



## February 11, 2026 Community Collaborative Meeting

### Agenda

- 3:32 Welcome from Mayra Colazo, Community Thought Partner
- 3:35 Secretary Dennis Worsham, Summary from 100-Day Listening Tour and 2026 Goals, Q&A
- 4:35 Meghan Jernigan, Federal Policy Actions and DOH Mitigation Strategies
- 4:55 Announcements and Close

Meeting slides are available on WA Portal under the heading of the February 11 meeting:  
[Community Collaborative Presentation Feb. 11, 2026.](#)

### Meeting Recap

#### Welcome

Mayra Colazo, Community Thought Partner and Executive Director of Central Washington Disability Resources, welcomed participants to the February Community Collaborative meeting as "Tití Me Preguntó" by Bad Bunny wrapped up in the background. Mayra invited participants to use the chat to share what motivated them to attend the meeting. Participants responded with:

*"Came for the health equity, stayed for the music and conversation."*

*"Excited to hear health updates from the Secretary."*

*"Love learning from the Collaborative."*

*"Excited to hear and stay connected to everything that's happening across the state."*

Following the chat prompt, Mayra encouraged the group to participate in a quick poll to gather input on an upcoming immigration-focused Community Collaborative session in March. Mayra asked participants to weigh in on where the discussion should focus.

- The majority of respondents (70%) suggested it should include a combination of shared lived experiences and stories along with information and resources.
- 15% preferred a focus specifically on shared lived experiences and stories
- 11% selected information and resources as the primary focus.
- 4% selected "other" and shared additional ideas in the chat.



## Opening Remarks from Secretary of Health Dennis Worsham

Secretary Worsham thanked participants for making time to join the meeting and acknowledged the size and engagement of the group. [Listen to his remarks.](#)

In his summary, Secretary Worsham described spending his first 100 days engaging communities statewide and thanked those who participated in the Thought Partner retreat, saying, *“It was really one of the highlights in my first 100 days—getting to know people personally and the passion and commitment that people have in collectively working together to improve health in the state of Washington.”*

Some of the key actions this year will center around vaccines, data, and public health funding. Secretary Worsham acknowledged national policy shifts and emphasized the need for accurate information based on science and evidence. He stressed that vaccines in the state are accessible, affordable, and available to anyone who wants them, and that DOH will work to ensure that it is taking an equitable approach to getting vaccines out into the community.

A second priority he shared focuses on how data on health and well-being is collected, shared, and protected. Secretary Worsham said that “nothing about us without us” applies to data, and he mentioned that any data collected by DOH about communities should be accessible and shareable in ways that help partners in their community-based work. Secretary Worsham acknowledged the feedback he has received regarding how data has also been used to harm populations. DOH will work to ensure that data *“gets to the right hands for people to use in the right way”* and to mitigate any harm from data being shared too widely.

*“I am so glad to learn of the 3 top priorities. Thank you so much, Dennis. For data, I was wondering if those can be checked and updated quarterly, or more often for those that are essential and of main concerns to the communities, so the information is always timely, and up to date.”*

*Community Collaborative Participant*

Secretary Worsham shared that a third focus for this year is sustaining public health funding to continue providing services and achieve good outcomes, including looking for ways to sustain collaborative work with community-based partners.

## Q&A with the Secretary

Secretary Worsham took questions for 30+ minutes, covering a range of topics from vaccine misinformation, gender-affirming care, language accessibility, immigration, budget cuts and more. Below is a summary of questions and responses, paraphrased for clarity.

