



Oregon Public Health Association

Spring/Summer,
2009

The Probe

Spring/Summer, 2009

OPHA Public Health Advocacy in the 2009

During this 2009 Oregon legislative session, the Oregon Public Health Association has continued to advocate for public policies to improve the health of all Oregonians. Our efforts have been focused on bills that fall within five policy priorities: tobacco, obesity (including nutrition and physical activity), health care access, alcohol and substance abuse, and oral health.

In this session OPHA has endorsed 25 bills, all of which were reviewed by the OPHA Health Policy & Advocacy Committee and approved for endorsement by the OPHA Board of Directors. For more information on the endorsement process, visit <http://www.oregonpublichealth.org/commpolicy.html>.

OPHA members have advocated on behalf of proposed public health legislation by testifying at committee hearings, submitting written testimony, and sending action alerts to encourage members to write their legislators in support of OPHA-endorsed bills. This article will present updates on the OPHA-endorsed legislation.

Our first endorsed bill to pass both chambers of the legislature was **HB 2135**, to require landlords to disclose their smoking policies in rental

agreements. At the time of this writing, other tobacco control bills also appear likely to pass into law, including **HB 2136** to ban tobacco vending machines (except in areas where minors are prohibited), **HB 2358** to ban distribution of samples of all non-cigarette tobacco products, and **HB 2672** to increase the tax on non-cigarette tobacco products. **HB 2385** to prohibit smoking in cars while children are present has passed the House, and OPHA members and other advocates have been working hard to build the support needed for this to pass the Senate.

The fate of **HB 2122** to increase the tobacco tax may not be determined until the final days of the session. In addition to raising revenue for tobacco prevention and education programs, increasing the tobacco tax is an effective public health strategy to reduce the number of kids who smoke. **If you have not already contacted your legislators in support of HB 2122, please do so today. Find your legislators and their contact information at <http://www.leg.state.or.us/findlegsltr/>**

Within our obesity policy priority area, OPHA initially endorsed **HB 2726** to require nutrition menu labeling in

chain restaurants, but this endorsement was withdrawn due to the amendments added to pre-empt stronger ordinances within local jurisdictions. The bill has now passed both houses and awaits the Governor's signature as of this writing.

OPHA continues to support menu labeling in concept.

OPHA has endorsed **HB 2800**, the Farm to School Bill, and **SB 643**, to fund school-based physical education.

In the area of health care access, OPHA supports **HB 2009**, which among other things would create the Oregon Health Authority to monitor health and health care in the state. This legislation initially proposed to establish a provider (hospitals) tax to expand access to Oregon Health Plan for 100,000 adults and 80,000 children, but this element has been removed from HB 2009 into HB 2116. OPHA also supports HJR 18, which proposes an amendment to the Oregon Constitution to establish the obligation of the state to ensure equal access to effective, medically appropriate and affordable health care.

At the time of this writing, it's clear that some of our

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Open Adoption: An Alternate Path

When most pregnant and parenting teens think about adoption, a very negative image comes to mind. Many teens have friends who have traveled unwillingly down the adoption path within the state child welfare system. Their parental rights were terminated involuntarily, they did not choose the adoptive parents, and they likely had limited future contact with their child. But adoptions do not need to follow this adversarial route; there is a positive alternative.

At Open Adoption & Family Services (OA&FS), we have been working with DHS caseworkers to make a proactive open adoption alternate path available to teens. For most pregnant teens, parenting is their first choice. However, if parenting proves to be more difficult than they anticipated, they may need a back up plan. It is especially important for teens to have access to this option, since teens are twice as likely to have their child removed by the state as women who give birth in their 20's. If adoption is likely to be in their future, we believe they should have some choices about what that adoption will look like. Open adoption can provide them with a viable adoption path.

Open Adoption & Family Services is a non-profit agency licensed in OR and WA. In the past 23 years, we have placed over 1,000 children in open adoption families. We are a very unique agency in that we are pro-choice, not religiously-affiliated and welcome the LGBT community. All services are free of charge for pregnant and parenting women and their partners. OA&FS provides extensive, non-biased options counseling. In fact 80% of the women we provide counseling to, do not choose adoption. We simply con-

nect them with the resources they need. In addition, we are committed to including the father whenever possible, and offer services to birth grandparents as well. OA&FS also has materials available in Spanish and Spanish-speaking counselors available on staff.

