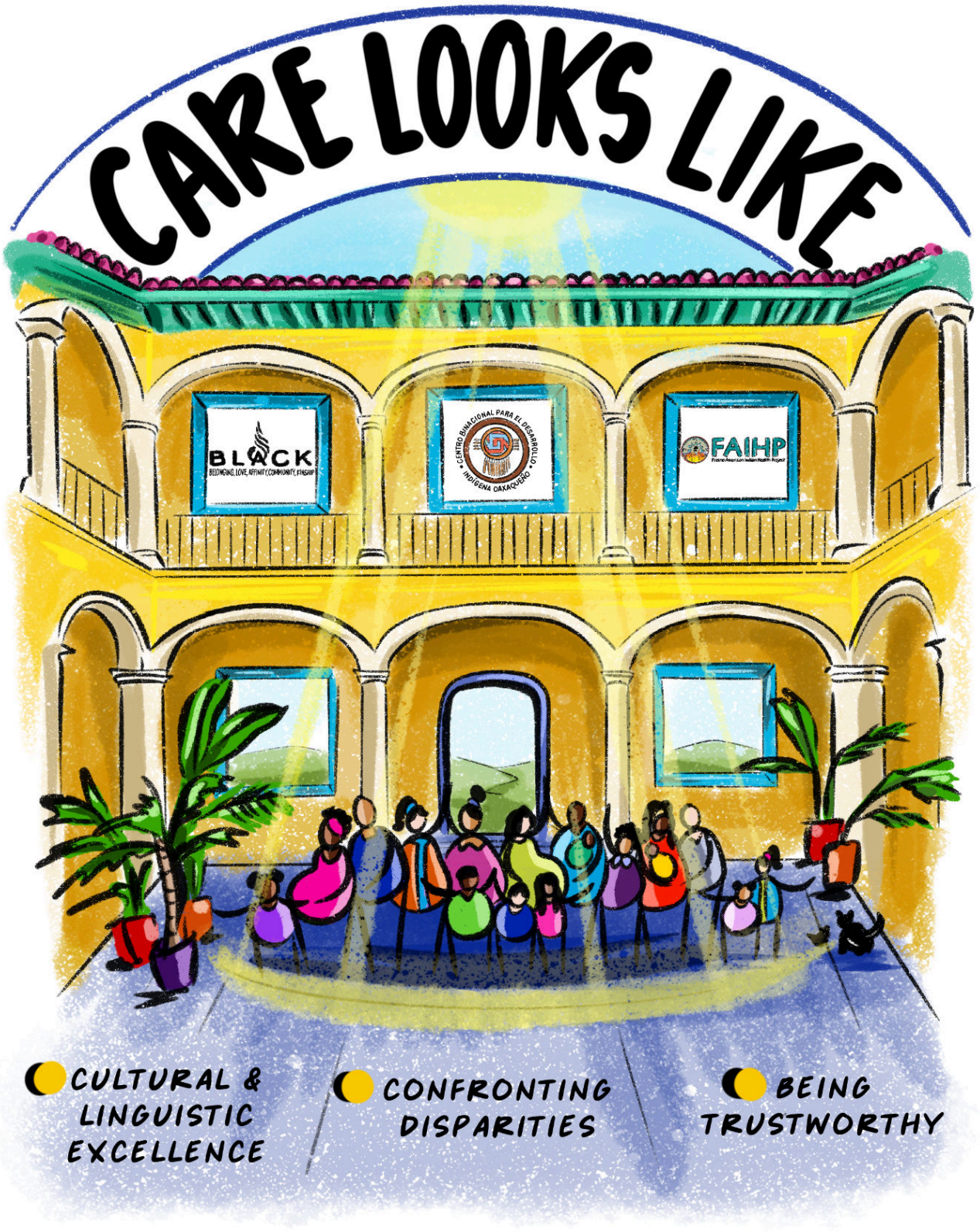

BIRTH EQUITY GRANTMAKING RECOMMENDATIONS FOR FRESNO COUNTY • APRIL 2026

REPORT BY MIGUEL GAVALDON & KATIA RAMOS PEÑA • GRAPHIC BY RIO HOLADAY

Packard Birth Equity Grantmaking Recommendations for Fresno County

by Katia Ramos Peña & Miguel Gavaldón

April 2026

I want to say to mothers out there, you know, take your children to marches. Take them to meetings because this is a way that they can become strong, and they understand what politics is all about because they are actually living it.
(Dolores Huerta)

The Packard Foundation's Birth Equity Initiative's call to action is changing systems in maternal and early childhood health to benefit some of the most marginalized communities in Fresno County. Institutional expertise must work in concert with the lived expertises of mothers most impacted by flawed health systems. Therefore, our five-month exploratory journey in Fresno sought to center the voices of mothers. We were introduced to mothers by some of Packard's grantee partners, and we learned that there are three organizations who already provide maternal and early childhood health services in some form to African American, Mixteco, and American Indian communities as well as serving as anchor community institutions. Equally important, they are positioned to mobilize their constituent mothers to participate (if not play shared leadership roles) in a systems change agenda. Our grantmaking recommendations are grounded in supporting Black Wellness & Prosperity Center (BWPC), Centro Binacional para el Desarrollo Indígena Oaxaqueña (CBDIO), and Fresno American Indian Health Project (FAIHP) so that they may build their capacity as trusted community hubs.