**Q:** *The Department of Health has shown a strong commitment to supporting reproductive health access. However, there remains a significant gap between what state law allows and what*



*meaningful access looks like in practice. The implementation of Washington’s over-the-counter contraception access law has been complicated by challenges within both the pharmacy and insurance systems. Previously, there was a request to explore the possibility of establishing a standing order to help streamline access. It would be helpful to revisit whether this is something that could be considered or discussed further as Washington continues to identify ways to strengthen reproductive health access during this challenging national moment.*

**A:** Thank you for the question and for raising this issue. I have not heard about that request previously, but I am open to learning more about it and understanding where it may currently stand. As I step into this role, reproductive health and protecting access remain a high priority for the governor and for our work at the Department of Health. I am open to having a broader conversation about this and will follow up with our team to better understand the status of the request and what the next steps might be. We also have staff taking notes during this meeting, and we will plan to follow up.

**Comment:** *While supporting vaccines and evidence-based approaches, it was noted that not everyone is able to receive a vaccine due to legitimate medical reasons. Public health efforts should recognize these realities and avoid messaging that could shame or stigmatize individuals who cannot undergo certain medical procedures. The concern highlighted past campaigns during COVID that framed vaccine uptake in ways that felt morally judgmental. Moving forward, it is important that pro-vaccine messaging promotes public health while also maintaining empathy, respect, and understanding for individual circumstances.*

**A:** Thank you for raising that point. In my first several months in this role, we’ve been working through a number of initiatives, including establishing the West Coast Health Alliance. One part of that work focuses on elevating the voices of medical professionals and scientists to ensure that information about vaccines is grounded in science and evidence, with an emphasis on education. Another key component is ensuring that vaccines remain accessible. Our approach is centered on making sure people have clear, reliable information about vaccines and the science behind them; while also ensuring they are affordable and accessible across Washington. We are not pursuing new mandates or requirements. Instead, the focus is on making sure people have the information they need and, if they choose to be vaccinated, that vaccines remain covered by insurance or available through Washington’s universal vaccine program. The core of this work is about access, information, and affordability.

**Q:** *People in the Hispanic community are expressing distrust in vaccines because of everything they are hearing. Some even believe that, because they had a COVID vaccine, they will be dying soon. Are you developing resources in Spanish to help rebuild trust in vaccines?*



**A:** There is currently a significant amount of misinformation and anti-vaccine messaging circulating through social media, traditional media. The Department of Health’s communications team is working closely with local health department communications teams to develop toolkits and materials that provide accurate public health information in multiple languages, including Spanish. Rebuilding trust and addressing misinformation will be a key part of the department’s work this year, alongside ensuring access and affordability. Partnerships with Community-Based Organizations and community partners are essential in this effort, as they help identify the messages people are hearing in their communities and ensure that public health communication is responsive, culturally relevant, and delivered in the most effective way

*“Promoting culturally relevant outreach and advocacy to the communities via community-based organizations . . . will be crucial to demystifying vaccines and vaccinations and encouraging people to get vaccinated.” --Participant*

**Q:** *What does the focus on sustainable funding for public health means in practice? Specifically, whether the approach is aimed at expanding overall funding for public health, resizing programs and functions to match available resources, reprioritizing efforts to ensure the most critical public health services are covered, or some combination of these strategies?*

**A:** Public health is currently facing a reduction in available funding, particularly as some federal COVID-related funds that supported programs and improvements are scheduled to expire in the coming year. At the same time, the state is experiencing lower-than-expected revenues while the cost of delivering services continues to rise. As a result, departments across state government, including the Department of Health, are having to make difficult decisions about prioritizing resources to maintain core services. Some of these decisions are also shaped by efforts to preserve essential supports, such as healthcare, food benefits, and long-term care services that previously relied on federal funding, particularly for immigrant and refugee communities. With those federal resources no longer available, the state has stepped in to maintain these basic services, which requires reprioritizing funding in other areas. In the short term, this means reshaping and prioritizing programs based on current financial constraints, recognizing that many important initiatives are affected. Looking ahead, the goal is to move beyond a scarcity mindset by exploring ways to diversify funding sources. This could include public-private partnerships, grant funding for specific programs, philanthropic partnerships, or other funding streams that reduce reliance solely on federal and state funding. Diversifying funding sources is intended to create greater long-term sustainability for public health programs and help mitigate the impact when any single funding source is reduced.

