



Bringing Forth HomePlace

Minnesota Department of Health
December 2025



Table of Contents

Executive Summary.....	3
HomePlace Development	7
An Evidence Based Approach.....	9
Many intersecting understandings of root cause	10
Cultural and Communal Solutions Emerged	11
The HomePlace Way	13
Building our model with families at the center.....	13
A Place for Fathers	18
Healing Centered Engagement	19
HomePlace Portal.....	22
Building a Doula Collective.....	23
Return on Investment	24
Projected Return on Investment.....	27
Conclusion: A Smart Investment for Minnesota	28
Growth and Sustainability.....	28
Comprehensive Campaign	31
Coordinated efforts to reach our policy and sustainability goals	32
Appendix 1: Pilot Logic Model	35
Appendix 2: Return on Investment Data.....	35
Appendix 3: Deepening Research as a Foundation for our Solutions	44

Executive Summary

[Liberty's HomePlace](#) is a vision that is coming to life, imagined and planned out by the African American community participating in the [Birth Justice Collaborative](#) supported by Hennepin County and a Minnesota Department of Health (MDH) investment to address maternal health disparities. We know that African American mothers and babies face alarming rates of death and morbidity, and that these health disparities are just the beginning along a continuum of disparate social outcomes connected to historical and present-day racism and trauma. Taking on this challenge is not only the right thing to do, but also the smart thing to do. Through this work, with County and MDH support, we are getting to the root by identifying and supporting social determinants that will help African American families in our community to start out in wholeness. By starting at the beginning – at birth – we can set in motion new pathways for African American lives, rooted in healing, belonging, and connection as an antidote to the sometimes invisible but always deeply felt impacts of racism in America.

HomePlace Vision

Historically, African American people believed that the construction of a *HomePlace*, however fragile and tenuous (the slave hut, the wooden shack) was a place of flourishing through healing, rest and revival. Our vision for Liberty's HomePlace is to bring forth this ancestral way through a holistic initiative for birthing families rooted in African American culture in North Minneapolis at Liberty's Northside Healing Space.



HomePlace is a healing sanctuary intentionally designed to include services and support for the entire family. We are an inter-generational African American community that includes health and healing professionals, experienced birth workers and doulas, friends and family providing physical, emotional, spiritual and medical support; often drawing on ancestral traditions and community knowledge. We will surround families with culturally responsive healing and connection, as we support preventive practices in collaboration with responsive providers. This effort is anchored in the work that Liberty is already doing as a healing enterprise in North Minneapolis. We work with a love-in-action framework to create a healing environment for youth and families, while we support day-to-day success in practical ways. HomePlace is growing out of this impactful approach.

We believe that with healing and support rooted in community, African American mothers can reduce their stress. With education and engagement, fathers and family members can be healing partners right in the home. Through collaboration with trusted providers, responsive care will save lives and help African American babies start out in wholeness.

Developing the HomePlace Approach

Throughout a two-year planning process, we rooted our approach in an African American liberation ethos that emphasizes the healing power of gathering, connection and belonging. We utilized a human-centered design framework that aligns with this ethos by centering the human experience and collective voice. We listened to stories from mothers and families across generations which illuminated a common thread, an African American birthing experience that is disconnected from culture and reveals the strain that racism puts on the African American body. An exploration of the research affirmed this collective experience. For African Americans, chronic stress from impacts of racism exacerbated by economic hardship result in negative health outcomes, including those associated with pregnancy, birth, and postnatal health. The literature also points to epigenetics, historical racialized trauma from slavery and its aftermath carried forward as a memory imprint in the genetic make-up of Black bodies.

Our HomePlace solutions were developed with this research in our heads and the stories from our lived experts in our hearts. We created a plan that includes strategies we believe will lead to our vision. This includes interconnected supports that put families on a new path toward health pregnancy, birth and family wellbeing.

A New Path Through HomePlace



Our approach with HomePlace families includes: 1) increasing felt sense of connection, healing and belonging, 2) providing practical support and knowledge, 3) reducing impacts of economic hardship, and 4) establishing pathways to responsive providers. We utilize Shawn Ginwright's Healing Centered Engagement approach as a framework for our work. And we will take our learnings centered on the voice of lived experts and share this with the field to support systems change.

Liberty's Healing Enterprise: An Intergenerational Healing Community Rooted in Love.

We are not starting from scratch as we develop HomePlace. We are using the approaches and energy Liberty has been building over the past 15 years through our Northside community engagement initiatives. We see ourselves as healers in need of healing. We offer connection, healing opportunities, and holistic support to youth and families at our two sites in North Minneapolis to mitigate the opportunity gap and the trauma impacts of generational poverty. Inspired by bell hooks' vision, we are first and foremost a community of love. In the chaos of racism and poverty we anchor in loving relationships – with each other and with the youth and families we serve. Love-in-action is messy and complicated. And it is the only foundation for lasting change. This same energy, talent and commitment which has helped establish our youth enrichment initiative called 21st Century Academy – where 100% of our youth who regularly participate graduate high school and enroll in college – will be brought to this birth justice effort.

Liberty Community Church and its Healing Enterprise is cultivated through our inter-generational African American community. Led by Co-Pastors Dr. Ralph Galloway and Dr. Alika Galloway, Liberty was founded on liberation and action-reflection models of the historic African American Church. We see our community with an intersectional lens, understanding the impacts of identity. Our Liberty community supports the North Minneapolis community. Many of our pastoral leaders are also our staff. Many of our staff came through our community initiatives. Our church members share their talents and time within our programs, serving as guides and resources. We are pastors, doctors, social workers, laborers, attorneys, youth workers, and more. We have PhDs and GEDs. We walk all economic journeys. At Liberty, it's all connected! This interwoven fabric is what makes us whole.

Developing our Collaborative Team

We are readying our collaborative team of experts to lead this effort into the future. Anchored by the community-based leadership through Liberty, we are largely African American – pastors,

healers, researchers, strategists, medical professionals, wealth builders and lived experts. We work in partnership with the Birth Justice Collaborative, and the growing network of engaged stakeholders ready to explore how systems can change based on listening and responding to community.

HomePlace core team – Liberty leaders tasked with planning and launching this effort.

Rev Dr Alika Galloway, Chief Executive Officer
Michelle Martin, Chief Operating Officer
Doctor Bernice Sims, Development and Administration Manager
Andrea Smith, Director of Operations and BJC Co-director
Makeda Zulu, UROC Senior Director of Partnerships
Pastor Katherine Lankford, Financial wellness specialist
Michael Brooks, Healing specialist and licensed therapist

Additional support during our pilot and planning, and expansion of Liberty’s foundation to run this work sustainably into the future include:

Rev Dr Ralph Galloway, Co-Pastor Liberty Community Church
Dr Kevin Gilliam, Northpoint Health and Wellness, HomePlace Advisor
Angela Watts, Northpoint Health Wellness, HomePlace Advisor
Jonvierre Bracayadams, HomePlace Guide with pilot families
Coral Garner, Policy and stakeholder consultant
Amber Ross, African American therapist
Kim Snyder, Excelsior Bay Group
Fatima Moore, Firefly Advocacy
Evan Henspeter, Amelanchier Crossing

We are collaborating with the Cultural Wellness Center and Northpoint Health and Wellness Center as initial lead partners. And we had the steady guidance and support from our BJC collaborative partners along with the Collective Action Lab leaders.

Supporting Pilot Families as We Construct our Model

Throughout 2025, we piloted our solutions with families we enrolled into HomePlace. We utilized our early iterations of our solutions to wrap around pilot families with healing engagement, pathways to responsive providers, and concrete support in times of need. We also began hosting communal offerings such as classes and fathers’ groups. We began a formative evaluation to inform our own planning process. As we look toward 2026, we feel

ready to fully implement our initiative with a growing number of families and a full evaluation process to inform our learning and systems change agenda.

Sustaining Change Together

We began to engage more deeply in discussions about our business model. We are exploring sustainable resource models, marketing and communication plans, and operational structures such as staffing and talent management. With this full year of planning through the MDH investment, we believe we stand ready with the knowledge of what it will take to be successful and early practices to get there. This includes an internal focus on how Liberty's HomePlace will be held as a healing force in North Minneapolis, as well as a call to action for people, organizations, and systems of goodwill to provide responsive resources and supports. As we develop our business practices, we are steadfast to always first emphasize a working culture rooted in our vision and values.



African American Poet Laureate Gwendolyn Brooks reminds us that 'We are each other's harvest; we are each other's business; we are each other's magnitude and bond'. Today at HomePlace, because we are each other's, harvest, business and bond; we are committed to offering safe and nurturing places for our birthing parents to live abundantly through offerings that provide resources, connection, love and rest. A place that celebrates our bountiful, beautiful culture and a love that is active and whole. We offer active love incarnate as a solution to the oppressive forces that keep us bound to poor birth outcomes and tragic maternal deaths. We offer opportunities to listen and respond within the cultural lens that has fortified and amplified our communal wellbeing! We offer HomePlace as a gift and as a solution to destructive systems, because we remember that we are each other's harvest; each other's business and each other's bounty.

-Rev. Dr. Alika Galloway, HomePlace CEO

HomePlace Development

We know that African American birthing parents and babies face alarming rates of death and morbidity, and that these health disparities are just the beginning along a continuum of disparate social outcomes connected to historical and present-day systemic racism and trauma. HomePlace was envisioned by Liberty members participating in the Birth Justice Collaborative (BJC) as a response to these outcomes. BJC was launched in 2022, when four African American and American Indian led organizations partnered with Hennepin County to engage their communities in co-designing strategies to improve birth outcomes for their communities. With the knowledge, wisdom and collaboration cultivated through that effort, Liberty proposed

creation of HomePlace. Liberty was funded through BJC with Hennepin County and MDH planning grants. This *Bringing Forth HomePlace* report is a result of community-based planning and piloting throughout 2025. We will expand HomePlace offerings at Liberty's Northside Healing Space in 2026 based on our learnings and experience.



I had my first baby in my hometown, a small community in Mississippi. I was living with my mom and had the support of all the women around me. They shared their wisdom during my pregnancy. After the birth, the only thing I was allowed to pick up was my baby! Everything else was taken care of. This is my inspiration for HomePlace.

-Dr. Bernice Sims, Liberty's HomePlace leadership team

Our vision for Liberty's HomePlace is to bring forth our HomePlace ancestral way, through a holistic healing center for birthing families in North Minneapolis at Liberty's Northside Healing Space. We will surround families with culturally responsive healing and connection, as we support preventive practices in collaboration with responsive providers.

