



Mitch Haas presides over his last meeting as OPHA president at the OPHA Fall Conference.

## OPHA Receives APHA Grant

The OPHA recently received an Affiliate Capacity Building Initiative grant from the American Public Health Association (APHA). In 2006, APHA successfully obtained funding from the Kellogg Foundation to fund an initiative to strengthen state affiliates. A Kellogg Grant Advisory Committee and the APHA staff spent several months assessing needs of state affiliates, developing the grant proposal, and an evaluation framework for the initiative.

Jan Wallinder, OPHA Board member, served as a member of the Advisory Committee. In June 2007, the APHA released a competitive request for proposals (RFP) for state affiliates. Funding was available for affiliates for Organizational Development, Leadership Development, Program Development, and Community Engagement. An interest of the APHA is to

support the affiliates ability to develop core business infrastructure, including paid staff and office as appropriate to the affiliate's needs. Grants are for three years and maximum of \$90,000.

Members of the OPHA Board developed a proposal in response to the request RFP, building on the work of the Development Committee, which had been working on a business plan for the OPHA. The OPHA proposal includes funding for a part-time executive director, continuing the administrative support contracted from Community Health Partnership, supporting member communication, and increasing our advocacy efforts. The first step will be the recruitment of the executive director. The grant is an exciting opportunity for the OPHA to enhance the visibility and work of the OPHA and its members to further public health work in Oregon.

For more information on the OPHA grant and plans, contact Jan Wallinder at:

[janet.l.wallinder@co.multnomah.or.us](mailto:janet.l.wallinder@co.multnomah.or.us)

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**OPHA Mission**

*Protect and promote the health of all Oregon residents*

*Educate and support public health workers*

*Advocate for just and equitable health policies*

## Executive Summary: Oregon Safety Net Dental Clinic Capacity Analysis

### Submitted by Athena Bettger

Nationally, an estimated 100 million individuals are without dental insurance (Lynch 2005). The American Dental Association estimates the national dental uninsured at 134 million or 45% of the US (ADA--Backgrounder for the House of Delegates' Mega Topic Discussion 2007). An averaged estimate of 40% of Oregonians



Athena Bettger displayed her findings in a poster presented at the 2007 OPHA Fall Conference.

lack dental insurance coverage in 2004 (written communication 11 July 2007 Gordon Empey). While dental emergencies are not as costly as medical emergencies, dental emergencies disrupt work and school schedules, and distract from productive lives. The Surgeon General estimated 51 million school hours are lost by children and 164 million work hours are lost by adults due to dental complications, such as pain and infection (Surgeon General 2000, DHS Nov. 2006). For comparison, dental cavities are five times more prevalent than asthma in children (DHS Nov. 2006).

In the state of Oregon, several safety net dental clinics exist. An

estimate of the capacity, or patient volume as in patient visits, has never been documented but would provide Oregon with critical information. It would serve as a baseline of data, which can then be utilized for clinic planning, program development, and potential program analysis and evaluation.

A 39 question survey was created, peer reviewed, and mailed to dental clinics and programs in the state of Oregon. Federally Qualified Health Clinics, Rural Health Centers, Community Health Centers, non-profit dental clinics, and teaching institutions were included. County Corrections Health Programs and the Oregon Department of Corrections were also included. For the purpose of the study, the definition of a safety net dental clinic was: *A Dental Clinic or Program, with patients having Medicaid or an un-insured status; and if un-insured status, then fees are significantly reduced or offered on a sliding-fee schedule based upon Federal Poverty Level, or treatment is provided at no charge to the patient.*

Approximately 130 surveys were delivered, via mail, inter-office mail, and email. The mode of delivery and degree of familiarity did not equate with return of the survey. Follow-up phone calls were made to specific programs. This did help the response in some cases. There were a total of 51 return responses and 34

were usable for the analysis. The answers were analyzed for trends. Some FQHC, HCH, and Rural Health Centers did not return the survey; some simply returned the survey indicating there was no dental service. Analysis of the data also shows fair communication between medical providers and dental health providers with questions aimed at "programs for pregnant woman." In some instances, collaborative programs with WIC, medical providers, and dental providers show existing programs or programs in planning stages.