**Q:** *How is the state ensuring that gender-affirming care remains accessible, affordable, and protected for trans and gender-diverse people in Washington, especially as federal policies and legal threats continue to shift?*



**A:** This is heartbreaking, many of the policies we're seeing have real impacts on communities. Public health has two core pillars of responsibility. One is governmental public health, and the other is healthcare. The Department of Health has responsibilities in the healthcare space as well. At a high level, those responsibilities center on access, affordability, and quality, ensuring people can access care, afford it, and receive high-quality services. When we talk about access, we're talking about the entire population, while also recognizing specific subpopulations with distinct needs. As discussed earlier in relation to reproductive and women's health, access points are critical. The same is true for transgender and gender-affirming care, where access and affordability are especially important. There have been significant legal challenges that the state has stepped into to push back against federal policy directions.

There is a looming threat (not yet a formal policy) that healthcare systems providing gender-affirming care to people under 19 could lose access to all federal funding, including Medicaid and Medicare. This has created serious concern across healthcare systems about how they can continue to meet the needs of this population. In response, state agencies, the governor's office, and legislators have convened to determine how to ensure these services remain available. This includes mounting legal challenges in coordination with the Attorney General's Office and exploring alternative ways for institutions to continue providing care or for services to be stood up in other settings. There are parallels to earlier threats to reproductive health services, where federal funding was withdrawn and backfilled with state funds. However, this situation goes further by threatening all federal hospital funding if gender-affirming care for people under 19 continues. As a result, alternative funding sources will need to be considered. This remains a priority for the governor's office, and legislators have already begun convening to determine next steps. Work is already underway with community members, advocates, legal partners, and government leaders to address this challenge.

**Q:** *How will DOH comply with SB 5086 and SB 5046 to provide public notices of public health, safety, and welfare in a language other than English?*

**A:** Language access is an important value at DOH. This means a variety of things. This includes:

- Making sure there's information that's going out the door in multiple languages. I believe most all things are translated, at least in English and Spanish. There are other populations we are trying to reach based on the volume of population that uses that as their primary language and our language access work.
- Making sure [health information] is at the right reader's level and that we use simple graphics where helpful. There are a variety of strategies that our communication team is working on with programs.



- When we stand up in an emergency response we have communications and equity support to ensure we are translating information as needed and ensuring language accessibility is part of our incident command and response strategies.

*[Note in chat] The Equitable Access program within DOH has built out centralized services to make it easier to do translations and provide interpretation as well as ASL videos. We also have funding at this time to support programs to get these services. If anyone has any questions, concerns, needs, around language access, please don't hesitate to reach out to [tara.bostock@doh.wa.gov](mailto:tara.bostock@doh.wa.gov).*

**Comment:** *I'm expressing interest in seeing maternal health become a stronger priority for the DOH in the future and positioning the state as a national leader and example in advancing on this issue.*

**A:** Maternal health outcomes continue to be an important priority. Strategic planning can sometimes give the impression that only a few issues matter, even though the department is responsible for a broad range of public health work. The people who understand the work best are those closest to it and closest to the communities they serve. Rather than setting a narrow set of top-down priorities, the goal is to empower teams, such as the maternal and child health team who identify and set their own priorities based on community needs. Leadership's role is then to support that work, help address barriers, and elevate those priorities when needed. The current approach focuses on actionable process improvements informed by listening sessions, rather than a large strategic plan limited to a few headline priorities.

**Q:** *Are there any plans to expand community involvement in state-level decision-making in the wake of losing funding?*

**A:** I think we're going to have to be creative here. We have 35 local health jurisdictions in the state who have direct responsibility for communities in the geographic locations they serve, and who have processes for engaging with community to help drive their outcomes. We understand and respect the sovereignty of tribal nations, and they also have engagement processes with their communities in order to drive outcomes. We also have programs in the department that have their own community engagement processes, like WIC and environmental justice. There has been benefit with the Thought Partners and the Community Collaborative in doing some broad engagement to help shape some things around COVID-19 in particular. We are also elevating the role of our Executive Director of Community Relations and Equity, which will help to ensure that we have the input of those with lived experience in our decision-making. We will do what we can at the department level to put structures and systems in place, but we know this is an area where we will have room for growth and improvement.