A human-centered approach

For the creation of HomePlace, our starting point is the African American birthing families we have in our community. While we recognize there are compelling broader societal root causes for the alarming maternal health disparities, our primary focus for developing HomePlace is to first and foremost design around the African American birthing family perspective. Using a human centered approach, we set out to understand how we could have a direct impact on the family to promote wellbeing. From the experience of shifting the outcomes for families in our care, we will evaluate our learnings to share with the field with the goal of supporting broader systems change.



I've worked most of my professional life in North Minneapolis to find solutions to racial disparities. I've seen the power of community-driven efforts, when people bring their lived expertise to lead change. I believe harnessing the capacity of people in communities toward their own liberation as a lever for systems change is the only way forward.

-Michelle Martin, Liberty Chief Operating Officer

When we listened to families, a shared story emerged

We listened to stories from mothers and families across generations which illuminated a common thread: an African American birthing experience that is disconnected from culture and

reveals the strain that racism puts on the African American body. And a common story about negative birth outcomes that result from this strain. Pre-term births, high blood pressure, more C-sections, undiagnosed postpartum depression and near maternal death are common stories amongst the African American mothers we listened to.

The research affirmed this lived experience

For African Americans, chronic stress from impacts of racism exacerbated by economic hardship result in negative health outcomes, including those associated with pregnancy, birth, and postnatal health. The literature also points to epigenetics, historical racialized trauma from slavery and its aftermath carried forward as a memory imprint in the genetic make-up of Black bodies.

Understanding root causes and evidence-based ideas helped establish our model. With these root causes in mind, we explored research supporting the idea that cultural and communal connections along with organizational healing strategies contribute to reduction of chronic stress and impacts of epigenetics on marginalized communities. Simply put, we found that asset-based, communal, and cultural healing strategies can become protective factors. We examined loneliness as it impacts health outcomes, and how intentional connection can be an antidote.

An Evidence Based Approach

The research is clear that we have a problem to solve

African American mothers face significantly higher risks during pregnancy and childbirth. Data shows they are 2.8 times more likely to experience maternal death than their white counterparts.¹

29-44% of U.S. born Black women experience postpartum depressive symptoms (PDS), yet few are properly identified and/or connected to mental health services.²

¹Minnesota Department of Health. (2021). Care during pregnancy and delivery. Retrieved September 19, 2022 from <https://www.health.state.mn.us/docs/communities/titlev/carepregdelivery2021.pdf>

² James, K. F., Smith, B. E., Robinson, M. N., Tobin, C. S. T., Bulles, K. F., & Barkin, J. L. (2023). Factors Associated with Postpartum Maternal Functioning in Black Women: A Secondary Analysis. *Journal of Clinical Medicine*, 12(2), 647. <https://doi.org/10.3390/jcm12020647>

The United States has particularly stark racial disparities related to birthing. The imbalance is especially prominent between White and Black populations. Black women are more than 50% more likely to have a pre-term birth and nearly twice as likely to have a low-birth weight baby. And, Black infants are 2.3 times more likely to die within their first year of life.³

Many intersecting understandings of root cause

We began our HomePlace planning guided by the literature review developed through the Birth Justice Collaborative in 2022 and 2023. The BJC literature review⁴, which included research from Liberty and University Research and Outreach Center (UROC), and its citations was an initial source for examining drivers related African American maternal health outcomes. In addition to amplifying the need, multiple intersecting root causes were examined in the literature including societal, community, institutional, interpersonal and individual/family. Beyond medical care, birthing families require comprehensive support that addresses emotional, social, and practical needs. This includes access to resources such as food, housing, and educational materials.



Going into the hospital when I was giving birth to my first child, I just kept praying that my baby and I both came out of the hospital alive and back to my husband alive.

-Pastor Cyreta Odunyi, Liberty Community Church, HomePlace founding team

Historical and Present-Day Racism as Root Causes

A primary aspect of our literature review related to the need focused on epigenetics from historical racism and trauma, along with exploration of how allostatic load from chronic stress that builds up in the bodies of African American birthing people impact maternal health.

Allostatic load is seen as a cumulative wear and tear on the body's systems through repeated adaptation to stressors. Specifically for African Americans, the chronic stress from impacts of

³ Leimert, Kelycia B., and David M. Olson. "Racial disparities in pregnancy outcomes: genetics, epigenetics, and allostatic load." *Current Opinion in Physiology* 13 (2020): 155-165.

⁴ Birth Justice Collaborative Literature Synthesis Regarding Black and American Indian Maternal Health and Birth Justice Strategies, 2023.

racism exacerbated by socioeconomic status have been found to increase negative medical impacts such as cortisol levels, sympathetic nerve activity, blood-pressure reactivity, cytokine production, waist-to-hip ratio, and glycated hemoglobin levels. These indicators are known to be contributing factors in maternal health outcomes. Blacks had higher allostatic load scores than did Whites and had a greater probability of a high score at all ages, particularly at 35–64 years. Racial differences were not explained by poverty. Poor and nonpoor Black women had the highest and second highest probability of high allostatic load scores, respectively, and the highest excess scores compared with their male or White counterparts.⁵

In addition to evidence that chronic stress from racism and economic hardship contributes to maternal health disparities, the literature supports the idea that historical racialized trauma from slavery and its aftermath is carried forward as a memory imprint in genetic make-up of Black bodies.⁶ We identified evidence supporting the concept that epigenetics and chronic stress are contributing factors in maternal health.

In the recently published book *Unbearable: Five Women and the Perils of Pregnancy in America* by Irin Carmon, the intersection of data and stories is explored. Carmon explores the historical abuses of African American birthing women to modern-day neglect, showing how systemic racism is embedded in medical training and practice. Along with the realities of underfunded urban hospitals, historical and systemic underpinning show up as present day root causes and require consideration for development of solutions.⁷

Cultural and Communal Solutions Emerged

With these root causes in mind, we explored research supporting the idea that cultural and communal connections along with organizational healing strategies contribute to reduction of chronic stress and impacts of epigenetics on marginalized communities. We found research that identifies asset-based, communal, and cultural healing strategies can become protective factors within marginalized communities generally. We examined loneliness as it impacts health outcomes, and how intentional connection can be an antidote.

⁵ Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). "Weathering" and Age Patterns of Allostatic Load Scores Among Blacks and Whites in the United States. *American Journal of Public Health (1971)*, 96(5), 826–833. <https://doi.org/10.2105/AJPH.2004.060749>

⁶ Thayer, Zaneta M., and Christopher W. Kuzawa. "Biological memories of past environments: epigenetic pathways to health disparities." *Epigenetics* 6.7 (2011): 798-803.

⁷ Carmon, Irin. *Unbearable: Five Women and the Perils of Pregnancy in America*. One Signal Publishers, 2025.



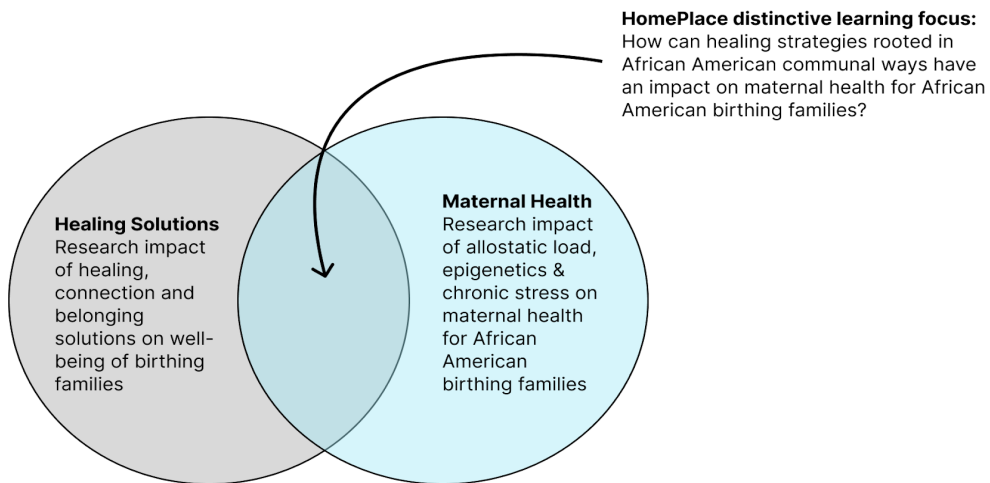
What we know, generally, of those societies that tend to live the longest, they do more than eat well and have high levels of activity. More importantly, they maintain and have strong connections within their community. Whether these connections are within family units, extended friend groups, or religious affiliations the finding is the same. Connections help people live well and live longer.

-Kevin L. Gilliam II, MD, FAAFP, FABOM, Medical Director, NorthPoint Health and Wellness Center, HomePlace advisor

As depicted in the diagram below, our hope is that as we practice our communal healing approaches, we will develop learning resources that will contribute to this question:

How can intentional healing, connection, and cultural engagements mitigate the negative impacts of chronic stress and become contributing factors for improving maternal health outcomes?

Diagram: Distinctive learning focus for HomePlace



The HomePlace Way

Building our model with families at the center

We began implementation with our first cohort of 10 participating HomePlace pilot families. We used trusted and relational methods of networking and connection that are authentic to our cultural community to find participants, rather than dominant culture criteria and selection processes. We were clear with our Pilot families that we would build our model based on their experience with our initial supports. These initial supports included connection with an African American therapist, a financial coach, referral to a connected Doula, participation in communal engagements, and informal supports through other Liberty leaders. A “HomePlace Guide” worked ongoing with the families to support their participation.

Throughout the year, these families together received 53 financial coaching sessions, 60 sessions with a therapist, regular support and engagement from the HomePlace Guide, and monthly communal engagements the second half of the year. Our primary providers of these supports also participated on the HomePlace core team. We met weekly throughout the year and built out our model utilizing the experience of our engagements with our families.

Five of our first families will soon reach a milestone of their baby turning one year. These families will become alumni and be invited to play a supporting role in our HomePlace community. And we will welcome five new families early in 2026. By the end of next year, our goal is to have 20 participating families – on our way to fully expanding to our dream of have a community of up to 75 families participating annually.

What HomePlace families are saying



Speaking with the therapist, I'm now working on getting my life back to normal after a traumatic birth. I have hope now that I'll have support.

I feel so hopeful because I've received incredible support from people I trust. We were able to give our baby a healthy start. With HomePlace, I feel ready to be a parent!

Before joining HomePlace, I felt alone and strapped financially. I'm so thankful HomePlace has helped me find hope financially, mentally and physically.

I joined HomePlace after my baby was born. Being a first-time mom, I just feel very limited with knowledge throughout this journey. I'm handling it well, but I do wish I was more educated prior to giving birth.

