



LEGACY
HEALTH

Legacy Emanuel Hospital & Health Center

DBA

Legacy Emanuel Medical Center

Community Health Needs Assessment

FY27–FY29

(April 1, 2026–March 31, 2029)

Mission

Our legacy is good health for our people, our patients, our communities and our world. Above all, we do the right thing.

Vision

To be essential to the health of the region.

Values

*Respect • Service • Quality • Excellence
Responsibility • Innovation • Leadership*



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Legacy Emanuel Medical Center

Community Health Needs Assessment

Overview

Introduction

The vision at Legacy Health is to be essential to the health of the region. Legacy remains dedicated to its mission and fulfills its commitment to the community through investments and partnerships.

Legacy is an active participant in the development and implementation of the regional community health needs assessment (CHNA) led by the Healthy Columbia Willamette Collaborative (HCWC).¹ The data and results from the HCWC CHNA provide the foundation for the Legacy Emanuel Medical Center CHNA. Legacy Emanuel then creates a community health improvement plan (CHIP) to direct its efforts on the community-identified priority needs selected in its CHNA.

All Legacy CHNAs and CHIPs are conducted in accordance with the Patient Protection and Affordable Care Act (ACA), Internal Revenue Service (IRS) Section 501(r)(3),² which requires tax-exempt hospital facilities to complete a CHNA and produce a corresponding CHIP once every three years. The Legacy Emanuel CHNA and CHIP are approved by the Legacy Health Board of Directors (*see Appendix A*) and are publicly available, in compliance with IRS regulations.

What is a Community Health Needs Assessment?

A CHNA is a collaborative, systematic process that gathers and analyzes diverse types of data from community members and other sources to 1) describe the community in terms of demographic, social, health status and environmental characteristics; 2) highlight community health-related needs and assets; 3) uncover factors influencing health and social outcomes; and 4) identify resources available to improve individual and community health and well-being. Assessment findings can be used to prioritize, plan and act upon unmet community health needs; monitor health and social change over time; establish benchmarks for healthcare and public health practice; and inform quality improvement efforts.^{3,4}

About Legacy Health

Legacy is a local, nonprofit health system that is driven by its mission to deliver good health for our people, our patients, our communities and our world. Legacy provides comprehensive primary, secondary and tertiary care services across the Portland and Vancouver metro area and mid-Willamette Valley. From rural areas to urban centers, Legacy plays a critical role in the lives of 2.5 million people.

Legacy Health Includes:

- Six medical centers
- Dedicated children's care at Randall Children's Hospital at Legacy Emanuel
- Unity Center for Behavioral Health (*a collaboration with three other health care organizations*)
- More than 80 primary care, urgent care and specialty clinics
- Over 14,000 employees, and more than 3,000 health care providers
- Partnership with PacificSource health plan
- Research and hospice

Legacy Emanuel Medical Center

Legacy Emanuel in North Portland is a local and regional leader in serious clinical illness and injury. It is one of only two Level 1 trauma centers in Oregon and home to the only burn center between Seattle, WA and Sacramento, CA. As a 554-bed facility, Legacy Emanuel provides a full range of services, including round-the-clock expertise for critical health issues, experts in trauma, heart care, burns, significant wounds, stroke, brain surgery and more.

Randall Children's Hospital at Legacy Emanuel is a regional center for infants, children and teens located on the Legacy Emanuel campus, providing advanced pediatric services as a designated Level IV neonatal intensive care unit (NICU), a verified pediatric Level I trauma center, and a verified Level 1 children's surgery center.

Unity Center for Behavioral Health is a collaborative partnership between Legacy, Adventist Health, Kaiser Permanente and Oregon Health & Science University (OHSU). The center provides immediate psychiatric assessment, crisis stabilization and inpatient behavioral health services for individuals experiencing a mental health crisis. Unity operates under the governance of Legacy Emanuel.

