

## **Coos County Community Advisory Council (CAC)**

### **Meeting Minutes**

Date: February 5, 2026

Time: 12:00 PM

Location: Virtual / Hybrid

#### **1. Call to Order & Roll Call**

Meeting called to order by Katie Gonzalez. Roll call confirmed quorum of CAC members and attendees.

Members Present:

Katie Gonzalez, Jeanifer Imbruglia, Shannon Hunter, Coreen Lee, Holly Boardman, Trudy Simpson, Davon Smith, Celcionna Volluz (proxy for Charlotte Carver), Stephanie Brouse, Kristy Wixon, Matthew Lehman, Amber Nichole Majeski, Ariel Hicks, Jess Howell, Anna Marie Slate, Helen Goche.

Guests/Staff Present:

Sam Baugh, Bevin Ankrom, Brandy Hille, Liz Hill, Doris Kiragu, Avery Horton, Kera Hood, Naomi Brazille, Ashley Matsui, Mike Hanks, Lisa Frischkorn, Danita Tracy Carter, Sarah Swanson

Community partners and representatives from Advanced Health, Oregon Health Authority (OHA), and others attending virtually.

#### **2. Approval of November 2025 Minutes**

Motion: Matthew Lehman

Second: Anna Marie Slate

Vote: Passed unanimously

#### **3. Approval of Agenda**

Correction noted: Next meeting is March 5, 2026 (not December).

Motion: Ariel Hicks

Second: Matthew Lehman

Vote: Passed unanimously

#### **4. Suggestion Box**

No new submissions.

#### **5. Open Floor – Consumer Feedback**

Positive feedback was shared regarding Advanced Health's fast THW doula credentialing process.

Concerns were raised about transportation denial due to missing secondary dental authorization, resulting in extra travel, missed work/school, additional costs, and emotional stress for a special-needs child.

Appreciation was expressed for customer service support and Bay City Brokerage assistance.

A positive experience was also shared about a provider at the Confederated Tribes dental clinic.

Theme: Opportunities to improve prior authorization processes and reduce unnecessary travel and costs.

#### **6. Community Partner Feedback**

No additional comments shared.

#### **7. SHARE Grant Funding – Remaining Balance**

Presenter: Ashley Matsui (Advanced Health)

Remaining \$45,000 from 2025 funds proposed to support The Beet programs in 2026:

- Coos Bay Library food refrigerator (~40,000 uses in 2025)
- Farm-to-Family program (~800 people served)
- Free community education classes (114 individuals served)

Discussion included geographic access concerns (e.g., Coquille). Funding supports existing programs as currently operated.

Motion to approve funding: Ariel Hicks

Second: Holly Boardman

Vote: Passed unanimously

## **8. Chair & Vice Chair Nominations**

Current leadership:

Chair – Katie

Vice Chair – Jennifer

Nominations remain open. Vote scheduled for the March 2026 meeting.

## **9. CAC Charter Review**

Charter confirmed compliance with new OHA guidelines effective January 1.

Proposed updates:

- Six-year service limit followed by a required one-year break before reapplying.
- Former consumer members may receive stipends for CHIP participation for up to one year after service.

Action: Charter will be distributed for review. Vote postponed to March 2026.

## **10. Oregon Health Authority (OHA) Updates**

Highlights included: for the full presentation and links please scroll to the end of this document.

- Black History Month recognition (100th anniversary).
- Launch of CAHPS survey for Oregon Health Plan members.
- Oregon is maintaining the AAP-recommended childhood immunization schedule.

- Public comment opportunity on federal gender-affirming care rules (deadline February 17).
- \$197.3M federal rural health investment for Oregon (one-year funding).
- OHP pharmacy access to certain birth control without a prescription.
- Increase in pertussis, flu, and RSV cases statewide.
- New 2026 health laws:
  - Medical debt removed from credit reports
  - Required menopause-related coverage
  - Coverage for breast reconstruction using the patient’s own tissue

## 11. Public Comment

Suggestion made to move public comment earlier in the agenda for accessibility. Noted for future consideration.

