



Oregon Public Health Association

The Probe

Winter, 2009

Winter, 2009

Portland Area IHS Childhood Immunization Conference

National Public Health Week!

April 6 - 12, 2009

Building the Foundation
for a Healthy America

The Northwest Portland Area Indian Health Board and the Portland Area Indian Health Service hosted the first ever Immunization Conference, December 3rd - 5th at the Portland State University Native American Student Center. Attending the meeting were 73 conference participants including immunization coordinators and public health nurses from 24 IHS and Tribal clinics. Immunizations program staff from Idaho, Oregon and Washington also attended, providing valuable opportunities for networking with IHS and Tribal immunization coordinators.

Among the highlights of the conference were presentations by IHS National Immunization Program Director, Amy Groom, MPH, Elizabeth Sullivan, RN (Colville Service Unit) and Dr. Paul Cieslak (OR DHS), a member of the Advisory Committee on Immunization Practice (ACIP), which is a national panel of experts that advises the Centers for Disease Control and Prevention (CDC) on immunization policies and practices.

Representatives from each of the State immunization programs made presentations that described their programs and important changes regarding immunization reporting and support for immunization ac-

tivities. Breakout sessions were held giving tribal and IHS staff an opportunity to discuss State-specific issues. These sessions were exciting for all involved because for the first time, representatives from each state, the IHS and Tribal sites and the IHS National program were gathered in one place.

Immunization Information System Data Exchange

The topic of two-way data exchange between IHS/Tribal and State immunization information systems (also referred to as "registries") was presented by Cecilia Town from the Albuquerque-based IHS National Immunization Program. Two-way data exchange would allow IHS and Tribal facilities using the Resource Patient Management System (RPMS) immunization package to automatically have their records updated when immunizations are received at other facilities. It would also allow immunizations documented in RPMS to be exported to the State registry, ultimately reducing duplicate data entry in two systems and increasing the accuracy of data regarding immunization coverage in each state.

As a result of the conference, the Oregon immunization program, which will be imple-

menting a new Immunization Information System in the coming year, has pledged to begin working with pilot sites to test two-way data exchange as early as this coming March. Washington has had limited data-exchange until mid-2008 when software updates were implemented. It is expected that two-way data exchange will resume with the pilot sites soon and then be expanded to all sites using RPMS in the coming year. Idaho, which requires documented parental consent to receive immunization information, will continue to work towards making two-way data exchange possible.

Training Workshops

Two half-day training workshops were conducted by Mary Brickell, Portland Area Information Technology Specialist, with assistance from Amy Groom and Cheyenne Jim. These workshops, held in the NPAIHB computer lab, provided hands on training with the latest version of the RPMS Immunization package. Students learned basic function and special tips for data cleaning and data management.

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OPHA Policy Endorsements for the 2009 Legislative Session

The Oregon Public Health Association advocates for public policies to improve the health of all Oregonians. Our policy priorities for the 2009 legislative session are: tobacco, obesity (including nutrition and physical activity), health care access, alcohol and substance abuse, and oral health. The highest priorities are the top two contributors to premature death in Oregon - tobacco and obesity.

Each of the legislative concepts or bills listed below have been 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>.

TOBACCO

Prohibiting Smoking in Cars while Children are Present [HB 2385]: Protects children from secondhand smoke by prohibiting smoking in a motor vehicle while a person under 17 years of age is in the vehicle.

Requiring Smoking Disclosures to Renters [HB 2135]: Requires landlords to disclose the smoking status of rental property as a standard part of the lease agreement. The disclosure must state whether smoking is prohibited on the premises, allowed on the entire premises or allowed in limited areas on the premises.

Increasing the Tobacco Tax [HB 2122]: Increasing the tobacco tax will reduce the number of youth that start using tobacco due to the increased cost and raises revenue for tobacco prevention/cessation programs as well as dedicated funding for other public health and health promotion programs and services.