Recommendations in summary

1. Name the following communities in Fresno County as priority:
African American, Mixteco, American Indian, and rural Spanish-speaking residents.

2. Support the capacity of organizations that already serve as trusted community hubs serving the priority communities with an understanding of (a) the criteria of a "trusted community hub" and (b) the varied levels of readiness to expand and strengthen their work.

3. With a focus on racial-ethnic-lingustic disparities, support the formation of a local policy advocacy and/or systems change agenda and campaign in partnership with mothers from the same priority communities as well as their health providers.

4. Partner with Early Matters Fresno, which includes First 5 Fresno, on supporting their policy advocacy agenda, sharing grantmaking strategies, and providing/leveraging technical assistance for Packard grantees.

Our process

Our journey picked up from the work of VIVA Social Impact Partners which included a landscape assessment and interviews with stakeholders who were asked to share their visions for the role philanthropy can play in improving maternal and child health outcomes, particularly for Black, Indigenous, and Latino families[1]. Since VIVA's inquiry was broad, we decided to go deep by honing in on the recommendations shared by the mothers they interviewed. The mothers made several recommendations which for the most part were related to their first one of "developing community-based eligibility hubs where families could access multiple programs in one location, apply for benefits across systems (health, child care, and financial), minimize missed benefits, and improve trust by offering face-to-face support in convenient, community-centered settings". We also learned that VIVA would have liked to engage more with mothers from impacted communities as well as health providers serving impacted communities. Finally, we learned that VIVA had not conducted any interviews in Spanish.

Early in our journey, we had assumed that the idea of community-based hubs would be something new for Fresno County[2], and we were eager to hear what mothers representative of the Packard Foundation's priority communities would have to say about that idea. We determined that in-person focus groups would be the best way to gather their thoughts. As it turned out, three out of the four organizations who invited community members and hosted our focus groups were already serving as trusted community hubs: BWPC, CBDIO, and FAIHP.[3] We apply what we learned from the focus groups in our detailed recommendations in the next section of this report. And at the end of this report, we share our findings from each focus group. With each focus group we kept our dialogue nimble and covered the following:

- The role of philanthropy, Packard's Birth Equity initiative, and the purpose of these focus groups.
- How focus group participants define health, child care, and financial support. Positive and negative experiences with these systems. Which organizations have been helpful as well as what additional resources they would like these organizations to provide.
- How focus group participants further envision a trusted community hub.

After conducting four focus groups with mothers representative of the African American, Mixteco, American Indian, and Spanish-speaking communities, we then interviewed BWPC, CBDIO, and FAIHP staff members with an understanding of their role as trusted community

---

[1] The David & Lucile Packard Foundation: Landscape Assessment of Maternal & Child Health Systems

[2] We did not engage with the 13 Neighborhood Resource Centers in Fresno County which are funded by the County Department of Social Services and First 5 Fresno. As of July 1, 2026 solely 4 Centers will remain as a result of upcoming County funding cuts. We recommend that Packard explore these Centers further to compare/contrast with the emerging concept of trusted community hubs as articulated in our recommendations.

[3] Radio Bilingue hosted a focus group in Sequoia Middle School's recently launched Community Center. While this on-campus program serves families throughout a Southeast Fresno neighborhood, including those with young children, they are not as steeped into supporting access to health and social services as are the aforementioned trusted community hubs.

hubs. We also interviewed Early Matters Fresno and First 5 Fresno. With all five organizations we kept our dialogue nimble and covered the following:

- Their take on our draft grantmaking recommendations based on our high-level takeaways from the focus groups.
- How their organizations and/or organizations they partner with are already poised to serve as trusted community hubs – as well as what additional resources are required.
- What policy advocacy and/or systems change work is required to better support the communities they serve.

Recommendations in detail

1. Name the following communities in Fresno County as priority:
African American, Mixteco, American Indian, and rural Spanish-speaking residents.

These are consistent with VIVA's as well as the Packard Foundation's analysis of who has the highest need - "Black, Indigenous, and Latino families". At the beginning of our journey, we felt compelled to clarify the term Indigenous to mean Mixteco and American Indian. Given that the term "Latino" is so broad and populous, we also felt compelled to be more specific, and more importantly identify the population within the Latino community with the highest need, rural Spanish-speaking residents – which we learned from focus group participants, health providers, and VIVA's work.

Early Matters Fresno, First 5 Fresno, and their systems/institutional partners continue to champion equity publicly as evidenced in their marketing materials and their recruitment of health providers led by people of color into their membership and leadership bodies.[4] There is an opportunity for the Packard Foundation to further advance equity by supporting the lifting up of the barriers faced by the abovementioned priority communities as well as the innovations created by BWPC, CBDIO, and FAIHP in response to these barriers.

While a few of our focus group participants live in rural communities, and the health providers we interviewed share that some rural community residents strenuously manage to get to the city of Fresno for services, it is critical to note that we did not directly engage with rural communities as part of this journey. Therefore, we recommend that a fourth trusted community hub based in a Fresno County rural community be identified in addition to BWPC, CBDIO, and FAIHP as a way for Packard to comprehensively address all of its priority communities. Upon perusing Early Matters/First 5 Fresno's Home Visitation Network membership, our preliminary recommendation is to engage with mothers and health providers in the rural community of Huron. Westside Family Preservation Services Network may be the anchor family services organization for Huron and Centro La Familia (based in the city of Fresno) runs a parenting skills program for monolingual Spanish speakers in Huron. CBDIO engages Mixteco and other Indigenous communities in rural communities including Huron.

