FIRST 5 DATA FOR **ACTION 2025**

Building coordinated systems that center the whole community, whole family, and whole child requires teamwork, collaboration, and data-informed collective action from partner agencies, community-based organizations, advocates, and decision-makers to promote equitable policies and inform systemic solutions across local, state, and federal levels.





ALAMEDA COUNTY IS A POPULOUS COUNTY



1,663,823

total population in 20221



16,900

babies born in 2021²



109,579



~71,000

children under age 6, 6.4% of the total population (2022)3

households with children under age 64

ALAMEDA COUNTY IS A DIVERSE COUNTY



7th

most diverse county in the US (2020)5



53%

of children under 6 estimated to live in families with at least one foreign-born parent (2022)6

46%

of Alameda County residents over 5 live in households where a language other than English is spoken at home (2022) 7

\$159.368 Income required to

ALAMEDA COUNTY IS A HIGH COST OF LIVING COUNTY 8

meet a family's basic needs. Based on two parents, one infant, and one preschooler (2021 estimate in 2023 inflation adjusted dollars)



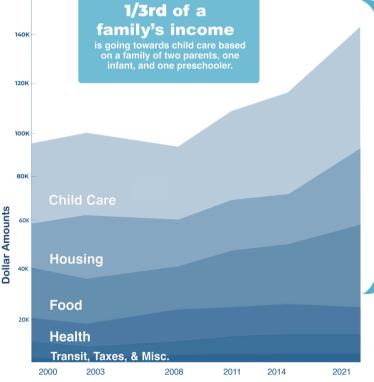
Gap between the income required to meet the basic needs & income of a family living at the Federal Poverty Level (2024)

\$64.000

Income of 2 full time workers at California minimum wage $(2024)^9$

\$31,200

Federal Poverty Level for a family of 4 (2024) 10



Source: Insight Center for Community Economic Development

FINANCIAL REALITIES FOR **FAMILIES IN ALAMEDA COUNTY**

COST OF LIVING CONTINUES TO RISE AT AN UNSUSTAINABLE RATE



increase in cost of child care (2014-2021) 11



cumulative inflation rate over the past four vears12



renters pay more than 1/3 income for rent 13

WHAT DOES THE HIGH COST OF LIVING MEAN?



69%

of households where all parents are

in the labor force 14



of households in Alameda County struggle to meet their basic needs8



families unable to afford diapers 15



children in Alameda **County** experienced food insecurity 16



699

people in families were estimated to be homeless in 2024 count 17

THE COST OF LIVING DISPROPORTIONATELY **AFFECTS WOMEN & PEOPLE OF COLOR**



women face economic insecurity⁸



78%

of households that struggle to meet their basic needs are headed by a person of color⁸

FAMILIES WITH CHILDREN ACCESSING SOCIAL SAFETY NET SUPPORTS

First 5 advocates for policies that advance economic justice and support strategies that guarantee families have sufficient income to meet basic needs and create enriching home environments. Accessing safety net services such as Medi-Cal, CalFresh and early care and education subsidies and supports is a key strategy to address the financial strain families face.



46,269

children under 6 are enrolled in Medi-Cal (~4 out of 10 children under 6) 18



24.152

families utilizing WIC benefits in 2021 (~1 out of 3 families with children under 6)19



22,649

children under 6 are enrolled in CalFresh (~2 out of 10 children under 6)²⁰



85%

of people in families

experiencing homelessness were in sheltered care - a 24% increase from 2022 17



families use Medi-Cal to pay for the birth of their children 21



11.722

children under 6 accessed a subsidy for children (~1 out of 10 children under 6)22



SPOTLIGHT ON GUARANTEED INCOME PILOT

100% families in the 2021-22 Kindergarten Readiness Assessment who participated in the Oakland Resilient Families Guaranteed Income pilot reported significantly higher kindergarten readiness than other similar families. The pilot, which ran from 2021-2023 provided \$500 monthly payments to 600 participants.

ADDRESSING RACIAL DISPARITIES IN FAMILY HEALTH & WELL-BEING

We center equity in our research, advocacy, and policy to create conditions and systems where children can reach their full potential. Infants, children and women, especially those who identify as people of color, bear the brunt of structural inequities. These disparities most impact Black, Asian Pacific Islander and Native American communities.