Ending Easy Access to Tobacco [HB 2136]: Prohibits the distribution of tobacco through vending machines as another way to keep

tobacco products out of the hands of children.

Banning samples of non-cigarette tobacco products [HB 2358]: Prohibits distribution of samples of all non-cigarette tobacco products, to protect children and young people from becoming addicted to tobacco through free samples in child-friendly flavors and packaging.

OBESITY

Nutrition Menu Labeling [HB 2726]: Requires menu labeling in chain restaurants to allow consumers to make informed choices about calories in food.

Oregon Farm-to School and School Garden Program [HB 2800]: Directs the Department of Education to: (1) provide reimbursement to school districts that serve Oregon food products as part of United States Department of Agriculture's National School Lunch Program or Breakfast Program; (2) award grants for development of food-based and garden-based educational activities.

OPHA supports dedicating a portion of the revenues from HB2122 towards obesity prevention.

HEALTH CARE ACCESS

OPHA supports universal access to affordable, quality health care.

ALCOHOL AND SUBSTANCE ABUSE

OPHA supports expanded treatment for alcohol and substance abuse.

Increase tax on malt beverages [HB 2461]: Increases tax on malt liquor and uses increased tax dollars to fund human service programs for substance abuse prevention and treatment.

OPHA advocates for public policies to improve the health of all Oregonians.

Increase penalty for providing alcohol to minors [SB227]: Increases penalty for providing alcohol to a minor, including fines and suspension of driving privileges for 90 days in certain instances.

ORAL HEALTH

OPHA opposes eliminating dental coverage from the Oregon Health Plan.

OTHER OPHA-ENDORSED LEGISLATION

Children's Safe Products Legislation [HB 2367 and HB 2972]: Prohibits the sale of children's toys containing bisphenol A and phthalates; requires the Department of Human Services to identify additional chemicals in consumer products that are of high concern for children's health; and requires manufacturers to disclose the presence of these high concern chemicals in children's products.

Oregon Healthy Schools Legislation: Requires that all K-12 schools in Oregon: use green cleaning products, use Integrated Pest Management techniques in and around schools, and implement a replacement timeline for cleaning up diesel school buses.

Expedited Partner Therapy [HB 3022]: Would 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 Legislative Visit Day - January 16, 2009

About 50 teens and public health advocates turned out in Salem to advocate for state policies that promote health on January 16th, 2009. OPHA was joined by partners from Upstream Public Health, Community Health Partnership, the American Heart Association, the American Lung Association of Oregon, the Northwest Health Foundation, and the Oregon Dental Association. Students from 10 schools participated.

Specific legislative priority areas that OPHA advocated for include:

- Tobacco Prevention;
- Obesity, Physical Activity and Nutrition;
- Alcohol and Substance Abuse Prevention;
- Health Care Access; and
- Oral Health.

Participants met with Senate President Peter Courtney, House Speaker Pro-Tem Arnie Roblan, and Governor Kulongoski's Health and Human Ser-

vices Advisor, Claudia Black. They were recognized on the House and Senate floors, received a briefing on how bills are enacted into law by Representative Chuck Riley, hosted a press conference featuring youth speakers, distributed information about public health policies printed on bookmarks and the OPHA Adolescent Health Legislative Handbook to all Representatives and Senators, and met with some legislators individually.

The legislative visit day highlighted "150 years of Public Health" in conjunction with the sesquicentennial celebration by distributing buttons with the slogan to all legislators. Celebration representatives made contact with the legislative day participants.

Thanks to everyone who helped organize or participated in the day to make it a success! Legislators took notice of the energetic advocates that turned out.

Photos from Legislative Visit Day can be seen on page 5.

OPHA and Partners Advocate for Healthy State Policies

OPHA Policy Endorsements, cont.

Oregon Drug Takeback Bill [SB 598]: Requires drug manufacturers that serve Oregon to put in place a convenient and environmentally sound system for collecting and properly disposing of unwanted and unused drugs. The system would be paid for and managed by the drug manufacturers.

