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SPRING 2025

# COMMUNITY HEALTH ASSESSMENT

Addressing the Increased  
Demand in Services by White  
People Experiencing Poverty and  
Homelessness at De Rose  
Community Bridge and Wellness  
in Downtown Portland

## **PRESENTED TO**

De Rose Community Bridge and  
Wellness

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# EXECUTIVE SUMMARY

In this Community Health Assessment, we sought to investigate **why there is an increase in poverty among white people in Portland**, and **how De Rose can expand their capacity to provide tailored services** directed at reducing food insecurity, supporting mental health, and finding employment to the newer influx of white people experiencing homelessness and or poverty in Downtown Portland.



We found that, at the root, **this increase in homelessness is driven by housing and economic policies** that favor housing developments, causing high rents that middle-class salaries increasingly cannot afford. This increase in the percentage of salary spent on housing has driven a rise in food insecurity and an increase in the number of people seeking De Rose's food drive and hot meal services.

**Our main plan of action is** to increase the capacity of De Rose's services by increasing the number of support staff for Saturday hot meals, providing an alternative to out-of-pocket spending for the hot meals, and finding a funding source to sustain De Rose's programming.

# COMMUNITY SUMMARY



**Portland, Oregon** is a majority white city, with 67% of the population identifying as non-Hispanic white. 61.7% of those experiencing homelessness also identify as White (Community Plan Summary Multnomah, 2022). Here, the median household income is \$83, 583 and the median age is 38.9. The majority of the population falls between the ages of 18-64 (Community Plan Summary Multnomah, 2022).

Oregon has seen its demand for mental health services increase, with minimal support to address this demand. Approximately 35.4% of adults in Oregon report symptoms of anxiety and/or depressive disorder, but a 2022 study saw that 32.3% of these adults reported not being able to receive counseling or therapy for this (Mental Health and Substance Use State Fact Sheets | KFF, 2023).

The services provided by De Rose are not the only social services being utilized by De Rose's guests. Approximately 27.7% of households in Portland receive Cash Public Assistance Income, Food Stamps, or Supplemental Security Income, usually provided to disabled children, disabled adults, and individuals aged 65 or older (S2201: Food Stamps/Supplemental - Census Bureau Table, 2023). 20.8% of these households receiving food stamps have had no workers in the past 12 months, compared to only 12.4% of Portland.



# PROBLEM SUMMARY

**De Rose Community Bridge and Wellness** is a community organization in the Hazelwood neighborhood of Portland, Oregon that aims to reduce food insecurity, support those experiencing homelessness, decrease unemployment, increase youth mentorship, and address culturally specific mental health needs of Portland's African immigrant and refugee community.



Despite targeting services towards this community, De Rose has noticed a large uptick in the number of new clients needing services, specifically those who are White and experiencing homelessness or housing insecurity. This **is because the issue of homelessness has worsened over the years due to a variety of reasons, including a rise in poverty and a decrease in available housing.** In 2023, the percentage of housing units occupied by their owner declined from 53.3% to 52.8%, demonstrating the recent national trend of affordable properties bought and rented for rents higher than low-income salaries can cover (Community Plan Summary, Multnomah, 2022). At the same time, the poverty rate in Multnomah County increased to 12.9% in 2023 (Community Plan Summary, Multnomah, 2022).

**This Community Health Assessment aims to** investigate the influx of these new clients by analyzing the social determinants of homelessness and housing security in Portland.

# ASSESSMENT PLAN & FORMATIVE RESEARCH

To inform this community health assessment, we looked to understand more about **1)** the White individuals experiencing homelessness, **2)** how to access this community, and **3)** the attributes of this community that are relevant to the rise in food insecurity and homelessness seen at De Rose.

For the guests at De Rose, we wanted to know what their ethnicities are, their income levels, their housing status, and their median age. In terms of access, we wanted to know whether people access De Rose by walking or public transportation, and how they find out about De Rose's services.

To understand why more people are coming to De Rose, we wanted to know their mental health conditions, their veteran status, what social services they are already receiving, and their citizenship and immigration status. These factors can provide insight into the most pressing health needs of newer guests of De Rose, and help us identify areas of action.

After conducting formative research, we developed an asset map (p. 9) of resources in the Hazelwood neighborhood that may draw guests to De Rose. These two things helped inform the development of interview questions for the Executive Director, Dr. Roseline Vakkai.

From the information collected in the interview, we developed a Community Health Action Plan.

