



Oregon Public Health Association

[www.oregonpublichealth.org](http://www.oregonpublichealth.org)

# THE Probe

## National Public Health Week 2008

### “Climate Change: Our Health in the Balance”

by Lesa Dixon-Gray, OPHA’s Communication Chair and a founding member of Climate Change Committee Public Health Oregon (C3PO)

As members of the public health community, we are role models for the public on how to lessen the health impacts of climate change. We can set examples in our individual lives, but we also have a responsibility to set examples in our professional lives. Following are some ways we can make a difference in our roles as public health professionals.

#### Educate yourself on the connection between climate change and health so that you can help the public see the issue in human terms.

Understand how climate change affects the health of Americans as well as the health of people around the world, those who are most vulnerable, and those in your own community. Educating ourselves and the public on this “bigger picture” and the link between our personal actions and global health is essential to solving the problem.

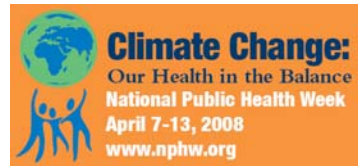
#### Help the public health system “go green.”

The public health system can go a long way toward saving energy by reusing or recycling (where appropriate), purchasing from environmentally conscious suppliers, and adopting policies to protect the environment when possible. This involves everything from using energy efficient light bulbs to minimizing travel to heating and cooling our facilities efficiently. Through our efforts, we can educate the populations we serve.

#### Work to create communities that promote physical activity.

Healthy communities reduce vehicle miles traveled by encouraging walking, bicycling, and transit lower motor vehicle contributions to climate change. Creating active communities increases physical activity and its associated cardiovascular, muscular and mental benefits.

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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*

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**Engage in advocacy for policies to reduce greenhouse gas emissions and protect the environment in general.**

Public health professionals are key to helping policy makers see the link between climate change and health. We can put a human face on the issue because we can help policy makers see how it affects all of their constituencies. Learn about climate change-related policy-making efforts at the local, state, national and global level. Promote sound energy policies that reduce carbon dioxide emissions, create new jobs, and reduce oil imports.

**Lead by example.**

Do what you can both personally and professionally to lessen the impact of climate change. Know how the lifestyle choices you make affect the environment and your health.

- Conduct the research needed to understand the health impacts of climate change and how they vary by geography, climate, and community.
- Institute strong and continuous programs to educate

- communities on the health impacts of climate change.
- Initiate and promote scientifically-based health programs, develop practice standards and recognize best practices in the local public health response to climate change.
- Build partnerships with stakeholders to ensure inclusion of public health concerns in policies and programs related to climate change mitigation and adaptation.
- Develop capable public health leadership and personnel to assure the capacity of public health departments, agencies, and programs to respond to the health effects of climate change.

Americans need to understand the connection between climate change and health so that they can be armed with the information they need to make choices and lead lifestyles that are healthy for them, their communities, and the planet. From April 7-13, 2008, the 50,000 members of the American Public Health Association (APHA) and its affiliates, including OPHA, will observe National Public Health Week by highlighting these links.

By making climate change this year's theme, APHA hopes to

start a major shift in how our society thinks about and addresses this looming challenge focusing on what we can do to protect ourselves, our families, and our communities.

Please join OPHA, Climate Change Committee Public Health Oregon (C3PO), and other public health and environmental professionals during National Public Health Week to celebrate with the Oregon Public Health Division at the Portland State Office Building in Portland. Call 971-673-0360 or visit [www.nphw.org](http://www.nphw.org) to learn more.



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

Name \_\_\_\_\_  
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**Select a membership type:**

- \$20/year **Special**  
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*(nonprofit & community organizations)*
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*(businesses)*
- \$10/year **Per additional section**  
*(membership includes one section)*

**Select section affiliation:**

- Adolescent Risky Behavior Issues
- Chiropractic
- Community Health & Health Education
- Disability
- Epidemiology & Biostatistics
- Nursing

**Pending section:**

- Oral Health

## OPHA Section News

### Adolescent Health – Activities for the Future

The Adolescent Health Section has revitalized itself. Formerly the Adolescent Risky Behavior Section, the new name was selected in January to reflect a new positive approach to adolescence. The section members held a retreat in January (see photo of attendees) and focused on new directions for the future.

