



CDPH MCAH Strategy in Action: **Advancing Black Birth Equity Together in California**



2026

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Letter from Dr. Pan

On behalf of the California Department of Public Health (CDPH), I am proud to express our full support for the department’s Black Birth Equity Action Plan “CDPH MCAH Strategy in Action: Advancing Black Birth Equity Together in California.” California has made meaningful progress in improving maternal and infant health outcomes, and yet persistent racial inequities endured by Black mothers remain unacceptable. CDPH is committed to confronting these inequities directly by advancing our program, policy, and systems change work, listening to and collaborating with communities most affected, and working to ensure that every Black mother, birthing person, and family can thrive before, during, and after pregnancy.

CDPH’s ongoing work reflects this commitment. Through programs such as the Black Infant Health and Perinatal Equity Initiatives we support innovation in culturally congruent programs, case management, group centered care, and empowerment-based services that strengthen Black families and improve perinatal health outcomes. Our Maternal, Child, and Adolescent Health Division is advancing data-driven initiatives such as the Pregnancy Associated Mortality Review Committee, which elevates community and lived experience in its recommendations to prevent pregnancy-related deaths. Additionally, CDPH’s partnerships with local health jurisdictions, community-based organizations, and Tribal communities continue to expand access to respectful, high-quality, and person-centered care across California. And yet there is much more work to be done and investments to be made to significantly reduce inequities for Black mothers, birthing people, and their families.

The Black Birth Equity Action Plan builds on these efforts by identifying clear, actionable strategies and objectives for the Center for Family Health over the next two years. CDPH stands firmly behind this plan and is committed to mobilizing our programs, data systems, partnerships, and statewide infrastructure to carry its goals forward. Together, we will continue working toward a California where dignity in childbirth is the norm, where structural racism is actively dismantled, and where Black families experience the healthy births and thriving futures they deserve.

Sincerely,



Dr. Erica Pan
CDPH Director and State Public Health Officer

Background

California continues to build upon collaborative work to confront persistent Black maternal and infant health inequities. The state aims to ensure every individual has a healthy pregnancy and birth through initiatives such as the *2021 California Momnibus Act* (SB 65), which expanded Medi-Cal coverage for doulas and strengthened maternal mortality review, and the *2024 Dignity in Pregnancy and Childbirth Act* (AB 2319), which mandates implicit bias training for perinatal providers. The California Department of Health Care Services (DHCS) has also launched a comprehensive policy and care model roadmap called the *Birthing Care Pathway*, a comprehensive care model and key component of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, designed to address the physical, behavioral, and health-related social needs of pregnant and postpartum Medi-Cal members. California is also participating in the *Transforming Maternal Health (TMaH) Model*, an effort aimed at improving the maternal health experience through three pillars: access to care infrastructure and workforce, quality improvement and safety, and whole-person care delivery. Despite these important statewide efforts, **deep inequities persist**, particularly for Black mothers and babies. Black birthing people in California are three to four times more likely to die of pregnancy-related causes than other racial and ethnic groups and Black infants are twice as likely as other infants to die before their first birthday. Across the state, community leaders, advocates, state and local health jurisdictions, health plans, and other partners continue efforts to address this crisis.

"Deep inequities persist, particularly for Black mothers and babies."



Background

The California Department of Public Health (CDPH) Maternal, Child, and Adolescent Health (MCAH) Division offers an array of programs that provide resources and support for the physical, emotional, mental, and social health of pregnant individuals, infants, children, and adolescents statewide.

There are multiple programs within MCAH focused on advancing birth equity:

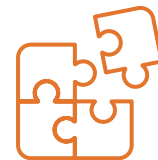
Black Infant Health (BIH) Program: The BIH Program has provided culturally tailored services to improve health outcomes for Black mothers and infants since 1989.

Perinatal Equity Initiative (PEI): PEI addresses maternal and infant health disparities through community-driven models to complement BIH.

California Home Visiting Program (CHVP): The California Home Visiting Program (CHVP) offers in-home support to new parents, focusing on child development and family well-being. CHVP Innovation Awards also support locally driven programs aimed at improving systems, structures and supports and highlighting the specific needs and expertise of impacted communities.

Title V: Local MCAH Title V programs support a range of maternal and child health initiatives that are led by Local Health Jurisdiction (LHJ) implementing partners to effectively meet community needs. These programs employ several evidence-based frameworks including but not limited to [Social Determinants of Health](#), [Health Equity](#), and [Ten Essential Services of Public Health](#).

California Pregnancy-Associated Review Committee (CA-PARC): To support implementation of SB65, MCAH provides administrative and scientific support to the CA-PARC to conduct in-depth reviews of deaths among pregnant or recently pregnant Californians and identify prevention opportunities.