[4] For example, Black Wellness & Prosperity Center and Centro La Familia are part of Early Matters Fresno's Executive Leadership.

2. Support the capacity of organizations that already serve as trusted community hubs serving the priority communities with an understanding of (a) the criteria of a "trusted community hub" and (b) the varied levels of readiness to expand and strengthen their work.

In the focus groups with mothers, we learned about the critical role hubs play in securing access to health, childcare, and financial services. We also learned what additional support is required for their success. We believe that Packard's grantmaking strategy in Fresno should be focused on building the capacity of trusted community hubs: BWPC, CBDIO, and FAIHP.

Summarizing what we learned from our focus group participants as well as what we gleaned from our interviews with health providers, we propose the following criteria for what begins to define "trusted community hubs":

- Cultural and linguistic excellence of staff, well beyond cultural "competence" and translation/interpretation. Excellence includes staff members understanding their community members' experiences of racial/ethnic bias as part of their work in advocating for access to health and other services.

- Empathetic staff who view community members as whole beings, well beyond "clients" or "patients". Empathy includes meeting mothers where they are at, be it in their life situations at the moment, or be it engaging them in the places they are at at whatever hours they will be there.

- Physical spaces that are nurturing and foster community, including imagery and decor that cultivates women seeing themselves in uplifting ways.

Participants in all four focus groups – whether articulating what they appreciate about their existing trusted community hub or imagining what one could look like – aligned on making a compelling case for a one-stop shop where they could apply for benefits, access services, and seek support. Frontline staff members practice relationship-based care to build trust and play a critical role in helping mothers navigate complex and sometimes biased health and service systems. Especially for mothers who have little or no family support, frontline staff are foundational to their ability to care for themselves and their children. Collectively, focus group participants shared that frontline staff:

- Support mothers & families when they have to advocate for themselves in health & social service systems, including when they are turned away by them.
- Navigate documentation requirements by health & social service systems.
- Translate documents from health & social service systems that are linguistically accurate as well as clearly understood.
- Provide personalized care, positive reinforcement & behavioral health support.
- Approach home visits as opportunities to help young children socialize, set up baby gates, help with chores, and give diapers in addition to providing maternal health services.
- Facilitate access to housing among many other resources.
- Create supportive peer spaces.
- Set milestones with mothers without pressuring them or casting judgement.

- Reach out to community members who may qualify for their organization's services during nontraditional work hours and in locations community members gather.

Packard should offer building the capacity of frontline staff members already engaged with mothers with young children (e.g. doulas, health outreach workers, benefits counselors, family advocates, etc.) to assist with applying for health, childcare, and financial support services. If frontline staff training is required for some organizations, First 5 Fresno has already expressed interest in providing such training as well as other means of building capacity such as preparing CBOs to bill Medi-Cal/CalAIM. Grants could support FTE allocations of frontline staff as well as provide an additional 20%-30% in operational support. Project grants, especially government contracts, can be notorious for providing little "overhead/administrative" support. Frontline staff members cannot do their critical work without the support of a well sustained infrastructure. By Packard covering some of the cost of frontline staff members, trusted community hubs may have the capacity to hire more frontline staff members and/or increase their service hours – focus group participants offered both of these suggestions.

Since Packard's resources are adequate for pilot initiatives, focusing on 3-4 trusted community hubs may be appropriate so that grant amounts are more impactful. Designing an initiative that focuses on hubs may help lift up what these organizations actually are – anchor community institutions that are as worthy of being sustained over the long haul as are community clinics, fire stations, and schools. Once fiscal policymakers and other decision-makers appreciate them as anchor community institutions, hubs are more likely to leverage the sustainable resources necessary to go to scale.

In the spirit of trust-based philanthropy – which includes a belief that BWPC, CBDIO, and FAIHP are the best positioned organizations (thus far) to serve the prioritized communities – we recommend that Packard engage these hubs in a dialogue about their varied level of readiness. From what we can surmise, "readiness" could include the capacity to:

- Track data on their services related to maternal and early childhood health
- Bill Medi-Cal/CalAIM for services[5]
- Further develop their policy and/or systems change advocacy prowess
- Engage in community development projects[6]

Across BWPC, CBDIO, and FAIHP, we observed meaningful differences in organizational capacity with some requiring investments to develop their foundational infrastructure while others were positioned to meaningfully expand their programmatic reach. These differences shape how organizations support both families' immediate needs and long-term community

[5] In February 2026, the Central Valley Community Foundation and Packard funded the study, *CalAIM and Community-based Organizations*. CalAIM offers CBOs the "potential to bill Medi-Cal for portions of their community-based health and social services programs." It is "critical to strengthen CBO infrastructure to sustain CalAIM's goals to create a more coordinated, person-centered, and equitable health system."

[6] In the FAIHP focus group, participants expressed their lack of trust in childcare providers, both professional and informal. When presented with the idea of FAIHP potentially creating an onsite early childhood education center as part of their growing campus, participants were enthused.

wellbeing. For example, CBDIO operates with more limited infrastructure and faces significant barriers, including language justice challenges and discrimination, yet is deeply engaged and focused on organizing and integrating the mothers and families they serve into advocacy and systems change efforts. In contrast, FAIHP has well-developed infrastructure, including clinical services and software that supports access to federal reimbursement, but is less engaged in civic or advocacy pathways for the communities it serves. Advancing Packard's goals will require investments that strengthen the capacity of trusted community hubs through targeted support to address gaps and enable organizations to fully advance maternal health, community wellbeing, and systems change.

