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Child and Maternal Health in the Slavic Community: Insights on Assets and Priorities

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Child and Maternal Health in the Slavic Community: Insights on Assets and Priorities

Marie-Elena Reyes and Ann Curry-Stevens

Center to Advance Racial Equity
Portland State University

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All who shared their time, knowledge and wisdom in this study,
as confirmation of their unwavering commitment to the wellbeing of Slavic women and children.

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Executive Summary

The Slavic community's health is impacted by race and ethnicity, and also by issues that flow from being a newcomer community, and also from their status as refugees. They also bring to the U.S.A. cultural orientation that is collectivist, and shared experiences of persecution and deep distrust of the government. As is detailed in this report, these experiences have an impact on health and wellbeing, and simultaneously have a detrimental effect on the economic stature of the community.

This Community Needs Assessment on the Health of Slavic Children (ages 0-5 years) was conducted to produce a "needs assessment" report outlining specific health concerns, needs and indicators of health disparities within the Slavic community, best practices from other Slavic communities, and recommendations for next steps to address disparities in a culturally competent change in policy or practices. The community opted to conduct two major data gathering processes: a maternal and child survey, and focus groups with mothers. We supplemented this information with a literature review to highlight both the larger social and economic issues that are well-tied to health (such as income, poverty, school engagement and English language skills), alongside studies that have identified health assets and challenges in both Slavic and immigrant communities.

The core priority of the community are to establish a Slavic Health Center where providers will share their language, culture and history, and where health needs will be understood in their cultural context, and the distrust that typifies the relationships that many in the community have with formal health and social services will be eliminated. The need for this is strong, in evidence through the survey, the focus groups and in the literature. Specialized services are warranted to address the health issues tied to being newcomer communities, and in holding cultural identities and experiences that diverge significantly from that of mainstream (white) society.

Additional priorities include rectifying the deep divide that exists on the issue of immunizations, with this being the highest priority health issue for mothers with young children. Second on the priority list is for parents to be well prepared for their children to arrive at school, and to help make this transition easier on both parents and children. Third is to address a wide range of issues tied to health promotion, including learning and responding to issues of child neglect and the conditions that will promote family stability. Fourth is oral health, and the importance of being able to see Slavic oral health providers. Across the spectrum is a need for information on services available, as well as making such services available, and making them culturally responsive. Taking action on two levels is key for the community: putting empowerment-based information into the hands of Slavic families, and catalyzing among service providers enhanced abilities to serve the Slavic community in respectful and culturally dignified ways.

Health disparities faced by Slavic community members are inequitably measured, simply because their race/ethnicity is not separated out from "White" in the vast majority of research studies. Unfortunately, data cannot be separated by NWHF's equity priorities like ethnicity overall, and cultural or linguistic background in particular. Culturally and linguistically specific services targeting this community's needs are less likely than other disadvantaged communities of color such as African American and Native American, particularly due to inadequate gathering of data beyond the traditional racial and ethnic breakdown. Geography impacts this community's health simply because of poverty-driven gentrification and the likelihood of Slavic families living in low-income diverse neighborhoods with greater risks of health disparities such as high obesity prevalence and chronic disease. Low-income neighborhoods where some of these families reside are less likely to have culturally and linguistically specific services targeting healthy choices and behaviors.

Research Methodology

We conducted a community assessment within the Slavic community to gather perspectives on health concerns and kindergarten readiness for young Slavic children (ages 0-5 years). A mixed methods approach was used that included focus groups and in-person surveys. Draft survey questions and protocols for the focus groups were developed by the researcher after review of the literature about Slavic health initiatives in other states. Questions and protocols were then reviewed by the Slavic community collaborative team working on the Slavic Project for cultural relevance and finally revised to include recommendations of the reviewers.

Three focus groups (duration of 90 minutes) were conducted. Two of the focus groups were arranged by the Slavic Community Center and held at a Slavic church. A third focus group was organized by another Slavic community member and conducted at the Immigrant & Refugee Community Organization (IRCO) Asian Family Center. A total of 32 women and 1 man attended the focus groups. The focus groups were conducted by the lead researcher with essential support from various members of the Slavic community (who invited focus group participants, arranged meeting locations, and provided interpretation during the sessions).

Transcripts were reviewed and summarized and then coded using qualitative analysis software (using Atlas.ti). We employed a thematic analysis using both an inductive and deductive approach. We first inductively analyzed interviews while paying attention to important themes related to maternal health care experiences of the focus group participants. We then used a deductive approach to look specifically at participant responses to focus group questions.

The in-person surveys were administered by members of the Slavic community who also provided language translation. Question responses were documented by the survey taker on paper surveys. A total of 236 surveys were collected from women although two surveys were incomplete so those responses were not included in the analyzed data (n=234). Lastly, one key informant (from the Slavic community) who has worked closely with Slavic parents was interviewed.

The numbers in this survey are just shy of a statistically significant level, and instead of the 5 point confidence level, we ended up with a 6.28 confidence level. This means when we report the findings of the survey in percentage points (in Appendix D), and also the charts on p.26, the numbers we have calculated cannot be relied on as a statistically valid finding – the “margin of error” will be 6.3, meaning that when we say that 16.7% of Slavic mothers report have difficulty finding a doctor who speaks their language, we are only able to say that we are confident that this finding is accurate within a range of 10.4% to 23.0% in 95% of the times we might anticipating repeating the study. This math is a little dense, but we ask the reader to know that our data is slightly weaker than the normal 95% confidence interval, and instead we have a 93.7% confidence interval.

Introducing the Slavic Community

The Slavic community is largely a Christian refugee-based community, with the majority of arrivals into Portland occurring after the fall of the Soviet Union, fleeing the persecution they experienced in Russia and other former Soviet countries. Recognized in 1988 as a refugee-generating country, the USA allowed Slavic Christians to arrive as refugees, peaking in 1994, staying at high levels through 1996, and

slowly diminishing since that time. Today in Multnomah County, the Slavic community is a large newcomer community, at approximately 25,000 members.¹ While Slavic newcomer immigration is slight today, family repatriation is the largest segment of immigration from the former Soviet Union, and newcomer issues remain pronounced including English language acquisition, economic precariousness, fears of the future (particularly for elders with negligible retirement supports), and language-based discrimination in the workplace.

The types of persecution experienced by the community ranged considerably, with many having been jailed for their religious beliefs, and scores more barred from government jobs and professional roles, facing much difficulty in getting into higher education. While never officially sanctioned by the state, the violence and threats of violence was often done under the guise of being an enemy of the state, and innuendos of organizing opposition was sufficient to be denied employment. Surviving persecution with one's mental health intact is a challenge, and mental health issues can accompany Soviet refugees, including those recently repatriated. Refugees are noted to have more pronounced mental health issues than domestic-born residents, with issues such as depression, anxiety and post-traumatic stress disorder being prevalent.^{2 3 4} Some refugees are hit harder than others³ by mental health, notably low-income women who are more likely to be raising children on their own.⁵ As is the case for many who struggle with mental health challenges, there is heavy stigma about discussing such issues and seeking help for them. Stigma reduction continues to be a priority for effective mental health supports.

Such persecution makes the connections between Christian families strong, and their bonds with the Church enduring. These relationships continue today in Oregon, with affiliation to the Church being very important, and deference to religious leaders considerable. The community tends to be fundamentalist, with strong cultural orientation tied to family, religion and conservative values. This shows up in perspectives on birth control, gay and lesbian rights, and access to abortion. In schools where students are in more liberal environments, issues such as having a gay teacher can become controversial issues for the community. The conservatism is also likely to be an issue for LGBTQ youth, who are known to have high suicide rates when they are in unwelcoming environments. Statistically, there will be hundreds of LGBTQ youth in the Slavic community because a conservative estimate of the LGBTQ population is at least 2% of the population, and the percentage may be as high as 10%. Such youth are very likely to be living with fear of discovery and not being supported by their families or peers. Finding openings for exploring this issue in a culturally responsive and ideally culturally specific way is important, as these youth are likely living with high levels of confusion and anxiety.

A history of Soviet persecution (and, in general, living under Soviet rule) has a lasting impact on the Slavic community's engagement with the State. There is considerable distrust of the State and of the activities of the State, including participating in official surveys and various types of civic engagement, which will be discussed at greater length in this report. When working across cultures, the Slavic community is prone to distrust and likely to perceive unresponsiveness as an act of injustice.

These features of the community underscore the importance of building awareness of the Slavic community, and of working in deep partnership with community members to ensure that health

services (and related services such as education, child welfare, job training, and more) are culturally responsive. Without such partnerships, needs are likely to be overlooked, respect not earned or expressed, and strengths not drawn upon. At the same time, we advance the importance of culturally specific services for the community, meaning that they are organized by, and staffed by the community itself, as opposed to other more mainstream services attempting to forge partnerships, understanding and trust. Expressed back in 2003 was a desire for culturally specific services:

We have faced these times with coping mechanisms that are understood among us and we have jokes and proverbs, history and other bonds that all form a shared cultural context... these nuances are hard things to articulate but are necessary for a service setting to effectively serve Slavic people. Our group values and resourcefulness would be the fulcrum that we would use to lift our community to its potential if we have control over our service design.⁶

Reminders of Settlement Priorities

The core elements for successful refugee settlement cover a range of social, economic, cultural, and political needs, loosely framed as a human rights approach that should be available to all residents and citizens. The United Nations High Commission on Refugees has synthesized these into a “best practices” approach for successful refugee integration:

- “Restore security, control and social and economic independence by meeting basic needs, facilitating communication and fostering the understanding of the receiving society;
- Promote the capacity to rebuild a positive future in the receiving society;
- Promote family reunification and restore supportive relationships within families;
- Promote connections with volunteers and professionals able to provide support;
- Restore confidence in political systems and institutions and to reinforce the concept of human rights and the rule of law;
- Promote cultural and religious integrity and to restore attachments to, and promote participation in, community, social, cultural and economic systems by valuing diversity;
- Counter racism, discrimination and xenophobia and build welcoming and hospitable communities;
- Support the development of strong, cohesive refugee communities and credible refugee leadership;
- Foster conditions that support the integration potential of all resettled refugees taking into account the impact of age, gender, family status and past experience.”⁷

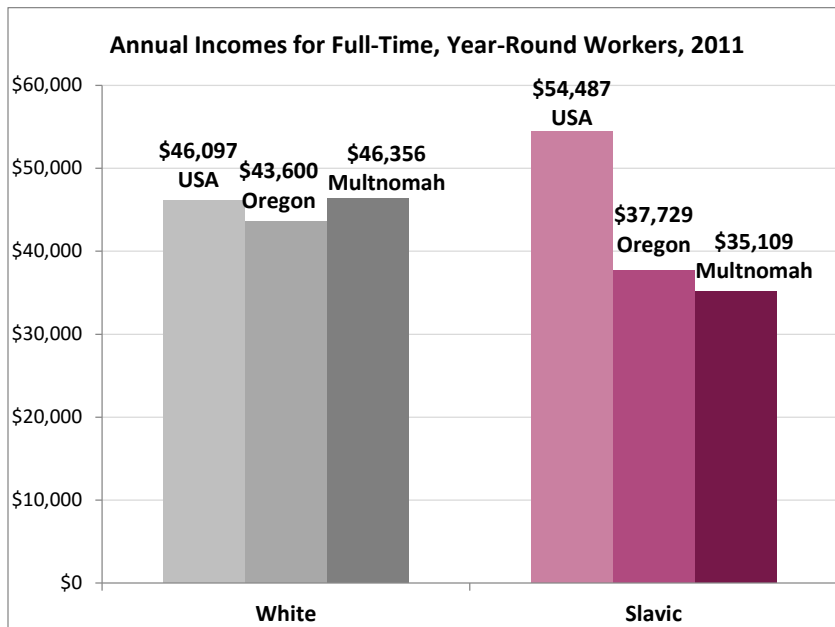
From our perspective, Portland needs to take these recommendations to heart. Look for a report from the New Portlanders Policy Commission in the coming months that will highlight the concrete goals they hope will be embraced by the City and County to generate a more robust welcome to newcomer communities.