Background

MCAH also collects, analyzes, and disseminates population-level data that offer insights into maternal, infant, child, and adolescent health outcomes and disparities, identify emerging issues and areas of need, and inform public health programs, policies, and strategies. MCAH utilizes surveillance data from various sources, including vital records, such as birth and death data, hospitalization records, the California Pregnancy Mortality Surveillance System, and surveys such as the Maternal and Infant Health Assessment and the National Survey of Children’s Health. These data sources provide information on health, experiences, and behaviors of women, pregnant individuals, infants, children, and adolescents in California. MCAH surveillance data are available on [MCAH Data Dashboards](#) and used by local health jurisdictions, state agencies, community-based organizations, care providers, and others that support public health program planning and policy development.

MCAH in partnership with the University of California San Francisco Center for Health Equity supported the development of the [Centering Black Mothers in California \(CBM\) report](#). This report was co-developed by and with Black women leaders and community members (Statewide Advisory Group) offering a comprehensive look at how structural racism shapes maternal and infant health disparities for Black mothers and birthing people and highlights the importance and pressing need for focused interventions.

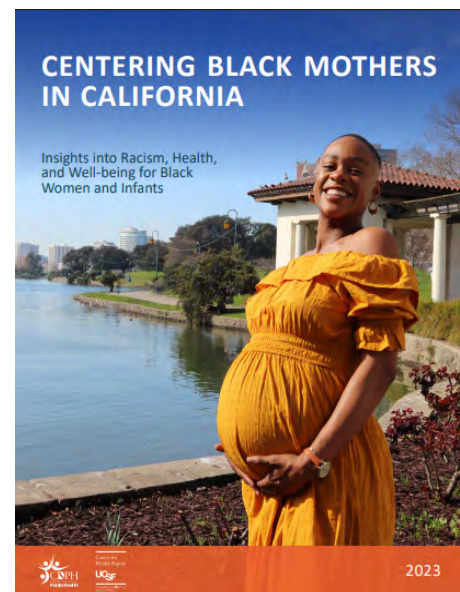
The CBM report links structural racism to health in three ways:

1. Neighborhood conditions that are influenced by discriminatory policies
2. Chronic stress created by racism and racist policies
3. Lack of access to high-quality, respectful health care.

It highlights the pressing and urgent need for focused, specific actions and interventions to advance optimal birth outcomes, especially for Black infants, mothers, and birthing people.

The California Department of Public Health (CDPH) remains steadfast in its commitment to addressing the critical and unique needs of Black families and other marginalized groups across the state with meaningful community collaboration.

Building on the foundation of the implications from the CBM report, with ongoing engagement with the Black Birth Equity Statewide Advisory Group (SAG), CDPH has developed the CDPH Black Birth Equity (BBE) Action Plan in partnership with consultants from the [California Coalition for Black Birth Justice](#) (the Coalition) and [Liberation by Design](#), thanks to generous support from the California HealthCare Foundation.



Background

About the California Black Birth Equity Action Plan and Project Team

The BBE Action Plan is a critical response to California’s Black maternal and infant health disparities, and highlights the importance of integrating Black community voices in policy and program development. The action planning process engaged birth equity community leaders, and local MCAH teams to elevate community voices with the co-creation of effective solutions.

The project is co-led by the [California Coalition and Black Birth Justice \(the Coalition\)](#) and [Liberation by Design](#). The Coalition is a Black-led, statewide organization that is committed to unifying and strengthening the Black birth justice movement in California. The Coalition is focused on serving as a statewide connector and convener, supporting the care and capacity of the Black birth justice workforce, and scaling systems-change strategies with healthcare organizations. Liberation By Design (LBD) is a Black woman-led consulting practice that helps institutions and communities co-create strategies rooted in lived experience. LBD supports collaborative planning that builds shared decision-making, strengthens accountability, and helps communities shape the systems that impact their lives.



CDPH would also like to acknowledge and thank the CDPH Black Birth Equity Statewide Advisory Group, the Black Birth Equity Steering Committee, MCAH colleagues, and the Center for Family Health team for all of their contributions and leadership in the development of this action plan.

Strategic Action Plan Goals

The primary aim of the MCAH Black Birth Equity Action Plan is to **strengthen alignment across CDPH to improve the health and well-being of Black mothers, birthing people, and their families through program, policy, systems, and environmental change**. This will be achieved by:

- ▶ Assessing the current gaps and opportunities for healthier Black birth outcomes across CDPH programs, starting with CFH MCAH.
- ▶ Identifying actionable priorities for CDPH to lead, partner, and fund to advance Black birth equity over the next two years.
- ▶ Centering trusted community stakeholder perspectives in the process.
- ▶ Measuring successes and supporting case making for sustainable, long-term impact.