3. With a focus on racial-ethnic-lingustic disparities, support the formation of a local policy advocacy and/or systems change agenda and campaign in partnership with mothers from the same priority communities as well as their health providers.

Early Matters Fresno, First 5 Fresno, and their partners have an existing policy advocacy agenda that includes funding for early childhood services, better workforce compensation, and Medi-Cal reimbursement for community health workers & doulas. They are working on communications strategies that include sharing impact data in a way that compels support from elected officials.[7] Their Home Visitation & Community Health Worker Network[8] has committed to increase services to families from 4,300 to 8,000 by 2035 with an emphasis placed in zip codes where the highest pre-term births occur.

There is an opportunity for the Packard Foundation in partnership with trusted community hubs to lift up a further examination of racial-ethnic-linguistic disparities as well as support both institutional and grassroots organizing to address these disparities. While we did not hear about existing policy advocacy spaces being hostile toward examining these disparities, we believe that a more explicit focus is required. Furthermore, in order to attract additional foundations to support this work, having a more explicit policy advocacy agenda alongside grassroots organizing is critical.

On a related note, we learned that there has been more traction in partnering with Fresno City Councilmembers as well as California Senators and Assemblymembers on equity issues, and less so with the Fresno County Board of Supervisors. We also learned that there is currently momentum in Councilmembers seeking office in the Board of Supervisors and in Sacramento – perhaps there is an opportunity to cultivate champions among elected officials in this shifting political environment.

Each focus group offered various ideas on what a policy advocacy agenda could include:

- Co-locating early childhood education centers at community hubs to address concerns regarding trust, safety, and affordability.

[7] BWPC's Community Birth Stories and Birthing While Black: A Hospital Guide are an impetus for a broader communications strategy focusing on racial-ethnic-linguistic disparities.

[8] BWPC and FAIHP are part of the Home Visitation & Community Health Worker Network, and CBDIO has been invited to join.

- Enforcing existing workplace protections and family support policies for pregnant people and parents with young children.
- Enforcing existing civil rights protections for language & racial discrimination.
- Expanding the hours and workdays of health & social service providers.
- Expanding public transit to access services, especially for rural communities.
- Reforming system requirements & eligibility rules for services.
- Improving the quality of service from health professionals, social workers, etc. to cultivate more trust and reduce the need for mothers to engage in fierce self-advocacy.
- Cultivating a vision of wellbeing for mothers that's holistic – e.g. affordable housing, behavioral health support that's not stigmatizing or threatening, respite support.
- Learning from maternal systems of care in other counties and states. Mothers mentioned:
  – Salud Para La Gente in Watsonville, CA
  – How comprehensive prenatal care is provided in Washington state

Clearly, community members in addition to mothers with young children share the underlying experiences informing these policy advocacy ideas, therefore there are opportunities for coalition-based work among other community organizing strategies.

4. Partner with Early Matters Fresno, which includes First 5 Fresno, on supporting their policy advocacy agenda, sharing grantmaking strategies, and providing/leveraging technical assistance for Packard grantees.

Alameda County's successful passage of Measure C – a 0.5% sales tax to generate approximately $150 million annually for expanding access to early childhood education – serves as an inspiration for Fresno County. This is one example of a policy advocacy goal that Packard could share with Early Matters Fresno & First 5 Fresno. Packard and First 5 Fresno could also consider co-hosting convenings among trusted community hubs, decision-makers, and community members with a shared interest in driving systems change. In this journey, we have intuited that Early Matters Fresno, First 5 Fresno, and Packard are still getting to know each other as "neighbors". We encourage them to be more intentional in this emerging relationship. In closing, we reiterate that a critical piece of building this neighborhood is building the capacity of BWPC, CBDIO, and FAIHP to further serve as "healing houses" for mothers and their young children.

We shall build a new house green…it shall be a healing house…on every floor there will be a bowl of kindness…the stirring light of immeasurable dreams of all realized…
(Juan Felipe Herrera[9])

[9] Born in the rural community of Fowler in Fresno County, Juan Felipe Herrera was the first Latino poet laureate of the United States from 2015-17, and was poet laureate of California from 2012-15. This quote consists of excerpts from his poem, *We Shall Build a New House Green*.

Appendix: Focus Group Key Takeaways & Themes

The following summarizes insights gathered from each of the four focus groups with mothers representing African American, Mixteco, American Indian, and Spanish-speaking residents.

African American Focus Group

February 11, 2026
Participants: 9 mothers, 1 grandmother, 1 supporting sibling
Outreach & Host CBO: Black Wellness & Prosperity Center
Language: English

KEY TAKEAWAYS

1. **Participants view health holistically, shaped by broader life conditions beyond medical care.** Participants emphasized that meeting basic needs, including housing, food, transportation, environmental health, childcare, and having the time and capacity to care for themselves are essential to their wellbeing and their ability to care for their families.

2. **Relationship-based care is central to building trust and supporting mothers' wellbeing.** Participants described how doulas, lactation consultants, and other postpartum support, particularly through in-home care and consistent check-ins, fostered authentic relationships through providers' attitudes, professionalism, and genuine care, while also noting that these services are often limited in duration and flexibility.

3. **Workplace protections and family support policies do not always translate into real-world protections for mothers.** Participants described pressure to return to work shortly after childbirth and noted that employers were sometimes unaware of, unclear about, or not transparent regarding available leave and disability benefits.