Slavic Children and Families: A Literature Synthesis

As we turn to synthesize what is already known about the community, we draw from local research conducted with the Coalition of Communities of Color that has ensured the visibility of the Slavic community. We also draw from published works on newcomer health and wellbeing (without being Slavic-specific) and a few published community studies on the Slavic population from jurisdictions in California.

To position this work as being useful for this child-focused assessment, we begin by understanding the situation of families in the region, which fortunately is data we already have. It is important to understand the needs of infants and children as tied to the lives of their families, so understanding family struggles helps us anticipate the needs of those under five. This section builds a profile of Slavic families.

Slavic families are, in general, struggling economically, with this past recession having hit hard, causing Slavic households to lose 24% of their incomes, and married couples (which typically have only one income earner) losing 44% of their income. The next three figures demonstrate this struggle.

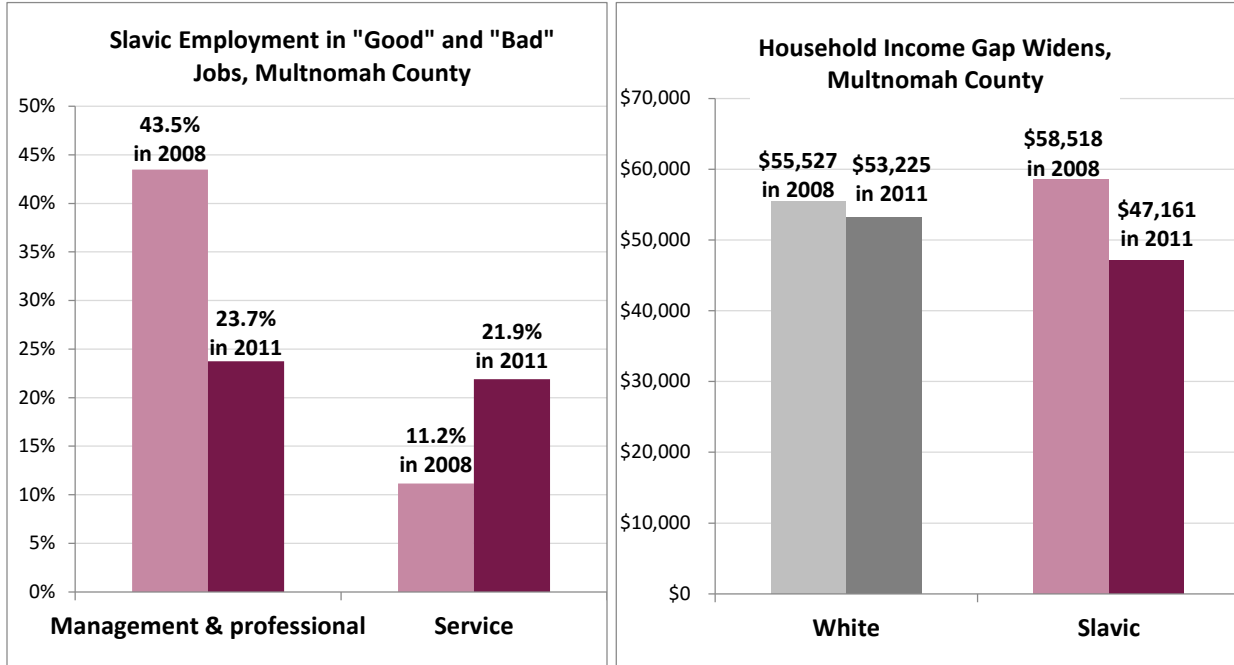


Source: Custom data extractions by ECONorthwest from the American Community Survey, 2011.⁸

In this chart, we see that while the Slavic community is economically solid – on average – across the USA, there is struggle locally for Slavic workers to gain parity with White workers. Locally, Slavic workers earn 32% less than White workers and 55% less than their national counterparts.

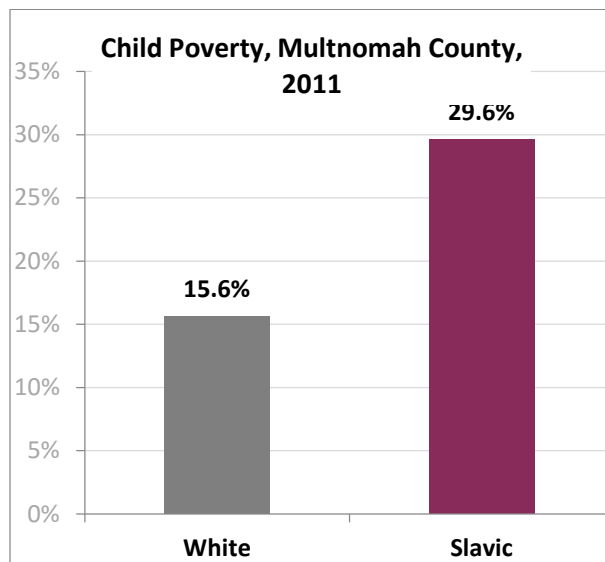
Part of the story is the “hit” that the community took in the last recession. Between 2008 and 2011, local Slavic households lost 24% of their income, as shown below. The occupations held by Slavic workers were particularly vulnerable to an economic slowdown in construction (at 10.1%), production

and transportation (at 27.8%), and service (at 21.9%). All these fields were hit hard by the recession. Another dynamic that occurred was that the community lost a significant share of its role in “management and professional” occupations, slipping from 43.5% of its workers employed in such occupations to 23.7% by 2011, with a corresponding rise in service employment (also shown below).



Source: Custom data extractions by the Population Research Center, Portland State University, from the American Community Survey, 2008 and by ECONorthwest from the American Community Survey, 2011.^{9 10}

A final piece of economically-related data is the prevalence of Slavic children living in poverty. The below chart shows that 30%, or close to 1/3 of Slavic children are living in poverty, double the rate of White students.

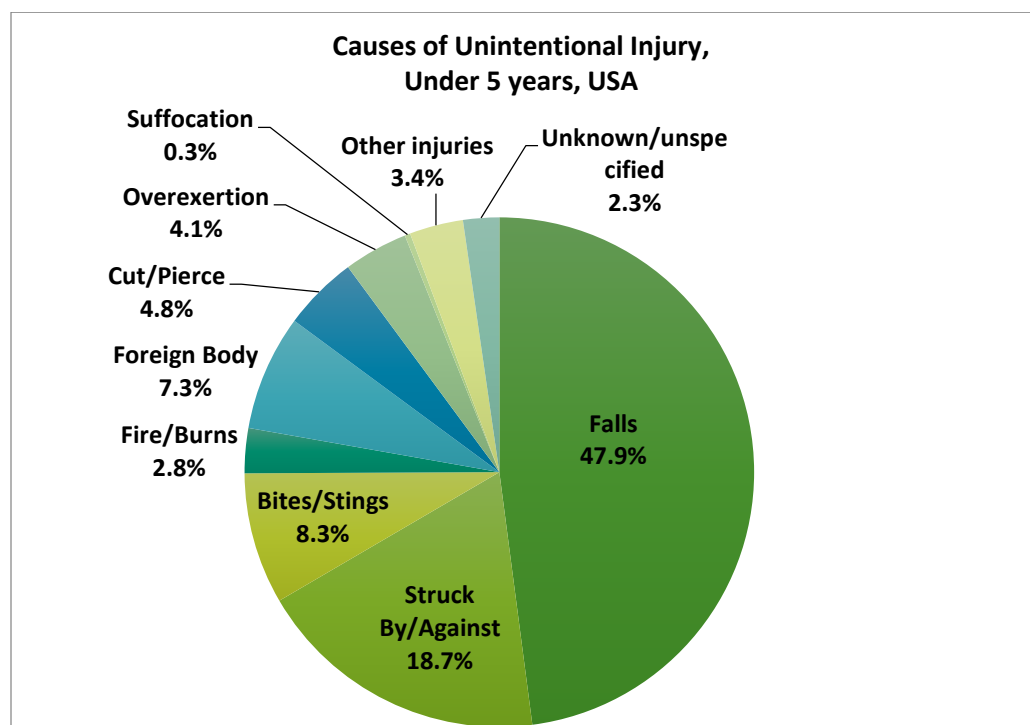


Source: Custom data extractions by ECONorthwest from American Community Survey, 2011.¹¹

We do not yet know if Slavic workers and their families have regained more solid footing as more recent data was either not publicly available or cost-prohibitive to conduct at this time.

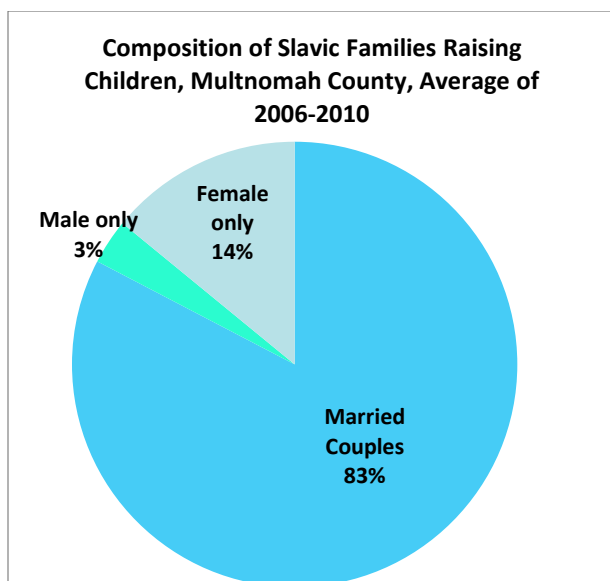
The consequences for children being raised in economically struggling families are serious: such children typically have reduced involvement in early learning opportunities, fewer of them have health insurance coverage, and narrower options exist for paid-for supports such as music lessons or sports and summer camps. Low income families are also less able to “child proof” their homes and, on average, low income children have higher rates of head injury in the home, due in part to the cost of child proofing one’s home, as well as the relatively older condition of housing and appliances. Child injuries (for those under 5 years) are led by falls, and followed by a global construct called “being struck by/against” which refers to injuries that are the result of being hit by a person, animal or thing (other than a car). Baby gates, additional braces on shelves, and use of child safety seats, door and drawer latches and sound monitors could help reduce injuries. Each item costs money and are likely to be cost prohibitive. Even knowing about the importance and availability of these safety measures has rarely infused the Slavic community. Child health promotion initiatives inclusive of these options have yet to be made available to the Slavic community in a culturally responsive manner.

The chart below shows the national pattern of injuries that resulted in visits to the hospital. While we do not know the pattern of injuries for Slavic children, we can assume that like all lower income children, injuries are more frequent than average, and they have harsher results. Practices based on these data would be to give priority to baby gates, and safeguarding objects that can fall on children.



Source: WISQARS Database, 2013 data.¹²

The consequences of low income living are more serious among newcomer communities, as parents live with higher levels of stress than native-born communities. This is more intense for newcomer single mothers who are raising children, as they suffer higher levels of depression.¹³ The chart below shows that approximately one-in-seven Slavic children are raised by single mothers.



