

Coos County Community Advisory Council (CAC)

Meeting Minutes

Date: March 5, 2026

Time: 5:30 PM

Location: Hybrid / Virtual

1. Call to Order

The meeting was called to order by Katie Gonzalez at 5:32 PM. Members and guests were welcomed to the Advanced Health Coos County Community Advisory Council meeting.

2. Roll Call

Members Present:

Katie Gonzales, Jeanifer Imbruglia, Coreen Lee, Holly Boardman, Stephanie Brouse, Matthew Lehman, Amber Nichole Majeski, Jess Howell, Anne Marie Slate, Helen Goche, Ariel Hicks.

Staff / Guests Present:

Sam Baugh, Liz Hill, Lisa Frischkorn, Kera Hood, Siemone Moll, Avery Horton, Kelly Dion, Bevin Ankrom

3. Approval of February 2026 Minutes

Motion: Matthew Lehman

Second: Anne Marie Slate

Vote: Motion passed unanimously.

4. Approval of Agenda

A suggestion was made to move Public Comment earlier in the agenda to improve accessibility for community members.

Motion: Helen Goche (to approve the agenda with the suggested change)

Second: Matthew Lehman

Vote: Motion passed.

5. Open Floor Consumer Representatives and Community Partners

Members discussed general updates and shared experiences related to member services and healthcare navigation, experiences working with Advanced Health and partner organizations, and community health concerns and access to services.

The discussion emphasized the importance of clear communication with members, improving access to services, and supporting community members navigating the healthcare system.

There was a request to send prepaid envelopes to individuals to send back appeals letter after a denial.

6. CAC Charter Review and Approval

The council reviewed the updated Community Advisory Council Charter, which was revised to align with new Oregon Health Authority (OHA) requirements.

Key updates included:

- Six-year term limit for CAC members
- One-year break requirement before reapplying after completing a full term
- Clarification on member participation and stipends
- Updates to ensure compliance with OHA governance guidelines

Motion: Matthew Lehman – to approve the charter with the amendments presented

Second: Helen Gaucher

Vote: Motion passed unanimously.

7. OHA and Advanced Health Updates

Updates were shared regarding Oregon Health Authority policy updates, ongoing community engagement work, healthcare access and service coordination, and opportunities for CAC members to provide input on community priorities.

The slides from the presentation are included at the bottom of the minutes

Members were encouraged to continue sharing feedback and community perspectives.

8. Public Comment

Public comment was opened for attendees.

General comments focused on improving community engagement, strengthening communication between Advanced Health and community members, and supporting member access to care and services.

9. Next Meeting

Next Meeting:

Coos County CAC – April 3, 2026

(Time and format to be confirmed)

10. Adjournment

The meeting was adjourned following completion of the agenda.

OHA Updates



The South Coast Health Equity Coalition
presents
The Courageous Conversations Conference
Advancing Justice, Healing and Community Transformation

What began as the South Coast Diversity Conference is now evolving into something deeper, bolder, and more rooted in community vision.

Courageous Conversations is more than a name change—it's a renewed commitment to equity, truth-telling, and collective liberation. This annual gathering invites participants to engage in honest dialogue, critical reflection, and collaborative learning grounded in cultural humility, and healing-centered engagement.

Gold Beach: April 10th and 11th at the Curry Public Library

Coos Bay: April 15th and 16th at the Ko'kwel Casino & RV Park

Register today at
<https://bit.ly/4qkmzJb>

Each location will feature different content and speakers, so feel free to attend on the date and location that work best for you—or join us at both to experience it all!

Scholarships and accommodations are available and can be requested during registration or email jayden@southcoastequity.org

seeding justice Oregon Department of Human Services HIV Alliance ORH KAIR S RURAL REGENERATION PROJECT OREGON PERFORMANCE PROJECT OREGON HEALTH

Oregon reports measles outbreak; new wastewater dashboard tracks measles virus by county

A new data tracking tool Oregon Health Authority (OHA) launched today shows the five confirmed measles cases identified in the state since Jan. 1 likely represent only a portion of infections occurring statewide, public health officials say.