**Q:** *Family mental health has been impacted across all ages. Is there a plan to increase mental health services for parents and others? Telephone helplines are not helpful; people don't trust speaking about mental health on these lines.*



**A:** These are challenging times, and the impact of trauma and chronic stress has strong impacts on health outcomes. Showing up for one another is important, but our systems also need to function properly, and we are hearing from community that they are not. I'm working with leadership at the Healthcare Authority, Secretary Ramirez at the Department of Social and Health Services (DSHS), and internally at DOH to map our behavioral health services and better understand what services are available, where there are gaps and duplications, whether they are truly meeting the needs of the community as intended, and what we need to shift to get us there. The governor has elevated the position at DSHS overseeing immigrants and refugees to the cabinet level. They also will be setting up a subcabinet to focus on what we can do to better serve immigrants and refugees during this firestorm, and to set up systems and prepare in the event that ICE shows up as it has in other cities. "What is it we need to be prepare for, what can we do?" To paraphrase Bad Bunny, love is stronger than hate, and each of us needs to show up in a loving way for one another as best we can. We know that there will be long-term trauma impacts and stress so I'm hoping to hear what we can do better in this space.

**Q:** *Is there flexibility to diverge from federal public health policies and what the potential short-term and long-term consequences might be for public health outcomes in Washington if the state chooses to take a different approach?*

**A:** This is a difficult and ongoing question. The state is continually assessing how to respond when federal policies or systems are not fully supporting public health needs. In some areas, Washington has begun developing alternative or complementary structures, such as regional collaborations like the West Coast Health Alliance and the Governor's Public Health Alliance, to maintain strong connections to science, public health expertise, and global health networks. These efforts are intended to help sustain evidence-based public health work during a period when federal leadership may not fully meet current needs. At the same time, there is recognition that states cannot operate entirely independently. Public health in the United States benefits from coordination and shared systems, and significant divergence between states could create challenges nationally. The current approach focuses on building bridge strategies that allow Washington to maintain key public health commitments, including health equity and access to care, while continuing to collaborate with national and global partners. The goal is to sustain critical public health work while broader federal policies and leadership evolve and strengthen their commitment to public health principles.

**Q:** *How is DOH planning to respond to the governor's proposed cuts to the immigrant health safety net? What opportunities will there be to mitigate these impacts and how the department can promote transparency and support individuals and families in making informed health decisions?*

**A:** The budget situation is extremely challenging. Conversations about these issues are happening within the Health and Human Services sub-cabinet, which includes agencies such as the Health



Care Authority, the Department of Children, Youth, and Families, and the Department of Social and Health Services. These discussions focus on the real impacts on the communities served, including immigrants and refugees, as well as employees within state agencies who are part of those communities. The current budget includes difficult trade-offs, while some programs face reductions, there have also been efforts to protect or restore funding in other areas where federal support was withdrawn, such as services related to long-term care facilities and food assistance that affect immigrant and refugee populations. Although the budget is far from ideal, the approach across the governor's cabinet has been to support the overall financial framework while working to mitigate impacts on communities wherever possible. DOH is committed to continue engaging with community partners and amplifying community voices. Agencies will look for opportunities to influence decisions, mobilize their workforce, and advocate for policies that support immigrant and refugee communities. The issue will continue to be addressed through the Immigrant and Refugee Subcabinet and other collaborative efforts across state government.