4. **Accessing services and quality care requires fierce and persistent self-advocacy.** Participants described experiences of being denied services, mistreated, and encountering discrimination within health and social systems, which required them to research providers, challenge decisions, apply a "trust filter," and carry the emotional labor of ensuring their families received appropriate care.

5. **Experiences navigating health and social systems have contributed to deep mistrust toward institutions.** Participants described relying on community knowledge, trusted organizations, and personal research to determine which providers and systems are safe and reliable.

THEMES

Health is experienced as a combination of social, environmental, and personal factors:

- When asked what comes to mind when discussing health, participants identified a broad range of factors including nutrition, mental health, physical health, environmental conditions

such as air quality, housing stability, transportation access, and the wellbeing of both mother and baby.

- Participants emphasized that maintaining health is difficult when basic needs are unmet. One mother caring for two children, both under two years old, shared that balancing health recommendations with the realities of daily life can feel overwhelming. She noted that systems often provide guidance on best practices but do not always account for the time, energy, and resources required to implement them.

- Another participant shared an anecdote about caring for a pregnant stray cat during the winter and observing how calm the animal appeared once its basic needs were met. She connected this experience to mothers in her community, emphasizing that when families have their basic needs met they are better able to focus on their own health and the wellbeing of their children.

- Transportation was also identified as an important resource. One grandparent described programs outside California that provide transportation to services such as food banks or health appointments and noted that transportation support could significantly help families who lack reliable transportation or nearby support systems.

Community-based supports provide emotional relief and practical assistance:

- Participants spoke highly of community-based supports such as doulas, lactation consultants, and postpartum programs. Mothers described how these supports provide opportunities to rest, take care of themselves, and receive encouragement during the postpartum period.

- Several mothers noted that in-home support can make a significant difference. One participant shared that her doula services included eight sessions lasting approximately ninety minutes each. However, she noted that these sessions can run out quickly and expressed interest in more flexible structures, such as several hours of weekly support instead of a limited number of sessions.

- Participants emphasized that practical assistance, such as help with cleaning, caring for the baby, or simply having time to shower or rest, can significantly improve mental health and overall wellbeing.

- Programs such as Fresno Head Start and the Black Infant Program were also described positively, particularly when they included home visits and opportunities for parents to connect with other families.

Workplace policies and family protections are often difficult to access:

- Several mothers described feeling pressure to return to work shortly after childbirth. One parent shared that she felt pressured to return to work after two weeks because her employer stated they could not accommodate additional leave.

- Participants also discussed confusion about disability benefits and maternity protections. One mother noted that she did not realize she could access disability leave during pregnancy because her employer did not clearly explain the available benefits.

- Participants emphasized that even when policies exist to support families, they are not always communicated clearly or implemented effectively. Some mothers reflected that employers may not always understand their responsibilities under the law, while others expressed frustration that protections intended to support families do not always translate into meaningful support.

Navigating health and social systems requires persistent, fierce self-advocacy as a survival strategy:

- Participants shared multiple examples of needing to advocate persistently in order to access benefits, healthcare, or other services. Navigating these systems often requires persistence, research, and escalation to supervisors or other authorities.

- One mother described applying for support through the Welfare-to-Work program, which can cover expenses such as diapers, gas, and tuition for individuals pursuing education or employment. She shared that a social worker initially misrepresented the policy and denied her services, requiring her to switch caseworkers and file a complaint. The process took approximately four months to resolve.

- Mothers also described researching healthcare providers and hospitals to ensure they would receive respectful and safe care. Several participants shared strategies such as requesting lists of in-network doctors from their insurance providers and using online reviews to evaluate providers before choosing where to receive care.

- During the discussion, mothers exchanged recommendations and personal experiences with doctors and hospitals, highlighting the importance of community knowledge in navigating systems.

Experiences with systems contribute to mistrust and vigilance:

- Participants described experiences within healthcare and social service systems that contributed to feelings of mistrust.

- One parent shared a difficult hospital experience during childbirth where she felt dismissed by staff and struggled to receive timely assistance. She described ongoing challenges obtaining her child's birth certificate following the birth, which delayed access to benefits and required additional advocacy.

- Other mothers connected this experience to broader concerns about discrimination, reporting to social services, or the ways mental health histories can be used against parents.

- These experiences led several mothers to describe a sense of vigilance when interacting with institutions. Participants emphasized the importance of researching providers, seeking recommendations from trusted community members, and relying on organizations they trust to help navigate systems.

Trusted community organizations build connection and confidence:

- Participants spoke highly of the BWPC and similar programs that provide supportive environments for mothers.

- Mothers described these spaces as places where they feel welcomed, supported, and able to connect with others experiencing similar challenges. Participants emphasized that the genuine care shown by staff, including affirmations, follow-up communication, and personal connection, can have a significant impact on their mental health and parenting experience.

- One mother described how being part of a supportive community helped her grow as a parent and improved her overall wellbeing during the postpartum period.

- Participants noted that the combination of tangible support and authentic relationships helps build trust and encourages mothers to remain engaged with programs and services.