01

**April 14<sup>th</sup>, 2025**  
Root Cause Analysis

02

**April 21<sup>th</sup>, 2025**  
Formative Research

03

**May 14<sup>th</sup>, 2025**  
Asset Mapping

04

**May 23<sup>rd</sup>, 2025**  
Interview with  
Executive Director

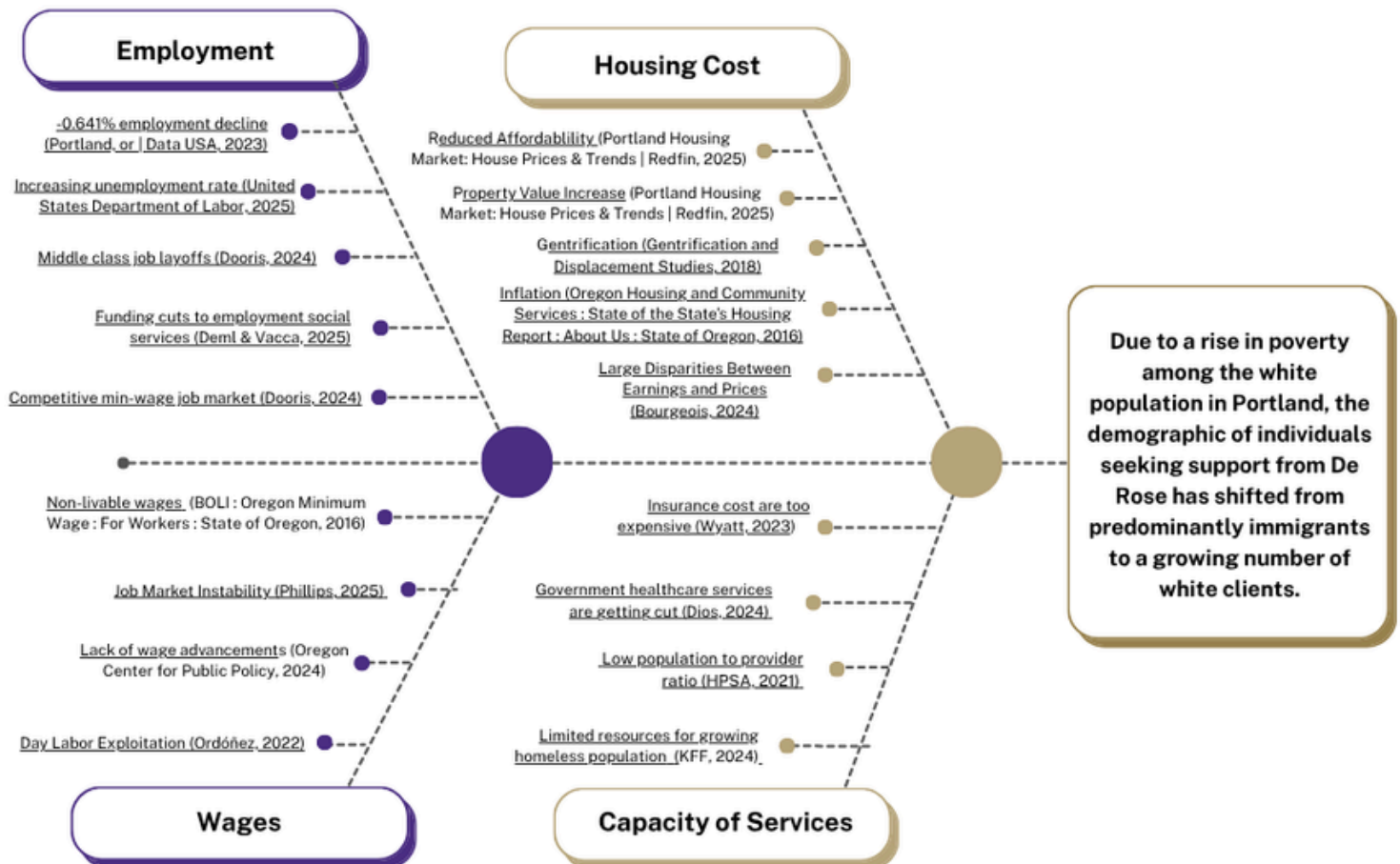
05

**May 28<sup>th</sup>, 2025**  
Community Health  
Action Plan

# ROOT CAUSE ANALYSIS

## Visualizing the Problem

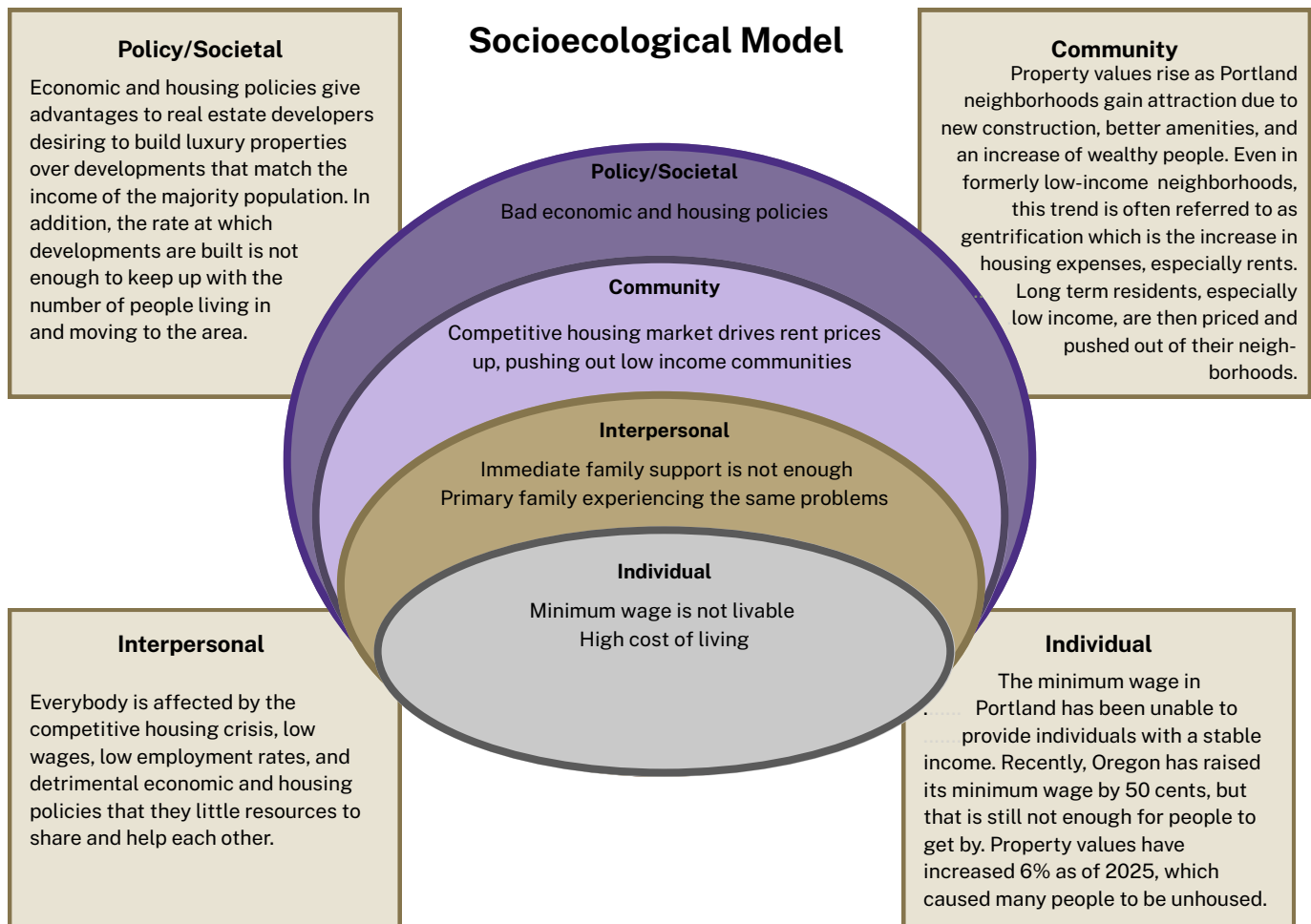
Before we look at what De Rose can do to address this rise in need, we must look at what is driving this problem in the first place. We explored why there is a rise in poverty among the White population, which in turn is the reason why there is a growing number of White clients at this organization that primarily serves immigrant women. **At the root of this problem, we found economic and housing policies that give an advantage to real estate agents** (Farris, 2023). These policies drive housing costs up (Procino, 2025), creating a shortage of affordable housing (Redden, 2024). As housing costs have risen, the cost of living has risen too. Middle-class wages are not keeping up with inflation, driving more and more Portland residents to fall into poverty (Best, 2022). The root cause analysis below pinpoints employment, housing cost, wages, and the capacity of services as driving the rise in White poverty and ultimately the influx of White guests experiencing homelessness at De Rose.



# ROOT CAUSE ANALYSIS

## Problems at Various Levels

**The Socioecological Model** provides a framework for understanding how individuals are influenced by multiple levels of social and environmental systems. This looks at 4 levels: individual, interpersonal, community, and policy and societal. Here, we placed the various factors driving homelessness in Portland within each of the levels to give us a better view at where De Rose's services fit in.