## 12. Adjournment

1:05 PM

Next Meeting: March 5, 2026, 5:30–7:00 PM (evening meeting).

### [OHA detailed Presentation with links.](#)

#### CAHPS® SURVEY 2026

The Oregon Health Authority’s (OHA) Office of Health Analytics will begin fielding the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey in February 2026. This survey asks Oregon Health Plan (OHP) members to report on and evaluate their experiences with health care. The survey covers topics that patients are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

Participation in the CAHPS survey is voluntary and will not impact healthcare benefits. Hearing from OHP members via this survey is an important way we can assess and improve health care provided through OHP.

Center for the Study of Services (CSS) is the certified survey vendor that administers the CAHPS survey under contract with OHA. Members may receive surveys by mail and telephone during the survey fielding period from February – May 2026. Surveys are available in English, Spanish, Vietnamese, Chinese, and Russian.

The survey results are used in quality improvement and assessment activities by OHA and Coordinated Care Organizations (CCOs). Aggregated results are reported publicly on the OHA Quality Metrics Program's Data and Reports webpage. Individual responses are not publicly reported.

Deidentified data are also provided to the Centers for Medicare & Medicaid Services (CMS) as part of OHA's required reporting. Enhanced demographic data are not reported to CMS; only aggregated race and ethnicity categories are included.

### **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**
- Jan 27, 2026
- 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](#).

### **OHA statement: West Coast Health Alliance continues to endorse AAP-recommended child, adolescent immunization schedules**

**CDC's Jan. 5 decision to revise the Child and Adolescent Immunization Schedule did not follow established procedure. The West Coast Health Alliance continues to recommend vaccination in alignment with the American Academy of Pediatrics-recommended Child and Adolescent Immunization Schedule.**

On Jan. 5, 2026, the acting director of the Centers for Disease Control and Prevention (CDC) signed a [decision memorandum](#) to revise the Child and Adolescent Immunization Schedule and significantly reduce the number of vaccinations routinely recommended for all U.S. children. This decision did not follow established procedure for vaccine policy recommendations and threatens an increase in vaccine-preventable diseases in children nationwide. Children getting sick from the diseases prevented by recommended immunizations leads to missed school for children, missed work for parents, and even hospitalization and death in some children.

The current [American Academy of Pediatrics Recommended Child and Adolescent Immunization Schedule](#) is based on [established vaccine safety and effectiveness evidence](#). AAP recommendations consider:

- When children are most vulnerable to diseases;
- When vaccines work best with children's immune systems;
- The safety of vaccinations being recommended;
- The risk of diseases in the United States;
- Our current access to health care and immunizations; and
- Cost effectiveness of implementing national recommendations for a particular vaccination.

While the first three concerns are similar across countries, the last three concerns may differ considerably between countries. The AAP-recommended immunization schedule serves as a starting point for discussions between families and their providers, as it always has. Parents should continue to make informed decisions about the vaccines that their children receive based on discussions with their child's health care provider.

Prior to 2025, AAP had endorsed the CDC recommendations, based on the Advisory Committee on Immunization Practices (ACIP), which followed a rigorous review of data on risk of disease and safety of vaccination in the United States. Changes in the newly released recommended immunization schedule are not based on changes in vaccine safety and effectiveness data. The changes were based on a comparison of the number of routine vaccinations recommended in the United States versus select other countries. It did not consider the different conditions in each country. These changes were also not vetted by experts from medical and public health organizations, health care providers, or the public before they were published.

We do not expect these changes to affect insurer coverage for vaccines for this plan year. All child and adolescent immunizations recommended as of Dec. 31, 2025, will remain available and covered by public and private insurers however the changes create confusion and will put more children at risk of preventable diseases.