If a teen decides to pursue an adoption, she will be empowered to create a plan that reflects her adoption vision. She will review thorough, 20 page information packets on each of the families she's interested in. We have 45-65 families available that have been very carefully screened by the agency. She then selects a family she feels a connection with and would like to meet. As they build their relationship, we provide our expertise, guidance and support. Together the teen and the family create a legally binding contract for ongoing visits. The goal is for them to develop a comfortable, natural friendship. Together, they discuss the birth plan at the hospital, naming the baby and creating an entrustment ceremony. After the placement, the visits begin. Through the visits, the teen can watch her child grow and be a part of his life. This gives her the peace of mind that she needs to feel resolved about her decision.

Melissa was 16 when she found out she was pregnant. Here's what she had to say about her experience:

What do you think teens think about adoption?

Teens have no idea what adoption is like. Some kids at school say "I can't believe you gave your baby away." I tell them adoption has changed, it's a good thing. I chose my baby's parents and I see him all the time. I've seen him every month or so since he was born. I call the adoptive parents whenever I need to and see how he's doing.



How did you come to your adoption decision?

I wanted to keep my baby at first, then my mom told me about open adoption and we found Open Adoption & Family Services. They did the kind of open adoptions I wanted. I felt really comfortable with my counselor. I found the perfect family; I knew it right away, even before I met them.

Why did you like them?

They had the same holiday traditions as my family. The adoptive dad, Dave, is a really involved dad and the adoptive mom, Patrice, is into scrap booking and takes pictures all the time. I knew I'd always see him growing, even if I wasn't right there watching him.

Have you gotten ongoing support from the agency?

They've been great. I can still have counseling with my adoption counselor whenever I want. She introduced me to other birth moms and that's been really helpful. My mom has also been supportive. She fell in love with the adoptive parents too. They've become like a second family.

What would you say to a teen considering adoption?

National Public Health Week 2009 at Western States Chiropractic College

In recognition of National Public Health Week 2009, Western States Chiropractic College hosted some events organized by the Oregon Public Health Association Chiropractic Section. The WSCC Business Club co-sponsored the events. On Wednesday, April 8 there was a panel discussion titled "What is Public Health and How Can It Help My Practice?" Mitch Haas, DC, Dean of Research at Western States, started the discussion with an overview and history of chiropractic's involvement in the American Public Health Association. Sean Herrin, DC, Assistant Professor at Western States and Chair of the Chiropractic Section of the Oregon Public Health Association, moderated the discussion as well as participated in it by giving examples of the types of health promotion and wellness services that can



Open Adoption, cont.

I'd tell her my story. I'd say that adoption has changed. Now you can choose your child's parents, see your child as he grows and be a part of his life.

Many professionals who work with pregnant and parenting teens believe that teens don't plan adoptions. But of the 13,000-14,000 females who voluntarily plan adoptions across the country each year, 25% of them are teens. When teens are empowered with choices, access to information and the tools

be incorporated into a chiropractor's business. David Corll, DC, Western States graduate and the Chair of the Peer Review Committee for the Oregon Board of Chiropractic Examiners gave students some insight about how to bill for health promotion services. Dr. Corll has a private practice in Wilsonville, OR. Students had many questions, especially about the billing aspect, and invited Dr. Corll to come back for follow-up discussions through the Business Club.

On Thursday, April 9, Ann Goldeen, DC, a Western States graduate who has a private practice

in Astoria, Oregon, spoke about her very popular and successful weight loss program that she provides for her patients and other members of her community. She demonstrated to the students exactly what worked and what didn't in terms of providing weight loss counseling to her patients over the past 25 years. The students got some insight into how her 12-week, small group program was initiated and how it has flourished and garnered interest over the years. Students also got some tips on where to find good information about obesity and the health issues that are associated with it.

On Friday, April 10 a group activity "Walk for the Health of It" wrapped up the week's events with a 30-minute brisk walk around the neighborhood surrounding Western States Chiropractic College.

Professional Networking

**OPHA is now
"Linkedin".**

**Join our group at
www.Linkedin.com**

**Submit news events,
post topics for discussion,
available jobs, and
network with your colleagues.**

to have a life-long relationship with their child and the adoptive parents, adoption becomes a viable option.

If

If you or your staff would like a presentation or materials from Open Adoption & Family Services, please call us at 1.800.772.1115 or email us at info@openadopt.org.

Feel free to check out our website at www.openadopt.org.

**QUARTERLY NEWSLETTER OF THE OREGON
PUBLIC HEALTH ASSOCIATION**

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SAVE THESE DATES!

**Oregon Public Health Association
65th Annual Meeting and Conference**

October 26 - 28, 2009

LaSells Stewart Center, OSU Campus, Corvallis,
Oregon

Join your public health colleagues on October 26 -
28, 2009 in Corvallis for the 65th Annual OPHA
Meeting and Conference. Participate in shaping the
future of public health in Oregon.