Establishing a Birth Anomaly Registry in Oregon [SB 460]: A birth anomaly registry would identify a baseline number of birth anomalies and adverse pregnancy outcomes in Oregon, track the incidence of birth anomalies, provide linkages to existing programs and services for children and families and assist in the development and evaluation of public health pro-

grams to enhance community prevention initiatives.

Paid Family Leave: Creates Family Leave Insurance to provide partial wage replacement for up to six weeks after the birth or adoption of a new child, or when a family member is seriously ill. The insurance is funded by a two cents or less per hour payroll deduction from eligible employees.

For more information on OPHA policy endorsements and to get involved in the Policy Committee, contact Andrew Epstein at andrewdepstein@hotmail.com

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.**

**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.

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

Public Health Events

Diet and Optimum Health Conference

May 13 - 16, 2009

Hilton Portland Executive Tower-
Portland, Oregon

Linus Pauling Institute at Oregon State University is sponsoring the conference. Register online at <http://lpi.oregonstate.edu/conf2009>.

4th Annual Farm to Cafeteria Conference

March 19 - 21, 2009

Doubletree Hotel, Portland, Register online at [http://](http://www.farmtocafeteriaconference.com)

www.farmtocafeteriaconference.com

Send notice of your events to:
leisl103@yahoo.com

IHS Childhood Immunization Conference, cont.

Vaccine Preventable Disease Surveillance and Outbreak Response

A special session developed by Wendy Rude (WA DOH) focused on surveillance for vaccine preventable diseases and responses to potential outbreaks. Using a hypothetical (though very real) scenario of imported measles, participants were led through a series of facilitated small group discussions that identified three critical issues with regard to outbreak response and surveillance:

1. A fully immunized population.
2. Standardization and protocols.
 - a. Develop an algorithm to provide a base template with top 5 general items to address immediately in an outbreak response that is applicable to all tribal health clinics.
 - b. Early disease containment.
 - c. Rapid response capacity
 - d. Provide timely notification and reporting

Develop cross-jurisdictional relationships

Next Steps

Follow-up activities from the conference will focus on ensuring that each site is

fully trained in use of the RPMS Immunization Package, working with State immunization programs to implement two-way data exchange and developing improved outbreak response capacity. This conference played a key role in launching the Area-wide initiative to improve childhood immunization coverage. The enthusiasm of all those who participated was truly "infectious" and will no doubt translate into continued efforts toward improvement.

We would like to give special recognition to the NIVA Color Guard, Harold Paul, and Tina Baldomaro for their participation in the opening conference ceremonies and Karen Elliot of the Oregon Partnership to Immunize Children (OPIC) for providing educational and immunization reference materials for all attendees.

For more information on the Northwest Portland Area Indian Health Board and their immunization strategies, contact Thomas Weiser" <tweiser@npaihb.org>

Students Learning, Advocating, and Enjoying Legislative Visit Day



Public Health Week, April, 2009

For more than a decade, communities around the country have celebrated National Public Health Week (NPHW) each April to help protect and improve our nation's health. Each year, we pick a different issue around which to come together and focus our efforts.

U.S. life expectancy has reached a record high of 78.1 years but still ranks 46th - behind Japan, most of Europe, and countries such as South Korea and Jordan. Even though the Centers for Disease Control and Prevention recently reported some progress, a baby born in the United States is more likely to die before its first birthday than a child born in almost any other developed country. Nearly one in 20 residents in the nation's capital are HIV-positive. Disparities persist with ethnic minority populations having nearly eight times the death rate for key health conditions than that of non-minority populations.

Despite the dramatic progress and a century of public health advancements - the elimination of polio, fluoridation of drinking water and seatbelt laws - our nation's health falls far short of its potential. Our progress has stalled, and we have reached a point where we

must examine our health system and the foundation upon which it stands.

