoRi Assessments, March 2023-December 2024.

Program Successes: Fatherhood Initiative & Building Bridges

Fatherhood Initiative Successes: Boot Camp For New Dads & Financial Tools and Solutions

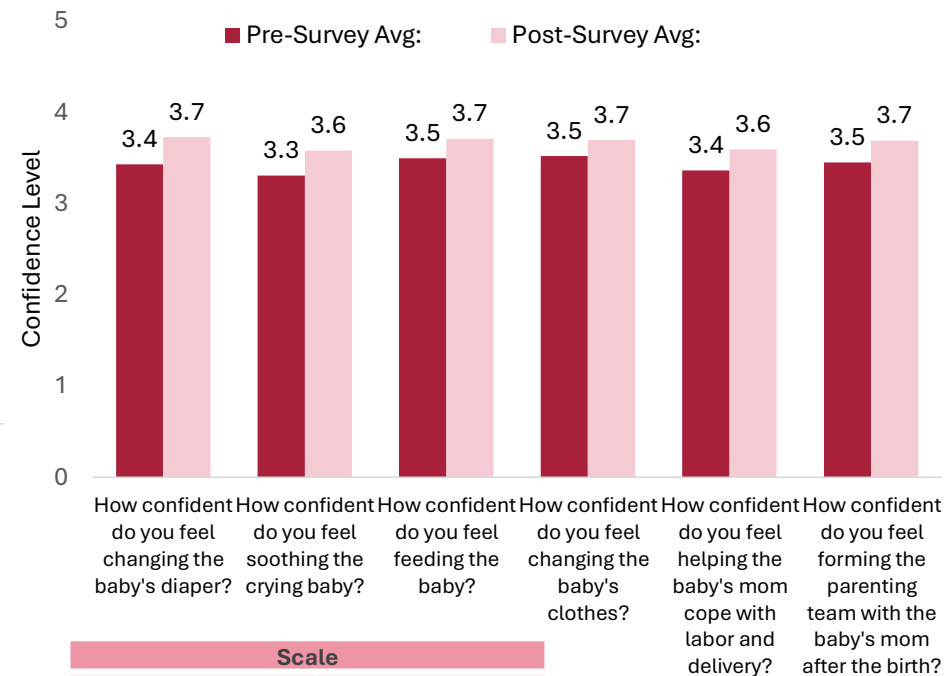
Financial Tools and Solutions Evaluation Results May 2025 – September 2025



Scale	
Extremely Confident - 5	4.2 - 5
Very Confident - 4	3.4 - 4.19
Moderately Confident - 3	2.6 - 3.39
Slightly Confident - 2	1.8 - 2.59
Not at all Confident - 1	1 - 1.79

Source: Survey Monkey Financial Tools and Solutions Pre/Post Surveys May 2025 – September 2025 & Boot Camp for New Dads Pre/Post Surveys May 2024 – September 2025.

Boot Camp for New Dads Evaluation Results May 2024 - September 2025



Scale	
Very Confident - 4	3.26 - 4.00
Confident - 3	2.6 - 3.25
Not Very Confident - 2	1.76-2.5
Not at all Confident - 1	1-1.75