Service Area

Legacy Emanuel defines its service area by geographic location and where its patients live. Legacy Emanuel serves a predominantly urban community located in North and Northeast Portland, Oregon, with a primary service area that extends across Multnomah County. Clackamas and Washington counties in Oregon, and Clark County in Washington, comprise Legacy Emanuel's secondary catchment areas. These counties are also served by 14 other licensed hospitals, including four Legacy medical centers, Kaiser Sunnyside Medical Center, Oregon Health & Science University Hospital, PeaceHealth Southwest Medical Center, Providence Portland Medical Center and other regional providers. Despite the availability of these healthcare facilities, gaps in access remain. Transportation challenges, language and cultural barriers, and lower levels of trust in healthcare providers and systems continue to limit access to timely and appropriate care, especially for members of priority populations.⁵

Multnomah County includes an estimated 793,829 residents and reflects significant demographic diversity.⁶ Approximately 30% of residents identify as people of color, including about 6% Black or African American, 8% Asian, 9% multiracial, and 13% Hispanic/Latino/a. Language diversity in the community is notable, where 76% of residents speak English only, while about 8% speak Spanish and 6% speak an Asian or Pacific Islander language at home. Recent demographic trends show increasing racial and ethnic diversity and a continued rise in households speaking languages other than English, which has implications for accessibility and health communication.^{6,7}

Residents in the primary service county have a median household income of \$90,263⁶ with approximately 13% living below the federal poverty level.⁸ An estimated 6% of community residents are uninsured,⁹ and 36% are Medicaid recipients.^{10,11} Approximately 39% of patient encounters at Legacy Emanuel are covered by Medicaid.¹²

Within Multnomah County, the primary service county, several neighborhoods, including Rockwood and Flavel, are designated as Medically Underserved Areas (MUAs) or contain Medically Underserved Populations (MUPs).¹³ These federal designations indicate communities facing persistent challenges related to healthcare access, socioeconomic vulnerability, and other factors associated with health inequities.¹⁴

Legacy Emanuel Medical Center: Community Health Impact (FY24–FY26)

At the end of March 2026, Legacy Emanuel completed its FY24-FY26 CHNA/CHIP cycle. During this period, Legacy did not receive any public comments regarding the FY24–FY26 CHNA or CHIP.

The Legacy Emanuel FY24–FY26 CHNA¹⁵ was based on the HCWC 2022 CHNA.¹⁶ Building on the 2022 assessment findings, Legacy Emanuel prioritized six community needs to address with its FY24–FY26 CHIP.¹⁷ These needs were:

1. Access to Affordable Health Care
2. Culturally and Linguistically Responsive Health Care
3. Economic Opportunity
4. Educational Opportunity
5. Culturally Specific and Healthy Foods
6. Physical Safety in the Community¹⁵

During the three-year CHNA/CHIP period, Legacy invested almost \$4 million in 29 community-based organizations and partnerships across the quad-county region to support activities aligned with CHIP objectives. The tables in Appendix B provide selected examples of Legacy’s impact on advancing these objectives and responding to community-identified needs during this period.

Legacy Emanuel Medical Center: Community Health Planning (FY27–FY29)

Healthy Columbia Willamette Collaborative 2025 CHNA

In 2025, the HCWC completed an update⁵ to its 2022 regional CHNA.¹⁶ Legacy was an active participant in the management, development and implementation of the CHNA process. The 2025 CHNA⁵ serves as the current assessment for the quad-county region and provides the foundation for the Legacy Emanuel FY27–FY29 CHNA and CHIP.

The Collaborative consists of six hospital systems, including Legacy, two coordinated care organizations, one nonprofit Medicaid insurer and three county public health departments.^{5(p9)} The HCWC convened and partnered with a Community Advisory Group (CAG) comprising leaders from community-based organizations serving priority populations (*e.g., medically underserved, low-income and minority communities*) throughout the four-county region to help inform, implement and disseminate the assessment.^{5(p5)}

The HCWC 2025 CHNA included secondary quantitative data from population-based (*e.g., United States (U.S.) Census Bureau American Community Survey, Behavioral Risk*

Factor Surveillance System) and institutional (e.g., *U.S. Department of Agriculture, Federal Financial Institutions Examination Council*) sources to describe the communities in the four-county region in terms of demographics, health status, socioeconomic factors and other characteristics. They also identify trends and allow for comparisons over time.⁵

Community input was collected using both quantitative and qualitative approaches. An online survey, available in 19 languages, was completed by 2,128 community members in late 2024. This convenience sample was mostly White (57%), women (70%), aged 26 to 55 years (75%), and English speaking (72%). More than 350 community members participated in one of 37 focus groups led by HCWC and CAG partners. Nine focus groups were conducted in a language other than English. Approximately 60 percent of focus group participants preferred to speak a language other than English and 75 percent identified as people of color.⁵ (Appendices A,C-F)

