OREGON HUNGER TASK FORCE

Creating Policies for a Hunger-Free Oregon

Oregon Hunger Task Force
Meeting MINUTES
November 18, 2025 10:00am-11:00am

Time	Item
10:00 am	Meeting Recording Welcome and Introductions *(Mark Edwards as representative from the Steering Committee)* Community Guidelines Motion to pass the September and October Meeting Minutes as presented Andrea Williams motions Jessica Morris seconds No objections September and October Meeting Minutes passed
10:10 am	Presentation: Food for Thought: Understanding Older Adult Food Insecurity, Dr. Colleen Heflin Slide Deck Mark: This is a great opportunity to hear from somebody who is a friend and colleague of mine. Colleen Heflin, comes to us from Syracuse University, where she is a professor, and she is a national authority on food insecurity and on public programs that are related to food insecurity. We have had the opportunity to do some writing together over the years that included work about Oregon. Colleen has an interest in Oregon, not only in the national scene, but also in the Oregon scene, for a variety of reasons. I think we're [Oregon] both interesting, but we're also personal. She has some history here with Oregon, and had the good sense of sending one of her children here to OSU. They are a student here right now. So Colleen, with her co-author, Madonna Harrington Meyer has recently written this book called *Food for Thought*: *Understanding Older Adult Food Insecurity*. This project is very cool

because it includes both some rich quantitative analysis of data that we are familiar with, but looking at it in a fresh way, talking about the story of what's been happening for older Americans, but also it includes rich qualitative data with lots of interviews with older folks to talk about their experiences, and so we asked Colleen to come and present for a little bit today to tell us about the book, and particularly how it relates to current questions and concerns regarding public policy and legislation and programs as they relate to older folks in the United States. So with that, I'm going to hand it to Colleen. We'll let her talk for about 20 minutes or so, and then we'll open it up for question and answer for another 10 or 15 minutes. So Colleen, it's all yours.

Colleen:
Thank you for having me. I'm very excited to be here. The Oregon Hunger Task Force is, I think, is one of the best organizations in the country. I love the group of people that come together. I love how it keeps this focus on food insecurity. I've been a huge fan of yours for a long time, so this is, like, very exciting to get to share my work with you today.

I'm going to talk about work from this book, which is co-authored. So of course, sharing all credit. And, you know, of course, I take credit for all errors, perhaps. So I want to start out by giving a little bit of an overview. So we often, you know, childhood food insecurity often takes the headlines, but older adult food insecurity is a much quieter sort of problem in many communities, and for some older adults, it is the culmination of hard living over a long time period. But for others, it really reflects a change that happens often just in their 50s, and then going into their 60s. And so it can be something new. And in some areas, people are really well supported. There's a rich infrastructure of both community as well as formal support. And in other areas, people are really struggling without the same richness of community support.

So I want to start by highlighting Alex. Alex was married, worked at a manufacturing job for most of his life. He raised four children, and he and his wife welcomed seven grandchildren into their lives. They never gave food insecurity a thought for a very long time. So he injured his back in his late 40s, and wasn't able to qualify for disability insurance. It was just too difficult. For many years, he sort of tried to deliver pizzas. He ended up spending down a small inheritance that he had been saving away for retirement. And so he ended up retiring early at age 62 so he and his wife could have the $19,000 a year to live on. And he told us, "*sometimes, when I look in the fridge and it's pretty bare, I'm going, hmm, I worked for 50 years, and my life's going to end up like this*".

So why I really wanted to focus on food insecurity is because Alex isn't alone. 9.2 % adults age 16 and older were food insecure in 2023 and when we look at those with incomes below 185%

of the federal poverty line, that rises to one in five. We know that the number of older adults is rising in this country due to the aging of the baby boomers, the reduction in fertility, and by 2034 there's going to be more older adults than there are children under age 18, for the first time in US history. And so this is going to result in a change in the demand, in need for different types of social services. I'm motivated to look at food insecurity, because food insecurity connects to nearly all other dimensions of economic well being.

In many ways, we think of food insecurity as a personal issue, but it's also a public issue. Food Insecurity is a driver for a wide array of negative health outcomes. It's now recognized as a social determinant of health. And in this country, when we provide national health insurance through our Medicare program, there's a lot of costs associated with food insecurity that are born at the societal level as well. So in terms of looking at food insecurity over time, there has been a market increase over the last 20 years, and the increase since covid is much higher than it has been for other age groups, actually. So food insecurity for older adults in 2023 for those 60 and over, or 9.2%, whereas if you look at 2001 it was 5.3%. very low food insecurity. This is the group that tends to actually have reductions in the amount of food they're actually taking in, is now at 3.2% and this is an over doubling of what it was in 2001 so the trend here is going in the wrong direction as the number of older adults in this category is increasing.

So you are going to see them all. You probably are seeing them all in your organizations looking for assistance. Already, food insecurity is also more prevalent among vulnerable populations. Older adults who live alone are more likely to be food insecure than those that live with others. Of course, income is highly associated with food insecurity. Women are more likely to be food insecure than men and white populations are less likely to be food insecure than other racial and ethnic groups. Marital status is protective of food insecurity even in older age, while all other marital statuses, including divorced, widowed or separated or never married, all have a higher likelihood of being food insecure.

Living in a multi generational household where grandchildren are present is a significant risk factor for food insecurity as well. In terms of employment status, we know being formally retired or employed is protective, whereas being unemployed, which means you're looking for work or not working because you have a work limiting disability, these are high markers, high risk factors for food insecurity, as well as regardless of work status, individuals who report having a disability, this becomes a risk factor for food insecurity, and it's important to remember in a state like Oregon that rural populations have a higher probability of being food insecure than urban populations, so there were a number of economic drivers of food insecurity that's probably not surprising.

So even among those 65 and older, shown here in orange, you can see high food prices were reported to a survey that AARP conducted in December 2022 with one and two saying that high food prices were negatively impacting their access to food in the last two weeks, but so were low wages. And that may be a surprise, given that we may think of those 65 and older is less affected by the labor market, but in many analyzes I'm doing, we know that older adults are working longer, but those jobs are hard on older adults, hard on them physically and the low wages may not be enough still to cover cover needs.

