LEGACY HEALTH

Legacy Salmon Creek Hospital

DBA

Legacy Salmon Creek 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

LEGACY
HEALTH

CONTENTS

Legacy Salmon Creek 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 Salmon Creek Medical Center CHNA. Legacy Salmon Creek 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 Salmon Creek 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 Salmon Creek Medical Center

Legacy Salmon Creek is Southwest Washington's most modern and innovative hospital. A five-star rated hospital, it offers the latest technology in an award-winning setting designed for comfort, care and calm. Legacy Salmon Creek features innovations in joint replacement, robotic surgery, pelvic health for women, cancer care, intensive care for newborns, medical care for children and more. It's nationally recognized for its nursing and stroke care and features groundbreaking expertise in robotic-assisted surgeries. The Legacy Cancer Institute is also one of the country's best cancer programs.

Service Area

Legacy Salmon Creek defines its service area by geographic location and where its patients live. Legacy Salmon Creek serves a predominantly suburban/urban community located in Southwest Washington, with a primary service area that extends across Clark County. The community also is served by the PeaceHealth Southwest Medical Center. Despite the availability of these healthcare facilities, gaps in access persist. 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]

Clark County has an estimated 523,937 residents and reflects significant demographic diversity.[6] Approximately 23% of residents identify as people of color, including about 2.8% Black or African American, 6% Asian, 9% multiracial, and 12% Hispanic/Latino/a. Language diversity in the community is notable, where 80% of residents speak English only, while about 6% speak Spanish and 3% speak an Asian or Pacific Islander language at home.[6,7]

Residents in the service county have a median household income of $95,045[6] with approximately 7% living below the federal poverty level.[8] An estimated 8% of community residents are uninsured,[9] and 22% are Medicaid recipients.[10,11] Over 22% of patient encounters at Legacy Salmon Creek are covered by Medicaid.[12]

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are federal designations used to identify communities facing persistent challenges related to healthcare access, socioeconomic vulnerability and other factors associated with health inequities.[13] In Clark County, one neighborhood within the Legacy Salmon Creek service area, the Inner-City Vancouver Area, is designated as an MUA.[14]

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

At the end of March 2026, Legacy Salmon Creek 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 Salmon Creek FY24–FY26 CHNA[15] was based on the HCWC 2022 CHNA.[16] Building on the 2022 assessment findings, Legacy Salmon Creek 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 Community[15]

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 Salmon Creek Medical Center: Community Health Planning (FY27–FY29)

Healthy Columbia Willamette Collaborative 2025 CHNA

In 2025, the HCWC completed an update[5] to its 2022 regional CHNA.[16] Legacy was an active participant in the management, development and implementation of the CHNA process. The 2025 CHNA[5] serves as the current assessment for the quad-county region and provides the foundation for the Legacy Salmon Creek 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 Salmon Creek, validating persistent community health issues while identifying emerging challenges across the region *(see Appendix C)*.[5]

Legacy Salmon Creek 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 CHNA[5] 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 Officials[18] 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 CHNA[5]; 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 Salmon Creek'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 Salmon Creek 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 Salmon Creek 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.

References

1. Health Share of Oregon. Community Health. Healthy Columbia Willamette Collaborative. Updated 2025. Accessed July 21, 2026. https://partners.healthshareoregon.org/community-health.

2. United States Internal Revenue Service. Community health needs assessment for charitable hospital organizations — Section 501(r)(3). Updated July 2, 2026. Accessed July 21, 2026. https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.

3. Centers for Disease Control and Prevention. Public Health Professionals Gateway. Community planning for health assessment: CHA & CHIP. Updated May 16, 2024. Accessed June 1, 2026. Community Planning for Health Assessment: CHA & CHIP | Public Health Gateway | CDC.

4. Catholic Health Association of the United States of America. Assessing and Addressing Community Health Needs. 2015, ed.II. Catholic Health Association of the United States of America; 2015. Accessed February 20, 2026. https://www.chausa.org/focus-areas/community-benefit/resources/resource/assessing-and-addressing-community-health-needs.

