

# Addressing the Health Needs of an Underserved Community: The Perspective of Community Service Organizations

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## Abstract

Barriers to access for underserved populations continue to exist, even though resources are often available within the community. To achieve health equity, addressing this gap has emerged as a priority within kinesiology and wellness. Therefore, the purpose of this study was to explore ways to better understand and serve the needs of the underserved community of East Portland, Oregon, USA. Using the planning portion of the PRECEDE-PROCEED model, a community needs assessment was conducted using one-on-one interviews with a broad range of community service organizations ( $N=10$ ) to identify community health needs, health status, and available services designed to promote healthy living. Thematic analysis revealed three key findings from our qualitative data, emphasizing the most salient community needs related to healthy living—cultural competence, increased community awareness of available services, and interorganizational collaboration. This study provides insight into the unmet health needs of the community, despite the number and variety of services currently available. It also portrays the multiple levels of influence on health behavior, and the subsequent health-related disparities, inequities, and obstacles often experienced by underserved communities, both of which emphasize the utility of an ecological approach to health education and promotion. The application of this knowledge in future program design, implementation, and evaluation would support a more effective delivery of health services, particularly in underserved communities.

## Keywords

Barriers; cultural competence; disparities; needs assessment; social justice; PRECEDE-PROCEED model

## 1. Introduction

Chronic diseases are the leading cause of poor health, disability, and death in the U.S., affecting nearly two-thirds of Americans, and accounting for 7 out of 10 deaths annually (Centers for Disease Control and Prevention [CDC], 2024). However, eighty percent of heart disease, stroke, and type II diabetes, and 40% of cancer could be prevented by eliminating three health risk factors—smoking, poor diet, and physical inactivity (Spring et al., 2012). Despite

this, obesity rates (42.4%) and daily physical inactivity (40%) among American adults have steadily increased, and >480,000 deaths annually are attributable to smoking alone (Borrell & Echeverria, 2024). Moreover, fruit and vegetable consumption also falls short, with 80% and 90% of Americans, respectively, not meeting recommendations (Produce for Better Health Foundation, 2021).

Although health behaviors contribute numerous negative health outcomes, the epidemic of chronic disease is no longer considered a simple matter of individual choices (Cardinal, 2016). Rather, they represent a complex matrix of micro- and macro-influences (Cockerham, 2014). Beyond lifestyle choices, multiple factors impact health, including race, ethnicity, income, gender, disability, education, access to healthcare, natural and built environments, and geographic location (Marmot, 2005; Whitman et al., 2022; Yearby, 2022).

The impact of these health determinants and the subsequent burden of chronic disease fall disproportionately on the underserved (Ezeonu & Berkowitz, 2014), which translates into increased morbidity and mortality (Lantz et al., 2010). For example, Ahnquist and colleagues (2012) found that low social and economic capital each independently contributed to poorer health outcomes, but when combined, led to an even higher risk for poor health.

Current health patterns also indicate that lower income and education are closely associated with higher prevalence of health risks, asthma attacks, cardiovascular disease, diabetes, chronic stress, suicide, infant mortality, and poorer quality of life (Lantz et al., 2010; Meyer et al., 2013; VanderWielen, 2015). Moreover, socioeconomic adversity equates to significant deficits in knowledge, skills, time, money, and other resources (Braveman et al., 2011). Simply put, the poorest and least educated Americans experience the poorest health outcomes.

To close the gap in health disparities, Healthy People 2030 created an organizing framework to highlight key determinants that impact health and contribute to health disparities—economic stability, education, social and community context, health and health care, and neighborhood and built environment (Office of Disease Prevention and Health Promotion, n.d.) The overarching goals are to achieve health equity, eliminate health disparities, and promote and improve health for all Americans. To achieve this directive at the state and local level, it is essential to understand the community and its needs, existing gaps between needs and available resources, obstacles to meeting community needs, and the feasibility of meeting those needs.