STRUCTURAL INEOUITIES LEAD TO RACIAL DISPARITIES



Black women and birthing people are 3x more likely to die during pregnancy or childbirth and to experience more maternal health complications. 24



Black babies are 3-4x more likely to be born too early, too small, or to die before their first birthday. 24



Pacific Islander babies are 1.7x more likely than White babies to be born premature.²⁵

STRUCTURAL RACISM IMPACTS BLACK MATERNAL HEALTH



CONDITIONS

In Alameda County, Black women and families are 2x more likely to live in poverty or experience hardships during pregnancy²⁶



CHRONIC STRESS

In Alameda County, Black mothers have the highest gestational hypertension rates - 2.5x > than Asian mothers²⁶



LACK OF ACCESS TO HIGH QUALITY, RESPECTFUL CARE

A recent national survey of Black women who used health care in the past three years found that 34% report at least one of three consequences because of a negative experience with a health care provider for any reason: worse health (13%), being less likely to seek care (19%), or switching providers (27%).27

SUPPORTING THE HEALTH & WELL-BEING OF FAMILIES

Family health and well-being is supported by connection to community-based resources through family navigations and access to health and mental health services that are culturally inclusive and include vision, dental, screenings, and preventive care.



67%

of parents/caregivers expressed concern about their child's health and well-being 23



65%

of families indicated that help connecting to resources was important to them; only 12% of all families had received this assistance²³



40%

of children who regularly attended well-child visits missed these visits over the past three vears²³



2 out of 3

Parents of children ages 3-6 reported that their children had not received a developmental screening and only 6% of parents reported their children having an Adverse Childhood Experience (ACEs) screening.23



Ranked 51

of 58 counties for adequacy of prenatal care. 6 in 10 women receive adequate prenatal care. Less than half of mothers who identify as Pacific Islander received adequate prenatal care—the lowest of any race group.28



**** 1.400**

children in Alameda County are in the child welfare system²⁹



SPOTLIGHT ON PEDIATRIC CARE COORDINATION

First 5 Alameda County Pediatric Care Coordination services connect children to preventive care, early intervention and community supports for optimal growth and development. First 5's care coordinators provide families with culturally tailored navigation assistance to resources such as mental health, dental care, regional center programming, food access, housing, child care, healthcare and other basic needs. In a recent survey of Alameda County parents, children who regularly attended well-child visits had a higher level of kindergarten readiness.

ACCESS TO CHILD CARE

Scarcity of public resources limits the existence of, and access to, quality child care and quality community-based programming. Even prior to the COVID-19 pandemic, the ECE system suffered from low supply and high cost. The shortage of licensed child care is particularly acute in infant and toddler settings.

A STABLE & SUPPORTED WORKFORCE IS CRITICAL FOR ENSURING ACCESS TO EARLY CARE & EDUCATION



75% of early childhood educators in the county worry about paying monthly bills and over 50% worry about food security.³⁰



The earnings range from a mean of \$55K for preschool teachers to \$46K for ECE workers in our region, leaving many educators to worry about meeting their own basic needs.³³



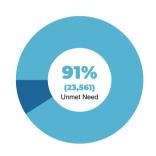
The adverse effects of low compensation disproportionately impact women, and in particular, women of color, with 96% of our ECE workforce identifying as women and nearly 80% as women of color.32

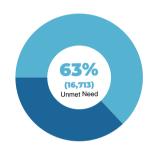


On average, **ECE educators earn** half of elementary school teachers.³³

ACCESS TO SUBSIDIZED CARE 36

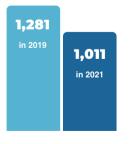
Infant/Toddler Unmet Need for Subsidized Care (2021) Preschool Unmet Need for Subsidized Care (2021)





EVERY CHILD DESERVES ACCESS TO SAFE SPACES

From 2019 to 2021, there were 21 fewer licensed centers and 270 fewer family child care (FCC) sites in Alameda County.³³





FCCs Centers



There is a significant need for investment and expansion in ECE licensed facilities. We estimate that the facilities cost to meet demand for licensed ECE child care in Alameda is likely in the range of \$2 billion to \$4 billion.³⁴



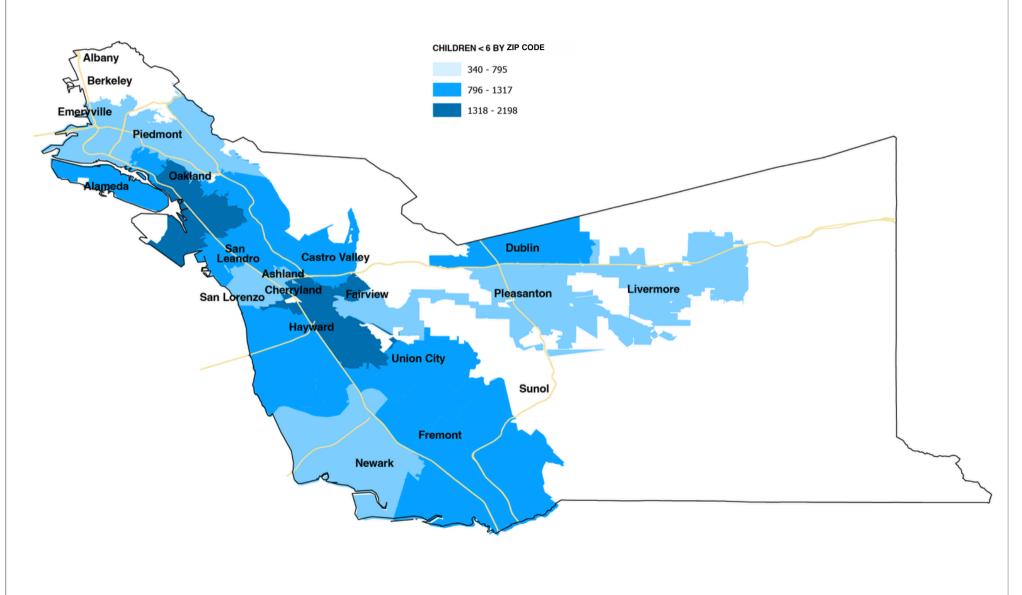
65% of child care sites reported at least one of their property components is inadequate, substandard, or worse, while 29% of sites reported that six or more of their property components are