The HCWC 2025 CHNA provides a comprehensive evaluation of the health and social needs affecting the communities served by Legacy Emanuel, validating persistent community health issues while identifying emerging challenges across the region (see *Appendix C*).⁵

Legacy Emanuel Medical Center FY27–FY29 CHNA

Prioritization of Community-Identified Needs

Legacy used a structured prioritization process to determine which of the community-identified needs reported in the HCWC 2025 CHNA⁵ it could most effectively address over the FY27–FY29 implementation period. Both longstanding health and social challenges and emerging needs identified since the previous assessment were considered. The complete process integrated techniques recommended by the National Association of County & City Health Officials¹⁸ and the Catholic Health Association of the United States of America.¹⁹

The Legacy Health Community Benefit team and its Community Benefit Advisory Committee engaged in all prioritization activities. They began by reviewing a set of materials to inform their decisions: the HCWC 2025 CHNA⁵; a listing of Legacy investments in each of the areas of need; an inventory of the knowledge, skills, resources, conditions and community partnerships available within Legacy to address each of the needs being considered; and summaries of known evidence-based solutions associated with each need.^{20,21} After consideration of this information, participants applied four criteria to each of the community-identified priority needs and then ranked each in terms of its viability as an actionable need. Results were combined and the collective rankings discussed.

At the end of this process, priority was given to needs that have a substantial impact on community health and well-being; disproportionately affect low-income

populations, communities of color and other historically underserved groups; and present actionable opportunities for evidence-informed interventions that align with Legacy's mission, expertise, resources and established community partnerships.^{5,20,21}

The four priority needs selected as the focus of Legacy Emanuel's community health-related improvement efforts for the FY27–FY29 CHNA/CHIP period include:

1. Access to Healthcare
2. Behavioral Health
3. Education and Workforce Development
4. Food Security

Health Needs Identified but Not Prioritized

No single healthcare system or community health organization can ameliorate all the health and social issues present in the communities they serve. The four needs Legacy Emanuel prioritized for action during the three-year CHIP period are those it has the capacity and capability to best affect using evidence-based and feasible interventions with priority populations.

The remaining priority needs ideally will be addressed by other local health systems, coordinated care organizations, public health agencies or community-based organizations in the region. Legacy Emanuel will support collaborative community-based efforts to meet these identified needs when opportunities align with organizational capacity and priorities.

Resources for Action

Legacy is committed to dedicating resources to impact the four priority needs identified in this CHNA. This includes providing personnel time and technical assistance, access to healthcare and health-related services, and funding for Community Benefit initiatives, such as strategic partnerships and community health grants. Additionally, Legacy will leverage strategic community partnerships and other collaborative efforts to guide action and enhance the likelihood of long-term success.

For Questions or More Information

If you have any questions, comments or wish to obtain a printed copy of this CHNA Report, please email us at CommunityBenefit@LHS.org.

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Appendix A: Legacy Health Board of Directors Approval

Legacy Emanuel Medical Center

FY27–FY29 CHNA Board Approval and Adoption

The Legacy Health Board of Directors reviewed and adopted the Legacy Emanuel Medical Center Community Health Needs Assessment (CHNA) on July 16, 2026.

The final plan was published on September 15, 2026, and made publicly available through the Legacy Health website.