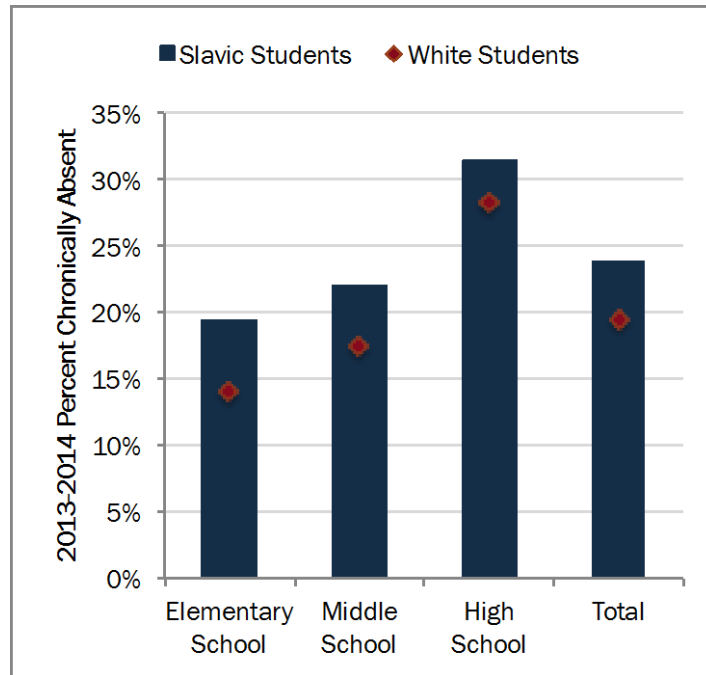
Source: Custom data extractions by ECONorthwest from the American Community Survey, 2011.¹⁴

While we would like to know a range of issues tied to Slavic children, such as their participation rates in Head Start and other early learning opportunities, their kindergarten readiness scores, and their physical health information, such information is not available in disaggregated ways for the Slavic community. The community, in mainstream databases, continues to be identified as White and thus we cannot know, at this time, these children’s experiences. We anticipate that the passage and implementation of House Bill 2134 will be effective in supporting disaggregation as the Slavic community are included as a community to be identified in data forms. The reach of HB 2134 extends across health and human services (to be implemented in 2017) although not yet into education. The Portland Public Schools district has updated their data form to include the Slavic community, and hopefully additional districts will follow suit.

Two pieces of early educational experiences are available to us through research conducted through the Center to Advance Racial Equity. The first is chronic absenteeism, and the second is academic test scores, and both are available for elementary schools. We then close this section by identifying the size of the community without health insurance.

Slavic children in elementary school face more difficulty than White children in getting to school regularly. Chronic absenteeism (meaning students are missing 10% or more days of school) is a bigger problem in elementary schools for Slavic children than for White children. About one-in-five Slavic

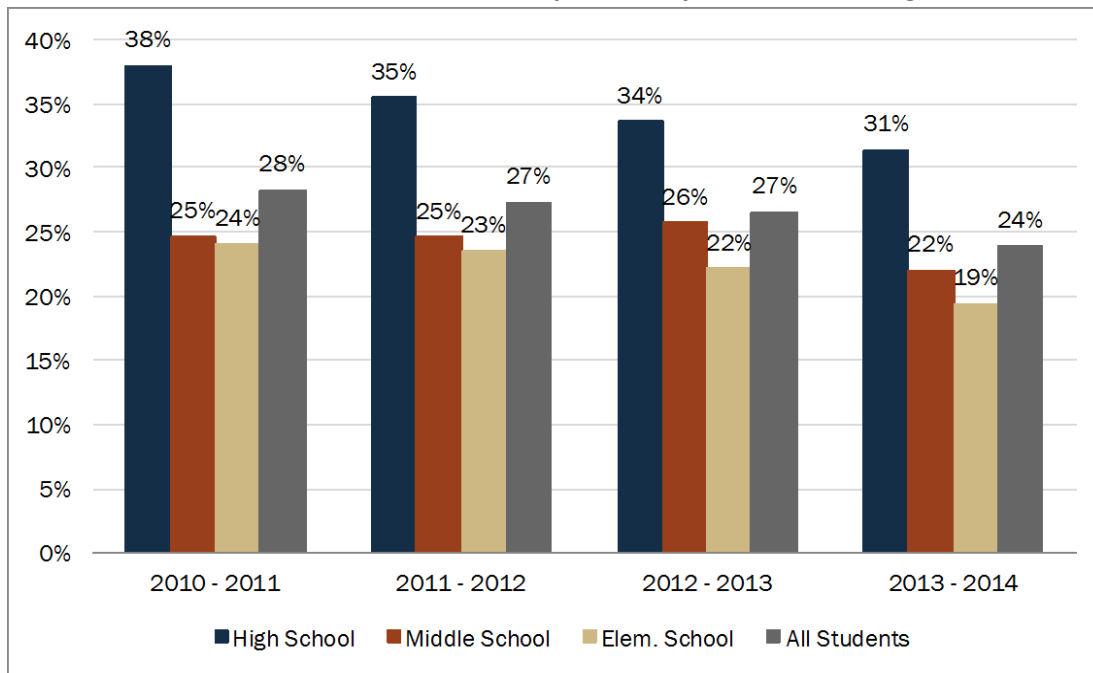
elementary school students are chronically absent from school compared with one-in-seven White students, as shown in the chart below. This pattern continues throughout schooling.



Source: ECONorthwest analysis/ODE data.¹⁵

Despite having a higher than average pattern of missing school, the good news is that by 2013/14, this is much improved over four years earlier when it was 24%, as shown below.

Percent of Slavic Students that are Chronically Absent by Grade Level, Oregon, 2011-2014.



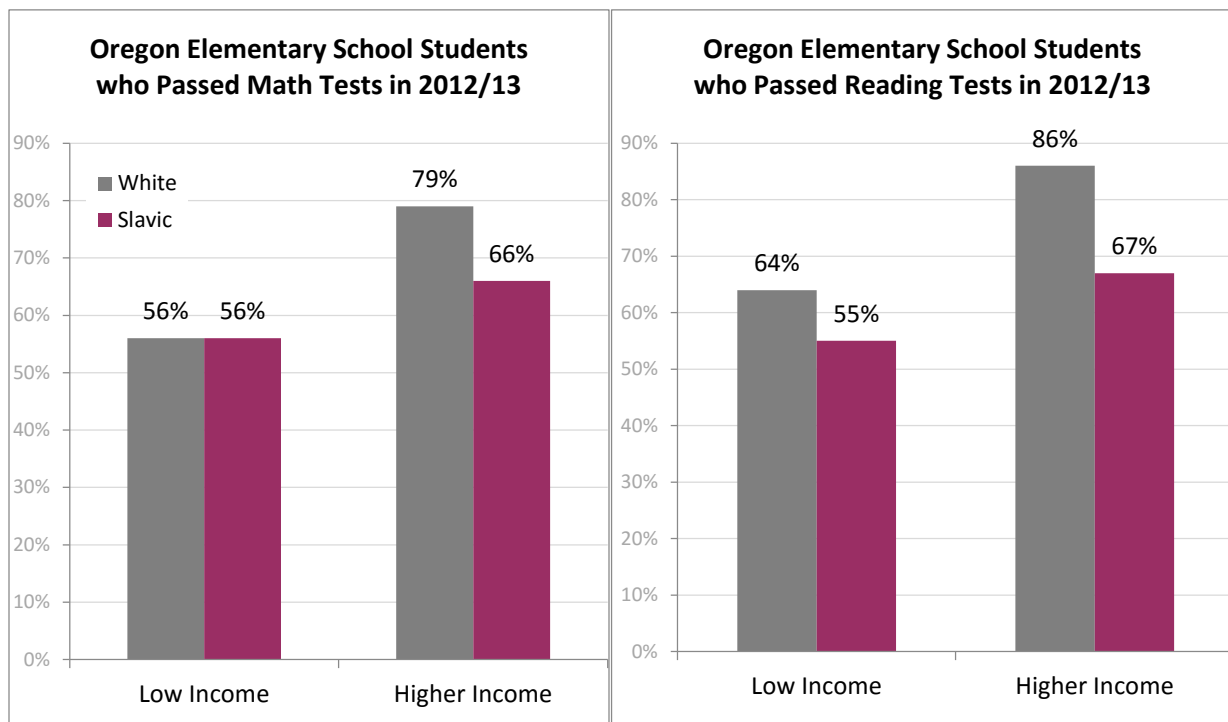
Source: ECONorthwest analysis/ODE data.¹⁶

The impact of chronic absenteeism in the early grades is pronounced as students who are chronically absent are much more likely to slide behind by as much as a grade level by middle school, and graduate school at reduced rates. Interventions to address absenteeism are centered on the elements listed below. Note that while these recommendations have been made in the context of improving attendance, they simultaneously will benefit parent engagement, student learning and student retention across grade levels. To improve attendance and support parent and student engagement, we

- Effective partnership practices by the schools are needed to ensure that parents are supported in their roles in helping with homework, tracking assignments, liaising with schools to help teachers understand their children’s needs, and welcomed at the school in an array of volunteer roles. In return, when parents are welcomed into the school, and effectively supported to be effective resources in their children’s education, there is an extension of the learning environment, which has been monetized to have a value of \$1,000/child per year in education spending.¹⁷
- Best practices for school partnerships also include leveraging supports for Slavic families to support their economic integration and family stabilization with resources and connections to social networks.¹⁸ This helps make children’s lives more stable, and less likely to move (which is tied to improved school performance), and with stronger emotional supports from the home. Such services are most effectively delivered by culturally specific organizations, and second best by culturally responsive organizations.¹⁹
- Parents can benefit from being provided information on the conditions when sickness medically warrants staying home, and when it does not. They also can benefit from learning the range of consequences of missed schooling. Both sets of messages need to be delivered in a culturally responsive and respectful manner.
- Schools simultaneously need to build a more welcoming school environment. Conditions that signal the inclusion of newcomer families include:
 - Have school staff and teachers learn the backgrounds of children and families so they can better understand their assets and challenges.
 - Make a late bus available for students so they can miss part of a day of school instead of the whole day.
 - Raise expectations for teachers to use culturally-responsive pedagogy in their classrooms and practice with greater inclusion of diverse cultures, that they are actively “unlearning” damaging biases they personally hold and “relearning” more accurate information about Slavic heritage and subsequently able to deepen their demonstrated respect for Slavic families.
 - Aim for all parents to be individually contacted by their children’s teachers within the first month of school, and for routine contact to be made throughout the year. Advice from parents is to aim for the first contact to center on good news about their children.
 - Ensure that contact with families is available in Slavic languages, which are primarily Russian, and Ukrainian, but that also may include Albanian, Kurdish, Finnish and Hungarian, and that translation of materials being sent home should also be in these languages.

- Hire more Slavic educators so that the cultural divide is lessened.
- Know that children of color and newcomer children learn better when the old-fashioned relationship-heavy teaching approach is used. Teachers and staff are encouraged to get to know children and their families, to call them by name, to greet and say goodbye warmly, and to have every child believe that the school cares deeply about their academic success.

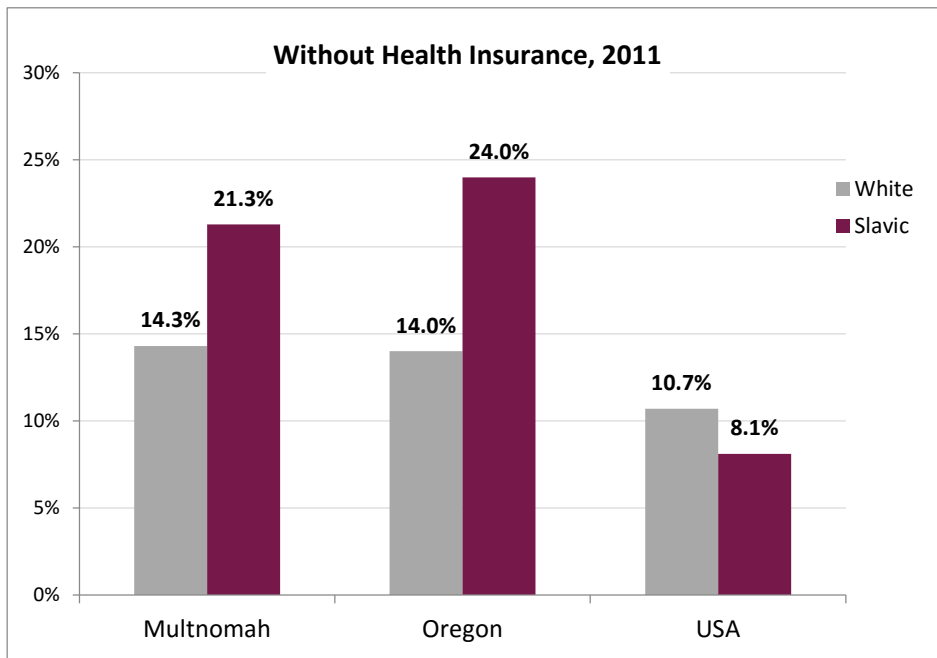
We have more optimistic news for our elementary school students. In a study that aimed to understand how students of similar income levels were faring, we were able to discern that among our younger students in elementary schools, lower income Slavic students are keeping pace with White students, particularly in math. Whether this is due to natural aptitude, cultural affirmation for math, or diligence of parents, we do not know. We are pleased to see that in subjects where language is less of a barrier that Slavic students are able to succeed. That said, the gap widens among higher income students, particularly in reading tests, as the chart below shows. In this situation, higher income does not provide Slavic students much protection against weak test scores in the way it does for White students.



