

**BIRTHS, from page 7**

community groups that contracts with the county in order to better serve foreign-born mothers. Currently, most families served by IRCO's team are from Asia, but it's also serving new mothers from Africa, the Middle East, Pacific Islands and Eastern Europe.

For several years, IRCO had 10 home visitors who were able to serve as many as 264 families at once, Chao said. But then there were budget cuts, and now just six positions remain.

"There's a need for more resources," she said, adding that even when she had nearly twice as many home visitors, the program always had a full caseload.

Fussell said that within the program, the immigrant and refugee team at IRCO has the longest list of families waiting to enroll.

"That's partially because there aren't many programs that serve families, regardless of language," she said, adding that the immigrant and refugee team also has a strong retention rate.

Countywide, 56 percent of families served last year stuck with the program for at least 12 months.

The Healthy Families program in Multnomah County is just one of 24 voluntary and free programs across the state operating under Healthy Families Oregon, which is an accredited system following a national model. Home visitors are paired with mothers when their child is 3 months or younger, and then continue to work with the family for up to the first three years of the child's life.

These programs are funded through the state with federal grants, and counties are required to match funding at 50 percent.

The Multnomah County Healthy Families program's budget rose from \$2.8 million in 2016 to \$3.3 million for 2017. The program accounts for less than 1 percent of the health department's \$336.12 million budget.

Statewide, the percentage of births attributed to foreign-born mothers has fluctuated between 19 percent and 24 percent between 2000 and 2014, peaking in 2006, according to Oregon Vital Statistics Annual Reports. Numbers for 2015 will not be available until fall.

**More than parenting tips**

Nadiya Zagorodny, 21, has been in the program since late in her pregnancy. Her son, Nathan, is now 1 1/2.

She moved with her family to the U.S. from Ukraine when she was 11.

Most days, Zagorodny goes to work at a cardboard box factory, and during the school year, she also takes classes at Portland Community College Southeast Campus.

She still lives in her mother's Southeast Portland home, where she helps care for her 12 younger siblings, in addition to caring for Nathan. She said she usually gets home from running errands after work in time to cook the family dinner, usually traditional Russian and Ukrainian fare, which equates to lots of soup, she said, especially borscht.

For Zagorodny, the program has been a source of personal support and encouragement.

Her home visitor, Branka Kravljaca, is an immigrant herself and also speaks a Slavic

**Healthy Families**

If you are pregnant or have a child 3 months old or younger and are interested in having a home visitor, call Multnomah County Early Childhood Services at 503-988-3520.

**How you can help**

The Healthy Families team at IRCO is always accepting donations.

**Currently needed:**

- Diapers
- Children's board books

**Always accepting:**

- Strollers
- High chairs

- Car seats
- Toys

- Baby wipes
- Hygiene items (especially soaps, lotions and shampoos both mom and baby can use)
- Other baby and toddler essentials

If you have new or used infant and toddler items you would like to donate, please contact Mae Chao at [maec@irco.org](mailto:maec@irco.org).

language. She works for IRCO's Healthy Families team.

Kravljaca moved to the U.S. from what was then Yugoslavia (now called Bosnia and Herzegovina) in the mid-1990s, and four years later she gave birth to a little girl.

She knows exactly what the mothers she visits are going through.

"I didn't have external support," she said. "The first six months is really challenging. You become a different person when you become a mother. It's not about you anymore."

Zagorodny said Kravljaca encouraged her to enroll in college at a time when she was feeling depressed and unsure of what direction she wanted to take in life. Now she hopes to soon transfer into a medical assistant program.

As the two women sat next to each other on the padded floor of a toy-laden gym at East Portland Community Center, it was clear they had formed a bond. Kravljaca had invited mothers in the program to bring their children to the gym that mid-July afternoon for a play date.

"I believe in her. She is one of the really hard-working people," Kravljaca said. "She goes to school and has a job and is helping her big family and having a goal and wanting to be somebody – and understanding that without education, that will be difficult."

Kravljaca said emotional support is as crucial a connection to resources for new moms.

"You can go online and get a bunch of information about why your baby is crying," she said, "but no one knocks on your door to see how are you."