Appendix B: Impact Tables

TABLE 1 Access to Culturally and Linguistically Responsive Health Care <i>Priority Issues: Access to Affordable Health Care and Culturally and Linguistically Responsive Health Care</i>		
Objective 1.1 By the end of FY26 (March 31, 2026), increase access to health care services for community members who are low-income and/or underinsured or uninsured.		
Initiative	Description	Impact
Health Systems Access to Care Fund (HSACF): Community Supported Clinic Support	Collaborative investment for community supported clinics to strengthen infrastructure, expand capacity and improve access to care.	• 10 community clinics supported • More than 56,000 patient visits provided • 19,264 community members served
Project Access NOW (PANOW): Payment Support and Donated Care Programs	Collaborative partnership providing health coverage assistance, care navigation and access to health services for low-income and uninsured community members.	• 2,677 community members received health insurance premium assistance • 2,053 individuals connected to donated healthcare services • 12,629 community members received navigation support services
Filipino Bayanihan Center: Community Vaccination Clinic	Community Development Grant used to purchase flu and COVID-19 vaccines and related supplies for a community vaccination clinic serving Filipino migrant worker and caregiver communities.	• Conducted a community vaccination clinic for Filipino migrant worker and caregiver communities • Increased access to flu and COVID-19 vaccinations • Provided culturally responsive preventive health services
Rose Haven: BLOOM Wellness and Empowerment Program	Community Health Grant supporting the BLOOM Wellness & Empowerment Program, which provides healthcare, hygiene, wellness and community engagement services for women, children and gender-diverse individuals experiencing housing instability and other barriers.	• Nearly 6,000 guests received nursing and health support services • More than 44,000 hygiene supplies distributed • Nearly 7,000 showers provided • Over 1,700 loads of laundry completed
Portland Pride Festival: HPV Vaccination Program	Legacy provided free HPV vaccinations at the annual Portland Pride Festival to improve access to preventive health services.	• 100 HPV vaccines administered during the 2025 Pride Festival

Table continues

TABLE 1 Access to Culturally and Linguistically Responsive Health Care Priority Issues: Access to Affordable Health Care and Culturally and Linguistically Responsive Health Care		
Objective 1.2 Increase the sustainability and integration of Traditional Health Workers (THW) in clinical and community-based settings by the end of FY26 (March 31, 2026).		
Initiative	Description	Impact
Virginia Garcia Memorial Health Center: School-Based Health Center Navigation Program	Community Health Grant funding a health navigator/ community health worker at school-based health centers to connect students and families with healthcare, behavioral health and social support resources.	• Health navigator/community health worker deployed across 4 school-based health centers • 96 students received navigation and support services • Community resources promoted at 25 health and resource fairs
Transition Projects: Wellness Access Specialists Program	Community Health Grant supporting Wellness Access Specialists who connect individuals experiencing homelessness to healthcare, supportive services and resources that address health-related social needs.	• More than 300 individuals received supportive service coordination • Assisted with transportation, medications, medical supplies, mobility devices and eyeglasses • Connected individuals to food and other essential resources
Legacy Health: Traditional Health Worker Workforce Expansion	Expanded employment and integration of traditional health workers across Legacy, including community health workers, peer mentors, health navigators and doulas.	• Traditional Health Worker workforce increased from 8 to 20 employees • Additional Traditional Health Workers (e.g., doulas) engaged through contracted services

Table continues

TABLE 1 Access to Culturally and Linguistically Responsive Health Care
Priority Issues: Access to Affordable Health Care and Culturally and Linguistically Responsive Health Care

Objective 1.3

Expand the provision of culturally and linguistically responsive health care services by the end of FY26 (March 31, 2026).

Initiative	Description	Impact
Latino Network: Community Health Response Program	Community Health Grant supporting Community Health Workers and Oregon Health Plan Assistants who provide culturally and linguistically responsive outreach, education, care navigation, and connections to health and social services for members of the Latino community.	• More than 3,000 individuals received outreach, education and resource navigation services • 419 families received Oregon Health Plan navigation and enrollment support • Provided language access, appointment scheduling and care coordination services
Familias en Acción: RAYOS Community Health Worker Training Program	Community Health Grant used for the training, certification and workforce development of Latiné Promotores de Salud/ Community Health Workers through a culturally specific, Spanish-language training and career development program.	• 100 individuals graduated from the RAYOS Community Health Worker training program • 90% of graduates obtained state Community Health Worker certification • Delivered a 90-hour, Spanish-language foundational training curriculum • Supported career coaching, certification assistance and workforce entry
Portland Opportunities Industrialization Center (POIC): School-Based Mental Health Services Program	Community Health Grant increased school-based mental health services through a Mental Health Director and Mental Health Navigator to improve student access to counseling, care coordination and behavioral health supports.	• 890 students engaged with mental health services and supports • Provided health screenings, assessments, counseling and case management • Most participating students reported services were easy to access and improved their school experience
Legacy Health: Workforce Training Initiative	Expanded workforce education and training to strengthen equitable and person-centered care delivery.	• Training focused on cultural responsiveness, implicit bias, discrimination and trauma-informed care • More than 30,000 workforce training sessions completed

TABLE 2 Essential Community Services and Resources

Priority Issues: Economic Opportunity, Educational Opportunity, Culturally Specific and Healthy Foods - Access to Nutrition Education and Support, and Culturally Specific and Healthy Foods — Access to Food

Objective 2.1.1

Increase access to workforce development opportunities for community members from underrepresented population groups by the end of FY26 (March 31, 2026).