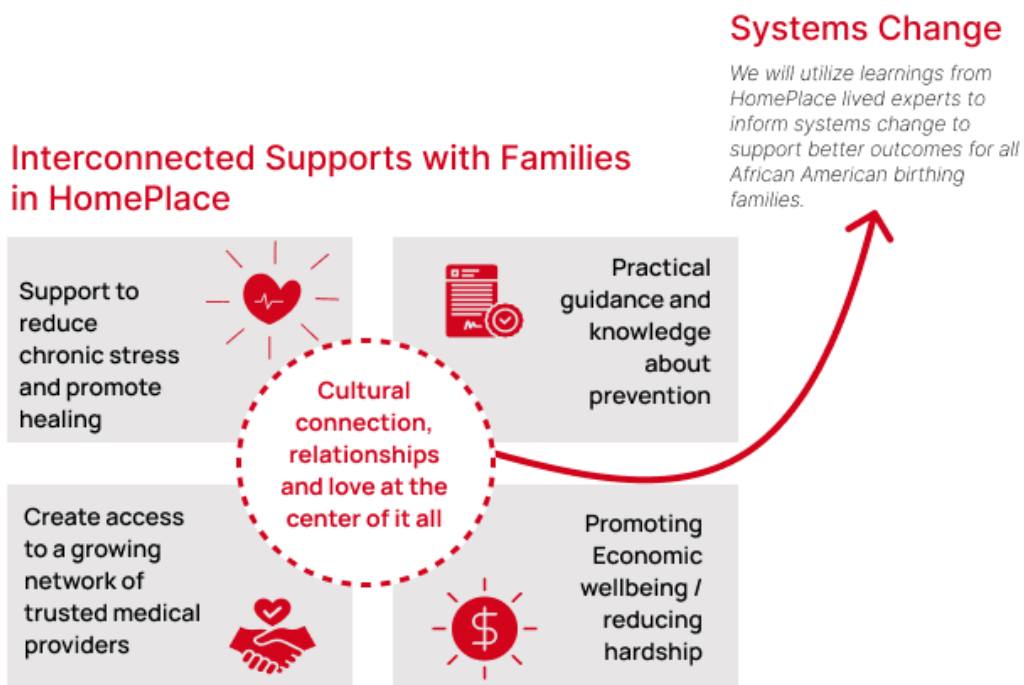
How our model works

HomePlace is a healing sanctuary intentionally designed to include services and support for the entire family. We are an inter-generational African American community that includes health and healing professionals, experienced birth workers and doulas, friends and family providing physical, emotional, spiritual and medical support; often drawing on ancestral traditions and community knowledge.



HomePlace reflects the kind of care I wish every African American birthing family could experience. As a new mother, I understand deeply how vulnerable and sacred the perinatal journey is, and how much it matters to be surrounded by people who truly see you. At HomePlace, the support is anything but transactional. It is relational, intergenerational, and grounded in our cultural strength. Watching families be held with the same tenderness and affirmation I needed in my own journey reminds me why this work matters. Being part of this sanctuary has shown me what true healing, connection, and community-centered care can look like for all of us.

-Andrea Smith, HomePlace Director of Operations and BJC Co-director



HomePlace isn't a program—it's a sanctuary where love and connection help African American birthing families heal and grow together. Based on our research of root cause, evidence base for what might work, and the stories from our lived experts, we solidified our approach of four areas of working.

Our Focus	Why	What we do
1. Create access to responsive care and prevention	African Americans often do not receive quality healthcare due to systemic racial bias. Preventable medical issues become life threatening.	<ul style="list-style-type: none"> • Build actionable learning partnership with trusted providers • Provide cultural Doula's to support and advocate for families • Offer tools and knowledge to support prevention of some of the common health concerns
2. Healing and reducing chronic stress	Chronic stress of racism along with epigenetic impact from generations of historical racism cause chronic stress and impact on the body.	<ul style="list-style-type: none"> • Wrap families in culturally centered healing support. • Engage fathers to be full partners in the pregnancy and birth process.
3. Breaking loneliness & promoting community	Connection and belonging reduce the chronic stress of racism. Reduction in stress creates conditions for wellbeing, which means fewer high-risk pregnancies.	<ul style="list-style-type: none"> • Communal gatherings and support groups • Facilitating connection • Utilizing gatherings as an effective way to share what works from the perspective of our communal ways.
4. Promoting Economic wellbeing / reducing hardship	Chronic stress is made worse by economic stress.	<ul style="list-style-type: none"> • Financial well-being coaching supports skill and mindset. • Connections to housing, jobs, and benefits • Providing concrete supports in times of need.

What This Looks Like from the HomePlace Family Perspective

Pathways to Trusted Providers

Access to responsive medical professionals who listen and respect family choices. Having a healthcare professional who is responsive to culture, communicates well across differences, and will collaborate as part of a trusted team makes all the difference. Trained African American Doula's who help speak for the family and ensure the right care is given at the right time.

Practical Support and Knowledge

Sometimes it just takes a little knowledge offered by someone who has been through it themselves. And small, practical supports that help make things easier on a tough day. Families receive a culturally rooted approach to learning about early parenting and postpartum support and tailored support, such as transportation and access to essential supplies.

Cultural and Communal Healing and Connection

Mindfulness, music, art, and other practices rooted in African American culture bring down stress and build strength. HomePlace families connect with each other to build a community of support.

Reducing Economic Hardship

Financial coaching rooted in a cultural, affirmation-based model. Connections to housing, jobs, and other relevant social supports. Monthly financial support to ease stress during pregnancy and early parenting.

The HomePlace Commitment

Everyone involved with HomePlace shares in the same commitment to creating outcomes with our families. This commitment shepherds our participation from families and anchors the work of our staff and trusted partners. We developed this Commitment in a collaborative process with the HomePlace team rooted in what we were experiencing with our families. This is our touchstone to keep us moving toward our end goal.

HomePlace Commitment for Families

At HomePlace, we are committed to creating positive outcomes with African American birthing families so that they will have a healthy pregnancy and birth, babies are born into wholeness, and families experience wellbeing together into the future. We are thrilled that you are joining in this commitment.

HomePlace Commitments: These are HomePlace family commitments as we walk together.

- Be part of our community.
 - Join in gatherings and classes to connect and learn together.
- Develop a path toward your healthy birth and beyond.
 - Based on cultural ways and evidence-based practices
 - Knowing the path will evolve and change along the way
- Walk actively down your path with a *HomePlace Team* including:
 - A Healing Guide helping support your path
 - A Doula or birthworker to advocate, teach and support
 - A therapist to guide toward insight and healing
 - A finance specialist to support economic wellbeing
- Contribute to our learning approach.
 - Provide feedback and input along the way

We work to have positive, healing-centered engagement that inspires and nudges families down the HomePlace path. And we also have some non-negotiables for participation:

- Monthly communication with your *HomePlace Team* and Healing Guide.
- Choosing a Doula or other cultural birth worker.
- Responding to feedback surveys.

If families cannot engage monthly due to unforeseen life circumstances, active participation may be paused or discontinued.

Matrix of Support

As we worked with our pilot families and engaged in our weekly planning discussions, we were able to get clearer about what it takes to implement toward our vision. As we move into full implementation, we solidified a roadmap for participation. African American birthing families enroll in HomePlace any time during their pregnancy – the earlier the better! Families participate for one year and engage with a team supporting wellbeing and planning for a healthy birth. After the birth, supports may change but participation can continue until the baby turns one year. After baby turns one, families can continue as part of the HomePlace community as Alumni. This matrix provides specific implementation details for clarity amongst our team and with our families.

Type of support	Timeframe for Participation			
	One Full Year of Enrollment		Until the baby turns 1 year	HomePlace Alumni
	Prenatal	After birth		
Economic supports	Monthly cash support + meaningful gifts along the way (such as diapers).	Cash support ends. Gifts continue.	Economic supports do not continue. A future pregnancy would	

			mean full enrollment is available again.
HomePlace Guide	Guide will work with you throughout the pregnancy and until baby turns one to access healing and social supports.		An informal communal relationship with your Guide may continue.
Therapy support	Monthly 1:1 therapy in preparation for this big family transition	Additional sessions can be requested after one year	Not Available
Doula or birthworker	Prenatal Doula supports pregnancy and birth	Home Visitor (Doula, Community Health Worker) supports after birth and through baby's first year	Not Available
Financial Wellbeing	Participate in 6 financial coaching sessions; two can be group	Additional groups may be joined and 1:1 sessions may be requested	Unless designated, Alumni can join financial wellbeing groups.
Communal Gatherings	Unless designated, all groups and communal gatherings are offered to any HomePlace family.		Unless designated, alumni can join any communal gatherings
Specialized supports	Trusted provider referrals and HomePlace groups will offer specialized supports such as: <ul style="list-style-type: none"> • Lactation and feeding support or other pregnancy or newborn learning topics, • Family support or stability services or learnings. 		Unless designated, Alumni can join groups and communal offerings.
Social Connection and Systems Change	Enrolled families can connect with each other for peer support.		Option to mentor to new families and stakeholder engagement/outreach

A Place for Fathers

When we talk about maternal health outcomes and birthing families, we hold a strong intention to include and support fathers as a valued asset and as a resource for maternal wellbeing. Whatever the familial circumstances, fathers have a special invitation at HomePlace.



When my wife Alika, delivered our second daughter Iyana, I asked to be present in the delivery room and I was told “No you cannot come – there is no need for you!” Today as I reflect on our HomePlace initiative I know that many, many African American men are told the same thing. They get the same message that they are not needed, wanted or desired in the birthing process. HomePlace offers African American men a place to gather, reflect on parenting roles, bond with their children and offer loving support to their partners in the birthing of their children and postpartum process. We at Liberty’s HomePlace send a message loud and clear that

African American men are needed, wanted and desired. We need our men in the birthing process and in the lives of their partners and children. Brothers you are needed and wanted at HomePlace...Welcome HOME!

-Rev. Dr. Ralph Galloway, Liberty Community church

Throughout our pilot process, we have included fathers. We hosted a gathering for fathers and involved partners in the individual supports when possible. And now we have begun the planning process to launch a father's project in 2026 that we will call the Joseph Center. Led by our African American therapist Michael Brooks, we are building out a project for African American men and fathers to connect and learn how to be healers right in the home for themselves, their partner and their children.

