

THE ADVOCATE

WORKING TOGETHER TO MAKE HEALTH HAPPEN.



Oregon Public Health Association

WINTER 2010/11

Join us at the State Capitol on February 4!



The Adolescent Health Section and the OPHA Policy and Advocacy Committee are co-sponsoring the **OPHA Public Health Legislative Visit Day** on Friday, February 4,

2011 at the State Capitol in Salem. OPHA members will be joined by community partners, students, youth groups, and others interested in public health advocacy.

The event seeks to increase support among legislators for the passage of good public health legislation. Participants will have the opportunity to talk with legislators and their staffs, advocate for public health, and learn about the Oregon legislative process.

Participants are encouraged to make appointments with their own senators and representatives for this day. It is easy to obtain legislators' contact information at www.leg.state.or.us/findlegsltr. Talking points and information about OPHA's legislative priorities will be provided.

Contact for or more information:

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OPHA is on Facebook!

[Like us today](#)

SPEAK UP FOR PUBLIC HEALTH!



For Public Employees: Being an Advocate from the Inside

Prepared by Nancy Amidei for the Civic Engagement Project - A joint project of the University of Washington School of Social Work and OMB Watch

Here are five things to think about with respect to your role as advocates.

1. Advocacy and lobbying are not the same:

Advocacy: Speaking up; to plead a cause, make the case for another.

Lobbying: Attempts to influence decisions of legislators about a pending piece of legislation. (Note: discussing an issue does not = lobbying.)

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Much of what you are likely to do is advocacy, not lobbying, and you can advocate for people, programs, and issues you care about.

2. The Legislative process is set up to answer three questions:

- Is bill a good idea? (Answered in Policy Committees)
- Is bill a good use for tax dollars? (Answered in Appropriations, Ways and Means Committees)
- Is bill able to win support of 51% of voters? (Answered on House and Senate floors)

You can help provide information to determine the answers to all three. It's part of the job.

3. Along the way, you can help with:

- Background/history
- Statistics (collect and interpret)
- Budget estimates
- What changes in laws would mean
- Telling the stories
- Forming positions and educating legislators
- Educating the public
- Helping others who do all these

4. Some possibilities:

- Can join groups or coalitions as “informational members” (unlisted).
- Can influence unions as to their positions; participate through unions.
- Can exert influence through membership on faith community committees or as part of professional organizations.
- Can encourage family members to play active roles.
- Can participate in local, state, or national advocacy groups.
- Can serve on Non-profit agency boards.

PLUS: Can do a lot on your own time: can lobby, be part of telephone and/or letter trees.



5. You can help advocate in still more ways:

- Can aid in issue campaigns, provide reports, statistics, etc.
- Can explain regulations and how they are developed.
- Can help others understand the process as well as specific bills/policies.
- Can be accessible to advocates - helps you reflect their views accurately.
- Can help organize retirees - they can talk about things current employees can't.
- Can attend lobby days - just be sure to take the day off if you plan to lobby.
- Can speak at classes, congregations, PTAs, other community groups.

Use careful communication:

You can NOT abuse your role; you can NOT speak for your agency unless that is your assigned job; you must NOT trade on your position as an agency employee when lobbying as a private citizen. You can NOT use public resources (e.g., computer, salaried time, copy machine) to lobby.

But you do not lose your rights as a citizen: you can speak up on your own time, using your own resources, in your own personal style. And you DO have the right to help others be effective advocates for themselves, their families, their communities, and programs that help them.

President's Corner

“Medical home.” “Health care home.” Terms we hear more frequently as medical providers develop a broader range of patient services and partnerships, giving greater consideration to family, diet, lifestyle etc. To this approach we in public health should be giving our full support and sounding a mighty “HURRAH!”

Why is the rest of society just catching on to what public health has long known? Why are they barely figuring out that complex causal interactions exist between health status and behavior, socio-economics, environment, medicine and more? Part of the answer may be because we tend to speak and write the sort of gibberish in the previous sentence!

Robert Wood Johnson Foundation has a report that begins to illuminate why our beloved health determinants too often fail to resonate with voters and decision-makers. *A New Way to Talk About the Social Determinants of Health* provides some direction toward more effective public health advocacy.

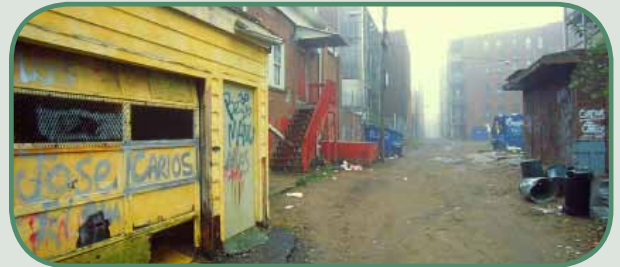
There is good news for public health: Americans do see health as much more than what happens in doctors' offices. They know that health depends upon where they live, learn, work and play. Well-crafted public health messages can resonate strongly across demographic, political and educational divides.