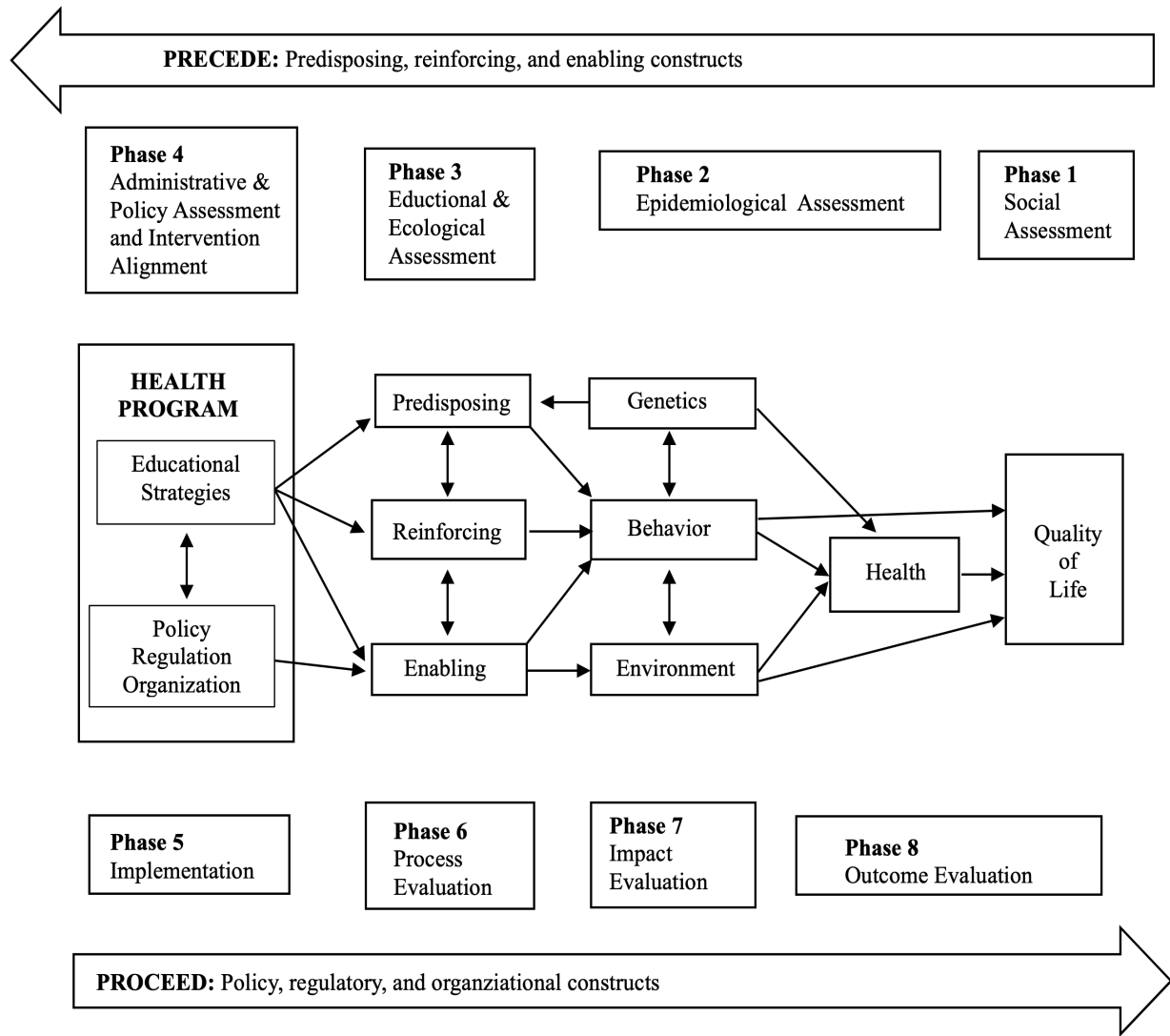
## 1.1 Purpose

The purpose of this project was to conduct a community needs assessment from the perspective of community service organizations for the local community of East Portland, an underserved section of Portland, Oregon, USA (e.g., available resources, barriers related to healthy living in East Portland, recommendations for reducing health disparities and negative health outcomes in East Portland). Community needs assessments are commonly conducted via focus groups representing recruited samples of existing community members. A novel approach to investigating the needs of the community and available resources is to engage key informants from community service organizations, who work directly with underserved populations.

## 2. Method

### 2.1 The PRECEDE-PROCEED Model

The PRECEDE-PROCEED model (Green & Kreuter, 2005) was used as a guiding framework for this study (see Figure 1). PRECEDE-PROCEED acknowledges micro and macro influences that impact health behavior, and thus, at its core, embodies an ecological approach to health behavior change. The PRECEDE portion of the model stands for “**P**redisposing, **R**einforcing and **E**nabling **C**onstructs in **E**ducational **D**iagnosis and **E**valuation” and includes social, epidemiological, behavioral, environmental, educational, administrative, and policy assessments. The PROCEED portion of the model stands for “**P**olicy, **R**egulatory, and **O**rganizational **C**onstructs in **E**ducational and **E**nvironmental **D**evelopment” and includes implementation, process evaluation, impact evaluation, and outcome evaluation. The current project focused on the first four phases of this model (PRECEDE). The data collected and analyzed during this planning portion (PRECEDE) will inform the subsequent program implementation and evaluation portion of the model (PROCEED).



**Figure 1.** Overview of PRECEDE-PROCEED model. The PRECEDE portion of the model stands for “Predisposing,” Reinforcing and Enabling Constructs in Educational Diagnosis and Evaluation and includes social, epidemiological, behavioral, environmental, educational, administrative, and policy assessments. The PROCEED portion of the model stands for “Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development” and includes implementation, process evaluation, impact evaluation, and outcome evaluation.

## 2.2 Study Design

This project is a community health needs assessment, using PRECEDE, to systematically diagnose the local community’s health-related needs and available services from the perspective of existing service organizations. Primary and secondary data were collected to assess social (phase 1), epidemiological (phase 2), educational and ecological (phase 3), and administrative and policy (phase 4) factors and determinants that currently impact the health, well-being, and quality of life (QOL) of the local community (see Table 1). We defined our local community as East Portland, an underserved section of Portland, Oregon, USA, which is distinct from other sections of the metropolitan area in terms of demographics and health status.