To strengthen early detection, OHA today published a new measles wastewater [surveillance dashboard](#) showing viral concentrations by county and categorizing activity as very low, low, moderate or high over two-week periods.

Wastewater monitoring began Oct. 1, 2025, and complements traditional case reporting. Oregon submits data to the Centers for Disease Control and Prevention's National Wastewater Surveillance System, which uses a high threshold for labeling samples as a "detection." While that approach has shown sporadic detections of measles over time, Oregon's analysis of viral concentrations indicates low-level measles activity across the state that has been increasing. For the two-week period ending Feb. 7, low levels of measles virus were observed in wastewater from nine counties.

"Wastewater surveillance serves as an early warning signal system, which gives communities a head start to prepare and empowers everyone to make informed decisions about immunization. Wastewater testing looks for the actual measles virus that causes illness in people, so it provides an early signal of community spread," said Howard Chiou, M.D., Ph.D., medical director for communicable diseases and immunizations at OHA's Public Health Division.

"Measles is here in Oregon and spreading in the United States," Chiou added, "and vaccination remains the best way for people to protect themselves. We encourage everyone to talk with a healthcare provider to ensure they and their families are fully protected."

Measles is a highly contagious respiratory virus spread through the air when an infected person breathes, speaks, coughs or sneezes. The virus can linger in the air for up to two hours, allowing it to infect up to 90% of unprotected close contacts and potentially cause serious complications, including pneumonia, brain inflammation and death.

Measles has been increasing nationwide since early 2025, with nearly 2,300 cases reported last year. Most cases occurred among unvaccinated children.

Guidance for providers and the public

Symptoms typically begin seven to 21 days after exposure and include cough, runny nose and conjunctivitis with high fever, followed by a rash that starts on the head or neck and spreads downward. People are contagious from four days before the rash appears until four days afterward.

Health care providers should report suspected cases immediately and consider post-exposure prophylaxis for exposed patients:

MMR vaccine, within 72 hours of exposure.

Immunoglobulin, within six days.

For most vaccine-eligible people 6 months and older, MMR vaccination within 72 hours is recommended.

Anyone not protected against measles is at risk. OHA encourages people to check vaccination status and contact a health care provider if they have questions.

For more information on measles, visit OHA's [measle page](#). The measles wastewater dashboard page is available [here](#).

**Total nonprofit hospital community benefit spending rebounded in 2024
*However, fewer individual hospitals and health systems met minimum spending requirements***

After spending less the year before, Oregon hospitals and health systems collectively spent more on free or discounted health care, health education and research, donations and other community benefit activities during the 2024 fiscal year, according to a new Oregon Health Authority (OHA) [data brief](#). At the same time, fewer individual hospitals and health systems met their state community benefit spending requirements in 2024.

“Hospitals are essential partners in helping everyone in Oregon lead healthy lives,” said Clare Pierce-Wrobel, director of OHA’s Health Policy and Analytics Division. “While health care faces many challenges, OHA applauds each hospital’s continued investments in valuable community services like vaccine clinics and blood pressure management workshops.”

Nonprofit hospitals are required to provide community benefit activities to maintain their tax-exempt status. Just two Oregon hospitals – or about 3% of the state’s hospitals – are for-profit, while about [20% of U.S. hospitals are for-profit](#).

The state’s nonprofit hospitals spent about \$2.2 billion on community benefit activities in 2024, increasing 12.1% from the year before and returning to approximately the same amount as in 2022. This spending had previously [decreased](#) 8.7% in 2023, which was the first time it had declined in nearly a decade.

Meanwhile, only 79.4% of Oregon’s nonprofit hospitals and health systems spent enough to meet their unique state community benefit requirement in 2024. In 2023, 97.4% did.