We have the potential to greatly improve our population's health in the future. By recommitting ourselves to support our nation's public health system, we can build on the successes of the past and establish the solid foundation needed in the future for a healthy nation. To this end, NPHW 2009 will serve as the launch of APHA's new campaign - Building the Foundation for a Healthy America. Please join us as we celebrate National Public Health Week, April 6-12, 2009, and work to build a solid foundation for a healthy America.

National Public Health Week 2009 Toolkit is now available!

The Building the Foundation for a Healthy America toolkit <http://www.nphw.org/nphw09/pg_tools_toolkit.htm> and planning materials are now available online! The toolkit includes fact sheets, media outreach materials, suggested community events, legislative information and resources for everyone to use throughout NPHW. Start planning your NPHW event today!

Share your public health stories

As we begin this journey of Building the Foundation for a Healthy America, we must all be part of the solution. It's our job to speak up and share first-hand experiences about the challenges and opportunities we face in creating a healthy nation. Visit the <http://www.nphw.org/nphw09/pg_share_personal.htm> "Personal Stories" page on the NPHW Web site to share your stories about how public health has impacted your community.

OPHA Essays for Public Health Week

Ideas have never mattered more. We need big ideas to address the big public health issues we face today and tomorrow. Tell us what you think **the most important future issue** for public health is in 500 words or less.

Essays will be reviewed by April 3rd by the OPHA Executive Board. The top 5 essays will be submitted to Oregon media during Public Health Week, printed in The Probe's next edition, and posted on the OPHA website. Essays are due March 23rd.

To submit, send your essay to:

Les a Dixon - Gray
at: leisl103@yahoo.com with "OPHA Essay" in the subject line. Essays will be scored according to concept vision, organization of presentation, rationale (why is this an important issue), and innovation of solutions.

Share your Public Health Week Events with OPHA

- **Send us a story for the Probe about what you did for Public Health Week.**
- **Encourage Teens to participate in the Public Health Week photo contest.**
- **Submit an event on OPHA's website or go to OPHA's group at LinkedIn.com.**
- **Submit a opinion essay for publication in the Probe and submission to media throughout Oregon.**

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

Health • \helth\ (noun) 1. A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. ~*World Health Organization*

How do you see health in the world around you? Health can take many forms, and public health serves many functions. Spread the word to the teenagers in your life about the photo contest for Public Health Week. We are looking at different ways to show health, public health and healthy (or unhealthy) communities, and want to see it through the eyes of teens.

In honor of Public Health Week, the Northwest Health Foundation is sponsoring this contest for teenagers regarding how they see health. Contest Rules are as follows:

Using the lens of your camera, digitally capture images of health/ public

health through your eyes. Photos should demonstrate the dimensions of health as defined by the World Health Organization (see definition above). Images will be exhibited on the Community Health Priorities website and during Public Health Week in Portland at the Portland State Office Building, Room 1-D and at the State Capitol in Salem.

The following themes may help you “focus” - but feel free to show us how you see it:

Creative

How can you get people to understand that health can be looked at in so many different ways?

See if you can find creative ways to portray healthy (or unhealthy) situations.

Ironic

The world around us is full of contradictions or ironies. In public health this can take many forms.

Can you capture this?

Persuasive

Can you take a picture that might persuade someone to change an unhealthy behavior? Or take on a certain healthy behavior or activity?

Inspire us!

How to enter

For complete rules and to submit entries visit:

www.communityhealthpriorities.org

Deadline for entries is **March 31, 2009**



Building the Foundation for a Healthy America

National Public Health Week
April 6–12, 2009 • www.nphw.org

News from APHA

I. President Obama Signs SCHIP Reauthorization

On February 4, APHA Executive Director Georges Benjamin joined President Obama at the White House where he signed the Children's Health Insurance Program Reauthorization Act of 2009. In January, the House of Representatives and the Senate passed the legislation by overwhelmingly bipartisan margins. APHA members sent more than 4,400 messages to Capitol Hill in support of the legislation.