Participants' family composition

	# out of 9 mothers	**percentage**
Families with at least one child ages 0-3	9	100%
Families with multiple children (any ages)	5	56%
Families with mixed-age children (ages 0-3 and older children)	2	22%
Families with more than 1 child ages 0-3	2	22%

Mixteco Focus Group

January 22, 2026
Participants: 18 mothers & 12 fathers
Outreach & Host CBO: Centro Binacional para el Desarrollo Indígena Oaxaqueño
Languages: Mixteco & Spanish

KEY TAKEAWAYS

1. **Language access and discrimination within health systems emerged as significant barriers for Mixteco families.** Participants described poorly translated materials, limited interpretation support, and experiences of disrespectful or dismissive treatment when seeking care.

2. **Community-based organizations play a critical role in helping families navigate complex service systems**. CBDIO was consistently identified as a trusted connector helping families access health care, financial support, and public benefits. Two organizations outside of Fresno were named as models for their community centered approach: Inspire Center based in Oregon and Salud Para La Gente in Watsonville.

3. **Administrative requirements and limited service hours both restrict access to services and represent opportunities to improve support for families.** Participants described documentation requirements and office hours as barriers to accessing programs such as Medi-Cal and food assistance.

4. **Families expressed strong interest in integrated community-based service models that connect services in one place.** Participants highlighted the value of community centers with extended hours, interpretation services, and on-site support for mothers.

5. **Early childcare and school systems were identified as both critical pressure points and essential supports for children's wellbeing and success**. Parents described challenges accessing childcare and engaging with schools, particularly when language services are limited or work schedules make it difficult to participate.

THEMES

Language practices shape trust and safety in healthcare systems:

- Parents cited several experiences where they faced disrespect and discrimination and in some cases were turned away from receiving care due to the language barrier which led to frustration, stress, and confusion. One mother shared her experience being turned away for care while pregnant, which resulted in receiving medical care for the first time when she gave birth.

- Parents noted that interpretation in Mixteco is largely unavailable for health visits as are required documents translated in Mixteco across clinics and public offices. One parent noted

having to bring their young children with her to provide interpretation. Medical and benefits documents were described as poorly translated in Spanish, overly literal, and unclear, making them difficult to complete and leading to delays in care.

- When completing documents at clinic visits that do not have materials in their native language, one parent noted they were encouraged to skip questions they did not understand, leaving them feeling inaccurately represented in their health records. They also noted facing extended wait times due to language barriers that make visits nearly impossible.

- Parents also reported being mocked, belittled, or dismissed by reception and intake staff when they did not speak English. One parent shared being demeaned when asked questions such as “Do you know how to read?” or “Do you know how to write?”. 77% of participants (23 out of 30 parents) raised their hands when asked if they had experienced discrimination related to language and treatment.

- One parent shared being repeatedly redirected between clinics throughout Fresno County (including rural clinics) during active labor without clear communication. After repeated delays and mistreatment, she suffered the loss of her baby and reported staff mistreating her while handing documents. CBDIO was a key resource in navigating next steps following this unfortunate event.

- Two parents cited two organizations (Inspire Center based in Oregon and Salud Para la Gente in Watsonville) as models for positive experiences, citing staff that helped them throughout the completion of documents, provided clear communication and adequate translation in Mixteco and Spanish, and treated families with respect.

Parents prefer integrated, place-based support that feels respectful and accessible:

- Parents responded positively to the idea of a central community hub model where families could access health, childcare, and public benefits in one place.

- Parents emphasized the need for extended hours, interpretation, and on-site assistance/representation to support with documentation and care.

- CBDIO was cited as a trusted organization that adequately serves the community and expands access to systems across Fresno County. Parents named CBDIO as a key partner to host a central community hub due to the quality of their existing programs and life changing services navigating systems.

Clear, supportive navigation improves access to services:

- When asked to share positive experiences in Fresno County, only one parent shared their experience. Parents described more positive experiences when trusted organizations provided guidance and hands-on support with organizations based outside of Fresno and California.

- Parents shared difficulty completing Medi-Cal, WIC, and food assistance applications independently.

- Parents described CBDIO as a place where they feel safe, respected, and oriented. CBDIO helps families identify where to go, complete paperwork, and register for services across systems. 25 parents indicated they had received these services through CBDIO.

- School-based outreach (e.g., workers' rights presentations) helps families connect to public benefits. Organizations like CBDIO were also named for their commitment to meeting communities where they are citing their experience meeting outreach workers at 4:00 AM near their workplace or at a grocery store.

Childcare is limited by cost, availability, and system complexity:

- Parents described childcare as essential but financially and logistically out of reach. The cost of childcare through babysitters and schools significantly reduces their income when accounting for food and travel.

- Long waitlists across public childcare support programs like Head Start limit access across families, particularly for seasonal agricultural workers, making stable childcare arrangements difficult.

Participants' family composition

	# out of 30 families	**percentage**
Families with at least one child ages 0-3	21	70%
Families with multiple children (any ages)	25	83%
Families with mixed-age children (ages 0-3 and older children)	19	63%
Families with more than 1 child ages 0- 3	8	27%

American Indian Focus Group

March 2, 2026
Participants: 8 mothers
Outreach & Host CBO: Fresno American Indian Health Project
Language: English

KEY TAKEAWAYS

1. **Trusted community spaces and physical offices play a critical role in connecting families to services and support systems.** Participants emphasized that consistent relationships with staff and familiar community spaces help build credibility, increase accessibility, and create environments where families feel comfortable seeking support.

2. **Stability and community support are foundational to mothers' ability to care for themselves and their children.** Participants described how housing insecurity created significant stress and instability for families, while mothers with strong community support shared that these relationships helped them navigate challenges and care for their children.