Also, it's clear that older adults often are forced to make trade offs between essential expenses and so 12% reported making a trade off within the last month between food and transportation. 11% between food and paying utilities, 10% between food and medical care, 9% between food and housing, and 8% between food and paying for prescription drugs. So this is really important to keep in mind, but one of the things that's hard to tell is when you make a trade off, which way did you decide to go? And you know which need did you decide to cover? We were able to get at this in our qualitative interviews, and what we learned is that older adults that we spoke to said they cover housing and energy. Energy first, they really felt that they just didn't know how they would survive if they lost the roof over their heads and didn't have basic energy security. Other strategies that younger adults often talk about such as bill juggling: maybe not paying the full amount of the rent or utility bills, was not something this population talked about at all. This is a population that really is very concerned about these basic foundations, whereas other other needs were traded off in ways that were frequent and changed maybe month to month. So the trading off between medication and medical and also dental care. We heard a lot about transportation. We heard about people trading off, not just gas, but also whether they could afford to take the bus, and car maintenance and registration. There were people we spoke to that had cars in their driveways but couldn't afford to register them and drive them. We heard a lot about personal care items, adult diapers, soap deodorant, basics that are not covered by the food stamp program, as well as cleaning supplies, so laundry soap, dish soap, often came up.

So here, Barbara, who's aged 68 with very low food security, says: *"If I'm really hungry, then I guess I just won't get my medicines. Instead of taking it like it's prescribed, I may only take it at night and just hope that it'll suffice that way I don't have to buy next month's supply"*.

So this is, of course, dangerous, and so this happens quite often. I've done some quantitative work as well that shows that this happens more commonly among older adults. But there's also non economic drivers of food insecurity, and I think these are important to highlight as well. And so from the same AARP survey conducted in December 22, we find that among those 65 and older, people talk about not having access to transportation. So this can be both, again,

public transportation, or a car, or getting a ride to a food bank or to a SNAP office or grocery store. Distance, physical distance is a problem by 14% of the population 65 or older, or 17 of those in the 50-65 range, and physical disability. So the act of actually getting to the grocery store, reaching for the food off the shelves, carrying it home, maybe up steps, and then having to stand and cook. It was a problem that 18% of those 65 and older, and one in four of those 50 to 64 mentioned.

So, here Anna, who is 76, with low food security, says: "*I simply can't carry it, and I get too tired to go to the grocery store, too tired to drive there"*.

Bobby, who's age 62 with marginal food security, says: "*To get to a grocery store with decent prices, I have to catch a bus or maybe give somebody a few dollars and get a ride"*. But see, they've got a grocery store downstairs, and he's very upset because the grocery store downstairs doesn't have as good of food as the one that he would go to, but he can't get to.

So I want to talk about the food system and how we address older adult food insecurity. So first of all, of course, SNAP is the nation's number one program to address older adults with affordability issues, dealing with food insecurity. And here I'm showing the share on the SNAP case load, age 60 and above at the national level. And you can see from about 2010 it has more than doubled the share of the caseload that is age 60 and above. And so we don't tend to think about people on SNAP as being older adult households. But we need to change that mental model, because this is increasingly becoming the population that SNAP is serving to a much larger degree than what we have historically seen when we think about the limits of SNAP for older adults.

There are three that I want to highlight. First is, as we know, the administrative burden associated with SNAP is high and it's likely to be higher for older adults, who may have increased difficulty. They may have less knowledge of the program rules. If they're newly economically vulnerable, they may have more difficulty complying with the rules if it requires going to office, understanding what's required to bring there, and just what the questions are that are being asked, particularly with online forms, can be very challenging for individuals with lower computer and technology literacy in general, particularly those who may be dealing with sight and cognitive declines.

We also heard that SNAP benefits can be difficult to redeem and have a low value. So this is where that physical distance to the store, the transportation in terms of getting there, and then again, the actual act of shopping and carrying the food home can be quite difficult, as well as older adults often told us that the value of the benefit is just very low and perhaps not not

worth all the difficulty of getting there. And we know that SNAP, how it operates, varies greatly by where you live. Now, in Oregon, you have a very high participation rate, and so you're very lucky in that regard. But I have some pointers for you guys as well of what you can do to increase older adult food insecurity all the same.

But here, Kira, age 68 with four with poor food insecurity, in part because she received SNAP said, "*I hate doing all that paperwork once a year. I mean, God, I haven't changed anything. Stop putting me through this, right*"?

So you really get a sense of this frustration from these from the respondents we talked to, Carmen, who is age 65 with low food insecurity, is diabetic, and he talks about how the doctor says you've got to have your breakfast, lunch and dinner, and in between breakfast and lunch, you got to have a snack, and between lunch and dinner, you've got a snack and you've got to have a snack before I go to bed. So this is a lot of food. It turns out, right, that his doctor is telling him he needs to be healthy, and he's really struggling with this.

And then here where I'm showing the map of participation among those eligible in SNAP and in 2018 Oregon had a very high, one of the highest levels of participation among older adults. but you can see there's a wide variety. So I won't, I won't belabor this much, but I would say people in Oregon are lucky, but I still have suggestions for how you can do more. The community and subsidized foods programs really mainly address what I think of as the non economic barriers to food security. So this is how we're often getting at some of those other issues. And here we're talking about group meal programs, home delivered meals and sources of free groceries, which could be at farmers markets, but food pantries are the big ones, right?

We know these programs are funded by many, many different organizations, and they are staffed both by paid staff and volunteers. And again, what's available varies greatly across all communities, and certainly in Oregon, you know this to be true given how different the state is across communities. So in community based programs, we heard a different set of concerns.

So here we heard that some people had access to really good programs that they felt like the quality and quantity of food available was fantastic, where other people felt like they didn't the food they had access to they actually didn't think was maybe what they wanted to have, what they really were comfortable eating, and so again, this lack of consistency can be really problematic when you're constrained by transportation. So this is a double whammy for this population in particular. We also heard that food choice was often limited and that the food they felt was not as often, didn't have enough fruits and vegetables, was high in sodium, with stuff they felt like their doctor was telling them to avoid. So they really felt like they were in a

fix in the community program, particularly where, again, they just feel like they didn't have the choice that they wanted. And again, often we heard that there were physical, cognitive and transportation limitations, and many people said that small fee donation was suggested, but they viewed it as a barrier, and they just were not felt like they didn't have it, and so it became a barrier to participation, despite what many community programs say, that we will not let it be a barrier. They just felt like even being asked they thought was embarrassing and problematic. So you guys have such good feedback. So I'm gonna talk about you guys. I'm not gonna talk about the, you know, you have a lot so. But what I want, I want to think about when we talk about what strategies are older adults using? About one in 10 are relying upon SNAP. But only 2.6% are using free groceries like food pantries, and 6.6% are receiving free meals. So this is again going to be like home delivered meal programs, or perhaps congregate dining, Adult day, adult senior care.