Example invitation to father's event:



Healing Centered Engagement

We are currently in a planning process to develop or adapt a suite of tools for use across our healing initiatives that is rooted in the principles of Shawn Ginwright's Healing Centered Engagement⁸ along with other evidence-based healing, connection, and wellbeing approaches. A healing centered approach to addressing trauma requires a different question that moves beyond "what happened to you" to "what's right with you" and views those exposed to trauma as agents in the creation of their own wellbeing rather than victims of traumatic events. These tools will work across both our Healing Enterprise and including HomePlace. This framework

⁸ Ginwright, Shawn. "The future of healing: Shifting from trauma informed care to healing centered engagement." *Occasional Paper 25* (2018): 25-32.

will become a parent curriculum we will use to strengthen the parent approach of our families by utilizing a healing lens.

Healing Centered Engagement tools will utilize the framework of CARMA. This framework will be used with both youth and parents as a tool within their individual healing journey. It will also be used as a framework for understanding collective progress and evaluating Liberty's impact.

C = Culture

Values and norms that connect us to shared identity, such as:

- How do I understand my own cultural identity?

A = Agency

The individual and collective power to act, create, and change personal conditions and external systems, such as:

- How do I tap into my own power to create the life I seek?

R = Relationships

The capacity to create, sustain, and grow healthy connections with others, such as:

- How am I building positive relationships and connections?

M = Meaning

The profound discovery of who we are, why we are, and what purpose we were born to serve, such as:

- How do I understand and take action to build meaning in my own life?

A = Aspirations

The capacity to imagine, set, and accomplish goals for personal and collective livelihood and advancement, such as:

- How do I identify my strengths often and consistently and create my life out of my strengths?

We will utilize the CARMA elements to create a relevant and meaningful parent curriculum and practice. We will focus in three ways:

- Helping parents identify and see their own healing journey and how this can be communicated with their children.
- Helping parents see how the CARMA framework can benefit their children's healing journey.
- Identifying ways for parents to learn, practice, and come together for support as they deepen their healing partnership with their children.

HomePlace Healing Assessment

We will develop a full HomePlace evaluation plan in 2026 in partnership with the University of Minnesota through UROC to answer this question (see diagram below):

How can intentional healing, connection, and cultural engagements mitigate the negative impacts of chronic stress and become contributing factors for improving maternal health outcomes?

This question fits with our [logic model](#) (see appendix) goal to:

- Increase felt sense of connection, healing & belonging
 - Experience healing to mitigate the impact of racism and trauma.
 - Reduce stress through protective factors (ie therapy, groups, cultural connection).
 - Well-being is monitored and supported.

A critical step in this process is to research and develop a framework for how we would evaluate this question. Our evaluation process would need to be in service to our implementation of HomePlace. This means any research we do will need to be part of our work with our families. Our goal is to identify, adapt or develop a simple tool that will help us know how chronic stress is reduced and ultimately maternal health outcomes are improved with our birthing mothers.

Pilot Family Priorities

To understand what is important to our initial families, we implemented Family Priority Assessment. We shared a survey with all our pilot families to understand their priorities. We asked the question for each of our proposed solutions how likely they were to participate. The results are being used to help us make decisions about what we offer through HomePlace, both individually and in communal offerings. Based on the results, we felt affirmed in our plans to focus on strategies that help reduce stress and connect families with responsive health providers.

Family Priority Survey Results

	Score	Very Likely (3)	Possibly (3)	Unlikely (1)
Learn about chronic stress and how I can lower it	27	8	1	0
Housing supports, such as finding a new place to live or help with rent/mortgage	26	7	2	0
Help understanding my postpartum wellbeing	25	8	0	1
Support around parenting a newborn	24	7	1	1
Help us connect with prenatal care that would be most likely to recognize African American cultural ways	24	7	1	1
Career development (ie support determine what job or career you would seek)	24	5	4	0
Job training or coaching	24	5	4	0
Learning how to prevent likely medical issues that could arise (ie- such as high blood pressure)	23	6	2	1
Lactation support	23	6	2	1
Groups where I can get to know other African American birthing families	23	4	5	0
Help us connect with pediatric care that would be most likely to recognize African American cultural ways	21	6	1	2
Yoga or other mindfulness opportunities	20	5	2	2
Help us find a location for having my baby	20	5	2	2
Support with birth plan development	19	4	3	2
Bodywork such as massage	18	5	1	1
Group baby shower	17	4	2	3
Ceremonial opportunities (such as baptism, naming ceremonies, etc)	12	1	4	4

HomePlace Portal

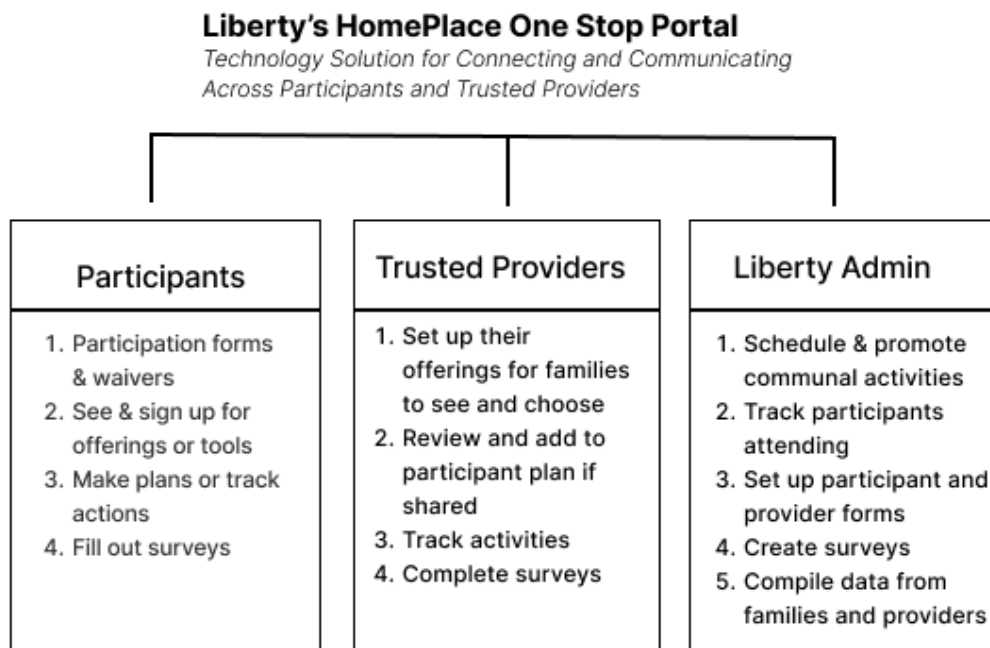
While relationships and connection are our core modality, we will use technology to help make connection and communication easier. We are building a technology solution for coordinating involvement of HomePlace participants. This is a unique technology concept that focuses on family empowerment and coordination of care first, and data collection as a secondary function. This focus on participant use as primary will create a user experience that is more effective.

In the spring of 2025, we began mapping out a development plan and wireframe for this tool. We will develop an early version of the Portal by the end of 2025 and will begin using it with

new HomePlace families early in 2026. We will continue to test out use, get feedback from participants, and fully develop the tool in 2026.

Families will be able to see and sign up for all the group offerings through HomePlace, identify individual services that they want to receive, respond to surveys and fill out contracts or forms, and have access to a library of resources (i.e. videos, documents) directly shared by our trusted providers. All the engagement they complete through the Portal will be there for them to review and see again in the future. Providers will be able to see the profile of the families they are working with, set up their offerings, promote their groups or classes and invite families, track attendance, and share tools with families through the Portal. The HomePlace team will be able to track all touchpoints with families, implement surveys, and understand the impact the collaborative solutions are having on our family’s health and wellbeing.

This visualization depicts the HomePlace Portal’s functionality:



Building a Doula Collective

Doula's are a large part of our model and how we support our families, therefore we are looking into ways we can best support their efforts and sustain their career longevity. Doula's are on the frontlines with our families and it's a priority for our sustainability to ensure they too can operate in safe and enriching environments. We will start to offer space and support for African American Doula’s and birthworkers. We will create a satellite space for gathering,

connecting, and engaging with birthing families. We will provide capacity-building support and work on tools to support collaboration with responsive providers. We are working in partnership with the [Cultural Wellness Center](#) along with African American independent Doula's to implement this strategy.

HomePlace Family Recruitment and Outreach

As we expand our engagement with families in 2026, we will sunset the “pilot” label and begin enrolling families into HomePlace as a full model. We will continue to use communal ways of reaching families through our relational networks. We will also begin marketing and social media outreach to share more broadly with the community about the HomePlace opportunity.

Return on Investment

We worked with a consulting partner Amelanchier Crossing to analyze the projected impact and cost savings related to HomePlace. We answered the question: What short- and long-term savings would we yield if we supported 75 African American birthing families annually to have the same outcomes as their counterpart white families? Here's what we learned.

A Smart and Caring Investment

\$1 invested = a minimum of \$3.5 returned

With full funding, we will engage about 75 families each year. HomePlace is expected to generate over \$3.5 million in savings and community benefits over ten years by improving health, housing stability, child safety, and family economic security.

Every dollar invested in HomePlace returns about 3.5 dollars in value through better health, stronger families, and reduced harm.

Investing in African American Family Health and Stability

HomePlace is a culturally responsive initiative designed to improve the health, stability, and economic wellbeing of African American birthing families in Minnesota. By providing holistic, community-centered care—including birth support, healing services, economic assistance, and connections to trusted providers—HomePlace addresses key drivers of poor birth outcomes and family instability.

HomePlace is projected to cost about \$1 million per year to operate, serving approximately 75 African American birthing families each year. This analysis outlines the expected return on investment (ROI) from serving the first cohort of 75 families, showing how this model generates significant healthcare savings and broader community benefits such as improved housing stability, child safety, and family economic security over the next decade.

The Cost of Health and Economic Disparities for Birthing Families

African American birthing families in Minnesota experience some of the most severe health inequities in the nation, driving both human and economic costs across many life domains. A full analysis with citations is included in *Appendix 2: Return on Investment Data*. Here is an overview of our findings:

- Infant and maternal health: Black newborns die at nearly three times the rate of white newborns, and Black mothers are twice as likely to give birth preterm or experience severe complications such as hemorrhage, infection, or hypertension (MDH, 2023).
- Mental health: Black mothers experience postpartum depression at twice the rate of white mothers, affecting family wellbeing, parent–child bonding, and long-term health. Untreated maternal mental health conditions also drive higher healthcare spending (MDH, 2023; NIH, 2020).
- Housing stability: Black Minnesotans are 10.6 times more likely to experience homelessness than white Minnesotans (MHFA, 2024). Housing instability during and after pregnancy increases stress and health risks for mothers and infants, disrupts family stability, and can lead to costly shelter stays (HUD, 2016).
- Child safety: African American children in Hennepin County are 5.5 times more likely to experience out-of-home placement compared to white children. Each placement represents trauma and loss for families and costs the state and county an estimated \$30,000–\$40,000 per year per child (Hennepin County / LCC, 2024; Casey, 2025).
- Early childhood and education: Roughly 60% of African American children in Minnesota are not school-ready at kindergarten entry, compared to 30% of white children. Early learning gaps can limit lifelong opportunity for children and reduce family economic mobility while driving higher education and social costs (Wilder, 2016).
- Economic opportunity: The median income for Black households in Minnesota is \$37,954 lower than that of white households (DEED, 2022). This persistent gap limits families’ ability to meet basic needs, save for the future, and achieve stability, while also increasing reliance on public assistance.