Initiative	Description	Impact
Albertina Kerr: Employment Services and Project SEARCH Program	Community Health Grant supporting employment training, job placement and internship opportunities for adults with intellectual and developmental disabilities (I/DD) in Clackamas County.	• 76 adults with I/DD received employment services • Approximately 50% of participants obtained employment • Expanded Project SEARCH internship program capacity in Clackamas County • Established a Project SEARCH Steering Committee and Host Business Site partnership to support future workforce development opportunities
Cascadia Health: Peer Workforce Development Program	Community Health Grant increased the development and expansion of Oregon's peer support workforce through culturally responsive training, certification preparation, continuing education and professional development opportunities.	• 35 Peer Wellness Specialists graduated from the training program • 22 additional individuals actively participating in Peer Wellness Specialist training • Developed comprehensive Peer Support Specialist and Peer Wellness Specialist training curricula • 56 peer workforce members attended the 2025 Peerpocalypse conference and earned a combined 438 continuing education units
The Script: Career and wealth-building community for underrepresented professionals	Legacy provided paid summer internships and professional development opportunities for college students and recent graduates from ethnically diverse communities through The Script program.	• 10 students completed paid internships at Legacy • Internship placements spanned Diversity, Equity & Inclusion, Information Systems, Human Resources, Marketing, and operations • Expanded career exposure and workforce pathways for emerging professionals from underrepresented communities

Table continues

TABLE 2 Essential Community Services and Resources

Priority Issues: Economic Opportunity, Educational Opportunity, Culturally Specific and Healthy Foods - Access to Nutrition Education and Support, and Culturally Specific and Healthy Foods — Access to Food

Objective 2.1.2

Increase access to educational opportunities for community members from underrepresented population groups by the end of FY26 (March 31, 2026).

Initiative	Description	Impact
Girls, Inc. of the Pacific Northwest: Girls Groups and Eureka! Programs	Community Health Grant funding afterschool mentoring, social-emotional development, STEM exploration and college and career pathway programs for girls.	• More than 500 girls participated in Girls Groups and Eureka! programs • 92–97% of participants reported having a great future ahead of them • 88–92% of participants reported plans to graduate from college
MIKE Program: Mentored Health Education and Healthcare Career Exploration Program	Community Health Grant supporting mentored health education and healthcare career exploration opportunities for underserved middle and high school youth.	• More than 567 youth participated in health education and healthcare career exploration programming • 75 mentors engaged with participating youth • 67–76% of participants reported increased interest in pursuing a healthcare career

Objective 2.2.1

Increase access to nutrition education and support by the end of FY26 (March 31, 2026) for community members affected by or at-risk of food insecurity.

Initiative	Description	Impact
Kindness Farm: Community Food Access and Education Program	Community Health Grant supporting gardening, nutrition and environmental education activities while increasing access to culturally specific, nutrient-dense foods for community members experiencing food insecurity.	• 2,488 students participated in gardening, nutrition and environmental education activities • 1,686 adults engaged through Community Experiential Learning Days • 685 immigrant and refugee community members participated in culturally specific farm visits • 13,184 pounds of culturally specific produce distributed, benefiting 10,359 community members experiencing food insecurity
LifeWorks NW: Children's Relief Nursery Nutrition Project	Community Health Grant funding nutritious meals, snacks and nutrition education for children and families participating in the Children's Relief Nursery program.	• 78 children received nutrition support through the Children's Relief Nursery program • Children and families participated in hands-on nutrition education activities • 220 nutrition-focused cookbooks distributed

