

Curry CAC meeting 3-27-25

Attendance

**CAC Members**

Trisha Iverson

Jill TeVelde

Connie Hunter

**Guests**

Elenore

Cynthia Ramirez

Jess Howell

Veronica Delmoral

Zaria Hamilton

Sam Baugh

Doris Kiragu

Bevin Ankrom

No quorum. Need to approve February minutes next month.

Presentation from Jess Howell and Zaria Hamilton. South Coast Health Equity Coalition;

Links used by Jess and Zaria

<https://southcoastequity.org/>

Link to register for the South Coast Diversity Conference.

<https://www.eventbrite.com/e/the-5th-annual-south-coast-diversity-conference-tickets-1221626079489?aff=oddtcreator>

<https://www.eventbrite.com/e/the-5th-annual-south-coast-diversity-conference-tickets-1253553364859?aff=oddtcreator>

Media Literacy Workshop for adults and Teens

<https://www.northbendoregon.us/calendarView.aspx?cid=30815&id=0&catid=0>

Reproductive justice advisory committee [zaria@southcoastequity.org](mailto:zaria@southcoastequity.org)

Comunidad Curry [carolina@southcoastequity.org](mailto:carolina@southcoastequity.org)

## OHA Updates

**Oregon's Medicaid Advisory Committee (MAC) is recruiting candidates to fill the following open positions:**

One individual representing a health care consumer group

One Medicaid recipient

One oral health representative

One consumer advocate

The MAC is a federally mandated body that advises the Oregon Health Policy Board (OHPB), the Oregon Health Authority (OHA), and the Oregon Department of Human Services (ODHS) about the operation of Oregon's Medicaid program through a consumer and community lens.

Learn more and [apply](#) here.

### **Apply Now for New Health Care Affordability Committee and Industry Advisory Committee**

Health care costs are too expensive for many Oregonians. A recent state health care experience [survey](#) reported that nearly 3 in 4 (74%) respondents delayed or went without health care due to cost in the last twelve months.

The Oregon Health Policy Board (OHPB) is taking action by launching the **Committee on Health Care Affordability** and the **Industry Advisory Committee on Health Care Affordability**. We need your voices to help develop policies that lower costs and improve affordability.

The new Affordability Committee will formulate solutions with help from patients, families, and communities. You will have the opportunity to work alongside policymakers and industry leaders to recommend effective, sustainable strategies to make health care more affordable.

We're asking individuals with a passion for ensuring affordable health care to apply for the **Committee on Health Care Affordability**, including:

- ✓ Health care consumers (patients, caregivers, families)
- ✓ Patient advocates
- ✓ Employers and other health care purchasers

- ✔ Health economists and policy experts

We're asking professionals with experience working in the health care industry to apply for the **Industry Advisory Committee on Health Care Affordability**, including:

- ✔ Commercial health plans, Medicare Advantage, and Medicaid CCOs
- ✔ Hospitals, rural hospitals, and FQHCs
- ✔ Primary care, behavioral health, oral health, and pediatric providers
- ✔ Insurance brokers, care coordinators, and tribal health leaders

If you or someone in your network would be a great fit, **apply today!** Applications are due **April 11, 2025**.

✦ Learn More and Apply: [Affordability Committee web page](#)

✦ Learn more and Apply: [Industry Advisory Committee web page](#)

Thank you for helping us to make health care more affordable for all Oregonians.

### **March is Developmental Disabilities Awareness month**

Parents and guardians raising children and adolescents with intellectual and developmental disabilities (I/DD), along with co-occurring mental health conditions, often face unique challenges when seeking care. In the video [Listening to Families: Beyond the Diagnosis](#), families share their real-life experiences, offering powerful testimonies about their struggles and how they wish providers would better support their children. This reflects the values outlined in [Senate Bill 1557](#) (2024), which emphasizes that children, youth and their families are the experts in their own lives and must be meaningfully included in decisions about their care.

Historically, there has been a belief that people with I/DD could not have co-occurring mental health conditions, however, we know that individuals with I/DD can and do experience mental health challenges, which are often overlooked. Recent studies now indicate that up to fifty percent of children and adolescents with I/DD have a co-occurring mental health disorder.

When working with individuals who have both intellectual/developmental disabilities and co-occurring mental health conditions some best practices include:

- **Understand the individual as a whole:** Take the time to learn about the person's interests, hobbies and what matters most to them. Get to know the person's baseline. Seek input from those who know them well, such as their parents.
- **Look beyond the diagnosis:** Consider other medical or mental health factors that may impact the individual.
- **Practice patience:** Give time for processing and responding to information.
- **Always assume competence:** Speak directly to the individual rather than making assumptions about their abilities.
- **Engage with empathy:** Treat families with the same care and respect you would want for your own loved ones.