Background

Timeline

In January 2025, The California Coalition for Black Birth Justice, which is fiscally sponsored by Public Health Institute, was awarded a grant from the California Healthcare Foundation to support the California Department of Public Health (CDPH), Center for Family Health (CFH), and Maternal Child Adolescent Health (MCAH) Division by providing technical assistance and leading stakeholder engagement for the development of CDPH’s Black Birth Equity (BBE) Strategic Action Plan. To support this work, the Coalition and Liberation by Design engaged community partners across California to inform the development of a guiding plan that integrates community voices, celebrates successes, and aligns with existing frameworks, ultimately strengthening partnerships to advance shared BBE goals. The scope of work included consultant hiring and onboarding, community engagement sessions, drafting the BBE Strategic Action Plan, and submitting final presentation of the action plan.

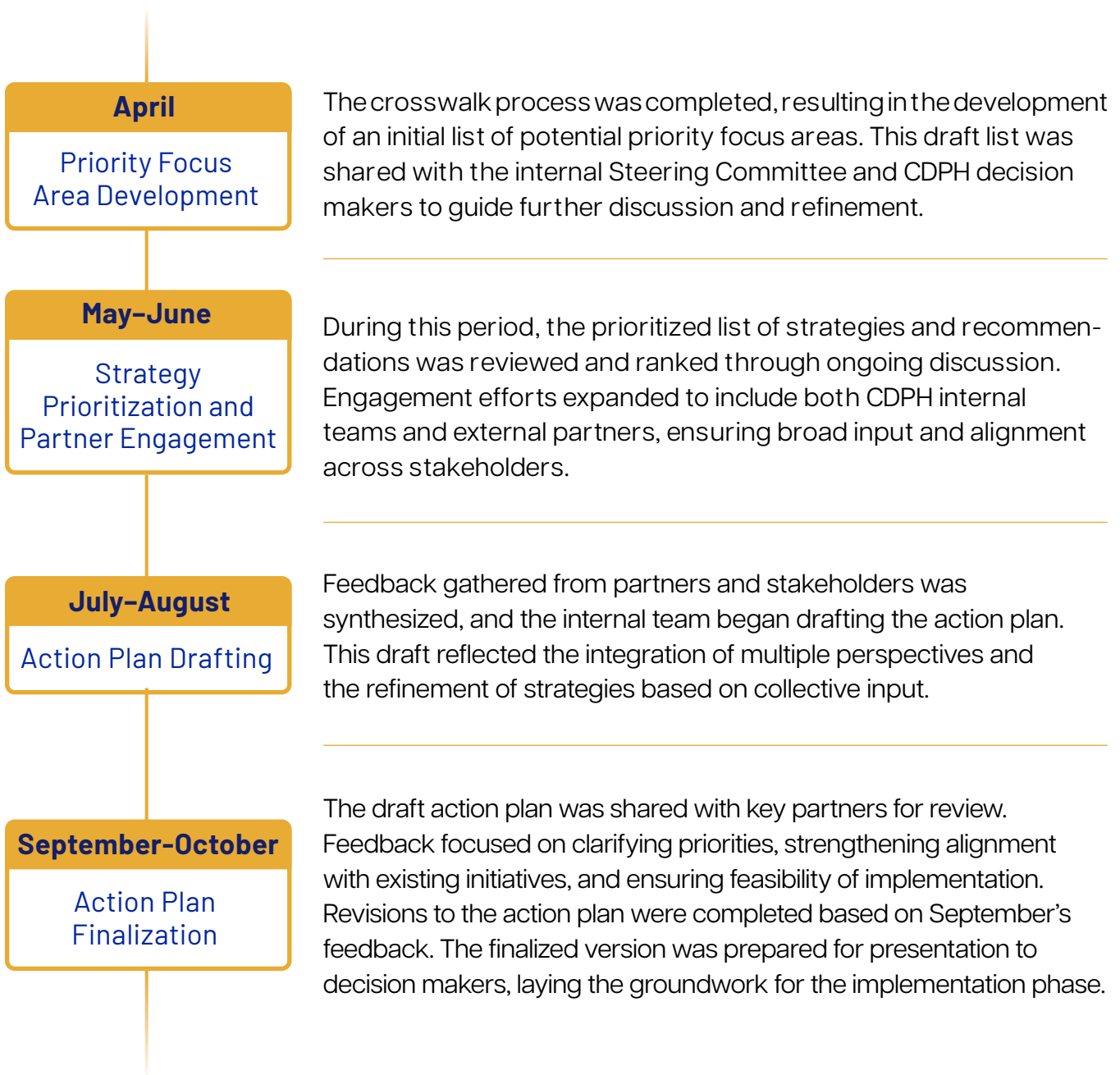


The Coalition partnered with Liberation by Design to serve as facilitator for this action plan to co-design, facilitate stakeholder engagement and prioritization of recommendations, as well as serve as a thought partner in the development of the final action plan. During this period, the internal team also completed the process design and mapped out the approach for subsequent phases.