Table continues

TABLE 2 Essential Community Services and Resources <i>Priority Issues: Economic Opportunity, Educational Opportunity, Culturally Specific and Healthy Foods - Access to Nutrition Education and Support, and Culturally Specific and Healthy Foods — Access to Food</i>		
Initiative	Description	Impact
Legacy Health: Free Food Markets	Monthly food market at Randall Children's Hospital at Legacy Emanuel offering cooking demonstrations and free, fresh, locally grown produce for anyone in need.	• 38 Free Food Markets held • 20 cooking demonstrations provided with Feed the Mass • Partnered with five local farms to distribute food: Mudbone Grown, MR Farms, Rohingya Community Gardens, Yasuke Pharm, and Hoffman Farms Store • 4,040 food bags given to market attendees
Objective 2.2.2 Increase service coordination between community clinics, community-based organizations and health care systems to meet the food-related health and social needs of community members by the end of FY26 (March 31, 2026).		
Initiative	Description	Impact
Legacy Health: Unite Us Community Information Exchange (CIE)	Internal care coordination initiative using the Unite Us CIE platform to identify patient social needs, manage referrals and connect patients to community-based services and resources.	• 493 patients with 958 cases (issues) were managed through the Unite Us CIE • 870 (91%) of the original 958 cases were referred to community-based organizations to meet their identified social needs • 16.2% of the 958 cases were referred for food assistance • One-third of the 958 cases have been resolved
Objective 2.2.3 By the end of FY26 (March 31, 2026), increase access to affordable, culturally appropriate, healthy and dietary-specific foods for community members affected by or at-risk of food insecurity.		
Initiative	Description	Impact
El Programa Hispano: Aging Program and Food Access Initiative	Community Health Grant used for culturally responsive meal services, food access, nutrition education and social engagement opportunities for Latine/Hispanic older adults and families.	• 3,203 culturally relevant meals provided to participants in Clackamas and Multnomah counties • 148 congregate meals coordinated to support nutrition and social connection • 10 food pantry events conducted for low-income seniors and families • 16 families received holiday and emergency food boxes
Feed 'Em Freedom Foundation: WINGI Free Food Market	Community Health Grant funding the WINGI Free Food Market, which provides culturally relevant foods to BIPOC families while creating economic opportunities for Black and BIPOC farmers.	• Over 1,400 families received fresh, culturally significant food through community markets • Increased access to nutritious food for households experiencing food insecurity • Assisted Black, Indigenous and other local farmers through produce purchasing partnerships

Table continues

TABLE 2 Essential Community Services and Resources
Priority Issues: *Economic Opportunity, Educational Opportunity, Culturally Specific and Healthy Foods - Access to Nutrition Education and Support, and Culturally Specific and Healthy Foods — Access to Food*

Initiative	Description	Impact
Lift UP: Adopt a Building Program	Community Health Grant supporting food access, nutrition education and social connection for residents of affordable housing through home-delivered food boxes, on-site pantries, and cooking and nutrition programs.	• 355 food boxes delivered, including 234 (66%) customized to meet cultural, medical or dietary needs • 4,934 pounds of food distributed through on-site and pop-up pantries, serving 269 residents • Seven Supper Club sessions provided cooking and nutrition education to 46 residents • Established a recurring pop-up pantry program and expanded resident-led food access and community-building activities

TABLE 3 A Neighborhood for All
Priority Issues: *Physical Safety in the Community*

Objective 3.1

Increase the number of opportunities for community-based social connections, especially for priority populations, by the end of FY26 (March 31, 2026).

Initiative	Description	Impact
Asian Health and Service Center: Empower Asian Community Project	Community Health Grant supporting culturally and linguistically specific social connection, caregiver support, health education and resource navigation services for Korean and Chinese adults and older adults.	• More than 600 community members participated in social, educational and wellness activities • Facilitated 23 Chinese Mandarin and 42 Korean social groups • Conducted 17 Korean caregiver support groups and 2 caregiver education workshop series
Hacienda Community Development Corporation: Villa de Clara Vista Community Safety Initiative	Community Health Grant supporting resident leadership, community engagement, food access and neighborhood safety initiatives for residents of the Villa de Clara Vista housing community.	• Over 260 residents participated in community-building, safety and workforce development activities • Conducted 39 resident workshops • More than 100 residents accessed food pantry services • Engaged residents in neighborhood redevelopment and community safety planning

Appendix C: Links to the Healthy Columbia Willamette Collaborative 2025 Community Health Needs Assessment

The assessment is available on the Health Share of Oregon website ([Community Health — Health Share of Oregon Partners](#)) or can be accessed directly here: [HCWC 2025 CHNA](#).

Legacy Health

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