African Community Needs Assessment

Key findings from African immigrant and refugee communities in Oregon and SW Washington.
Acknowledgements

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On behalf of the founding director of IRCO’s Africa House and IRCO Associate Director of Community Relations, Mr. Djimet Dogo, and the Africa House Advisory Council through its chair, Mr. Charles McGee Sr., we are pleased to present the following African Community Needs Assessment.

This biennial assessment is an African specific subset of the broader immigrant and refugee assessment conducted by IRCO in alternate years. This year it provided an opportunity for over 100 African community members, from nine identifiable regional language groups that make up the breadth of Africa House’s clientele to express their thoughts, concerns, opinions, and recommendations. The current assessment is particularly important as we emerge from the scourge on our communities wrought by the COVID-19 pandemic. While not seeking to be statistically representative of the needs and concerns of the many African refugee and immigrant communities in Oregon and SW Washington, the following pages identify community needs and present recommendations to inform the work of IRCO and IRCO Africa House as we move forward in our post-COVID world.

Of particular interest to us are the discussions around COVID-19 and mental health (see pgs. 13-14). Regarding COVID-19’s effect on these communities, not only do the following pages discuss the extent to which these groups have been hit by illness and loss but also identify certain subsets that were particularly hard hit. For example, 63% of the respondents indicated that someone in their household worked in an environment that is (or was) high risk for contracting COVID. While not juxtaposed with demographic data from the general population, this number seems inordinately high and is worth exploring for its implications.

Regarding mental health, respondents offered thoughts about which community members they turn to when mental health needs emerge; the extent to which health care covers such costs; and cultural differences about accessing treatment including stigma and taboo, fear leading to hesitation to seek assistance or a lack of trust in those inside or outside their communities. Mental health needs are not a common theme for many in the diaspora communities, but with the loss of homeland, culture, and family support or access to spiritual leaders one can trust, the needs of many became apparent. The range of responses is significant, from an Oromo respondent stating that people in their community don’t know about mental health as a concept important to understand, to a Somali respondent who stated that as more and more of their community are adapting to western culture, many people are becoming more open to talking about their feelings and that this is a “good” change.

Related to mental health, one topic missing in the assessment is discussion around domestic abuse or violence, an issue which, in the absence of in-person schooling and access to school counselors and social workers, has grown across all communities and may be affecting the African community too. Also missing is discussion around the impact of gang violence which we know is quite profound.

Beyond identifying community challenges and needs, it is important to acknowledge and celebrate community strengths and successes despite these challenges, which the report does in its conclusion with a list of community comments focused on community pride and hope. Among these are great joy in community celebrations and gatherings as well as sought after opportunities for cultural and language preservation, youth programs, and a growing desire to support one another within their distinct communities, “to be there [financially] for new immigrants or others in the time of their needs.” We believe it will be wise to delve deeper into what the predictors of the successes are as we try to replicate these for communities that are still struggling. Some of it may simply be more time in their new homes and increased language proficiency, but there are likely other factors that additional analysis can uncover.

In sum, our 2022 African Community Needs Assessment bespeaks progress amid profound and persistent need, made worse by the COVID-19 pandemic. This work, and the many successes and lessons of the community highlighted here and elsewhere, speaks to the heart of IRCO Africa House’s mission and work, and is something we will build on with new and continued programming.
Methodology

The 2022 CNA utilized a survey questionnaire administered by a team of dozens of culturally specific Community Survey Specialists (CSSs), who reached out to community members from their individual cultural and language groups to identify individual challenges and needs as well as those of their community. Survey languages targeted were determined based on feedback from community leaders and publicly available data on languages spoken at home. Our survey questions incorporated different aspects of the social determinants of health (SDOH), defined as the “conditions in the environments where people are born, live, learn, work, play, worship, and age.” Ultimately, we successfully surveyed 528 community members from 23 different language groups, representing more than 50 cultural and national backgrounds (see below). Due to small sample sizes, conclusions should not be made about any community from this data alone. In some cases, limited or skewed sample sizes could lead to incorrect conclusions about a community’s level of need.