# COMMUNITY ENGAGEMENT STRATEGIES

We intend to make this a **community-centered participatory assessment**. To achieve this goal, we plan on conducting comprehensive formative research and understanding each part of the website so that at none of the interview time is wasted on answering questions that can be answered online. These two together can allow us to ask questions that are relevant and important to them. We also plan on being in consistent communication with De Rose.



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## Participatory Assessment

We plan on including and valuing key information from De Rose by:

- Asking De Rose to share anecdotes so that we can pull themes, rather than prioritizing numbers or quantitative metrics
- Asking open-ended questions to allow the community partner to direct the story
- Providing informed consent

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## Community Feedback

We plan on getting community feedback from key informants and stakeholders by:

- Sharing what we have learned in our formative research to make space for correction
- Sharing our community asset map with the community partner to get feedback
- Update information and asset map upon feedback from community partner

# SECONDARY DATA COLLECTION

Secondary data collection revealed that Multnomah County has slightly better community conditions (including social and environmental factors, physical environment, and health infrastructure) than the average county in Oregon. Multnomah County also has a higher wealth disparity than Oregon, but comparable unemployment and high school completion rates (County Health Rankings, 2025).

In historic FOLC redlining maps, the area where De Rose Community Bridge sits is classified as “definitely declining” and outside of city limits (Mapping Inequality, 2025). Thus, no data exists on the communities that historically populated this area before the rise of this public health issue.

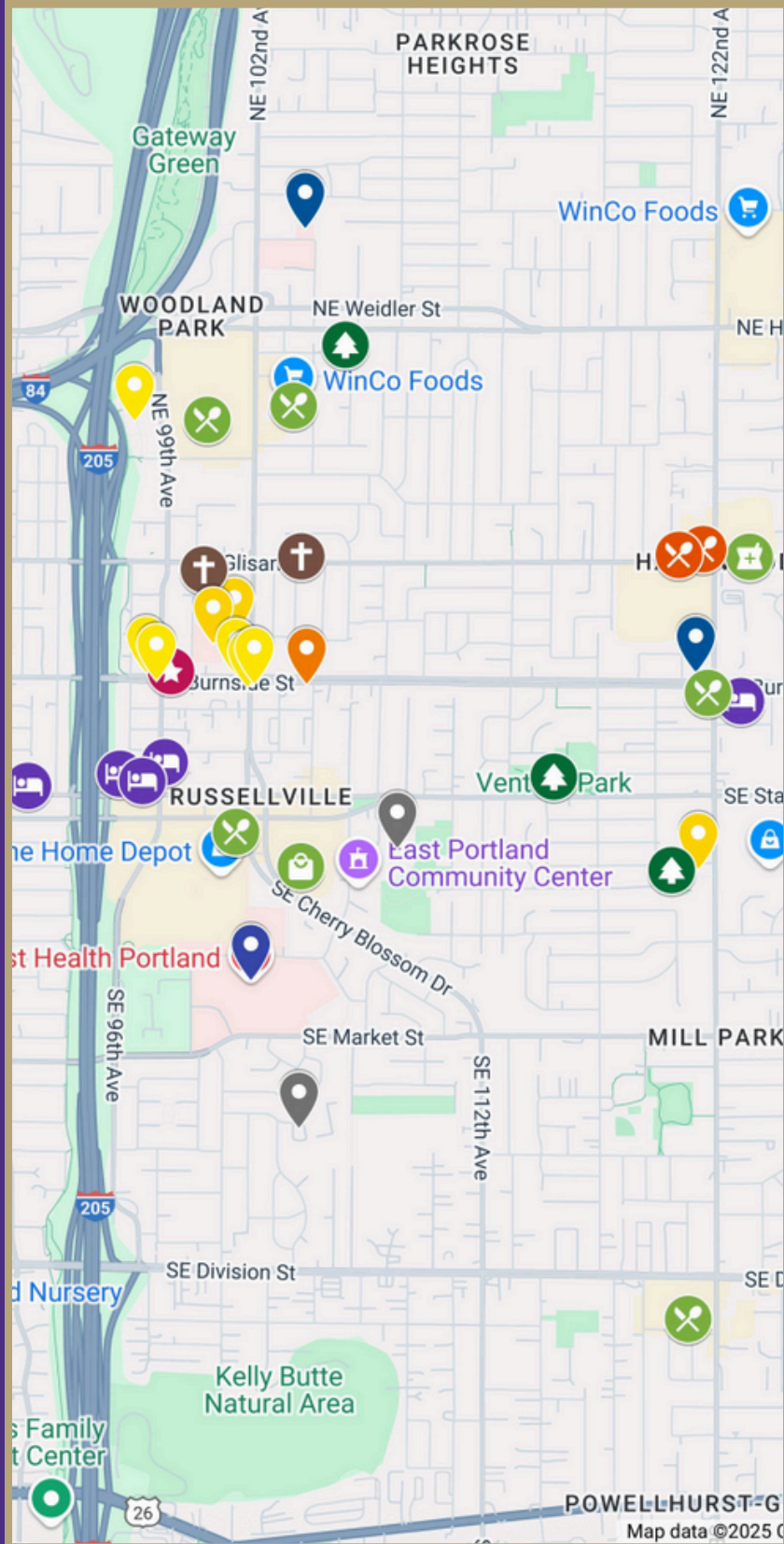
Today, Hazelwood has the second highest population of all of Portland's neighborhoods (Hazelwood | Portland.gov, 2025). Within Hazelwood, the intersection of 122<sup>nd</sup> and Burnside has been cited as a prominent gathering place for those without housing. This area is also known for high levels of crime and drug use.