A cultural shift is indicated. Better use of allied health professionals for prevention education and fluoride programs would greatly benefit all community members. A shift to a prevention treatment model and away from a reparative-restorative model would also assist providers and patients. Behavior modification for diet and self-care, use of fluorides, oral rinses, xylytol preparation in gums and mints show decreased caries rates and activity (Sandahl K, Sundling E, Tegnesjö C at the Karolinska Institutet, Institute of Odontology, Hayes C. 2007). If healthier mouths and communities are wanted then treating and advocating prevention practices for the community are indicated. Dentistry and medicine need to be better advocates for our patients' total health and the health of the community.

*For further information and to view the final document with reference list, please contact Athena Bettger, DMD, FAGD, CCHP, at: [athenadmd@yahoo.com](mailto:athenadmd@yahoo.com)*

## Survey Findings: Summary of Oregon Safety Net Dental Clinic Capacity

- ◆ Ten of the 34 respondents were FQHC and 22 were not.
- ◆ Twenty-five are not a Medicaid enrollment center. Twelve are considered school-based and 22 are not. Sixteen provide service on site, and 15 provide service through referral process.
- ◆ Twenty-one of the clinics/program respondents reported to be involved in partnerships; where as 13 reported no involvement. Only three reported to be involved in clinical research; 30 reported no relationship with clinical research.
- ◆ Nearly half, 16 say they used best practices or evidence based practices and ten reported they did not.
- ◆ Twenty of the returned surveys revealed some type of quality assurance such as chart reviews, board reviews, satisfaction surveys, and quality assurance committees; eleven reported no review of quality.
- ◆ Thirty-three of the surveys reported on funding mechanisms. The funding sources were a mix of State and local government monies, grants, few fees from patients, Medicaid, and private donations.
- ◆ Thirteen of the respondents reported the clinic/program using a mobile program, such as the Medical Teams International dental van or mobile equipment that went into schools. Twenty-one reported no involvement.
- ◆ Fourteen reported providing only urgent treatment and services; wait time ranged from same-day to a week. Nineteen reported additional service to urgent care (consisting of dental extractions and temporary fillings).
- ◆ Eighteen reported providing routine care; but access times were difficult to analyze. For illustration, wait times were reported at 2-4 weeks or 4 months to 1 year. The wide array of response leads one to consider very minimal routine care is provided.
- ◆ Ten of the respondents reported not targeting a specific population. But four did report no limiting factors for patients.
- ◆ A majority, 18 of the respondents, reported not having or participating in a prevention program.
- ◆ A majority, 20 of the respondents, reported not having a sealant program.
- ◆ Most programs were open for services 8 to 10 hours; other programs reported hours varied with school schedules or availability of volunteers.
- ◆ Patient visits in the safety net were estimated at 215,792; off-site dental referrals were estimated at 4,918.
- ◆ A majority, 23 of the respondents, reported no program for pregnant women.
- ◆ Twenty-nine reported no usage of specialists; however, 16 reported use of referrals to children dental specialist, endodontists, and oral surgeons.
- ◆ Only two clinics/programs use Limited Access Permit Hygienists to their full scope; whereas, a total of six programs (included the two listed above) make use of LAPs. An overwhelming majority of 25 respondents do not use LAPs.
- ◆ Only eight clinics/programs reported un-used time (one reported 50% scheduled but all used); all reported attempting to assist with walk-in or emergencies with the available time.
- ◆ Sixteen reported using interpreters; few reported using bilingual staff to perform language skill functions.