The West Coast Health Alliance will continue to review available vaccine science and ensure continued access to recommended vaccines. Each state is examining the impact of these federal changes on vaccine access in our respective states. WCHA and AAP continue to support these longstanding recommendations including informed parental decisions for the best protection of their children.

**No changes to gender-affirming care in Oregon for now; proposed federal rules to limit gender-affirming care now open for comment**

In December, the U.S. government proposed [two rules](#) to severely limit federal support for gender-affirming care. OHA wants to be clear that:

There are no changes to Medicaid or gender-affirming care in Oregon right now and

Gender-affirming care is protected under state law.

The Oregon Department of Justice is also [suing the U.S. Department of Health and Human Services](#).

The proposed rules do not go into effect right away. The federal government must first receive and consider public comment for 60 days.

If you feel strongly about these rules, you can provide public comment through the federal web page by 1 p.m. Pacific Time Feb. 17, 2026.

To comment, go to the federal web page for [each rule](#) and click the green "Submit a public comment" box.

These proposed changes cause fear, uncertainty and real distress for transgender youth, their families and the providers who care for them. OHA is actively assessing the proposed rules for their potential impacts in Oregon and is also closely working with other state agencies and external partners to respond.

To learn more, visit these pages about gender-affirming care in Oregon:

Department of Justice (DOJ) webpage:

[https://www.doj.state.or.us/oregon-department-of-justice/civil-rights/gender-diverse-community-resources/?utm\\_medium=email&utm\\_name=provider-matters010926&utm\\_source=govdelivery](https://www.doj.state.or.us/oregon-department-of-justice/civil-rights/gender-diverse-community-resources/?utm_medium=email&utm_name=provider-matters010926&utm_source=govdelivery)

And the Oregon Health Plan webpage:

[https://www.oregon.gov/oha/HSD/OHP/Pages/gender-affirming-care.aspx?utm\\_medium=email&utm\\_name=provider-matters010926&utm\\_source=govdelivery](https://www.oregon.gov/oha/HSD/OHP/Pages/gender-affirming-care.aspx?utm_medium=email&utm_name=provider-matters010926&utm_source=govdelivery)

## **Oregon to receive \$197.3M federal investment in rural healthcare**

### **Funding will help improve healthcare access, boost disease management and prevention, support workforce, expand data and technology use**

PORTLAND, Ore. – Oregon will receive \$197.3 million in 2026 to improve rural healthcare and could receive more in the following four years, the U.S. Centers for Medicare and Medicaid Services has [announced](#).

Oregon Health Authority (OHA) will invest the federal funding in community-driven projects that improve healthcare access, boost chronic disease management and prevention,

grow and sustain the healthcare workforce, and expand the use of health technology and data in Oregon's rural and frontier communities. The Oregon Rural Health Transformation Program includes a dedicated Tribal initiative that will provide direct funding for the Nine Federally Recognized Tribes in Oregon to improve their own healthcare access and health outcomes in a way that honors the government-to-government relationship with the Tribes.

Oregon is centering the unique needs and perspectives of people in rural communities for this effort. OHA conducted statewide engagement to develop its original funding proposal, and will continue to closely collaborate with hospitals, clinics, providers, patients and others in rural Oregon as it implements the program during the next five years.

"Oregon is resolved to steward this funding effectively, ensuring it benefits rural communities across the entire state," said Oregon Gov. Tina Kotek. "We look forward to working in partnership with the Centers for Medicare and Medicaid Services to advance rural health transformation and improve the lives of our rural and frontier residents."

"Everyone deserves access to quality healthcare, no matter where they live," said OHA Health Policy & Analytics Director Clare Pierce-Wrobel. "OHA is honored to partner with rural communities through the Rural Health Transformation Program. While this much-needed boost can't make up for the substantial federal funding cuts we anticipate in the coming years, OHA is committed to using this opportunity to support as many promising and sustainable rural health solutions as possible."