**Table 1. The PRECEDE portion applied to the community needs assessment**

Assessment Phase	Source of Information
<p><b>Social</b> Identify the community’s priorities, perceived barriers and strengths related to health promotion and health education, all of which impact health outcomes and quality of life in the East Portland community.</p>	Interviews with key informants
<p><b>Epidemiological</b> Describe demographics, health status and environmental and other factors affecting health behavior</p>	Secondary data on community resident characteristics
<p><b>Educational and Ecological</b> <i>Predisposing Factors</i> – preceding factors that motivate positive health behavior. Knowledge, beliefs, values, existing skills, and confidence represent antecedents to behavior that work primarily at the individual level.  <i>Enabling Factors</i> – preceding factors that facilitate or remove barriers to positive health behavior, such as programs, services, and resources affect behavior through an environment, either directly or indirectly. They can also include skill acquisition necessary for behavior change. These factors are important at the community level.  <i>Reinforcing Factors</i> – factors that reward positive health behavior after it begins and help maintain it, such as social, personal, or financial rewards that increase the likelihood of continuing the desired behavior. These factors work at the interpersonal level.</p>	Interviews with key informants
<p><b>Administrative and Policy</b> Analyze existing policies, resources and circumstances in relationship to objectives to assist in planning implementation phases. Ultimately, this phase informs and facilitates the development of an intervention that is aligned with community needs and is feasible in terms of existing policies and resources. It is accomplished by integrating information from the previous phases with information identified through investigating institutional and community resources and policies.</p>	Integration of all information collected Analysis of existing policies

### 2.3 Participants

After receiving Institutional Review Board approval (IRB protocol #0001188), we used purposive sampling aimed at obtaining a broad representation of key informants from organizations that deliver community services in East Portland. Key informants were recommended by these organizations. Those recommended were invited to participate, with only those unwilling to be audio recorded, non-English speakers, or under the age of 18 years being excluded. Table 2 summarizes the representational characteristics of the 10 community service organizations that participated.

**Table 2. Descriptive information about the community service organizations (N=10)**

ID	Description	Title of Interviewee	Type of Services Offered	Years in Service	Community Base	Population Served	Purposive Sampling Criteria <sup>1</sup>
1	Educational Service District	Wellness Program Coordinator	Education, wellness promotion	11-20 years	Approximately 20% of Portland metro youth	Children (K-12), teachers and staff	1,4,6,8

Table 2 Continued

2	Advocacy organization	Policy Associate	Healthcare, anti-displacement efforts	6-10 years	220,000	Ethnic minority and immigrant population	1,3
3	Elder care	Operations Supervisor	Housing, resources and health care	20+ years	125 individuals	Adults aged 55 and older	3,4,5
4	Family shelter	Program Manager	Housing, life skills instruction	11-20 years	40 families	Low-income, homeless	1,4,8
5	Health center, teaching clinic	Clinical Faculty	Primary medical care, integrative care, lifestyle advice	20+ years	Campus and local community	General	1,2,3,4,6
6	Health center	Attending Physician	Primary medical care, integrative care, lifestyle advice	20+ years	Local community	General	1,2,3,4,6
7	Resources for working poor	Director	Clothes, food, household goods, classes in finance and health	20+ years	550 families	Working poor	2,4,8
8	Nutrition information and services	Nutrition Health Coach	Health coaching, nutrition and cooking classes	2-5 years	Local community	General	2
9	Family shelter	Program Director	Recovery support, clothes, housing	20+ years	633 individuals / single mothers with children	Homeless and addiction recovery	7,8
10	Emergency food assistance	Program Manager	Food resources; nutrition, gardening, cooking, budgeting classes	20+ years	800,000 state-wide	General	1,2,4,5,8

<sup>1</sup>Legend: 1=Ethnic minorities, 2=Food /nutrition, 3=Health care, 4=Low-income, 5=Older adults, 6=Physical activity, 7=Addiction recovery, 8=Young families/children.

## 2.4 Procedures

The data collection process consisted of one-on-one semi-structured interviews. Each interview was audio recorded and lasted approximately 60 minutes. Interviews were conducted by the first author using broad, open-ended questions, whereby initial questions were descriptive in nature followed by questions inviting reflection on the focus of the investigation. Pseudonyms were used to protect the identity of the participants and service organizations. One week prior to their scheduled interview, the participants were sent an interview guide that included the time, date, and location of the interview, an overview of the interview process, and 12 key interview questions designed to identify existing services provided, barriers, community needs, and strategies to promote healthy living (e.g., “What are the primary needs of the community you serve?”). Field notes were recorded after each interview for the purpose of documenting specific details about the researcher perceptions, as well as the content of the conversation with the participant.

## 2.5 Data Analysis

Thematic analysis was used to identify and organize emerging patterns in content and meaning from the qualitative data obtained through our key informant interviews (Willig, 2013). The completed interviews were transcribed verbatim and systematically analyzed using inductive thematic analysis (i.e. bottom up approach), whereby the

coding frame emerged directly from the data without a pre-existing theoretical coding frame. First, to get a sense of the text in its entirety, the transcripts were closely read and re-read several times. Next, the raw data were transformed into descriptive codes that captured basic units of meaning. These initial codes were then clustered into emerging lower-level themes, as the researchers began to collate the identifiable thematic essence of the relevant meanings contained within the codes. Lower-level themes were further clustered into higher-level themes, which were listed separately and checked against the original transcript to ensure the essential quality found in the text. Finally, higher-order themes were labeled and represented graphically in a summary table of themes, together with lower-level themes and relevant quotes. Inter-rater reliability was addressed by a second and third researcher independently checking the themes. Any discrepancies were addressed and the final thematic structure was complete when agreement had been reached on all elicited themes and the quotes that evidenced each theme.