### **Get screened for colorectal cancer and talk about it!**

Did you know that [colorectal cancer](#) (cancer of the colon or rectum) is one of the most preventable types of cancer? If you are 45 or older, talk with your health care provider about getting screened for colorectal cancer.

It's critical to find growths (called polyps) before they become cancerous, or to detect colorectal cancer early. **About [91% of people](#) whose colorectal cancers are found early, before it spreads, are still doing well five years later.**

In Oregon, colorectal cancer is the fourth most common type of cancer diagnosed and the fourth leading cause of cancer death. And although many people don't want to think about or deal with colorectal cancer screening, it can save your life!

### **What to know about colorectal cancer:**

- Colorectal cancer may not cause symptoms until after it has grown or spread. That's why it's best to get screened *before* you have any symptoms, when the cancer is often easier to treat.
- Some people need to be screened [before age 45](#), due to certain genetic conditions or family history; talk to your doctor about what's best for you.
- Non-Hispanic American Indian and Alaskan Native people should begin colorectal cancer screening at age 40, according to [new guidance](#) released by Indian Health Services in 2024.
- There are a few [reliable options](#) for getting screened for colorectal cancer, including ones you can do at home.

- Most insurance plans (including OHP/Medicaid) cover all colorectal cancer screening costs with no out-of-pocket expense such as co-pays or deductibles. Even without insurance, screening can cost as little as \$25.
- Employers can help prevent colorectal cancer by [creating a workplace culture](#) that encourages screening.

If you've been screened, *share your story*. Most people get screened because they were encouraged to do so by someone they know and trust.

### **Oregon Health Authority encourages use of new app to address gambling harms**

Oregon Health Authority (OHA) is highlighting Problem Gambling Awareness Month this March to raise awareness of valuable resources for anyone struggling with problem gambling, including a free digital tool that can aid in curbing gambling.

The app, called Evive, is available for anyone in Oregon seeking to learn safer gambling habits, reduce their gambling or stop gambling all together. The evidence-based mobile tool offers flexible treatment options, access to trained professionals, community support, and ways to reduce time and money spent on betting. To learn more, go to <https://www.getevive.com/>.

“Reducing the stigma of problem gambling is crucial, and some individuals aren’t ready to acknowledge their gambling problem or seek formal treatment,” said Roxann Jones, problem gambling prevention specialist at OHA. “Evive is a great free tool that can help individuals overcome the stigma and assist in this process.”

In Oregon, an estimated 2.6% of the adult population experiences moderate or serious problems with gambling, and another 5.4% of adults are at risk of developing a problem with gambling. An estimated 3.1% of adolescents in Oregon are at risk of or are currently experiencing a gambling disorder.

OHA contracted with Evive in spring of 2024 making it available free to those enrolled in OHA treatment programs. In July of 2024, the Oregon State Lottery contracted with the entity for free access to everyone living in Oregon.

“Easy access to gambling products on your smartphone and other mobile devices can make it difficult to control gambling urges,” said Greta Coe, problem gambling services manager at OHA. “The average age of clients in Oregon’s publicly funded treatment system is 35-50 years old, and most struggle with problem gambling for years before seeking help.”

Help and counseling services are available free to anyone living in Oregon who has problems related to gambling and those directly impacted including family and friends. Some common signs of a person struggling with gambling harms include:

- Being preoccupied with gambling
- Feeling the need to gamble more despite losses
- Gambling alone and/or more often
- Gambling to forget worries, calm nerves or reduce depression
- Losing interest in other things, such as school, work, home life
- Withdrawal from family and friends
- Financial problems from gambling
- Borrowing money to gamble

In Oregon, gambling addiction counseling and support services are confidential and free. Visit the Oregon Problem Gambling Resource, [OPGR.org](http://OPGR.org), to learn more or call the Problem Gambling Helpline at 1-877-695-4648 (MY LIMIT).

Agenda for 3/31/25 Listening Session \*\*Concerns about Oregon Health Plan denials? We'd Love to Hear from You!\*\*

**Please note: Attendants might be unable to comment during the Listening Session. Topic presenters decide whether to share their allotted time with the session's attendants. If you have a topic, please consider suggesting it! If the Commission takes up the topic, there will be many [opportunities for written and verbal](#) comments.**

#### **Attend to listen**

Please self-register for the webinars:

- 3/31/25 session:  
[https://www.zoomgov.com/webinar/register/WN\\_YDijlgdWTEGri2hc38RMGw](https://www.zoomgov.com/webinar/register/WN_YDijlgdWTEGri2hc38RMGw)

After registering, you will receive a confirmation email with details on how to join the webinar.

For more information about the Commission, please visit our [website](#).  
Questions? Please email our staff at [HERC.Info@oha.oregon.gov](mailto:HERC.Info@oha.oregon.gov).