**Policy Guidelines for Information Articles and
Editorials**

The Probe is an instrument of the Oregon Public Health Association and its purpose is to support OPHA issues and positions. Letters to the editors and articles expressing an individual's opinion are welcome; however, it will be noted that those opinions are those of the writer, not necessarily OPHA. Publication of all submitted letters, articles, and announcements will be determined by the editorial board which consists of the Probe Editor, Newsletter Manager, and Communications Committee Chair.

Information articles provided to The Probe will not necessarily be reproduced in their entirety. Articles should be submitted as ready for printing; editors will not normally write articles based on material provided to them. All articles will be further edited and proof-read. If there are concerns about the appropriateness of an article or other materials for publication, the editorial board will review the materials with the Communications Committee. If a question remains about the publication of specific content, the President shall make the final determination.

Send notice of your events to: Jana Peterson at: peterjan@ohsu.edu

**Wanted: Newsletter
Manager**

The Oregon Public Health Association is seeking an eager volunteer to assist in production of the Association's newsletter four times per year. Duties of the Manager include working with the Newsletter Editor, receiving final versions of edited material. The Manager will do the page layout, desktop publishing, graphic design, and final proofing, for the Association's electronic newsletter.

Preference will be given to an individual who is an OPHA member. Skills in the above are desired, however a willingness to learn desktop publishing and stay active with the Association are welcome. This is an excellent opportunity to increase your skills in the publishing and editing arenas.

For more information about the position, or to apply, contact Lesa Dixon-Gray at leisl103@yahoo.com

Does your household have at least a 3-day supply of fresh drinking water (1 gallon per person per day including water for any pets)?

Do you have an emergency response kit that includes first aid items, a flashlight, batteries, matches, a utility knife, a battery-operated radio, a blanket, latex gloves and extra clothing?

Do you know your community's emergency plan and where to get timely information?

Do you or your community need to *Get Ready* – get better prepared for an emergency event?

The American Public Health Association has developed the *Get Ready!* Campaign to promote preparedness nation-wide. The campaign provides information, resources and tools so that all Americans are more prepared for an influenza epidemic, outbreak of an emerging infectious disease, or another hazardous disaster.

APHA Mantra: *Get Ready!*

as *Get Ready! Day* and wants to support their local affiliates in spreading the word. The campaign date aligns with OPHA is seeking volunteers to serve on a committee to begin the planning for *Get Ready! Day*. Participants may choose to use APHA's ideas regarding the campaign, or develop some of their own. The APHA *Get Ready!* website is: www.getreadyforflu.org.

For specific information regarding volunteering for OPHA's *Get Ready!* Campaign, contact Mary Peaslee at exdirector@oregonpublichealth.org

The APHA has identified September 15th

Public Health and Transportation

Traffic Exhaust Harms Babies and Children

Several recent studies have honed in on the impacts of traffic-related air pollution on our youngsters -- in utero, during the first year of life and into childhood. Researchers in Vancouver, British Columbia found evidence to suggest that close proximity to major roads leads to a 22% greater likelihood of low full-term birth weight.¹ A study in New York City indicates there may be a link between exposure to compounds in traffic fumes and 'reprogramming' of a gene associated with asthma symptoms.² A study conducted in Stockholm found that children exposed during their first year of life to high concentrations of traffic pollution ran a 60% higher risk of suffering of persistent asthma symptoms.³ Respiratory function was also

adversely affected, and the children were much more likely to be allergic to pollen and other airborne allergens. Another study, conducted in Mexico City, found that asthmatic children living in areas with high levels of traffic more often experienced worsening of asthma symptoms and greater use of medication.⁴

Cleaner Air = Healthier Hearts

Studies from across the world have consistently shown that air pollution can harm heart health. Common air pollutants, including particulate matter, oxides of nitrogen, ozone, sulfur dioxide, carbon monoxide and lead, are associated with increased hospitalization and mortality due to cardiovascular disease, especially in people with congestive heart failure, frequent arrhythmias, or both.