<table>
<thead>
<tr>
<th>TABLE 1: COMMUNITY MEMBERS SURVEYED: BY COUNTRY OR CULTURE OF ORIGIN</th>
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Respondent Background

We surveyed 95 community members from an African country or culture. The data highlights the growing cultural and geographic diversity of the African community in Oregon and SW Washington and also reflects the recent and ongoing migration trends.

4% of Oregon’s foreign-born population, or approximately 17,739 people, is from Africa. The top countries of origin for African immigrants are Ethiopia (23%), South Africa (9%), Kenya (8%), Nigeria (6%), and Egypt (6%).

Source: U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates.

Respondent zip codes of residence

Respondent country of origin

Respondent country of origin
(Greater Middle Eastern CNA)

% of respondents who are newcomers (<5 years living in their city)

- Less than 5 years
- More than 5 years

Oromo-sp 90%
Amharic-sp 88%
Tigrigna-sp 50%
Somali-sp (Ontario) 50%
Swahili-sp 39%
Somali-sp 0%

Average age: 39
Average years in city: 7
36% face challenges because of their English level

Average household size: 4
60% lived in a household with children.

Portland East of 82nd Ave
North Portland
Beaverton
Salem
Clackamas County
Washington County
Marion Co.
Linn Co.
Clark County
Coos
Cle Elum
Hillsboro-Al...
Nor...
Economic Stability

This section covers factors such as housing instability, employment, income, food insecurity, and access to services.

6 out of 10 respondents say they can cover their monthly living costs.

This rate was lower for Amharic-speaking and Swahili-speaking respondents (56% and 53%, respectively), and especially low for Oromo-speaking respondents (40%).

Only 4 out of 10 respondents say that people in their community have enough food to eat for the entire month.

Affordability was especially a big issue for Swahili-speaking and Tigrigna-speaking respondents, only 24% and 38% of whom say they can easily find food that is affordable, respectively.

Desired food-related services or support:

- Gardening access/education (cited by 32% of respondents)
- Food pantry, especially if culturally specific (22%)
- Financial support
- Food stamps

“[People need] more culturally specific food pantries, people in our community usually do not eat those food they have at pantries, therefore [they] don’t go there even if they are in need.”

Oromo-speaking respondent

“[We need] community based job postings and advertisement.”

Amharic-speaking respondent

Challenges to finding work:

- Language barrier
- Lack of education or training
- Lack of work experience
- Lack of connections
- Discrimination/racism

Desired employment services:

- Skills-building and vocational training
- General employment services (such as help with resumes, job search, and interviews)
- Coaching/mentorship
- Soft skills training (such as negotiation, customer service, navigating performance reviews)
- Language/culturally specific services

“Discrimination and low language level makes it hard to get a job, lack of affordable daycare also makes it harder for mothers to get work.”

Swahili-speaking respondent

“[We need] community based job postings and advertisement.”

Amharic-speaking respondent

Only 1 out of 6 respondents in Ontario say that people in their community can find work.

Only half (49%) of respondents say that people in their community can generally access legal services or information.

Common challenges to accessing legal services:

- Cost (cited by 49% of respondents)
- Lack of information (33%)
- Language barrier (20%)
- Sense of fear and/or distrust (18%)

“We need case workers to help teach clients on their housing rights and responsibilities as some landlords take advantage of newcomers with low English levels.”

Amharic-speaking respondent

“[People fear giving too much of their information to lawyers, lack of understanding legal terminology, mistrust of the legal system and courts.”

Swahili-speaking respondent

“Discrimination and low language level makes it hard to get a job, lack of affordable daycare also makes it harder for mothers to get work.”

Swahili-speaking respondent

3 out of 10 are satisfied with their job.

Although 69% of participants are employed, only 36% say they are satisfied with their job. 65% say that it was difficult to find or apply for a job.
Education Access & Quality

This section covers factors such as adult education and training and inclusivity and representation in school.

Less than 2 out of 10 respondents say that there are preschool or childcare programs with culturally specific teachers or staff in their area.