## **Awareness of new approaches to eating disorder screening, treatment and management**

This training series aims to raise awareness of eating disorders within our communities, fostering earlier recognition and treatment. It is designed for therapists, dietitians, health care providers, and school counselors, but is also open to parents, family members, teachers, community health workers and anyone interested in learning more. Participants will gain the knowledge to describe eating disorders based on current research, use validated screening tools, identify signs and symptoms, understand effective treatment methods and make appropriate referrals. CEUs are offered through the National Association of Social Workers (NASW).

Upcoming training session:

Weight Stigma and Weight Inclusive Care

Date: Tuesday, April 15, noon to 1:15 p.m.

Location: Virtual

Register [here](#)

Gender Affirming Nutrition Care with Lindsay “LB” Birchfield, MS, RDN, CED-C

Date: Wednesday, May 7, noon to 1:15 p.m.

Location: Virtual

## **OHA urges people to check immunity against measles; get vaccinated**

**As cases appear in other states, including neighboring California, Oregon health officials recommend measures to stay safe**

With spring break and summer travel season approaching, Oregon Health Authority (OHA) encourages people to make sure they are protected against measles. Getting the MMR vaccine — for measles, mumps and rubella — is the most effective prevention tool against the highly contagious virus.

Twelve U.S. states, including California, Texas and New Mexico, have reported cases of measles since Jan 1. While Oregon has no cases so far in 2025, last year the state recorded 31 confirmed cases — its highest measles count in more than 30 years — during an outbreak among unvaccinated people, including two children younger than 5.

“Measles is an amazingly contagious virus that unfortunately in recent years has re-emerged in our communities, primarily due to a declining percentage of people who are

getting vaccinated,” said Paul Cieslak, M.D., medical director for communicable diseases and immunizations at OHA’s Public Health Division.

“Measles is a serious and potentially life-threatening infection for individuals who haven’t received immunity through the MMR vaccine,” said Dawn Nolt, M.D., M.P.H., professor of pediatrics (infectious diseases) in the OHSU School of Medicine.

“The good news is that we have a highly safe and effective vaccine – it is our strongest line of defense and the best way to keep yourself, your children and your community safe. If you have questions about the vaccine, we encourage you to talk to your healthcare provider about your concerns.” she said.

Cieslak said anyone planning travel to countries or states where measles is circulating should get the MMR vaccine before they go. “Getting the vaccine now will allow you to start building immunity prior to your trip,” he said.

Cieslak addresses [common questions](#) about measles, symptoms, the vaccine and more in this week’s Oregon Health News newsletter, published Thursday.

### **Symptoms**

Measles typically starts with a fever, cough, runny nose and red eyes. A rash usually follows, beginning on the face and spreading to the rest of the body.

Symptoms begin seven to 10 days after exposure to a person with measles. Common complications of measles include ear infection, lung infection and diarrhea. Swelling of the brain is a rare but much more serious complication.

About 20% of people who contract measles are hospitalized. In developed countries in recent years, one or two of every 1,000 measles cases have been fatal.

Measles spreads through the air after a person with measles coughs, sneezes, or even breathes. People who are infected can be unknowingly contagious for four days before a rash appears and up to four days afterward.

That means someone with measles can be unaware they are infected and can easily spread the virus before noticing any symptoms.

During the 2024 outbreak in Oregon, OHA worked with local public health officials to share information about specific locations where known measles cases had spent time so that members of the public were aware they may have been exposed to the highly contagious virus.

### **What families of school-age children should know**

In addition to reducing risk of transmission, getting the vaccine can help families avoid having to isolate at home for several weeks if they are exposed to measles.

Additionally, state law requires an unvaccinated child exposed to the virus to be excluded from school or childcare during the period when they could become sick, which is usually for 21 days after exposure.

This exclusion period can be extended if there are more measles cases.

### **What people born before 1957 should know**

People born before 1957 do not need to be vaccinated against measles—they are presumed to be immune.

That's because, before the measles vaccine was first available to the public in 1963, virtually all children would contract measles by their teenage years, making them immune for life.

### **What people born in 1957 or later should know**

People born in 1957 or later, however, could still benefit from the vaccine because they would have been at least 6 years old in 1963. At that age, there was still a meaningful chance they hadn't been exposed to measles yet and could benefit from the new vaccine.

People who can document receiving the measles vaccine series at some point in their lives or have documentation showing a previous measles diagnosis or laboratory evidence of immunity can be confident they are immune and do not need to receive the MMR vaccine.