Charity care is small portion of hospital expenses

The vast majority of statewide hospital community benefit spending continues to be unreimbursed care, or health care for which hospitals are not reimbursed enough to fully

cover costs. In 2024, 76.5% of total hospital community benefit spending – \$1.7 billion – was unreimbursed care.

Most of that– about \$991.9 million– was for unreimbursed care provided to Medicaid enrollees, followed by \$308.7 million for community health services that were provided at a loss, and \$299.3 million for free or discounted care provided to low-income patients, which is also known as charity care.

Charity care has remained a consistently small portion of total operating expenses at Oregon hospitals. Charity care made up 1.5% of all hospitals' combined operating expenses in 2024, compared to a low of 1.2% in 2023 and a high of 2.0% in 2019.

About 23.5% of Oregon hospitals' total 2024 community benefit spending – \$525.9 million – involved direct spending. That included \$313.7 million to educate doctors, nurses and other health professionals, \$104.3 million to conduct health research, and \$28.1 million to make cash or in-kind donations.

Nearly 80% of hospitals met state targets

Since 2022, [state law](#) has required Oregon's nonprofit hospitals to spend a minimum amount on community benefit activities. OHA assigns each hospital or health system a unique spending floor based on their historic spending and financial performance. Spending floors are updated every two years and typically grow as a hospital's total expenses increase.

In 2024, 79.4% of the state's nonprofit hospitals and health systems met their minimum community benefit spending targets. That was a substantial drop from 2023, when 97.4% of hospitals met their spending floors, and 2022, when 92.1% did. Individual hospital or health system spending ranged from 69.9% to 1,057.3% of their assigned community benefit spending floor in 2024.

More information is available on the [OHA Hospital Community Benefit Reporting](#) webpage, including an [interactive dashboard](#) that allows users to compare collective and individual hospital community benefit spending over time.

March is Problem Gambling Awareness Month – know the risks of sports betting and where to find help

What you should know:

- Sports betting can lead to serious negative consequences.
- Know the signs of problem gambling – spending more money than intended, mental health concerns or having difficulty controlling the amount of time and money spent.
- Seek help by calling the Problem Gambling Helpline at 1-877-695-4648.

March marks Problem Gambling Awareness Month, a time to raise awareness about the risks associated with gambling, particularly the growing trend of sports betting. Oregon Health Authority (OHA) is committed to providing resources and support for individuals and families affected by problem gambling.

As the popularity of sports betting continues to rise, so do the risks. Many individuals may find themselves vulnerable to the allure of betting on their favorite teams, especially with the hype around March Madness, which can lead to serious financial and emotional consequences.

"Understanding the risks associated with gambling is crucial for our community," said Greta Coe, problem gambling program manager at OHA. "We encourage everyone to be informed and use the resources available to help prevent gambling-related harm."

Individuals who gamble should be aware of the signs of problem gambling, such as spending more time and money than intended, mental health concerns or having difficulty controlling the amount of time and money spent.

OHA provides a variety of no-cost resources to support individuals seeking help:

- **24/7 Confidential Helpline:** A toll-free Problem Gambling Helpline at 1-877-695-4648 for those in need of immediate support.
- **Online Resources:** Visit the Oregon Problem Gambling Resource website for educational materials, self-assessment tools and information about local treatment options and support groups at www.opgr.org
- **Evive:** This innovative digital resource supports individuals seeking a healthier relationship with gambling, whether they want to stop, cut back, or feel more in control. Learn more at getevive.com.
- **Gamfin:** A financial counseling service for individuals and families affected by gambling addiction, offering expert support with budgeting, debt management, and rebuilding financial stability during recovery.

OHA highlights rising injuries, safety risks tied to e-bike/e-scooter use

What you should know:

- E-scooters, e-bicycles and other micromobility options are expanding across Oregon.
- Injuries involving e-bikes and e-scooters share common risk factors.
- E-scooter injuries are relatively new in health care reporting.
- OHA monitors injury trends and works with partners to promote safe riding.