These disparities carry deep human consequences for parents and children and significant fiscal costs for the public systems charged with responding to them. The true cost of inequity extends well beyond hospital stays and includes lost health, opportunity, and stability for African American families and higher spending on crisis care, foster care, homelessness services, and public assistance.

How HomePlace Creates Immediate and Long-term Savings

Evidence shows that community-based, culturally responsive approaches like HomePlace improve outcomes for African American families and reduce costs across multiple areas of life.

- Maternal and infant health: Research on doula and midwife care has consistently shown reductions in preterm birth, low birth weight, and cesarean delivery – significantly reducing healthcare costs (NIH, 2013). Studies also show that culturally responsive care improves communication and trust between patients and providers, leading to better follow-up and postpartum outcomes (UMN, 2020; Frontiers, 2024).
- Maternal mental health: Untreated maternal mental health conditions are costly for both families and healthcare systems. Evidence shows that early, relationship-based support during pregnancy and postpartum can significantly reduce rates of depression and anxiety while improving bonding and family wellbeing (NIH, 2021).
- Housing stability: Families experiencing pregnancy while unstably housed face higher rates of poor birth outcomes and stress-related complications (Health Services Research, 2020). Programs that combine housing and family support have been shown to reduce shelter use and help parents maintain stable housing, resulting in better health and lower public costs (HUD, 2016).
- Early childhood development: A strong start for young children has lasting social and economic benefits. Studies link stable, nurturing early environments to higher school readiness and educational achievement, which in turn lead to improved lifetime earnings and reduced reliance on public assistance programs (Wilder, 2016).
- Child safety and family stability: When parents have access to economic supports and community-based help, rates of involvement with child protective services decline. Family preservation and parent-support programs have been shown to prevent costly out-of-home placements while keeping children and families safely together (Casey, 2025).
- Economic security: Stable employment and income are strongly tied to health and family wellbeing. Evidence shows that wraparound supports—such as those offered through HomePlace—help parents remain employed, increase earnings, and reduce long-term reliance on public assistance (NIH, 2020;).

Together, these findings show that when African American families receive culturally grounded care and practical support, outcomes improve across health, education, housing, and economic domains. HomePlace brings these evidence-based strategies together in one model that builds stability, prevents crises, and creates lasting benefits for families and the broader public.

Projected Return on Investment

The HomePlace ROI model estimates savings by aligning outcomes for African American birthing families with those of white families in Minnesota. This approach quantifies the measurable value of equity and shows what is possible when culturally responsive, community-based supports close longstanding gaps in health and economic outcomes.

The model applies published research and state- and federal-level data to estimate reductions in costly maternal and infant health complications, housing instability, child protection involvement, and lost family income. A detailed description of data sources and calculation methods is available in the companion document, *HomePlace ROI Data and Estimates (Dec. 2025)*.

For a single cohort of 75 families, HomePlace is projected to generate approximately \$3.5 million in cumulative savings and community benefits over ten years, compared with an implementation cost of \$1 million. These projections use conservative assumptions about savings; the actual community benefits are expected to far exceed these figures as HomePlace operates at scale.

Within the First Year

Immediate impacts are seen through reduced healthcare costs and fewer housing crises:

- Healthcare savings: ~\$657,000 from fewer preterm births, low-birth-weight deliveries, postpartum depression cases, and maternal complications.
- Housing stability savings: ~\$115,000 from preventing shelter stays and other emergency housing costs for families during pregnancy and early parenting.

Combined, these savings total roughly \$772,000 in the first year, offsetting most of the cost to serve this cohort.

By Year 5

As families stabilize, the social and developmental benefits of early support become clear:

- Early childhood development: ~\$989,000 in public and societal savings from more children entering kindergarten ready to learn.
- Child safety and family stability: ~\$69,000 in avoided costs through fewer out-of-home placements.

By the fifth year, HomePlace is projected to have produced roughly \$1.9 million in combined health and social savings, nearly twice the cost to serve these 75 families.

Over 10 Years

Long-term impacts grow as families maintain health and improve economic stability:

- Long-term healthcare savings: ~\$834,000 from fewer chronic conditions such as asthma and diabetes among children and improved maternal mental health.
- Economic outcomes: ~\$874,000 in increased household income and reduced reliance on public assistance as parents gain family-sustaining employment and higher earnings.

Over ten years, HomePlace's combined benefits for this cohort are valued at about \$3.5 million, representing an estimated 3.5-to-1 return on investment through improved health, housing, and economic wellbeing for African American families and their communities.

Conclusion: A Smart Investment for Minnesota

HomePlace offers a fiscally responsible, equity-driven approach to maternal and family health. With a cost of \$1 million to serve a single cohort of 75 families, the program delivers immediate savings in healthcare and housing while producing meaningful long-term returns through healthier children, safer families, and stronger communities. When families have what they need to thrive, everyone benefits. Every dollar invested in HomePlace is conservatively projected to return about three and a half dollars in value—a sound, evidence-based investment that strengthens Minnesota's future. Investing in HomePlace means investing in African American birthing families and in a future where every family can heal and thrive.

Growth and Sustainability

While we are focused on providing support to our 10-family pilot, we are also looking ahead to our vision of having 75 families a year come through HomePlace. Liberty's commitment has always been to only make promises to families that we can follow through on. This means having sustainable resources identified before we make commitments to families. Therefore,

we are taking a measured approach to how we scale up from our pilot toward our longer-term goals for scale. Through our cost research we have a clear idea of the cost for baseline staffing and operating costs. We have also determined what we believe it will take to provide customized services and supports to individuals and groups within HomePlace.

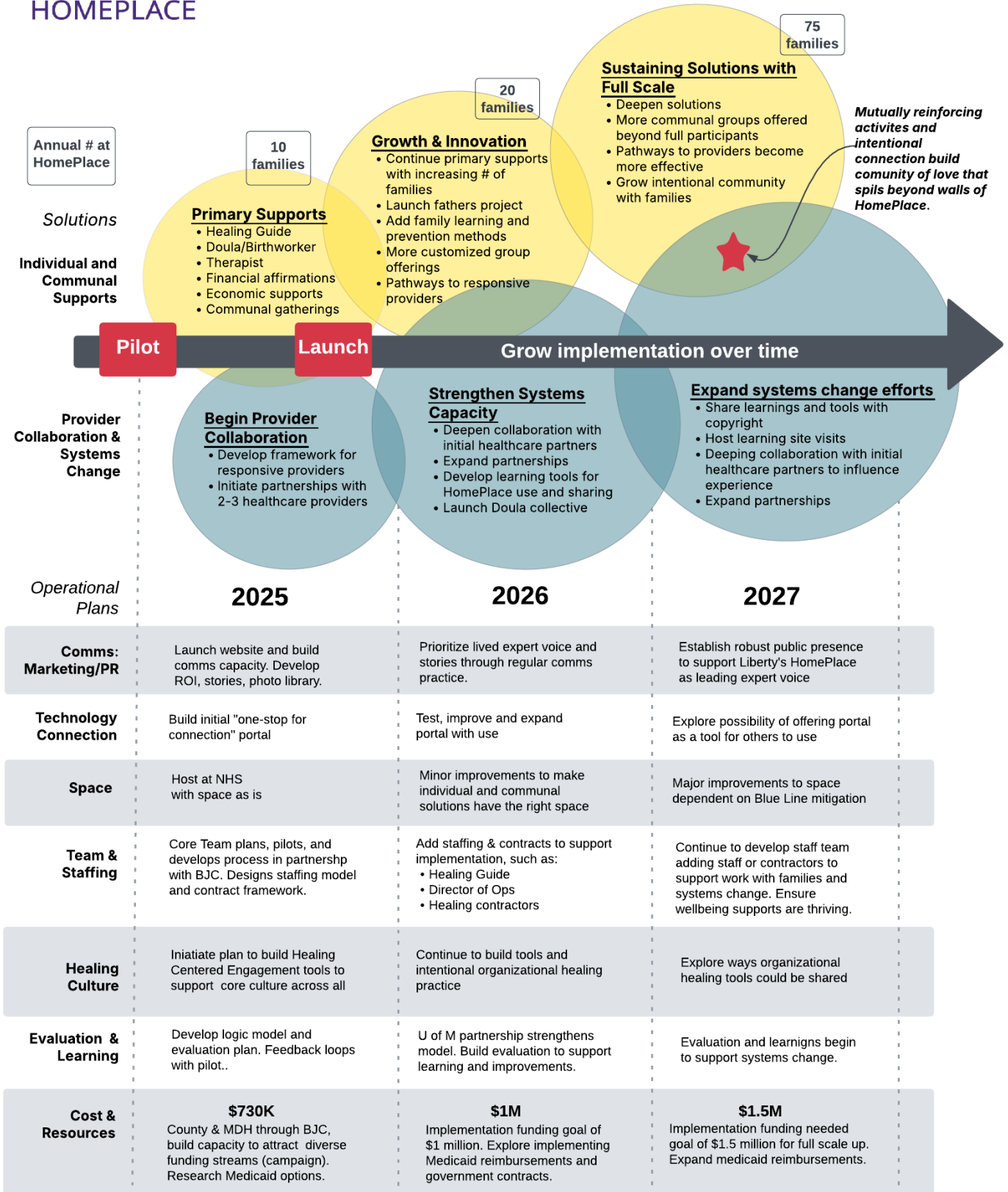
This cost estimation is based on our analysis with our pilot families of what services and supports would be required at both an individual and communal level for sustaining participation with 75 families annually. Our cost modeling included a variety of participation levels, ranging from full wrap around to families involved at a communal level.

