

Centre County  
*Partnership for Community Health*



*Partnering to Bridge the Gaps*

April 08, 2009

Centre County Partnership for Community Health  
P.O. Box 563  
Lemont, PA 16851

Dear Sir/Madam,

The Centre County Partnership for Community Health is excited to announce our first follow-up training to the Behavioral Risk Factor Surveillance System – Over Sampling Project (BRFSS – OSP) Survey Results as promised: **“Let’s Make the BRFSS-OSP Data Work for Centre County!”** This training opportunity is made possible by a community grant from Centre County United Way.

The training will held on **May 29, 2009, Friday, from 9:00 a.m. – 3:30 p.m. at Celebration Hall,** (2280 Commercial Boulevard State College, PA 16801).

The day will be led by **Jonathan Johnson, Senior Policy Analyst for the Center for Rural Pennsylvania.** Mr. Johnson has spent nearly 19 years analyzing and evaluating rural policies and programs for the Center for Rural Pennsylvania, a legislative agency of the PA General Assembly. Some of his accomplishments include developing and maintaining the State’s first rural database on socio-economic and demographic factors; evaluating statewide economic development programs for impact on rural areas; and initiating community visioning projects in four rural PA communities.

Based on the BRFSS – OSP results, we will provide you with the tools for data interpretation and priority identification. The afternoon session will be spent identifying specific health priorities for Centre County.

We hope you will join us for an interactive day with lots of opportunity for discussion.

Sincerely,

Centre County Partnership for  
Community Health

\*See Attachments - Response Card  
Agenda

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**Please RSVP by May 20, 2009 to:**

Grace C. Derr, RN BSN

Telephone Number: (814) 865-0932

Fax Number: (814) 863-6504

I / My representative/s will attend the meeting on May 29, 2009.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

I / My representative/s will attend the meeting on May 29, 2009.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

I / My representative/s will attend the breakfast meeting on May 29, 2009.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Food Allergies: \_\_\_\_\_