



THE Probe

Quarterly Newsletter of the Oregon Public Health Association

Early Summer 2007

JCPH Reduces Services by 25%

By Belle S. Shepherd, MPH,
Administrator, Josephine County Public Health Division

On May 15, 2007 a public safety levy on the Josephine County ballot was soundly defeated by voters. This levy intended to replace expired funding from the federal government via the "Secure Rural Schools and Community Self-Determination Act" in the amount of 15 million dollars to fund the Sheriff's office patrol and corrections programs, Juvenile Justice Program, and the District Attorney's office. Josephine County Public Health Division (JCPHD) will continue to receive support through general fund dollars in the amount of \$610,000 from County savings. About two-thirds of this amount would have supported animal protection and regulation and overhead charges for County services. The additional one-third would have supported programs that were not fully funded, for materials and services, trainings, and as match-

ing fund dollars.

Because the levy was not approved, Josephine County adopted a budget that reflected a 60% loss of general funds. General fund dollars for the JCPHD are not included in the budget; therefore, services currently provided that do not jeopardize the LPHA, will end June 30, 2007 unless funding to fully support these services becomes available. These services include:

- HIV case management;
- Illinois Valley High School SBHC; and,
- School nursing contracts for Josephine County school districts. These contracts provide services including otology and vision screenings, health education, and special needs nursing care.

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OPHA Contracts with CHP

The OPHA Board recently authorized a contract with Community Health Partnership for the services of an Association Administrative Assistant. The Board, at their January 2007, identified the need for administrative support for OPHA as the highest priority. Primary tasks needing to be done were maintaining membership records, assisting OPHA leadership with member communication, providing member information to committees and sections, and assisting with Annual Meeting registration. For the past two years all

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OPHA Mission

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

OPHA SECTION NEWS

Report from the Public Health Nursing Section

The Public Health Nursing Section celebrated Nurses Week, May 6-12, with their annual luncheon on May 8. In addition to a festive lunch, members heard from Martin Taylor, Director of Health Policy and Government Relations, Oregon Nurses Association. Martin provided a legislative update on nursing issues within the current session.

Dawnelle Marshall, Public Health Division Director, Douglas County, was presented with the Public Health Nursing Leadership Award. Dawnelle has been with Douglas County Public Health for nearly twenty years and has served as their

PH Division Director since 1990. She manages approximately seventy staff and twenty PH programs. She has taken the lead in advocating for the profession of PH Nursing throughout Oregon, but in particular, southern Oregon. She has served as a leader in the Healthcare Coalition of Southern Oregon for over ten years. In 2005, she played an instrumental role in securing a HRSA grant to improve retention and recruitment of nurses in five counties in southern Oregon. She is a respected leader who works tirelessly, shaping public health policy in Douglas County and in Oregon.



Dawnelle Marshall, Recipient of the 2007 Public Health Nursing Leadership Award, opens gifts from colleagues.

Epidemiologists' Forum

Using Electronic Medical Records for Research and Surveillance

Sponsored by the Epidemiologists' Forum, Brian Hazlehurst of Kaiser Permanente Northwest, Center for Health Research, made a presentation on Electronic Medical Records on May 15 at the Oregon Health & Science University. Over 30 people attended. Although this was the first time that the Epidemiologists' Forum was held at OHSU, many in the audience were first-time attendees.

Dr. Hazlehurst explained Electronic Medical Records and factors that must be taken into consid-

eration when using EMRs in research, including overcoming the challenges of EMR data, interoperability, completeness, and accuracy. He described MediClass, a system that processes EMR encounter data using both the free-text and standardized codes to identify clinical events in the EMR. He cited several research projects that used this system to process EMR data in the areas of quality, safety, and disease surveillance including an assessment of provider adherence to the 5 steps of the 5 A's smoking cessation program and Vaccine Safety Datalink case entry for identifying adverse events following vaccinations.

For more information contact Dr. Brian Hazlehurst at brian.hazlehurst@kpchr.org



OPHA 2007 Legislative Session Highlights

Judy Cleave, MPH, RN, Policy Committee Chair

Alone we can do so little; together we can do so much. ~Helen Keller

As the 2007 legislative session nears closure, I am happy to have the opportunity to reflect on the past two years that I have served as the OPHA policy chair. I agreed to serve in this capacity when Katie Riley assumed the presidency. Katie was very clear with fellow Board members: she expected each Board member to assume an active leadership role in the organization. She effectively steered each of us into a role and encouraged us to do our best.