inadequate, substandard, or worse. 35



Measure C, the Children's Health and Child Care Initiative, is a 0.5% sales tax that was approved by voters in March 2020 to generate approximately \$150 million annually for expanding access to early childhood education and health care in Alameda County. Measure C funding will help enhance the quality of early care and education (ECE) programs and increase access to high-quality early learning programs for low- and middle-income families in Alameda County. It will also improve compensation for participating ECE providers and enhance professional development programs and the eligibility and enrollment system for providers, as well as fund facilities improvements to ECE sites and other early childhood spaces.

CHILDREN UNDER THE AGE OF SIX WHO LIVE IN FAMILIES EARNING LESS THAN 85% THE STATE MEDIAN INCOME (2021)³⁷

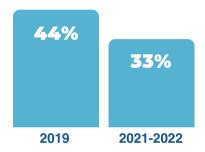


KINDERGARTEN READINESS

At First 5 Alameda County our "North Star," the population result that guides our work, is that all children are ready for kindergarten. Our work is to ensure that policies, systems, communities, and schools support families and children by creating the conditions that position all for success. We find that differences in kindergarten readiness are closely associated with socioeconomic conditions rooted in structural racism and classism and disinvestment in neighborhoods.

KINDERGARTEN READINESS IN 2021-2022

According to parents/caregivers, 33% of children were fully ready for kindergarten compared to 44% in 2019. Structural inequities compounded by the COVID-19 pandemic have impacted children, families, and communities.²³



Achievement gaps persist for children who are not ready for kindergarten.



children who are not ready for kindergarten continue to struggle academically in third grade (2018). 38



Our 2021-22 Kindergarten
Readiness Assessment found
that receiving support from the
place-based Neighborhoods Ready
for School initiative was associated
with higher readiness overall.²³

UNIVERSAL COUNTY-WIDE TOOL TO ASSESS KINDERGARTEN READINESS

First 5 Alameda County is proud to share that the Early Development Instrument (EDI) has been formally adopted countywide to comprehensively measure the various factors that impact kindergarten readiness. First 5 engaged in a participatory process, in partnership with the Alameda County Office of Education, to select a tool that will help us better understand kindergarten readiness among the County's youngest learners. The goal is to administer the EDI to every kindergarten-age public school student in the county beginning in academic year 2025-26. The data we collect will paint a detailed picture of what our communities' young children are experiencing, and where we can invest to help them and their families thrive. This new assessment tool is an important step towards a future where every child in Alameda County starts kindergarten ready to succeed.

FIRST 5 PLACE-BASED STRATEGIES AND KINDERGARTEN READINESS 23

Legend

First 5 Neighborhoods Ready for School Grantee Service Areas

Alameda County

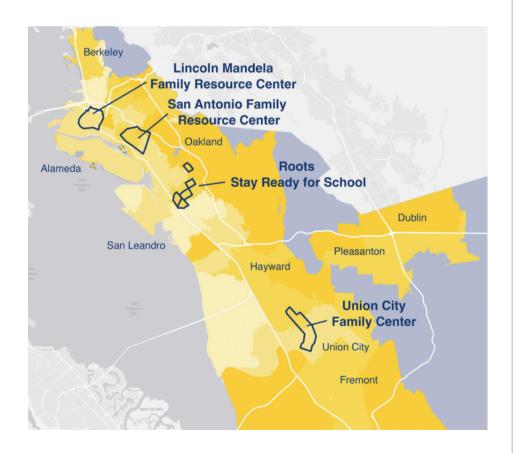
Parent's perception of their child's readiness for kindergarten

More than 50%

33% to 50%

20% to 33% (County Average)

Less than 20% of parents feel their child is ready



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