So, Alice says: "*You know, it's difficult for me to take public transportation and do the walking that's necessary to get to the food bank, even though that food bank has great stuff, I just can't seem to get there"*, and she's frustrated.

So let me give you some things to think about for what you might do to really address this issue. So first of all, I really think treating food insecurity as a health issue is really important. Screening for food insecurity in clinical settings when people go to the doctor is really important. And when you frame food security as a health issue, it also can easily lead to improvements in the quality of food and programs. So consider the needs for special diets, low sodium, low carb renal diets, diets for soft gums, for people that have lost most of their teeth and are having difficulty chewing. And thinking about client choice, and that why that client choice may be actually supporting healthy foods instead of what sometimes we think of that it may be actually supporting unhealthy foods in terms of state adoption of SNAP policies at the national level, I think it's important to think about increasing minimum SNAP Benefits and indexing benefits to local food prices. That's nothing you have control over, but I think it's important to make a push for that. But when I looked up what programs Oregon is participating in that are specifically designed for older adults, I see there is some room to improve so the Restaurant Meal Program can be expanded to elderly. I couldn't tell if it was just focused on disabled populations, and it looks like it's in the pilot stage. So I hope that gets expanded and that older adults are included in that. Oregon currently does not participate in the Elderly Simplification Program [Elderly Simplified Application Project (ESAP)]. This is a program that has 36 month recertifications, periods, no interviews and a streamlined app and recertification process. There's a number of other states that have taken this up. This would certainly be something to consider. Also the combined application program, combined SNAP with SSI really combines those applications. There's a couple different ways that they can work

together. But this can be really helpful if you don't want to do the whole Elderly Simplification Program.

Many states have waivers to conduct unscheduled interviews, so you know you can have an interview on demand instead of at this narrow window. Also waiver of recertification interviews for elderly with no earned income. Existing waivers many states have taken up, but I didn't see Oregon on that list, as well as text message alerts for electronic notices waivers. Now, you may not think that older adults are going to want to text, but they really can't read the messages that they get, and so it may be often easier to get some help with that text message. And so I encourage some consideration of that generally. Also, I think connecting food assistance with other meal programs. So there's some neat ideas about connecting SNAP with home delivered meals, congregate meals, adult daycare, and maybe allowing for SNAP to cover some of those costs right, which will increase the salience of SNAP and allow for some of these other programs and maybe go a little bit together. connecting SNAP with applications for SSI. I talked about the combined eligibility program, but also thinking about how to combine that more with LIHEAP and housing subsidies. And really need to think about transportation for this age group, other groups, of course, too, but whether that's bus tokens and for community programs, trying to really think about home delivery of food, providing transportation and just allowing more hours for people to come. I know in some communities I've been to, the soup kitchen is really open for a very short time period, and if you miss it, you're you know, that's it. Whereas others have a little bit more, a little bit wider hours and mobile food pantries are often really short time periods, right? So just thinking about how hard that will be for somebody with transportation [issues].

Generally, we know we need to increase income support for older adults. Again, there isn't a lot here. I've you know in italics, you can think about protecting and increasing social security benefits for low income recipients. You guys can't increase the maximum SSI benefit and index it to inflation, but you can certainly advocate for that. Really trying to simplify the disability insurance programs and improve housing and energy assistance as well as transportation. So generally, I think if we address food insecurity, we're going to decrease healthcare costs, we're going to improve physical, mental and cognitive well being of older adults. We're going to see declines in loneliness and isolation and improvements in social integration, and we're going to have better options for living in the community longer and delaying the transition to residential care. You know, our safety net is nearly 100 years old, and it was not designed for older adults. And I'm hoping that this provides some food for thought as you guys think about how to deal with the older adults in your state.

Mark: Wow, thanks a bunch. Colleen, that was great. This is a chance for folks to ask some questions. You can either raise your electronic hand or your physical hand, if we can see you or you could put a question over there in the chat. So I'll go ahead and use my considerable authority here to call on just the first one I see in the corner up here. So Sherielyn, do you want to go first?

Sherielyn: Thank you, Colleen, where have you been all my life? Oh, my goodness, preach. You're preaching to the choir, and it's needed because, wow, I want your book for Christmas, and then I'm going to fundraise so that everybody in my volunteer network and Donor Network has a copy of that, as well as all of our partners, which is basically everyone here on this call, I just can't thank you enough for being here today. I cannot wait to get your slides so I can share it within our organization, because I have nothing to question about. Everything you presented. And I'm going to let the rest of my peers speak.

Colleen: I just want to say thank you so much for sharing all of that. It's really meaningful. Sherielyn, you know the population, you work with them all the time, and it's really meaningful that that resonates with you. Thank you

Alex: Yeah, I mean, I know I don't need to say it, because Sherilyn just did, but thank you so much for the presentation. It was incredibly informative, and I can only imagine the hours of research that you and your co author put into that. My question is one that I'm really curious about. If you have an answer to or even just an experience with, you mentioned. Mentioned, like multi generational families facing, you know, increased challenges with food insecurity. And I'm curious if, in your interviews or quantitative data for those older folks that are living with children or younger generations in the house, did they How did they go about making those trade offs. Were they different than those that didn't have other family members in the House? Did they prioritize feeding their kids over themselves? I'm just kind of curious.

Colleen: So I think the multi generational relationships come in two different ways. So if they're co-residing, then without a doubt, they let children eat first. So we see this with parents, and it's like twice as much among grandparents, right? And from other work, we know that families tend to allocate to the youngest children, and even as we get into adolescence and young adults that they're being asked to withhold in order to support so absolutely we also, however, I think a lot of older adults are not co residing, but there's some really good national data that show between 40 to 50% report buying groceries for their grandkids in the Last month, and another 40 50% report cooking for grandkids. And so when older adults can't do those things, they tend to isolate themselves. We had interviews where respondents indicated how embarrassing it was to have their grandkids come open the fridge and say there's no food in

here, and so they would not, you know, couldn't have them over for family meals. They felt like they couldn't babysit and see the grandkids in the way that they wanted to. And so it also tends to isolate them. And so I know we didn't get anyone that said they were receiving WIC. You know, we know that there are some formal programs where, if you have a skip generation, that they may be able to actually get assistance. We didn't get anyone. No one who we spoke to said they received WIC. And so it does seem like those formal programs are maybe not including, you know, all the, all the household members in the way that you might think.