**JOIN the Oregon Public Health Association and get in the stream of people and knowledge helping to keep Oregon healthy**

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- Adolescent Risky Behavior Issues
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- Disability
- Epidemiology & Biostatistics
- Nursing

**Pending section:**

- Oral Health

## OPHA Awards 2007

Every year OPHA honors outstanding people who have found opportunities to use their intelligence, imagination, creativity, and persistence to contribute to making Oregon a healthy place to live. The Awards Committee members included Lesa Dixon-Gray, Yvonne Michaels, Kathleen O'Leary, and Dianna Pickett. Many people were nominated by colleagues and friends who recognized their valuable contributions to public health and nominated them for an award, the committee would like to acknowledge them with appreciation: Hank Collins, Laura Tomanka, and Don Austin. This committee chose the following nominees for special recognition:



### Legislator of the Year

This award is given to an Oregon legislator who has made an outstanding contribution to public health in Oregon. Representative **Tina Kotek** has been a strong supporter of public health legislation through her service as Chair of the House Health Care Subcommittee on Health Policy, as well as Vice Chair of the full Health Care Committee. Her stated priorities are, "to expand access to health care for all Oregonians, especially our children. I will focus on the Governor's Healthy Kids Plan community mental health, and generally improving the affordability of health care. I will also prioritize school health services such as school-based health centers and school nurses." She served on the committee on Human Services and Women's Wellness and the Ways and Means Subcommittee on Human Services. She was the sponsor and chief cheerleader for the nutrition bill "Healthy Foods for Healthy Students" HB 2650, which was passed by the state legislature. She agreed to be the sponsor for the "farm to school" legislation that is proposed for the next legislative session. This bill will provide incentives for schools to grow their own food and to buy food from local farmers, thereby ensuring availability of optimum quality of food to school children while supporting local farmers.



### Emerging Leader Award

This award is given to a person(s) who has demonstrated leadership, innovation, and creativity in the beginning of his or her career. **Antonio Torres'** bilingual and bi-cultural competency, combined with a warm and engaging personality, allows him to build trust and credibility with diverse individuals and communities. He currently works as a *promotor*, or Latino Health Outreach worker, through the Benton County Health Department's HIV Integration Project. This project has become a cornerstone of a more comprehensive strategy to effectively reach and serve Benton County Latinos. For example, Mr. Torres originated and has since coordinated the Torneo Anual de Fútbol del Condado Benton (Benton County Soccer Tournament and Family Weekend) that occurs annually in August. Two full days of soccer competition attract over 350 participants, spectators, and their families. Local organizations provide information about community resources, and health screening is targeted to males who normally may not access health services of any type. This event was recently highlighted as an innovative outreach practice in the *Farm Worker Health Services News Magazine* (January 2007), and the state of Oregon is reviewing the model for

*(Continued on page 5)*

(Continued from page 4)

potential replication in other areas of the state. Antonio presented recent collaborative research assessing barriers to health services access by Latino men in Benton County at this year's OPHA Annual Conference, and recently co-authored a chapter entitled "Rural Latino Men's Knowledge, Attitudes and Beliefs towards HIV Prevention" that appeared in the *Journal of Research on African Men, Special Issue of Men's Health* (Fall 2006, Vol. 12, no.2). Antonio was invited to join a national roundtable of experts exploring strategies for replication of successful teen pregnancy prevention programs. He has co-written a large federal grant for continuation funding for the Promotores de Salud Program in Benton County. He is co-chair of a group that formed to give guidance to Latino serving programs, recently started a Men's Health Group, and is often asked to conduct outreach on behalf of other public health programs and as a community liaison due to his strong relationships within the Latino community. Much of this work is above and beyond his "day job." Antonio hopes to attend a graduate program in public health, social work, or other related field and to continue advocating for improved access to health and other social services by Latinos and other underserved populations.



## Lifetime Achievement Award

This award is given to a person(s) or organization(s) who has demonstrated a lifetime commitment to public health, to the improvement of health in Oregon. **Jane L. Fouste** is a dedicated public health professional for over 35 years. Her work and advocacy for her staff and programs have made a difference in the lives of Oregon families. She was a WIC Coordinator in Washington County for 13 years and Oregon WIC manager for 10 years and was instrumental in the development of an independent and active Oregon WIC Coordina-

tors Association. She has worked to address health disparities; build alliances and coalitions; promote good nutrition and breastfeeding; and has been a tireless advocate for a strong local and state WIC program. Jane is a current OPHA Board member and past chair of the Nutrition Section. She has had many notable achievements during her career. She secured one of the first bilingual pay differentials in Oregon for local health departments. Jane played a key role in the collaborative effort between Oregon WIC and the Immunization Program that led to the development of an automated immunization forecasting component in the WIC data system. She helped form and support the Breastfeeding Coalition of Oregon, facilitated behind the scenes work that eventually moved breastfeeding legislation forward, giving women the right to breastfeed in public. Her leadership in breastfeeding support has kept Oregon as one of the top states for breastfeeding initiation and duration in the country.