**Q:** *Can health data be updated more frequently, such as quarterly, to ensure timely and accurate information amid misinformation? How is the Department addressing gaps in federal guidance, and how is it responding to federal changes to environmental health standards to protect public health?*

**A:** I'm happy to have a deeper conversation about data access and reporting. One of public health's biggest challenges is that our data are delayed, we can often describe what happened in people's health in prior years -- we need to do better at real-time reporting to drive timely action. We are having conversations about how to improve this nimbleness so we can better understand needs and respond effectively. Washington State has some of the best laws and safeguards to protect the health of its citizens, and our Department of Ecology is working to keep those policies and practices in place. The state also passed the Healthy Environment for All (HEAL) Act in 2021, which aims to reduce environmental and health disparities and promote environmental justice in Washington. DOH, along with six other state agencies, is responsible for implementing the law. Under HEAL, DOH convenes and staffs the Environmental Justice Council, enhances and tracks the environmental health disparities map in partnership with communities and Tribes, and administers the HEAL Community Capacity Grant program to strengthen community-led environmental justice and climate resilience efforts.

### **Resources Shared:**

- **Bill tracking:** <https://trackbill.com/bill/washington-senate-bill-5046-providing-public-notice-of-public-health-safety-and-welfare-in-a-language-other-than-english/1329712/>
- [Learn more about the West Coast Health Alliance](#)



- [HB 2475: providing language accessible programs, practices, and procedures administrated by state agencies \(passed in 2025 legislative session\).](#)
- Proposed rules on gender-affirming care:
  - [Federal Register :: Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children](#)
  - [Federal Register :: Medicare and Medicaid Programs; Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children](#)

## Federal Policy Updates & DOH Mitigation Strategies

Meghan Jernigan provided an overview of the evolving federal landscape and its impact on Washington State’s public health infrastructure. The Department is actively monitoring federal actions and working to assess implications in real time. Meghan underscored that the Department’s role is not only reactive but strategic—ensuring accurate information, coordinated response, and alignment with state priorities.

In her presentation, Meghan contextualized current funding shifts, federal policy changes, and the ripple effects on state and local systems. She acknowledged the stress and uncertainty many partners are experiencing as funding and policy signals fluctuate.

### Impacts of HR1

Meghan noted that while HR1 (the “Big, Beautiful Bill”) didn’t affect DOH funding directly, it nevertheless has had real impacts. For example, DOH estimates that at least 250,000 people in the state will lose Medicaid coverage because of the eligibility changes in the bill. Approximately 150,000 are likely to be priced out of the state’s health care exchange, so more people in the state are likely to be uninsured. Reduced access to primary and preventative care services means:

- Increased use of the emergency medical system (EMS), emergency department (ED), and hospitals.
- Impact on trauma and post-acute care systems. Lower-tier trauma services will decrease, especially in rural areas.

Hospitals expect to lose \$8.2 billion per year in patient services revenue and 5.4 billion per year in lost Medicaid payments. This is especially concerning for rural hospitals, behavioral health facilities, and community health centers. There are also likely to be impacts on the workforce.

DOH regulates EMS and trauma systems, and so is closely monitoring capacity, system stress, and impacts such as longer wait times for care, fewer local services available, and so forth. She shared a slide showing areas with the highest Medicaid revenues.



## Highest Medicaid Service Facilities

Hospital	Medicaid as % of revenue in 2024
South Sound Behavioral Health	59%
Wellfound Behavioral Health	56%
MultiCare/Navos	55%
MultiCare/Mary Bridge Children's Health	55%
UHS/BHC Fairfax Hospital	54%
Seattle Children's Hospital	53%
Othello Community Hospital	49%
UHS/BHC Fairfax Hospital - North	48%
Shriners Hospital for Children - Spokane	43%
Quincy Valley Hospital	43%

Meghan shared some expected impacts in specific areas:

- **Rural health:** DOH is working in a shared role to:
  - Support the Rural Health Transformation Program (RHTP) and manage the RHTP advisory committee.
  - Identify risks in rural communities rapidly.
  - Retain workforce in rural communities.