The federal funding is being awarded through the [Rural Health Transformation Program](#), which was established under House Resolution 1, the federal government budget reconciliation bill that became law in July 2025. The federal program will distribute a total of \$50 billion nationwide between 2026 and 2031. The total amount that individual states will receive is subject to change. The federal government will revisit funding awards every year after reviewing each state's progress. OHA will review the terms and conditions of Oregon's award and work with the federal government to finalize the program budget in January.

The [Rural Health Coordinating Council](#), which advises the [Oregon Office of Rural Health](#), will also advise the Oregon Rural Health Transformation Program.

OHA will move as fast as possible to distribute funding and plans to make two sets of awards in quick succession during 2026. Early on, OHA will stand up management structures to ensure proper oversight and fiscal stewardship of these federal funds as well as coordination with the federal government and community engagement. OHA will first distribute funding through Immediate Impact Awards that will be given to strategic projects that can begin within two months of receiving funding. By mid-2026, Catalyst Awards will be made to ready-to-go projects following a formal application process. OHA expects to begin accepting Catalyst Award applications by spring 2026. In later years, further funding will be awarded through a competitive process to projects that are focused on long-term sustainability, shared infrastructure and cross-sector collaboration.

Oregon initially [requested](#) \$200 million annually, or a total of \$1 billion over five years, from the federal program. OHA will scale down its original proposal to fit its given budget.

More information is on the OHA Rural Health Transformation Program [webpage](#). Organizations interested in applying for funding are encouraged to sign up for email updates through the webpage.

The Oregon Rural Health Transformation Program is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$197,271,578, with 100 percent funded by CMS/HHS. The contents of this release are those of OHA and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government.

### **OHA Listening Session for OHP Members**

Do you have concerns about services that should be covered under the Oregon Health Plan (OHP)? The Health Evidence Review Commission (HERC) staff will hold **two staff-led listening sessions** to discuss ideas and concerns about OHP services.

#### **The primary focus for this meeting**

Hear from Oregon Health Plan members

#### **The sessions:**

Thursday, March 5, 2026, 12:00–1:30 p.m.

**To suggest a topic for discussion** Staff will call you to discuss your suggested topic

Session 2: [Submit a topic](#) by 8:00 a.m. (Pacific Time) on February 19, 2026

Commission and subcommittee members will not be present, and no decisions or policy changes will be made during this session.

#### **Attend to listen**

Please self-register for the webinar | [Session 2](#)

You will receive a confirmation email with details on how to join

Be sure to check your spam folder

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).

### **Oregon reduces barriers to birth control for Medicaid members**

*Oregon Health Plan members will be able to obtain birth control and emergency contraception without a prescription and at no cost starting Dec. 16*

Oregon Health Plan (OHP / Medicaid) members will be able to get over-the-counter birth control pills, including Opill, and emergency contraception at no cost at pharmacies in the state. Oregon Health Authority (OHA), in collaboration with the Oregon Board of Pharmacy, made this possible through a standing order, which allows pharmacists to provide these medications to OHP members and bill OHP.

“Access to reproductive health care should not depend on how much money you make or what kind of insurance you have,” Governor Tina Kotek said. “This step ensures that Oregon Health Plan families can get timely, affordable birth control. I will keep working to make sure every Oregonian can access the care they need to make the decisions that are right for them.”

In Oregon, these medications are already covered without a prescription for people with private insurance. Federal law, however, requires that all medications for Medicaid enrollees be prescribed by a licensed practitioner who is enrolled in the state’s Medicaid program. Oregon’s new standing order means that OHP members will no longer have to get a prescription to access these contraceptives at no cost.

“This change removes a real and unnecessary barrier to care,” said OHA Director, Dr. Sejal Hathi. “By allowing Oregon Health Plan members to get safe, effective contraception directly from pharmacies – without a prescription and at no cost to themselves – we are closing a longstanding gap between private insurance and Medicaid and ensuring all people in Oregon have greater control over their own reproductive health.”