## A Sad Farewell

After 30 years of public service, Jane Fouste is retiring at the end of December. This fall she received the OPHA Lifetime Achievement Award for her commitment to public health. Most of her career has been spent working for the WIC Program (Special Supplemental Nutrition Program for Women, Infants and Children).

"I love public health and I bonded with WIC from the very start," she says. "The work matches my value system and the people I've worked with in public health have always been an inspiration."

Born and raised in the Mississippi Delta, Jane moved to Oregon in 1972 after college for a one year dietetic internship at the Oregon Health & Science University. She started in public health as a nutrition consultant for the Clackamas County Public Health Division in 1977. Initially her job focused on the elderly, but within a couple of years she was able to serve as a resource for all public health programs.

(Continued on page 6)

*(A Sad Farewell; continued from page 5)*

Four and a half years later, she was hired as Washington County Health Department's Nutrition Program Supervisor; a position she held for 12 years.

She came to the Public Health Division in 1993 as an out-stationed county employee, helping the state program develop a new WIC policy and procedure manual for local agencies. She never left. A state position was created to serve as lead for a new work team providing nutrition and program support and expertise to local WIC Programs, and it was a natural fit for her.

Eventually Jane was promoted to the Local Services Manager position, where she has influenced WIC service delivery for the last 14 years. Her team of 18 health professionals (she calls them the "best state WIC staff in the nation") help implement and provide technical assistance to local programs, develop nutrition standards and policies, develop training programs for local staff, promote breastfeeding including the peer counseling and breast pump programs and, more recently, conduct research projects.

Jane believes in WIC's mission to improve the health and nutritional status of young families and the fact that it touches people's lives in a positive way. She says WIC has a huge potential to influence healthy behavior change and is continually seeking service improvements. She appreciates that WIC works at meeting new challenges, like the work that is underway to provide a new food package and strengthen client-centered services for improved health outcomes.

"This is an exciting time," she says. "These new changes help to better address the current health issues like supporting healthy behaviors to help address the obesity epidemic and prevent chronic disease."

"WIC has far reaching effects," she notes, "because it helps babies be born healthy, provides preventative services early in life when habits are first forming which can help ensure their long-term health."

What's next? Jane has a full menu of plans that focus on "family and home; my health and just enjoying life." She plans to put creative energy into photography, quilting, and working on her family history, including putting her great grandmother's diaries into computer format and gathering memories from her 96-year old mother.

Other plans are to complete the remodel of her 1914 farm house and grow roses (she already has between 80 and 90 varieties). There is a service aspect in her future, too. She wants to join the Community Grange, get to know people in her community and influence community support for public health initiatives and programs. She will continue to serve as a board member of OPHA.

"I wanted to make a difference," Jane said. And indeed she has.

## *Happy Retirement!*

*But remember...*

***"A rose must remain with  
the sun and the rain or its  
lovely promise won't come".***

Ray Evans (b. 1915), U.S. songwriter.  
"To Each His Own," To Each His Own,  
Paramount Music Corp. (1946)

*Please don't be a stranger!*

## Expert Connects Climate Change with Public Health

Howard Frumkin, MD, MPH, DrPH, Director of the Centers for Disease Control's National Center for Environmental Health, visited Portland on November 8<sup>th</sup> to discuss the effects of climate change, peak petroleum, and public health, with State and local officials, members of the public health community, and faculty from local universities. Dr. Frumkin visited with City of Portland and Multnomah County officials to discuss peak oil, spent time with State Epidemiologist, Mel Kohn, and the members of the Governor's Interagency Climate Change Workgroup, met with faculty from Portland State University and Oregon Health & Science University to discuss the role of academia in responding to climate change, and delivered two presentations to a diverse group of public health, environmental, and natural resources professionals regarding climate change and public health.