The Section is updating its [Tip Sheets for professionals who work with adolescents](#) (Sexual Health , Dating Violence and Teens ) and new sheets are in the process of development. Some of the new tip sheets will focus on the following topics:

- ◆ Physical activity
- ◆ Eating disorders and nutrition
- ◆ Drug and alcohol use
- ◆ Vaccines

The group is working on planning exciting breakout sessions for the OPHA conference in the fall. A legislative visit day is being planned for the 2009 legislative session to focus on bills that will help adolescents avoid problem behaviors. In addition, the Section is sponsoring a teen-

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Photo (left to right): Bonnie Nagel, Suzanne Mitchell, Katie Riley, Rose Wilde, Karen Elliott, Jennifer Young, Lesli Uebel, Sarah Ramowski, Carol Elliott, Ann Krier

### **Unnatural Causes: Is Inequality Making Us Sick Starting March 27**

Go to: [Unnatural Causes](#)  
For OPB Schedule Go to: [OPB](#)

## *SAVE THE DATES*

### **Epidemiologists' Forum Presents**

#### Climate Change and Health

**Jeffrey Shaman, PhD**  
Oregon State University

**Wednesday, April 16, 2008**  
**4:00 - 6:00 pm**

**Kaiser Town Hall**  
Rooms C & D

**3704 North Interstate Ave, Portland**  
*MAX Yellow Line: Overlook Park Station*  
*Parking is available near Town Hall*



#### Evidence-Based Medicine

**Mark Helfand, MD, PhD**  
OHSU

**Evelyn Whitlock, MD**  
The Center for Health Research  
Kaiser Permanente

**Tuesday, June 17, 2008**  
**4:00 - 6:00 pm**

**Portland State Office Building**  
Room 1D  
**800 NE Oregon Street, Portland**  
*MAX: NE 7<sup>th</sup> Avenue Station*  
*Parking is available near PSOB*

#### Sponsors:

Oregon Public Health Association  
(Epidemiology and Biostatistics section)

Oregon Public Health Division

OHSU Department of Public Health and  
Preventive Medicine



**National Public Health Week**  
April 7-13, 2008

#### *Events in Portland*

#### **Monday–Thursday, 8 am–5 pm**

Poster Sessions, Exhibits, and Displays from within Oregon Public Health Division Programs and external partners. Presentations regarding climate change and health, local food systems, water and the built environment will also be held daily. Portland State Office Building Lobby <http://www.oregon.gov/DHS/ph/>

#### **Tuesday, April 8, 11 am-5 pm**

Posters of Public Health & Preventive Medicine research and educational programs will be on display in the atrium of the Center for Health and Healing at the waterfront end of the OHSU tram.

#### **Wednesday, April 9, 6:30 pm**

"The State of Public Health in Oregon."  
Osterud MD/MPH Scholarship Dinner at the Multnomah Athletic Club, keynote speaker Bruce Goldberg, MD, Director, Oregon Department of Human Services, \$85/person. Funds help provide tuition to MD/MPH students. Information and registration: <http://www.ohsu.edu/public-health/index.shtml> (Scroll down to "Events")

#### **Friday, April 11**

Oregon MPH Program Student Symposium, "A Climate of Change"

The Oregon Public Health Division Office Building, 800 NE Oregon Street, Portland, Co-sponsored by the Oregon Public Health Division and The Oregon Public Health Association

## Report from further a field: Girls Rule! in Lane County



By Rose I. Wilde, MPH;

Oregon Department of Human Services District 5 Administration (Lane County.)

[Rose.i.wilde@state.or.us](mailto:Rose.i.wilde@state.or.us); 687-7373 ext 401

The Girls Rule! Parent Daughter Fair visited Lane County on Saturday March 8, 2008. This was the most collaborative project that I have ever coordinated in my 8 years of prevention work in Lane County, and it was sweet!