Source: Custom runs of data from ODE by ECONorthwest, with analysis by Anne Sinkey.²⁰

The learning from these data are that overall the Slavic community is struggling and that with the notable exception of math performance among lower income students – a feature that might be worthy of investigation at a later time. There is a chance that these students could thrive in a STEM program, with the right supports that could be leveraged in a partnership between schools and families.

We close this section with a reminder that just prior to the launch of the Affordable Care Act but in the midst of Oregon’s Healthy Kids insurance plan, the Slavic community had much larger numbers without health insurance, as shown below.



Source: Author's calculations from American Community Survey data extractions by ECONorthwest. The USA data points are drawn from the ACS for the Russian community.²¹

While no more current data is available, it is likely the gap is narrowing as there have been considerable outreach efforts to get community members to sign up for Obamacare. These efforts have been culturally specific, and local leaders have worked with the local churches to distribute information and church spaces to enroll community members into the health care plan. That said, we will have to wait for more releases of information to see if these efforts have helped move the dial on health coverage.

With community struggles comes a mandate to work upstream on policy-related issues and innovations in services that hold potential to reach and support Slavic families. Recommendations related to these issues will appear at the close of this report.

Community Assets and Challenges in Health and Beyond

Slavic culture provides a wide array of assets that position the community well for survival in the USA, although there are challenges with integration and partnership practices that narrow the likelihood that many in the community will become civically engaged, or strong leaders in the wider community. While part of this is a natural acculturation process in a newcomer community,²² some dimensions are culturally distinct. While no hard data is available to detail levels of civic engagement, the Slavic community views itself to be relatively disengaged from civic participation. Former Mayor Tom Potter called the community the “sleeping beast” as a result of the large numbers in the community and the

potential it holds to have a political impact. At present, community members have little confidence of their ability to impact local organizational practices or policies. Accordingly, civic participation levels are low:

The dominant culture is one of compliance and a stance of being fearful of the state. There is a deep and fundamental distrust of all things political and all things run by the state. When one is persecuted for being politically active, repression of political engagement occurs.²³

The community has not emphasized mental health service provision for adults as a priority need, which tends to diverge from the literature on refugee community needs. This is because the Slavic community has arrived in Portland without some of the devastating experiences that traumatize other refugee communities as they have not had refugee camp experiences, or experiences of civil war. Community priorities do include mental health supports for children and youth, delivered in culturally responsive and culturally specific ways.

Slavic Identity

Slavic culture positions strength in the community itself, and like many non-Western cultures, the primary identity is that of the collective, instead of the individual. Community identity supports survival, looking out for each other, helping out in times of need, and having a robust local network of contacts and resources. Locally, the centers of these communities are the churches, and church leaders function as civic leaders for the community. Efforts to educate the community on themes such as preventing illness or injury, disaster preparedness, health promotion, and enrolling children in kindergarten need to work in partnership with the churches – both to reach the community as well as to receive sanctioning by the church leaders, without which the efforts are likely to fail.

While typically competition and individualism are not held in high value, there are cultural shifts occurring whereby community members are finding satisfaction in a more individualist orientation to wellbeing and the related individual freedoms that exist. Immigrating to a country with a wide array of choices that are associated with capitalism can be liberating. At the same time, a fatalistic philosophy of those from the former Soviet Union is well recognized, making for ambivalence about the offerings of Western opportunities. Fatalism (which ascribes life and situational outcomes to forces beyond one's control, and typically is counterpoised to the dominant western philosophy of self-determination) makes it difficult to promote healthy behaviors such as smoking cessation or health prevention.²⁴ This philosophy means that health educators and health providers need to be much more patient with the community and be able to spend more time exploring how and why health promotion and early intervention is required, as well as having an array of readily explained rationales for participating in health promotion. And as will be seen later in this text, having Slavic health providers and health educators is essential to the success of health promotion activities.

Damaging Popular Beliefs and Discourses

When we turn our gaze to look at the types of attributions the community experiences from wider society that are imposed on the Slavic community, two troubling sets of beliefs can harm the community. The first set is that of being an immigrant community and the second set is tied to being of

Russian background. Both intersect to curtail the wellbeing of the community. While these insights are most directed at adults, they need to be flagged as damaging discourses that can pervade the psyche of all service providers, impacting how both parents and children are served in health care, early learning and other human services.

Myths about immigrants include erroneous perceptions that community members are illegitimately on US soil, are “stealing” US jobs, only arrived here to reap benefits they did not pay for, and perhaps most insidiously, do not belong in the USA.²⁵ While these discourses are more entrenched when faced by people with more racialized appearances (with brown and black skin), they too are aimed at those whose English is less strong and whose accents are thick, as is true for the Slavic community. This is experienced in the community in two ways: a “microaggression” that serves as a form of pervasive stress on the community members as well as a form of discrimination that limits job opportunities.²⁶

The second myth associates those with a Slavic identity with “gangsters” and “Rambo-like” persons. This was a theme identified by the Slavic community when consultations were held in 2012 and 2013. Such perceptions are infused in popular culture and can affect children, as others expect them to be quick to fight and to be bullies. Attribution of negative characteristics to children serves to limit their expressions and infuses their self-concept.

Together these two sets of myths serve as a form of “implicit bias” that affects how the community is treated, and helps explain the types of disparities that the community faces.²⁷

Health professionals are also affected. When damaging discourses (and related disparities) affect a community, health providers need to approach this in three ways:

- Self-monitoring by practitioners to notice the biases they hold about the community, and commit to a robust “unlearning” practice where they identify the illogic of their perceptions, and replace them with accurate understandings of the community.
- Health promotion needs to ensure that anti-stigma campaigns are part of their work to ensure that institutions such as hospitals, schools, and workplaces treat the community with respect and dignity. Replacing damaging discourses with insights on the contributions of the community to society’s wellbeing will go further than simply challenging stigma.
- Advocacy efforts must be directed at public institutions to ensure the Slavic community is invited to partner on issues of importance. If the community remains the “target” of interventions by mainstream society – however well intentioned – without a partnership approach, the efforts will likely be ineffective. Only partnerships will ensure the approach is culturally responsive. And only partnerships will ensure that the Slavic community is visibly in the foreground of change efforts, and that it is approving the initiative. These are key elements for successful initiatives.

Acculturation Stressors and Parenting Challenges

As is widely known, newcomers arrive in the USA in relatively good health. Newer research has articulated why this is so: potential immigrants in ill health are either formally disallowed from moving

to the USA or exclude themselves from such moves, and they are also relatively young as older persons are less likely to want to move, understanding the social and economic upheaval it requires. This health advantage disappears, however, as immigrants remain in the USA. As the impacts of poverty and low income kick in, as well as perpetual language challenges, and the social and cultural stressors that exist from being a cultural outsider, the consequences of acculturation alongside the frequently thwarted dreams for success for a better life for one's children quickly diminishes one's health status. We thus now understand that immigration and the extensive time it takes to acculturate and gain social and economic footing has a harmful effect on one's health. ²⁸

This "immigrant health effect" can now be understood to be socially determined, as opposed to a counter-intuitive outcome that immigrants are actually protected from ill health, despite facing an abundance of social and economic challenges.

We know both from stories told by the community and from prior published work that there is much disillusionment within the Slavic community about the limited economic opportunities and financial hardship that is experienced in the USA. Anticipating all the promises of capitalism, and the ability for hard working people to get ahead, the high levels of poverty and low wages are stressors that are relatively perpetual. These challenges are deepened with what is known colloquially as "culture shock" and particularly the pain of having one's children become more "American" has resulted in high levels of stress.

Slavic youth tend to become less respectful of their elders, and less willing to speak Russian (and other traditional languages). And Slavic parenting has been a challenge, in what Slavic parents experience as an overly permissive society, and their parenting practices have been overtly challenged by both the school and by society in general. The community is reluctant to offer abundant choices to their children, due to both values about parenting, and also narrowed by income and large family sizes. Parents expect to be respected by their children, and that their voice will be needed – and if not, then children will be disciplined, frequently with physical punishment. This is a point of high tension within the community, as parents have historically kept their children under control, and experience the discourse around child rights and choices to undermine their parenting ability. Corporal punishment is permitted in Oregon by parents, but it is disavowed in most conversations on this issue, including in schools. Slavic youth have been known to call child welfare to complain about parenting styles, which are typically fairly authoritarian. Child abuse is never acceptable, and at the same time the ways that American parenting is understood is undermining Slavic parenting abilities. It is important to discuss this issue in protected spaces with Slavic service providers and Slavic parents, with some involvement with child welfare. The current situation is filled with tension and is destabilizing to families. Additional research has highlighted that this is a general problem for many newcomer communities, as "many newcomer parents are accustomed to more corrective approaches to child-rearing and many feel judged or pressured to confirm to [dominant] norms and values."²⁹

Health Traditions and Culture in the Slavic Community

Key elements of Slavic health traditions are important for health providers to understand. The first reminder is that the community is very distrusting of state-provided services, and the concept of health insurance – particularly when it is free – is similarly unsettling. From Slavic insights, offering free health services is contradictory to what is understood about the capitalist system in the USA: "[parents] fully

anticipate being approached in six months or a year and being told they now need to repay the costs of care. From their perspective, *'in America, after all, nothing is free.'*³⁰

This is also a community that has worked with their kinship and social networks to resource each other's health needs. Functionally, a social network is an informal safety net that helps more families survive. Sharing information about symptoms, what the doctor has advised, and about folk remedies serves to help communities care for each other and to remedy illness and pain. Doctors were not readily available in the Soviet Union and health care was scarce, and medical innovations limited. These networks saved lives and made it possible to take care of one's family.

Accordingly, as the community moved into the USA, these networks continued to be a key aspect of family life. And the knowledge that Slavic people have about illness and remedy are firmly held beliefs. As a result, the Slavic community has developed a reputation of being reluctant to follow health instructions.³¹ When understood in the broader cultural context of health traditions and survival strategies, such skepticism makes sense. If one does not understand the broader context, community members simply appear "non-compliant" which itself becomes a damaging discourse that will harm the community's long-term wellbeing. Again, patience is urged when providing health services and health promotion advice.

The Soviet medical model needs to be understood by Western health practitioners, along with its consequences for local practices. It is a model:

... based largely on drug therapy regimes mixed with alternative therapies, so newcomers may rely heavily on medications in order to believe they are being helped, and may believe care is incomplete if it does not include alternative treatments. If they do not understand the medications prescribed to them or if the medications result in side effects that frighten them and cause further distrust, they quickly become non-compliant.³²

The Soviet model also is prescriptive, meaning that doctors and other providers typically issue directives for patients, as opposed to the health engagement model that is more prevalent in the USA. Patients are also the focus of the doctor's expertise, as opposed to being asked for their interpretations of what is happening, and what other issues are likely influencing their health. In a nutshell, "patients are used to being told what to do and what to take for their health problems."³³

The recommendations made earlier for patience in health visits as time is provided for explanation and reassurance, increased access to Russian health providers, and heavy emphasis on health literacy (which holds that providers ensure that comprehensive understanding of the health problem and recommended solutions are reached for all patients – not just a screened few) are approaches that would assist the community's wellbeing. Making culturally specific health provision an option is the ideal response of the health care industry.