Only half (54%) of respondents have ever received information about career and training services.

This rate is even lower for Somali-speaking respondents (37%) and Oromo-speaking respondents, none of whom have received information.

67% of respondents say that having more outreach, information, and awareness will help people sign up for classes.

1 in 4 respondents are interested in training for a job in the healthcare field.

Other fields where respondents would like more training for is the computer/IT/cyber security field, business and management, truck driving, legal/paralegal, and education.

Things that would help children in their community feel more welcomed at school:

- Culturally specific teachers or staff (cited by 35% of respondents)
- Socializing and having good friends (23%)
- Regular communication and check-ins between teacher and student (18%)

Common challenges to being involved: a lack of time, the language barrier, not receiving updates from their teacher and their own education level.

34% said that there is less community and family support with childrearing here, compared to their native country.

“I love for them to be able to play or learn from cultures that includes them. Books that look like [them], music that is diverse, toys that are inclusive.”

Oromo-speaking respondent

“[Signing up for school] was smooth, because we had insurance, immunization etc. was difficult at first but you get used to it.”

Swahili-speaking respondent

said they found the process of enrolling a child in kindergarten or school difficult.

How respondents want to be involved in their child’s learning and development:

- Getting updates about their child’s learning (cited by 37% of respondents)
- Attending or volunteering in school activities (23%)
- Teacher conferences or conversations (20%)

“[We need] work related training for specific cultures, especially into management positions.”

Swahili-speaking respondent

“I [love for them to be able to play or learn from cultures that includes them. Books that look like [them], music that is diverse, toys that are inclusive.”

Oromo-speaking respondent

“[If children get support in their language, it is very good to build confidence.”

Amharic-speaking respondent
Health Care Access & Quality

This section covers access to health services, primary care, mental health support and services, and the impact of COVID-19.

Only half (49%) of respondents say that people in their community can get the healthcare they need.

% of respondents who say that people in their community can get the healthcare they need

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<tr>
<th>Language-Speaking Group</th>
<th>0%</th>
<th>25%</th>
<th>50%</th>
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<td>Oromo-sp</td>
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<td>Somali-sp (Ontario)</td>
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<td>Tigrigna-sp</td>
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<td>Swahili-sp</td>
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<td>Amharic-sp</td>
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<td>Somali-sp</td>
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"In my community people do not know about mental health, they would just call it this person [is] going crazy and move on."

Oromo-speaking respondent

In particular, no Oromo-speaking respondents say that people in their community seek the help they need.

45% of respondents say that someone in their household works in an environment that is high-risk for contracting COVID-19, including 90% and 100% of Oromo-speaking and Tigrigna-speaking respondents, respectively.

People in the respondents’ community most often turn to family or friends for mental health support (71% of respondents), followed by a faith or spiritual leader (54%), healthcare provider, such as doctor (38%), then another type of community leader (22%).

Fear, hesitation, or a lack of trust was the most frequently cited reason as to why people do not seek mental health support.

Other reasons include preferring to rely on family, friends, and community support; a lack of mental health information and education; cultural differences; taboo/stigma; personal preference; privacy concerns; a lack of affordable/accessible services; and not knowing what support is available.

1 in 4 respondents say that people in their community seek the help they need when having intense or prolonged feelings of sadness, anxiety or distress.

"The pandemic left me financially struggling, and emotionally depressed, I do not feel comfortable leaving my house anymore."

Oromo-speaking respondent

"In my community people do not know about mental health, they would just call it this person [is] going crazy and move on."

Oromo-speaking respondent

"People need INSURANCE; same sex doctors/providers; assurance/eliminating fear that they can get care regardless of immigration status; financial assistance for medical needs."

Swahili-speaking respondent

"[People need] INSURANCE; same sex doctors/providers; assurance/eliminating fear that they can get care regardless of immigration status; financial assistance for medical needs."

Somali-speaking respondent

45% of respondents have gotten sick due to COVID-19.

40% say that someone in their family had been hospitalized because of COVID-19, and this rate was twice as high for Tigrigna-speaking and Oromo-speaking respondents.