The OPHA is full of many talented individuals, people who care deeply about public health policy and have fine-tuned advocacy skills. We have members who function daily in policy roles for government and private nonprofit organizations. Others use their public health knowledge to advocate through spoken and written word for public health policy change, even though that is not their primary job function. Even members with little or no policy advocacy experience have much to offer; they only need to be encouraged and mentored to share the knowledge and passion that each of them possesses.

Where do I fall on the continuum and why did I move into this role? I believe that I assumed this role, because I needed to learn more about public health policy advocacy, and this has been a tremendous learning experience. My role was one of convener, facilitator, and communicator with a group of people who taught me much. Katie has been a stellar mentor; she has been the policy committee chair herself, and her husband Chuck is a legislator. Don Austin, MD, MPH, another Board member and public health professor, has modeled letter writing to editorial boards and legislators, has helped us to understand rele-

vant research and logic behind issues, and has testified before legislative committees on numerous occasions. Craig Mosbaek, also highly experienced in public health policy and legislative matters, helped us develop a strategic direction for this session while running his own advocacy organization, Upstream Public Health. I am in awe of the knowledgebase that committee members possess, regardless of experience. Young in their careers or nearing retirement, each person has made important contributions.

Our committee started from scratch. We had no sense for what could be accomplished as a group of volunteer policy advocates with busy lives. Finding a balance between enough policy work to make a difference while maintaining personal health was the first undertaking. Craig Mosbaek developed an idea for an endorsement process, which we collectively fine tuned. We developed five policy areas for legislative focus: 1) water fluoridation; 2) tobacco; 3) obesity (including nutrition and physical activity); 4) health care access; and 5) alcohol and substance abuse.

We developed a letter inviting organizations and legislators to submit legislative concepts for public health policy so we could determine which proposals to support during the legislative season. Proposals were accepted prior to and during the legislative session. We thoroughly discussed the merits of proposed legislation and recommended legislation to the Board for approval.

A public health legislative visit day, organized by Lesli Uebel and the Adoles-

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Josephine County (Continued from page 3)

cent Risky Behavior Section in cooperation with our public health alignment partners, kicked off the legislative session. People of all ages brought our priorities to the attention of legislators throughout the state capital building with apples, bookmarks, ARB legislative brochures, displays, and games.

We tracked bills within each of the five priority areas. Tracking was a team effort; several committee members tracked one or more bills so no one person was responsible for knowing everything about all the bills. As of June 18, two of those five priority bills have been signed into law. Those two bills are SB 571, the Smoke Free Workplace bill, and HB 2650, the School Nutrition Bill. Another endorsed bill, although not one of our priority areas, has become law. This bill, HB 2372, requires employers of 25 or more workers to provide unpaid rest periods to nursing moms to express breast milk.

We worked hard with other public health advocacy groups (Northwest Health Foundation, Community Health Partnership, Oregon MPH Program, Oregon DHS Public Health Division, Conference of Local Health Officials, and Upstream Public Health) to promote and support community water fluoridation and The Healthy Kids Plan. Water fluoridation has been a focus for us for the past 50 years without passage of a community water system fluoridation bill. This is an opportunity to learn from unsuccessful initiatives. The Healthy Smiles Coalition and other fluoridation supporters are already developing policy strategy for the next legislative session.

We supported The Healthy Kids Plan, the School PE Bill, and malt liquor taxes, but these initiatives failed. We also supported the adolescent incarceration re-

form bills as an additional public health focus, but those bills didn't get out of committee.

The 2007 session will close soon. It's been a great learning experience for OPHA's policy committee, and bills from two of our five priorities passed. We have become part of a larger group of public health advocates who are pulling together to establish a vision for Oregon's public health and align public health policy. We have a solid base to build on for future public health policy efforts and will keep membership informed of plans for future policy work.

Please include public health policy work in your future. Your contribution should be tailored to what your life allows; the workload is much more manageable when many are working together. Talk with a policy committee member or a board member about your interest in policy work or email Judy Cleave at cleavefamily@comcast.net



Call for Proposals

63rd Annual OPHA Meeting and Conference

October 3 and 4, 2007,
LaSells Stewart Center,
OSU campus, Corvallis, Oregon

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 and posters.
Deadline for Submission: August 1, 2007

To submit an abstract for consideration and presentation at the conference, you do not need to be an OPHA member.

