



# THE Probe

Quarterly Newsletter of the Oregon Public Health Association

Winter 2007

## Oregon Community Health Priorities Project Launched

BY SUSAN ALLAN, MD, JD, MPH  
PUBLIC HEALTH DIRECTOR  
OREGON PUBLIC HEALTH DIVISION, DHS

Over the years, public health programs have contributed greatly to improving the health and well being of our citizens – public health measures are responsible for improving American life expectancy by 25 years in the last century.

However, there is still much more to accomplish. Consider the following:

- In Oregon, tobacco causes five times as many more deaths than motor vehicle accidents, suicide, AIDS and homicide combined.
- Oregon has the highest percentage of adult obesity of any state west of the Rocky Mountains.
- Diabetes costs Oregon about \$1.7 billion per year in medical expenses and losses from decreased productivity and premature death.
- Only one-half of eleventh grade students in the state meet

minimum recommendations for physical activity.

How does the state begin to grapple with health issues like those listed above? There have been many important efforts in the past to develop consensus on health policies for Oregonians to deal with these issues. Oregon has a rich history of citizen involvement in public



health and citizen engagement. Some of the programs and policies that resulted from these efforts were successful and many others were not.

A unique partnership project has been formed to create a dynamic new resource for action to improve health in Oregon. The partners in this project are the Northwest Health Foundation, the Oregon Public Health Division, DHS, and the Oregon Health Policy Commission – representing private sector/foundation,

public health services, and health policy. Called “Community Health Priorities,” the project builds on past work, taking an innovative, action-oriented and, at times, unconventional approach to shaping and acting upon Oregon’s public health and health care priorities.

The project starts with the recognition that improving health is broader than just medical care, and must include social, behavioral, and environmental factors. Goals of the project include:

- Creating a dynamic resource for public policymakers, community-based organizations, and foundations to turn Oregonians’ health priorities into opportunities for action.
- Inspiring a collective and sustained community dialogue to identify the state’s public health and health policy priorities.
- Generating momentum, energy, and coordination among Oregonians interested in improving the health of the public.

Activities include surveys and focus groups to find out what Oregonians see as health priorities. This information will

*(continued on page 2)*

### OPHA Mission

- *Protect and promote the health of all Oregon residents*
- *Educate and support public health workers*
- *Advocate for just and equitable health policies*

**INSIDE:** National Public Health Week Events ❖ Day at the Capitol 4/3/07 ❖ OPHA Bill Tracking Update ❖ OPHA President’s Message ❖ And more ...

(continued from page 1)

be a starting point for further community dialogue around health and will be paired with data about various health issues.

The project started with a review of major past health planning efforts in Oregon, interviewing participants in those projects to learn more about why some resulted in sustainable change and some did not. Public Health Division staff took a lead role in the interviewing and the compiling of a catalog of public health data sources. This catalog will be a valuable resource for those looking for data about health in Oregon.

Besides the catalog and findings to date, the website also includes an invitation to be involved in the project. You may register to be notified for further discussions or activities and take a public opinion poll by clicking on "give us your opinion" on the website. Results of the

survey will be available online at a later date.

Preliminary results show that Oregonians believe government has a role in improving their community's health, but that this role needs to be balanced with individual responsibility. Other preliminary findings include support for wellness and prevention efforts, affordable and accessible health care, and involving Oregonians in setting health care priorities.

Through Community Health Priorities, we are working together to engage Oregonians and partners statewide on key health care issues. The project is analyzing, gathering and making available a rich bank of knowledge – in hopes of being able to eventually turn the health care priorities of Oregonians into real action that improves lives.

*Visit the Community Health Priorities project on the web at [www.communityhealthpriorities.org](http://www.communityhealthpriorities.org)*

## Billing Private Health Plans and Public Health Clinics: Saving Funds to Reach More People with Vaccines

BY CARLOS QUINTANILLA & LORRAINE DUNCAN, OREGON DHS

Supplying vaccine to those most in need is crucial to the Oregon Immunization Program's (OIP) mission. Early in this decade, it became apparent that reform is necessary to fulfill this mission given the decline in funding to support the higher cost of vaccinating a child. The OIP and local health departments have generated nearly \$2 million over four years in billing private health plans for vaccines. These funds ensure that more Oregonians are vaccinated with fewer tax dollars.