A recent study found that people who have had a heart attack are likely to report having been in traffic shortly before

their symptoms began. Whether in a car, on a bus or on a bicycle, exposure to traffic was associated with a risk of heart attack 3.2 times higher than for those not exposed to this trigger. Contributing factors are likely to include not only pollution generated by cars and trucks, but also the stress associated with being in traffic.⁵

Another recent study found that people who live near heavy traffic are more likely to develop atherosclerosis, or hardening of the arteries, which can boost the risk of heart disease. Compared with people who lived more than 642 feet from major traffic, the risk of coronary artery calcification was 63% higher for people living within 160 feet of heavy traffic, 34% higher for those who were between 164 to 328 feet away, and 8% higher for those living 328 to 642 feet away.⁶

Oregon Public Health Division Launches New Environmental Health Tool

The Office of Environmental Public Health is pleased to announce the launch of the Environmental Public Health Tracking (EPHT) network. The Oregon EPHT network is a new web-based tool that brings together data and information about environmental hazards, exposures and health outcomes. Oregon is part of a larger national network of partners, including the Centers for Disease Control and Prevention (CDC), sixteen other states, four academic centers and one city, which is building this network to close the gap in what we know about the environment's impact on health. This network is the first of its kind in the United States. Despite mounting evidence of the effects of pollutants in our air, water, soil and food, a national environmental health surveillance system did not previously exist.

Currently, the network contains information about air and water quality, childhood blood lead levels, asthma and heart attack hospitalizations and vital statistics. EPHT users can access data

and information through the program's website in two ways-- either by viewing environmental health information in reports and fact sheets, or by querying and downloading the data.

The Oregon EPHT program will grow over time based on the environmental health priorities and concerns of Oregonians. In 2009, EPHT hopes to expand the current system to include web-based mapping and data based on *indicators*, which provide information about a population's health status with respect to environmental factors when clear measurable links are not available. Plans are underway to develop built environment indicators, explore cancer data and to assess potential health effects of changes in air quality. EPHT is also partnering with a new Health Impact Assessment initiative also within the Office of Environmental Public Health that will promote the use of data to predict the future health impacts of project and policy proposals.

The goal of the EPHT network is to provide Oregonians with information that will help them make more informed decisions that will improve public health around the state. With the help of the new network and tools, citizens can begin to look at the unique issues facing their communities, researchers can use the data to generate new questions, public and environmental health professionals can improve their services and practices, the health care community can enhance patient care, and policy makers can make more informed decisions.

For more information, please visit the Oregon EPHT network website: www.healthoregon.org/epht, or contact Nancy Goff, Outreach and Education Coordinator, at nancy.m.goff@state.or.us.

Public Health and Transportation (Cont)

traffic, 34% higher for those who were between 164 to 328 feet away, and 8% higher for those living 328 to 642 feet away.⁶

Speak Up for Cleaner Air

The studies above add to the growing body of evidence that traffic pollution is a public health threat that must be addressed. During the 2009 legislative session, Oregon lawmakers hope to pass major transportation legislation. Key to ensuring less air pollution from our transportation system is a bigger investment in mass transit, as well as a stronger emphasis on community-level transportation and land use planning so that people find it easier to walk and bicycle to the places they need to go. Better community planning will not only reduce the air pollution generated when residents drive, but also help people keep extra pounds off by getting more exercise in their daily lives.

You can help ensure that transportation legislation passed this session protects human health by contacting your state senator and representative today.

Additional Resources

[American Heart Association Scientific](#)

[Statement on Air Pollution and Cardiovascular Disease:](#)

1. M Brauer, et al. "A cohort study of traffic-related air pollution impacts on birth outcomes." *Environmental Health Perspectives* Volume 116, Number 5 (May 2008). <http://www.ehponline.org/members/2008/10952/10952.html> Erratum in *Environmental Health Perspectives* Volume 116, Number 12 (December 2008). <http://www.ehponline.org/members/2008/10952/errata.html>

2. F Perera, et al. "Relation of DNA methylation of 5'-CpG island of ACSL3 to transplacental exposure to airborne polycyclic aromatic hydrocarbons and childhood asthma." *PLoS ONE* Volume 4, Issue 2 (February 2009). <http://www.plosone.org/article/info:doi/10.1371/journal.pone.0004488>

3. Karolinska Institutet. "Traffic Exhaust Can Cause Asthma, Allergies And Impaired Respiratory Function In Children." *ScienceDaily* (April 10, 2008). <http://www.sciencedaily.com/releases/2008/04/080409114631.htm>

4. BioMed Central/Respiratory Re-

search. "Traffic Pollution Worsens Symptoms In Asthmatic Children." *ScienceDaily* (November 17, 2008). <http://www.sciencedaily.com/releases/2008/11/081114081003.htm>

5. Review of research by A Peters, et al, "Times spent in traffic and the onset of myocardial infarction," discussed at American Heart Association's March 2009 Conference on Cardiovascular Disease Epidemiology and Prevention. *ScienceDaily* (March 14, 2009)

6. B Hoffman, et al. Heinz Nixdorf Recall Study Investigative Group. "Residential exposure to traffic is associated with coronary atherosclerosis." *Circulation* Volume 116, Issue 5 (July 2007). <http://www.ncbi.nlm.nih.gov/pubmed/17638927>

Chris Hagerbaumer is the Deputy Director of the Oregon Environmental Council.

