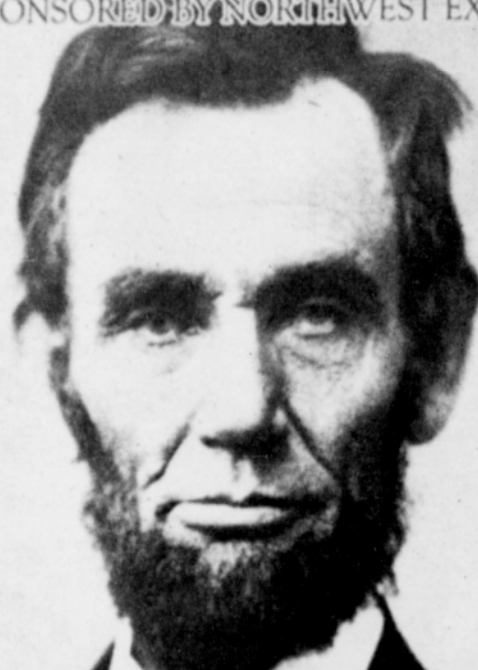


HEALTH

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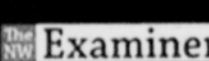



ABRAHAM LINCOLN
AND THE AMERICAN WEST
DURING THE CIVIL WAR ERA

MONDAY, FEBRUARY 13, 2012

Presentation by
RICHARD W. ETULAIN
Educator and historian, specializing in the American West and Abraham Lincoln. Author of *Lincoln Looks West* (2010), and forthcoming study of Lincoln and the Oregon Country.

7 p.m. • Free • Minors welcome with parent
McMENAMINS MISSION THEATER
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Red Cross Helps House Fire Victims

Fires are biggest disaster threat

Oregon Red Cross volunteers responded to at least six home fires in the Portland area in recent days, providing humanitarian assistance, free of charge, to 13 adults, 16 children and four pets displaced by these fires.

The assistance included immediate lodging, food, clothing, comfort kits, and information on health and mental health services. One child required special needs accommodations.

Unfortunately, the response was not unique, because the biggest disaster threat to families across Oregon is not winter storms or floods. It is home fires.

"Hundreds of families are affected every year by this devastating personal disaster," said Maree Wacker, regional executive of the Oregon Red Cross.



Red Cross disaster relief focuses on meeting people's immediate emergency disaster-caused needs.

Last year, the Oregon Red Cross responded to almost 600 home fires across our state. That's an average of almost twice each and every day that Red Cross volunteers are assisting families who have no place else to turn in the immediate aftermath of a devastating fire.

One woman, who was helped last year by the Oregon Red Cross follow-

ing a fire in a condominium complex, said, "I didn't even know (the Red Cross) responded to things like this. Not only did the Red Cross give me a place to stay, but I had a headache that night, and a volunteer went out of her way to find medicine for me. She also helped me see it wasn't just about me, and that changed my perspective on the event. I really benefited in that sense."

Insurance Interruption Endangers Health

Patients lacking coverage receive fewer tests, vaccines

When patients with diabetes experience interruptions in health-insurance coverage, they are less likely to receive the screening tests



Rachel Gold

and vaccines they need to protect their health.

A new study finds that this is true even when patients receive free or reduced-cost medical care at federally funded safety net clinics.

"Our study shows that patients need continuous health insurance coverage in order to ensure adequate preventive care, even when that care is provided at a reduced cost," said Rachel Gold, lead author and investigator with the Kaiser Permanente Center for Health Research in Portland.

"Most of the services at our safety net clinics are free, but some of the diagnostic tests require a small co-pay that is usually covered by Medicaid," said Dr. Amit Shah, study co-author and medical director of the Multnomah County Health Department. "Patients who lose their Medicaid coverage often delay getting the tests because they can't afford

the co-pay."

The study included 3,384 diabetes patients receiving medical care at 50 federally qualified health centers in Oregon. Researchers examined patients' electronic health records to determine whether they received four services recommended at least annually for diabetes patients: a lipid test for high cholesterol, a flu vaccine, a test that measures blood sugar levels, and a urine test that can detect kidney damage.

Forty-eight percent of patients with continuous insurance coverage received at least three lipid-screening tests at one of the study clinics over the three-year study period; 25 percent received three or more flu shots; 72 percent received three or more screenings for blood glucose; and 19 percent received three or more screenings for kidney damage. Patients with no coverage, and patients with interruptions in coverage, received significantly fewer of these services than patients with continuous health insurance coverage.

Notably, the study showed no increase in services received as insurance coverage increased; rather, all patients with discontinuous health insurance were equally vulnerable to missing services, compared to the continuously insured. These findings suggest that public insurance coverage must be continuous to ensure that patients receive consistent and timely care.

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