Health screenings are a specific issue for the community, as it tends to delay seeking health care until absolutely necessary. The cultural background, again, helps us understand this reluctance. Combined with the fatalistic philosophy noted earlier, health promotion and early intervention are not well aligned with Slavic health experiences. The same is true for health prevention activities, such as smoking

cessation,³⁴ alcoholism,³⁵ and more healthy diets (reducing fat, carbohydrates and salt in food choices and food preparation).^{36 37}

That said, an assessment of the Russian-speaking community in San Francisco identified that 80% of their research participants identified they wanted to learn more about health care, with many saying they would feel more comfortable with Russian providers.³⁸ Additional insights from this same study highlighted that the community wanted information on (in this order of preference) blood pressure, heart disease, depression, diabetes, nutrition, and arthritis. Of interest, the community was asked about their “preferred way of learning” for such topics and the top recommendation was native language brochures (at 36%), and secondly one-on-one education (at 29%), and third native language videos (at 16%). The preferred practice of many health promoters for small group discussions was not favored (at just 8%). The study also identified that domestic violence and violence against women is a taboo subject.

Please do remember that these insights are generalizations of a community, and that there will be wide variations within it. We share these insights as a source of potential understanding of individual and family behaviors – and they are not definitive. It is always the responsibility of health providers – and all service providers – to understand the uniqueness of a person being served. Use this information to inform what might be going on, and use dialogue and collaboration to build understanding of the specific individuals.

Research Findings

We are pleased to share this original research report that identifies parental priorities for their children’s health and wellbeing. As indicated in the research methodology, we have conducted a health priorities survey, and supplemented this with interviews and focus groups.

Parent priorities on health concerns for their young children (0-5 years)

Immunizations

Slavic parents who participated in our focus groups, reported without hesitation, that immunizations were their top concern. On surveys administered to additional parents, 30% of respondents said that their concerns greatly influenced their decisions not to immunize their children despite considerable pressure from health professionals and schools. One mom talked about intentionally searching for a school that would allow exemptions for immunizations before registering her child for school.

Some parents opted not to immunize their children because of religious beliefs although these were not explained. Other parents (mostly mothers) in our focus groups voiced multiple concerns beyond religious beliefs about immunizations, such as:

- Not receiving enough information about ingredients, dosages, and administration schedules;
- Not being allowed to choose between options about when and how immunizations would be administered;
- Not being able to make parental decisions without fear of government intervention (U.S. Food and Drug Administration and Child Protective Services);
- Fear of side-effects;

- Lack of responsiveness from the medical community to side-effects;
- Fear of long-term impacts on the immune systems of children who had been immunized;
- Fear of effects of chemicals within immunizations.

Wanting more information and education about immunizations

Within all focus group sessions the discussions about immunizations were lengthy and passionate with parents expressing concerns about the health of their children and their responsibility to make informed and positive choices that might impact the overall health of their children. Mothers said they questioned their doctors about the safety and potential side effects of immunizations but received little information and then felt pressured to go with what the doctor believed was right. In contrast what parents said they wanted was to get information (and education) that would help them make informed decisions for example: *“here is why you should do this.”* One parent talked about valuing a class she attended where the potential effects of vaccines were compared to the effects of the diseases before making the decision to vaccinate her child. However her education experience proved to be unique amongst all focus groups participants as no one else was aware of the class opportunity. Mostly parents agreed that many doctors won’t explain and expect parents *“to trust them and that’s it.”*

One parent stated her belief that there were far more health risks from the chemicals and compounds within the immunizations than from contracting the diseases. Another parent argued that the benefits from the immunizations were *“iffy”* and it was like weighing the *“possibility of immunity to disease that they (the children) could still get.”* She asked the group *“Is it really worth pumping all that garbage into their systems to get a possibility of protection?”*

Stories of Side-Effects

Many parents (across focus groups and on surveys) relayed their fears about side-effects which derived from personal experiences or from hearing stories from others in the Slavic community. One parent relayed the story of her son’s eyes crossing after getting the Diphtheria-Pertussis-Tetanus (DPT) immunization and being *“brushed off”* when she tried to discuss her concerns with the pediatrician. She described the doctor as not wanting to take responsibility for the side-effect. A second mom said that she had heard about a child who stopped talking after being immunized. While a third mom said that her child had experienced hallucinations after being immunized. However when she reported the hallucinations to their doctor, she was disappointed and unconvinced by the doctor’s reply that it was *“normal.”* Following a story about a child having skin problems following immunization, another mom revealed a deeper concern about parental responsibility and culpability that was validated by many nodding heads in the group. She said *“You hear those stories all the time. I’m scared that if my kids get a disease from the immunization it will be mom’s fault”* while pointing to herself.

Wanting to have options and exercise self-determination

Parents wanted more information about choices and options but felt that doctors didn’t have enough time to discuss immunizations during the typical 20 minute office visit and further doctors acted as if they did not care about parental concerns. Parents often voiced their fears that insurance plans dictated the specific treatment received rather what was best for the patient.

Parents asked for information about the ingredients of the immunizations and priorities (timetable) for administration of various vaccine series but reported being told that their health professionals did not

have that information. After researching immunization guidelines from FDA on dosages and repeated administration several mothers arrived at their doctor’s offices ready to discuss vaccines and to co-develop an immunization strategy that would minimize potential side effects, asking “*which shots are most important*” and which shots could be administered “*step by step*” rather than the commonly combined immunizations that had to be repeated. Mothers were really discouraged with the response that “*everything*” was important and that there seemed to be no room for negotiation. Although some parents had decided against all vaccines, other parents were clearly ready to partner/collaborate with their doctors on strategies that could potentially minimize side effects but were unable to find willing partners in their health professionals.

Neglect and responsibility to educate

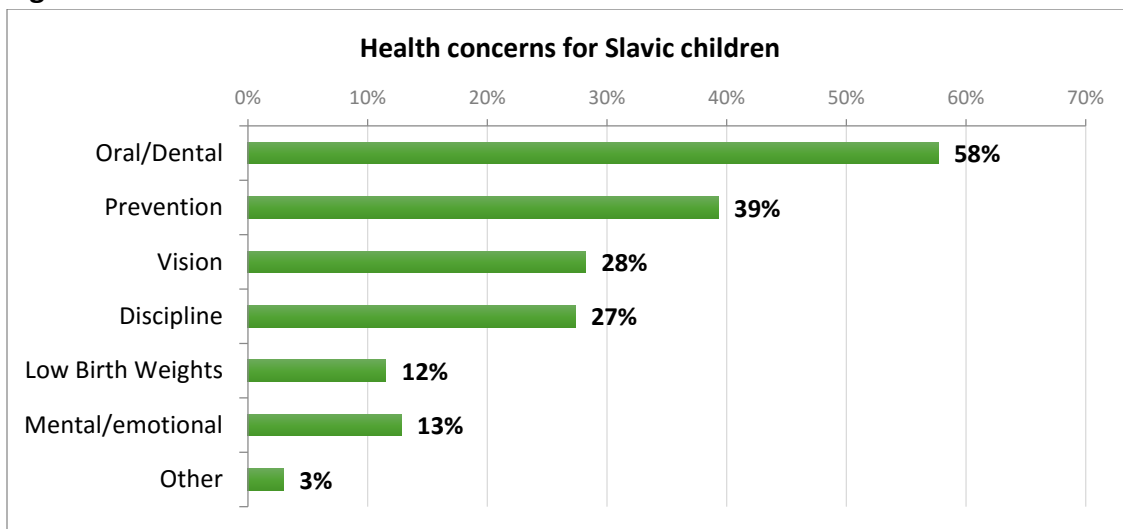
Several parents referred to the responsibility of medical professionals to educate the community in a culturally appropriate manner about the necessity for immunizations and various procedures. They blamed doctors generally for neglecting this responsibility especially with new arrivals to this country. Some parents talked about feeling as though their accents or lack of English fluency led to discriminatory treatment when assumptions were made that they just “*wouldn’t understand*” complexities about treatment and diagnosis.

Neglect of responsibility to educate patients was echoed after a mother talked about not understanding why her 11-year-old daughter (who is not sexually active) should receive a vaccine for cervical cancer. Another mother talked about requesting an ingredient list for dental fillings and being told that the office could not disclose the information. Inability to get information from her dentist as well as feeling misled about how much of her child’s tooth was removed and/or sealed without prior approval, contributed to a general sense of mistrust and disappointment with medical professionals to provide the information that allowed parents to make informed choices and decrease anxiety.

Additional health concerns

The chart below represents the greatest health concerns (after immunizations) that parents have about the health of their young children. The most often chosen survey responses were oral/dental health (58% of responses) and prevention of illnesses (39%).

Figure 1: Mothers’ Health Concerns



Disciplinary concerns were high among many in the Slavic community as sometimes happens in other newcomer communities, when youth learn about legal rights to safety in school. Slavic parents feel that some children use the knowledge to report parents to authorities if they are disciplined as a consequence of misbehavior. As a result parents become afraid to discipline their children and youth begin to “*act entitled.*”

Mental/emotional wellness was also of concern for parents but solutions were complicated by conflicting beliefs. Parents felt that messages that youth heard in school conflicted with their religious beliefs and that the conflict increased anxiety in youth. Then anxious youth had few outlets in which to vent about their feelings. Gender specific peer groups for processing youth anxieties facilitated by a culturally responsive child therapist were suggested. A second mom however pointed out that the Slavic community first had to trust and embrace the possibilities that mental health services could have positive impacts saying, “*Mental health resources are available but the Slavic community needs to understand what “mental health” means – rather than equating that as “stupid” or suspecting that all professionals will mess up the child’s mind.*” Another mom told the story about her child learning “*tools*” from the school counselor to improve behavior when angry.

Nutrition concerns also emerged from parent responses (32%) about fears around preparing young children for kindergarten (see Appendix D. Q7). Focus group discussions described unhealthy school lunches as the “*worst thing ...ever seen.*” Many felt forced to rely on free lunch programs because of the high cost of sending lunches from home but felt that free lunches were not nutritious and would also like to ban vending machines from schools.

Challenges faced when dealing with children’s health care

When asked to identify challenges faced when dealing with their young child's health issues (medical or dental) we found that 44.4 % of survey respondents indicated problems finding culturally specific prevention programs (for example: that strengthen immune systems, possibly using herbs, cultural medicine, etc.) in all areas of health. The same parents ranked such culturally specific prevention programs as the highest priority (71% of responses) for improving the health of their young children.

Finding doctors or dentists who respected religious/spiritual was also challenging for many parents (28%). Focus group participants always used some time during the focus group sessions to ask each other for advice, resources, financial aid information, or trusted medical professionals who had experience with Slavic community, saying that they wished for more frequent gatherings to share such information. Other categories of challenges faced by individuals, included:

- Knowing where to find a list of community recommended doctors or dentists (19.7%);
- Finding a doctor who speaks my language (16.7%);
- Finding culturally appropriate services that have experience with the emotional issues associated with resettlement for our community (12%).

These challenges highlight the high priority that parents placed on medical professionals who understood and respected the cultural experiences of the Slavic community.

Holistic approach to health care

The desire for a holistic health approach was often voiced in focus groups. Parents wanted doctors to consider “*whole body*” care instead of treating one symptom in isolation and prescribing medication without considering impacts on other bodily systems. Mothers said they wanted to find professionals “*who will dig deeper*” to investigate health problems rather than “just prescribing antibiotics” that result in “*building resistance*” due frequent usage. They expressed the desire to make appointments with naturopaths but lamented that they were not covered by the Oregon Health Plan. They also felt that the herbal medicines (used by their mothers when they were young) would be better for their children than medications/antibiotics which do not boost immune systems. A Russian pharmacist known to many of the focus group participants was greatly appreciated because he provided “*whole body*” health perspectives; traditionally used herbal remedies; and most importantly was available for walk-in consultation.