### 3. Results

#### 3.1 Phase 1: Social Assessment

The first phase identified the primary needs and key issues that impacted the QOL of East Portland community members. Thematic analysis revealed three main themes representing community needs to promote healthy living—the provision of tools, leveling the playing field, and making a connection with the community. Table 3 provides an overview of main themes, subthemes, and corresponding quotations.

**Table 3. Main themes, sub themes, and indicative quotations from interviews highlighting community needs**

Main Theme	Subtheme	Indicative Quotation
Provide the Tools	Awareness	<p>“Another challenge is just helping people connect with the reality of resources at their fingertips and the reasons for using those resources. We know the need is there and we have the resources to address the need, but what we’re seeing is a disconnect between the need and the resource.”</p> <p>“We could get more referrals and serve more people and counties and communities. It’s just funny to me that a program like this, that so many people are in need of, is so unknown at this point. We’ve been around for 25 years and it’s still surprising that people aren’t aware of us.”</p> <p>“There are lots of moving parts, lots of life changing pieces so there has to be some training, but I would love to get [instructors] in here and see them teaching on nutrition and exercise. There are teen parents here, with kids who are going to grow up either healthy all the way around or not.”</p>
	Education and Training	<p>“A lot of these people are not really educated on proper eating or nutrition and exercise. I think a lot of it comes down to they just don’t know.”</p> <p>“Probably the biggest one is perceived sense of time. So what I mean by that is families don’t feel like they have the time to take care of their finances, take care of their relationships, take care of their health. That’s why I say ‘perceived sense of time’ is that we all have the same 24 hours. It’s what we choose to do with it.”</p> <p>“If you’re facing homelessness, you don’t feel safe. That trumps exercise or eating right. It’s just not relevant.”</p>
	Ground Level Support	<p>“One of the challenges for us is to help people see beyond crisis mode. Helping families get out of crisis mode and into ‘Take a step back, breath for a moment, let’s start, let’s acknowledge the past, yes, that happened, yes, you made that decision. Alright, let’s deal with the present.’ It’s crisis management.”</p>
Level the Playing Field	Healthcare	<p>“It seems a lot of primary care docs are going into specialties. There’s a shortage out there. So, the lack of primary care physicians can be a big challenge.”</p> <p>“In general, I would have to say the greatest needs are health care.”</p>

**Table 3 Continued**

		<p>“Folks are getting written off in the emergency room, they are not given the time of day to explain their symptoms. Or when they do receive treatment and care, the education process of how to manage their care in a way that they understand is somehow lost in translation.”</p> <p>“So it’s affordability, but also lack of access to culturally competent care.”</p>
	Healthy Eating	<p>“Food deserts! Many of our low-income folks that we speak to live just in the outskirts of towns or they live behind gas stations in a row of apartments Really the access to food is the store that’s next door and has maybe a loaf of bread or milk in the fridge or chips or something.”</p> <p>“I think some of the biggest barriers to nutrition they face is lack of finances to be able to buy food...as well as education knowing how to make healthy food choices in regards to nutrition.”</p> <p>“I would add that from a food standpoint, the relative low number of healthy options in obtaining fresh local foods...”</p> <p>“Its being pushed away from the positive develops of food and access to resources, to the area that’s affordable for you to live in and not having access to regular transportation to enter the areas that have the resources and not having immediate resources available in that geography.”</p> <p>“Not everyone has access to Hollywood Fitness or 24-Hour Fitness right? Not everyone has time when they are working 10-hour shifts and then have to get their children ready for school, and God forbid they spend time with them, to exercise on their own.”</p>
	Getting Fit	<p>“One of the challenges kids get in this population in my school, we have a lot of people, the majority, are gang affected. So they would need to feel safe and stay within their own boundaries of their own neighborhood”</p> <p>“Walking and biking can be challenging. A lot of the bike paths are on really busy roads and just don’t seem very safe especially when it gets dark there aren’t many lit paths.”</p> <p>“So gym time and recess time in schools are being cut, and children are moving less and less.”</p> <p>“All the great food in the world is not going to help somebody if it’s not something that they are familiar with or feel comfortable providing for themselves or their families, so we have to understand what the true needs of the community are and figure out how to provide that.”</p>
Make a Connection	Community Outreach	<p>“We had a banquet last night and we had some of our past residents and current residents speak and one thing that really resonated with me was when one of our residents said, "I am not the typical type of homeless person people see. People think homelessness is about a drug addiction or an addiction in general, but I wasn’t that. I was a single mom and I worked really hard, I worked two jobs and I lost them both." I think creating awareness and changing the face of homelessness is really important.”</p> <p>“People assume that there’s a lack of will, a lack of ability, a lack of desire to improve living conditions, to improve health, to improve well-being...that there’s a lack of community, but anybody that’s spent any time out in East county understands that’s completely and utterly false.”</p>
	Cultural Competence	<p>“What people need to know is that there is genuine concern and respect toward their culture and not just ‘experts’ looking at them under the microscope. But, instead actually, I feel that you are an expert and your knowledge and your experience and your life is as valuable as mine. I think if people were able to sit down on the exact same level playing field and come in not as experts but as we’re going to learn from one another and I have information that’s important to share and you have information that is important to share. It doesn’t matter the color.”</p> <p>“I would love to have the University of Western States to be able to come out and work with us, but again, whoever they bring out needs to be trained to be able to work specifically with this population, not something that just gets read in a book.”</p>