Using mostly federal and program-supplied funding, the OIP provides vaccines for approximately 60% of the state's children. Public vaccine funding has faced increasing pressure over the past decade, due mainly to: (1) new and more expensive vaccines added to the pediatric and adolescent recommended schedule; (2) stagnating federal vaccine funding for uninsured and under-insured individuals not

qualified for other entitlement programs

Over 50% of Oregon's children receive vaccines at no cost through the federal entitlement, Vaccines for Children (VFC) program.\* The OIP provided vaccines for many others using another federal funding source: Title 317.

Over the last decade, 317 funding has not kept pace with increased (and costlier) recommended vaccines, making it difficult to provide vaccines for high-risk populations. While the OIP provided all recommended vaccines for VFC-eligible children, a more expensive vaccine menu made a two-tiered system necessary, which made it impossible to cover all vaccines through VFC. But 317 and program-provided funds could cover most but not all vaccines for non VFC-eligible children and some high-risk adults.

Through local health department (LHD) staff, the OIP acknowledged that some well-insured children and adults received publicly funded vaccine in public health clinics. Thus, OIP and

# THE Probe

Quarterly newsletter of the  
Oregon Public Health Association

SARAH PETRAS Lead Editor

HANNAH L. CROSS Assistant Editor

TOM ENGLE Webmaster

*Authors' views and editorial content in this newsletter are not necessarily endorsed by OPHA.*

## Submissions

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

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

Contact editor at [petras@ohsu.edu](mailto:petras@ohsu.edu)

Oregon Public Health Association  
818 SW 3rd Ave, #1201  
Portland, OR 97204

LHDs developed a private insurance billing project to alleviate some vaccine-funding shortfall.

In 2001, OIP began internal discussions with LHD representatives at the Conference of Local Health Officials (CLHO) and the Immunization Policy Advisory Team (IPAT). IPAT, which consists of clinicians and other immunization stakeholders who advise the OIP on policy, ultimately recommended elimination of public dollars to support immunization of well-insured individuals.

With consensus to advance, OIP surveyed LHDs regarding billing capacity. Several counties had significant experience with billing private insurance for immunization and other services. Others had little or no experience. Within a year, OIP held numerous conference calls with LHDs

(continued on page 4)

# OPHA Bill Tracking Update

*OPHA policy committee members have been tracking OPHA endorsed bills during this legislative session. Bill history is available on the Oregon Legislature website for both the Senate and House at: [www.leg.state.or.us/bills\\_laws/](http://www.leg.state.or.us/bills_laws/).*

## SB 33 (Fluoridated Water Systems)

BY SUE SANZI-SCHAEDEL

SB 33, statewide fluoridation of community water supplies which serve communities over 10,000, stalled in the Senate Committee on Health and Human Services. In early March, a bill with the same wording was introduced in the House. It has been assigned to the House Health Care Committee and will have a hearing on Tuesday, April 3 at 3pm.

It is hoped that all members of OPHA and interested parties will write letters to their Representatives, especially members of the House Health Care Committee, to support SB33/HB3099 and let them know that OPHA supports fluoridation.

## HB 2372 (Return to Work and Breastfeeding)

BY JANE FOUSTE

This bill requires employers of 25 or more workers to provide unpaid rest periods to nursing mothers to express breastmilk. Half-hour breaks would be required for every four hours worked. The employers would have to make reasonable efforts to provide a private spot for these nursing mothers. The employer may negotiate different terms if providing the breaks causes an undue hardship on business operations. The bill requires only that employees be allowed to express their breast milk; it does not require that mothers be allowed to nurse their children in the workplace. It is estimated that the requirement would affect 10% of Oregon businesses.

The bill was referred to Human Services and Women’s Wellness Committee, chaired by Rep. Carolyn Tomei, D-Milwaukie. Testimony was heard in two public hearings and was then assigned to a workgroup to iron out details. Three members of the Human Services Committee opposed the bill as it was originally introduced, but eventually it passed committee on a unanimous vote.