3. **Mental health challenges following childbirth significantly affect mothers' wellbeing and their ability to care for their children**. Participants described experiences with postpartum depression, birth trauma, and loss of identity noting that stigma and concerns about how mental health struggles may be perceived can make it difficult to seek support.

4. **Childcare access is a significant challenge for many mothers due to concerns about trust, safety, and affordability.** Participants described difficulty finding caregivers they trust and noted that the cost of childcare can make it difficult to leave their children to work, attend appointments, or access services.

5. **Families expressed strong interest in a trusted "one-stop shop" where multiple services could be accessed in one place.** Participants described the value of accessing supports such as medical care, childcare, housing assistance, and other resources within a familiar community space they already trust.

THEMES

Trusted community spaces build relationships and access to services:

- Participants consistently emphasized the importance of having a trusted physical place where families can connect with staff and access reliable information. Mothers described FAIHP as a space where they feel comfortable asking questions, receiving guidance, and building relationships with people who understand their family circumstances.

- Participants noted that FAIHP staff provide ongoing support through home visits, phone calls, and in-person guidance. Mothers described these relationships as helpful because staff know their families personally and can provide tailored information about resources, milestones, and services such as vaccinations or housing assistance.

- Several participants also highlighted the importance of in-person interaction and storytelling as ways to build connection within the community. Mothers shared that spending time together and talking through shared experiences helps reduce isolation and strengthens support networks.

Housing stability supports family safety and daily functioning:

- Housing emerged as a major factor influencing family stability. Participants described how having stable housing allows families to maintain routines such as eating regularly, showering, and attending appointments.

- Some mothers shared experiences of housing insecurity. One participant described being forced out of her home and sleeping in her car with her baby before receiving temporary hotel support through FAIHP. She explained that having a safe place to rest allowed her to slow down and focus on stabilizing her situation.

- Other mothers emphasized that affordable housing is essential for families raising children and that housing instability creates ongoing stress that affects both parents and children.

Mental health and identity upon motherhood:

- Participants spoke openly about the emotional impact of childbirth and early motherhood. Several mothers described feeling that they had “lost themselves” after giving birth and struggled to find time to care for their own health while focusing on their children.

- Some participants shared experiences with postpartum depression and emotional trauma related to childbirth. Mothers noted that these challenges can last for years and that stigma can make it difficult to seek help or talk openly about their experiences.

- Participants reflected that motherhood changes a person’s identity and that healing from childbirth and adjusting to parenthood can take time and support.

Personalized support helps families navigate resources:

- Participants described the importance of having consistent individuals who help them navigate services and resources. Mothers shared that FAIHP staff provide personalized guidance, helping them understand available programs, complete applications, and connect with other families who have experienced similar challenges.

- Participants noted that having one consistent person who understands their family situation builds trust and makes it easier to ask questions and seek support.

- Mothers also described learning about resources through pediatricians, family members, community events, and social service offices. Experiences navigating systems varied, with some participants describing helpful interactions with professionals and others describing long wait times or difficulty reaching agencies by phone.

Childcare access is limited by trust and safety concerns:

- Participants described childcare as one of the most difficult barriers they face. Many mothers expressed fear about leaving their young children with caregivers they do not fully trust.

- Some mothers shared that they feel uncomfortable leaving their children even with extended family members. Others noted that infants and toddlers are especially difficult to leave with caregivers because they are too young to communicate if something is wrong.

- Participants emphasized that childcare options within trusted environments such as FAIHP would help mothers feel more comfortable accessing services and participating in programs.

Community-based services reduce isolation and strengthen support networks:

- Participants emphasized the importance of community spaces where mothers can connect with others and share experiences. Mothers described the emotional benefits of being able to talk with other parents and receive encouragement during challenging stages of parenting.

- Participants suggested that additional programming, such as community groups and in-person gatherings, could further strengthen these support networks.

Vision for expanded community services:

- Participants shared ideas for services that could strengthen support for families if additional resources were available. These included on-site medical care, pharmacy services, mental health support, childcare programs, and Tribal Head Start.

- Other suggestions included computer labs, education programs, and child-friendly community spaces where families could gather and access resources.

- Participants emphasized that locating these services within a trusted community space would make them easier to access and would strengthen the existing support system for families.

Participants' family composition

	# out of 8 mothers	**percentage**
Families with at least one child ages 0-3	8	100%
Families with multiple children (any ages)	7	88%
Families with mixed-age children (ages 0-3 and older children)	5	63%
Families with more than 1 child ages 0-3	4	50%

Spanish-speaking Focus Group

January 13, 2026
Participants: 18 mothers, 1 grandmother, and 1 father
Outreach & Host CBO: Radio Bilingue & Sequoia Middle School Community Center
Language: Spanish

KEY TAKEAWAYS

1. **Trust in health and social systems is strongly shaped by how families are treated by service providers.** Participants shared that respectful and supportive interactions increased their willingness to seek help and remain engaged with services, while dismissive treatment discouraged participation.

2. **Families expressed strong interest in centralized community spaces that could help them access resources, information, and support.** Participants highlighted schools, community centers, and other familiar locations as potential hubs where families could access resources, information, and support in welcoming environments, with one parent even sharing she would be willing to volunteer if such a space existed.

3. **Flexible service models are necessary to ensure families can realistically access support.** Participants described balancing work schedules, caregiving responsibilities, and service hours, which often makes it difficult to attend appointments or engage with available services.