**Howard Frumkin is the Director of the National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR) at the U.S. Centers for Disease Control and Prevention.**

Frumkin's presentations took place at the General Services Administration auditorium and Portland State University. In his presentations, Frumkin stressed the need for collaborative efforts on the part of many different professionals, including public health. The presentation, *Climate Change and Public Health: Charting a Sustainable Future*, addressed the health effects of climate change, including heat stress and cardiovascular failure, injuries and fatalities due to severe weather events, an increase in vector- and water-borne diseases, such as malaria, hanta virus, dengue fever, cholera, and campylobacter. He emphasized the need for the public health sector to take the lead in efforts to protect the community from the health effects of climate change.

A key part of his message was that the public health community needs to coordinate with other organizations in making needed changes to mitigate global climate impacts. Meanwhile, groundwork needs to be laid for critical adaptations to predicted changes in illness risks and patterns that will likely result from climate changes that have already begun in all parts of the world.

Frumkin's visit and presentations were jointly sponsored by the Climate Change Committee of Public Health of Oregon (C3PO), Portland State University, Physicians for Social Responsibility, and the Oregon Environmental Council. A copy of his slide presentation can be obtained by contacting:

Pete Farrelly at (971) 673-0462

### Frumkin's Key Public Health Tasks

1. Predicting threats to public health
2. Acting to protect public health
3. Communicating effectively
4. Promoting co-benefits (e.g., efforts regarding obesity prevention align with climate change prevention initiatives)
5. Mobilizing partnerships

## TOPOFF 4 Tests Oregon's Health System

**By Christie Holmgren, BA, APR, Public Health Preparedness Program  
Public Information Coordinator, Oregon Public Health Division, DHS**

"Top Officials 4," the nation's fourth major emergency preparedness exercise began in Portland with a boom on Tuesday morning, Oct. 16, and didn't end until Friday afternoon. The full-scale exercise was designed to stress Oregon's emergency response, health and medical systems to the limit, and so it did.

Using a radiological dispersal device or "dirty bomb" scenario, the detonation killed 66 people at the scene and sent hundreds of others to metro-area hospitals. Some of the patients arrived with realistic moulage designed to mimic actual injuries. Others went to health care providers with slips of paper listing their injuries and symptoms.

Many patients were treated for minor injuries and released, others were hospitalized with moderate to critical injuries, and an additional 81 died in the hospital. Seven people with significant exposure to Cesium 137 received treatment with Prussian blue.

Every major medical system in the metro area participated in the exercise, including 18 hospitals.

Multnomah County Public Health set up a real medical care point at the University of Portland Chiles Center and a contamination screening site at David Douglas High School, as well as several other "notional" medical care points and contamination screening areas around the city.

The Oregon Public Health Division (OPHD) in the Department of Human Services is the state agency responsible for national Emergency Support Function 8 – Health and Medical. In this role, the division supports the local response by providing criti-

cal resources such as health and medical personnel, medical supplies, equipment and medicines. The division activated its agency operations center in response to the explosion, and was instrumental in ordering Prussian blue through the Strategic National Stockpile.

The Division also includes the state Radiation Protective Services program, which deployed a rapid response team to assist in identifying the radiological agent and establishing the radioactive footprint from the blast and coordinated with the federal radiation response programs.

TOPOFF 4 involved more than 15,000 participants from federal, state, territorial, and local governments, as well as private-sector organizations and non-governmental organizations. In addition to Oregon, the state of Arizona and the U.S. Territory of Guam participated.

TOPOFF 4 provided an excellent opportunity for Oregon to test and improve its health and medical response to a mass-casualty event. The lessons learned will help shape future response to a variety of hazards, from natural disasters to serious infectious disease outbreaks. Planning, preparation, and response for the exercise has strengthened our working relationships with partners at every level.

The full-scale exercise allowed participants to test plans and skills in real-time in a realistic environment to gain the in-depth knowledge that only experience can provide.