Dustin: Thank you so much. First of all, I really appreciate that presentation, it was really eye opening. And this is a question, more of a comment, maybe something for the task force, for us to consider. So I manage, or I'm part of a team that oversees our child will Care Food Program, which is a federal meal reimbursement program. We have about, I want to say, four or five adult daycare centers that are on our program, and in the state like Oregon, I would imagine there's many, many more, and we're trying to elevate and just provide an opportunity, and to make it clear that these programs are available and they provide reimbursement for the meals that you're serving, and so that your Your presentation really, really kind of highlighted, for me, the lack of of exposure that our programs have. And I don't know if you've done any research on the child Adult Care Food Program and the adult care population, but we know there is a men's population out there that we are not serving, and just trying to highlight that and to make sure it's advertised really well. This is a great program for you all. So anyway, again, appreciate the presentation. It was really, really good. And anyway, I just wanted to pose that maybe it's something that the task force could talk through at a later time.

Colleen: CACFP, we know is composed of a lot more childcare centers than adult daycare centers, and we heard a lot of respondents tell us how great the services were that they got, as well as the social how much they looked forward to The social interaction that they got at the adult centers. And so I think those are super important. We heard barriers. So in the book, you'll see somewhere talk about barriers to those centers, in particular, transportation frequently, as well as some fees being requested that people felt like they couldn't afford. Forward, but boy, they really valued both the socialness more than anything, but the extra services they got were just really great.

Jessica: Thank you so much for this presentation. I already have your book. I bought two! We'll circulate them out in our library. We live and breathe this every day as an organization, Meals on Wheels people also, Meals on Wheels in Lincoln County, served my grandmother and my aunt, who were cohabitating before they both passed. I am curious. We saw when you were sharing, like, the different levels of food security and in different demographics, I was surprised by how small the gap was between the urban and rural. And I'm curious, is that national? And

	if it is, do you have maybe for Oregon, because we saw, like, a much broader span in different demographics. And I think there's often an assumption that urban areas have greater food security just because they're closer, but there are a lot of other barriers to access. So I don't know if you have any thoughts on that? Colleen: So that figure that I presented was at the national level. Yeah, Mark, I'm sure we can, you know, average three years of CPS data, and come up with the figure for Oregon, for urban or rural, but it has been a consistent trend over time and across place, and so I don't know, I don't know exactly what that looks like for for Oregon, but that is something that Mark maybe, maybe we can work on that? Jessica: And also, are you open to other speaking [engagements]? Because I would love to invite you to our next all staff meeting to really share, engage in, like, the great work that we are doing, and share kind of deeper statistics for maybe people that aren't aware they're serving people every day that maybe don't really understand the true impact. Colleen: Absolutely. Yeah. Mark, can happily set [that] up and I will be out in Oregon at least twice more in 2026 before my daughter graduates and I come to Oregon [State University]. Andrea: Just echoing my colleagues, thank you. Gratitude for your studies that really brought to life memories of my grandma and then my mother in law. I'm like, whoa, these numbers, this is telling the story of people I know very closely. So thank you for shedding light on it. I have a question. I mean, I was looking at the graphs. I'm like, oh my gosh, this is just going to probably get worse, right? I'm just, I'm thinking about the post HR1 environment. What would you counsel this task force to consider in terms of prioritizing solutions that you laid out, right, where the context in Oregon, as it is in many other states, is a very constricted budget environment, right, less federal resources. You know the story in this kind of now, not new-ish, but maybe harsher environment. How would you prioritize? Colleen: Sure, well, I think we know there's going to be, there should be more focus on administrative burden, because that state, that's where you have more opportunities to have error, and it costs the state money to actually engage in that administrative burden. So getting rid of the interview and moving to a 36 month certification time period for adults 16 and older, will reduce the state costs, while also making it easier for older adults to stay on the program. So I think that is a two-fer right? So win for the state, given what's coming forward, and it's and it's good for the older adults. I think that's really important. I think as community organizations, I think what people are, what I'm hearing is talk about offering volunteer opportunities, right? They're going to order older adults in order to meet the work requirements, right, 20 hours a

	week, and so having some way of finding out volunteer opportunities they can do at home. Know, volunteer opportunities they can do if they're physically limited, right? If they have mobility, cognitive, sight, hearing, right, they're not gonna get a job, right? So they're gonna need to meet and have ways of verifying the 80 hour a month volunteer requirements, I think will end up being really helpful, and that might be something that an organization like this can really figure out how to work with the DSS [ODHS], to figure out what you know, what that form is going to look like, and how are they interpreting that so that it can be implemented? Rick: Well, I'll pile on the compliments. So thank you so much for the presentation. I really love that last suggestion. And Chris, I think that if there's a way that we can try and make that actionable around like the policies and the systems that might even make all this easier. And thinking, first of all, our governor's office and others would really like a system that was easier to implement, and so that'd be amazing. I had a question specifically around hrs and health related social needs, and I'm wondering if you see a promising movement where supporting elder supporting nutrition based programs through a competent like food banks, Meals on Wheels, others, supporting that through compensation for a long term reduction In Medicaid cost. Do you think this has real promise, or do you think it's just like it's not going to work over I mean, it's, yeah, that's my that's my question, because right now, that's the premise, and I can't tell how much energy to put into that area of work. Rick: So I'm actually working on an intervention right now, and I think there were some very promising results early on, but I think in the last three or four months, all the results are showing our progress is less promising with more rigorous research design. I'm early in my own pilot, so I think, I think it's unclear. Rick, yeah, how, how, what the return is going to be. I think there's good work that shows SNAP actually, participation does reduce healthcare costs, though, and so I think we're kind of doing somersaults to do something new and different, right? Prescribe it through the medical system and then see if it changes clinical outcomes. But I think SNAP is actually really effective. ISM work showing it's reduced with lower mortality. There's other work showing that it's reduced with like, $2,000 a year reduction in health care costs. And that is not an extra right? So if we screen for food, use the hunger vital signs and screen for some potential issues with food insecurity, and that could be connected to SNAP the existing program that already exists, right? Seems to me like, I feel like that's an easy win, these other things, maybe, but I, honestly, I myself, am every the studies are not overwhelming me at this moment, but I'm doing one myself. So we'll see, right? Maybe I'll convince myself they're fantastic, but I'm, it's a or, you know, an orange or yellow at this point.

Jessica: Well, I just follow up on that topic. We have begun to be in that space, the HRSN space, and it is the hoops that you have to jump through to become a partner, and then also for the people to participate, they have to be referred to. I agree with you. Why not take the SNAP and so people have access without all of the additional barriers. So there's funding there, but it is. It is a challenge.