For a link to the abstract application visit the OPHA website:

www.oregonpublichealth.org Questions?
Please contact Tom Engle at 971-673-1232 or e-mail at tsengle@verizon.net

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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

Josephine County Reductions (continued from page 1)

The ability to provide additional services or well-timed responses to requests will be affected by reduction. These include:

- Animal Protection and Regulation – reduction in staffing by one-half
- Babies First and CaCoon – decreases in nursing time
- Perinatal MCM visiting – decreases in nursing time

The reduction in employees is 27% overall; 10 positions will be eliminated. This reduction in staffing, particularly nursing staff, will impact JCPHD's ability for surge as needed for outbreaks and disasters. The ability to work toward prevention of illness and disease to mitigate future risks and costs to the community will be reduced.

Under this proposed budget, all mandated programs will remain a part of Public Health services. Programs such as WIC and immunization clinics will probably experience lines and delays in services. Additionally, JCPHD will be reviewing budgetary status on a monthly basis to assess its ability to meet targeted revenues and expenditures. Upon this review, targeted dollar amounts cannot be met and additional cuts during the 2007-2008 fiscal year may be necessary.

While JCPHD can keep its doors open at some level and retains the hope that it can climb out of this hole in the future, many opportunities will be lost. All counties in southern Oregon are similarly underfunded and reduced service provisions, decreased partnerships, and increases in long-term risks to the community for health reasons are expected. Public health is a silent leader in many areas of prevention and health promotion; quite often the services provided are not visible to the entire community.

This makes the challenge of advocating for services more complex, especially in a time when even basic sheriff patrols cannot be assured.

**Update:
Submitted by Belle Shepherd, June 29,
2007**

Two days before major layoffs were to take place throughout the county, the federal government passed a one-year package of support. Board of County Commissioners and the Budget Committee ultimately voted to allow a portion of these dollars to support the Criminal Justice system at its current level. All other departments, including Public Health would be decreased as previously mentioned. However, our Public Health Division supports nursing services in the Adult Jail and the Juvenile Detention facilities, so we were able to keep staffing in those programs at a status quo level. In addition, we were able to retain a support staff to help monitor those and other programs so that we still meet our mandated programs. Other changes however were to continue as previously mentioned, with one exception: we have successfully negotiated with the State HIV – Ryan White program to sustain HIV nursing services.

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these tasks have been done by volunteers. A contracted position will provide stability for these important administrative supports.

The Board welcomes Ebony Williams from Community Health Partnership who will be the Association Administrative Assistant for OPHA. The Board thanks Rachel Plummer and Kerri Lopez from Northwest Portland Area Indian Health Board for all their work the past two years managing the member database.

Special Section

Oregon Becoming Prepared for Public Health Emergencies

By Susan Allan, MD, JD, MPH, Public Health Director, Public Health Division, Oregon DHS

Oregon's Public Health Division (OPHD) has continued to be a major player in advancing the state's emergency preparedness systems. Recent public health preparedness activities have emphasized the development of core capabilities that would be useful in a wide range of emergencies. Although some critical areas still need attention, the state and local public system has made great strides in preparedness to protect public health in small or large emergencies – whether a disease pandemic, terrorist attack, radiation accident, or natural disaster. The following is a brief summary of some of the current activities:

Public Health Laws and Authorities in Public Health Emergencies

The Oregon Legislature recently passed a bill to strengthen and clarify the authority and public health tools for identifying and responding to public health hazards and emergencies. The provisions in HB 2185, give state and local public health officials improved ability to take appropriate actions to protect public health in a wide range of emergencies and threats.

HB 2185 was the result of an extensive assessment of current Oregon laws including a comparison to other state laws and a model public health law. The workgroup included 20 members from various organizations, including Conference of Local Health Officials, Association of Oregon Counties, ACLU, Oregon Medical Association, Oregon Nurses Association, Oregon Association of Hospitals and Health Systems, law enforcement, and Public Health Advisory Boards.

The bill provisions cover a wide range of public health authorities and processes. Key changes include:

- Clarifying state and local roles in

large emergencies or those of federal interest.

- Creating the authority for the state Public Health Director to take certain actions in public health emergencies, including issuing guidelines for health care providers and managing scarce medical resources.
- Identifying certain "intermediate" public health emergencies that the state Public Health Director could address without the requirement of a Governor's declaration of emergency.
- Updating and/or creating standards and procedures for quarantine and isolation to be used in emergencies and for large groups of people.
- Specifying the authority to investigate and assess in certain situations where there is a potential hazard to public health.
- Creating the authority to take charge of and manage human remains.
- Providing the authority to require remediation of toxic hazards in those situations for which no state agency currently has jurisdiction.