Over-the-counter emergency contraception has been widely available for several years, and the FDA approved Opill as the first birth control pill for over-the-counter use in 2023. Previously, however, OHP members were required to pay out of pocket or else seek out a doctor’s appointment for a prescription to get these medicines covered.

Oregon’s [Reproductive Health Equity Act](#) (RHEA) requires that many health plans offered in Oregon, including all plans offered through the Marketplace, cover over-the-counter contraceptives at no cost. Some private insurance plans that are not subject to Oregon insurance laws may not include this coverage, so people with private insurance should contact their insurance company for more information about their coverage. Additional information can be found on the Department of Consumer and Business Services (DCBS) [web page](#).

**How OHP members can get access:**

- OHP members can go to their approved pharmacy and request emergency contraception or Opill, and for it to be covered by OHP.

- Most OHP members get their benefits through a local [Coordinated Care Organization \(CCO\)](#); OHP members can call their CCO and ask which pharmacy to go to.
- OHP members not in a CCO (known as OHP Open Card), or who do not know which CCO they're in, can call OHP Client Services for help at 800-273-0557.
- OHP members will need to provide their OHP ID number, which is on their OHP ID card or CCO ID card, or by providing personal information that enables the pharmacy staff to search for and confirm enrollment in OHP.

Additional information is available on the [OHP member webpage](#).

### **Health officials urge pertussis vaccination, safety measures to protect babies; case count surpasses 75-year record**

Pertussis cases in Oregon have reached an all-time high, prompting state officials to urge people to make sure they and their families are up to date on vaccinations—especially those who are pregnant or spend time with babies—and take steps to reduce spread.

In 2025, as of today—Dec. 10—Oregon Health Authority has received a record-high [1,475 reported cases of pertussis](#), also known as whooping cough, breaking the state's all-time annual record of 1,420, set in 1950. The current outbreak began in spring 2024, when Oregon recorded [1,252 pertussis cases](#) by year's end. Other U.S. states have reported similar caseload spikes.

Pertussis can cause severe disease in people of all ages, but babies are most at risk of serious illness, hospitalization and death from infection. To reduce that risk, the [American Academy of Pediatrics](#) recommends every pregnant person receive a single dose of Tdap vaccine during their third trimester (weeks 27-36) to protect their newborn from pertussis. That's because babies' immune systems are too weak to protect against infection until they get vaccinated at 2 months old.

Spouses, partners, grandparents and any adult routinely in the baby's life should also consider receiving a Tdap dose at least two weeks before the baby is born.

However, vaccination is important for people of all ages, and it's the best way to prevent severe disease and hospitalization. In addition to pregnant people, pertussis vaccination is recommended for infants and children starting at [2 months through 4 to 6 years old](#), adolescents at age 11 or 12, and any adult who has not previously been vaccinated.

"I worry people may not fully appreciate the risk pertussis poses as case counts are rising, especially for babies and older adults," said Howard Chiou, M.D., Ph.D., medical director for communicable diseases and immunizations at OHA's Public Health Division. "One of the most important things someone can do to protect their newborn is to get the Tdap vaccine

during pregnancy. Unfortunately, we've seen a statewide decline in maternal Tdap vaccination rates in Oregon, which is a dangerous trend."

**VIDEO:** Videos of Dr. Chiou discussing Oregon's historic pertussis spread and its impact are available at the top of [OHA's Media Resources](#) page.

### **The numbers**

In 2025, 87 cases of infant pertussis (children younger than 12 months)--22 of whom were hospitalized—have been reported in Oregon so far. One infant died in Oregon earlier this year. It is the only death from pertussis reported in Oregon during 2025.

OHA's new [Pregnancy Immunization Data](#) dashboard shows only 69% of pregnant people received Tdap vaccination in 2024, down from 72% in 2020.