Barriers to health

Focus group participants expressed concerns about newcomers who were not refugees (not receiving Refugee services) and not connected to the Christian church community. The lack of connection to service providers or community resulted in isolation especially when the newcomers did not have extended family in the area. Parents felt that the isolation and lack of communication were serious barriers for newcomers to learn about resources or how to access those resources.

Language access was repeatedly highlighted as a barrier to health care in numerous contexts from calling for appointments, explaining health concerns, and asking for information about immunizations. Experiences with on-call interpreters provided by Oregon Health Plan led to complaints that interpreters did not always provide accurate interpretation of medical concerns. Some parents perceived interpretation inaccuracies to be the result of interpreters with minimal knowledge of medical terminology. Other parents talked about interpretation mistakes that could be life threatening, like the example of a mother explaining that a condition had existed with her child for one month and having that interpreted as “*since the child was one month old.*”

The inability to schedule time-sensitive appointments or directly talk to their doctor during emergency situations was seen as a barrier to quality care. Parents were disheartened when they were advised to go to urgent care (after office hours) where they perceived the quality of care as low. Additionally as the personal relationship with their doctor was highly valued, parents were not satisfied if a return call (in response to an after hours request) was from a nurse instead of the doctor. Many parents expressed the wish that their interactions with their doctors were “*more personal when there are serious issues.*”

Many parents discussed the limitations of “Obama Care” (the Oregon Health Plan/OHP) as barriers to receiving quality health care for their children and the entire family saying “*I had insurance before...I was responsible.*” After switching to OHP the children under age 11 were covered but “*no health care for mom and dad*”; that is, many could not afford separate health care plans for the parents. Also parents complained that they could no longer see their previous doctors and dentists with whom relationships had been established because the doctors would not take Oregon Health Plan or said that they had reached their limit of patients (perceived as arbitrary by parents) who had Oregon Health Plan. One parent said “*our kids now have insurance but we can’t get into a trusted doctor for urgent care.*” Many parents expressed anxiety about:

1. Not being able find “high quality” personable health care providers;
2. Finding new providers quickly enough to insure urgent health care needs would be addressed; and
3. Having access to providers within a “reasonable distance” from their homes.

Also parents explained that “Obama Care” had resulted in “emotional impacts” for some children and families. For example, because the dental plan under “Obama Care” did not cover children older than 11 years old, they had to go to a “regular dentist” instead of the trusted pediatric dentist to which they had been accustomed. A mother shared that her daughter now refused to go to the dentist office where *“she is treated differently than she is used to (being treated) with the pediatric dentist who she knew her most of her life.”*

Additional barriers cited by parents included:

- Having to wait 6 months for appointments;
- Lack of knowledge of resources or financial assistance;
- Lack of culturally relevant nurses; “culture barrier” that prevents nurses from meeting the Slavic community needs;
- Medical professionals do not know the history of Slavic communities and don’t understand why there is a high level of skepticism and suspicion;
- Condensed office visit time (doctors say they don’t have time to explain immunizations or answer questions during a 20 minute office visit).

What Slavic parents would like to see in a Slavic Health Center

When parents were asked to envision optimal health care for Slavic children and community, they amassed a considerable list of well-defined priorities for the health of their children that would be critical. Central to a culturally responsive Slavic Health Center, would be medical professionals and staff who understood the lived experience of immigrants and how to work to alleviate concerns about motivations as described here:

They don’t understand us - the culture coming from communist countries – it’s very hard to get people to something that they don’t understand and giving them the education...they are suspicious of motivations” and ask “why do they want us there?”

As Slavic parents highly value personal relationships with their doctors they would appreciate being able to communicate directly with frontline staff who speak Russian. When needed interpreters would always be certified as medical specialists (have fluency with medical terminology).

Education for parents about nutrition and exercise would be regularly offered as community outreach programs with a focus on: eating organic versus processed foods; tips on how to avoid additives and preservatives; and *“getting kids away from electronics.”* More exercise/physical activity programming for families would be coordinated at community centers around city including covered playgrounds for use during inclement weather conditions. Education programs would be developed for children about nutrition and good eating so they would make better choices when away from home. Parents were resolute in focus groups and on surveys (32% of responses) about their concerns regarding unhealthy school lunches describing lunches as the *“worst thing I’ve ever seen.”* Many felt forced to use free lunch

programs because of the high cost of sending lunches from home but feel that free lunches are not nutritious and would also like to ban vending machines from schools.

Additional services for improving of health young children in the Slavic community provided through a model Slavic Health Center would include:

- A free or low cost pediatric dental clinic;
- Credentialed Russian professionals (doctors and therapists in community who were presently unable to practice in the U.S.);
- Counseling for youth who have struggled with cultural identity tensions arising from not knowing where they belonged;
- Education for health professionals of the diversity and needs within the Slavic community;
- Health professionals who respected opinions and wishes of the Slavic community;
- A strong ethic about parental choice regarding immunizations (without pressure from schools and doctors and without fear of having parental rights stripped away to raise children as they wanted);
- The ability to collaborate with doctor directly to develop plan for immunizations and schedule of administration;
- A drop-in clinic hours (no appointment necessary);
- Nurses, doctors and staff who speak Russian;
- Doctors who make home visits;
- Psychology/counseling services;
- Traditional/herbal remedy recommendations from community members;
- Speech therapists
- Opportunities for gathering to talk to other community members about issues and find solutions for health questions;
- Information and education (classes) about the rights of children being exposed to second-hand marijuana smoke.
- Education classes for parents about what children need to pursue college educations, careers, and financial aid. (Attaining a college education is common in many Slavic countries but the U.S. system is unfamiliar and very different than colleges in their countries of origin).
- Education for parents around potential for mental health professionals to help with children's issues; to dispel beliefs that counseling and therapy equates to manipulation of a child's mind.
- Education for parents and youth about legal rights and how to address disciplinary problems that have emerged when youth use the knowledge to report parents if they are disciplined.

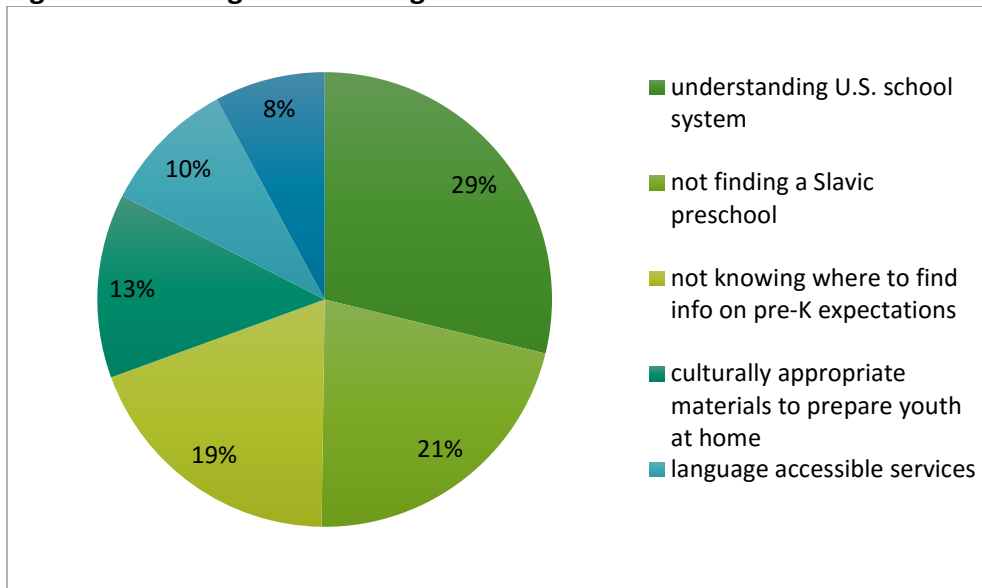
Kindergarten readiness for children 0-5 years old

We asked parents also to share their concerns about kindergarten readiness. Even though many Slavic children did not attend pre-school or Head Start, focus group parents said that if the families belonged to a church or Christian community center their children were likely to have been exposed to other children and adults in learning activities. Parents felt that social/emotional skills, large motor skills, and reading and counting literacy testing indicated that most Slavic children were ready when they reached kindergarten. However other children, whose families did not attend Christian church activities (or Head Start) or were newly arrived in the U.S., were unlikely to have similar preparation prior to kindergarten. However one indicator which proved to be lacking in kindergarten readiness for most Slavic children was English language fluency. Parents remarked that their children might be reading above grade level but

because didn't speak English and they would have to be pulled out of class for English language instruction and that this would confuse (disorient) children and impact their reading abilities. Parents expressed a keen desire to learn more about expectations for kindergarten and available resources for better preparing children at home or within an affordable and culturally specific pre-school.

The challenges that parents faced (see Figure 2) when preparing their young children for kindergarten stemmed from not having familiarity with the U.S. educational system which was very different than schools in their home countries and not knowing where to find information about expectations for kindergarten readiness. Lack of information coupled with a strong desire for early education to be culturally specific, Slavic families sometimes rely on mothers who can stay home to teach their young children and engage in learning activities at their churches for kindergarten preparation.

Figure 1. Challenges for kindergarten readiness



Consequently when surveyed about services or materials they would find most helpful in preparing children for kindergarten, responses centered on elements that would support the parent's ability to improve readiness with lists of expectations as the most important and then free or low cost home-based learning materials as second most important resource. But parents also wanted the option to send their children to Slavic pre-schools and make connections to Russian-speaking school staff who could be resources for the parents.

Table 1. What services would be helpful for preparing your children for kindergarten?

Order of Importance	With 1 = most important resource
1	A list of things/standards my child should know before kindergarten
2	Information about the social expectations of kindergarten, including teachers' discipline policies
3	Free worksheets/learning materials for use in home to prepare my child for school
4	A list of school staff who can speak my language and knows my culture
5	A list of Slavic preschools
6	Other (want to know about parent involvement opportunities and information about teaching priorities and history)

Focus group discussions produced an extensive wish list to better prepare Slavic children for kindergarten starting with Russian and English bilingual pre-school and childcare programs. Such programs would teach children how to read and write, play instruments, and provide activities to enhance large motor skill development. Pre-school activities would be informed by a list of expectations from schools to insure kindergarten preparation. Schools would be prepared to encourage cultural sharing which in turn would help everyone gain appreciation of many cultures and enhanced cross-cultural communication.

Parents said they would like to see free or reduced cost pre-school programs to open up access to all Slavic families and in multiple community centers since Slavic families live in many neighborhoods across the city. Providing childcare in addition to pre-school would allow more working families to participate.

For Slavic parents who preferred home-based kindergarten preparation the following list of affordable resources were most important:

- Free bilingual books;
- Activities for motor skill development;
- Bilingual cards, reading books, and workbooks for home use;
- Russian support teachers (like community education workers);
- Bilingual reading programs; and
- Bilingual workbooks for encouraging parent and child interactions while learning.

Once-a-week programs for social skill development would provide extra opportunities for home-schooled youth to interact with other children. Weekly meetings for multicultural programs where parents and children from many communities could learn English together were also suggested.

Recommendations

The following list of recommendations was generated by focus group participants when asked for ideas for improving the health care experience and education for Slavic families:

- Mothers felt that it was critical to create more home visit programs to reach out to isolated newcomer families who were not part of the Christian community with education about accessing health care and preparing children for kindergarten.
- Mothers expressed strong desires for periodic and consistent meetings where they could exchange information about trusted doctors and healthcare resources.
- Having Russian speakers on medical staff.
- Trusted teacher in schools to assess Russian kids who might need to be referred for speech therapy. A trusted teacher is one who understands and respect that Slavic parents may be afraid of “special education” label and sometimes do without needed services.
- Russian staff in schools.
- Culturally competent teachers who understand that Slavic parents want to have their cultural practices around holidays respected in the schools (Slavic communities do not celebrate Halloween and some children do not attend school during that time).
- Parents want more warnings about school discussions, movies and programs with sexual content (not sure if not being informed in time or not understood due to other issues such as child not bringing home notice or language barrier). Would like sexual topics to be discussed separately in gender specific groups. Some parents think such discussions should not happen in school at all and

some think that 2nd and 3rd grades are too early for such discussions. Still other parents think the discussions are necessary since girls are beginning to menstruate as early as eight years of age and it is important to educate kids about sexual abuse.