Annual Cost Estimates for Full Scale	
Staffing - Includes leadership, community guidance, and direct support staff	\$620,000
Supports for Families - Includes contracted services for individuals and communal supports for up to 75 families enrolled at varying levels of participation	\$410,000
Evaluation and Systems Change - includes evaluation partnerships and sharing learnings with external stakeholders	\$208,000
Administration - includes organizational administration and building expenses	\$254,000

With this cost analysis and our projected budgets, we have been able to create sustainability goals. We have identified actionable pathways toward sustainability through a diverse funding base, including individuals, churches, foundations, and government. We have developed strategies across these areas, have begun building relationships and began to seek and secure funding. For example, we recently applied for and got approved to be an approved contract vendor with the City of Minneapolis Public Health Department, and now we are in conversation with leaders about how we might identify funding streams. And we are intentionally exploring how to convert government funding streams, such as Medicaid reimbursement for cultural healing, into sustainable resources to grow our community-engaged approaches.



Development & Growth Plan 2025 - 2028



Comprehensive Campaign

We are in year one of our effort to raise funding for a sustainable annual operating budget for Liberty’s Healing Enterprise which will total \$12 million over five years. This is a steep goal. We are confident we can get there based on early and generous support from our growing community of donors. A portion of this Campaign will be to expand HomePlace. We project our annual operating budget for HomePlace over time will be \$1.5 million by 2028. In our return on investment work, we used a budget of \$1 million as it relates to 75 families annually, as that is the portion of the budget that would be for direct services to families.

As we look toward year-end 2025, we are excited to project we will exceed our initial fundraising goals because of significant increases in individual, foundation, and contractual donations this year compared to 2024. We consider this great progress for our first year in our comprehensive campaign. But we need to continue raising new dollars at the same pace in 2026.

	2024 Total	2025 Year End Projection
Churches Presbyterian and other church partners	\$232,000	\$240,000
Individuals Including through Donor Advised Funds (DAFS)	\$53,208	\$250,000 +\$200,000 increase projected compared to 2024
Institutional Funding Includes 21 st Century Academy grants, family foundations, etc	\$337,230	\$400,000 +\$60,000 increase projected compared to 2024
HomePlace BJC funding	\$360,000	\$660,000 +\$300,000 increase secured compared to 2024
Other Contracts NAZ and U of M contracts for 21 st Century Academy	\$692,066	\$800,000 +\$110,000 increase projected compared to 2024
Total	\$1,674,504	\$2,350,000

Coordinated efforts to reach our policy and sustainability goals

Policy & Government Engagement Strategy Team

We established a team to support Liberty’s Healing Enterprise strategy to impact policy and resource development at the City, County, State and Legislative levels. To build a sustainable Healing Enterprise with HomePlace at the center into the future, we need to strategically engage local and state governments for the purpose of raising sustainable resources, removing barriers, and establishing the necessary conditions for this work to thrive.

Who	Focus/Approach
Coral Garner, consultant	Lead this strategy on behalf of Liberty; BJC African American policy lead
Fatima Moore, consultant Hodan Hassan, consultant	Firefly Advocacy ; advise on policy strategy; lobbyist (not funded through MDH)
Evan Henspeter, consultant	Amelanchier Crossing ; advise on public sector engagement and strategy
Michelle Martin, COO	Oversee implementation of strategy
Pastor Alike Galloway, CEO	Lead relationship builder and strategy develop
Andrea Smith, Director of Operations	Lead implementation of strategy, BJC co-Director
Doc Bernice Simms	Resource management and strategic guidance

Focus Areas:

- Set strategy for engaging across all areas of government to create a mandate for support for the Healing Enterprise, with a focus on launching Homeplace
- Create a pathway for community and lived expert voice to be heard and to influence the strategy
- Establish the “necessary conditions” for the Healing Enterprise logic model (both initiatives) to be sustainable
- Create relevant government partnerships and engagement to support the success of the work
- Identify and cultivate government resource opportunities
- Lead and implement a lobbying strategy for the 2026 session
- Build relationships with key people in power positions to support the work

Love in Action Giving Community, 2026 Plan

To secure sustainable resources for the Liberty Healing Enterprise, we are establishing a giving community to connect individuals who give to Liberty. This *Love in Action Giving Community* will continue throughout our Comprehensive Campaign. We will create opportunities for generous giving to be paired with meaningful community.

What does it mean to be in the Love in Action Giving Community?

We hope to build a broad and sustainable community of givers over time to truly create sustainable resources for the Liberty Healing Enterprise. Any individual donor who provides a gift or multi-year pledge is invited to join this community of givers. We know that a \$100 donation for one person is as generous as a \$10,000 gift from another. We honor and have deep appreciation for all levels of giving. This is the Liberty way.

2026 Calendar of Gatherings

We will develop a calendar of gatherings in 2026 that will be a Landing Place for Liberty givers to gather, connect, learn about the authentic work of the Healing Enterprise, and build momentum for attracting new donors. These gatherings will take place in two ways:

Liberty Hosted – Liberty will host quarterly gatherings to take place at one of our two locations. All of Liberty's giving community will be invited to learn about the progress and challenges within the Healing Enterprise. We will have people who are part of the Healing Enterprise join, such as staff or participants, to have an authentic learning opportunity. There will also be a tangible way to help offered as part of each of the gatherings.

Partner Hosted – We will also work with partners, such as our church partners, to host gatherings with their members. These will be opportunities for our partners to plan a gathering that Liberty leaders are invited to join to share our story. These gatherings will also have a goal of learning, connecting and generating resources, but they will be customized to the hosting group.

Giving Community Hosts

We will identify individuals who are enthusiastic about Liberty's to become Hosts which will involve:

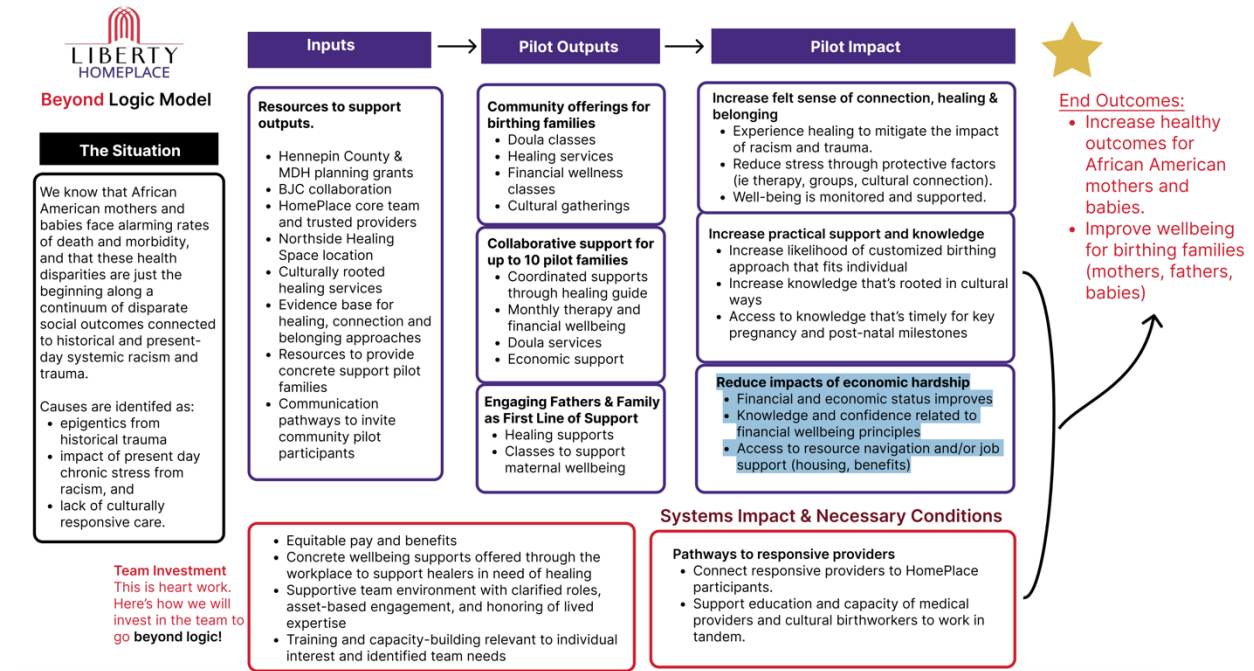
- Help plan and host one or more gatherings for Liberty givers to connect, learn, and build momentum to attract new donors
- Contribute to Liberty’s communications and public relations to build recognition of the Healing Enterprise as an authentic, accountable effort leading change
- Bring new people into the Giving Community

Call to Action

African American birthing parents deserve culturally affirming support that uplifts their journey. From pregnancy through postpartum, HomePlace offers a safe space where they are seen, heard, and supported by providers who understand and respect their unique needs. With healing-centered care, practical resources, and access to culturally trained providers, we guide them every step of the way. We provide resources and guidance to navigate the healthcare system, get emotional support, ease financial burdens, strengthen community connections, and much more. HomePlace is committed to improving maternal health outcomes and helping African American families thrive.

Join our mission to uplift African American birthing families in North Minneapolis. HomePlace is a sanctuary where love and connection take center stage. Support from stakeholders in the broader community – including our government partners – will help reduce maternal health disparities and foster healing within the African American community. By investing in our inter-generational community, supporters will play a vital role in empowering families. Together, we can create a future where every African American family thrives, surrounded by love, respect, belonging and compassion.

Appendix 1: Pilot Logic Model



Appendix 2: Return on Investment Data

HomePlace ROI Estimates 3.0, updated October 2025

Cohort Version (75 families)

This document includes return on investment (ROI) estimates for HomePlace across a broader range of potential benefits, such as housing stability, early childhood development, child safety, long-term healthcare savings, and economic outcomes for families. **This version projects savings over 10 years based on a single cohort of 75 families.** Wherever possible, research from similar maternal health and family support programs was used to estimate improvements. When that kind of data wasn't available, estimates assumed that African American families served by HomePlace would have outcomes similar to white families. This approach highlights the quantifiable value of addressing racial disparities.