Medicaid cuts will make already vulnerable rural hospitals more vulnerable, potentially leading to hospital closures, loss of services (such as maternity care), and possible conversion to Rural Emergency Hospital designation resulting in loss of inpatient care. These losses will impact communities' economies, including the loss of healthcare-related jobs and a decreased ability to attract employers/employees.

- **Workforce:** Recruitment and retention—especially in rural primary care, nursing, behavioral health, and public health—will become more challenging. Federal student loan changes (reduced borrowing capacity, loss of subsidized financing) will make health professions more expensive and less accessible to everyone. DOH and healthcare boards and commissions have a shared role to make sure licensing standards support workforce and access.
- **Reproductive & Sexual Health:** HR1 includes a provision that blocks Medicaid reimbursements for healthcare services obtained at Planned Parenthood health centers, including cancer screenings, birth control, and STI services.
  - WA Attorney General Brown joined a coalition with 21 states and DC over this provision, and it is stayed by a federal court.



- For DOH/public-health, that likely means (1) shifting more costs to abortion funds and local safety-net programs and (2) challenges to clinic sustainability in already underserved communities.
- DOH is working in a shared role to mitigate the impact by supporting access to Mifepristone and Misoprostol, exploring ways to fund to Planned Parenthood/other partners to back fill Medicaid funding loss, and making administrative changes to ease clinic provision of services.
- **Food security and nutritional impacts:** HR1 eliminated the Supplemental Nutrition Assistance Program-Education (SNAP-Ed) Program, effective October 1, 2025. For more than 30 years, the USDA administered this program providing nutrition education and obesity prevention for the nearly 90 million Americans with limited income. In FY25, SNAP-Ed reached 749,424 individuals in Washington state, providing over 250 nutrition education classes and implementing over 1,015 policy, systems, or environmental changes. Eliminating this successful program marks a real shift from upstream prevention to downstream care.
- **Environmental health impacts:** The bill repealed Environmental and Climate Justice Block Grants, which removes a dedicated stream of funding intended for communities with disproportionate environmental burdens.
  - Over \$7M in grants to Washington state were terminated, affecting many neighborhoods in King, Pierce, Yakima, and other counties.
  - This undercuts state/local ability to address cumulative impacts and health disparities tied to pollution, exactly the focus of Washington’s own HEAL Act and environmental-justice work.
  - DOH lost \$1M EJ grant to address groundwater and air contamination in Lower Yakima Valley, including engagement of impacted Latino and Tribal communities.

Meghan closed by reviewing DOH actions and underway at DOH:

- DOH Federal Landscape Readiness Group provides intra-agency leadership oversight of operational and strategic issues arising from federal disruptions.
- WA State Public Health Systems Monthly Update, developed by DOH, LHJs, and partners to share stories with the state’s congressional delegation (CODEL) and other partners on public health threats and benefit of federally funded public health programs.
- Monthly meetings with CODEL staff and regular briefings on emerging public health threats in coordination with Governor’s Office and sister agencies.
- DOH Federal Engagement Resources portal that provides federal grant transparency and comments on Federal Rulemaking.
- ASTHO and Dept of Health visits to DC March 2026.



And across public health:

- Contingency planning for service disruptions (e.g., hospital or clinic closures).
- Monitoring hospital financial status and access to essential services (e.g., maternity, emergency care).
- Assessing capacity and gaps in:
  - Immunization, cancer screening, HIV/STI services.
  - Nutrition and food security partnerships.
  - Climate and environmental health resilience.
- Working with other state agencies, Tribes, LHJs, health care systems, community organizations, and other partners to co-develop mitigation strategies and messaging.

## Announcements and Close

The next Community Collaborative meeting will be held on March 11 and will feature a conversation about immigration.

### Closing Quote

*“The only thing that’s more powerful than hate is love...So, please, we need to be different. If we fight, we have to do it with love.”-Benito Antonio Martínez Ocasio aka Bad Bunny*