The event was a culmination of over a year of planning, inspired by Planned Parenthood of Southwestern Oregon, which has coordinated a similar event in Ashland and Medford several times. Rather than a traditional health fair or family activity night, Girls Rule! was an interactive celebration of our girls, with some positive youth development and healthy messages snuck in.

We invited girls aged 9-14 years old to bring a caring adult with them for a day of fun and entertainment at the local community college (Lane CC). Following a conference style schedule, the girls and their companion selected three workshops out of 15 possibilities to attend together – they learned to sew on the Girl Scouts' portable sewing machines, practiced spinning poi with the City of Eugene's Recreation and Outdoor Program staff, and discovered the mysteries of menstruation or their emerging adult bodies with presenters from Planned Parenthood and the Network for Reproductive Options, to name a few options. Two top-notch young women gave keynote speeches and a troop from Springfield's Academy for Arts and Academics provided a specially written performance.

The conversations about the fair were hilarious – all the moms described the conversation they'd have with their daughters about this event:

"Oh mom, can't I bring a friend instead?"

"No, dear, we're supposed to *bond*."

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## Interim Public Health Director: New State Public Health Laboratory

By Michael R. Skeels, PhD, MPH  
Interim Public Health Director, DHS



We all know that public health is a collaborative endeavor that relies on the talents and contributions of many partners. Given our limited resources, no individual organization, agency, or program can accomplish its work in isolation. We are interdependent, and from our collective efforts we create the great synergy of public health. I want to thank each of you for what you do every day to build this partnership and to promote the health of our communities.

Because of Susan Allan's departure, a national recruitment for a new State Public Health Director is underway, and I've been serving on an interim basis since February 1.

Although we won't have a new Director for a few months, we need to keep moving forward and building upon the many accomplishments under Dr. Allan's leadership. In fact, I believe we are in a pivotal period for public health in Oregon, and find ourselves faced with "insurmountable opportunities."

As you know, many local health departments are dealing with serious financial threats, and there are gaps and inconsistencies in statewide public health services. Federal funding for some basic programs is also in jeopardy. However, we also have strong support to improve Oregon's public health system and its funding base, as long as we do so in a way that assures quality, efficiency, and accountability. We are working closely with the Conference of Local Health Officials to assess the current public health system,

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### New Oregon State Public Health Laboratory

*Among its accomplishments...*

- ◆ *conducts 9 million tests on 450,000 samples per year*
- ◆ *regulates 2,400 clinical and environmental laboratories*
- ◆ *receives samples from more than 3,000 clients in six states, annually*
- ◆ *and performs highly specialized testing on hazardous microbes and toxins in its new Biosafety Level 3 facility.*

*(Continued from page 4)*

"I hate bonding! Why do you make me do these things?"

Then one mom pointed out how they would attend anyway, have a great time, and laugh about it in 10 years. What a great thing to do together!

These days we have to do public health wherever we can – with the county budgets in crisis and some counties considering whether they want to maintain their local public health authority, public health professionals are finding work in all kinds of

odd places, in my case at the Oregon Department of Human Service's Children Adults and Families field office in Lane County. This is the "social work" side of DHS, not in Public Health. If you want to work in public health and don't live in Portland, you *have* to get creative.

To make this event happen, we got very creative in Lane County. Two years ago, a group of mostly female business women, philanthropists and volunteers organized (independently) under the name "Girls at Risk Group" in response to perceived inequities in funding for substance abuse

treatment for adolescent girls vs. boys in the criminal justice system. Instead of taking a narrow focus, which would have failed since the Lane County is making more budget cuts, not expanding their program. They heard about Planned Parenthood's events in Southern Oregon, and my interest in expanding a small family night that I had coordinated in 2007, so I joined with the Girls at Risk Group in a partnership to coordinate the Girls Rule Fair.

Learn more at:  
<http://girlsrulefair.com/>

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the existing gaps in services and funding, and what it would take to fill these gaps. You will be hearing more about this from the leadership of CLHO, and I will provide more information as things develop.