The Look of OPHA

OPHA's look is changing, and your input can help to guide where we want to go, and how to get there.

In the coming weeks, the look of the OPHA website will be changing. We'll keep the same address, but as part of our developing association, we're re-tooling, re-branding, and revising. Keep your eyes open and keep checking back to view the changes.

We would appreciate some eagle eyes to assist in providing feedback regarding the new changes. Let us know how easy (or how hard) it is to navigate our website. Tell us what you think of both the content and style.

But best of all, we think you'll like the new look for its ease in renewing your membership and registering for October's conference.

www.oregonpublichealth.org

Giving Families Time to Care

OPHA has joined legislators, health professionals, businesses, religious leaders, seniors and parents in support of Oregon Senate Bill 966, which would create an Oregon Family Leave Insurance plan. The plan would give employees up to six weeks of paid leave to care for a new child or ill family member. Oregon Family Leave Insurance would cover all employees who are eligible under the current Oregon family leave law, meaning they work for a firm with 25 or more employees. Smaller employers could opt into this insurance so they could offer this same benefit to their employees as well.

The insurance benefit would be funded through a two-cent-per hour payroll deduction from employee salaries. This contribution of about \$42 a year would enable workers to be eligible for \$300 per week for six weeks, or \$1800 in one year. The Bureau of Labor and Industries would administer and enforce the benefit.

OPHA supports Family Leave Insurance because it is a cost-effective way to promote health and will especially benefit low-income families who are most at risk for poor health outcomes. Many working families experience day-to-day struggles to make ends meet. When a new baby arrives or a medical crisis strikes, many workers can not afford to take the unpaid leave they are entitled to under the federal Family Medical Leave Act (FMLA) and Oregon law. In fact, one national analysis found that 77 percent of employees who needed leave but decided not to take it made that decision for financial reason. Eighty eight (88) percent of this group said they would have taken leave had some wage replacement been available.

A developing young child in particular is at risk when a parent is forced to put work ahead of caring for him or her. Access to parental leave has been found to reduce child mortality, particularly when the leave is paid and provides job-protection benefits. Allowing for longer periods of leave

post-birth can contribute to healthy child development; babies whose mothers return to work within six weeks of child birth are less likely to be breast-fed and less likely to be up-to-date on their immunizations. Mothers who return to work full-time shortly after giving birth are also less likely to take their children to the pediatrician for regular check-ups. Finally, more time for parents allows for the formation of bonds between parents and children, fostering positive emotional development of children.

On Wednesday, April 8th, 2009, supporters of SB966, including OPHA, packed a hearing room at the state capitol in Salem to advocate for passage of the bill before the Senate Committee on Commerce and Workforce Development. The committee heard from many who could have avoided financial hardship if they had paid family leave available during the serious illness of a family member or when they welcomed a new child. They also heard from health care professionals about the importance of family care and businesses who would like to offer Oregon Family Leave Insurance to their employees.

Legislators passed the bill out of the Committee on Commerce and Workforce Development, and it now moves to the Ways and Means Committee.

For more information about SB966 and updates on the advocacy effort behind it, see: <http://oregonpaidfamilyleave.org/>.

Ruhm, Christopher J. 2000. Parental Leave and Child Health. *Journal of Health Economics* 19 (6): 931-960.
Tanaka, S. 2005. Parental Leave and Child Health Across OECD Countries. *Economic Journal* 115(501): 7-28.
Berger, Lawrence M.; Hill, Jennifer;

Waldfoegel, Jane. 2005. Maternity Leave, Early Maternal Employment and Child Health and Development in the U.S. *The Economic Journal* 115 (501): F29-F27.

Request for Proposals: 65th Annual Meeting and Conference

**LaSells Stewart Center, OSU Campus
Corvallis, Oregon**

Join your public health colleagues October 26 and 27, 2009 in Corvallis for the 65th Annual OPHA Meeting and Conference. These will be exciting and stimulating days of education, networking, and shaping the future of public health in Oregon. Abstracts are now being accepted for oral presentations as well as posters. Abstracts addressing all public health topics are welcome. We plan, however, to have a dedicated track on issue of food & public health and are particularly interested in presentations focused on obesity, diabetes, food security, disparities, prenatal nutrition, and other related topics. Abstracts will be peer reviewed and accepted on the basis of the following criteria:

Clarity and quality
Usefulness of the topic to public health professionals

To submit a proposal, download the form at www.oregonpublichealth.org. Remember, all submissions must include learning objectives. The form must be submitted electronically to Nancy Creel at nancy.creel@oregonstate.edu.