Summary of Estimated Cost Savings – HomePlace ROI Range

Category	Estimated Savings (Low)	Estimated Savings (High)
Short-Term Healthcare Cost Savings (Year 0–1)	\$657,427	Same

Housing Stability (Year 0–1)	\$115,200	Same
Early Childhood Development (Years 0–5)	\$989,000	Same
Child Safety* (Years 0–5)	\$69,440	\$245,000
Long-Term Healthcare Savings (Years 0–10)	\$834,170	Same
Long-Term Economic Outcomes** (Years 0–10)	\$873,669	\$32,937,792
TOTAL (Over 10 Years)	\$3,538,906	\$35,778,589

*Includes two options: direct costs only, and total system cost for out-of-home placements

**Includes two options: % improvement in employment and earnings, and parity with white families

SHORT-TERM HEALTHCARE COST SAVINGS (Year 0 - 1)				
Impact Area	Value	Source / Notes	Prevalence Data (AA vs White)	Source Link
Severe maternal morbidity cases prevented	1 case	\$26,000 per case × 1 = \$26,000	2.2% (AA) vs 1% (White)	CDC https://pubmed.ncbi.nlm.nih.gov/35760662/ PMC https://pmc.ncbi.nlm.nih.gov/articles/PMC8524749/
Preterm birth cases prevented	2 cases	\$67,600 per case × 2 = \$135,200	10.7% (AA) vs. 8.8% (White)	MDH https://www.health.state.mn.us/people/womeninfants/prematurity Heartland Forward https://heartlandforward.org/wp-content/uploads/2024/06/Maternal-health-report_16.pdf
Low birth weight cases prevented	4 cases	\$107,600 per case × 4 = \$430,400	11.2% (AA) vs. 6.2% (White)	March of Dimes https://www.marchofdimes.org/peristats/data

				Heartland Forward https://heartlandforward.org/wp-content/uploads/2024/06/Maternal-health-report_16.pdf
C-section cases prevented	5 cases	\$3,924 per case × 5 = \$19,620	30% (AA) vs. 24% (White)	MDH https://www.health.state.mn.us/data/mchs/genstats/annsum/annsum2021.pdf PMC https://pmc.ncbi.nlm.nih.gov/articles/PMC3617571/
Postpartum depression cases prevented	7 cases	\$6,601 per case × 7 = \$46,207	18% (AA) vs. 9% (White)	MDH https://www.health.state.mn.us/people/womeninfants/pmad/index.html NIH https://pubmed.ncbi.nlm.nih.gov/32696705/ AJPH https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2020.305619
Estimated cost savings in first year	\$657,427	Sum of above		

HOUSING STABILITY (Year 0 - 1)				
Impact Area	Value	Source / Notes	Prevalence Data (AA vs White)	Source Link
Families prevented from entering shelter	8 families	Estimated based on reducing homelessness rate for AA families to white family rate (MN, Wilder)	AA families experience homelessness at 10.6x the rate of white families in MN	MN Housing: https://www.mnhousing.gov/policy-and-research/agency-plans/strategic-plan/create-a-more-inclusive--equitable-and-just-housing-system/housing-disparities-dashboard.html National Alliance to End Homelessness https://endhomelessness.org/resource/data-snapshot-racial-disparities-in-homelessness/

Average length of family shelter stays (days)	90 days	Based on MN shelter data (People Serving People, Ramsey County)		People Serving People https://www.peopleservingpeople.org/about/statistics/
Monthly shelter cost per family	\$4,800	Based on HUD and Hennepin County estimate		HUD https://www.huduser.gov/portal/sites/default/files/pdf/Family-Options-Study-Full-Report.pdf Hennepin County https://assets.senate.mn/committees/2025-2026/3123_Committee_on_Health_and_Human_Services/2025-Fiscal-Cliff-Homeslessness.pdf
Total cost per family per shelter episode	\$14,400	3 months at \$4,800/month		
Estimated annual cost savings from reduced homelessness	\$115,200	8 families × \$14,400 cost per family		

EARLY CHILDHOOD DEVELOPMENT (Years 0 – 5)				
Impact Area	Value	Source / Notes	Prevalence Data (AA vs White)	Source Link
Children achieving school readiness by age 5	23 children	Estimated by aligning AA outcomes to white family school readiness rates (MN)	60% of AA children not ready vs 30% of white children	Wilder Research https://www.wilder.org/wilder-research/research-library/minnesotas-one-child-school-readiness-dividend https://files.eric.ed.gov/fulltext/ED615590.pdf
Estimated cost savings over first 5 years	\$989,000	23 children × \$43,000 per child in projected public		Wilder Research https://www.wilder.org/wilder-research/research-

		and societal savings		library/minnesotas-one-child-school-readiness-dividend
--	--	----------------------	--	---

CHILD SAFETY (Years 0 – 5)				
Impact Area	Value	Source / Notes	Prevalence Data (AA vs White)	Source Link
Out-of-home placements prevented over 5 years	7 placements	Estimated by reducing OHP rate for AA families (11%) to match white families (2%) (7 fewer placements)	African American children in Hennepin County ~5.5x more likely to experience OHP (2018–2019 data)	MN Legislative Task Force on Child Protection https://www.lcc.mn.gov/tfcp/Meetings/2024/20240209/Keeping-African-American-families-whole-legislative-one-pager.pdf Casey https://www.casey.org/economic-supports-research/
Estimated cost savings (<i>low estimate</i> – only direct costs)	\$69,440	Based on \$827/month direct foster care cost (~\$9,920/year); assumes 12-month average stay, conservative compared to historical averages in Hennepin County.		Hennepin County https://mc-379cbd4e-be3f-43d7-8383-5433-cdn-endpoint.azureedge.net/-/media/hennepinus/residents/human-services/foster-parents/2025-2026-foster-care-rate-sheet.pdf
Estimated cost savings over 5 years (<i>high estimate</i> – includes case management)	\$245,000	Based on full system cost of \$30–40K/year; midpoint of \$35,000 used		Alia https://www.thetcj.org/wp-content/uploads/2019/10/Alia-unseen-costs-of-FC.pdf

LONG-TERM ECONOMIC OUTCOMES (OPTION 1, % IMPROVEMENT)
(Years 0 – 10)

Impact Area	Value	Source / Notes	Prevalence Data (AA vs White)	Reference Link
Families benefiting economically	11 families	15% of 75 families	N/A	Heartland Foundation https://heartlandforward.org/case-study/the-economic-case-for-investing-in-maternal-health/
Cumulative income gains per family (10 years, 5% annual growth)	\$39,424.43	Starting income increase of \$5,000/year with 5% annual compound growth	N/A	Health Affairs https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.00846
Total estimated income gains over 10 years	\$433,668.73	11 families × \$39,424.43 in increased earnings	N/A	
Estimated public assistance savings per family	\$40,000	\$8,000/year for 5 years per family	N/A	Health Affairs https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.00846
Total estimated public assistance savings (10 years)	\$440,000	11 families × \$8,000/year × 5 years	N/A	
Total estimated economic benefit (low estimate: income + public assistance)	\$873,669	Combined income and public assistance ROI over 10 years	N/A	Heartland Foundation https://heartlandforward.org/news/press-release-heartland-forward-releases-new-research-and-action-plan-to-help-address-maternal-health/ National comparison: Per-family cost of poor outcomes (Heartland Forward, 1 year) = \$45,833 (\$165B ÷ 3.6M births)

**LONG-TERM ECONOMIC OUTCOMES (OPTION 2, PARITY)
(Years 0 – 10)**

Impact Area	Value	Source / Notes	Prevalence Data (AA vs White)	Reference Link
Total families served	75 families	75 families × 10 years		
Median household income <i>gap</i> (Black vs. white, MN)	\$37,954 annually	Based on DEED data from 2022	White: \$87,692 Black: \$49,738 (MN DEED, 2022)	MN DEED https://mn.gov/deed/assets/24-02MN_tcm1045-435939.pdf
Total income gap closed if parity reached	\$28,465,500	75 families × \$37,954 × 10 years		MN DEED https://mn.gov/deed/assets/24-02MN_tcm1045-435939.pdf
Employment rate <i>gap</i> (Black vs. white, MN)	6.8%	DEED, 2022	Unemployment : Black 11.0% vs. White 4.2% (MN DEED, 2022)	MN DEED https://mn.gov/deed/newscenter/publications/trends/september-2022/disparities.jsp ACF https://acf.gov/opre/report/two-generational-child-focused-program-enhanced-employment-services-eighteen-month
Estimated earnings gain from closing employment gap	\$4,472,292	6.8% of 75 families × \$87,692 (median white household income in MN)		MN DEED https://mn.gov/deed/assets/24-02MN_tcm1045-435939.pdf
Total estimated economic benefit (high estimate: income + employment parity)	\$32,937,792	Income gap (\$28.47M) + employment gap estimate (\$4.47M)		

**LONG-TERM HEALTHCARE SAVINGS
(Years 0 – 10)**

Impact Area	Value	Source / Notes	Prevalence Data (AA vs White)	Reference Link
Maternal mental health cases prevented	15 cases	75 mothers x 30% prevalence x 35% reduction	Black mothers are 2x as likely to experience maternal mental health conditions	Mathematica https://www.mathematica.org/news/new-study-uncovers-the-heavy-financial-toll-of-untreated-maternal-mental-health-conditions
Estimated healthcare savings (maternal mental health)	\$285,000	15 cases x \$19,000 in direct healthcare costs per case		Mathematica https://www.mathematica.org/news/new-study-uncovers-the-heavy-financial-toll-of-untreated-maternal-mental-health-conditions NIH https://pubmed.ncbi.nlm.nih.gov/38321244/
Asthma cases prevented in children	5 cases	75 children x 12% prevalence x 40% reduction	Black children are more likely to have asthma; national prevalence ~12% (CDC)	CDC https://www.cdc.gov/asthma/most-recent-national-asthma-data.htm
Estimated healthcare savings (asthma)	\$417,200	5 cases x \$8,344/year (midpoint cost estimate) x 10 years		PubMed https://pubmed.ncbi.nlm.nih.gov/30315512/
Diabetes cases prevented in children	1 case	75 children x 0.75% prevalence x 50% reduction	Black children are up to 3x more likely to develop type 2 diabetes compared to white children	PubMed https://pubmed.ncbi.nlm.nih.gov/33651561/
Estimated healthcare savings (diabetes)	\$131,970	1 case x \$13,197/year (midpoint cost estimate) x 10 years		PubMed https://pubmed.ncbi.nlm.nih.gov/33651561/

Total long-term healthcare cost savings (mother and child)	\$834,170	Total of savings estimated from maternal mental health, asthma and diabetes		
--	------------------	---	--	--

HOMEPLACE SERVICE COMPONENTS		
Impact Area	Source / Notes	Reference Link
Doula Care	Consistently shown to reduce poor birth outcomes	MDH: https://www.health.state.mn.us/people/womeninfants/womenshealth/doulas.html
Culturally specific care	Improves communication and trust between patients and providers	UMN SPH: https://www.sph.umn.edu/news/black-newborns-die-less-when-cared-for-by-black-doctors/ Frontiers in Medicine: https://www.frontiersin.org/journals/medicine/articles/10.3389/fmed.2024.1353037/full
Maternal mental health	Support during pregnancy improves maternal mental health	NIH: https://pubmed.ncbi.nlm.nih.gov/34321040
Housing stability	Housing instability increases poor birth outcomes and stress-related complications	Health Services Research: https://onlinelibrary.wiley.com/doi/10.1111/1475-6773.13551 HUD: https://www.huduser.gov/portal/sites/default/files/pdf/Family-Options-Study-Full-Report.pdf
Early childhood development	Stable, nurturing environments increase school readiness	Wilder: https://www.wilder.org/wilder-research/research-library/minnesotas-one-child-school-readiness-dividend
Child safety and family stability	Economic supports reduce child protection involvement	Casey https://www.casey.org/economic-supports-research/
Economic security	Stable income is strongly tied to family wellbeing	NIH: https://pmc.ncbi.nlm.nih.gov/articles/PMC7585735/ https://pmc.ncbi.nlm.nih.gov/articles/PMC7362317

Appendix 3: Deepening Research as a Foundation for our Solutions

With a strong evidence base that supports the need and root cause understanding of African American maternal health disparities, we expanded our research to seek out literature that would inform the solutions that were emerging out of our engagement with the community and initial evidence found in the BJC literature review. Our solution-focused review brought us to two areas related to our target population of African American birthing families, including:

- 1) Potential effects of cultural and communal healing efforts that could serve as environmental enrichments to improve outcomes,
- 2) How organizational healing strategies can be utilized to empower community engagement to inform systems change, and
- 3) Impact of connection on healing in a place-based effort.