### **New home for the OSPHL, but same mission**

In real life, I'm the Director of the Oregon State Public Health Laboratory, which supports the communicable disease control efforts of state and local public health programs, screens newborn infants for metabolic, endocrine, and hemoglobin disorders, and regulates 2,400 medical and environmental laboratories. After 30 years in the same location in downtown Portland, our laboratory recently moved to a new facility in Hillsboro. We're pleased that we accomplished this move with no interruption in service to our clients.

Although OSPHL has a new home, its mission is still the same – protecting the public's health, as it has for the past century. When the lab opened its

doors in 1903, health concerns of the day were smallpox outbreaks and water and milk contaminated by typhoid and tuberculosis bacteria. The scope of public health has evolved since those early times, but the mission remains – to provide and assure quality laboratory services throughout Oregon and the Northwest region.

Today, OSPHL's core functions include: communicable disease testing, newborn screening, rapid laboratory response to public health emergencies, and regulation of clinical and environmental laboratories.

### **Improved services, increased efficiencies, safer workplace**

In January 2008, after two years of planning and construction, OSPHL moved into a 45,000-square-foot laboratory, co-located with the Laboratory and Environmental Assessment Division of the Oregon Department of Environmental Quality. The new facility will allow OSPHL to improve its services to the public, operate more efficiently, and provide a safer workplace for laboratory employees.

Safety and energy saving features include: a Biosafety Level 3 laboratory, specialized hoods for work on highly infectious organisms and toxins, sealed surfaces to contain leaks and spills, meeting or exceeding the LEED Silver rating, and timed motion detector lights, among other items. The OSPHL is accredited by the College of American Pathologists, the U.S. Department of Health and Human Services, U.S. Environmental Protection Agency, and the CDC Select Agent Program.

### **Working everyday with state and local health programs**

The OSPHL supports state and local public health programs through testing, consultation and emergency response. OSPHL works closely with the PHD Office of Disease Prevention and Epidemiology and the national Centers for Disease Control and Prevention (CDC).

*For more information about utilizing laboratory services, please contact OSPHL Client Services Coordinator, Terry Crandall, 503-693-4124, [terry.crandall@state.or.us](mailto:terry.crandall@state.or.us)*

For reports or questions concerning unusual infectious disease outbreaks, local health department staff should call the State Acute and Communicable Disease and Prevention in Portland at 971-673-1111 – 24 hours a day, 7 days a week.

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directed video of interviews with youths on how they feel about climate change and what they are doing to mitigate it for the Friday, April 11<sup>th</sup> OMPH Student Symposium at the Portland State Office Building celebrating National Public Health Week.

*Future activities are still in the discussion stage and all ideas are encouraged. New members are welcome. The Section meets on the third Thursday of the month from 4-5 pm in room 800 of the Portland State Office Building at 800 NE Oregon Street. Possible phone linkages are being explored with Salem and Eugene contacts.*

*For more information about the section, please contact Co-Chairs Ann Krier ([annkrier@gmail.com](mailto:annkrier@gmail.com)) or Katie Riley ([katieriley@comcast.net](mailto:katieriley@comcast.net)).*

*You can also check out the Section web pages on the OPHA website ([www.oregonpublichealth.org](http://www.oregonpublichealth.org)) and participate in Section postings and discussions for those with Google mail accounts at the new AHS Google Group page (<http://groups.google.com/group/adolescent-health-section?hl=en>).*

## ***Meaningful Care Conference: 2008 LGBT Health Awareness Week***

*Addressing Barriers for Lesbian, Gay, Bisexual, Transgender and Queer Health Care*

**April 11, 2008**

**Oregon Convention Center**

**777 Martin Luther King Blvd., Portland, OR 97232**

**Information and registration is available at [www.lgbtqmeaningfulcare.org](http://www.lgbtqmeaningfulcare.org)**

Portland, OR - National LGBT Health Awareness Week is a nationwide effort whose purpose is to promote lesbian, gay, bisexual, and transgender health. Events kick off during the second week in April all around the country.