After the bill is signed by the Governor,

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it will go into effect January 1, 2008.

To read the bill, see: <http://www.leg.state.or.us/07reg/measpdf/hb2100.dir/hb2185.a.pdf>

TOPOFF 4 Exercise

In October 2007, the state of Oregon and the Portland metro area will be participating in the fourth national Top Officials emergency exercise (TOPOFF 4). TOPOFF exercises are designed to test the federal-state-local systems for effective, coordinated action in response to terrorist threats and major disasters. Guam and Arizona will also be participating in TOPOFF 4. Many federal agencies and at least two foreign countries will also be participating to some extent. This event will probably attract a lot of national and even international media attention.

In Oregon, TOPOFF 4 will be a full-scale exercise – with active simulation of the events and of the response. The scenario will involve the explosion of a radiological dispersion device “dirty bomb” somewhere in the city of Portland. The Portland metro area will be testing medical surge capacity (the ability to manage large numbers of injured or ill people)

OPHD is the lead state agency for radiological events. Staff of the Division’s Radiological Protective Services program and the Public Health Emergency Preparedness program have been particularly involved with the planning for this exercise, and are working closely with the many federal, state and local agencies that would have important roles in responding to a radiological emergency. The Oregon Radiological Emergency Response Plan has been updated and two OPHD staff presented the plan at a

meeting in Washington, DC with the US Department of Homeland Security. An orientation to the plan is being provided at five meetings scheduled around the state. At the meetings, public health, hospital and emergency responder personnel are receiving training about the plan and participate in a tabletop exercise. The orientations have been held in Portland, Baker City, Coos Bay, Independence and Bend.

TOPOFF 4 will be an opportunity to bring attention to the challenges and the achievements of emergency preparedness in Oregon.

Pandemic Influenza Planning



PandOrA Exercises, November 2006

Oregon has made significant progress in planning for pandemic influenza and other significant communicable disease outbreaks. The OPHD recently hired two new public health planners, Michael Kubler, MS, and Julie Plagenhoef, MPH, to work with local health departments, hospitals, state public health liaisons, hospital preparedness coordinators, and other stakeholders. Plans and exercises focus on potential mass vaccination, distribution of antiviral medications, and community containment measures. The

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emphasis is to develop plans and skills that would be useful in a wide range of public health emergencies, especially other types of disease outbreaks.

The CDC recently released a document entitled "Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States." Although not the most user-friendly title, the document is user-friendly. It provides clear and practical recommendations for measures that communities can take that appear to significantly reduce the spread of influenza. The recommendations are based both on modeling disease spread in pandemics and historical studies of the experience of different communities and cities during 1918. The encouraging findings were that community measures could significantly slow the rate of spread and probably reduce the number of people ultimately infected during a pandemic.

Community actions that are effective include voluntary isolation (generally at home) of people who are ill; encouraging people who live with someone who is sick to voluntarily stay home for a few days until they have passed the incubation period for influenza; increased "social distancing" in the workplace; and canceling classes in schools, which was shown to be unexpectedly effective. (Additional measures and more detail are provided in the CDC document.) In general, these measures are more effective if instituted early and if several are used at the same time.

With the evidence of the effectiveness of canceling classes in reducing the spread of a pandemic, the public schools have become an important component of state planning. In early May, the Oregon Department of Education and the OPHD

co-sponsored a "Cancellation of Classes" tabletop exercise. Participants included the OPHD, Department of Education, Oregon School Boards Association, Oregon Parent-Teacher Association, Oregon Education Association, Oregon School Employees Association, Confederation of Oregon School Administrators, Oregon Emergency Management, representatives from the Governor's office, and the Multnomah, Marion, and Benton county health departments.

The "after action report" for the exercise is being completed and analyzed. Follow-up activities will include regional exercises over the next 12 months to ensure integration of state and local plans.