The deadline to submit an abstract for the Annual Meeting and Conference is Friday, July 31, 2009. All submitters will be notified by August 28, 2009.

For questions contact:

Charlie Fautin: cfautin@hotmail.com, (541) 766-6840 or

Marie Harvey: marie.harvey@oregonstate.edu, (541) 737-3824

Registration for Presenters: You do not need to be an OPHA member to present at the OPHA Annual Conference.

Presenters are required to register for the conference.

The Way I See It: A Teenage Perspective on Public Health

With this photo contest, we asked teenage students to look at different ways to show health, public health and healthy (or unhealthy) communities. Using their camera lens, students demonstrated what they believe makes a healthy/unhealthy community.

We received over 100 photos from students living in cities and towns all across Oregon. We are proud to present these pictures, all of which show a “student perspective on health.” All of us involved in the contest were impressed by how much these young people understood, and artistically demonstrated, how their communities and environments can lead them to healthy — or unhealthy — choices. To view all photo entries, please visit: <http://www.flickr.com/photos/36876318@N05/sets/72157616225785708/>

The student photo contest was on display during public health week and was also featured in the Oregonian on April 26th, to promote healthy schools. In

addition, all images were on display during Portland’s First Thursday Event at the Northwest Resource Federal Credit Union. Students were invited to an awards ceremony at the credit union where the top prize winners received their awards. While at the event, the top prize winners (pictured below) spoke with the Northwest Health Foundation’s Director of Public Affairs Chris Palemdo about “the way *they* see it”. To access these interviews, please visit: www.communityhealthpriorities.org.

This photo contest was made possible by the collaborative efforts of OPHA, DHS and Community Health Priorities (CHP), a project of the Northwest Health Foundation.



(Pictured from left to right:

First place - Alexis Gomez, 16 for *Confidence*

Second place - Banlin Garcia, 16 for *Are You My Mother?*

Third place - Vishnu Rajan, 18 for *Demonstration of a Lost Mind*)

OPHA Public Health Advocacy (Cont)

endorsed bills will not make it into law this session. One of the first such bills to die in committee was **HB 2461**, which would have increased the tax on malt beverages and used these funds for human service programs for substance abuse prevention and treatment. The outcome was better for the other bill OPHA endorsed within our alcohol and substance abuse priority areas: **SB 227**, to increase the penalty for providing alcohol to minors, passed unanimously in both the House and the Senate.

In the area of oral health, OPHA opposes eliminating dental coverage from the Oregon Health Plan. We endorsed **HB 3156** to require fluoridation, but this bill did not move out of committee.

OPHA has endorsed other legislation suggested by Policy Committee members and our public health partners, including the **Children’s Safe Products Legislation (HB 2367 and HB 2792)**, which would have implemented strategies to reduce toxic exposure to children. Both bills died in committee. Of the four bills endorsed as part of the **Oregon Healthy Schools Legislation, SB 668** (green cleaning products requirement) and **HB 3357** (green building) did not move out of committee. **SB 637** to require Integrated Pest Management techniques in and around schools and **HB 2795** related to cleaning up diesel school buses have each passed their initial chamber of the legislature at the time of this writing. OPHA also supports **HB 2186**, to reduce greenhouse gas emissions.

SB 598 – the “Oregon Drug Takeback Bill” to require drug manufactures to set up a system for collecting and disposing of unwanted and unused drugs – died in committee. **HB 3022** has passed both chambers; this legislation will allow nursing and pharmacy boards to enable providers to give treatment for gonorrhea and Chlamydia to a patient to deliver to a partner (who would not otherwise receive treatment). OPHA also endorsed **SB 460**, to establish a birth anomaly registry in Oregon, and **HB 3160**, to

Public Health Focuses on H1N1

Public health and health care entities throughout Oregon recently took swift action to investigate potential cases and provide public information to help curb the spread of the new H1N1 influenza A virus in Oregon.

Influenza illness, including illness associated with the novel influenza H1N1 virus is ongoing in Oregon and most other states in the U.S. Increased surveillance has revealed flu activity well beyond what is normally considered flu season, which typically peaks in the winter months.

Localized outbreaks of novel H1N1 are ongoing in several states, including Oregon. Of the cases identified in Oregon, approximately 40 percent are novel H1N1, with the remaining 60 percent a mixture of previously circulating sub-types of influenzas A and B.

Although there have been a number of deaths in the U.S., in general, novel H1N1 appears to be similar in severity to typical seasonal influenza, which kills an estimated 36,000 people annually.

Like other influenza illness, this new strain of flu spreads from person to person through coughing or sneezing by people who are sick. So far, more than 60 percent of novel H1N1 confirmed and probable cases have been in people between the ages of 5 years and 24 years old.