# OPHA Fall Conference Scrapbook Page



Dr. Susan Allan and Dr. Charles Martinez pose after opening the conference with keynote addresses.



A symbolic passing of the gavel captured on film.



Noelle Dobson, Chris Kabel, and Mary Lou Hennrich catch a refreshment break between conference sessions.



Kari Lyons, Ben Duncan, and Renee Hackenmiller-Paradis enjoy the poster presentations.



Mitch Greenlick captivated the audience with his report on the legislative processes moving towards universal access to health-



Rebecca Martinez offers an opinion in discussions about the New Statewide Physical Activity and Nutrition Plan

# OPHA FALL CONFERENCE POSTER PRESENTATION DID YOU HAVE A FAVORITE?



Jacqueline Yates, OHSU OMPH student, proudly displays her poster, one of the winning presentations.

## Congratulations to the Student Poster Award Winners

**Kelly Volkmann**

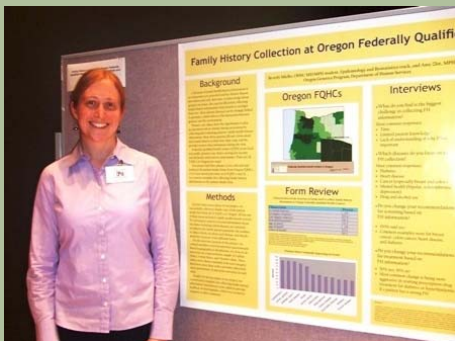
"Increasing Health Literacy: Improving Readability and Suitability of a Health Education Handout"

**Mindy Stadlander**

"Evaluation of a Community Health Coalition"

**Jacqueline Yates**

"Risk Factors for Perinatal Food Insecurity, Oregon 2005"



Beverly Mielke, OHSU MD/MPH student stands beside her poster on Family Health Information collection at Federally Qualified Health Clinics.



Janet Matthews, MS, FNP, WHCNP, shares an overview of Oregon's School-Based Health Centers (SBHC) and competitive grant review processes and other SBHC funding.



Sue Landré, RN, MPH, Washington County Dept. of Health & Human Services, Hillsboro, shows off a plan using pandemic influenza awareness to drive community preparedness.



Helen Bellanca, MD, MPH, Co-Director of the Vida Entera y Sana (Whole and Healthy Life) project at La Clínica del Cariño Family Health Center display shows work on addressing obesity in a primary care setting.

## ARGC Report

The Oregon ARGC (Affiliate Representative to the Governing Council) is one of 193 members to the GC (Governing Council). The GC is the legislative body of the Association. There are 53 ARGCs. The rest of the members are from constituency groups (such as sections) or hold a specific elected position.

The GC sets policies and adopts resolutions, guides the Executive Board and officers, changes bylaws, acts on reports from committees, establishes sections, elects the Executive Board, and elects the officers.

**New officers:** President Elect, Cherly Easley; Treasurer, Richard Cohen; GC Speaker, Barbara Giloth

**New Board Members:** Andrea Taylor, Christopher Day, and Susan Radius.

Approximately 25 resolutions were reviewed, of which 20 passed including:

- ◆ **Vision loss through smoking cessation**
- ◆ **Federal agricultural policy and obesity**
- ◆ **Global climate change**
- ◆ **Agent Orange**
- ◆ **Breastfeeding**
- ◆ **Opposition to an attack on Iran**

Ones discussed but not passed included a death with dignity guidance modeled on Oregon and a resolution asking for more transparent voting of the GC. The APHA website has all the policies under "Advocacy".

<http://www.apha.org/advocacy/policy/>

## LNG: A Public Health Hazard

by Hannah L. Cross, MA, OMPH Student

The largest proposed fossil fuel project on the west coast is threatening the Columbia River Estuary, the Oregon Coast, public health, property owners, forests, thousands of community members, and plants and wildlife, some already threatened with extinction. It is a series of proposals to build liquefied natural gas terminals and pipelines (LNG) that would bring huge tankers to Oregon via the coast and the Columbia River Estuary where it will be re-gasified and transported by a pipeline connecting to existing pipelines, most of which head straight to California. California has rejected all proposals, as has Washington and Tijuana, based on environmental concerns. The corporations have been accused of avoiding or minimizing the public process in Oregon.