5. Healthy Columbia Willamette Collaborative. Community Health Needs Assessment, 2025. A Community Informed and Equity-Centered Health Assessment of Clackamas, Multnomah, Washington Counties Oregon, and Clark County, Washington. Health Share of Oregon; 2025. Accessed October 1, 2025. September+CHNA+Report_Final+9.30.25.pdf.

6. Advisory Board. Demographic Profiler, 2024. Accessed January 2026. https://www.advisory.com/topics/market-analytics-and-forecasting/2016/07/demographics-profiler.

7. Claritas. Consumer & Business Data. Demographics, 2022. Updated 2026. Accessed January 2026. https://claritas.com/data/.

8. U.S. Census Bureau Small Area Income and Poverty Estimates (SAIPE), 2023. Updated April 9, 2026. Accessed January 2026. https://www.census.gov/programs-surveys/saipe.html.

9. U.S. Census Small Area Health Insurance Estimates (SAHIE), 2023. Updated June 30, 2026. Accessed January 2026. https://www.census.gov/programs-surveys/sahie.html.

10. Legacy Health. Population Health. PowerBI Carrier Data. Accessed January 2026.

11. Oregon Health Plan (OHP) Enrollment Dashboard. Oregon Health Authority. Accessed January 2026. https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/medicaid-enrollment.aspx.

12. Apprise Health Insights (affiliated with Oregon Association of Hospitals and Health Systems). INFOH. Dimensions Inpatient Data Cube. Accessed January 2026. https://www.apprisehealthinsights.com.

13. Health Resources & Services Administration (HRSA). HRSA Data Warehouse. Glossary. Accessed January 2026. https://data.hrsa.gov/about/glossary#M.

14. Health Resources & Services Administration (HRSA). HRSA Data Warehouse. Health Workforce Shortage Areas. Medically Underserved Area/Medically Underserved Population (MUA/P) Service Area Detail. Accessed January 2026. https://data.hrsa.gov/topics/health-workforce/shortage-areas/dashboard?tab=muapHeader.

References continue

References *(continued)*

15. Legacy Health Community Benefit. 2024–26 Legacy Salmon Creek Medical Center Community Health Needs Assessment. Legacy Health; 2024. Accessed February 2, 2026. https://www.legacyhealth.org/giving-and-support/community-engagement/chnas/sc-chna.

16. Healthy Columbia Willamette Collaborative. Community Health Needs Assessment, 2022. A community-informed and equity-centered health assessment of Clackamas, Multnomah, Washington Counties Oregon, and Clark County, Washington. Health Share of Oregon; 2022. Accessed October 1, 2025. HCWC+CHNA+2022.pdf.

17. Legacy Health Community Benefit. 2024-26 Legacy Salmon Creek Medical Center Community Health Improvement Plan. Legacy Health; 2024. Accessed February 2, 2026. https://www.legacyhealth.org/giving-and-support/community-engagement/chnas/sc-chna.

18. National Association of County & City Health Officials (NACCHO). Guide to prioritization techniques. Published September 9, 2020. Accessed February 26, 2026. https://virtualcommunities.naccho.org/viewdocument/guide-to-prioritization-techniques.

19. Catholic Health Association of the United States of America. A Guide for Planning & Reporting Community Benefit. 2020 ed. Catholic Health Association of the United States of America; 2020.

20. County Health Rankings & Roadmaps. Strategies and Solutions. Population Health Institute, School of Medicine and Public Health, University of Wisconsin. Accessed April 9, 2026. https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health.

21. Tools for Action. Healthy People 2030. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Accessed April 9, 2026. https://odphp.health.gov/healthypeople/tools-action.