Initial conversations were held with the Steering Committee to formally introduce the project. These discussions focused on gathering preliminary data and input to ensure alignment with the committee’s priorities and to begin shaping the project’s direction.

The project was introduced to the Statewide Advisory Group (SAG), with time dedicated to collecting data and feedback from members. Concurrently, the internal team began the process of cross-walking key documents, including the Centering Black Mothers Report, the Coalition agenda, and the CDPH Strategic Plan, to identify areas of alignment and opportunities for integration.

Background



Findings from Stakeholder Engagements

The project team engaged a range of key stakeholders, both internal and external to CDPH in order to identify important opportunities and priorities to inform the strategic action plan. Liberation by Design and the Coalition developed a 29-question survey and hosted three focus groups. The survey responses and focus group notes were reviewed and thematically organized. The survey was started by 60 individuals but completed by 44 respondents. The demographic data for completed survey respondents are found in the next couple pages. More Black women leaders participated in the focus groups than completed the survey, while the survey saw greater completion by CDPH and local MCAH staff. These findings were used to guide development of the action plan strategies. Though all input could not be immediately actualized, CDPH will use it to inform ongoing strategic planning and action. See Appendix A for a summary of potential future opportunities for consideration by CDPH and partners across the California MCAH and birthing landscape.

Key Stakeholders Engaged in Focus Groups and Survey Included:

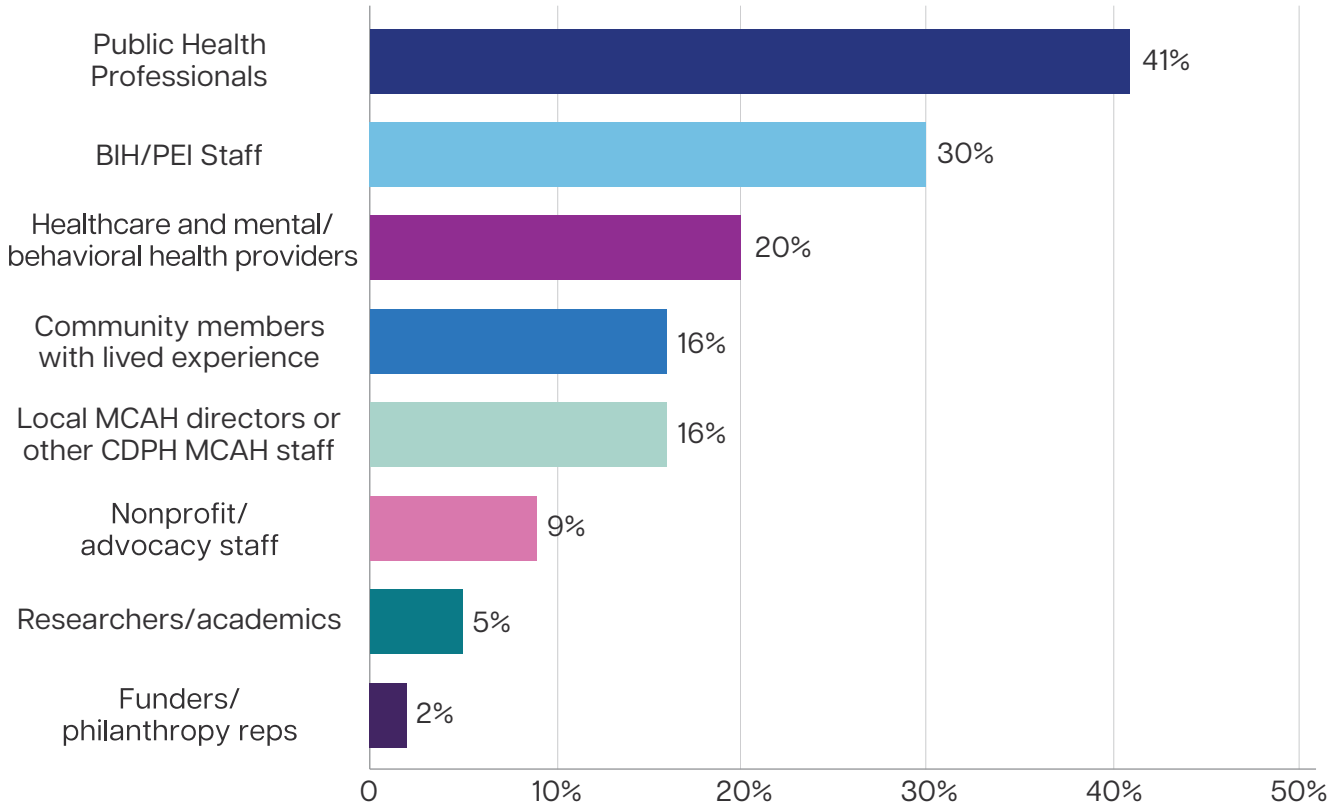
- ▶ The Strategic Advisory Group, many of whom co-developed the Centering Black Mothers Report. A full list of partnering organizations can be found [here](#).
- ▶ An internal, multi-disciplinary CDPH Steering Committee
- ▶ CDPH Maternal, Child, Adolescent Health (MCAH) staff
- ▶ Local Black Infant Health and Perinatal Equity Initiative Coordinators
- ▶ Local MCAH Directors