We in public health know that **real** health homes are houses, apartments, tents and bridges - where they're located, who lives in them, whether they smoke, the water that comes out of the tap, and what's in the refrigerator and cupboard. We know that **real** health homes are fast-food joints that supersize everything and the convenience stores located where the neighborhood grocery should be. We know that **real** health

homes are schools, what they serve for lunch and how much physical activity kids get there. Those are the stories we need to learn to tell.

See the RWJF report at:

www.rwjf.org/files/research/vpmessageguide20101029.pdf



Amor Y Salud: A Campaign for Oregon Latinas Submitted by Lesa Dixon-Gray



Amor y Salud is a preconception health campaign for Latinas developed by the Office of Family Health. The campaign includes a radionovela, and has humor, suspense, and characters that are familiar enough so people can relate and see themselves in similar situations. By using edu-tainment we are striving to educate about the issue as well as entertain the audience.

The [campaign website](http://www.amorysalud.oregon.gov) (www.amorysalud.oregon.gov) includes information for Latinas, and has pages on [Facebook](https://www.facebook.com/amorysalud) (www.facebook.com/amorysalud) and [MySpace](https://www.myspace.com/amorysaludoregon) (www.myspace.com/amorysaludoregon).

We also have a [website](http://www.oregon.gov/DHS/ph/phch) (www.oregon.gov/DHS/ph/phch) for health care providers, that includes:

1. A powerpoint presentation to share with colleagues about Amor y Salud and preconception health issues among Latinas.
2. Resources such as medical references, professional education modules, and Latina-specific resources.

Please visit our websites and encourage your Latina clients to join our Facebook and MySpace pages!

Upcoming Events

Get the most current listing on the OPHA [Events Web page](#).



Date: Thursday, January 27, 2011, 4:00-6:00 p.m.

Event: Epidemiologists' Forum presents - The Importance of Injury Research for U.S. Veterans: from Prevention to Rehabilitation

Location: Portland State Office Building, 800 NE Oregon Street, Portland, OR 97232, Room 1C.

Details: Presentation by Kathleen F. Carlson, MS, PhD from the Portland Veterans Administration Medical Center. Kathleen Carlson is an injury epidemiologist and health services researcher examining the interplay between physical and psychological trauma among U.S. military veterans. Using a public health framework, she will: (1) describe the burden of intentional and unintentional injury among veterans and (2) present some of her research examining risk factors for veteran injury and the rehabilitation of veterans with traumatic brain injury and co-occurring post-traumatic stress disorder.

For more information: Contact Ken Rosenberg (971) 673-0237 or <http://tinyurl.com/2ess39b>.

Date: Saturday, January 29, 2011, 8:30 a.m. - 4:30 p.m.

Event: Statewide Conference - "Single Payer Health Care: Should Oregon Go First?"

Location: First Unitarian Church, 1211 SW Main, Portland, OR

Details: Portland Jobs with Justice in collaboration with Physicians for a National Health Program and Health Care for All Oregon is proud to present "Single-Payer Health Care: Should Oregon Go First?" a statewide conference dedicated to single-payer health care reform. Confirmed speakers include Rep. John Conyers Jr., sponsor of H.R. 676, the Expanded and Improved Medicare for All Act; Dr. Margaret Flowers, congressional fellow of PNHP; Mark Dudzic of the Labor Campaign for Single-Payer Health Care, and Katie Robbins, executive director of Healthcare-NOW!

Date: April 4-10, 2011

Event: Public Health Week 2011 - "Safety is NO Accident: Prevent Injuries and Violence in Oregon." Stay tuned for details!

Date: Wednesday, April 20, 2011, 4:00-6:00 p.m.

Event: Epidemiologists' Forum presents - Investigations of fatal *Clostridia*-associated toxic shock in women of reproductive age

Location: Portland State Office Building, 800 NE Oregon Street, Portland, OR 97232, Room 1B.

Details: Presentation by Suzanne B. Zane, DVM from the CDC Division of Reproductive Health. CDC has been investigating rare cases of *Clostridium sordellii* and *Clostridium perfringens* toxic shock since 2005, following a cluster of deaths that occurred in California medical abortion patients. These clinically catastrophic cases have since been found to occur in women who have varying pregnancy outcomes, as well as in nonpregnant women. Dr. Zane will discuss the clinical epidemiology and laboratory findings of these investigations, and ongoing work related to *C. sordellii* and *C. perfringens* carriage in women of reproductive age.

For more information: Contact Ken Rosenberg (971) 673-0237 or <http://tinyurl.com/2ess39b>.

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Submissions

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

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Fall	Aug 21	September
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Spring	Feb 21	March
Summer	May 21	June

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Interested in Maternal and Child Health issues? Make sure you're reading Northwest Bulletin in addition to The Advocate. The bulletin is published by the Maternal and Child Public Health Leadership Training Program at the School of Public Health, University of Washington.
<http://depts.washington.edu/nwbfch>