Now in its third year, Portland's *Meaningful Care Conference* is a local response to this national effort and is being produced by a host of providers, non-profits, and local governments who provide health care. The conference is aimed at education on best practices for health care professionals and their students. It will increase the LGBT cultural competence of medical and social services serving, or interested in serving, this community.

LGBT communities are challenged by an array of health disparities:

- LGBT youth are much more likely to be victimized in school and to attempt suicide than heterosexual youth.
- LGBT people are often reluctant to seek care or to "come out" to health providers, leading to under-screening and intervention likely to result in poor health.
- Gay men and lesbian women are at increased risk for certain cancers due to a higher prevalence of smoking and inadequate risk assessment and screening by providers.

HIV/AIDS continues to devastate LGBT populations. In addition to disparities in health and health risk behaviors, LGBT people face documented structural, financial, and cultural barriers to accessing health care services. Also, multiple studies have documented provider bias regarding LGBT people or patients, and many providers are uncomfortable or feel inadequately trained in discussing patients' sexual histories. Given these barriers, it is

not surprising that disparities exist for LGBT people in receipt of preventive health care services and health care utilization.

"The philosophy behind this project is deeply rooted in respect, compassion and social justice," says Lillian Shirley, Health Department Director for Multnomah County. "To provide the best care possible, clinicians must create a safe environment that fosters open communication about all the issues that affect the health and well being of the client being served."

"Removing disparities and improving the health and well-being of all communities in Multnomah County is paramount," states Commissioner Rojo de Steffey. "I'm proud to support the Meaningful Care Conference and pleased to see so many of the county's partners supporting it too."

Meaningful Care Conference is a collaboration of the following organizations who share a vision of culturally competent health care for LGBT consumers: NARA, Kaiser Permanente, Breathe Free: Oregon LGBTQ Coalition Against Tobacco, Cascadia, SMYRC, Samaritan Counseling Centers, Cascade AIDS Project, Multnomah County Health Department, Brother to Brother, the OHSU Partnership Project, Quest Center for Integrative Health, Our House of Portland, Outside In, Multnomah County Commissioner Maria Rojo de Steffey, Pride Foundation, Equity Foundation.

\*CEU and CME certification will be available

For more info contact: Matthew Lashua at (503) 988-6796

# Oregon Safety Net Dental Clinic Capacity Analysis: Recommendations and Policy Considerations

*A follow-up article for Oregon's Dental Safety Net Clinics*

by Athena Bettger

An averaged estimate of 40 percent of Oregonians lack dental insurance coverage in 2004 (written communication 11 July 2007 Dr. Empey). Nationally, 45 percent of the population lack insurance coverage (ADA--Backgrounder for the House of Delegates' Mega Topic Discussion 2007). In the state of Oregon, 40 percent of the population lacks dental insurance coverage (personal communication with G. Empey July 2007) and some turn to dental safety net clinics for treatment.

An estimate of patient volume within the dental safety net clinics would serve Oregon with critical information. It would serve as a baseline of data. The data can then be utilized for program development and potential program analysis/evaluation. The capacity assessment may allow for information for the development of additional safety net clinics, or public health clinics.

**A 39 question survey was created**, peer reviewed, and then delivered 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 targeted. State and County Corrections Health Programs were included. A total of 131 surveys were delivered. There were a total of **51 return responses and 34 were usable for the reported analysis** (the non-useable contained multiple unanswered questions). Data showed more than 200,000 dental visits and more than 4900 dental referrals.

