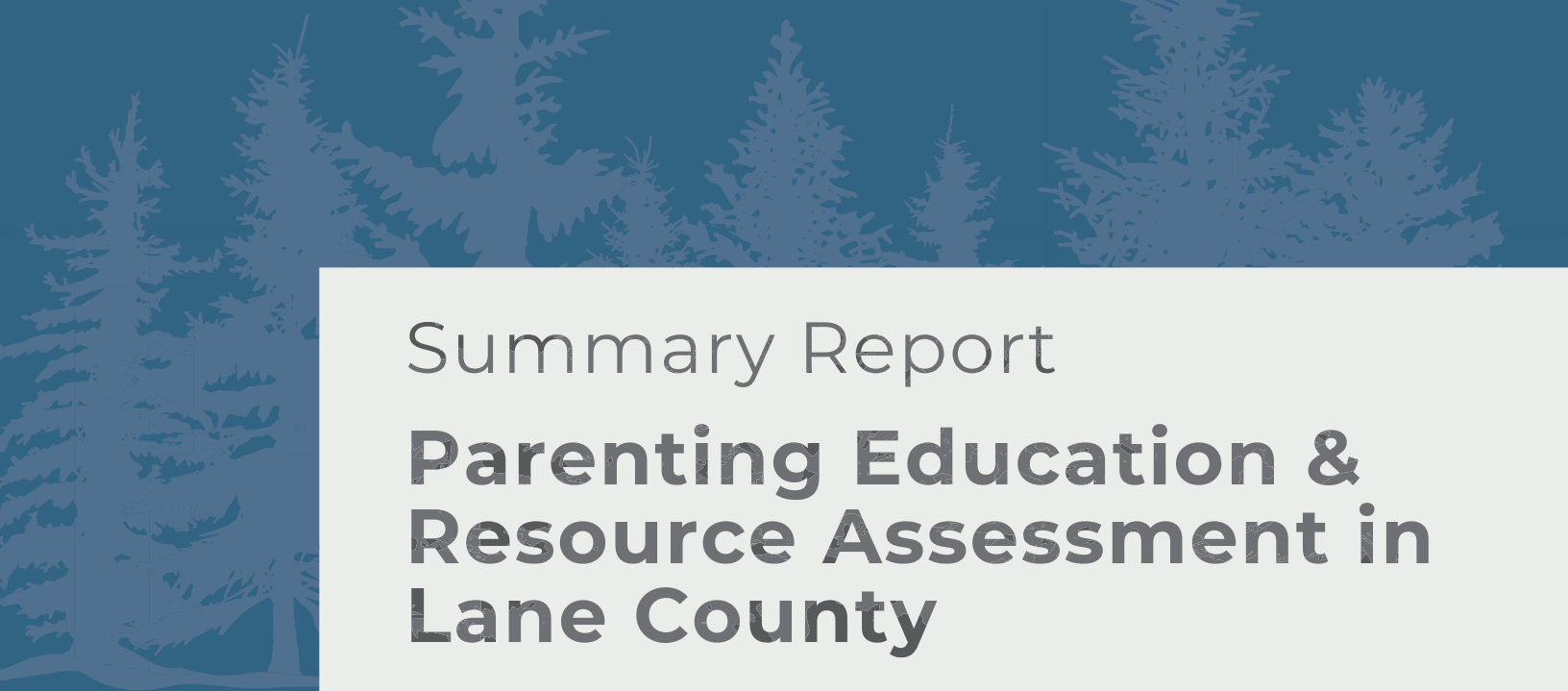




Summary Report

Parenting Education & Resource Assessment in Lane County



2024-2025



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Summary Report: Parenting Education & Resource Assessment in Lane County

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Overview

This report summarizes community perspectives on current needs for pregnant and postpartum individuals, new parents, and families in Lane County, Oregon. This effort is in response to unmet needs identified by the community while working on the early childhood social emotional health metric. Key staff members from both the Early Childhood Hub and Pacific Source worked together to hold group meetings with community members in person and virtually from February 2024 through October 2024. These group meetings, or “focus group interviews”, involved Lane County parents, doulas, community organizations, and state funded agencies.