4. **System requirements and eligibility rules can limit families' ability to access services.** Participants described challenges navigating documentation and service area requirements, noting that additional support with paperwork and/or language interpretation would help them access available programs.

5. **Schools and early childcare systems play a critical role in children's wellbeing and in families' access to resources and support.**

THEMES

Structural barriers limit access and drive disengagement:

- Parents described how rigid service hours, high childcare costs, transportation challenges, and documentation requirements make navigating health care systems difficult. These barriers often force parents to choose between work and seeking services, leading many to disengage from systems altogether. Parents emphasized that access aligned with families' real lives would increase participation and positively impact their family's overall wellbeing.

- Government childcare assistance requires documentation (e.g., proof of yearly income) that some parents do not have, particularly those working in agricultural or informal jobs.

- Transportation was repeatedly raised as a barrier, especially when services are located far from where families live or work. Some mothers shared that they travel long distances for work, including as far north as Washington, increasing health risks and making continuity of care more difficult.

Clear, upfront information directly influences engagement and reduces barriers:

- Parents emphasized that when information about eligibility, service boundaries, and expectations is clear and provided upfront, they are more willing and able to seek support. Conversely, unclear or inconsistent information leads to wasted time, missed services, and frustration, which discourages future help-seeking. Parents shared that being turned away without explanation, or after being told a service would be available, undermines trust and reduces engagement with systems over time.

- Families reported being turned away from services because they lived outside service areas, often without clear explanation or guidance on alternatives. One parent described confusion around eligibility requirements and service boundaries, leading to wasted time and missed support. One parent described arranging childcare and taking time off work for services that were delayed or did not materialize, resulting in lost income and frustration.

- A lack of clear communication across systems was described as a major reason families stop engaging with services. Several parents emphasized that receiving paperwork and information in advance would prevent unnecessary trips and service delays.

Schooling is viewed as key contributor to family health and wellbeing:

- Parents described schools as part of children's physical, mental, emotional, and nutritional health. Multiple parents referred to schools as a "second family" for children.

- Parents shared that when schools provide strong communication and resources, it positively affects the stability and wellbeing of the entire family. Parents noted that weak communication or lack of resources at schools negatively impacts family health and trust in systems. One parent also noted that lack of information for health services connected to school systems affects preparedness for their children's health down the line.

- Families shared that although the focus of the conversation is on children ages 0–3, many parents are already interacting with school systems due to older children, and children begin school-related services as early as age 3.

Families rely on informal care networks when formal systems fall short:

- Parents shared that when formal childcare or services are unavailable or unaffordable, they rely on family members, neighbors, babysitters, and community members. These arrangements were described as necessary but often expensive and difficult to sustain.

- Parents identified tangible resources such as food, diapers, wipes, and clothing as especially helpful supports. One parent shared that government assistance for food directly

reduced stress related to how she would feed her children.

- One parent described a resource center in Washington where families could receive medical care, clothing, food, and baby supplies, noting that clothing is part of health because children need to stay warm.

- Parents emphasized that while community support fills gaps, it does not replace the need for coordinated and reliable systems.

Parents prefer integrated, place-based support that feels respectful and rooted in trust:

- When introduced to the idea of a community service center where families could apply for multiple services and be treated respectfully, parents responded positively. One parent shared that the idea sounded so beneficial she would be willing to volunteer.

- Parents emphasized wanting to feel accepted, respected, and not dismissed or "shooed away" or discriminated against by service providers. Ten families verbally expressed agreement with the desire to feel supported and treated like family.

- Parents expressed interest in school-based models because families are assigned schools by geography and already interact with them regularly.

- A mother of a two-month-old noted that schools may not work for families with infants and suggested hospitals or doctors' offices they frequent throughout the pregnancy as alternative locations.

- Parents shared positive examples of mobile clinics connected to schools, including receiving free glasses, and expressed interest in learning more about these models. One parent highlighted the benefit of mobile services and recommended intermediaries to reach families who live outside service boundaries.

- Suggestions included locating services near bus stations, providing bus passes or transportation, and offering mobile services that travel to different communities.

Participants' family composition

	# out of 18 mothers	**Percentage**
Families with at least one child ages 0-3	15	83%
Families with multiple children (any ages)	17	94%
Families with mixed-age children (ages 0-3 and older children)	14	78%
Families with more than 1 child ages 0-3	4	22%

Acknowledgement: Health Providers Interviewed

The following representatives of health provider organizations and others involved in the maternal and early childhood health field met with us to provide feedback on our preliminary grantmaking recommendations as well as additional information and ideas. Our recommendations and other perspectives expressed in this document do not necessarily reflect theirs.

Ana Arenas
Health Program Coordinator
Centro Binacional para el Desarrollo Indígena Oaxaqueño

Felicia Batts
Director of Care Integration
Fresno American Indian Health Project

Nereida Boyle
Health Education Manager
Fresno American Indian Health Project

Linda Gleason
Executive Director
Fresno Cradle to Career Partnership

Fabiola González
Executive Director
First 5 Fresno County

Sarait Martinez
Executive Director
Centro Binacional para el Desarrollo Indígena Oaxaqueño

Teresa Morales
Health Manager
Centro Binacional para el Desarrollo Indígena Oaxaqueño

Katy Nagy
Director of Systems Design & Impact Measurement
VIVA Social Impact Partners

Katalina Nemeth
Executive Program Manager
Black Wellness & Prosperity Center