Maternal Tdap vaccination rates also vary widely from county to county, with rates as low as 17% and as high as 82%. The lowest rates are largely in rural counties, where it's often harder to find vaccinations, and where vaccine hesitancy rates are also higher.

Pertussis outbreaks occur regionally about every three to five years and do not necessarily follow seasonal patterns. Because of widespread masking and social distancing during the pandemic, Oregon saw only three reported cases of pertussis in 2021, followed by 17 in 2022 and 40 in 2023. Health officials attribute the skyrocketing cases since then to a return to pre-pandemic norms that coincides with waning immunity and decreased vaccination rates.

### **Why the vaccine matters**

Studies show Tdap vaccination during pregnancy is highly effective in preventing pertussis infection and hospitalization. Long-term protection from the pertussis vaccine wanes over time, however, which can create confusion about the vaccine.

"I hear the confusion in my community about pertussis vaccination," said Benton County Health Officer Carolina Amador, M.D., MPH. "When we use the word 'booster,' people may think the vaccine isn't very effective because protection fades, so they may not want to bother. At the same time, we strongly recommend it for certain people, such as children and pregnant people, because in the short term it does a great job protecting the most vulnerable among us."

### **The disease**

The only way a baby will become infected with pertussis is if they are exposed to someone with pertussis, a bacterial infection that spreads easily through droplets when someone coughs or sneezes.

But pertussis often goes undiagnosed. The illness is tricky to diagnose because not everyone with pertussis will have the trademark "whooping" sound when coughing. For some,

pertussis can be severe and result in a trip to the hospital, while others may experience mild symptoms and may not necessarily seek medical care while they still spread disease.

Jennifer Gibbons, N.D., is a naturopathic pediatrician in Portland whose practice attracts many parents who are vaccine hesitant.

“When parents of my little patients also happen to be pregnant, they often tell me their own OBGYN has recommended the Tdap vaccine, and they will ask me, ‘But do you think it’s right for *me*?’ The answer is always yes,” she said.

“I can say, ‘I’ve seen whooping cough, and its truly awful for infants,’” Gibbons added. “Then I’ll explain how the vaccine merely adds to the suite of protective antibodies that the mother is already providing the baby through the placenta. I’m always exploring ways to change my language with patients to see if I can get them to look at it differently.”

[Click here](#) to learn more about pertussis in Oregon.

### **New Laws for 2026: Improving Access to Health Care**

- Senate Bill 605: stops medical debt from going on your credit report. Beginning Jan. 1, medical service providers—like hospitals and clinics—are prohibited from notifying consumer reporting agencies that you owe money for your care or how much. The reporting agencies also are banned from including in your report any amounts they know or should know are medical debts.
- House Bill 3064: requires health plans regulated by the state to cover treatment of perimenopause, menopause, and post-menopause. The health plans include individual and family plans, small business plans, and plans overseen by the Oregon Educators Benefit Board (OEBB) and the Public Employees' Benefit Board (PEBB). Beginning Jan 1., such plans must pay for services like hormone therapies, osteoporosis prevention and treatment, and hormone therapies.
- Senate Bill 1137: requires health insurance plans to cover breast reconstruction surgery that uses a patient’s own tissue for reconstruction, instead of implants. The plans must pay for this form of breast reconstruction under the same or better terms and conditions they have for reconstruction procedures with implants.

### **Six tips to support 2026 health and well-being goals**

Making New Year’s resolutions or setting goals for 2026? Oregon Health Authority is here to help with six quick ideas. Whether choosing to get vaccinated against respiratory diseases or quitting tobacco, the decisions you make about your health affect not only longevity and quality of life, but the health of the entire state. When it comes to [health](#), we’re all connected.