The legislation will reauthorize the State Children's Health Insurance Program (SCHIP) program for 4.5 years - through 2013 -- and will provide an additional \$32.8 billion to cover an additional 4.1 million previously uninsured children, bringing the total number of children covered by the program to 11 million. The measure will require SCHIP to provide comprehensive dental benefits and will require the same coverage for mental illness as provided for physical illness. The funding for the expansion of the program will be paid for by an increase in the federal tax on cigarettes and other tobacco products. In addition, the measure will allow states the option of covering pregnant women and legal immigrant children. Currently, legal immigrants are subject to a 5 year waiting period before they can qualify for the SCHIP and Medicaid programs.

The passage of the legislation comes as a victory to the public health community and other advocates for children's health who were dismayed during the 110th Congress when President Bush twice vetoed similar legislation. You can view APHA's statement regarding the bill signing at:

http://www.apha.org/about/news/pressreleases/2009/SCHIP_expansion.htm
http://www.apha.org/about/news/pressreleases/2009/SCHIP_expansion.htm

II. Boxer Announces Climate Change Principles

On Tuesday, February 3, Senator Barbara Boxer (D-Calif.), Chairman of the Senate Environment and Public Works Committee, announced a set of principles that reflect the legislative priorities for climate change legislation supported by the Democratic members of her Committee. At a press conference, Boxer said she would like her committee to approve a bill before the international climate talks in Copenhagen in December. The principles announced by Boxer on Tuesday include:

1. Reduce emissions to levels guided by science to avoid dangerous global warming.
2. Set short and long term emissions targets that are certain and enforceable, with periodic review of the climate science and adjustments to targets and policies as necessary to meet emissions reduction targets.
3. Ensure that state and local entities continue pioneering efforts to address global warming.
4. Establish a transparent and accountable market-based system that efficiently reduces carbon emissions.
5. Use revenues from the carbon market to:
 - a. Keep consumers whole as our nation transitions to clean energy;
 - b. Invest in clean energy technologies and energy efficiency measures;
 - c. Assist states, localities and tribes in addressing and adapting to global warming impacts;
 - d. Assist workers, businesses and communities, including manufacturing states, in the transition to a clean energy economy;
 - e. Support efforts to conserve wildlife and natural systems threatened by global warming; and
 - f. Work with the international community, including faith leaders, to provide support to developing nations in responding and adapting to global warming. In addition to other benefits, these actions will help avoid the threats to international stability and national security posed by global warming.
6. Ensure a level global playing field, by providing incentives for emission re-

ductions and effective deterrents so that countries contribute their fair share to the international effort to combat global warming.

Boxer brought a bill to the Senate floor last summer that would have placed a cap on greenhouse gas emissions and set up a market-based trading program for companies to meet the cap. That bill failed to move through the Senate when it became clear that the legislation did not have the 60 votes needed to overcome a potential filibuster.

Representative Henry Waxman (D-Calif.), who chairs the House Energy and Commerce Committee that has jurisdiction over climate change legislation in the House, has stated that he would like his committee to consider and pass a bill before Memorial Day.

APHA has made climate change legislation a priority this year and will work with members of the House and Senate to ensure that any legislation passed by Congress this year contains provisions to address the public health impacts of climate change. For more information on the public health impacts of climate change, visit the APHA website at: <http://www.apha.org/advocacy/priorities/issues/GlobalClimateChange.htm>

Addressing Health Inequality at the Local Level

The Health Equity Alliance is a group of people living and working in the Willamette Valley who have come together to discuss how we can address health inequality at the local level. This group formed in Spring 2008 as part of an effort to spark conversation about health inequality within the Corvallis community using the Unnatural Causes series as a tool. At a debrief meeting of this event, we found strong support and a need for a group of this kind to address health issues at a broader level in our community.



Monroe Community Cafe

Supported by volunteers, a small grant from the Northwest Health Foundation, and support from the Benton County Health Department, Oregon State University Department of Health, St. Mary's Catholic Church, and the City of Monroe, we accomplished quite a bit in 2008:

We held a community forum in Corvallis with 120 participants who watched the "In Sickness and in Wealth" episode of Unnatural Causes and discussed local health inequality with elected officials and community leaders.