We spoke with:



25 Parents



30 Providers and Agencies

Conversations and questions were designed specifically for the experiences of each participant group. All participants provided verbal consent for their input and quotes to be used in this report. Thanks to the contribution of the community, this report highlights critical areas of need for Lane County parents and presents opportunities for future intervention.

Special thanks to our community partners:

- Arc of Lane County
- Early Childhood CARES
- Family Leadership Council
- Healthy Families
- Head Start Parent Policy Council
- K-12 schools, preschools, parent educators, Family Resource Centers
- Lane County Public Health
- Mother’s Mentors
- Nurse home visiting programs
- Oregon Community Programs
- Oregon Department of Human Services
- Parenting Now
- Plaza de Nuestra Comunidad
- Relief Nursery
- Riverview Center for Growth

Our Participants



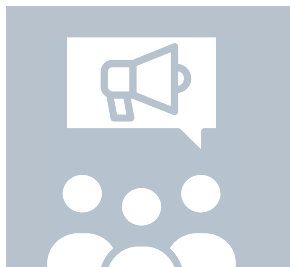
PARENTS

Lane County parent representatives from leadership councils and parent advisory committees provided input about parent support resources and education.



DOULAS

Certified doulas, or a trained guide providing support during pregnancy and postpartum, were interviewed. Doulas from several agencies and clinical settings were represented.



COMMUNITY ORGANIZATIONS

Nonprofit groups or contracted organizations supporting parents and families in Lane County such as Plaza de Nuestra Comunidad and Mother's Mentors program participated in special interest group interviews.

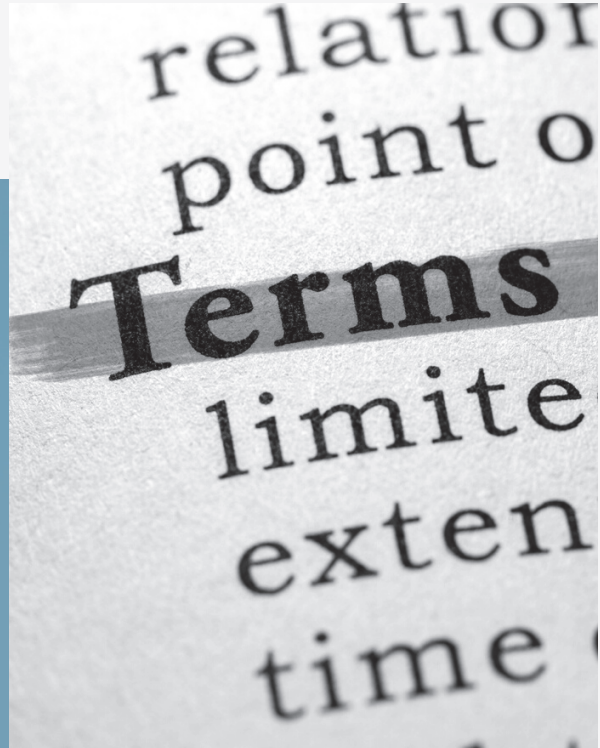


PUBLIC AGENCIES

State or federally funded support programs for parents and families, such as Lane County Public Health and Oregon Department of Human Services, participated as well. These agencies also provided insight and suggestions around systemic and structural barriers to providing services to families in Lane County.

Language Guide

This report uses technical language to define critical periods during pregnancy and after birth. This report also occasionally uses abbreviations of certain state agencies and care provider specialists involved during pregnancy and after birth. The definitions and abbreviations below serve as a reference guide.



Terms

PREGNANCY:

Timespan from when a person is informed of their pregnancy until delivery, or until the termination or end of pregnancy.

POSTPARTUM:

Timespan from delivery until one year after delivery.

PERINATAL:

Entire timespan from pregnancy to the end of postpartum (i.e., one year after birth/delivery).

Abbreviations

ODHS – Oregon Department of Human Services

OB – Obstetrician-Gynecologist

BIPOC – Black, Indigenous, and People of Color

OHP – Oregon Health Plan (i.e., Medicaid insurance)

Questions we asked:

PARENTS



Discussion Prompts

Do you see parenting education as something for you - or something for someone else?

What barriers do you feel there are to accessing parenting support?

How do you feel about home visitors?

What kind of parenting education/support most appeals to you?