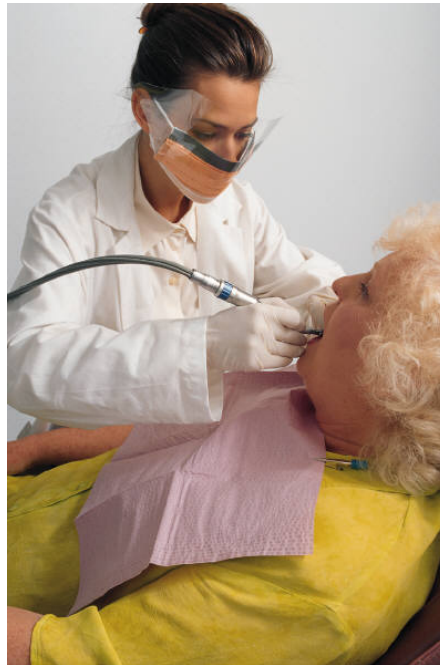
## **Brief summary of survey recommendations:**

The following are recommendations based on the information of the surveys, multiple discussions of providers working with the dental safety net, and literature review:

- Create a dental home for individuals
- Have oral health become an integral portion of total healthcare; create a broad base of oral health care support
- Provide economic support for Professional Oral Health Training Programs
- Provide support and funding for oral health programs and infrastructure; attempt to limit funding cuts and reductions to existing program
- Create and maintain an interactive web-based site for patients and members of the dental safety network
- Patient volume, trends in procedures and other potential measurements for the program/clinic need to be an aspect evaluation and efficiency review (Institute of Medicine 2000, State and Territorial Dental Directors website)
- Organization or subunit of an existing organization to facilitate collaboration and partnerships between agencies, clinics/programs, and other stakeholders is needed. Furthermore, the following specific traits need to be exhibited by the organization:
  - (1) Development of partnerships with well-functioning culturally competent programs
  - (2) Translating scientific knowledge into clinical practice
  - (3) Organizational history and development within the dental safety net clinics
  - (4) Open culture of continuous learning and seeking improvements in the quality of programs.
  - (5) Best outcomes for the community require the collection and analysis of non-medical/dental data, such as interventions, care-seeking behavior and cultural competence (Institute of Medicine 2000 *America's Health Care Safety Net: Intact but Endangered*. Editors M.E. Lewin & S. Altman. Washington D.C., National Academy Press).
  - (6) Make policy recommendations
  - (7) The Oral Health Coalition is beginning some of these tasks
- Expansion of the Early Childhood Caries Prevention Project targeting the decrease in Early Childhood Caries
- Continue and increase support for Head Start and Early Head Start for Oral Health Screenings and prevention such as case management, fluoride application and dietary counseling relative to maintaining good oral health.
- Enhance existing and expand school-based dental programs that focus on children's preventive oral health and provide restorative dental care.
- Sealant programs targeting at risk children require continued support and expansion. Enhance and support care provided through mobile dental programs.
- Provide additional infrastructure to support existing and expansion for volunteer programs

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- providing dental care
- Provide additional infrastructure to support existing and expansion for FQHC, CHC, and other health centers with dental programs, including dental contracts and public private partnerships.
- Have state and local health departments and other organizations promote fluoride and caries prevention programs.
- Consider a single vendor for Medicaid reimbursements with care and thoughtfulness for Fee for Service Plan (FFS) versus a Capitation Plan (CAP), relative and appropriate fees for Medicaid reimbursement to ensure coverage of overhead costs for dental providers.
  - Work force development is needed; allied dental professional can perform many preventive and educational tasks
  - Leadership and advocacy is needed within the dental profession and allied healthcare professions
- According to the Oregon Dental Association (ODA), volunteer dentistry cannot solve the access and uninsured/ underinsured dental insurance issue; on average, each dentist has donated \$8000 in monies and/or "in kind services"; the ODA is creating a task force to investigate dentistry's role in Universal Health Care
- Implement solutions as identified in the *State and Community Models for Improving Access to Dental Care for the Underserved—A White Paper*, published by the American Dental Association in October 2004. Goals are to decrease barriers to access to dental care and increase dentists' participation in publicly funded programs, such as Medicaid
  - Distribution of Dentists:
  - Case Management:
  - Dental Administration:
  - Reimbursement Rates: Medicaid rates are at the 70<sup>th</sup> to 100<sup>th</sup> percentiles for many dental services. This translates to 35 percent to 60 percent of usual and customary fees of private practice dentists.