Oregon Health Authority (OHA) is urging riders to take safety precautions when using e-scooters and e-bicycles, as new data show a sharp increase in serious injuries associated with these “micromobility” or motorized devices.

An analysis by OHA’s Injury and Violence Prevention Program (IVPP), using Oregon hospital and emergency department discharge data, shows that e-scooter-related injuries more than doubled between 2021 and 2025, as use of these devices expanded statewide.

Between 2021 and Sept. 30, 2025, Oregon hospitals and emergency departments reported the following e-scooter injury visits, using recently developed, e-scooter-specific codes.

- 2021: 211 injuries
- 2022: 269 injuries
- 2023: 326 injuries
- 2024: 418 injuries
- 2025 (Jan-Sept 2025): 509 injuries

“These injuries are not minor scrapes,” said Dagan Wright, Ph.D., senior injury epidemiologist and informaticist with OHA’s Public Health Division. “They often involve head injuries, broken bones and other serious trauma that requires emergency or inpatient care.”

Someone who knows the risk all too well is Portland e-scooter commuter Daniel Pflieger. He was riding a scooter home from work and slid on ice. The accident resulted in several bruised ribs. Luckily, Pflieger was wearing his helmet.

“I was biking home. It was late at night. It was just after one of the ice storms,” said Pflieger. “But most of the ice had melted and I was going uphill. And it was not a well-lit street. I would say one, wear a helmet. Two, pay attention to your surroundings. A lot of drivers are not paying attention. I wear a second light.”

He added, “Really pay attention and ride at a comfortable speed. These things typically top out at 17 miles an hour, and it doesn't sound very fast, but when you're exposed to it, it can feel pretty fast.”

Federal Response – Forward Together Oregon partner webinars in 2026

- Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) will continue conversations with a **new 2026 webinar series** focused on federal changes and what they mean for Oregon communities.
- **2026 webinar schedule: 10-11 a.m. Pacific Time**

- Mar 24, 2026
- May 19, 2026
- Jul 28, 2026
- Sep 22, 2026
- Nov 17, 2026
- All interested community, provider, faith-based, contracted partners and Tribal Nations are welcome to participate and [can register here](#).

Oregon's Rural Health Transformation Program on track with original timeline

[Register for the webinar](#)

The Centers for Medicare and Medicaid Services (CMS) [announced](#) in December 2025 that Oregon will receive a federal investment of \$197.3 million in 2026 to improve rural healthcare. The Oregon Health Authority (OHA) submitted a revised budget for these funds to CMS on January 30. The funds for the Rural Health Transformation (RHT) Program are currently frozen, and CMS has up to 30 days to review the budget. Partial funding is expected to be released upon completion. Funding will be unrestricted only for approved budget items, and additional reviews will follow for upcoming grant awards.

Catalyst Award Grants – Opening This Spring

In the first phase of Oregon's RHT Program, the State will begin accepting proposals for Catalyst Award grants. The Request for Grant Proposals (RFGP) process will open this spring, and organizations will be expected to apply with ready-to-go projects that can be implemented within two years.

Last year's Intent to Apply survey, which received 255 responses, was instrumental in shaping the design of the Catalyst Awards. Please note the Intent to Apply survey was nonbinding and not a formal application. All eligible organizations, including survey respondents, must submit a grant proposal this spring to be considered for funding. OHA intends to provide office hours and application assistance to interested proposers to support them through the RFGP process.

Save the Date: February 24 Webinar

Join OHA on **February 24th at 11am PST** for a webinar designed to help organizations prepare for the grant proposal process. The webinar will provide an overview of the Rural Health Transformation Program, explain the agency's work to date, and specify the details of the RFGP, including timeline and scope. This webinar will be recorded and made available on our website afterwards.