6% say that someone in their family passed away from COVID-19, although this rate was three times as high for Oromo-speaking respondents (20%).

1 in 5 Oromo-speaking respondents had a family member who passed away from COVID-19.

1 out of 3 (36%) of respondents did not have a primary care provider, relying instead on emergency room, urgent care clinics, or free/community health clinics. This rate was even higher for Oromo-speaking, Amharic-speaking, and Tigrigna-speaking respondents, most of whom did not have a primary care provider (70%, 56%, and 56% respectively).

Common Challenges to accessing healthcare:

- Lacking knowledge or information (29% of respondents)
- Lack of health insurance or coverage (21%)
- High cost (21%)
- Language barrier or communication (19%)
- Navigating the healthcare system (16%)

1 out of 5 Oromo-speaking respondents had a family member who passed away from COVID-19.

"As more and more Somalis are adopting to the westernized culture, they are learning to openly talk about, share and address their feelings and that has been going really good by far."

Somali-speaking respondent

"In my community people do not know about mental health, they would just call it this person [is] going crazy and move on."

Oromo-speaking respondent

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Swahili-speaking respondent

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Somali-speaking respondent

"In my community people do not know about mental health, they would just call it this person [is] going crazy and move on."

Oromo-speaking respondent
Neighborhood & Built Environment

This section includes factors such as housing conditions, safety concerns, neighborhood food access, and transportation.

74% of respondents are renters.

Including all Somali-speaking and Oromo-speaking respondents.

Less than half (46%) of renters are satisfied with their housing.

No Somali-speaking renters in Ontario were satisfied with their housing, and only 20% of Oromo-speaking renters were satisfied.

“I wish [my home] had elderly friendly walking areas that are clean and quiet.”

Somali-speaking respondent

7 out of 10 (69%) respondents say that housing instability is a problem for people in their community.

Including 74% of Swahili-speaking, 80% of Amharic-speaking, 80% of Somali-speaking in Ontario, and all Oromo-speaking respondents.

Common housing-related challenges:

- High/rising costs (cited by 57% of respondents)
- Low wage/financial instability (24%)
- Limited options and availability
- Lack of homes suitable for big families
- Crowding/over-crowding
- Strenuous requirements to rent

“Rents are high, some don’t know how to apply for rent assist programs, some have low incomes and no stable jobs, some struggle to even fill rent leasing forms as they don’t know English.”

Swahili-speaking respondent

Housing-specific supports desired:

- Rental assistance (cited by 28% of respondents)
- Affordable housing (21%)
- Classes and support for first-time homebuyers (11%)
- Low-income housing (11%)
- Housing navigation and help with applications (11%)

“Yes. I would like more programs to help people buy homes as the home prices are steadily increasing and becoming not affordable for many families.”

Swahili-speaking respondent

Discrimination, hate crimes, and racial profiling were the most frequently cited safety concerns among respondents (27%).

Other safety concerns include:

- The perceived threat of homeless people (24%)
- Concerns for the safety of children and youth due to bullying, racial profiling, and other reasons (19%)
- Concerns for the safety of the elderly (16%)
- Gun violence (14%)

57% of respondents trust the local police, and this rate was lower for Somali-speaking (56%), Oromo-speaking (40%), Somali-speaking in Ontario (33%), and Tigrigna-speaking (27%) respondents.

Less than half of respondents say that they can easily find food in their neighborhood that is fresh and healthy (47%) and affordable (41%).

53% of respondents say they can easily find food that is culturally specific, and 61% say that they can find food that is of a good variety.
Social & Community Context

This section includes factors such as community involvement, civic engagement, community spaces, and maintaining culture.

In the last year, **almost half (49%)** of respondents were involved in their community through religious activities. Additionally, 40% have been involved through volunteering.

**Most (67%)** respondents do not tend to keep up with political issues. Of those who did follow politics, it was more likely to be political issues or conflicts in their home country (22%), followed by global/international politics (16%) and US national politics (16%).

Only **8%** of respondents kept up with local politics, like school board, city council, and mayoral elections.