Table 3 Continued

RESPECT	<p>“We have a lot of wounded people come in and they feel like the world is against them, and having someone to walk alongside them, believe in them, and lift them up, I think that has been huge as well.”</p> <p>“It breaks my heart that when people come to us so broken from the hurt and from the pain that they have suffered and that being rejected and turned away one more time...it could be their breaking point. So I think it’s so important to remember that they are people too and it’s important to be able to speak to everyone’s life.”</p> <p>“That genuine respect, it just speaks volumes to people. It breaks through cultural barriers.”</p>
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### 3.1.1 Provide the Tools

Community service organizations shared several tools that are needed in East Portland to facilitate healthy living, beginning with an increased awareness and access to information about existing services. Although service organizations saw a genuine need to expand their programs and services, many believed the larger issue was the community members’ overall lack of awareness of existing tools.

Education and training were identified by every organization as essential components to the collective community “toolbox.” Specifically, a lack of education/skills was seen as an overarching barrier to healthy living. As such, a first step to healthy living is to arm people with the knowledge and skills that provide them with the greatest potential to positively influence their health and well-being (e.g., financial planning, life skills, navigating the healthcare system, parenting and relationships, proper nutrition, stress management).

Ground-level support was also identified by East Portland organizations. Many spoke extensively about the personal struggles associated with addiction, homelessness, and poverty, and how when faced with these enormous challenges, regular exercise and proper nutrition were not priorities. Organizations stressed that a critical first step is to help community members move beyond survival and crisis mode. That meant prioritizing individuals’ need for safety and stability in terms of shelter, food, and the provision of other basic needs. Until these basic needs were adequately met, any conversations related to exercise, or healthy eating would most likely be in vain.

### 3.1.2 Level the Playing Field

Community organizations were clear about the existing inequity in East Portland and its impact on healthy living, including the most prevalent need communicated by community service organizations—affordable, accessible, adequate, and quality healthcare. Organizations reported significant gaps and disparities in available primary care providers; adequacy of services; proper diagnosis; quality and amount of time practitioners spend with underserved community members; provider sensitivity, and culturally competent care. When organizations were asked to pinpoint the specific types of health care needed in the community, they identified prenatal care, primary healthcare, pediatrics, holistic care, mental health services, counseling, and disease management. They also expressed the need for program expansion, broadening the types of services offered at free clinics, enlisting the services of translators, and increasing the number of primary care providers in East Portland.

Similarly, organizations identified affordable, accessible, adequate, and quality food as a second area of inequity. Organizations expressed significant challenges to healthy eating based on the cost of healthy foods, food scarcity, geographic location (i.e. food deserts), lack of healthy options and organic foods, and the scant number of grocery stores, community gardens, and farmer’s markets located within the community. Moreover, organizations agreed the impact of food and nutrition inequity most often resulted in poor food choices, poor nutritional habits, and over time, negative health outcomes.

Another common source of inequity related to healthy living was physical activity, which included deficits in the built environment, access to gyms and public transportation, and the availability of bike paths, walking trails, or exercise classes. Consequently, a primary issue regarding exercise was safety—safe playgrounds, parks, sidewalks, and monitoring crosswalks. In addition, gang activity and crime also played key roles in community members’ decisions regarding engaging in physical activity in community places and spaces.

### 3.1.3 Make a Connection

A final key theme highlighted the importance of making a real connection with community members through

community outreach. Organizations viewed this as an essential component for staying in tune with the community, building bridges, and strengthening the community. Ideas for creatively engaging community members included organizing parent councils and groups, youth programs, community outreach events, collaboration between community partners, understanding the true needs of the community, and prioritizing those needs through a continued process of community engagement.

A second means of connecting with the community was cultural competence, which has been defined as “the ability of individuals to establish effective interpersonal and working relationships that supersede cultural differences” (Cooper & Roter, 2002, p. 554). Likewise, a culturally competent organization is one that “acknowledges and incorporates—at all levels—the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs” (Betancourt et al., 2003, p. 294). Without exception, every community organization believed cultural competence should be made a top priority in any service organization, including, but not limited to, cultural relevance, awareness, and sensitivity.

A third source of connection involved a concerted effort on the part of community leaders and organizations to treat all community members with genuine respect. This broad category encompassed meeting people “where they are,” genuine concern, compassion, understanding, empathy, compassionate listening, and emotional support. Many organizations believed the degree of genuine respect provided to community members worked hand in hand with an organization’s level of cultural competence.

### 3.2 Phase 2: Epidemiological Assessment

Secondary data collected from the U.S. Census Bureau (2022), as well as local agencies and organizations informed our epidemiological profile of East Portland. This phase defined the relevant health priorities and behavioral and environmental determinants that impact health, wellness, and QOL in this community.