**Portland's future generations**

The number of refugees resettling in Oregon has risen in recent years.

In 2012, Oregon resettled 695 refugees, and in 2015, it resettled 1,029, according to the U.S. Office of Refugee Resettlement. This past year, most people were fleeing conflicts in Myanmar, Somalia, Iraq and Ukraine.

But the truth is, said Charlene McGee, Multnomah County's refugee health coordinator, while there's an increase in the number of refugees the United States is accepting, it's a tiny fraction of all the world's displaced people.

Worldwide, there were 21.3 million refugees in 2015 according to the United Nations High Commissioner for Refugees.

The U.S. resettled just 70,000 refugees that year. President Barack Obama determined the U.S. will accept 85,000 in 2016.

"When there is an increase nationally," McGee said, "all the states that are placing refugees see an increase as well, so our numbers are going up."

She said this increase puts more demand on county health department services that many refugees use.

Research shows that focusing support on early childhood development "gives us the most bang for our dollars," she said.

Today, McGee is charged with leading the region's effort in improving refugee and immigrant health services, but when she was a new mom eight years ago, she had the help of a home visitor through the county program herself.

"We're from Liberia, Africa, so our approach to birth is very communal, and community focused," she said. Her home visitor helped advocate for her family's cultural needs at the hospital.

She also helped McGee work through difficulties with breastfeeding, "a job that nothing really prepares you for," she said. "It was just good to have somebody come by to ask how you were adjusting."

While the Healthy Families program already serves nearly 200 immigrants and refugee families, recent internal analysis of the program revealed it might be leaving some foreign-born moms behind.

This is because many of the indicators the county looks for during the screening process "don't often capture the kinds of stressors that immigrant refugee families carry with them," Fussell said.

For example, she said, past and present substance abuse is one of the screening indicators, but in the immigrant and refugee communities, substance abuse is very low. At the same time, screeners aren't factoring in stressors such as fear of one's partner being deported, past trauma or the stress of resettling.

After an examination of the community's needs, the county health department is seeking a partner to help revise its screening process and offer support to African, Asian and Pacific Islander families – communities that face disparities locally.

Coalition of Communities of Color has authored reports in partnership with Portland State University on the Asian, Pacific Islander and African immigrant communities in Multnomah County.

Findings revealed widespread inequities in these communities, and the reports recommended, in part, increased investments in refugee services and early childhood development programs.

The winner of the new contract has yet to be announced, but it will help the county adjust its screening process to include stressors unique to immigrants and refugees, and provide two additional full-time employees to screen potential families, along with a full-time supervisor.

It will also provide two community health workers and find ways to support African, Asian and Pacific Islander families with young children.

Albina Head Start also contracts with the county to serve African-American families, as well as Impact NW, which serves about 250 families through the program each year.

Between Impact NW and Insights Teen Parent Services, the county is serving 117 Spanish-speaking families, Fussell said. By filling staff vacancies with bilingual individuals, she said the program will soon be able to serve an additional 60 Hispanic families.

County Commissioner Jules Bailey recently requested the county end its partnership with Impact NW, Willamette Week reported July 21, citing the nonprofit's financial insecurity.

McGee, who was unaware of Bailey's request prior to speaking with Street Roots, said that anytime there's a change in service providers, "it's just never that smooth for the communities that are utilizing that service."

As foreign-born mothers continue to account for more than a quarter of the region's newest additions, Portland's demographics will continue to change.

And, as their children grow and enter public school, foreign-born parents often require additional support to be fully involved in their child's education.

In 2015, just 56 percent of the student body among Portland Public Schools was Caucasian, and roughly 8 percent of students were English language learners, according to the district's current English Language Learners Plan.

The plan also indicated that the district has increased the number of multilingual staffers and that commonly used forms and letters have been made available in the region's top five languages.

IRCO's director, Lee Po Cha, said her nonprofit has been working closely with Portland, Multnomah County and school districts to provide services that meet the needs of immigrant and refugee families.

McGee said school districts within the county could be doing more.

"There are other states where you have culturally specific Head Start, for example, for the Somali community, or the Asian and Pacific Islander community," she said. While these programs don't exist locally, she's optimistic because conversations have begun. "We'll get there, I think," she said.