### **What anyone traveling should know**

The Centers for Disease Control and Prevention (CDC) recommends the following measles prevention measures for anyone traveling, especially internationally:

- Babies ages 6 through 11 months can receive an early dose of the vaccine to protect them for travel; but they should then receive another dose at 12 through 15 months and a final dose between ages 4 and 6.
- Children older than a year who have not been vaccinated should immediately receive one dose and follow with a second dose at least 28 days later.
- Children older than a year with one prior dose should receive an early second dose of MMR vaccine separated by at least 28 days.

- Teenagers and adults previously vaccinated with one dose should consider getting a second dose if they are traveling to an area where measles is circulating.
- People preparing to travel internationally who have not been immunized should get the vaccine prior to departure.

More CDC recommendations can be found [here](#).

In recent years, OHA has bolstered its tracking of communicable diseases, such as measles, with the development and modernization of data reporting tools, including an [interactive, web-based dashboard](#) that visualizes data on communicable disease incidence in Oregon. The dashboard's data are disease, month, demographic group and county.

Increasing awareness and education about primary prevention, public health risks and preventive health services are among actions OHA is taking as part of its [2024–2027 Strategic Plan](#).

The plan further supports expanding access to vaccines and other health resources for children, parents and families in all communities in Oregon.

To learn more about measles and to receive daily status updates of measles outbreak data, visit [OHA's Measles and Rubella](#) web page.

## Immigration and Sanctuary Promise

Health providers can learn more about federal policy changes regarding immigration at the National Immigration Law Center.

The ACLU of Oregon has resources to learn more about immigration rights.

Oregon Sanctuary Promise As a sanctuary state since 1987, Oregon stands for the safety, dignity and human rights of all Oregonians.

Oregon was the first state in the nation to pass a statewide law stopping state and local police and government from helping federal authorities with immigration enforcement. It is against Oregon law for state and local law enforcement or public agencies (state and local government offices) in the state of Oregon to participate directly or indirectly in immigration enforcement without a judicial warrant.

To find out more including how to make a report about a potential violation, visit the Oregon Department of Justice the Oregon Sanctuary Promise.

<https://www.doj.state.or.us/oregon-department-of-justice/civil-rights/sanctuary-promise/>

## Talking points for Community Partners

### Oregon Health Authority (OHA)

- At this time, no changes have been made to health programs OHA administers, including OHP and Healthier Oregon.

<https://www.oregon.gov/oha/Pages/Federal-Changes.aspx>

- It's important for people in every Oregon community to access the health care and other services they need.
- OHA remains focused on eliminating health inequities by 2030 in Oregon.

[https://www.oregon.gov/oha/Pages/Strategic-Plan-Dashboard.aspx?utm\\_medium=email&utm\\_source=govdelivery](https://www.oregon.gov/oha/Pages/Strategic-Plan-Dashboard.aspx?utm_medium=email&utm_source=govdelivery)

- Every change in federal administration presents possible changes to health care policy.
- OHA will continue to monitor, prepare for and inform the public about changes that could impact access to health care and public health services in Oregon.
- OHA will continue to work toward affordable and quality care, and to protect essential health freedoms and benefits. There has been and will be no move from this mission.

## Information from Connie Hunter

Veterans Brain Injury Providers Workshop and Veterans Community Town Hall, Apr 25, 10 a.m. arrive & event start is 10:30 a.m, Thank you ALLCARE, OABHI, VA Roseburg Mental Health Advocacy Council and Southwestern Oregon Community College for sponsorship/ partnering for this groundbreaking event. i will send flyer and ask for help with distribution far and wide. EVENT ATTENDEES INCLUDE:

--COMMUNITY Convening Veterans and Military Community's stakeholders including providers across the landscape of services, Veterans, Caregivers and leaders to participate in call to action – WE WILL HAVE AN ADVOCACY PANEL THAT WILL SHARE SKILLS AND LIVED EXPERIENCE EXAMPLES...

--PROVIDERS workshop focusing on Provider Education for brain injury screening protocol, referral resources and continuum of care strategies

- VETERANS Listening sessions (Veterans, caregivers and family members)
  - VETERAN ARTS AND CULTURE / spotlight on Veteran Writers
  - MOTIVATIONAL SPEAKERS – featuring Veteran authors
  - DIGNITARIES Call to action for education and implementation of support for our Veterans who have Brain Injuries
- EVENT CORE VALUES:
- Guide – Engage -- Empower -- Envision (GEEE)
  - Nothing about us without us – the value of lived experience
  - Cultural competency / culturally appropriate work in progress of advocates
  - Whole Veteran approach – Social determinants of health for veterans and their families

GOALS/OBJECTIVES, PROVIDER STAKEHOLDERS' LEARNING OBJECTIVES:

- Meet Veterans where they are/Reach more severely disabled and combat Veterans
- Reach providers with the message that Brain Injury Screening is suicide prevention
- First things first – brain injury screening across the landscape of services
- Rural veterans need Peer Respite facilities
- Back to the drawing board – transition process improvement