*Encampment along NE 122<sup>nd</sup> Ave (Ashton, 2021)*

Within the Hazelwood Neighborhood, we identified a multitude of community resources, including free or low-cost clinics like Cascadia Health, a hub of low-cost motels south of De Rose, and a safe rest village for people experiencing homelessness on 122<sup>nd</sup> and Burnside. A wide variety of low-cost food options also exist - from fast food restaurants like McDonald's and Taco Bell to grocery stores like Grocery Outlet Bargain Market. The Church of Grace also offers free drug rehabilitation services.

# COMMUNITY ASSET MAP



**Main Location:** De Rose Community Bridge and Wellness



**Parks**

- Ventura Park
- Midland City Park
- Gateway Discovery Park



**Hospitals and Clinics**

- Adventist Health Portland
- Cascadia Health - Woodland Park
- Blackburn Center



**Transportation**

- E Burnside & NE 97th
- Gateway Transit Center
- E Burnside & SE 99th
- E 102nd Ave MAX Station
- SE 102nd & Burnside



**Shopping and Food**

- Dollar Tree
- Walgreens
- 7-Eleven
- WinCo Foods
- Fred Meyer
- Max Mart & Deli
- Grocery Outlet



**Fast Food**

- McDonald's
- Taco Bell



**Community Services**

- Multnomah County WIC
- Multnomah County Library
- Center for Continuous Improvement



**Food Pantries**

- School Pantry at Floyd Light Middle School
- School Pantry at Cherry Park Elementary School



**Motels and Shelter**

- Montavilla Motel
- Motel 6
- Chesnut Tree Inn
- Ramada by Wyndham
- Menlo Park Safe Rest Village



**Schools:** Mt Hood Community College



**Churches and Religious Institutions**

- Glisan Street Baptist Church
- Church of Grace in Action



# PRIMARY DATA COLLECTION



**Dr. Roseline Vakkai** is the founder and Executive Director of De Rose Community Bridge and Holistic Wellness. For our primary data collection, we talked with her about the needs that she sees from her guests and where De Rose feels strained in their capacity (A1-A2). After reaching out via email, we scheduled a one-hour Zoom interview.

De Rose's most popular services include their food bank program and their Saturday hot meal program. Many of their guests originally found out about De Rose by accident, walking by the organization's headquarters on their way from the Gateway Transit Center on 99<sup>th</sup> or on their way to and from the homeless shelter nearby. Anymore, most are referred to De Rose by word of mouth. De Rose's family style of giving and lack of bureaucracy makes guests feel safe and comfortable. During Saturday meals, De Rose's staff sit with the guests over plates of jollof rice. Sometimes, the connections built are strong enough that Dr. Vakkai offers them paid shifts every once and a while for the organization. While other organizations are overwhelmed, the kindness that radiates

from De Rose keeps people coming back. However, Dr. Vakkai noted that the organization needs more resources and funding to keep the kindness flowing. The end of the COVID-19 pandemic meant the end of federal funding. Now, Dr. Vakkai and her daughter cook the meals themselves, paying out of pocket each week. Only the food drive is maintained by donations. During the cold months, their guests need jackets, hand sanitizer to start fires, and ready-to-eat food. During the hot weather, they need water, soda, and toiletries. In contrast to the immigrant communities they serve, their homeless guests aren't looking for ingredients. They want canned and packaged food, and hot meals.