Colleen: Yeah, it's great to hear you guys ask and to hear that you're finding the same thing. Just that's helpful for me to hear that as well.

Rick: I'm not saying we're finding the same thing, but that's because we're just starting. So I'm just agreeing. So I'm really appreciative of you saying it's unproven yet, so that's helpful.

Colleen: Yeah, I hadn't heard as much about the hoops on, on your side. So knowing that is helpful. Part of, part of the reason it's not proven is because every program is doing different things, and so it's hard to know, like, what the thing is, right? So I think this is partly why the evidence is kind of very light at this point, because everyone has their own model that they're implementing, and we're going to do it this way, and you're going to do that way, but none of them are evidence based at this point.

Mark: I'm struck too by this idea that with this what do they call? It is the silver tsunami the Boomers are coming through now in that sort of escalating the scope of the problem and the demographics of who will be coming to food pantries or who will be signing up for SNAP. It makes me think also, from a kind of a public relations or kind of the marketing of the problem into the general public or to decision makers, that the face of food insecurity is going to change in some important ways. And I don't know what that you know if that will make it easier or harder, but I think it's some if you think about older folks being I'll say at least a more sympathetic crowd in the eyes of many people. I wonder how that might shift public opinion on the importance of addressing these things. So anyway, I think that'll be something for us to watch going forward.

Colleen: Let me mention too that I neglected to say that the SNAP participation rate among those 16 and above is only 55% and so it's the lowest uptake of all ages. And so there's a lot that can be done to support older adults with current programs that we just haven't figured out how to make it accessible. And again, in my mind, I'm wondering, is it that for some this is not the right program, because they're not shopping and cooking the way they used to anymore, and so can we think about how to use snap for home delivered meals, or to pay for the congregate meals at their housing project or as part of their senior center right? Can we think

about how to use that program to support access to food in other settings? I know there's some discussions going on in different corners.

Sherielyn: Colleen, one thing you said that really struck me was when you one of the slides where you displayed somebody that you interviewed who was experiencing marginal food insecurity, another person who was experiencing low food insecurity, and that it's not worth it to apply or recertify, reapply for SNAP because of these additional work requirements. I have a question about, do you have information about two things? Are they urban, rural, located? Do we know more? A little bit more about their ethnicity? Are they coming from BIPOC communities? And first thing, I didn't realize there were different levels of food insecurity among the older population, I guess, oh, my God, that makes sense, because we provide a cooked, fresh meal, home delivered. And so a lot of people that are older adults do come to us, and I've learned so much about those barriers, everything you mentioned on your slide, some of them have traumatic brain injury. You know, the letters might, the fonts might be big on the screen, but they can't stand looking at the blue screen for more than a minute. They have a limited number of caregiver hours in a week, and they have to split that between taking them to doctor's appointments or cooking meals for them or cleaning their house. And so the rest of the week they're left to do for themselves, and they don't have anybody living near them that can come check on them. So all these things was really eye opening about the different levels of food insecurity, because it does determine their need for food assistance, and what type of food assistance and how that's delivered to them that meets their needs where they're at but again, I want to go back to my question for those folks that said I'm not sure that it's worth recertifying for SNAP with this new work requirements, Do we know a little bit more about their ethnicity? And their location?

Colleen: Yeah, at the back of the book, there's a nice appendix that provides some demographic information about each of the respondents with their pseudonym, so you can sort of understand a little bit more of their situation.

Rick: I know we're almost done, so just be quick. Mark, you said something that I thought was super helpful, kind of like when you're talking about marketing, the problem. I think we have to give thought to that. I think that, you know, I saw two really good suggestions. One was, try and be active in reducing the administrative burden and try and have a stronger effort in enrollment of SNAP eligible elders. Both of those seem like administered like low hanging fruit solutions, but I think that we have to be good at marketing the problem. So, Colleen, how do you think of, like, what's, what's the marketing angle that you would say, Yeah, I think this actually moves people's concern about this issue.

Colleen: So first of all, full disclosure, I'm not a marketer. So, with great humility. I suspect many of you will have as good of instincts on this is, I will, I think I'm trying to think of this issue as something that touches all of us. We all have older adults in our life, we serve older adults, you know everyone is going to be coming into contact with older adults, and we're all going to be older adults, right? And so thinking of this is like we all have a stake in this. I think people tend to think that Social Security has solved this issue, and so it hasn't. I could, you know, talk more about that, but I do think people's instinct is that this is not an issue in this country because of social security. They don't realize we give less support in old age than any other OECD country, and that we are actually not doing great on that. And so I think there's a little bit to overcome for this group. This is a group that does have lower levels of food insecurity than other age groups. And so I think, wanting to be, you know, intellectually correct about the issue versus other groups, but still explaining why it's still an issue, why we haven't addressed it, and why it's different for this group than other groups in ways that we probably haven't thought about. We just haven't designed our programs for this age group. Thank you all.

Mark: I'm struck too by this idea of those who, now in their 50s, are required to engage in work or volunteering. And given that, you know, my father was driving, you know, still in his 80s, used to drive for Dial-a-Bus in his 70s. And I think in terms of organizing at the local level, one of the best volunteer things perhaps some of these folks could do if they had wheels, is to drive other people to solve these transportation problems, right? So it strikes me that some creative local approaches like this could address some of the barriers that you have identified in which we sort of take well, if we'll volunteer, then what if we had them help other people get to the store and things like that. So this is exciting to think about those possibilities. I'm also thinking, I apologize if I'm wrong about kind of who is on the Hunger Task Force, but I'm thinking we should have somebody here from aging and the Oregon Association for Area Agencies on Aging, and maybe that needs to be, we need to really have that representation here in the coming years. We do a pretty good job, I think, thinking about kids, but I wonder if that would be a place for us to strengthen our abilities here too.