COMMUNITY ORGANIZATIONS



Discussion Prompts

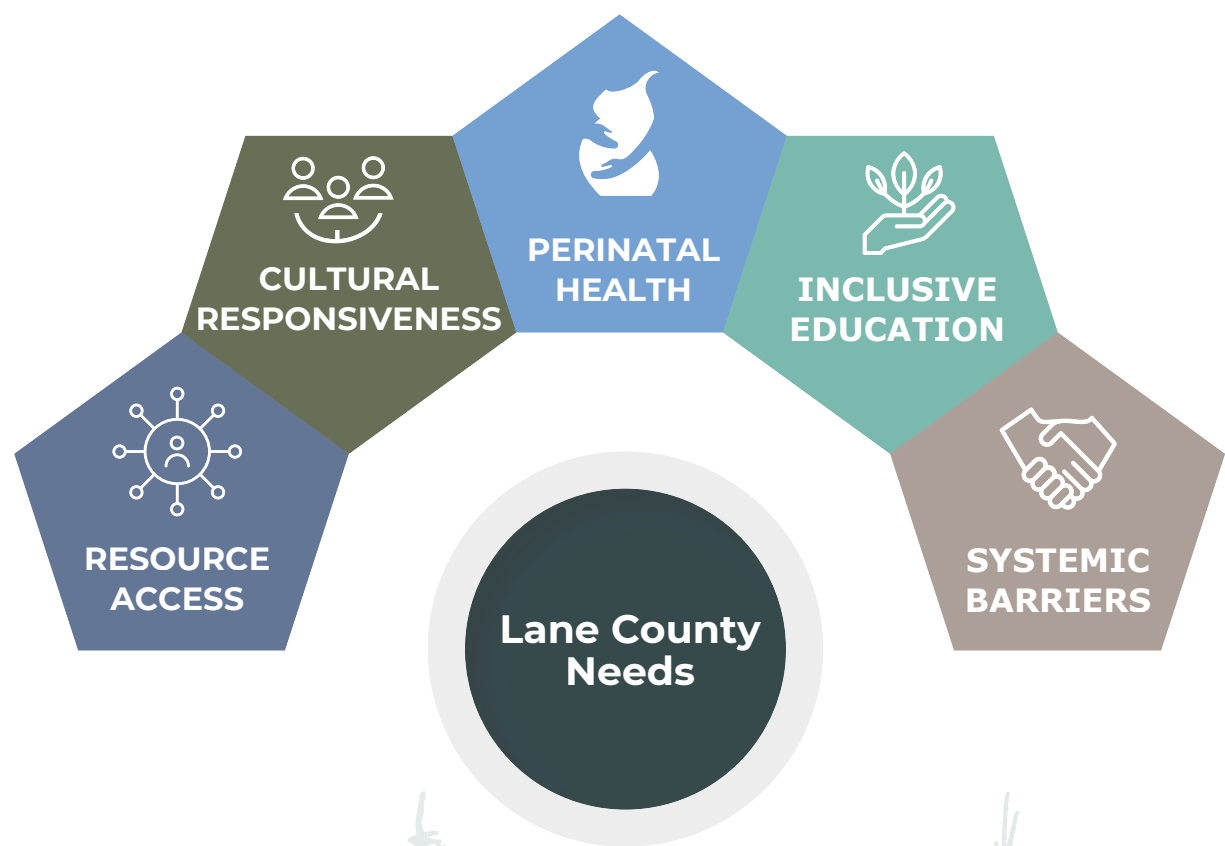
What are some of the ways you are supporting families with their social-emotional needs?

What are some of the gaps you see in the support available to families with young children to help meet their social-emotional needs?

Who/where are the trusted places to go/share information? This could be family members, community spaces, doctors office, etc.

Areas of Need

Participant responses were summarized into five main domains. The report is organized by each area with specific community comments pulled out for their representation of the challenge.



Visuals Key:

Different symbols are used throughout this report to indicate the source of that information. Different colors (e.g. yellow text box) and symbols (e.g., a building to represent public agencies) are used to differentiate source material.

Quotes

Quotes are embedded throughout this report with a yellow text box. The source of that quote is indicated by the graphic following the key below.



"Most agencies will only service OHP. There needs to be better messaging around free resources."