We hosted a community café in Corvallis with 85 participants and another in Monroe with 20 participants that engaged community members in discussions about local assets, gaps, and potential solutions for addressing health inequality.

Along with the Heart of the Valley

Birth Network, Health Equity Alliance showed "When the Bough Breaks" and discussed local and global disparities in infant mortality. We also co-sponsored important events with the Archimedes Movement and Ecumenical Ministries of Oregon.

Health Equity Alliance members produced a podcast that will air on local radio stations and a video that has aired on local television.

We grew our membership to over 50 partnering individuals and organizations and built group capacity of 20 of our members to facilitate group discussions about health inequality using the Unnatural Causes series.

Health Equity Alliance is affecting policy decisions by taking an active leadership role in the Corvallis Sustainability Coalition, meeting with elected officials, and spurring action on important local issues such as transportation in rural Benton County.

Upcoming Alliance Events:

March 12th (7:00 pm, Oregon State University, MU Room 109) Health Equity Alliance is co-sponsoring a panel discussion, poster session, and reception on "Health, Health Care, and Justice" as part of the Philosophy Department's Ideas Matter series.

March 18th (7:00, Corvallis Multicultural Literacy Center, 128 SW 9th St.) Health Equity Alliance is co-sponsoring with the CMLC and Latinos Unidos de Benton County a film and discussion in Spanish: "Immigrants and Health Issues."

For more information, contact Karen Levy Keon, Benton County Health Department: Karen.Keon@co.benton.or.us or Ann Zukoski, Oregon State University Ann.Zukoski@oregonstate.edu



Corvallis Community Cafe

Did You have a School Nurse?

Many people fondly remember their school nurse...then are quick to ask, "Do they still have any?" YES! School Nursing is alive, but in Oregon it is not well. Recognizing school nurses are significant contributors to student health and academic success, the 2007 Legislature established a task force to study school nursing services in Oregon. The Task Force on School Nursing worked diligently in 2008 and submitted their Findings and Recommendations last September. It identified one critical issue for the 2009 Legislature to address...Oregon's shortage of school nurses is placing districts at risk and neglecting the needs of students. Oregon is 49th in the nation for student-to-nurse ratio.

It is the position of the National Association of School Nurses (NASN) that school districts should provide a professionally prepared registered nurse all day, every day in each building (N A S N 2 0 0 3) .

NASN recommends minimum ratios of nurses to students depending on the needs of the student populations: 1:750 for students in the general population 1:225 in the student population that may require daily professional school nursing services or interventions. 1:125 in student populations with complex health care needs, and 1:1 may be necessary for individual students who require daily and continuous professional nursing services.

Oregon averages 1 nurse to 3,500 students. No Oregon county has the recommended ratio and fifty-four Oregon school districts have no school nurse at all. This unacceptable deviation for the national standards puts both students and school districts at risk. Did you know that approximately 15% of students have a chronic condition that requires regular medical support in order to stay in the classroom?

School Districts at Risk: Educators are under pressure to improve academics. They do not have the time or the training to take on nursing responsibilities.

Medication errors, absenteeism, school drop out rates and test scores are all negatively influenced by inadequate nurse coverage.

Students at Risk: Many youth receive no health care other than what is provided by a school nurse. Inadequate school nurse services result in problems such as safety risks, unnecessary school exclusions and absenteeism, missed health conditions that impede learning and life-long success.

House Bill 2693, sponsored by Representative Kotek and Senators Monnes Anderson and Morse was introduced February 24th. "It establishes standards for number of licensed nurses or school nurses require for number of students based on health needs of students. Appropriates moneys from General Fund to Department of Education for purposes of improving provision of licensed nurses and school nurses in schools." Recognizing that these are challenging economic times, the bill is to be very gently implemented. School Districts are encouraged to provide one licensed nurse for every 3,500 students by July 1, 2014. The final implementation phase of the recommended 1 school nurse for every 750 students is proposed to occur by July 1, 2020. This is not the time to cut the limited school nursing services we currently have. The hardships faced by many Oregon families puts our children at greater risk for health and mental health related conditions.