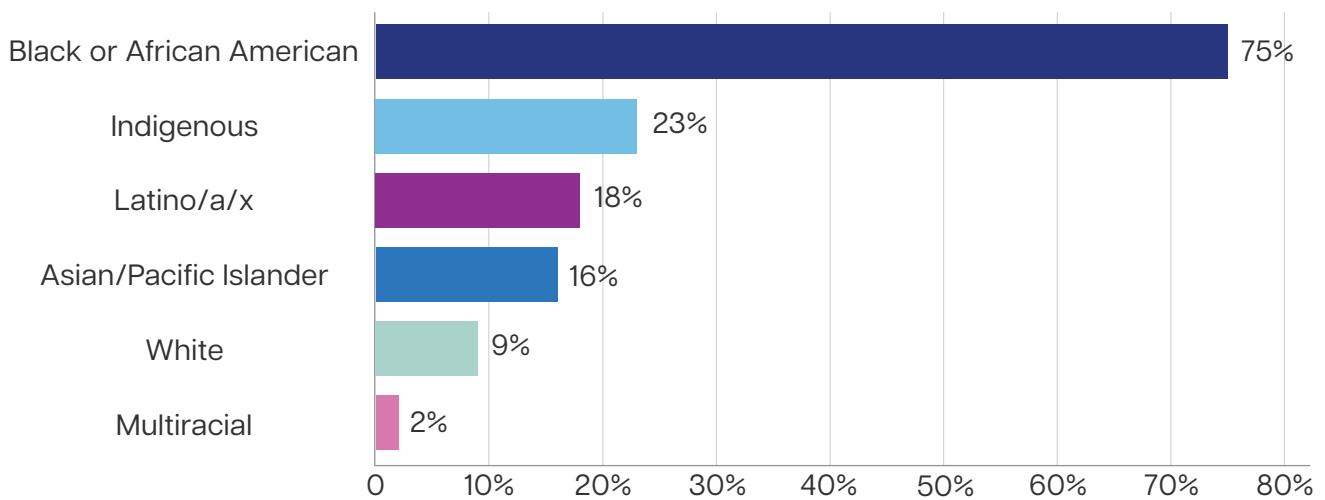
Findings from Stakeholder Engagements

Self-reported Demographic Data of Survey Respondents:

Roles Represented



Race & Identity



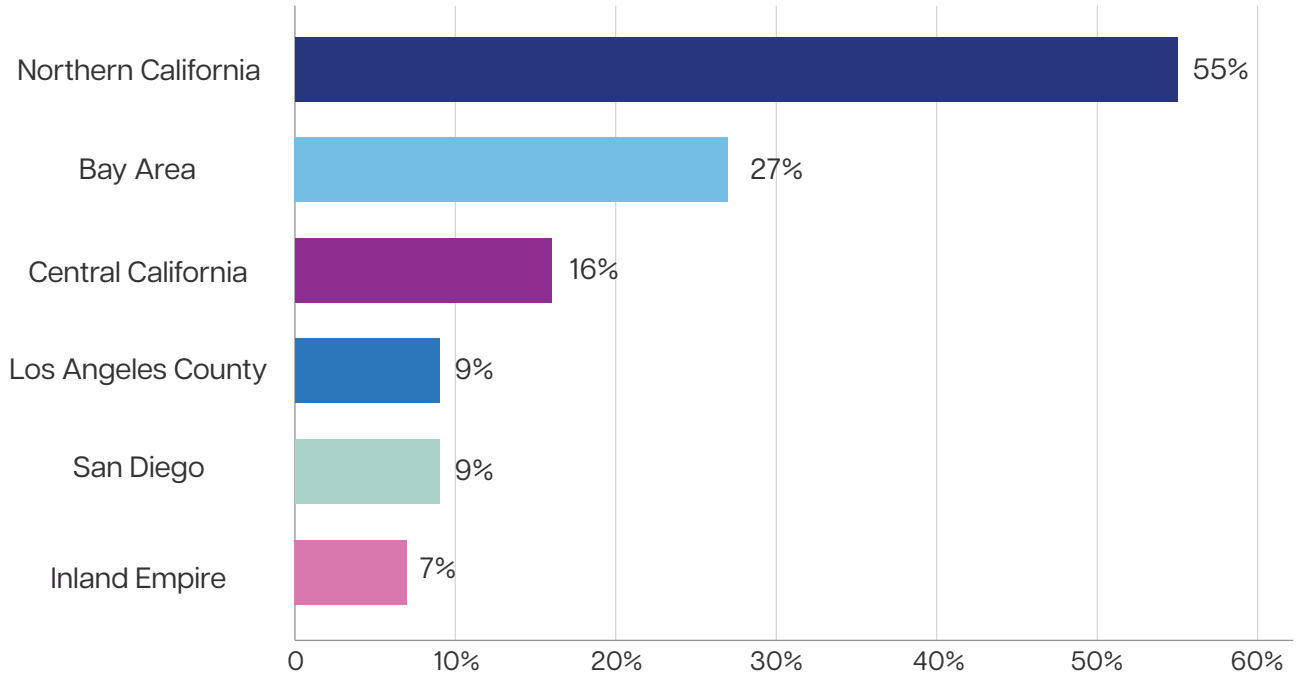
n=44

Note: Percentages exceed 100 as some participants selected all options that applied.

Findings from Stakeholder Engagements

Self-reported Demographic Data of Survey Respondents:

Geographic Reach



n=44

Note: Percentages exceed 100 as some participants selected all options that applied.



Findings from Stakeholder Engagements

Concrete Accountability Measures

Participants emphasized the need for CDPH to use its authority and partnerships to enforce real accountability for systems, providers, and contracting processes. They called for clear action steps, measurable commitments, and interagency alignment to ensure equitable outcomes for Black birthing families.

// I like the tenor of the strategies, but they need more specificity and focus on elements that CDPH has the greatest power and influence to impact...What would help greatly is doing away with evidence-based requirement to allow for models that offer culturally congruent practices to be implemented with home visiting funding; make culturally aligned doula support an evidence based practice, allow for guaranteed income programs, yes to streamlining contracts...include what CDPH will do in partnership with DHCS around contracting, CalAIM, and accountability of providers and hospital systems to do better on behalf of Black birthing folks and families. //



// This seems to have a big focus on BIH, PEI, and Home Visitation though they were shown as possible examples. I would like to see some more details on collaborating with other programs, community advocates, birthworkers and other clinicians. //



// Programs such as BIH and PEI should not solely be the solutions to addressing Black maternal health disparities; new strategies should focus on impacting systems, requiring transparency and accountability of hospitals and medical facilities, and moving funding to building a culturally responsive workforce. //



Findings from Stakeholder Engagements

Sustained Funding and Workforce Support

Participants highlighted that meaningful progress requires long-term investment in both organizational capacity and workforce care. They called for expanded pipelines for midwives, doulas, and lactation counselors; ongoing staff training; and mechanisms that protect staff well-being, especially those doing anti-racist and trauma-responsive work.

// Need a component about staff training, capacity building, and an ongoing support plan for staff who are doing anti-racist work and addressing it head-on. It is exhausting and requires a tremendous amount of fortitude and resiliency to make change from within a system as well as inter-systemically. This is not business as usual, and other supports are needed. //

// More funding is needed to create more midwifery, doula, lactation counselor academic/training institutions in CA. In addition to funding for these programs, expanding scholarship opportunities for individuals interested in pursuing these careers should be available to help grow the workforce and grow the medical community to reflect the women and birthing people that are being served. //

Meaningful Community Co-Design

Participants expressed the importance of engaging local communities, Local Health Jurisdictions (LHJs), and Community Based Organizations in shaping strategies. They emphasized flexibility, culturally congruent approaches, and co-ownership of messaging and implementation to ensure solutions reflect real community needs.

// The objective about giving LHJs more flexibility really stands out to me because it's needed. Program models are often so rigid that they miss what's actually going to work on the ground. Flexibility in hours, delivery methods, and culturally responsive incentives can make all the difference in engagement. I'd also recommend offering consistent messaging templates and branding guidance to support awareness campaigns. That structure helps, but we also need space to reflect local voice. And contract processes absolutely need to be streamlined. Right now, they can delay hiring and service delivery in ways that affect our families. Ongoing trainings should focus on healing-centered and trauma-responsive practices, cultural humility, and reproductive justice in a way that's real and relevant. //

// Overall the objectives seem comprehensive. My hope is that there will be intentionality with creating stronger partnerships with community-based organizations. It would be good to know if the current funding distributed to our local community-based organizations are really allowing them the opportunity to focus on that which is most critical (providing critical services/education to our communities) versus being overwhelmed with the administrative requirements tied to funding. //

The CDPH Black Birth Equity Action Plan

The first four of the five strategies represent internal priorities within CDPH’s Maternal, Child and Adolescent Health (MCAH) Division and programs, focusing on strengthening infrastructure, data, accountability, and workforce capacity to better serve Black mothers and birthing people. The fifth strategy shifts outward, emphasizing the importance of partnership and collaboration with community-based organizations led by and serving Black communities. Together, these strategies acknowledge that meaningful change requires both internal transformation within public health systems and sustained investment in community leadership, knowledge and expertise.