For more information on community containment measures, see: http://www.pandemicflu.gov/plan/community/community_mitigation.pdf

For more information on pandemic influenza, see: <http://www.pandemicflu.gov/>

Avian Influenza Preparedness

Oregon's Avian Influenza Plan is a comprehensive and state-of-the-art plan that includes many state and federal agencies and covers a wide range of activities relating to risk for birds and humans. Currently, much of the national and international attention centers on the H5N1 strain of avian influenza spreading through much of the world. The number of human cases is still very small (fewer than 300 cases identified worldwide over the past few years), but this strain seriously affected birds in some settings. It is just a matter of time before the H5N1 strain enters the US. Wild and domestic bird populations are at the highest risk; thus far, this strain does not spread significantly from person to person. The primary human risk

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is among those who have close contact with infected birds, especially poultry workers.

Therefore the state's Avian Influenza Plan focuses on surveillance of bird and human cases; testing of specimens; management of potentially affected bird populations; precautions for people who work with poultry or wild birds; and providing targeted and effective information to professionals and the general public. The plan includes coordination of all these activities within the state (among state and local agencies), the federal government, and adjacent states.

Oregon is participating in a national system of H5N1 surveillance for birds and human cases. State and federal agriculture and wildlife authorities have surveillance systems for both wild birds and commercial poultry to detect introduction of the virus into the US. Since 2006, state and federal wildlife agencies have been testing samples from wild birds that migrate to Asia or mix with Asian birds. During the first year, more than 145,000 samples were tested nationwide, including 3,100 from Oregon. All wild bird surveillance samples have been negative for H5N1, although other relatively common forms of avian influenza were detected.

On April 17, 2007, the Food and Drug Administration approved the first human H5N1 influenza vaccine. The vaccine will not be commercially available, and will be stored by the federal government for potential use if the H5N1 develops into a human pandemic strain. Because a human pandemic virus would be a mutated form of the current strain, it is not known how effective this vaccine would be.

Meanwhile, the attention to avian influenza (and to pandemic influenza) is a reminder that annual influenza outbreaks should not be overlooked – these yearly outbreaks are deadly and can be prevented if people get vaccinated.

For more information, see: <http://www.oregon.gov/DHS/ph/acd/flu/influenza.shtml>

Medical Advisory Group

An important component of the state planning for pandemic influenza and other public health threats is the state's Medical Advisory Group (MAG). The purpose of the MAG is to assist the OPHD in developing frameworks and processes for some of the difficult decisions that might need to be made in a large or prolonged emergency.

The MAG includes 24 representatives of major health care and health professional groups and organizations, tribes, academia, and local government. The goal is to include representatives of groups or professions that would have to respond to or implement the state guidelines or actions in a public health emergency. The MAG has considered lessons learned from the 2004 influenza vaccine shortage and 2001 Anthrax cases, developed an ethical framework for decision making, and used three disaster situations – pandemic flu, an earthquake, and a large chemical release – to consider decisions that might have to be made. Those who participated in the MAG developed a common understanding and framework for considering the health and medical challenges of emergencies.

Six all-day meetings were held from October 2006 to May 2007. After the May 2007 meeting, the MAG will continue to

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meet on a less intensive schedule. The MAG developed guidelines for ethical decision-making during emergencies and discussed scenarios and principles concerning allocation of scarce resources and altered standards of care. The group also provided review and recommendations for effective communications with health care providers and other responders about public health and medical matters during an emergency. The work to-date has been very useful. It is anticipated that the members of the MAG will continue to be a

highly valuable resource for the OPHD leadership and decision-makers.

For more information on the Medical Advisory Group, see: http://www.oregon.gov/DHS/ph/preparedness/mag/resources_and_newsletters_list.shtml or http://www.oregon.gov/DHS/ph/preparedness/mag/minutes_and_agendas_list.shtml



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Submissions

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

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

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Announcements and Notices

SAVE THE DATE

OREGON PUBLIC HEALTH ASSOCIATION

63rd Annual Meeting and Conference
October 3 and 4, 2007,
LaSells Steward Center, OSU Campus, Corvallis, OR

This is possibly the biggest public health event in Oregon! Two stimulating days of meaningful education, provocative dialogue, productive networking, and refreshing camaraderie. Come help shape the future of public health in Oregon. Check our website at: www.oregonpublichealth.org for more details, including the Call for Proposals form for those interested in submitting a session or poster presentation abstract.

Public Health Genius Awards

Save the Date: October 23, 2007

Community Health Partnership, Oregon's Public Health Institute, will confer the 6th Annual Genius Awards on October 23, 2007, to recognize and honor outstanding Oregonians who are working to improve the public's health. Please plan to join us for this celebratory luncheon.

Reserve your Seat Today! Please contact Ebony Williams at ebony@communityhealthpartnership.org