Parents



Community Organizations



Doulas



Public Agencies

Lane County Facts

Statistics specific to Lane County are denoted by a black tree symbol against a gray background.



There are 29, 923 children aged 5-12 living in Lane County as of 2022 (Oregon Childcare Research Partnership, 2023)

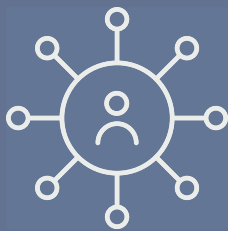
Research Insight

Evidence from current research is included in Research Insight sections to provide additional context or support for report findings. The line color of the research insight box varies according to which section it is embedded in.



Research Insight

Parenting interventions adapted to be more culturally relevant for Latino/a immigrant parents are effective and impactful (Parra-Cardona et al., 2016).



**RESOURCE
ACCESS**



Lane County's poverty rate exceeds national and statewide averages, making access to basic needs a critical area for families. In a 2019 Needs Assessment survey, Lane County community members ranked logistical support as "difficult to access" (Lane County Health & Human Services, 2019). These findings are mirrored in the qualitative responses from parents describing barriers to parenting support.



Logistical Barriers

There are major logistical barriers preventing parents from participating fully in support opportunities. Major barriers include access to basic resources, specifically stable housing, consistent and affordable childcare, consistent transportation, food security, and demanding or unpredictable work schedules. Additional challenges include insurance coverage limitations and care provider fit (e.g., primary or pediatric provider), particularly for high needs families seeking additional resources or program referrals.



"Barriers to parenting education access include anxiety around judgement, transportation, and timing issues."



"Food and housing resources are offered in house, but there is more need than we can provide."



Research Insight

Parenting programs can encourage participation by offering flexible scheduling, childcare, transportation assistance, and services at convenient local locations to reduce barriers to enrollment and completion (Rostad et al., 2018).



Information Gaps



“At hospitals, they don’t give you all the information - like food stamps or how to get support. You have to get information from local mom facebook groups or mom meet-ups.”

Information about parent support resources is scattered across electronic platforms and community touchpoints such as hospitals and agencies, making it difficult for parents to understand which services they are eligible for and when (e.g., Early Head Start, Healthy Families).



Research Insight

SNAP and WIC are underutilized by eligible birthing people, and health policy researchers recommend policies that increase access to and uptake of social welfare programs during the perinatal period (Stuebe et al., 2024).



Resources for Children 5+



There are 29, 923 children aged 5-12 living in Lane County as of 2022 (Oregon Childcare Research Partnership, 2023)

Resources for children 5+ (e.g., parenting classes, groups, agency support programs) are not widely available. There is a need for parents to have more options geared towards parenting and supporting elementary-middle school aged children.



“We need support past 5 years old. Their way of behaving is very different as they age. We have been on a waitlist for 8 months for emotional and psychological support.”





Recommendations:



Logistical Barriers

- Improve access and availability of logistical and basic needs (food, housing, transportation)
- Integrate logistical support into parent support opportunities (e.g., classes)



Information Gaps

- Consolidate parent support resources into central place (electronic and/or physical) to improve support utilization
- Integrate information dissemination at critical community touch-points (e.g., discharge from hospital birth)



Resources for Children 5+

- Expand parent support resources up to children 5+, specifically parenting education and support resources (e.g., childcare for older children, activities for children 5+)



**CULTURAL
RESPONSIVENESS**



CULTURAL RESPONSIVENESS



Hispanic or Latino/a individuals are the fastest growing racial/ethnic group in Lane County, with Spanish being the most commonly spoken language at home after English (Lane County, 2017).



Spanish Language Care Support

Parents and agencies share high demand for Spanish-speaking disability support services and healthcare providers such as obstetricians, pediatricians, and doulas as there is limited availability. Spanish-speaking parents will benefit from consistent access to interpreters.



“There aren’t enough Spanish-speaking resources for developmental disability support. IEP meetings are often not available in Spanish. Spanish-speaking pediatricians are also particularly difficult to find.”



Research Insight

Parenting interventions adapted for cultural relevance for Latino/a immigrant parents are effective and impactful (Parra-Cardona et al., 2012). Latino/a immigrant parents are interested in culturally adapted parenting interventions that are “culturally relevant, respectful, and responsive to their life experiences” (Parra Cardona, 2009).