Even though Oregon rates favorably in comparison to national standards in terms of smoking and opportunities to exercise, and slightly better in terms of obesity prevalence and general health outcomes, the East Portland neighborhood differs dramatically from the state, county, and Portland metropolitan area in terms of demographics, health status, and risk factors (Robert Wood Johnson Foundation, 2024). East Portland is characterized by robust population growth (35% increase since 2000), greater racial/ethnic diversity (1/3 of residents identify as a race/ethnicity other than “white”), a greater proportion of foreign-born residents (13.5%) non-English-speaking households (18.4%), children in single-parent households (23%), severe housing problems (20.5%), income inequality (a 4.8 times difference between higher-income and lower-income households), and poverty rates ranging from 14-21% (City of Portland, 2023; U.S. Census Bureau, 2022). In addition, disparities in healthcare access, healthy food options, and physical activity add to the growing burden of chronic disease in this community. For example, food access research data indicated that of the 25 severely under-served census tracts in this region, 10 are in East Portland (U.S. Census Bureau, 2022). Moreover, East Portland is far below the National average of consumer spending in insurance, shelter, personal care, food, transportation, utilities, education, and healthcare, and rates higher in social vulnerability and food insecurity, and comparatively lower in access to food, transit, recreation, parks, and walkable neighborhoods (Cuneo, 2014; City of Portland, 2023; United States Department of Agriculture, 2022). For additional demographic information on East Portland, please visit the interactive tool: Portland Civic Live Mapping at <https://www.preprojects.us/civic>.

### 3.3 Phase 3: Educational and Ecological Assessment

**Table 4. Current East Portland community services—factors that support healthy living**

Factor	Main Theme	Subtheme	Examples of Available Services	Quotes
Predisposing	Level the Playing Field	Getting fit	<ul style="list-style-type: none"> <li>Walking &amp; hiking groups</li> <li>Exercise classes</li> </ul>	“There are opportunities for actual physical therapy led activities that everybody can participate in 5 days a week, as well as walking groups, Wii, exercise groups, as well as bowling and tennis.”

**Table 4 Continued**

Enabling	Provide the Tools	Education and Training	<ul style="list-style-type: none"> <li>• “How to be a single dad”</li> <li>• “How to get insurance”</li> <li>• “Teen parenting”</li> <li>• “How to be a good renter”</li> <li>• “Cooking on a Budget”</li> </ul>	<p>“Basically, the classes start with the unboiled pot of water and you end up with dinner. It covers nutrition basics of nutrition, budgeting, getting the most out of your money, when you’re purchasing groceries, and then all of the basic things that you would think would be in a cooking course.”</p> <p>“Our organization is particularly concerned in extending health care to folks who are uninsured or under-insured. When we say under-insured we mean folks that either lack essentials they need based on their own health experience or that lack access to health simply because of affordability issues while having coverage.”</p>
	Level the Playing Field	Healthcare	<ul style="list-style-type: none"> <li>• Free and low-cost</li> <li>• primary and integrative care</li> <li>• Residential addiction recovery</li> </ul>	<p>“Every product on our shelf goes through a very rigorous screening and approval process and we sell only 100% organic produce... We really support our organic farmers.”</p>
		Healthy Eating	<ul style="list-style-type: none"> <li>• Community gardens</li> <li>• Free and discounted food</li> <li>• Organic foods and produce</li> </ul>	<p>“We actually have Zumba here on site. It’s every Monday. So we have an instructor come out every week and they do Zumba together.”</p>
	Provide the Tools	Getting Fit	<ul style="list-style-type: none"> <li>• Fitness rooms</li> <li>• Parks &amp; Community Center</li> </ul>	<p>“We are a four-month family shelter. So what that looks like is we have families go through a screening process over the phone and then a face-to-face interview; if they’re accepted from the interview, they’ll move in.”</p>
		Ground Level Support	<ul style="list-style-type: none"> <li>• Housing programs</li> <li>• Transitional housing program</li> <li>• Food, clothing, household goods</li> </ul>	<p>“Our organization is an advocacy organization that uses community education and traditional base building as well as internal analysis and inter-organization coalition building to pursue legislative changes to better serve the community.”</p>
		Community Outreach	<ul style="list-style-type: none"> <li>• Listening circles</li> <li>• Town halls</li> <li>• Community events</li> </ul>	<p>“I have worked hard to make that change and make connection and culture plays a big role in what I do and making sure everyone feels valued here and everyone has a voice.”</p>
Reinforcing	Make a Connection	Cultural Competence	<ul style="list-style-type: none"> <li>• Cultural sensitivity</li> <li>• Anti-displacement efforts</li> <li>• Cultural events</li> </ul>	<p>“There’s always a story with how the family got to where they were. So we want to listen and then respond accordingly with hope, patience, and compassion. There is a sense of community and it’s kind of our philosophy and the manner in how we serve families.”</p>
		RESPECT	<ul style="list-style-type: none"> <li>• Organizations emphasize service with hope, care, concern, patience, empathy, and compassionate listening</li> </ul>	

This phase identified existing community services, which act as antecedent and reinforcing factors to behavioral and environmental change needed to promote healthy living in East Portland. To further clarify gaps between community needs and existing services, these factors were matched to the community needs identified in Phase 1. Table 4 provides a summary of factors, matched themes and subthemes, available resources, and indicative quotations.

### 3.3.1 Predisposing Factors

Existing services at the individual level that act as antecedents to healthy living in East Portland, including established classes and groups, which encourage people to participate in fitness activities and learn skills to help them adopt a healthier lifestyle. Local walking groups, running programs, exercise classes for adults, and balance classes for older adults all align with the need for “Getting Fit,” while free life skills, nutrition, exercise, financial, and stress management classes align with the need for “Education and Training.”