In addition to the array of community priorities listed above, there are core health priorities that have surfaced in the literature and in other local research studies that warrant highlighting in this text:

- Build a local network of Slavic health providers, partnering with community advocates, to explore the urgent issues that mothers experience in the immunization process. Bringing together culturally specific and culturally responsive service providers is an immediate call to action.
- Access to quality childcare for young children, with Slavic service providers.
- School-based initiatives that partner with community service providers to support the linkages between schools and Slavic parents, and subsequently to improve the cultural responsiveness of teaching pedagogy so parents develop stronger confidence in the ways their children are educated.
- Health services that are culturally specific, and at the very least, culturally responsive. This report highlights some of the distinctiveness of the Slavic community that need to be addressed within health care. Partnering with Slavic advocates to keep these issues on the “front burner” is a best practice for building culturally responsive institutions.

Let us not forget the economic challenges facing the community. This leaves us with an imperative to support the economic prospects for Slavic families. Remember too that being a newcomer is, in itself, a determinant of health, and that the relative good health in which newcomers arrive in the U.S.A. typically deteriorates within the first few years. By addressing social and economic policy and program needs to smooth the integration process, the health of local Slavic mothers will likely improve. The policy and programmatic initiatives that would be helpful to the community include:

- English language training that is readily available and that provides onsite child care, and ideally that is tied to the workplace and includes terminology relevant to one’s work experiences and trades.
- Training programs to support moving back into one’s chosen profession, that will help community members move out of the typically limited jobs they were required to take while receiving federal income support when first coming to the U.S.A.
- Programs that build understanding of the Slavic community for all health, education, and human service workers.
- Naturalization supports, particularly aiming to reach Slavic community members at highest risk of poverty in their elder years. The limited income support programs to non-citizens places sectors of the community at high risk of deep vulnerability.
- The establishment of program to assess foreign credentials and to provide low cost, timely and short duration “top up” programs to ensure that Slavic health practitioners are able to secure employment in the U.S.A. This is needed more expansively than health professions, but we prioritize health professions as it would help get Slavic community members into the health services quickly.

The community prioritizes the creation of a Slavic Health Center (with the details outlined on p.25); a second-best approach would be to create a Slavic Health Unit within a larger health department. In both situations, these providers must have a high level of staff from the community itself, and at the very least knows the community and has earned its trust. It is also imperative that institutes of higher education must give priority to recruiting Slavic students into the health professions. This is true across

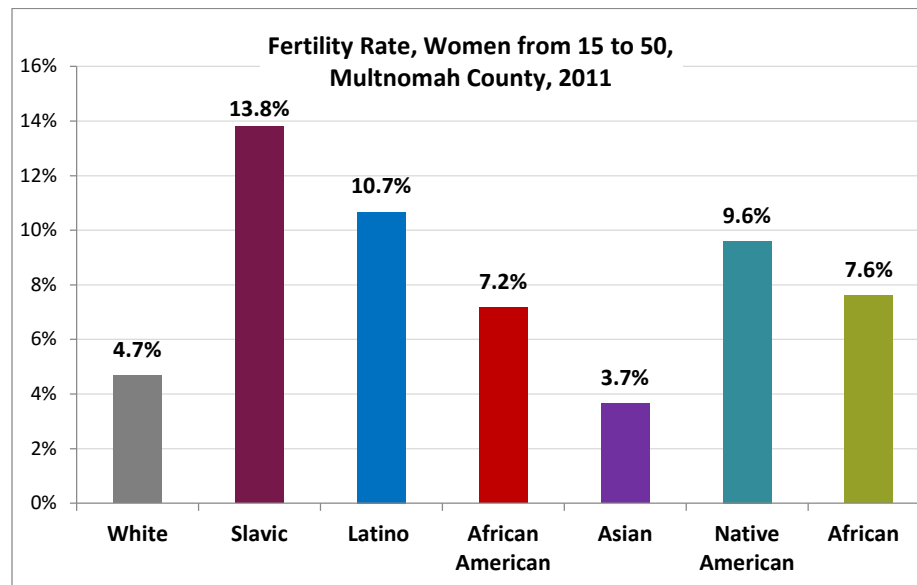
the range of services, from doctors and nurses, to community health workers, to social workers, dental hygienists, and even data analysts. It is not acceptable to expect Slavic community members to simply comply with the expectations of dominant culture service providers.

We recommend that health providers take seriously the challenge to become culturally responsive to the Slavic community. This requires deep exploration of the ways that the entire organization excludes and is not responsive to the community, and subsequently working in deep partnership with the community to identify ways to promote inclusion and responsiveness. Guides are available to assist with this process.^{39 40}

In closing, we strongly recommend that three readings become mandatory for all health practitioners and policy makers:

- Erwin, P & Chappo, L. (2002). *Russian-speaking newcomers in San Francisco: A community assessment report*. Downloaded from <https://www.sfdph.org/dph/files/reports/StudiesData/RussAssessNMap.pdf>.
- Curry-Stevens, A. & Coalition of Communities of Color (2014). *The Slavic community in Multnomah County: An unsettling profile*. Portland, OR: Portland State University.
- Diversicare (2006). *Russian culture profile*. Queensland, AU: Qld Partners in Culturally Appropriate Care.

Our conclusion to understanding the family context is made more compelling by the fact that this is a community that is growing rapidly, as demonstrated in the chart below. Here we see that this community's growth significantly outpaces that of the White community, and interestingly, other communities of color. The cultural norm of support for large families and the religious conservatism increases the likelihood for large families.



Source: Author's calculations from American Community Survey, 2011.⁴¹

This is a rapidly growing community that is economically poised, and whose health priorities need to be responded to through a partnership approach that is culturally responsive, and that creates a culturally specific set of interventions that maximizes the likelihood that the Slavic community's health is tended to effectively with equitable results.

Appendix A: Slavic Assessment Survey

Health (low birth weights, oral health, prevention)

1. **What are the most important concerns you have for your children's health?** (check all that apply)?
 - Oral/dental health
 - Prevention/Knowing how to prevent illnesses (vaccinations, etc.)
 - Vision
 - Low birth weights and adequate growth/weight gain
 - Mental/emotional health (breakdowns, tantrums, etc.)
 - Discipline
 - Other (space for a comment)

 2. **Do you vaccinate your children? If not, Why?**

 3. **What are some challenges you have faced when dealing with your young child's health issues (medical or dental)? (check all that apply)**
 - Finding a doctor who speaks my language
 - Knowing where to find a list of community recommended doctors or dentists
 - Finding doctors or dentists who respect my religious/spiritual beliefs [when it comes to immunizations, etc]
 - Finding culturally appropriate services that have experience with the emotional issues associated with resettlement for our community
 - Finding culturally specific prevention programs [for example: that strengthen immune systems, possibly using herbs, cultural medicine, etc] in all areas of health (physical and oral)

 4. **Have you received any community programs or resources to help with the health of your young children? Yes or No, if yes, What programs or resources in the community have been helpful for improving the health of young children in your family? (check all that apply)**
 - Welfare Programs (including WIC)
 - IRCO Parenting Classes
 - IRCO Home Visits
 - Lutheran Family Services
 - Other

 5. **What health services would be helpful for improving the health of young children in your family?**
 - Knowing where to find a list of community recommended doctors or dentists who speak my language
 - Finding doctors or dentists who respect my religious/spiritual beliefs [when it comes to immunizations, healing, giving certain medicine, etc]
 - Finding culturally appropriate services that have experience with trauma and resettlement for our community
 - Finding culturally specific prevention programs in all areas of health [that strengthen immune system, possibly using herbs, cultural medicine, etc]? (physical and oral)
 - Other comments?
-

6. How would you like to get information about health resources for young children in your family?

- Church announcements
- Phone information in my language
- Through media: radio, newspaper, and community groups, TV
- One-to-one consultations with a community health worker
- Provide a class or program about available resources and health prevention
- Workshops/presentations
- Other?

Kindergarten readiness

7. What are the most important concerns about the education of young children in your family? (check all that apply)

- My child not being ready for kindergarten
- My child might have a speech problem
- My child cannot speak English or is very limited in speaking English
- My child has a hard time learning and sitting in a classroom setting
- Fear of letting them go to school because of conflicting values
- Fear of letting them go to school because of unhealthy school lunches

8. What educational option do you want for your child? (check one)

- Public School
- Private School
- Alternative/Charter School at no cost
- Home School

9. What are some challenges you have faced when dealing with the preparation of your young children for kindergarten?

- Understanding how things work in the U.S. school system, discipline, etc
- Not knowing where to find information about how to prepare my child and about what my child should know before kindergarten
- Finding language accessible services (school staff that speaks my language)
- Finding a culturally appropriate program that helps us prepare children for school at home
- Finding a Slavic preschool that will help my children be ready for school
- Other

10. What services would be helpful for preparing your children for kindergarten?

- A list of things/standards my child should know before kindergarten
- A list of school staff who can speak my language and knows my culture
- Free worksheets/learning materials to help my child be ready for school at home
- A list of Slavic preschools
- Information about the social expectations of kindergarten, including teachers' discipline policies
- Other

11. How would you like to get information about kindergarten preparation for young children in your family?

- Phone information in my language through the
- Media: Radio, newspaper, community groups, TV
- One-to-one consultations with a community education worker
- Provide a training program about available services
- Workshops/presentations
- Church Announcements
- Other?

Appendix B: Slavic Community Assessment Focus Group Protocol

1. Warm Welcome
2. Ask group if OK to audio record session.
3. Introductions (Self, Interpreters, Participants)
4. Give brief description of purpose for focus group, explaining the project goals to learn about health and education concerns for youth ages 0-5 years of age.

5. Facilitate discussion using focus group questions.
 - a. What are the most important concerns you have for your children's health?
 - b. What are some barriers you faced trying to get medical help (physical, emotional, etc.) for your young children?
 - Have you received any community programs or resources to help with the health of your young children? If yes, what programs or resources in the community have been helpful for improving the health of young children in your family?
 - c. What health services would be helpful for improving the health of young children in your family?
 - d. Would you like to be able to have a Slavic health center where you have your children's health needs addressed?
 - Would you feel more comfortable walking in?
 - Would you be likely to go more often?
 - Would you have an easier time seeking help from someone who understood your culture/community?
 - What might be difficult about going to a Slavic health center?
 - e. What are some challenges you have faced when dealing with the preparation of your young children for kindergarten?
 - f. If you could create a Slavic program where you can ask questions about U.S. schools and learn how to prepare your children for kindergarten – what would it include?

6. Thank participants and distribute gift cards

Appendix C: Slavic Community Assessment Interview Protocol

Project goals: to learn about health and education concerns of Slavic parents for their youth ages 0-5 years of age

From your work and discussions with Slavic parents:

1. What have you heard are the most important concerns they have for their children's health (physical, mental, emotional, and dental)?
2. What are some barriers parents face when trying to get medical help (physical, mental, emotional, and dental) for their young children?
3. What programs or resources in the community have been helpful for improving the health of young children in Slavic families?
4. What additional health services would be helpful for improving the health of young children?
5. If the Slavic community could develop and build a Slavic health center where children's health needs were addressed?
 - How would it look, feel, sound?
 - What services would be provided?
 - What might be different about going to a Slavic health center?

Kindergarten Preparation

6. What are some challenges parents have faced when dealing with the preparation of young children for kindergarten?
7. If you could create a Slavic program to prepare your children for kindergarten – what would it include?

Appendix D: Survey results from 234 survey participants from the Slavic community

Q1. What are the most important concerns you have for your children's health? (check all that apply)?