Culturally Sensitive Parenting Support

Parenting norms vary culturally. There is a need for parenting classes to recognize these different traditions while gently expanding skills (e.g., age-appropriate discipline for children, distress tolerance skills, and age-appropriate behavior modeling). Providing service options open to the whole family, in Spanish, and with evening/weekend availability will greatly improve accessibility.



“I attended classes in parenting education and learned different ways of guiding my children. It is very different than my home culture - it is very new. Having these tools is important.”



Building Trust & Insuring Safety

Spanish-speaking parents experience stress navigating the healthcare system, mental health support for their children, and accessing support resources. Spanish-speaking parents may feel unheard during medical appointments and may not be aware of their insurance benefits. Due to negative experiences, there is mistrust in healthcare and formal support services such as Oregon Department of Human Services (ODHS). These families require outreach and support to engage in services they are eligible for.



“There’s a lot of mistrust in the system because of experiences folks have had. Parents feel intimidated in clinic settings and won’t want to engage after a negative experience.”



“Word of mouth is the main point of connection and information sharing, advertising is not. The experience folks have is what they tell others about, and whether that resource is a safe place.”



Research Insight

Culturally informed approaches for building trust with Hispanic communities involve engaging trusted social networks and building rapport to promote community program acceptance. Building cultural competence and having bilingual/bicultural staff is another helpful strategy (Miguel Rodríguez, Neher & Toevs, 2025)



Recommendations:



Spanish Language Care Support

- There is high demand for and low supply of Spanish-speaking disability support services and healthcare providers such as primary care, pediatricians, and doulas.
- Access to interpreting services across care settings is critical.



Culturally Sensitive Parenting Support

- Culturally adapted parenting support resources may benefit Latino/a parents.
- Family-friendly format and evening/weekend options will increase accessibility.



Building Trust & Insuring Safety

- To address mistrust and avoidance of formal support systems, building trust through social networks, bilingual/bicultural staff, and building rapport is crucial.



**PERINATAL
HEALTH**



Negative Birth Experiences for People of Color



“People of color express having a horrible birth experience - it is because there is a lack of empathy.”

Black, Indigenous, and people of color (BIPOC) and non-English speaking pregnant people report negative birth experiences during delivery in hospital settings. Contributing factors include lack of support, information, and advocacy, and dismissive or disrespectful treatment from hospital staff. These experiences impact maternal decision-making, contribute to traumatic birth experiences, and create mistrust of the healthcare system. The negative treatment also extends towards bilingual and bicultural doulas who experience discrimination and resistance from care providers while trying to support their clients.



“There is a power play between nurses and doulas. Nurses judge bilingual or bicultural doulas, and doulas feel they need to brown-nose the nurses in order to support their client.”



Research Insight

1 in 3 Black, Hispanic, and multiracial women experience mistreatment in maternity care during pregnancy and/or delivery (CDC, 2023). Women who are treated poorly during delivery are at a greater risk for postpartum depression and suicide (Martinez-Galiano et al., 2025). Negative treatment related to racial discrimination is associated with negative health outcomes for the infant and the mother including pre-term birth (Robin van Daalen et al., 2022).



Maternal Advocacy & Representation



“Parents don’t have the power in the hospital - doctors do, and they don’t always do the right thing.”

Pregnant and postpartum individuals may not self-advocate in medical settings due to cultural norms and deference towards “authority figures”. Non-English speaking patients are especially at risk for their needs being overlooked. Minority and non-English speaking patients can benefit from intermediaries such as interpreters and doulas who can advocate for the patient and ensure understanding of processes and procedures.



“Some clients get talked out of their birthing plan because people judge parents that have broken English.”



“Why can’t doulas act as translators for parents?”



Informed Consent



“We need to educate the mom before delivery about exactly what will happen after the child is born. Nurses try to get consent during delivery, but that should be done before.”

Mothers with different backgrounds (BIPOC, non-English speaking, who have a trauma history, etc.) can benefit from consent education about decisions needing to be made during delivery (e.g., shots, eye drops for baby, etc.) *before* labor and delivery begin to prioritize agency. This is especially important for individuals not fluent in English.