In total, 18 amendments were offered by Rep. Tomei and approved by the committee to gain broader support for the bill. On March 29, House Bill 2372 passed the House on an overwhelming 49-7 vote. The bill is expected to clear the Oregon Senate before the end of the legislative session.

## HB 2650 (School Nutrition)

BY CRAIG MOSBAEK

The “Healthy Foods for Healthy Students” bill, HB 2650, passed out of committee and will be voted on by the full House on April 3. HB 2650 would set nutrition standards for foods and beverages sold in Oregon schools. The bill is co-sponsored by 11 Republican and 14 Democratic legislators.

The crowd overflowed in the hearing room on February 27 in front of the House Health Policy Subcommittee and the Education Committee. Testimony in favor on HB 2650 came from the public health community (both government and non-government), education professionals, parents, and students.

A copy of the bill is available at [www.upstreampublichealth.org](http://www.upstreampublichealth.org). On the website you can also find fact sheets about the bill, updates on the bill’s progress in the legislature, and information on how you can advocate for better nutrition for students.

## HB 2347

## HB 2535 (Malt Beverage Cost Recovery)

## HB 2731

## SB 184

The legislature is currently considering four bills related to increasing the tax on alcohol. At present, no revenue generated from taxes on distilled liquor goes to addiction treatment or prevention. In addition, taxes on alcoholic beverages have not been increased for 30 years. Four bills have been submitted to increase taxes in some way or another. Each bill

taxes a different type of alcoholic beverage (distilled liquors, malt beverages, and/or wines and ciders) and calls for those taxes to be used in different ways. While political reasons exist for taxing or not taxing each different type of beverage, the OPHA Board discussed the issue and voted to support the bill that taxes the broadest array of alcoholic beverages. In addition to which beverage is taxed, each bill directs various percentages of taxes to a variety of services and/or agencies, with all directing some portion of tax to alcohol and drug treatment. Programs that could benefit, depending on the bill, include state police, public health, drug-free housing, mental health, and drug courts. While SB 184 is the furthest along, there have been discussions in the House regarding combining the three bills; however, there appears to be disagreement as to where the money should be used and the amount of the tax increase.

There are concerns that the link between increased cost of alcoholic beverages and decreased use of these beverages by adolescents is not well known by the legislature. Concerns also exist in the legislature about being perceived as a “tax increaser;” thus, reluctance may continue about taking a stand to increase taxes. OPHA members are encouraged to contact their legislators to educate them on the relationship between increased taxes and delayed initiation of alcoholic beverages by adolescents.

## SB 571 (Smokefree Workplace) -

## HB 2571 (Smokefree Workplace)

## HB 2201 (Healthy Kids Plan)

BY ANDREW EPSTEIN

The legislature is currently considering several tobacco-related bills. At the time of this update, a bill that would increase the tobacco tax by 84.5 cents per pack is scheduled to be voted on by the House on March 1 (HB 2201). 10% of new tax revenues would be designated for the Oregon Tobacco Prevention and Education Program. The tax would also fund the governor’s Healthy Kids program.

*(continued on page 4)*

(continued from page 3)

The Smokefree Workplace bills (HB 2571 and SB 571) would eliminate the exemptions in the current law (bars/taverns, bingo halls, and bowling alleys) and provide for a 25 foot no-smoking setback from doors and entries. The law would also eliminate preemption. Donald Austin testified in support of this bill on behalf of OPHA at a Senate Judiciary Hearing on February 16 in Eugene (see below).

For more information about the tobacco-related bills, see [www.lungoregon.org](http://www.lungoregon.org).

**SB 571: Summary of Testimony given by Donald Austin, MD, MPH**  
FEBRUARY 16, 2007

Donald Austin, MD, MPH is a professor in the Department of Public Health and Preventive Medicine in the OHSU School of Medicine. He is a physician, board certified in preventive medicine, with masters degrees in public health and microbiology. He testified as a representative of the OPHA in support of Senate Bill 571.