Mark: Well, I'm going to close this part of our meeting now, but I appreciate everybody's jumping in here with such great questions and your enthusiasm for colleen's presentation and research, and it sounds like maybe we have sold some people's question about gifts they may wish to wish to buy for others in the coming month. So that's good news. So Colleen, thank you for being here with us. We will. This meeting, the recording of this will be available to everybody and so so you'd be welcome to share this out with with others, and I will keep all of you apprised of possibilities of getting a chance to hear Colleen, maybe even schedule her, if we can get her back out here in Oregon, in the in the winter Well, I think in terms of academic quarters, so I always say in the winter term. So we'll say February ish, maybe we can get her

	back to Oregon and find some ways to hear from her again. So Colleen, you're welcome to stick with us for the last part of our meeting, or if you need to move on. We acknowledge that, but thanks for joining us today. Sherielyn (in the chat): @Colleen M Heflin when you return to Oregon, please come visit Milk Crate Kitchen in Portland. Our website is www.milkcratekitchen.org to see a proof of concept of a lot of the barriers you raised awareness to, and that a CBO like ours is addressing daily. Independently-supported and can do more for older adults with food insecurity if we had better policies and consistent funding. Chris: Mark, I'll chime in really quick. Colleen, thank you so much for being here. Thank you for sharing. I've written down a lot of notes, and I think definitely this is a discussion that we're going to continue here on the task force. If there is a link to your work that you want to share in the chat, please like a way to follow you or any of that. And also, if you have, like a local bookstore near you that you want folks to purchase your book from, you know, send me a link, and I'm happy to share it with folks as well. And then Mark, I had promised everyone. Well, I didn't promise. I told everyone that we were shortening the meeting to one today because we didn't think that we would have very much participation due to a bunch of conflicts with the legislative days happening. I'm happy to keep the meeting going - for folks who need to hop, you're welcome to go, but please, if you're able to stay, please stay. Member updates and announcements are up next. And again, Colleen, you're welcome to stay. Colleen: Thank you for the opportunity to speak to you! cmheflin@syr.edu Book resource: https://www.russellsage.org/publications/book/food-thought use code: FOOD for 25% off Sherielyn (in the chat): How do we move the needle at a legislative level is the question we should all be asking. Food insecurity is the product of poor policies that is perpetuating a harmful vicious cycle keeping older adults at or below poverty level with insufficient access to proper and timely healthcare, which exacerbates food insecurity. Evita (in the chat): Many thanks to you, Colleen, and for the discussion! This overlaps with the increase of older adult homelessness and challenges that local providers and leaders at the State level face as well. Thank you, again
10:40 am	Member Updates and Announcements

Amanda (Moore Institute, OHSU): I'm Amanda. I work for the Moore Institute, and we haven't. We had a deadline for an application for our new hubs that were interested in joining the campaign that was originally for the 14th, but just due to everything that's been going on, we decided to extend it until the 30th. So if any communities are interested across the state, they can check out the application. I put the link in the chat, and you can also schedule a meeting to learn more information from Nikki Ulrich, and I can put her email in the chat as well, just so that everyone has it. But just wanted to let everyone know that if you were working on an application or are interested, we have extended that deadline until the 30th

Chris: Amanda, do you want to share a little bit about what your hubs are and what you're looking for from the community?

Amanda: So the Nutrition Oregon campaign is a statewide network that focuses on, like, the social determinants of health, specifically in relation to how it affects the development of chronic disease later in life. But what we really focus on is the preconception up until age two, science of how environmental stress or toxins and like access to nutrition and things like that affect the development in your health through that period of time in your life. And our hubs are based in communities. Right now they're county bound, but that's not a condition to be able to be a hub. It just happens to have worked out that way. And the hubs are an interdisciplinary coalition, but have people from communities that might be working in a healthcare center or with Head Start or a food pantry representative, and what they're really doing is working together to define what the needs are of their community and what they want to improve. And then what the Moore Institute does is helps them develop projects that are really in relation to what those communities need in order to get. Better the overall health of the entire community. I don't know if that's a good explanation.

Amanda (in the chat): Hi, all! Amanda Guthu here from the Moore Institute at OHSU. The Nutrition Oregon Campaign extended the call for applications, now due November 30th. Find out more about the Nutrition Oregon Campaign here: https://www.ohsu.edu/school-of-medicine/moore-institute/nutrition-oregon-campaign

Zoe (Basic Needs Oregon): Hi folks. Zoe Cooper caracelli, here, I support a statewide network of college benefits navigators, who work to support students on campuses. I just wanted to share a little bit about, kind of, some of our experience navigating through the past couple of weeks. I know many of us, it's like, Haha, oh my gosh. We got through one. We got through that part. The work is continuing, but I do think it's helpful to share some of the things that we were seeing on college campuses. So I'll share a few of those now, many institutions sent out

	student wide emails with factual information from our ODHS partners around what the impacts to snap would be, and what resources are available on campuses and within the community. And then in response to that, a lot of campuses saw kind of upticks in service utilization. So you know, one thing that I thought was particularly poignant at the University of Oregon, many students were sharing with the basic needs center that SNAP was their the entirety of their food budget for the month. So that was all of the money that they used to spend on groceries, and folks notably panicking about that. I think that speaks to the importance of connecting college students to snap and continuing to defend college student access to snap. We also saw some upticks in students using programs like swipe out hunger, where there's an opportunity for students to donate meals that they are not using to a student in need. So we saw kind of immediate impacts on campuses with the delay in SNAP benefits earlier this month. We're also doing a lot of work to continue to provide education and support around the snap changes due to the bill. And then, of course, the broader implications of HR one to our state budget and our education budget. We are, you know, the benefits navigator program is currently grant funded and so, so the benefits navigators, we feel pretty confident will continue in their roles. But the college landscape as a whole, we're anticipating probably budget cuts this current biennium. So just knowing that here we go into a resource constrained state on every single level and and so thinking about how we can do more with less and and focus on the quality of our interaction. So knowing that the human to human support is an important part of the work, and how we can really pour into making those really strong when we might not have a resource to provide, but we do, we can show students that we believe in their ability to get through whatever they're getting through. That's my check in. Thanks. Sherielyn (Milk Crate Kitchen): We are continuing to increase or maintain our already doubled production. Since the week of October 27 we have doubled making meals from 500 to 1000 and it's nuts. However, we are getting a lot of support from different members of the community, and that is what has been keeping us motivated, on our toes, grounded. It's hard, you guys. It's really hard work. Like Colleen said, we know the people we serve, because in addition to people, older adults, experiencing food insecurity, housing insecurity, income insecurity, health care insecurity, we are also helping everyone else who are not on SNAP, who don't qualify for any social services or even community based organization led initiatives, because the demand is huge. The competition for zero barrier service is so much higher now than it was prior to the week of October 27 so we have piloted adding home delivered meals using our creative cooking called MCK chopped, wildly successful. I'm really excited to see a lot of people stepping up, new volunteers that won't give up, even after seeing our full volunteer schedule that's crazily booked through mid February, and they come and they come and email us and say, I want to help. I want to help now, I'll say, Great, I'm piloting something.