**Here are six ways to prioritize your health and well-being in 2026:**

## **1. Quit tobacco**

Nearly seven in 10 Oregonians who smoke want to quit. If you or someone you know is ready to quit tobacco, free help is available. Contact the Oregon Quit Line at 1-800-QUIT-NOW or at <https://quitnow.net/oregon> or in Spanish at 1-855-DÉJELO-YA or online at <https://quitnow.net/oregonsp>.

## **2. Get vaccinated for respiratory syncytial virus (RSV) and pertussis**

Respiratory syncytial virus (RSV) is a common respiratory virus that typically causes mild, cold-like symptoms. However, it can be dangerous, particularly for infants, older adults, pregnant people and individuals with chronic medical conditions. Each year, RSV leads to significant numbers of hospitalizations nationwide and Oregon health care systems routinely experience increased strain during RSV season.

The vaccine for pertussis, also known as whooping cough, is called DTaP, and it's a combination of vaccines for tetanus, diphtheria and pertussis. For pertussis, talk to your health care provider about vaccination, which is required in Oregon for [children](#) and [adolescents](#) and recommended for [adults](#).

## **3. Get vaccinated for influenza and COVID-19**

It's still important to take precautions against influenza and COVID-19 — common respiratory viruses that can cause mild to severe illness. The seasonal flu vaccine is recommended for everyone age 6 months and older, while the seasonal COVID-19 vaccine is recommended for children under 2 years, adults over 64 years, and anyone 2-64 years at increased risk for severe illness such as people with underlying medical conditions and those who live in congregate facilities. Both vaccines are widely available through pharmacies and health providers.

## **4. Eat better**

Shared and [family meals](#) not only improve nutrition but also build stronger family bonds and emotional health. CDC offers ideas for [having healthier meals and snacks](#), and tips for [healthy eating to maintain a healthy weight](#).

## **5. Rethink the drink**

Raising awareness of the effects of excessive alcohol use across Oregon and giving people tools to start conversations about alcohol's role in their lives - including during the holiday are goals of OHA's [Rethink the Drink](#) initiative. RTD resources can help people cut back on their drinking or reduce the impact that excessive drinking has in their communities.

## **6. Reach out for help when you need it**

In Oregon, the [988 Suicide & Crisis Lifeline](#) is available 24 hours a day, seven days a week. The easy-to-remember 988 number is available for people experiencing any type of

mental health challenge, substance use crisis or thoughts of suicide or self-harm. Anyone who needs support can call, text or chat in English and Spanish (interpretation services and American Sign Language are also available) and connect with trained crisis counselors. The 988 Lifeline is also a resource for friends and families concerned about a loved one.

[Online resources from Sources on Strength](#) - Sources of Strength has two online resource packets. The first is [Resources for Practicing Strength at Home](#), and the second is a shorter version that also offers a [wellness plan](#). Any resource in these packets can be used in classrooms, staff meetings, in individual or group counseling, or to practice strength wherever you are.

### **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](http://Needfood.oregon.gov) and [alimentos.oregon.gov](http://alimentos.oregon.gov).

### **Key State Actions**

Governor Kotek announced three key actions on [Oct. 29, 2025 in a news release](#):

**Food Emergency Declaration:** The Governor has declared a food emergency to ensure the state can use all available resources to keep food flowing. The ODHS Office of Resilience and Emergency Management (OREM) will lead the agency response in coordination with Oregon Emergency Management (OEM).

**\$5 Million in Emergency Food Funding:** ODHS will release \$5 million in Temporary Assistance for Needy Families (TANF) carryover funds to support Oregon’s network of food banks. This will help food banks purchase and distribute food and sustain local operations. This action will not affect Oregon’s ability to issue monthly TANF benefits on time for November. TANF families will receive their November benefits.

**Statewide Call to Action:** The Governor is encouraging all in Oregon to come together by donating to their local food pantry or the Oregon Food Bank, contributing to “Blue Bag” food collection bins at grocery stores, and volunteering in their communities.

### **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](#)

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