Research Insight

Doula-supported low-income and minoritized women report higher levels of decision-making, support, and communication during childbirth (Mallick et al., 2022).



Postpartum Support



“Everybody comes to see the baby, but who comes to see the mother?”

The postpartum experience can be isolating for new parents. Birthing people and women from cultural backgrounds that emphasize social connection and family support may struggle the most with the lack of support. All postpartum individuals may benefit from practical support such as childcare, cleaning help around the home, and culturally-informed nutritional supplementation (e.g., food care packages).



“The message moms get in the US if they need help is that they are not enough or not doing it right. In other cultures, it is important to support the mom, and this is seen as normal.”



“Home visitors that do things to help you out are so much more meaningful than those that just talk to you.”



Research Insight

Lower social support is related to greater risk for postpartum depression and impaired infant bonding (White et al., 2023). Support in the form of *instrumental support*, or support with everyday needs and tasks, is especially helpful for physical and emotional recovery postpartum (Negron et al., 2013). Helpful social support strategies include psychoeducation, home visiting, community participation (e.g., peer support and group support), and culturally tailored interventions (Norazman et al., 2024).



Gaps in Perinatal Care Continuity



In Oregon, there are critical gaps in prenatal care engagement for high-risk pregnant people (Manfrin, 2017).

There are gaps in services during the transition from pregnancy to postpartum. Referrals to supports and services from the client's Obstetrician (OB), other community supports, and the hospital are not coordinated or tracked between providers. Those giving birth on the weekend are also missed by the home visiting program enrollment staff. Prenatal preventative care for high-risk pregnant people is a major gap in ODHS services, which engages only after birth.



"I wish I had Healthy Families during my pregnancy - I didn't find out until I gave birth."



"It takes time for a client to disclose and trust, so it's not good to walk away. We don't have enough time with the birth parent."

Ensuring continuity of care is one way to build trust. Doulas are particularly concerned with needing warm hand-offs to other support organizations. Established care continuity avoids parents having to re-tell their story or feel abandoned or get left out amidst the transitions.



Research Insight

Continuity of care providers between the prenatal and postpartum period benefits maternal mental health by providing connection, information, reassurance, and referral options (Barr et al., 2024). Continuity of care across providers, sectors, and services through easy referral pathways and coordinated services can ensure parent needs are met (Frederiksen et al., 2023).



Recommendations:



Negative Birth Experiences for Minority Mothers

- BIPOC and non-English-speaking pregnant individuals experience traumatic birth experiences due to lack of support, information, advocacy, and systemic racism.



Maternal Advocacy & Representation

- Doulas can serve as vital advocates for BIPOC mothers, but face systemic devaluation which limits their efficacy in supporting clients during delivery.



Informed Consent

- Consent education about the decisions needing to be made before and after delivery is essential for birthing individuals, especially BIPOC and non-English speaking individuals.



Postpartum Support

- All Lane County birthing people may benefit from postpartum support including social and instrumental support styles and culturally tailored interventions.



Gaps in Perinatal Care Continuity

- Oregon has major gaps in perinatal care engagement. Establishing continuity of care providers and coordination between agencies is essential to meet community needs.





**INCLUSIVE
EDUCATION**



Stigma Conscious Course Branding

There are concerns about the stigma around parent education classes. To parents, “Parent Education” implies there is a flaw with the parent or the child, and historically indicates involvement with ODHS or the justice system.



“Most people are aware that [parenting education] is abuse prevention and that is kinda offensive.”

When parenting classes are limited to families with Oregon Health Plan (OHP) insurance, this adds additional stigma for low-income parents. Inclusive language (e.g., “Parenting Connections” or “Parenting Groups”) and more inclusive access (e.g. drop-in classes) may be better for families.



“It feels like if someone suggests a parenting class they are saying your kid is struggling.”



Research Insight

Parent self-stigma is related to help-seeking for child behavior problems, indicating that providers should address potential stigma concerns when referring parents for parenting support (Dempster, Wildman, & Keating 2013).



Flexible Format and Delivery

Parents requested flexible course format options such as virtual/online. They also suggested holding classes in familiar and trusted locations such as the local library or school.



“Accessibility is difficult and having services on evenings or weekends is really important.”