**Policy Considerations:** Policy must support oral healthcare. The following are some key considerations:

- Limit cost sharing and co-pays to decrease care seeking from Emergency Departments (Oregon Health Research & Evaluation Collaborative Nov 2005).

- Reconsider 6-month re-application period & streamline application process (Oregon Health Research & Evaluation Collaborative Jan 2006).
- Consider methods for cost-containment without compromising or limiting care (Oregon Health Research & Evaluation Collaborative Jan 2006).
- Consider pooled groups or other methods to provide coverage to families that cannot afford employer-sponsored insurance (Oregon Health Research & Evaluation Collaborative Jan 2006).
- Allow policy to be more flexible and permit the creation of existing safety net programs for dental safety net programs to "piggy-back" off existing organizations or create a subunit of an existing group already acting with the dental safety net
  - Dental coverage to Medicare is indicated. Medicaid provides some coverage via Title XXI and XIX dollars, and other programs. Medicare does not provide dental coverage except for trauma or cancer (Allukin & Horowitz 2006).
  - Promote collaborative efforts and policy to support it. Collaboration seeks to (1) decrease fragmentation of the Healthcare system, (2) limit competition for limited and shrinking resources, (3) decentralize authority and increase local authority, (4) decreasing boundaries between public and private systems, (5) gain support of programs and policies that merge programs that focus on

common projects (Local Delivery System Models Workgroup & M. Blankenship 2006)

- Gaps need identification. Felland *et al* (2004) studied the present gaps in the Medical Safety Net; however, similar gaps are also present in the Dental Safety Net and the Dental Care System. We must define the gaps, and then address the gaps with viable solutions. For illustration the following:

Supportive policy for total health is needed. Creation of easily accessible clinics is required as the population ages. Dentistry, the built environment and transportation has to collaborate. Better communication between the different medical disciplines, dental care providers and social services for patient centered treatment and culturally competent care is indicated.

*For further information and to view the final document please contact Athena Bettger, DMD, FAGD, CCHP, MPH Candidate at athenadmd@yahoo.com.*

## Oregon Public Health Association Committee Members 2007–2008

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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

Contact Editor:  
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**Portland, OR 97204**

## “Climate Change: Our Health in the Balance” Resources

Source: the American Public Health Association National Public Health Week Website at <http://www.nphw.org/nphw08/default.htm>

### Government

- ◆ Centers of Disease Control and Prevention: [www.cdc.gov/Features/ClimateChange](http://www.cdc.gov/Features/ClimateChange)
- ◆ Environmental Protection Agency (EPA): [www.epa.gov/climatechange](http://www.epa.gov/climatechange)
- ◆ U.S. Global Change Research Program: [www.usgcrp.gov/usgcrp/default.php](http://www.usgcrp.gov/usgcrp/default.php)

### Associations and Organizations

- ◆ Burn Calories, Not Carbon Pledge TM: [www.railstotrails.org/](http://www.railstotrails.org/)

### pledge

- ◆ Climate Institute: <http://climate.org/>
- ◆ National Association of County and City Health Officials: [www.naccho.org/topics/environmental/climatechange.cfm](http://www.naccho.org/topics/environmental/climatechange.cfm)
- ◆ Natural Resources Defense Council: [www.nrdc.org/globalWarming](http://www.nrdc.org/globalWarming)
- ◆ Pew Center on Global Climate Change: [www.pewclimate.org](http://www.pewclimate.org)

### International

- ◆ Health Canada: [www.hc-sc.gc.ca/ewh-semt/climat/index\\_e.html](http://www.hc-sc.gc.ca/ewh-semt/climat/index_e.html)
- ◆ International Panel on Climate Change (Al Gore's Group): <http://www.ipcc.ch>
- ◆ World Health Organization: [www.who.int/globalchange/en](http://www.who.int/globalchange/en)
- ◆ WHO World Health Day 2008 (April 7th 2008): [www.who.int/world-health-day/en](http://www.who.int/world-health-day/en)