Infections with any type of flu can be severe. As with seasonal flu, pregnancy and other previously recognized medi-

cal conditions appear to be associated with increased risk of complications from this novel H1N1 virus. Seventy-one percent of hospitalized patients have had underlying chronic medical conditions.

Current case counts, numbers of fatalities and other information regarding novel H1N1 influenza change rapidly. For the latest information in Oregon, visit: <http://www.flu.oregon.gov>. For the latest information in the U.S., visit: <http://www.cdc.gov/h1n1flu>.

At any given point, the number of confirmed cases is thought to represent a small proportion of the total number of people who have been infected with the novel H1N1 virus. This is because many people ill with influenza-like symptoms do not seek medical care, and those who do seek medical care may or may not be tested for influenza.

The symptoms of novel H1N1 flu are similar to the symptoms of regular seasonal flu and may cause a worsening of underlying chronic medical conditions. Symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting.

Prevention

There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza:

Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.

Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.

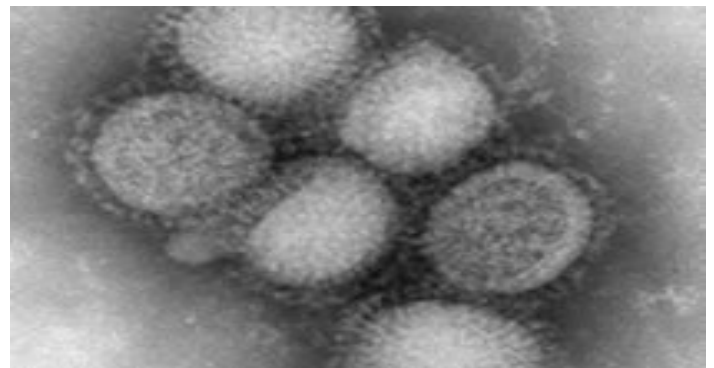
Try to avoid close contact with sick people.

Always stay home from work or school when you're sick, and limit contact with others to keep them from getting sick.

Avoid touching your eyes, nose or mouth.

There is no vaccine available right now to protect against this new strain of influenza, however, the CDC is working to make a candidate vaccine virus that can be provided to industry so that manufacturers can scale up for production of a vaccine, if necessary.

Based on the recent response, state and local health officials in Oregon are using lessons learned to gear up for a potential resurgence of novel H1N1 this fall and winter. Current activities include developing and implementing strategies to slow the spread of illness in communities and to help maintain essential services at DHS and other state agencies if infections from influenza become more frequent.





Oregon Public
Health Association

Save the date!



Photo by Grace Williams, Age 13

Oregon Public Health Association 65th Annual Meeting and Conference

October 26-27, 2009

LaSells Steward Center
Oregon State University
Corvallis, Oregon

Coming soon:

Registration will be available online at

www.oregonpublichealth.org

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Transportation (Cont.)

traffic, 34% higher for those who were between 164 to 328 feet away, and 8% higher for those living 328 to 642 feet away.⁶

Speak Up for Cleaner Air

The studies above add to the growing body of evidence that traffic pollution is a public health threat that must be addressed. During the 2009 legislative session, Oregon lawmakers hope to pass major transportation legislation. Key to ensuring less air pollution from our transportation system is a bigger investment in mass transit, as well as a stronger emphasis on community-level transportation and land use planning so that people find it easier to walk and bicycle to the places they need to go. Better community planning will not only reduce the air pollution generated when residents drive, but also help people keep extra pounds off by getting more exercise in their daily lives.

You can help ensure that transportation legislation passed this session protects human health by contacting your state senator and representative today.

Additional Resources

[American Heart Association Scientific Statement on Air Pollution and Cardiovascular Disease:](#)

1. M Brauer, et al. "A cohort study of traffic-related air pollution impacts on birth outcomes." *Environmental Health Perspectives* Volume 116, Number 5 (May 2008). <http://www.ehponline.org/members/2008/10952/10952.html> Erratum in *Environmental Health Perspectives* Volume 116,

Number 12 (December 2008). <http://www.ehponline.org/members/2008/10952/errata.html>

2. F Perera, et al. "Relation of DNA methylation of 5'-CpG island of ACSL3 to transplacental exposure to airborne polycyclic aromatic hydrocarbons and childhood asthma." *PLoS ONE* Volume 4, Issue 2 (February 2009). <http://www.plosone.org/article/info:doi/10.1371/journal.pone.0004488>

3. Karolinska Institutet. "Traffic Exhaust Can Cause Asthma, Allergies And Impaired Respiratory Function In Children." *Science Daily* (April 10, 2008). <http://www.sciencedaily.com/releases/2008/04/080409114631.htm>