Specialized Course Content Offerings

Parents requested parenting classes designed for parents with different needs and identities. Suggested affinity groups include:

- **Latinx** (e.g., bilingual options)
- **LGBTQ+**
- **Neurodivergent**
- **Trauma-Informed**
- **Single Parent**

Parents also prefer presenters and educators with lived experience with the course content, and as parents themselves.



Research Insight

Evidence shows that parenting classes adapted to the needs of certain groups have positive outcomes. This has been found for culturally adapted parenting programs for Hispanic and Latino/a families (Parra Cardona et al., 2009), and for trauma-informed parenting programs (Liu et al., 2024).



Logistical Support



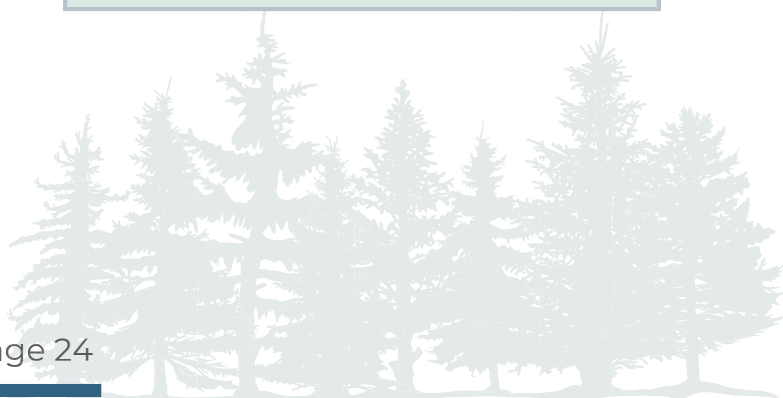
“I tried [parenting classes] and didn’t feel like they were for me. There was no food, classes went over the time limit, and there was no childcare.”

Parents described logistical and financial barriers to participating in parenting classes. Parents reported that attending classes would be more accessible if logistical support were provided, such as childcare, transportation, and snacks or meals during the class.



Research Insight

Many Oregon parents report “time” as a major barrier to utilizing parenting education classes, while others noted difficulty finding information about the timing, location, and curriculum of classes, or difficulty finding a class that meets family needs (Barr, 2019).





Recommendations:



Stigma Conscious Course Branding

- Current language and OHP-only availability of parenting classes feels stigmatizing and exclusionary. Rebranding parenting education terminology and expanding access may improve accessibility.



Flexible Format & Delivery

- Parents recommended flexible course formats (e.g., virtual classes) and hosting sessions in trusted and accessible community spaces like libraries or schools.



Specialized Course Content Offerings

- Specialized parenting classes with tailored options for Latinx, Spanish-speaking, LGBTQ+, neurodivergent, and trauma-impacted caregivers may provide more relevant parenting support.



Logistical Support

- Logistical support (e.g., childcare, transportation, meals, and flexible scheduling) may help increase parent participation in parenting education resource options.



SYSTEMIC BARRIERS



SYSTEMIC BARRIERS



Resource Centralization & Service Coordination



“Many agencies and outreach groups rely on the Relief Nursery Resource Guide for resource information.”

Resources for parents are non-centralized across the state, with agencies relying on resource lists compiled by other agencies (e.g., Relief Nursery) for up to date options. Agencies and providers note a specific need for a centralized service navigation hub in order to connect families to the right resources as early as possible.



Research Insight

Pilot programs of centralized referral systems connecting community healthcare providers with community-based programs have proven successful in major metro areas such as Denver (Hirst & Fixsen, 2024).



“ODHS would benefit from a referral system with their contracted partners.”

There are non-centralized referral processes across clinical care and service agencies with different protocols for client consent. The timelines for the referral also vary greatly, leaving providers uncertain of what timing to advise their clients. Parents and providers also noted a fall-off in service provision even with referrals due to reliance on parent “self-referral”. General feedback indicated that families prefer and may benefit from warm hand-offs and more personalized services outreach.



“If something is told to one person along the client’s [perinatal] journey, that information should be passed on to the other providers.”