Many organizations have developed Position Statements in support of School Nurses. The Oregon State Board of Nurses says that school nurses are "essential to the planning and delivery of health services in schools." The Oregon Education Association endorses a nurse-to-student ratio of at least 1:750 as outlined by the federal government's Healthy People 2010 objectives. The Academy of Pediatrics supports having a full-time school nurse in every school "as the best means of ensuring a strong connection with each student's medical home."

The Adolescent Health Section hopes that all OPHA members will contact their

legislators in support of HB 2693. We want all Oregon children to experience the benefits of having school nurses in each school.

For more information about School Nursing or OPHA's Adolescent Health Section contact Patricia Campbell, RN, MSN, NCSN at: pcampbel@mesd.k12.or.us



OPHA Board Members

President: Judy Cleave
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 Region 2 Rep: Belle Shepherd
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 Region 4 Rep: Muriel De La Vergne-Brown
 Region 5 Rep: Anne Peltier

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 Director at Large (08): Nurit Fischler
 Director at Large (09): Karen R. Elliott
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 Chiropractic: Mitch Haas
 Disability: Lisa Lyman
 Adolescent Health: Ann Krier
 Public Health Nursing: Kristin Jordan
 Epidemiology and Biostatistics: Ken Rosenberg

Executive Director: Mary Peasley

Epidemiologists' Forum presents:

Carrie Nielson, PhD
OHSU School of Medicine
"Human Papillomavirus (HPV) in Asymptomatic Men"

- HPV is a sexually transmitted virus that causes cervical cancer and is associated with other cancers in both men and women.
- Although the male role in cervical cancer has long been recognized, there is little understanding of HPV infection in men.
- Methods of HPV detection, prevalence, and factors associated with HPV in a study of asymptomatic men will be described.

Tuesday, March 31, 2009

4:00 - 6:00 pm

(Presentation 4:30-5:30pm; Networking 4:00-4:30 & 5:30-6:00pm)

Portland State Office Building

800 NE Oregon Street, Portland

Room 1B (first floor)

MAX: NE 7 Ave Station on the red/blue lines

Light refreshments will be available.

Sponsors:

Oregon Public Health Association (Epidemiology and Biostatistics section)
 Oregon Public Health Division
 Center for Healthy Communities, OHSU

For more information about Epidemiologists' Forum contact Ken Rosenberg, (971) 673-0237.



Membership Application

Name _____

Address _____ **State, ZIP** _____

Phone _____ **Fax** _____

E-mail _____

Organization/school _____ **Title** _____

You receive one **section affiliation** with your membership.*
Please mark below:

- Adolescent Health section
- Chiropractic section
- Community Health Promotion & Health Education section
- Disability section
- Epidemiology & Biostatistics section
- Nursing section

*If you would like to join more than one section, please include an additional \$10 per additional section.

- Active membership \$50/ year**
General OPHA membership
- Special membership \$20/ year**
Students enrolled in 10 or more quarter hours, retirees, active members unable to work due to physical limitations, or persons earning less than \$20,000 per year.
- Contributing membership \$100/ year**
Non-profit organizations, community health agencies, or educational institutes interested in demonstrating their support of the work of OPHA, public health principles and programs.
- Sustaining membership \$250/ year**
Businesses and for-profit organizations interested in demonstrating their support of the work of OPHA, public health principles and programs.

If you would like to be involved in a committee, please mark below:

- Communication committee
- Membership committee
- Programs committee
- Policy committee

Please return this form, with your check payable to OPHA, to:

OPHA
818 SW 3rd Avenue, #1201
Portland, OR 97204
OPHA Tax ID#: 93-6097025