Appendix A: Legacy Health Board of Directors Approval

Legacy Salmon Creek Medical Center

FY27–FY29 CHNA Board Approval and Adoption

The Legacy Health Board of Directors reviewed and adopted the Legacy Salmon Creek 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
Priority Issues: *Access to Affordable Health Care and Culturally and Linguistically Responsive Health Care*

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
Free Clinic of Southwest Washington: Clinic Modernization	Community Development Grant used for renovation and modernization of clinic facilities to expand capacity and improve the patient care environment.	• Increased clinic exam capacity • Improved patient privacy • Modernized clinical space to support patient care
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
Schools in Vancouver, Washington: Immunization Clinics	Legacy partners with schools in Vancouver, Washington to provide required school immunizations for low-income, under and uninsured students.	• Annual immunization clinic • 380 vaccines administered to Vancouver public schoolchildren
Boys & Girls Club of Clark County: Trauma-Informed Mental Health Program	Community Health Grant funding trauma-informed mental health programming for youth and families through small groups, restorative practices and staff training.	• 850 youth participated in small-group programming • Youth participation increased 47.8% (from 575 to 850 participants) • More than 256 hours of trauma-informed staff training completed • Staff trained in evidence-based behavioral health and support practices

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*

Initiative	Description	Impact
Free Clinic of Southwest Washington: Project Access	Community Health Grant supporting the clinic's Project Access Program that removes financial, language and immigration status barriers to care for low-income and uninsured patients and organizes care providers to donate specialty health care services for those in need.	• 574 referrals received • 275 unduplicated individuals enrolled in health insurance coverage • 657 appointments coordinated • Program participants reported improved management of health conditions, increased familiarity with health-related options and resources, and reduced stress related to healthcare costs
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**
Fourth Plain Forward: Culturally congruent BIPOC Doula Program	Community Health Grant used to develop and implement a Black, Indigenous, and People of Color (BIPOC) birth doula training program to increase representation of racially and linguistically diverse communities in the Traditional Health Worker and broader healthcare workforce.	• 10 BIPOC women completed program • Classroom and practice-based holistic doula training rooted in racial justice, community-led practices and traditional models of care • Professional development activities (e.g., networking, business development support) • Fourth Plain Forward organization partnering with local health care and academic institutions to create doula care integration and referral pathways, expand educational opportunities and explore policy options.
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
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
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
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
Council for the Homeless: Diversion with Keys to the Future Program	Community Health Grant supported the Diversion with Keys to the Future program that provides homelessness diversion services, including flexible financial assistance, individualized coaching and connections to resources that support education planning, job searches, transportation, and work-related expenses, such as uniforms.	• 268 people received direct financial assistance, coaching and resource referral services
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 Health • 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
YWCA Clark County: BIPOC Youth Outreach Program	Community Health Grant used for culturally responsive violence prevention education, youth leadership development and community engagement opportunities for youth of color.	• 639 youth and adults participated in trainings, outreach events and community meetings • Expanded youth leadership opportunities through the Youth Action Council • Provided culturally responsive violence prevention education and outreach

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
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

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 2.2.3

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
Legacy Health: Food Support Program	The Food Support Program addresses food insecurity by providing free, nutritious food to community members in need. Hospital inpatients and clinic patients are routinely screened for food insecurity. Patients who screen positive are offered shelf-stable and/or fresh food bags. Family food bags can provide up to 16 meals for a household of four.	• 28,685 individuals (75% of all Legacy Salmon Creek inpatient and clinic patients) were screened for food insecurity in FY26, up from 21,278 patients (77%) in FY24 • 6% (n=1,644) of patients screened in FY26 were identified as food insecure, compared with 4% (n=950) in FY24 • 61% (n=3,510) of uninsured or Medicaid patients were screened for food insecurity in FY26, similar to 62% (n=2,144) in FY24 • 18% (n=627) of uninsured or Medicaid patients screened in FY26 were identified as food insecure, up from 16% (n=344) in FY24 • At Legacy Salmon Creek, between 9.4% and 28.7% of patients identified as food insecure received food bags over the three-year period

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

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

1919 N.W. Lovejoy St. • Portland, OR 97209
legacyhealth.org

LEGACY
HEALTH