Solution-focused Research Area #1:

Potential effects of cultural and communal healing efforts that could serve as environmental enrichments to improve outcomes.

Within epigenetic research, we found evidence that “environmental enrichments” can erase epigenetic memory and support wellbeing. According to McReary and Metz, “exposure to complex beneficial experiences, such as environmental enrichment (EE), is one of the most powerful therapies to promote neuroplasticity and behavioral performance at any time in life”.⁹ They describe activities such as mindfulness and support groups as potential environmental enrichments that can begin to roll back historical impacts through epigenetics.

We believe HomePlace will impact the invisible but deeply felt dynamics surrounding the medical and prevention strategies – including impacts of historical racism, chronic stress, weathering, and epigenetics . A primary solution for HomePlace will be rooted in culturally grounded, communal healing and belonging engagements to counteract chronic stress and reduce allostatic load from current impacts of racism. We will contribute learnings around illuminating and mitigating the epigenetic memory of historical racism through the environmental enrichment we will offer through HomePlace individual and communal engagements.

⁹ McCreary, J. Keiko, and Gerlinde AS Metz. "Environmental enrichment as an intervention for adverse health outcomes of prenatal stress." *Environmental epigenetics* 2.3 (2016): dvw013

Since epigenetic markings provide a "memory" of past experiences, minimizing future disparities in health will be partially contingent upon our ability to address inequality in the current environment. Thayer and Kuzawa suggest that future research in environmental epigenetics should focus on establishing the reversibility of stress-induced epigenetic modifications, and also on identifying positive epigenetic effects of environmental enrichment.¹⁰

Lemiert and Olson's research says that "stress accumulates throughout a lifetime and across generations leading to a large accumulated allostatic load that is mediated by epigenetic mechanisms. Epigenetic mechanisms can however be reversed and therein lies future hope".¹¹ We also found evidence that intentionally supporting environmental enrichment with impacted individuals and groups may reverse most behavioral, physiological and neural deficits associated with prenatal stress.¹² This research buoys our model of creating communal and individual healing supports to counteract the negative impacts for African American birthing families.

One study found that pregnancy and early parenting are a unique window for healing. Parents described many things that help to heal and nurture their own family, including seven broad themes including: 1. The sense that pregnancy is an opportunity for 'a fresh start' with new hope for the future to create a new life for themselves and their child. 2. The influence of the perceptions of the new parenting role. 3. The feeling of connection which can be fostered with self, baby and others. 4. Compassionate care: Kindness, empathy and sensitivity enables parents to build trust and feel valued and cared for. 5. Empowerment: Control, choice and 'having a voice'. 6. Intentional practice of creating safety even in an unsafe world. 7. Seeking strength, hope, and support to reweave a future.¹³ These elements align with the core focus of HomePlace solutions.

¹⁰ Thayer, Zaneta M., and Christopher W. Kuzawa. "Biological memories of past environments: epigenetic pathways to health disparities." *Epigenetics* 6.7 (2011): 798-803.

¹¹ Leimert, Kelycia B., and David M. Olson. "Racial disparities in pregnancy outcomes: genetics, epigenetics, and allostatic load." *Current Opinion in Physiology* 13 (2020): 155-165.

¹² McCreary, J. Keiko, and Gerlinde AS Metz. "Environmental enrichment as an intervention for adverse health outcomes of prenatal stress." *Environmental epigenetics* 2.3 (2016): dvw013

¹³ Chamberlain, C., Ralph, N., Hokke, S., Clark, Y., Gee, G., Stansfield, C., Sutcliffe, K., Brown, S. J., & Brennan, S. (2019). Healing The Past By Nurturing The Future: A qualitative systematic review and meta-synthesis of pregnancy, birth and early postpartum experiences and views of parents with a history of childhood maltreatment. *PLoS One*, 14(12), e0225441–e0225441. <https://doi.org/10.1371/journal.pone.0225441>

Solution-focused Research Area #2:

How organizational healing strategies can be utilized to empower community engagement to inform systems change.

HomePlace cultivates a healing organizational approach as a foundation for our work with families and our efforts in community-driven advocacy and systems-change. We found a myriad of articles and evidence supporting the idea that healing-centered organizational practice and engagement can lead to systems change sparked by empowerment within marginalized groups or communities

One approach identifies a continuum of organizational engagement approaches including (1) restorative justice, (2) posttraumatic growth, (3) relational cultural theory, and (4) fostering dignity. Findings supported the idea that participants move from being recipients of healing to facilitators of healing that can create change at broader, activating scale.¹⁴ This research illuminates ways to remedy bias and harm through supporting healing within marginalized groups. This is an inspirational approach that fits with Liberty's purpose of being healers in need of healing, and the systems-change goal for HomePlace.

Another approach focuses on organizational healing including reparative practices and routines through social relationships and connections. Active healing approaches, more than the idea of resilience, coping, or recovery, enables greater organizational strength than what was previously understood. A process of organizational healing is supported by four mechanisms: empathy, interventions, collective effort, and leadership. Organizational healing efforts enable both resilience and strengthening, which can promote what is identified as *virtuous human systems*.¹⁵ These systems created through human capacity have the power to shift societal structures.

Other approaches emphasize participatory action research at the organizational and community level focusing on opportunity-centric approaches to social change versus problem-focused interventions. Boyd and Bright suggest that "problem-centric approaches work with the momentum of norms without substantively changing them. By contrast, opportunity-centric approaches have the potential to reframe and dramatically shift organizational and

¹⁴ Livne-Tarandach, Reut, et al. "Cultivating organizations as healing spaces: A typology for responding to suffering and advancing social justice." *Humanistic Management Journal* 6.3 (2021): 373-404.

¹⁵ Powley, Edward H. "The process and mechanisms of organizational healing." *The Journal of Applied Behavioral Science* 49.1 (2013): 42-68.

community norms.” Utilizing Appreciative Inquiry as an organizational method is an example of opportunity-centric change that supports innovation and collaboration through participatory methods. The authors suggest a large-scale inquiry designed with four phases: Discover, Dream, Design, and Destiny, can support an opportunity-centric approach.¹⁶

Lastly, we were compelled by an approach to seeing individual, intergenerational, collective, and intersectional historical trauma for what they are to be a powerful force to grapple within our present-day systems. When we move discussions about trauma from the margins to the mainstream, we can support the social sector to discern new and effective approaches to systems change.¹⁷

These organizational healing and empowerment approaches are instrumental in shaping how HomePlace will be positioned beyond a direct-service model, but rather as a service-oriented effort that also aims to harness systems change through intentional practices that utilize the lived experience, learnings, and social power of those involved.

Solution-focused Research Area #3:

Impact of connection on healing in a place-based effort.

Promoting social connection and belonging have been a primary focus of Liberty’s work and a topic of inquiry in our literature review. Beyond social research, we found a body of evidence that loneliness and isolation is a determinant of negative health impacts. And that connection and belonging can be a healing influence. Former surgeon general Vivek Murthy’s 2020 book *Together* is a primary source on this topic. Murthy describes loneliness as a specific feeling that social connection is missing, and collective loneliness takes that individual feeling and expands it as a community condition.¹⁸ Murthy explores the specific mechanisms that loneliness triggers. From hypervigilance, isolation, negative self-perceptions that disconnection can breed. We are meant to be together. The separation that has resulted from the social media explosion, and the individualism that often permeates our culture as an invisible weapon

¹⁶ Boyd, Neil M., and David S. Bright. "Appreciative inquiry as a mode of action research for community psychology." *Journal of Community Psychology* 35.8 (2007): 1019-1036.

¹⁷ Calderon de la Barca, Laura, Milligan, Katherine, and Kania, John. “Healing Systems: How recognizing trauma in ourselves, other people, and the systems around us can open up new pathways to solving social problems.” *Stanford Social Innovation Review*, <https://ssir.org/articles/entry/healing-trauma-systems>

¹⁸ Murthy, Vivek H. *Together: Loneliness, health and what happens when we find connection*. Profile Books, 2020.

against community, are the social conditions that need to be understood and mitigated to bring us back together.

We found a body of research exploring maternal loneliness and social connection as a primary factor in health, including research revealing that with an absence of social connection, our mental and physical health suffers.¹⁹ For birthing families, this is a particularly significant protective factor. One study found that the depth of relationships was more important than the objective number of relationships²⁰, which speaks to the need for connection to be culturally relevant and intentionally developed to be meaningful to the individual.

For HomePlace, culturally-rooted social connection is a primary focus. We are developing communal experiences that birthing families can count on as a regular part of their journey. We connect birthing families with HomePlace staff and volunteers, and with each other. These experiences are the glue that will both promote healing and support how prevention practices are utilized. Our effort is place-based, allowing these communal cultural experiences to be maximized. Through our emphasis on connection, we will restore our wellbeing and community flourishing through rest, revival and belonging.

¹⁹ Schug, J. (2020). The other public health crisis Together: The Healing Power of Human Connection in a Sometimes Lonely World Vivek H. Murthy Harper Wave, 2020. 352 pp. *Science (American Association for the Advancement of Science)*, 368(6490), 480–480. <https://doi.org/10.1126/science.abb3582>

²⁰ Yu, Qihan, et al. "Associations between social network characteristics and loneliness during pregnancy in a sample of predominantly African American, largely publicly-insured women." *Maternal and child health journal* 24 (2020): 1429-1437.