	# of replies	% of those surveyed
Oral/Dental	135	57.7%
Prevention	92	39.3%
Vision	66	28.2%
Discipline	64	27.4%
Mental/emotional	30	12.8%
Low Birth Weights	27	11.5%
Other	7	3.0%

Q3. What are some challenges you have faced when dealing with your young child's health issues (medical or dental)? (check all that apply)

	# of replies	% of those surveyed
Finding a doctor who speaks my language	39	16.7%
Knowing where to find a list of community recommended doctors or dentists	46	19.7%
Finding doctors or dentists who respect my religious/spiritual beliefs [when it comes to immunizations, etc]	66	28.2%
Finding culturally appropriate services that have experience with the emotional issues associated with resettlement for our community	28	12.0%
Finding culturally specific prevention programs [for example: that strengthen immune systems	104	44.4%
Finding a doctor who speaks my language	39	16.7%

Q4. Have you received any community programs or resources to help with the health of your young children? Yes or No, if yes, What programs or resources in the community have been helpful for improving the health of young children in your family? (check all that apply)

	# of replies	% of those surveyed
Welfare Programs (including WIC)	119	50.9%
IRCO Parenting Classes	14	6.0%
IRCO Home Visits	10	4.3%
Lutheran Family Services	18	7.7%
Other	21	9.0%

Q5. What health services would be helpful for improving the health of young children in your family?

	# of replies	% of those surveyed
Knowing where to find a list of community recommended doctors or dentists who speak my language	104	44.4%
Finding doctors or dentists who respect my religious/spiritual beliefs [when it comes to immunizations, healing, giving certain medicine, etc]	113	48.3%
Finding culturally appropriate services that have experience with trauma and resettlement for our community	79	33.8%
Finding culturally specific prevention programs in all areas of health [that strengthen immune system, possibly using herbs, cultural medicine, etc]? (physical and oral)	165	70.5%
Other comments?	14	6.0%
Knowing where to find a list of community recommended doctors or dentists who speak my language	104	44.4%

Q6. How would you like to get information about health resources for young children in your family?

	# of replies	% of those surveyed
Church announcements	108	46.2%
Phone information in my language	55	23.5%
Through media: radio, newspaper, and community groups, TV	99	42.3%
One-to-one consultations with a community health worker	35	15.0%
Provide a class or program about available resources and health prevention	52	22.2%
Workshops/presentations	81	34.6%

Q7. What are the most important concerns about the education of young children in your family? (check all that apply)

	# of replies	% of those surveyed
My child not being ready for kindergarten	60	25.6%
My child might have a speech problem	23	9.8%
My child cannot speak English or is very limited in speaking English	67	28.6%
My child has a hard time learning and sitting in a classroom setting	31	13.2%
Fear of letting them go to school because of conflicting values	64	27.4%
Fear of letting them go to school because of unhealthy school lunches	75	32.1%

Q8. What educational option do you want for your child? (check one)

	# of replies	% of those surveyed
Public	89	38.0%
Private	94	40.2%
Alternative/charter school at no cost	65	27.8%
Home school	35	15.0%

Q9. What are some challenges you have faced when dealing with the preparation of your young children for kindergarten?

	# of replies	% of those surveyed
Understanding how things work in the U.S. school system, discipline, etc	66	28.2%
Not knowing where to find information about how to prepare my child and about what my child should know before kindergarten	44	18.8%
Finding language accessible services (school staff that speaks my language)	22	9.4%
Finding a culturally appropriate program that helps us prepare children for school at home	30	12.8%
Finding a slavic preschool that will help my children be ready for school	49	20.9%
Other	18	7.7%

Q10. What services would be helpful for preparing your children for kindergarten?

	# of replies	% of those surveyed
A list of things/standards my child should know before kindergarten	140	59.8%
A list of school staff who can speak my language and knows my culture	92	39.3%
Free worksheets/learning materials to help my child be ready for school at home	107	45.7%
A list of Slavic preschools	90	38.5%
Information about the social expectations of kindergarten, including teachers' discipline policies	114	48.7%
Other	14	6.0%

Q11. How would you like to get information about kindergarten preparation for young children in your family?

	# of replies	% of those surveyed
Phone information in my language	59	25.2%
Media: radio, newspaper, community groups, TV	87	37.2%
One-to-one consultations with a community education worker	39	16.7%
Provide a training program about available services	44	18.8%
Workshops/presentations	77	32.9%
Church Announcements	90	38.5%
Other?	57	24.4%

References

- ¹ Curry-Stevens, A. & Coalition of Communities of Color (2014). *The Slavic community in Multnomah County: An unsettling profile*. Portland, OR: Portland State University.
- ² Xu, M., & McDonald, J. (2010). The mental health of immigrants and minorities in Canada: The social and economic effects. *Canadian Issues*, Summer 2010, 29-32.
- ³ Ali, J. (2002). *Mental health of Canada's immigrants. Supplement to Health Reports, 13*. Ottawa: Statistics Canada.
- ⁴ Robert, A., & Gilkinson, T. (2010). Spotlight on research: The mental health and well-being of recent immigrants. *Health Policy Research Bulletin, 17*, 24-25.
- ⁵ Smith, K., Matheson F., Moineddin R., & Glazier R. (2007). Gender, income and immigration differences in depression in Canadian urban centres. *Canadian Journal of Public Health, 98*(2), 149-153.
- ⁶ Coalition of Communities of Color, African Immigrant and Refugee Community & Slavic Network (2003). *Multnomah County school aged policy framework position paper*. Portland, OR: Coalition of Communities of Color.
- ⁷ P.32 from United Nations High Commission for Refugees (2002). *Refugee resettlement: An international handbook to guide reception and integration*. Downloaded from <http://www.unhcr.org/3d985ec04.html>.
- ⁸ P.42 from Curry-Stevens, A. & Coalition of Communities of Color (2014). *The Slavic community in Multnomah County: An unsettling profile*. Portland, OR: Portland State University.
- ⁹ P.35 from Curry-Stevens, A. & Coalition of Communities of Color (2014). *The Slavic community in Multnomah County: An unsettling profile*. Portland, OR: Portland State University.
- ¹⁰ P.43 from Curry-Stevens, A. & Coalition of Communities of Color (2014). *The Slavic community in Multnomah County: An unsettling profile*. Portland, OR: Portland State University.
- ¹¹ Adapted from P.45 of Curry-Stevens, A. & Coalition of Communities of Color (2014). *The Slavic community in Multnomah County: An unsettling profile*. Portland, OR: Portland State University.
- ¹² Author's run of WISQARS non-fatal injury data from the Centers for Disease Control, at <http://www.cdc.gov/injury/wisqars/nonfatal.html>.
- ¹³ Smith, K., Matheson F., Moineddin R., & Glazier R. (2007). Gender, income and immigration differences in depression in Canadian urban centres. *Canadian Journal of Public Health, 98*(2), 149-153.
- ¹⁴ P.17 from Curry-Stevens, A. & Coalition of Communities of Color (2014). *The Slavic community in Multnomah County: An unsettling profile*. Portland, OR: Portland State University.
- ¹⁵ P.130 in Curry-Stevens, A. & Kim-Gervey, C. (2015). *Chronic absenteeism in Oregon: Taking action to promote partnerships that resist student disengagement*. Portland, OR: Center to Advance Racial Equity, Portland State University.
- ¹⁶ P.130 in Curry-Stevens, A. & Kim-Gervey, C. (2015). *Chronic absenteeism in Oregon: Taking action to promote partnerships that resist student disengagement*. Portland, OR: Center to Advance Racial Equity, Portland State University.
- ¹⁷ Petscher, Y. (2010). A meta-analysis of the relationship between student attitudes towards reading and achievement in reading. *Journal of Research in Reading, 33*(4), 335-355.
- ¹⁸ Curry-Stevens, A. (2015). *Oregon Education Investment Board Reading Equity Summit report*. Salem, OR: Oregon Education Investment Board.
- ¹⁹ Ibid.
- ²⁰ Sinkey, A. & Curry-Stevens, A. (2015). *Disaggregating Student Outcomes by Race and Income: Educational Equity in Oregon*. Portland, OR: Center to Advance Racial Equity, Portland State University.
- ²¹ P.54 in Curry-Stevens, A. & Coalition of Communities of Color (2014). *The Slavic community in Multnomah County: An unsettling profile*. Portland, OR: Portland State University.
- ²² Han, Y.-C. (2012). From survivors to leaders: Stages of immigrant parent involvement in schools. In E. Kugler (Ed.), *Innovative voices in education: Engaging diverse communities* (pp.171-186). Lanham, MD: Rowman and Littlefield.
- ²³ P.62 in Curry-Stevens, A. & Coalition of Communities of Color (2014). *The Slavic community in Multnomah County: An unsettling profile*. Portland, OR: Portland State University.
- ²⁴ Erwin, P & Chappo, L. (2002). *Russian-speaking newcomers in San Francisco: A community assessment report*. Downloaded from <https://www.sfdph.org/dph/files/reports/StudiesData/RussAssessNMap.pdf>.

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- ²⁵ Lovett, C. (2015). Myth busting to challenge damaging discourses. In A. Curry-Stevens (Ed.) *A long welcome: Building Portland as a place of inclusion for newcomers*. Portland, OR: Center to Advance Racial Equity [forthcoming].
- ²⁶ Sue, D. (2010). Microaggressive impact in the workplace and employment. In *Microaggressions in everyday life: Race, gender and sexual orientation* (pp.209-230). Hoboken, NJ: Wiley.
- ²⁷ Staats, C. & Patton, C. (2013). *State of the science: Implicit bias review 2013*. Columbus, OH: Kirwan Institute.
- ²⁸ Toronto Public Health & Access Alliance Multicultural Health and Community Services (2011). *The global city: Newcomer health in Toronto*. Downloaded from <http://www.toronto.ca/legdocs/mmis/2011/hl/bgrd/backgroundfile-42361.pdf>.
- ²⁹ P.5 in Joyette, D. (2014). Newcomer engagement in early childhood development services and support in the region of Peel. Mississauga, ON: Peel Children and Youth Initiative.
- ³⁰ P.57 in Curry-Stevens, A. & Coalition of Communities of Color (2014). *The Slavic community in Multnomah County: An unsettling profile*. Portland, OR: Portland State University.
- ³¹ Erwin, P & Chappo, L. (2002). Russian-speaking newcomers in San Francisco: A community assessment report. Downloaded from <https://www.sfdph.org/dph/files/reports/StudiesData/RussAssessNMap.pdf>.
- ³² P.29-30, Ibid.
- ³³ P.30, Ibid.
- ³⁴ Erwin, P & Chappo, L. (2002). Russian-speaking newcomers in San Francisco: A community assessment report. Downloaded from <https://www.sfdph.org/dph/files/reports/StudiesData/RussAssessNMap.pdf>.
- ³⁵ Ibid.
- ³⁶ Diversicare (2006). *Russian culture profile*. Queensland, AU: Qld Partners in Culturally Appropriate Care.
- ³⁷ Erwin, P & Chappo, L. (2002). Russian-speaking newcomers in San Francisco: A community assessment report. Downloaded from <https://www.sfdph.org/dph/files/reports/StudiesData/RussAssessNMap.pdf>.
- ³⁸ P.27 in Erwin, P & Chappo, L. (2002). Russian-speaking newcomers in San Francisco: A community assessment report. Downloaded from <https://www.sfdph.org/dph/files/reports/StudiesData/RussAssessNMap.pdf>.
- ³⁹ Curry-Stevens, A., Reyes, M. & Coalition of Communities of Color (2014). *Protocol for culturally responsive organizations*. Portland, OR: Center to Advance Racial Equity, Portland State University.
- ⁴⁰ Samuels, J., Schudrich, W. & Altschul, D. (2008). *Toolkit for modifying evidence-based practices to increase cultural competence*. Orangesburg, NY: Research Foundation for Mental Health. Downloaded from http://nop.chess.wisc.edu/sites/default/files/Cul_Adaptation_ToolkitEBP.pdf.
- ⁴¹ Note that the Native American data used is the average of 2006-2011 data, as it was the only dataset available for this time period. All other community data were from the 2009-2011 data. All are from the American Community Survey, produced by the Census Bureau.