Dr. Austin presented results of an air quality assessment done in a sample of bars in 12 Oregon communities last March carried out by American Cancer Society volunteers, trained by the Oregon Department of Human Services, Public Health Division. The device measures concentrations of particulate matter in the air smaller than 2.5 microns in diameter (PM2.5), a particle size that is dangerous to health if inhaled. The EPA's Air Quality Index is based on these particles, and that index has 6 levels, ranging from "good" air quality, to "hazardous."

The level of indoor air pollution measured was 622% higher in venues that allowed smoking than in those where smoking was prohibited. The average of 8 facilities in one community was 40% over the hazardous level threshold. Four more communities, averaged "very unhealthy." Only two of the 12 communities averaged "good" or "moderate" air quality in their bars: Corvallis and Eugene, both of which have smoke-free ordinances protecting workers and patrons in bars.

No Oregon worker should be forced to accept exposure to a preventable hazard in the workplace as a condition of employment, whether that exposure is benzene, asbestos, carbon monoxide, lead, or second-hand smoke. Making our workplaces free from tobacco smoke protects smokers and non-smokers alike. Exposure to smoke in the workplace increases the chance of a heart attack, acute respiratory problem, and eye and throat irritation occurring, as well as increasing the long-term risk of lung cancer.

**Legislative Session Key Dates**

**April 30:** Last day for House committees to work House bills and Senate committees to work Senate bills. This does not apply to House Revenue; House Elections; Ethics and Rules; Senate Rules; Senate Finance and Revenue, or any joint committee.

**May 31:** Last day for House and Senate committees to work bills. Does not apply to committees listed above.

**June 29:** Session adjourns sine die. A special session will be held February 4-29, 2008.

**OPHA and Partners Advocate for Healthy Public Health Policies**

A group of teens and public health advocates, including Upstream Public Health and Healthy Smiles Coalition, joined OPHA at the State Capitol on January 11th to kick off the 2007 Oregon Legislative session with a slate of legislative priorities, listed below:

- 1) School nutrition standards for snack foods and beverages
- 2) Minimum requirements for quality physical education instruction, grades K-8
- 3) Community water fluoridation
- 4) Beer tax increase to discourage youth drinking and fund treatment programs
- 5) The Governor's Healthy Kids Program
- 6) A "second look" at Measure 11 youth offenders, ages 15-17.

Activities included meetings with House Speaker, Jeff Merkley, and Senate President, Peter Courtney; a presentation

by Rep. Diane Rosenbaum; a press conference; table displays; and



Senate President Peter Courtney and youth leaders

distribution of locally produced apples, OPHA pins, bottled fluoridated drinking water, healthy activity stickers, OPHA bookmarks and the Adolescent Risky Behavior Legislative Handbook to all members of the 2007 Legislature and their staff.

"OPHA believes this legislative session is the right time to increase investments in public health. Based on the Governor's budget and the early responses from legislators, we believe this could be the best year ever for public health in Oregon", says Mitch Haas, President, OPHA.

(continued from page 2)

to provide technical assistance on billing private health plans. More experienced LHDs provided technical assistance based on real-world experience.

In 2003, the OIP received over \$350,000 in billable vaccine revenue; in the first three quarters of 2006 it received over \$650,000. Total to date is \$1.94 million. As a result, OIP was able to eliminate the two-tiered system for pediatric hepatitis A and pneumococcal conjugate vaccines and to provide vaccine for more high-risk adults and adolescents.

A recently initiated project evaluation has shown that for LHDs billing insurance companies for vaccines works well despite challenges. This effort has been lauded at the national level, as Oregon is one of two states doing it.

*\*The VFC program provides routinely recommended childhood vaccines to eligible children from birth through 18 years. Eligibility includes those without health insurance, those covered by Medicaid and CHIP, American Indians and Alaska Natives, and some underinsured children (those covered by health insurance that does not pay for vaccines).*

## President's Message: Tobacco Control

BY MITCH HAAS, DC, MA, OPHA PRESIDENT

Over 25 years ago, I took a temporary job in Washington, DC in the recruiting office of ACTION/Peace Corps. What we had in common was that we were all returned Peace Corps volunteers. What we did not have in common was that I was the only nonsmoker and highly allergic to tobacco smoke. I liked to get along, but was forced to exercise the right of federal workers to a smoke-free environment. We first tried putting all the other employees in my section in a small windowless room. They soon complained about the noxious smoke in the room, an irony that strangely went over the heads of these intelligent, public service-oriented people. In the end, I ended up isolated in the back room for the six months I worked there and still left every day smelling vaguely like the local bar and grill.