# PRIMARY DATA COLLECTION

## Interview Questions for Dr. Roseline Vakkai

1. How are most of your clients referred to De Rose?
2. So far from our assessment, we are seeing that more white individuals are seeking support from De Rose.
  - a. What type of support have they received or asked for?
  - b. Why do you think more White individuals are going to De Rose rather than other organizations nearby?
3. Have you noticed seasonal variation in the services individuals ask for? What about in how you deliver your services?
4. You've been with De Rose for four years. In this time, what have been some of the biggest changes you've noticed in your community and in your guests? What about the biggest challenges they are facing?
5. How does your commitment to culturally informed care show up in your allocation of homeless services?
6. Do you think other services in the area near De Rose draw more White homeless individuals to visit?
7. Can you describe your vision for the Homeless Outreach Mobile Van for the job connection program?
8. When will it be active?
9. Are the homeless individuals coming to De Rose alone or with other people? Do they have families or dependents?
10. When you conduct homeless outreach, which areas do you target and why?
11. Within your homeless services, what is usually the most popular? How has demand for specific services changed with an increased number of visitors?
12. How does food demand vary between the populations you are used to serving and the newer White people experiencing homelessness?
13. In what ways do you feel your resources are constrained by the increased demand from White people experiencing homelessness?
14. Do you have any data you would be willing to provide us about the demographics of people using your services?
15. How accurate do you think our community asset map is in describing the resources most commonly utilized by the White homeless population?

# ANALYSIS AND ACTION PLAN

## The Vision

### Mobile Job Van

De Rose hopes to start a mobile job van, identifying job-ready people experiencing homelessness. She wants to use to help people find jobs and drive people to and from work, making them feel supported as they transition into employment.

### Day Center

After receiving funding from COVID, De Rose had plans to open a Day Center where they could serve 3 meals per day.

## The Gaps

### Funding

Dr. Vakkai expressed a desire to start these programs, but without funding there is not much of a future for them. The Day Center plan has already been placed on pause, because of a loss of funding. Until funding returns, Dr. Vakkai wants to focus on the immediate needs of the houseless community - food insecurity.

## Community

Talking to Dr. Vakkai, exposed a gap in the data we were able to collect from secondary research by pointing out other community resources we had neglected. Many of De Rose's guests come directly from **PDX Saints Love Day Shelter** on 82<sup>nd</sup> and Burnside, or the low-income housing at **Cascade Crossing** one block away from De Rose.

## The Plan

After our formative research and talking to Dr. Vakkai, we discovered that **the primary needs include** increasing the number of support staff for Saturday hot meals, providing an alternative to out-of-pocket spending for the hot meals, and finding a funding source to sustain De Rose's programming.



# COMMUNITY HEALTH ACTION PLAN

Health Gap Priorities	Activities	Deliverable	Actors	Outcomes	Timeline
<b>Increase amount of job-ready homeless individuals employed and housed</b>	Work with more employers willing to employ homeless individuals.	Mobile Job Connection van (Planned→ will Implement if funded),	Local volunteers, Local employers, sober and job-ready homeless individuals, Mental health counselors, Sobriety resources	Reduce unemployment in homeless individuals by 15%	2 years
	Provide help with learning life skills. Provide counseling for transitioning out of homelessness.	Partnership with community partners established			
	Provide sobriety support.	Housing (3-4 bedroom apt)			
	Work with homeless welcoming addiction treatment centers	Narcotics and Alcohol Anonymous Meetings			
<b>Reduce food insecurity among homeless individuals by providing access to food on a weekly basis</b>	Establish a place where people can donate food for the food drive, partner with shelters/food banks, and collect ready-to-eat foods like chips, canned goods, etc.	The food drive is established and is ready to give out food to the homeless, strengthening trust between the homeless and outreach workers.	Local volunteers & community partners	Food insecurity among the homeless decreased by 15%	2-3 months
<b>Decrease prevalence of food insecurity among houseless individuals</b>	Establish a partnership with a Crossroads Food Bank or local grocery store (WinCo, Fred Meyer, etc.) to get a certain percent of food or food waste for free for meals	Have consistent access to free food for meals so that De Rose Leadership doesn't pay out of pocket. Any unmet need in food supply will be paid for by fundraising.	Community volunteers, community partners (Portland Street Response), social media team, and schools/ universities.	Increase consistent volunteer staff to organize canned food or clean/chop ingredients to around 6 people daily	1 year
	Send out the call for volunteers and create a volunteer schedule	Have regular volunteer staff to support meal preparation (increasing staff from 1 to 5 people) - Possibly having another place to cook meals and have			
	Start a fundraiser to be able to purchase culturally sensitive foods	Create a stable funding source for ingredients			