OHA is working diligently on the internal design and makeup of the RHTP and is adhering to its original timeline, which is available on the For questions or additional information, please contact: RHTP@oha.oregon.gov. Disclaimer: Pending approval of revised budget, this newsletter is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$197,271,577.67 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government

The West Coast Health Alliance

[The West Coast Health Alliance](#) was formed to ensure that public health recommendations are guided by science, effectiveness and safety at a time when CDC leadership changes, reduced transparency and the compromise of key advisory panels have called into question the federal government's capacity to address the nation's public health challenges.

New WCHA charter WCHA has established a charter that lays out the shared principles and scope that guides its work. California, Oregon, Washington, and Hawaii formed the West Coast Health Alliance to uphold integrity of effective public health strategies to protect the health of our communities. Through this partnership, WCHA will collaborate on the review of the best available science and evidence to make unified recommendations that support safety, efficacy, transparency, access, and trust.

WCHA goals and objectives The goals and objectives of the WCHA include the following:

Work together to ensure the public has access to credible information

Coordinate to reduce confusion and increase trust in public health

Provide evidence-based position statements, policy recommendations and guidance

Seek alignment with respected national professional organizations

Share tools and best practices

WCHA Shared Principles To protect the health of our communities, the West Coast Health Alliance will work to ensure that our public health strategies are based on the best available science. We will independently pursue strategies shaped by our unique laws, geographies, histories, and peoples, using these shared principles as the foundations of our Alliance:

Health as a right: We affirm that all members of our communities should have access to quality health care and information.

Science and integrity: We are committed to leading with science and to grounding our policies and recommendations in rigorous research, clinical expertise, and decades of proven public health practice. We commit to reevaluating our recommendations as new data becomes available.

Transparency and trust: Our communities deserve clear, transparent communication about health, rooted in science. We will safeguard public trust through honesty, clarity, and accountability.

Public health responsibility: We recognize the responsibility entrusted to us to protect and promote the health of the public. We will serve in a manner worthy of that trust, prioritizing prevention and evidence-based care to save lives.

Equity at our core: We are committed to giving everyone in our communities the opportunity to attain their highest level of health, and to eliminating barriers to evidence-based care especially for disproportionately impacted or marginalized communities.

Tribal sovereignty: We affirm and respect Tribal sovereignty, recognizing Tribes' authority over their health services. We also acknowledge health disparities impacting Indigenous peoples.

Coverage and access: We advocate for full coverage by payors of preventive services.

WCHA's planned scope of work

The scope of the WCHA will focus on the following:

Evaluating and responding to threats to national public health policy and recommendations

Reviewing data, information, and reports from credible clinical and scientific professional organizations that use evidence-based methodologies and source materials to assess changes in public health policy

Develop unified public health position statements, policy recommendations and guidance

Addressing communications needs and countering mis- and dis-information

ODHS Updates and Information

The starting point is the [ODHS Federal Government Shutdown webpage](#). Most pages are also available in Spanish and can be found from the English pages by clicking the Español button near the upper right. On this webpage you will find up to date information, including documents that are available in 11 languages.

- [Flyers](#)
- [Wallet cards](#)
- [FAQs](#)

We also have this [Ready-to-publish article](#) that can be shared in your newsletters or email communications. It is also available in multiple languages on our website.

Additional food resources can be found at Needfood.oregon.gov and alimentos.oregon.gov.

Notices relating to H.R. 1

The first batch of mailed notices relating to SNAP eligibility changes went out October 15. You can access copies of the notices within the [ODHS Updates about Federal Pages webpage](#). The individual notices are found within the "SNAP Eligibility:" sections and linked below. Other notices are still being sent out as changes in eligibility and renewals occur.

[Energy Assistance Allowance mailed notice](#)

Refugees, Asylees and Other Lawfully Present Immigrant mailed notices:

[Benefit reduction notice](#)

[Benefit closure notice](#)

[Work Rules for Able Bodied Adults Without Dependents \(ABAWD\) mailed notice](#)