4. BioMed Central/Respiratory Research. "Traffic Pollution Worsens Symptoms In Asthmatic Children." *Science Daily* (November 17, 2008). <http://www.sciencedaily.com/releases/2008/11/081114081003.htm>

5. Review of research by A Peters, et al, "Times spent in traffic and the onset of myocardial infarction," discussed at American Heart Association's March 2009 Conference on Cardiovascular Disease Epidemiology and Prevention. *Science Daily* (March 14, 2009)

6. B Hoffman, et al. Heinz Nixdorf Recall Study Investigative Group. "Residential exposure to traffic is associated with coronary atherosclerosis." *Circulation* Volume 116, Issue 5 (July 2007). <http://www.ncbi.nlm.nih.gov/pubmed/17638927>



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You receive one **section affiliation** with your membership.*
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*If you would like to join more than one section, please include an additional \$10 per additional section.

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Oregon tobacco use drops to lowest level in recent years

The Oregon Tobacco Prevention and Education Program (TPEP) has released a new report that reveals Oregonians are smoking fewer cigarettes than at any other time in recent years. The data in TPEP's 2009 Tobacco Facts and Laws report show that in the past year, the number of packs of cigarettes consumed per capita dropped from 54.9 to 49.8, or by 5.1 packs. That is the lowest number since the TPEP program began in 1996, when annual consumption of cigarettes was 92 packs per capita.

The full report can be found at <http://oregon.gov/DHS/ph/tobacco/pubs.shtml>.

"This is encouraging news, especially as the state is dealing with a new strain of seasonal flu," says Dr. Mel Kohn, head of the Public Health Division for Oregon. "Smokers are much more vulnerable to the H1N1 swine flu and all other forms of influenza. The wise investments we have made in tobacco prevention are going to help keep people safer.

"Despite our success, however, 17 percent of Oregonians still use tobacco," Kohn says. "Every day 48 Oregon children smoke their first cigarette. A total of 22 percent of all Oregon deaths are attributable to tobacco use. There is still work to be done to reduce tobacco use and keep Oregonians healthy."

Report Highlights

A success story is the increase in the number of households with a rule prohibiting smoking in the house. Eighty-nine percent of Oregonians say that no one is allowed to smoke anywhere inside their home. Ninety-two percent say that no one smoked in their home in the past 30 days.

"With the passage of the Smokefree Workplace Law, which prohibits smoking in almost all workplaces in Oregon, the main point of exposure to the toxins in secondhand smoke is in the home," Kohn says. "This finding shows that Oregonians understand the danger of secondhand smoke and are taking important steps to reduce exposure. Since secondhand smoke is a factor in many children's illnesses

including upper respiratory disease, asthma and SIDS, a rule prohibiting smoking in 89 percent of Oregon households is very good news." Also included in the report are data indicating that 80 percent of smokers in Oregon want to quit and 51 percent quit for one day or longer in an attempt to quit. In fiscal 2008, more than 6,200 smokers in Oregon called the Oregon Tobacco Quit Line at 1-800-QUIT-NOW for help to quit. "The Oregon Tobacco Quit Line is an excellent service that TPEP offers to Oregon's smokers," Kohn says. "Due to funding considerations, we are able to provide this assistance to only a fraction of the smokers in Oregon who want to quit." The Oregon Tobacco Quit Line is an evidence-based telephone coaching program that helps smokers develop a quit plan, identify triggers and refers them to available resources.

Tobacco's Toll on Oregon

While tobacco use rates have dropped in recent years, tobacco continues to take a tremendous toll on Oregonians.

- Fewer than half a million Oregon adults smoke cigarettes, or 17 percent of the population.
- 111,848 Oregonians use smokeless tobacco.
- 22 percent of all Oregon deaths are attributable to tobacco use.
- Oregonians are three times more likely to die from tobacco-related causes than from alcohol, motor vehicle accidents, firearms and illicit use of drugs combined.
- Tobacco use costs Oregonians more than \$2.2 billion annually in direct medical costs and lost productivity due to early death.



OPHA Public Health Advocacy (Cont)

create Family Leave Insurance.

Thanks to all of you who have taken the time to write or call your legislators to ask their support for public health legislation – together we are making a difference for Oregon's public health.

To learn more about the bills mentioned in this article and their path through the legislative process, go to <http://www.leg.state.or.us/searchmeas.html>. To learn more about OPHA public health advocacy activities and how you can get involved, please contact Andrew Epstein, OPHA Health Policy and Advocacy Committee chair, andrewdepstein@hotmail.com.