SYSTEMIC BARRIERS



Service Backlog & Staffing Shortages



“The longer delay between referrals and services, the more parents are lost to services”

All respondents described long waitlists for essential services such as mental health providers, family advocates, and home visitors. Public agency staff describe overwhelming call volume for support (upwards of 500 calls/month for some agencies) surpassing current staffing availability. Furthermore, community organizations also report staff shortages, mainly due to funding limitations, which adds to the limited follow-through for families awaiting services.



Research Insight

Mental health waitlists are significant barriers to care, especially in low-income communities (Tran, 2024). Some of these delays relate to staffing shortages and inefficient intake procedures at the community health service level (Harding et al., 2017). The risk for parents being “lost to follow-up” is significant due to “delay fatigue”, whereby weak follow-up and minimal communication leads to client disengagement (Harding et al., 2023).





Recommendations:



Resource Centralization & Service Coordination

- Streamlining referral processes and consent protocols between agencies and community providers may mitigate missed opportunities for support.
- Providing a centralized service navigation hub may improve awareness of resources and speed of connection to services



Service Backlog & Staffing Shortages

- Educating and informing parents about service delays and interim services while on long waitlists
- Checking in on families experiencing long wait times for services

Future Directions & Guidance for Next Steps

RESOURCE ACCESS

AREAS OF NEED	SUGGESTED ACTION	CONTEXT
1. Filling information gaps 2. Logistical barriers and essential resource needs (housing, food, transportation, childcare) 3. Resources for children 5+	• Creating a centralized resource hub for parent resources and opportunities • Expanding funding and/or support for parent basic needs • Expanding family opportunities to include children 5+	Current federal funding cuts may adversely impact families access to basic needs. Extra effort may be needed to identify and support higher-risk families in light of changes.

CURRENTLY IN MOTION

The Early Childhood Hub of Lane County is building a **parenting education navigation program** that will include a closed-loop referral system, a public database of parenting education available in Lane County on its website and personalized resource navigation support to families.

Future Directions & Guidance for Next Steps

CULTURAL RESPONSIVENESS

AREAS OF NEED	SUGGESTED ACTION	CONTEXT
1.Spanish Language Care Support 2.Culturally Sensitive Parenting Support 3.Building Trust and Ensuring Safety	• Providing access to translators, Spanish-speaking providers, and confirming understanding • Provide culturally adapted parenting class options	Families with different residency statuses are facing an unpredictable immigration situation. Care is needed to maintain connection with high-needs families.

PERINATAL HEALTH SUPPORT

AREAS OF NEED	SUGGESTED ACTION	CONTEXT
1.Negative Birth Experiences for Minority Mothers 2.Maternal Advocacy and Representation 3.Informed Consent 4.Postpartum Support 5.Gaps in Perinatal Care Continuity	• Educating perinatal providers on the value of doula-supported births • Providing consent education on birth decisions prior to birth • Expanding awareness of postpartum care support options • Confirming high-risk pregnant people are aware of and connected to perinatal supports	Pregnant people may be wary of formal perinatal support if there are pre-existing risk factors (e.g., substance use, history of domestic violence, etc.). Care is needed to build trust, educate about available services, and encourage support utilization.

Future Directions & Guidance for Next Steps

INCLUSIVE EDUCATION

AREAS OF NEED	SUGGESTED ACTION	CONTEXT
1. Stigma Conscious Course Branding 2. Flexible Format & Delivery 3. Specialized Course Content Offerings 4. Logistical Support	• Destigmatizing language and advertising for parent education resources • Tailoring course content to parent affinity groups. • Providing class options after working hours, on weekends, and virtually • Providing snacks/food, transportation to improve class accessibility	Stigma is a significant barrier to parents seeking parenting support services. Adjusting language and actively re-branding parent support in Lane County may improve overall public perceptions.

SYSTEMIC BARRIERS

AREAS OF NEED	SUGGESTED ACTION	CONTEXT
1. Resource Centralization & Service Coordination 2. Service Backlog & Staffing Shortages	• Supporting inter-agency service coordination efforts (e.g. Parenting Education Navigation Program) • Streamlining referral and consent processes to ensure warm-handoffs between care providers • Educating clients about interim supports in light of service backlogs	Current federal funding cuts and policy changes regarding insurance are fast-moving and creating wider gaps in barriers to care and needed services. Care is needed to educate individuals on their options.

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