### 3.3.2 Enabling Factors

There were several services in place at the community level aimed at assisting in living a healthy lifestyle. For example, low-cost and free primary and integrative healthcare, residential addiction recovery, free and discounted food, community gardens, organic foods and produce, housing and transitional housing programs, and the provision of household goods all fell under the main theme of “Level the Playing Field” focused on highlighting the inequities in healthcare, healthy eating, and exercise, as well the need for “Ground-Level Support.”

### 3.3.3 Reinforcing Factors

Social support to provide incentive and reinforcement for healthy behaviors, which act at the interpersonal level, is available through several programs aimed at helping people connect and communicate with others, as well as counseling and services supporting positive attitudes and self-esteem. Listening circles, town halls, social groups, one-on-one sessions, and churches were all identified as reinforcing factors that matched with the need for “Community Outreach.” In addition, cultural awareness and sensitivity within organizations, emotional support, genuine respect, compassionate listening, and service with care, concern, and empathy were also listed as key reinforcers of healthy behaviors related to “Cultural Competence” and “RESPECT.”

### 3.4 Phase 4: Administrative and Policy Assessment

Resources, organizational barriers and facilitators, and policies needed for program implementation, evaluation and sustainability were identified. Oregon is one of only five states in the USA to participate in Healthy Eating, Active Living (HEAL), a program designed to engage communities in promoting access to healthy, affordable food and active living (Cuneo, 2014). The county, state, and several nearby small towns already have numerous policies and regulations supporting HEAL interventions, which may readily be applied to East Portland, where the initiative has yet to be launched. There are existing organizations supporting HEAL, thus facilitating administration of programs locally. For example, the University of Western States (UWS), located within East Portland, has numerous programs for health professionals, which emphasize healthy lifestyle and whole-person care, as well as clinics that offer low-cost and free primary and integrative care to underserved populations.

## 4. Discussion

### 4.1 Implications for Practice

The purpose of this study was to conduct a community needs assessment for East Portland, Oregon, USA from the perspective of 10 service organizations currently serving the community. Using the planning portion of the PRECEDE-PROCEED model (i.e. phases 1-4), this study identified community health needs, health status, and existing services and support systems designed to promote and facilitate healthy living. Table 5 summarizes the results of our social, epidemiological, educational/ecological, and administrative/policy assessments. Three key findings emerged from the data, emphasizing the most salient community needs related to healthy living—cultural competence, increased community awareness of available services, and collaboration among service organizations.

**Table 5. Overview of community needs assessment (phases 1-4) using the PRECEDE Model**

Phase 1	Phase 2	Phase 3	Phase 4
Social Assessment	Epidemiological Assessment	Educational & Ecological Assessment	Administrative & Policy Assessment
<u>Community Needs</u>	<u>Health Status</u>	<u>Predisposing Factors</u>	
<ul style="list-style-type: none"> <li>• Information</li> <li>• Education &amp; training</li> <li>• Ground level support</li> <li>• Healthcare</li> <li>• Nutrition</li> <li>• Exercise</li> <li>• Community outreach</li> <li>• Cultural competence</li> <li>• RESPECT</li> </ul>	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Overweight</li> <li>• Addiction</li> <li>• Stress</li> <li>• Chronic disease</li> <li>• Chronic pain</li> </ul>	<ul style="list-style-type: none"> <li>• Free classes: cooking, gardening &amp; grocery shopping</li> <li>• Exercise classes</li> <li>• Individual health coaching</li> <li>• Individual counseling</li> <li>• Cultural practices</li> <li>• Motivation</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy Eating, Active Living (HEAL) initiatives in adjacent towns in county</li> <li>• Promote healthy lifestyle through healthcare, health education and collaboration with local organizations</li> </ul>

Table 5 Continued

<u>Behaviors</u>	<u>Enabling Factors</u>
<ul style="list-style-type: none"> <li>• Substance abuse</li> <li>• Poor diet</li> <li>• Poor choices</li> <li>• Physical inactivity</li> <li>• Bad habits</li> <li>• Lack of motivation</li> <li>• Lack of knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Free and low-cost primary &amp; integrative care</li> <li>• Addiction recovery programs</li> <li>• Free &amp; discounted food</li> <li>• Fitness rooms &amp; programs</li> <li>• Community Center</li> <li>• Parks</li> <li>• Housing programs</li> <li>• Health Fair</li> <li>• Cultural events</li> </ul>
<u>Environmental</u>	<u>Reinforcing Factors</u>
<ul style="list-style-type: none"> <li>• Unsafe environment</li> <li>• Unemployment</li> <li>• Poverty</li> <li>• Unaffordable housing</li> <li>• Lack of access to affordable and accessible healthcare</li> <li>• Lack of transportation</li> <li>• Food deserts</li> <li>• Discrimination</li> <li>• Provider insensitivity</li> <li>• Bias</li> </ul>	<ul style="list-style-type: none"> <li>• Social support groups</li> <li>• Churches</li> <li>• Organizations offering individual &amp; group support</li> <li>• Addiction support groups</li> <li>• Emotional support</li> </ul>