The project represents a public and environmental health hazard on several counts. The intensive liquefying process of LNG releases carbon into the atmosphere, contributing to climate change and global warming. LNG is perceived as being cleaner than other fossil fuels, yet it releases 40% more carbon into the atmosphere than domestic natural gas. Foreign countries will export their natural gas and resort to burning coal, once again contributing to climate change and global warming. The LNG tankers are accompanied by several military ships and tugboats, which will increase pollution in Oregon waters and air, threatening nearby communities and wildlife. Oregon Governor, Ted Kulongoski has stated that he views LNG as a bridge to renewable energy by replacing coal in Oregon's energy portfolio (given the issues described above LNG is not a clean solution from a global perspective). LNG tankers are considered terrorist targets and existing tankers, terminals, and pipelines sometimes explode or cause fires. LNG also creates an economic issue: while the tankers are in the river, all traffic is stopped for 12-24 hours, which will slow commerce in Portland and will interfere in the fishing and recreational industries. The LNG project will wreak an environmental disaster by building enormous terminals in Oregon waters and dredging the river/ocean floor to allow the tankers to enter the terminal, further dredging may occur to accommodate the pipeline. Additionally, the pipeline could run through communities like Forest Grove, the forests of Mt. Hood, or up the Columbia River damaging forests or salmon habitat. Oregon has already committed to protecting the estuary.

These communities have been fighting these proposals for more than two years and need more support from people in Portland. To help raise awareness, I rode my bike out to Astoria and interviewed people to share how a threatened community feels and garner support for their cause. To hear excerpts from the interviews and find links to organizations opposing the LNG, go to: <http://portland.indymedia.org/en/2007/09/366002.shtml>

## Oregon Public Health Association Committee Members 2007-2008

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 Mitch Haas, *Past President*  
 Joan Randall, *Treasurer*  
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**Submissions**

We invite you to send stories, news and graphics by submission deadlines:

ISSUE	DEADLINE	PUBLICATION
Spring	Feb 21	March
Summer	May 21	June
Fall	Aug 21	September
Winter	Nov 21	December

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## Employment Opportunities

**The Health & Physical Education Division seeks qualified applicants for a 9-month, tenure-track, Assistant Professor position in Health Promotion/Community Health at Western Oregon University.** Summer session employment is possible. The instructional assignment will be in the following areas: Epidemiology, Assessment/ Evaluation, and Research Methods. The individual hired for this position will teach in undergraduate and graduate programs, advise students in both programs, and participate in service activities. The candidate should possess a willingness to continue professional development and engage in research and scholarly activities.

Qualifications: Earned Doctorate in Health or related field is required by September 16, 2008. Preference will be given to individuals with an established record of successful teaching, scholarly work and professional service.

For questions regarding the position, contact Dr. Peggy Pederesen, Search Chair, [pedersep@wou.edu](mailto:pedersep@wou.edu), or (503) 838-8269.

**Program Design and Evaluation Services (PDES) is seeking a new Director.** PDES is an intergovernmental cooperative agency operating under the auspices of the Multnomah County Health Department and Oregon Public Health Division in Portland, Oregon. Established over 13 years ago, PDES is an interdisciplinary group of over 20 staff who conduct public health research and provide program design, technical assistance, and program evaluation services to agencies and communities in Oregon, Washington, Alaska, nationally, and internationally.

We are seeking an innovative, energetic and highly skilled doctoral-level public health professional with extensive knowledge and experience in applied research and program evaluation to lead PDES.

If you have questions about applying for this position, please contact Keith Hathorne, Recruiter, Multnomah County Health Department Human Resources, (503) 988-3663, ext 26059. If you have specific questions about this position or about PDES, please contact Julie Maher, PhD, Associate Director, PDES, (971) 673-0603; [julie.e.maher@state.or.us](mailto:julie.e.maher@state.or.us)