	You're just as crazy as I am. I'm going to put you on my short list. And because of that, we've been able to deliver fresh, cooked meals by us, with, you know, complex carbohydrates, fresh vegetables, plant based or meat based protein. Sometimes both. We double up the meal, so it's not just a one time meal. We give them a couple of serving portions, and we were able to help an additional 50 more families each week. And we basically deliver to most of Multnomah County, parts of Northwest but because of this crisis, we've also extended our geographical service boundaries. So we went all the way to Fairview, Fairview at Troutdale to the east, Forest Grove to the West. We haven't crossed the water yet north. So we're not going to Vancouver, but we've definitely gone as South as Gladstone and Oregon City, and we do that with the help of community partners. So the question is, you know, being able to maintain it, because we don't want to create an expectation among so many new families that have come to milk her kitchen that didn't know about us until this past two weeks. You know, it's very much it. What we do is very relationship and trust based, and we, you know, we don't want them to feel disappointed and give up on asking for help, because the stigma to asking for help is very much still existent, right? And so people will suffer in silence, or they'll like, like Colleen said, they'll give up eating a meal because they have to stretch to $30 to pay utilities. So I'm here saying this, thank you, Chris. Because we're not part of any network of government agencies or the Oregon Food Bank, we are literally nickel and diming our way into what we do for the community at no cost, no questions asked. So thank you for sharing us as a free resource, it has definitely brought new people with a very real need our way. Please throw that same energy into encouraging people to support their local organizations, not just us, but many others like us that don't get the same type of support because we need it. Thank you. Jessica (Meals on Wheels People): To Sherielyn's point, it's been challenging. I took a break this weekend, and then Sunday, I realized I have to go back to thinking and caring. So in in just the last 30 days, we've been enrolled an additional 287 older adults in home delivery, and that's 100% increase over the same period of time in 2024 and our Client Services team has said that people are literally crying when they say that they'll get the meal the next day. And are the way our program runs. We're actually delivering a week's worth of meals, a variety of meals that meet their dietary and nutritional needs, as well as milk and. Bread and fruit and then additional kinds of supplemental foods, like we bake desserts in our central kitchen and additional protein so that they can snack throughout the day. Like Colleen is one of the people they interviewed, shared that you need the meal and then the snack, and so that you can maintain your nutrition throughout the day. I haven't seen the numbers for our congregate diners yet, but those are, again, anybody over 60, you can come in for a meal, no questions asked. Unfortunately, our meals for kids program, which serves families within the

	City of Portland, our funding was cut at the beginning of this fiscal year, so we were not, and we actually had to drop families in September in order to ensure that we can continue that program. And so we were not, I'm getting emotional, we were not able to add any families during this period, which was really hard because our meals for kids staff, they do their separate, own intake. They were getting calls and just to say, had to say no to a caregiver and hear them crying and they don't know whether they're going to get their food. It is very difficult. Sherielyn (in the chat): hugs to you Jessica. The uptick in requests is 300% here at Milk Crate Kitchen Chris: Oof, that's a lot Jessica. Jessica: yeah, yeah, but we are able to serve every older adult who needs a meal delivered or comes to our concrete dining center. So we're very happy to be able to continue to do that. Chris: I also want to acknowledge I heard what you said about taking a weekend and then like, the impact of having to come back and like to feel and do has been pretty immense. I have experienced that myself, and I supported the office of resilience and emergency management on a side project over the last two weeks, and it completed, and I realized that it brought me joy, and I haven't felt joy in my work in a really long time, and so I hope so deeply for all of us on this call to be able to find joy In any cracks of light that we can right now, because this is a marathon, and we're not going to stop doing this work anytime soon. So thank you, Jessica for being really real, right then um, Kristen or Tiare, would you like to share? Tiare (WIC): So ours is a little bit better. So we were able to weather through the shutdown. We didn't impact. Services were not impacted. And with the bill that was passed and then signed by the President, WIC is funded. WIC and Snap are funded through fiscal year 2026 so we don't have to potentially be in another shutdown at the end of the end of January. So we were at the amount that is technically full funding. When they say full funding, it means food dollars, and it doesn't quite cover services for our local agencies, but it does mean we can serve all eligible participants with our benefits. The bill also preserved the fruit and vegetable benefit. There were house and White House versions that cut the fruit and veggie benefit, which is actually one of our most popular and most redeemed benefits. So we were very happy about that, and our new food package rollout has been going well. We've got participants purchasing different types of foods that we've added. There's some good gluten free options, there's some peanut butter options, some nut butters for allergies and things like that, and there's some more culturally relevant grains that are on the package. I think we

	talked about that earlier, but I just wanted to let people know that they are getting redeemed. I think that's about all I have for the update, unless somebody has specific questions for WIC. . Kristin (WIC): I'll just add folks. We're talking about pretty dramatic increases. We have seen steady increases in our caseload. And sorry, my voice is not quite with me today, but we are still seeing increased demand, but we are able to manage it. Lauren (Welcome Home Coalition): I can't believe it's been like almost a month since I was here. Thanks for giving me an opportunity to provide an update. So funding home our report. Which we presented at our last meeting, was released on the 23rd and since then, quite a bit has happened in the City of Portland. For those of you who aren't based there, our mayor, once coming to our release party, has kind of been on a rampage to really hold on to his emergency shelter above all, a plan for solving unsheltered homelessness. This directly intersects with food insecurity and hunger. We're seeing historic evictions without housing, shelter placements out of shelter into housing, being canceled by Multnomah County. Danita (in the chat): Emergency night time only shelters and no wrap around services. So as it stands, our petition to is to push Portland City Council Multnomah County during our next budget cycle, to divert funds from expanding our shelter system, investing in current shelters, investing in peer supports, investing in rental assistance programs and also in the acquisition of buildings that are essentially already on that are on sale right now, we are seeing many apartment buildings developed within the last 10 years not being able to pencil out, including the Ritz Carlton and so this is what We're asking. We have almost 1400 signatures on our petition. We're really hoping to get 5000 by December 1. Really ambitious. So if our petition directives, which I shared earlier, are in line with your organization, your politics, if you have donors, supporters, friends, family, anyone in your network in the Portland metro area, please forward our report and forward our petition to them. Lauren (in the chat): https://welcomehomecoalition.org/finding-home/ Lauren@welcomehomecoalition.org I just shared the link to our homepage for it in the chat. On top of that, the mayor of Portland fired our housing bureau director because she wanted to invest in rent assistance and is an international leader in social housing. So this is three directors he's fired in his term without good reason. And yeah, it's just really tough in the Portland metro area, we're seeing a lot of financial malfeasance and political maneuvering that is going to be hurting our people. So please feel free to reach out to me if you have questions, or if you want us to present at an