#### 4.1.1 Need for Cultural Competence

According to the U.S. Census Bureau, by 2044, 56% of the nation's total population are projected to belong to any group other than non-Hispanic White alone, and by 2060, approximately one in five Americans are projected to be foreign born (Colby & Ortman, 2015). Based on these predictions, it is imperative for any organization serving diverse populations—particularly those underserved populations experiencing health disparities and inequities—to prioritize cultural competence (Cardinal, 2022). Throughout the interviews, organizations consistently reported cultural competence as a key need within the community, and expressed this in terms of cultural sensitivity, cultural awareness, cultural safety, addressing privilege and power imbalance, assessment of personal and organizational bias and assumptions, diversity, inclusivity, and cultural relevance. Organizations recommended several strategies to increase cultural competence, such as cultural awareness and training for local leadership and organizations serving the community, language services, providing culturally relevant information, and the introduction of ethnic studies and teacher training in schools. Organizations believed these strategies to be a cornerstone for fostering genuine respect and trust and creating a stronger connection among service organizations and community members. Overall, these findings support research examining the need, impact, and importance of cultural competence in a variety of academic, hospital, and community settings (Abrishami, 2018; Delgado et al., 2013; Liu et al., 2021; Kaihlanen et al., 2019; Vasquez-Guzman et al., 2021).

#### 4.1.2 Need for Increased Awareness

In organizations' accounts of the health needs and services in East Portland, a second finding was the wide gap between existing health services and the current utilization of those services. For example, organizations listed a variety of unique services and programs that support healthy living in East Portland. However, the same organizations reported a general lack of community awareness of what was readily available. One organization, working in the community for over 25 years, was "still surprised" at the number of residents completely unaware of their organization, despite the overwhelming need for their services. Organizations viewed this as a major barrier to healthy living in the community, and a contributing factor to numerous health-related inequities and disparities in East Portland. To broaden community awareness and access to information, organizations recommended better visibility, branding, marketing, and promotion of these services through community-sponsored events, fund-raising, volunteer recruitment, partnering with local schools and universities, and collaboration with other service organizations.

#### 4.1.3 Need for Interorganizational Collaboration

The importance of collaboration among organizations to deliver health-related services and close the existing gap between current needs and existing services was emphasized. For example, HEAL initiatives, which address healthy

lifestyles needs, are already in operation in nearby communities. However, none of the local organizations have connected with these initiatives. It appears that the well-organized, well-run, and internally successful helping organizations have not had the resources to form links with one another or to nearby organizations that share similar goals and can offer complementary services. This situation is not unique to East Portland; community organizations, due to scarce resources, are often unable to spare the personnel and time to establish the collaborative arrangements that could bridge their silos. However, establishing collaborations between larger (county or state level) organizations and smaller (neighborhood) ones can benefit both: the larger organizations gain direct access to their populations of interest, and the smaller ones' benefit from the greater resources of the larger organizations (Margolin et al., 2004). Furthermore, collaborations among academic institutions and community organizations are also beneficial to the population, particularly in the case of healthcare training institutions. Healthcare institutions have been encouraged to partner with community organizations, particularly to better serve the needs of underserved populations (Auerbach & Chen, 2023; Christopher & Madden-Baer, 2015; Vanderbuilt et al., 2015).

One viable approach to achieving this goal is an organizational framework known as *Collective Impact*, a distinct model for collaboration, which has been successfully implemented in a variety of programs and organizations worldwide. The key components of *Collective Impact* include (1) having a common agenda, (2) sharing measurement systems (i.e. consistent data collection and measurement), (3) conducting mutually reinforcing activities (i.e. differentiated, yet still coordinated), (4) maintaining consistent and open communication, and (5) having a single backbone organization to coordinate participating organizations and agencies (Hanleybrown et al., 2012). This approach promotes equitable horizontal relationships among organizations, and offers practical strategies for solving large-scale social problems, while mitigating the difficulties that arise when organizations act in silos, which only exacerbates the problems facing underserved populations. The *Collective Impact* approach appears to provide the elements necessary to effectively coordinate the activities of East Portland service organizations, which makes it a promising avenue for future research, as well as a suitable guide for our efforts aimed at beginning the PROCEED process of the present community needs project.

## 5. Limitations

Like all studies, this study has limitations. First, interpretation and results may be subject to researcher bias, and second, the research participants may have been influenced by their interaction with the researcher, resulting in exaggerated or altered narrations (Anderson, 2010). To address these limitations, and to enhance the quality of the data, the researchers took several steps guided by Yardley's (2000) four criteria of sound qualitative methodology—sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance. This included assembling a research team with expertise in qualitative methodology and analysis, agreement among the researchers on all elicited themes and indicative quotations, rich thick description in reporting, the use of an audit trail, and practicing reflexivity throughout the study (i.e. openly reflecting on researcher bias, motivations, experiences, preconceptions, and actions and their potential impact on the participants and the research). A final limitation worth noting is that while a broad range of community organization leaders was sampled, inclusion of input directly from residents may have provided additional insights.

## 6. Conclusion

This study provides insight into the unmet health needs of the East Portland community, despite the number and variety of services currently available. It also portrays the health-related disparities, inequities, and obstacles experienced by East Portland residents, and highlights the importance of cultural competence, marketing strategies, and organizational partnership in effectively meeting the health needs of this underserved community. Moreover, this study demonstrates the multiple levels of influence on health behavior, emphasizing the utility of an ecological approach to health education and promotion. Therefore, a next step is to use the findings from the current study to guide and inform future program design, implementation, and longitudinal evaluations of health-related interventions (i.e. PROCEED portion of the model) to support a more effective delivery of health services to this underserved community. Future studies could compare and contrast the perspectives of residents with community service organization leaders for a more complete picture of community needs in East Portland.

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