Implementation Approach and Criteria

CDPH has synthesized input from MCAH focused conversations, an August SAG meeting, two August SAG focus groups, and a survey (administered to the CDPH steering committee, SAG, MCAH Directors, and PEI/BIH Coordinators) into the action plan. CDPH has identified accompanying objectives and key results to measure progress towards achieving the strategies.

CDPH plans to implement the objectives of this action plan using a **lead, partner, and fund framework**.

As a **lead**, CDPH will focus on strengthening and expanding programs internal to the department, with an emphasis on advancing policy, systems, and environmental change. This approach will ensure that institutional capacity is aligned with the broader goals of reducing disparities in maternal and infant health outcomes.

As a **partner**, CDPH will prioritize meaningful engagement with Black-led and Black-serving organizations, recognizing their critical role in shaping and sustaining community-driven solutions. The department will also initiate and expand collaborative projects with other state departments, agencies, and stakeholders. In addition to these joint initiatives, CDPH will provide partners with access to expertise, data, and other non-financial resources that strengthen collective impact.

As a **funder**, CDPH will support community-based models that improve neighborhood conditions, reduce chronic stress, and expand access to high-quality, respectful health care. By resourcing community partners, CDPH seeks to elevate strategies that are responsive to local needs and that advance health equity.

The objectives selected for this action plan were guided by clear **criteria**. Specifically, the objectives were chosen because they directly address the Black maternal and infant health disparities through policy, systems, or environmental change; fall within the CDPH Center for Family Health’s sphere of influence; are feasible with current staff capacity and resources; can be achieved within a two-year timeframe; and hold potential for scaling to increase future impact.

The CDPH Black Birth Equity Action Plan

Action Plan Strategies include:

- 1. Program Adaptation:** Strengthen, refine, and align MCAH programs to provide culturally responsive services to Black mothers, birthing people, and their families. (Lead)

Objectives:

- ▶ Collaborate with the CDPH Office of Health Equity (OHE) to 1) apply their Black Health Equity Assessment Framework across MCAH programs, 2) assess how programs are delivering services to Black mothers, birthing people, and their families and 3) determine recommendations for program refinements.
 - **Key Result:** By December 31st, 2026, CDPH team develops recommendations for program refinements, informed by the assessment.
- ▶ Pilot integrating best practices (informed by Black Infant Health, Perinatal Equity Initiative, etc.) into an MCAH program to deliver culturally responsive and congruent services.
 - **Key Result:** By December 31st, 2026, CDPH team develops an inventory of best practices.
 - **Key Result:** By December 31st, 2027, CDPH team pilots integrating at least 1 best practice into 1 MCAH program.
- ▶ Refine and adapt the BIH and PEI program models. Which may include issuing guidance for adapted program implementation, strengthening affirmative public awareness campaigns, uplifting best practices in community engagement, and providing ongoing trainings for local partners.
 - **Key Result:** By October 31st, 2027, CDPH will release the BIH and PEI procurement with refinements incorporated.



The CDPH Black Birth Equity Action Plan

2. Policy Advancement: Collaborate across sectors to identify and implement policies that reduce Black birth inequities. (Lead and Partner)

Objectives:

- ▶ Strengthen consistency and collaboration regarding implementation of [SB 65 \(2021\)](#), the California Omnibus Act, to address racial disparities in maternal and infant mortality. Continue to facilitate processes to develop, disseminate, and implement policy recommendations including improved data and review (e.g., PARC suicide prevention recommendations).
 - **Key Result:** By July 31, 2026, finalize a streamlined and timely process for dissemination of newly released PARC policy recommendations, including steps to engage implementation partners and community partners.
 - **Key Result:** By July 31, 2027, report out on dissemination of the PARC recommendations.
- ▶ Continue to coordinate with DHCS to align with the Birthing Care Pathway and other MediCal policy shifts (e.g., increasing access to doulas/midwives).
 - **Key Result:** By June 30, 2026, identify MCAH program outreach materials, resources, and strategies.
 - **Key Result:** By December 31, 2026, develop and implement an engagement plan for sharing doula and midwife resources with partners.



The CDPH Black Birth Equity Action Plan

3. Enhancement of Data Resources: Partner to innovate and enhance current approaches of illustrating community health, wellbeing, and satisfaction of Black mothers and birthing people served by MCAH programs. (Partner)

Objectives:

- ▶ Develop recommendations guiding the complementary use of MCAH program participant and population-based epidemiologic data to quantify the health and well-being of Black mothers, birthing people, and infants.
 - **Key Result:** By April 30th, 2026, CDPH BBE data workgroup members conduct an organizational assessment of existing data sets and indicators.
 - **Key Result:** By December 31, 2026, data recommendations are developed by the CDPH BBE data workgroup in collaboration with external partners.
- ▶ Pilot implementing the recommendations, collaboratively developed by the BBE data workgroup and external partners, by creating a publicly-accessible data resource.
 - **Key Result:** By January 31, 2027, begin piloting implementation of the data workgroup recommendations, including piloting a publicly accessible Black Birth Equity data resource.