OPHA is proud to support the Legislature's efforts to pass a bill expanding smoke-free workplaces. The epidemiological evidence on the harm of secondhand smoke is incontrovertible. Of particular concern is the health of employees in the restaurant/bar industry. Smoke-free restaurants and clubs have been successful across the country, contrary to the consternation of the industry. Also, it is self-evident that sitting in a no smoking section of a restaurant is like swimming in a pool with very young children at the other end.

The Governor's Healthy Kids Plan creates an intimate link between two important public health priorities: tobacco cessation and access to quality health care. It is the moral obligation of society to protect the innocent and vulnerable. Children are not responsible for their living circumstances or the role models they find at home. They should be entitled to quality health care and discouraged from consuming tobacco products. The new tax on tobacco will go a long way towards protecting the public.

Of course, the Healthy Kids Plan raises the specter of adults who do not have health insurance, the bigger picture of universal health care. There are some in public health that reject incremental approaches to universal coverage, and demand immediate, single-party universal health care. Although I sympathize with the frustration with the glacial pace of health care reform in this country in general, I cannot sacrifice the health of the public on the altar of any ideological health care model. The Healthy Kids Plan is an important step forward. The Governor and Legislature must be commended for taking a critical step in the right direction toward protecting the health of children and families in Oregon.

---

### Oregon Public Health Association Committee Members 2006-2007

**Executive Committee**

Mitch Haas, *President*  
 Lesli Uebel, *President-elect*  
 Katie Riley, *Past President*  
 Joan Randall, *Treasurer*  
 Carol Elliott, *Secretary*

**Audit**

Jan Wallinder, *Chair*  
 Marlyn Lewis  
 Billi Odegaard

**Awards**

Diana Pickett, *Chair*  
 Lesa Dixon-Gray

**By Laws**

Connie Guist, *Chair*  
 Annette Adams (*Epi/Bio*)  
 Tom Engle (*Nursing*)  
 Mitch Haas (*Chiropractic*)  
 Willi Horner-Johnson (*Disability*)  
 Larry Langdon (*ARB*)  
 Maureen Whitman

**Communication**

Lesa Dixon-Gray, *Chair*  
 Hannah Cross  
 Tom Engle  
 Sarah Petras  
 Jan Wallinder

**Development**

Jan Wallinder, *Chair*  
 Lesa Dixon-Gray  
 Tom Engle  
 Kerri Lopez  
 Mitch Haas  
 Billi Odegaard  
 Katie Riley

**Nominations**

Kathleen O'Leary, *Chair*  
 Jane Fousté  
 Marie Harvey  
 Willi Horner-Johnson  
 Ken Rosenberg

**Elections**

Sean Herrin, *Chair*  
 Carol Allen  
 Connie Guist

**Membership**

Kerri Lopez, *Chair*  
 Nasureen Abdullah (*Disability*)  
 Carol Allen  
 Rafael Arellano-Barrera  
 Jane Fousté  
 Michaela Lindahl (*Epi/Bio*)  
 Avie Meadows  
 Shirley Orr  
 Sylvia Mangan  
 Jennifer Mead  
 Diane Seyl

**Policy**

Judy Cleave, *Chair*  
 Donald Austin  
 Bev Burke (*Disability*)  
 Kelly Davis-Martin  
 Jim Gaudino (*Epi/Bio*)  
 Larry Langdon  
 Avie Meadows  
 Maria Michalczyk  
 Craig Mosbaek  
 Billi Odegaard  
 Ruth Ann Tsukuda  
 Lesli Uebel (*ARB*)  
 Katie Riley