**Roughly half (46%)** of respondents consider a place of worship as a center of their community.

**The same share (46%)** of respondents say that their community does not have a center, or that they do not know of one.

All Oromo-speaking, and over 60% of Somali-speaking respondents in the Portland region and Ontario, say that their community does not have a center, or that they don’t know of one.

**Community assets desired:**
- Community or cultural center (cited by 21% of respondents)
- Native language school or educational center (19%)
- Event/gathering space (18%)
- Place of worship (11%)
- Outdoor spaces, such as a pool or park (10%)

**Maintaining culture:**
Challenges respondents face when trying to maintain home culture:
- Lack of communication and infrequent meetings/gatherings (cited by 22% of respondents).
- Pressure to assimilate and the influence of American culture (17%).
- Small, or scattered, community (17%).
- Lack of cultural resources, such as food, dress, and other supplies (13%).
- Too busy, no work-life balance (13%).

**Concerns for children:**
- ESL classes
- Opportunities for exercise and physical activity
- Social activities, such as knitting, art and cultural exchange programs
- Access to healthy food and meals
- Healthcare navigation

**Senior needs:**

52% of respondents say that people in their community can get services in their language.

The language services desired are: support in their language/dialect; a centralized place for support and information; translated documents and materials as well as interpreters in hospitals and other public spaces; and more culturally-specific or bilingual staff.

58% of respondents says that having more frequent gatherings and events would help maintain their native culture.

Other responses include having a community center or space, native language lessons, more appreciation and awareness of their native culture, and cultural clubs and activities for youth.

**“[Children] do not have enough support from school or from their home. Parents are working two, three jobs just to be able to pay the bills and [are] not involved with their kid’s life, and the school is not supporting the kids enough.”**

Oromo-speaking respondent

**“People want to fit into the American society, so they quickly forget their native cultures ...We also have very limited interactions with people from back home as everyone is always busy in the US.”**

Swahili-speaking respondent

**“We need] places that are free of discrimination to allow us to be free and safe.”**

Swahili-speaking respondent

**“I worry mostly about my great grandkids because they seem to be losing their Somali language as they are all born here.”**

Somali-speaking respondent
Community Pride & Hope

In what ways are you happy or proud of how your cultural community has been doing in the past few years?

“We are there for each other during loss - people contribute money when you lose a loved one to help you with the costs, we pray for each other and sometimes cook for each other.”
- Swahili-speaking respondent

“We’ve been strong and try to continue to stay strong even though political views can change.”
- Tigrigna-speaking respondent

“We have been gaining autonomy and adjusting well.”
- Amharic-speaking respondent

 “[We are] getting better at coming together to help each other when crises happen here or back home.”
- Oromo-speaking respondent

“For the last few years there has been significant changes in how my community in general has come long way, especially here in Portland, which I'm really proud.”
- Somali-speaking respondent

“In what ways are you hopeful for the future of your local cultural community?

“Our community has been growing and the management of the affairs of our community are aided by social media and internet platforms. This will help keep the social ties of our community.”
- Swahili-speaking respondent

“[I am hopeful] when I see young kids hanging out with each other regardless of families' religious or political beliefs.”
- Tigrigna-speaking respondent

“Financially so that we will be there for new immigrants or others in the time of their needs.”
- Amharic-speaking respondent

“The technology is bringing more people together from different countries.”
- Oromo-speaking respondent

Somali-speaking respondents were hopeful that the progress made within the community will continue.

Somali-speaking respondents in Ontario are hopeful that there will be more culturally specific services and opportunities to gather.
Africa House

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About Africa House
Africa House has over a decade of experience as the only culturally and linguistically specific one-stop community center targeting the increasingly diverse and growing number of African immigrants and refugees living in Oregon.

We are dedicated to working alongside our clients to help them achieve equality and self-sufficiency. We strive to help our clients understand and successfully adjust to the American way of life, while still celebrating their own heritage.

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Our Mission at IRCO
To welcome, serve, and empower refugees, immigrants, and people across cultures and generations to reach their full potential.

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2022