The CDPH Black Birth Equity Action Plan

4. Community Collaboration: Involve Black-led and Black serving organizations and community members with lived experience in authentic, bi-directional, power-sharing to inform program, policy, systems, and environmental change work. (Partner)

Objectives:

- ▶ Pilot collaborating with paid community advisors/lived experience action drivers (LEADs) for an MCAH program or initiative to embed more family voice and insight into program models.
 - **Key Result:** Through December 31st, 2027, CDPH will implement structured engagement of the Statewide Advisory Group (SAG), including convening quarterly connection points with the BBE Statewide Advisory Group and compensating them for their time.
 - **Key Result:** Through December 31st, 2027, SAG feedback is garnered and applied to the ongoing implementation of the BBE action plan strategies and objectives.
- ▶ Facilitate a community of practice of Local Health Jurisdiction (LHJ) program providers and state administrators from across the state to uplift best practices in community engagement and program implementation regarding efforts to reduce Black maternal and infant health disparities.
 - **Key Result:** By December 31st, 2026, CDPH will convene the BBE Local Community of Practice three times to identify promising practices within the network and inform an inventory of best practices to advance birth equity across MCAH programs and initiatives.

5. Community Innovation Resources: Fund community-based organizations to implement strategies advancing Healthy Black Birth Outcomes guided by the Centering Black Mothers Report, Coalition Agenda, and other promising practices. (Fund)

Objective:

- ▶ Develop and implement a pilot program to fund local community-based organizations promoting healthy birth outcomes for Black mothers and birthing people.
 - **Key Result:** By July 31, 2027, the awarded CBOs complete the first pilot year of the grant program and share updates on progress and impact.
 - **Key Result:** By January 31, 2028, CDPH reports out on the progress and impact of pilot grant awards.
 - **Key Result:** By January 31, 2029, CDPH applies lessons learned from the pilot CBO awards to optimize the award process.

The CDPH Black Birth Equity Action Plan

Accountability is a core component of this action plan to ensure impact, sustainability, and responsiveness to community needs. The CDPH internal steering committee will drive action plan implementation, the SAG will provide a bilateral feedback loop, and the BBE local community of practice of BIH/PEI coordinators and MCAH Directors will surface opportunity areas. Community will be kept informed of the progress of the action plan via two webinars, hosted in April 2026 and April 2027 during Black Maternal Health week. Finally, CDPH is exploring additional resources to provide sustainable support for the BBE action plan strategies and further expand this collaborative work.

// Stress is hemmed into our dresses, pressed into our hair, mixed into our perfume and painted on our fingers. Stress from the deferred dreams, the dreams not voiced; stress from the broken promises, the blatant lies; stress from always being at the bottom, from never being thought beautiful, from always being taken for granted, taken advantage of. Stress from being a black woman in white America. Much of this stress is caused by how the world outside us relates to us. We cannot control that world...but we can assert agency in our own lives so that the outside world cannot over-determine our responses. //

— Opal Palmer Adisa, 1994*



*Adisa OP. Rocking in the sunlight: Stress and Black women. In: White EC, ed. *The Black women's health book: Speaking for ourselves (2nd ed)*. Seal Press; 1994:11-14.

The CDPH Black Birth Equity Action Plan

Appendix A: Additional Opportunities for Future Consideration Based on Stakeholder Feedback

Although not all stakeholder input could be immediately actualized, CDPH will continue to consider these themes and work with partners across the California MCAH and birthing landscape to advance Black birth equity together. Additional themes from stakeholder feedback include:

Continue Collaboration with Public Health Partners to:

- ▶ Expand innovative and culturally congruent models of care into long-term, sustainable statewide strategies.
- ▶ Further integrate mental health and perinatal behavioral health supports with a focus on culturally responsive models for Black mothers.
- ▶ Build upon collaboration with other state agencies to address social determinants of health (e.g., housing, transportation, and economic security) and reduce stressors that drive adverse birth outcomes.

Continue Collaboration with Health Care Partners to:

- ▶ Increase participation in community-based maternal and infant care provision models (e.g., doula, midwifery, lactation programs etc.).
- ▶ Ensure equity focused quality improvement and accountability in care provision.
- ▶ Build upon workforce diversity and retention strategies to increase representation of Black providers in perinatal and maternal health care.

Continue Collaboration with Community Partners to:

- ▶ Create formal mechanisms for CBO leaders and Black birthing people to co-design CDPH programs, ensuring community expertise drives decision-making.

Visit the [Black Birth Equity webpage](#) for more information and resources.