**Programs**

Lesli Uebel (*ARB*), *Acting Chair*  
 Tom Engle  
 Carol Elliot (*ARB*)  
 James Gaudino (*Epi/Bio*)  
 Maria Grumm  
 Franchesca Harper (*Chiropractic*)  
 Marie Harvey  
 Robbi Ingraham-Rich  
 Kerri Lopez  
 Kari McFarlan  
 Deb Messecar  
 Yvonne Michael  
 Anne Peltier  
 Diana Pickett  
 Ken Rosenberg (*Epi/Bio*)  
 Maria Sstrom  
 Jan Wallinder  
 Angela Weaver (*Disability*)  
 Liana Winett

## Events

### National Public Health Week Celebration: Day at the Capitol, April 3, 2007

In honor of 2007 National Public Health Week (NPHW), we invite you to join us for a Day at the Capitol. The Oregon Legislature has a unique opportunity in 2007 to pass legislation to improve public health. Many of us are busy working on our specific public health policy efforts. On April 3, we ask that we come together to inform our legislators about the value of public health as a whole. Please share this invitation with your public health colleagues.



This year's theme for National Public Health Week is "Preparedness and Public Health Threats: Addressing the Unique Needs of the Nation's Vulnerable Populations." You can find more information about National Public Health Week at [www.nphw.org](http://www.nphw.org). We encourage you to take the opportunity to celebrate public health by drawing attention to your and your colleagues work to improve the public's health.

Our day will begin with an organizational meeting at 9:00 am in Conference Room 50 of the Capitol as well as a briefing on the various public health issues pending in the Legislature. After that, people can meet with their legislators. We encourage you to take the opportunity to schedule appointments with your legislators to discuss the importance of public health and specifically advocate for any issues that you are currently working on. We will have Conference Room 50 open all day for people to relax between legislative meetings. There is no need to RSVP for participation in this event.

We will also have information tables set up in the Galleria throughout the day. If you (or your organization) are interested in having a table, or have any questions about the NPHW Day at the Capitol, contact Kari McFarlan, 503-227-5502, [kari@communityhealthpartnership.org](mailto:kari@communityhealthpartnership.org).

### Epidemiologists' Forum

Siobhan Maty, PhD, MPH, of the School of Community Health at Portland State University will present "Fetal Origins of Adult Chronic Disease: An Example of Lifecourse Epidemiology."

Thursday, April 5, 2007,  
4:00 - 6:00 pm

800 NE Oregon Street, Room 130

*Epidemiologists often find themselves exploring associations between current (or recent) exposures and health outcomes - even when the exposures of concern occurred many years earlier. Lifecourse Epidemiology is a concept of social epidemiology that acknowledges that health status at any age reflects contemporary society conditions as well as prior exposures (social, biological, environmental) that are embodied in utero and across the lifespan.*

*Recent research has shown that events in utero and in early infants (including low birth weight) are associated with an increased risk of chronic disease (including heart disease and diabetes) in adulthood. This work on the Fetal Origins of Chronic Disease is one of several lifecourse processes. Dr. Maty will discuss different lifecourse processes, with particular attention to biological programming and the Fetal Origins hypothesis.*

#### Sponsors:

OPHA (Epi/Biostat section)  
Oregon Public Health Division  
OHSU Department of Public Health  
and Preventive Medicine

### Oregon MPH Program Student Symposium

OPHA is proud to be a co-sponsor of the Fifth Oregon Master of Public Health (OMPH) Program Student Symposium: "Next Steps: Students and Community Partners in Public Health." The Symposium provides a venue for students and their sponsors to present current and ongoing work through poster sessions and presentations, and for public health partners and practitioners from around the state to come together for a day of reconnecting and networking. The agenda will include keynote, poster session, oral

presentations, and networking. This event is an opportunity to learn more about public health and interact with future and current public health workforce, students and faculty.

The Symposium is being held during Public Health Week, April 6, 2007, at the LaSells Stewart Center at Oregon State University in Corvallis. Registration is required, and an electronic registration form is available at [www.oregonmph.org](http://www.oregonmph.org). There is no cost to attend and lunch will be provided.