# COMMUNITY HEALTH ACTION PLAN

Health Gap Priorities	Activities	Deliverable	Actors	Outcomes	Timeline
<b>Increase staff and volunteer support for the homeless population for food services (food drive and hot meals)</b>	<p>Increase the amount of volunteers and workers.</p> <p>Initiate a consistent volunteering/working schedule.</p> <p>Spread awareness of volunteer/internship opportunities through social media and word of mouth.</p>	<p>Establish relationships with community partners for volunteer or working opportunities.</p> <p>Work with public schools and universities for volunteering/internship opportunities.</p>	Community volunteers, community partners (Portland Street Response), social media team, and schools/universities.	Increase consistent volunteer staff to organize canned food or clean/chop ingredients to around 6 people daily	1 year
<b>Expand /increase garden food service</b>	<p>Increase the amount of volunteers, partners, supplies and other goods (funding) that are needed to meet the capacity of food services through the community garden to support those who are in demand of it:</p> <p>Garden:Obtain needed volunteers and staff to support the garden.</p> <p>Provide garden education to then increase volunteers and add paid positions that are supported from selling fresh products and canned products.</p> <p>Funding/support: Obtain attention of bigger donors, grants, non-profit organizations for garden services</p> <p>Partner with other nonprofits.</p>	<p>Volunteers:</p> <p>Obtain partnership with schools and universities in the area to increase number of volunteers in food services through a mutual benefit agreement</p> <p>Food:</p> <p>Obtain sponsorship/ partnership with food bank and food drives for increase of capacity of other food services.</p>	DeRose volunteers, community volunteers, community partners, homeless individuals.	Increase capacity of community garden by 20-35%.	10-18 months



# COMMUNITY HEALTH ACTION PLAN

**There are multiple levels of intervention points** for not only tackling homelessness at De Rose, but also homelessness at large in Portland. Interventions range from advocating for more equitable policies at the societal level to recruiting more volunteers on the ground. The gap in funding can be tackled through establishing partnerships with local food banks like Cross Roads Food Bank or grocery stores to receive food that is about to be thrown out. In the meantime, we suggest that De Rose continues to apply for grants.

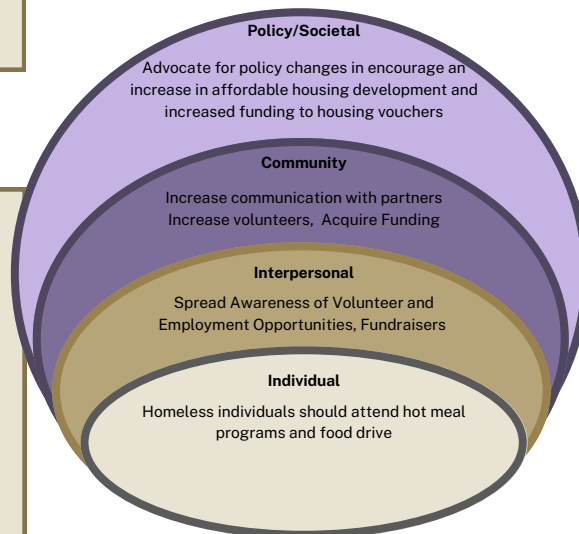
## Policy/Societal

Advocate for

- more equitable housing policies that don't favor developers
- increased funding to rental assistance and subsidy programs
- increase in affordable housing developments

## Interpersonal

- Spread awareness of volunteer/internship opportunities through social media and word of mouth - specifically at hot meal program and food drives.
- Provide garden education to then increase volunteers and add paid positions that are supported from selling fresh products and canned products.
- Start a fundraiser to be able to purchase culturally sensitive foods
- Recruit guests as volunteers to also job-train onsite



## Community

Increase communication and partnerships with:

- Crossroads Food Bank
- Garden Services
- Schools/universities
- Receive consistent supplies and funding capacity of food services through the community garden

Increase volunteers and workers:

- Food drive, hot meal kitchen, garden, and employment services/support

Fundraiser for culturally sensitive foods and write grant applications

Increase volunteer and employee participation through community organizations, and educational institutions,

## Individual

- Homeless individuals should attend hot meal programs and food drive

# INFORMING THE COMMUNITY

## **The community should be informed about**

- Volunteering Opportunities
- Opportunities to Donate to the Food Drive
- Engagement Opportunities (like the community partners)

## **Partnerships should be utilized with**

- Mt. Hood Community College, Portland State University, Reed College, and Oregon Health Sciences University to get regular volunteers
- Crossroads Food Bank
- Local Grocery Stores (Fred Meyer, WinCo, Grocery Outlet)

These should be done by reaching out through email and scheduling in-person meetings with these organizations.

