

## Executive Summary

The Healthy Columbia Willamette Collaborative (HCWC) conducted this 2025 Community Health Needs Assessment (CHNA) for Clackamas, Multnomah, and Washington counties in Oregon, and Clark County in Washington. The assessment updates the 2022 CHNA through a community-informed, equity-centered approach guided by a diverse Community Advisory Group representing 11 cultural and population groups.

**Methodology:** Focus groups were conducted in nine languages and surveys offered in 20 languages to ensure broad community participation, particularly from Black, Indigenous, and People of Color communities historically excluded from such processes.

### Four Priority Areas:

1. **A Neighborhood for All** – Addressing housing affordability, safety, and healthy living environments
2. **Essential Community Services and Resources** – Workforce development, food access, education, child care, and technology infrastructure
3. **Support for Family and Community Ways** – Culturally specific community spaces, youth programs, traditional health worker expansion, and improved data collection
4. **Access to Culturally and Linguistically Responsive Health Care** – Trauma-informed services, diverse health care workforce, language accessibility, health literacy, and insurance coverage gaps

**Key Recommendations** include investing in proactive equity-centered solutions to violent crime, supporting sustainable civic engagement for immigrant and refugee communities, eliminating education disparities through affordable childcare access, ensuring culturally relevant food access in food deserts, expanding the traditional health worker workforce, building trust between health care systems and priority populations, and strengthening service delivery infrastructure. The CHNA aims to guide HCWC partners—comprising seven hospital systems, three county health departments, and two Coordinated Care Organizations—in aligning community benefit investments over the next three to five years.

### Biggest Gaps in Service and Barriers to Care

**Provider Shortages:** The region faces critical shortages requiring 41.9 full-time equivalent dental care providers, 32.5 primary care providers, and 12.0 mental health providers. This results in approximately 172,208 people with unmet dental care needs, 139,077 with unmet mental health needs, and over 102,000 lacking adequate primary care access.

**Limited Workforce Diversity:** Health care professionals remain predominantly non-Hispanic White in both Oregon and Washington, with limited improvement in representation.

**Appointment Unavailability and High Costs:** The two biggest barriers are appointment unavailability (58% of respondents experiencing challenges) and high out-of-pocket costs (50%).

**Other Significant Barriers:** Limited service hours requiring evening/weekend availability (35%), complicated paperwork (30%), lack of awareness of available services (24%), and embarrassment about seeking help (21%).

**Language and Cultural Barriers:** Language challenges including limited interpreter availability (particularly American Sign Language) and lack of culturally relevant health information in non-English languages. Nearly 1 in 5 survey respondents experiencing barriers could not find culturally respectful providers.

**System Navigation Issues:** Long wait times for appointments, difficulty accessing specialists, delays in diagnostic testing, high insurance premiums, coverage denials, and non-transparent billing practices.

**Fear and Avoidance:** Nearly half (46%) of respondents reported delaying or avoiding health care due to fear or discomfort, with highest rates among people in recovery from substance use disorder (82%), people with intellectual/developmental disabilities (81%), and people with physical disabilities (78%).

## **The Unique Needs of the Community**

### **Housing and Safety**

Safe, affordable housing with long waitlists for rent assistance and housing costs outpacing income growth. Concerns about gun violence, decreased police presence, and need for trauma-informed medics and mental health responders. Cultural displacement due to gentrification, particularly in Multnomah. Racial and ethnic gaps in mortgage approvals limiting homeownership opportunities.

### **Economic and Educational Opportunities**

Financial literacy resources including budgeting classes, credit counseling, and job training programs for positions not requiring college degrees. Affordable and accessible educational opportunities including short-term certifications and vocational training. Support for children of immigrant families including Farsi-speaking educators and peer support. Legal and immigration assistance due to high costs and complexity of navigating the legal system. Living wages and secure employment.

### **Food Access**

Culturally specific and healthy food in food banks and grocery stores. Community gardens and fresh food programs. Affordable food options, particularly for young adults, immigrants, refugees, and people with disabilities. Transportation to grocery stores, especially for older adults and those without vehicles. Ethnic foods through specialty stores and delivery services.

### **Child Care and Education**

Affordable and quality child care, particularly in Clark and Clackamas counties. Support to address rising chronic absenteeism rates. Programs for youth not engaged in work or education. Early childhood education access.

### **Transportation**

Reliable and affordable public transportation, especially for people with disabilities, young adults, and Multnomah residents. Transportation limiting access to health care, food banks, and employment.

### **Community Connection and Support**

Culturally specific community spaces for events and relationship building. Community events that build relationships, share resources, and develop life skills. Compassionate, trauma-informed care in social services. Mutual support systems for navigating systems and accessing basic needs.

### **Health Care Access**

Trauma-informed physical and mental health services. Health care workforce reflecting the region's diversity in language, ability, culture, sexual orientation, and gender. Traditional health workers to increase community representation. Language accessibility services and health literacy efforts. Insurance coverage gaps for Hispanic/Latinx and multi-racial populations. Trust-building between health care systems and priority populations.

### **Specific Population Needs**

Immigrant and refugee communities need civic engagement and education programs, programs to navigate health care and civic systems, and support for community participation. People with

disabilities need accessible services and transportation. LGBTQ2IA+ individuals need culturally competent care. Young adults need peer mentorship programs and youth development. Older adults need support networks and accessible services.

## **Strengths of the Community**

### **Insurance Coverage**

Uninsured rates fell significantly from 14.2% (2009-2013) to 5.8% (2019-2023), with all counties except Clark showing declines. Public insurance coverage rose from 25.3% to 35.3%, with every county experiencing growth. Medicaid enrollment increased substantially, particularly after the Affordable Care Act, with coverage rising from 13.8% to 19.0%.

### **Economic Indicators**

The region achieved its lowest unemployment rate in a decade at 3.6% in 2023, with Clackamas particularly strong at 2.6%. More than half of survey respondents (56%) agreed there is economic opportunity for them and their families, with Clark County reporting the highest agreement at 72%.

### **Technology Access**

Internet access increased from 91.0% to 95.9% of households between 2014-2018 and 2019-2023, with the greatest improvement in Multnomah. Only 5% of survey respondents facing health care access challenges cited lack of internet or device as a barrier.

### **Food Assistance**

SNAP benefits enrollment increased from 9.6% to 13.2% of households between 2019 and 2023. Fewer households in poverty went without SNAP, dropping from 63.7% to 55.4%, suggesting better access or outreach. Washington County showed significant improvement, dropping from 73.4% to 56.3%.

### **Health Care Satisfaction**

Sixty percent of respondents were satisfied with their health care, with older adults showing the highest satisfaction at 79%. Clark County reported the highest satisfaction rate at 68%, followed by Clackamas at 65%. One-third of survey respondents (35%) reported experiencing no barriers when accessing health care services, with older adults reporting easiest access at 53%.

### **Social Support Networks**

More than half (57%) of respondents agreed there are support networks for them and their families during stressful times. Clark County showed the highest agreement at 71%, while BIPOC respondents (61%) and older adults (63%) reported higher levels of support than the overall group.

### **Community Safety**

Overall, 67% of respondents agreed their neighborhood was safe. Clackamas reported the highest safety rating at 81%, followed by Washington at 78% and Clark at 73%.

### **Transportation**

Regional residents spend less time and money on transportation than Oregon or Washington state averages, with transportation burden lower than about two-thirds of other areas nationally. Washington and Multnomah counties had the lowest transportation burdens in the region.