This event is also an occasion to share with students and their faculty your public health activities. Are you interested in providing a resource board and display at the conference? The display would describe what you or your program does in public health and help attendees learn about real world public health in Oregon. This is an important way for those of us outside the Oregon MPH program to support and connect with the program. If you are interested in having a resource board and display at the conference, please contact Pam Gundrum at [gundrump@onid.orst.edu](mailto:gundrump@onid.orst.edu).

### TV Turnoff Week April 23 - 29, 2007

What if you could do one thing that would simultaneously help your children do better in school, reduce obesity, reduce violent, aggressive, and bullying behavior, sleep better, avoid tobacco and alcohol abuse, and prevent early sexualization? These problems have been repeatedly associated with "screen time" - the hours spent watching television and movies and playing video games.

Helping students and their families to reduce screen time is important, and the annual TV-Turnoff Week event is designed to spark conversation about screen time and provide a framework for trying out some new habits. Imagine having an extra hour or two each day to read, walk, talk, create, or play a game! When the week is over, many families adopt these new habits permanently. For more information about how your family might participate, visit the webpage at <http://tinyurl.com/38o7o2>.

## Exciting Opportunity: *The Probe* Seeks Newsletter Editor

OPHA is looking for a volunteer or intern to serve as lead editor for *The Probe*. Experience with desktop publishing preferred. If interested, contact the OPHA Communications Committee Chair at [Lesa.Dixon-Gray@state.or.us](mailto:Lesa.Dixon-Gray@state.or.us).

## Announcing a New Master's Degree in Nursing Education

Coursework for the Master of Nursing in Nursing Education with an emphasis in Community Health Nursing is focused on care of the vulnerable and underserved and has a strong focus on health disparities and social justice. Students will study with MPH students in the Primary Health Care and Health Disparities track of the Oregon MPH (OMPH) program. The OMPH collaboration includes Oregon Health & Science University, Portland State University and Oregon State University and combines broad training in public health with specific education in one of six specialty tracks.

### Curriculum

This program involves 37-43 credits of didactic and 12-16 credits of clinical practica. As future nurse educators, students will learn to:

- Facilitate clinical learning
- Develop competencies statements for adult learners
- Design instructional environments
- Use evaluation and assessment strategies
- Enhance your ability to function as change agent and leader
- Implement the educator role
- Use new technologies in teaching
- Engage in the scholarship of teaching and learning
- Provide leadership in population-based nursing care

OHSU School of Nursing is leading the nation in nursing education innovation, research and technology application. Faculty are moving from the role of “sage on the stage” to that of “guide on the side.” As interpreters of future practice, they coach and inspire students to appreciate change. Practice in a rapidly-evolving health care delivery system in an increasingly multicultural society requires new knowledge and skills. Faculty focus on helping students to learn clinical judgment and critical thinking skills and to use evidence-based practices in providing care.

### Why Community Health and Education?

Health disparities threaten efforts to improve health in the US and abroad. The presence of these disparities pose moral and ethical dilemmas that will be among the most important challenges to today’s rapidly changing healthcare systems. The cost of inadequate care may have significant implications for overall healthcare expenditures. Persistent racial and ethnic inequality creates a rift in the social fabric. As long as disparities are present, overall healthcare quality will be poor. Increased numbers of nurse educators who are able to provide leadership and high-quality education with a population focus are urgently needed.

### Contact Information

For more information, contact Dr. Deborah Messecar, 503-494-3573, [messecar@ohsu.edu](mailto:messecar@ohsu.edu).

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

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 e-mail \_\_\_\_\_  
 Employer/School \_\_\_\_\_  
 Title \_\_\_\_\_

### Select a membership type:

- \$20/year **Special**  
*(students, unemployed, low income)*
- \$50/year **Active**  
*(individuals)*
- \$100/year **Contributing**  
*(nonprofit & community organizations)*
- \$250/year **Sustaining**  
*(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

Please send form & check to OPHA • 818 SW 3rd Ave, #1201 • Portland, OR 97204  
 e-mail: [exdirector@oregonpublichealth.org](mailto:exdirector@oregonpublichealth.org) • Tax ID: 93-6097025

Enjoy professional networking, information, and opportunities for leadership  
[www.oregonpublichealth.org](http://www.oregonpublichealth.org)