	organizational meeting you have, or if you want us to bring our petition and presentation. Presentation to an event you have, we just presented at the Rose Haven fundraising event on November 13. We Yeah, just really want to get the word out and gather support for community based solutions in the Portland metro area, I will put my email in the chat and I yeah, look forward to hearing from you all. If you have questions right now, I can answer them too, but it's looking bleak. Courtney (Klamath Falls Food Bank, Regional Food Network): Well, I didn't get any per se from the whole network, but I can speak for our Regional Food Bank. Again. Same thing. My heart goes out to us with our feet, our boots on the ground. Jessica, Sherilyn, thanks for you know, being real, like Chris said, it is one of those where it's the weekend, but it's not the weekend because I'm just preparing myself for Monday. To bring some positivity to this meeting real quick: we had just started our Thanksgiving box distribution today, and we're successfully doing 400 for the Klamath County area. So that's exciting news, to be able to successfully do that. We used to only be able to cap it at 100 so that was a big jump. And thank God we have a rock star team to be able to do it. It's like five minute appointment intervals with everybody coming. So same thing, we've seen an increase of those that honestly never thought they would have to go to a food bank and then, with what you had said, Sherilyn, we don't want to open the door for them and then take it away. We want them to know that they can continue to use it and everything. So trying to make sure, as we're asking for help from our community to not seem like we can't assist those that need help. You know, that kind of double whammy, if that even made sense, on filling our shelves, and then people are like, Oh, well, the food bank doesn't have full shelves, so I'm not going to use it because somebody else needs it more than I do. We definitely don't want that mentality for folks. We want everybody to use it if they need to use it. So, yeah, that's basically my update. Sherielyn: I just want to add to that, Chris. Courtney, you're making me cry, because that's literally a comment that came across last week, somebody saying, I'm sorry. I've been on your list, I'm almost off SNAP, and then this thing happened, and I'm back on. This, I'm thankful to make it on your list, but I promise I won't request it next time. So as you can imagine, that makes me very emotional. Yeah, we don't want to operate with the mentality of scarcity. We want to maintain the abundance mindset. So yeah, I also want to share that we have considered printing out those free food resources list, because we do have people that come pick up. And also we're going to start putting it with the home delivered deliveries, because we know that we can't sustain

	this massive growth of demand. So if that's for what it's worth, if others are not doing that, especially food pantries, not everybody has access to the internet or has a smartphone. Some folks have prepaid phones. Might be worth considering and supplementing it with a list, printed list. Chris: Thank you, Sherilyn, thank you everyone who shared. If anyone else has updates, we're at time, but you can email me, and I'm happy to share it out with the recording and the meeting minutes from today's meeting. Thank you all for being here and prioritizing the extra time. I know I said 11, but here we are at 11:30 and we could have probably kept going. We have a lot to share, and it was really nice to be in community with you all today too. So thank you. We'll see you all December 16. In the meantime, you know where to find me. Thank you Mark, for facilitating today and for bringing Colleen in. That was amazing. Thank you all. Thanks everybody. Thank you, bye, bye.
11:00 am	Adjourn

Next meeting: December 16, 2025 (Quarterly Meeting) 10:00am-11:30am
Attendance listed below

List of Members - Oregon Hunger Task Force | KEY: Bold = Steering Committee member. Orange = PHFO Board member.

#	Requirement	Representation	Attendance
	Legislative Assembly members		
1	House majority	Representative Ricki Ruiz with representation from Omar Sandoval	Omar, present
2	House minority	Rep. Mark Owens, with representation from Stacy Clark	Excused
3	Senate majority	Sen. Deb Patterson, with representation from Megan Wai	Excused
4	Senate minority	Sen. Suzanne Weber	Excused
5	Legislator serving on a committee related to human services	Rep. Tom Andersen, with representation from Andrew Hull	Excused
	State Agencies		
6	ODE, Child Nutrition Services	Dustin Melton	Present
7	DHS, Self-Sufficiency/ SNAP	Heather Miles	Excused
8	OHA, Oregon Health Authority - WIC	Tiare Sanna; Kristin Chatfield	Tiare, present Kristin, present
9	ODA, Oregon Department of Agriculture	Amy Gilroy	Absent
10	OHCS, Oregon Housing and Community Services	Evita Marnell	Present
	Organizations that serve people affected by hunger		
11	Food Banks	Oregon Food Bank, Andrea Williams Regional Food Bank Network Representative, Courtney Nichols Marion Polk Food Share, Rick Gaupo Lora Dexheimer, North Plains Food Bank	Andrea, present Lora, excused Rick, present Courtney, present

12	Direct Service Providers	Meals on Wheels People, Jessica Morris High Desert Partnership, Kellie Frank Milk Crate Kitchen, Sherielyn Gardner	Jessica, present Kellie, absent Sherielyn, present
13	Food Systems	Farmers Ending Hunger, John Burt	Absent
14	Migrant Community	Oregon Child Development Coalition (OCDC), Donalda Dodson	Excused
15	Religious Community	Ecumenical Ministries of Oregon, Britt Conroy	Excused
16	Educational Institutions	OSU Policy Analysis Lab (OPAL) - Mark Edwards OSU / fka SNAP Extension - Dusti Linnell Basic Needs Oregon - Zoe Cooper-Caroselli	Mark, present Zoe, present Dusti, absent
17	Poverty-related advocacy or public policy groups	211 Info, Gabby Valdes Greater Good Northwest, Eboni Brown American Heart Association, Christina Bodamer	Gabby, Absent Eboni, Absent Christina, Excused
18	Culturally specific organization	Micronesian Islander Community - Jackie Leung	Present
19	Mutual aid or emergency disaster response	Office of Resilience and Emergency Management, ODHS, Jeff Gilbert	Present
	Community Members with Lived Experience		
20	Community Member	Lauren Armony	Present
21	Community Member	Angela Fancher	Present
22	Community Member	Danita Harris	Present
23	Community Member	Kat Mahoney	Absent
24	Community Member	LaTonya Meyer	Excused
25	Community Member	Michelle Week	Present

PHFO Staff: Chris Baker, Allie Yee, Patti Whitney-Wise Notetaker:
Guest(s): Alex Aghdaei, Amanda Guthu, Andrew Person, Nicky Ulrich, Yesenia, Sophie, Katie