**Instagram and University job boards** should be utilized to post volunteer opportunities to attract younger volunteers.

**De Rose Community Bridge and Holistic Wellness** can train guests to be job-ready by recruiting them to provide assistance in food service.

# APPENDIX

## FORMATIVE RESEARCH QUESTIONS

### 1. Identify your CHA Community of Interest

- What are the ethnicities of people coming to De Rose?
- What are the income levels of the people coming to De Rose?
- What is the people's housing status?
- How old are the people in the community surrounding De Rose?

### 2. Determine how to access the community

- How are people getting to De Rose (transportation, which buses)
- How do people find out about De Rose services?

### 3. Describe the attributes of the community that is relevant to the specific public health gap/issue

- What are people's mental health conditions?
- What are the people's veterans status?
- What social services is this community accessing?
- What is the most common citizenship and immigration status?

## INTERVIEW NOTES

### How are most of your clients referred to De Rose?

Many of the clients are referred to Africa [nickname for De Rose] and by word of mouth. Lots of the white homeless would follow 99th street, which is the route where they can locate all homeless shelters and other resources for the homeless. There is also a transit stop and low-income housing nearby so many of the homeless has stationed themselves there.

### Have you noticed seasonal variation in the way individuals ask for services or the way of delivering them?

De Rose will always have food available. Things like coffee, bread, jelly, peanut butter, and canned food for the homeless. The other services depend on the weather. When the weather is cold, the homeless would want hand sanitizers (to start fires), warm clothes, and anything that will warm them up. During the hot weather, the homeless would take water, soda, and toiletries.

# APPENDIX

**Why do you think more White individuals are going to De Rose rather than the Multnomah County Health Department/other organizations nearby? + Do you think other services in the area near De Rose's draw more white homeless individuals to visit?**

More White individuals are going to De Rose rather than the other organizations nearby because those places are always busy as they are federally funded and much bigger than De Rose. De Rose doesn't have federal funding support and is non-profit. Not a single dime was taken and everything is done out of the goodness of their hearts. Many homeless individuals call Dr. Vakkai "Mama Vakkai" and they have a much more family oriented, inclusive, and close-knitted community compared to the other organizations where around 30-50 homeless people would come regularly.

**You've been with De Rose for four years. In this time, what have been some of the biggest changes you've noticed in your community and in your guests? What about the biggest challenges they are facing? + Are the Homeless individuals coming to De Rose alone or with other people? Do they have families? Are they parents? Do they have other dependents? + How does your commitment to culturally informed care show up in your allocation of homeless services?**

Once COVID-19 ended, De Rose was no longer funded by the federal government. De Rose had to work and collaborate with different organizations to get donations. Donations are not enough, there are still problems with funding. They want to have more services, but there is limited funding and workers. For example, they want to serve 3 hot meals a day for the homeless. However, 1-2 people making hot meals for 250+ people is too much work. Additionally, many of the food provided are cultural African cuisines, which have a lot of spice in it and sometimes the White homeless would mention that the spices are too much for them.

**Can you describe how the Homeless Outreach mobile van for the job connection program will help the homeless on the street get back on their feet again?**

The Homeless Outreach mobile van is the mobile food truck that also helps the homeless with employment. They would transport the homeless people back and forth to their jobs. There are also services for counselling for sobriety, how to get housing, how to live with others, chores, and hygiene help. Many of the homeless receiving these services are parents with adult children who are also homeless. If there are young children, most likely, CPS would be called. OHSU also helps with the homeless, but their services have been stretched thin.



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# APPENDIX

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## **When you conduct homeless outreach, which areas do you target and why?**

Most of the homeless outreach area is downtown Oregon. There are around 100-150 homeless people on the street. Many homeless people come to De Rose through their normal route which they will also pass by 2 homeless shelters to give extra food and gather other materials like shoes. De Rose is targeting these areas so that they can help them get a job, get a home, and possibly connect them to work on the garden in De Rose.

## **Within your homeless services, what is usually the most popular? How has demand for specific services changed with the increased demand?**

The most popular homeless service is offering food. They will take things like cereal, canned foods, and anything that will last them a long time

## **How does food demand vary between the populations you are used to serving and the newer white people experiencing homelessness?**

Homeless will take the food that will last long like canned food. But they also take things like bread, cereal, milk, and coffee. Immigrants will take things like rice, oil, spices, chicken, and any ingredient that they can make their cultural food.

## **In what ways do you feel your resources are constrained by the increased demand from white people experiencing homelessness?**

The lack of funding and employees to help the increasing white homeless population. If they had more funding and more people offered these services. They would definitely increase their outreach and provide more services to the homeless.

# APPENDIX

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