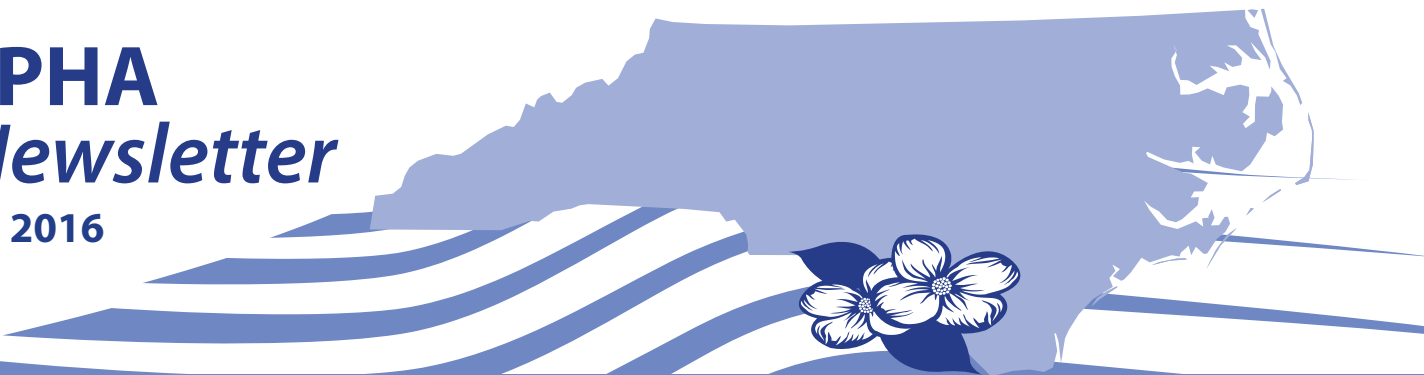


NCPHA E-Newsletter

March 2016



Newsletter from the NC Public Health Association and the NCPHA Public Awareness Committee

Message from the President

– Suzanne Lea, NCPHA President



Spring is in the air! Spring forward! Spring break! Our NCPHA Spring newsletter has many exciting updates that propel us forward to meet our mission and keep us current in changing times.

- **Brittan Wood provides an update on the Spring Conference: *Health in all Policies*.** See page 3 for more information on the Spring Conference.
- Josh Swift provides an update on the Fall Conference: *Bridging Generations for New Directions in Public Health*
- State Division of Public Health provides an update on Zika virus
- **Did you know?** New Immunization Schedule released!
- **Spotlight on?** March is National Nutrition Month

Since our last newsletter, newsworthy items are available:

- NCPHA's 2016-2020 Strategic Plan was approved by Governing Council. We have a goal to engage Young Professionals and prepare them for future leadership of NCPHA. We also aim to energize our membership around improving healthy baby outcomes across our state by reducing infant mortality. More information will be posted on the website.
- NCPHA is offering, for the first time, a topic for local health departments to consider including as part of APHA's National Public Health Week, April 4-10, 2016. The focus is on preventing injury among the elderly by preventing them from falling. A 'thank-you' to Student Representative, Julia Land (ECU MPH) and the Student Committee that worked to prepare this toolkit. More information will be posted on the website.
- NCPHA held February Governing Council meeting at the American Cancer Society (ACS) office in Raleigh. Anna Jones of ACS introduced members to the national initiative to increase colorectal cancer screening to 80% by 2018. See the YouTube video on the website under "Get Connected." March is Colorectal Cancer Awareness Month.

Spring, a metaphor for so many invigorating images, sprouts new growth, including opportunities for professional development within NCPHA. You can get involved in any of these activities and more! Contact your leadership members with ideas, suggestions, and feedback. Thank you!



NCPHA E-Newsletter

Choosing Wisely: Dedicated to improving health care quality for all North Carolinians



“Antibiotic resistance has been called one of the world’s most pressing public health problems,” according to the Centers for Disease Control and Prevention (CDC) GetSmart program. “Antibiotic resistance can cause illnesses that were once treated with antibiotics to become dangerous infections which can spread to family and community. These illnesses cost more to treat and can lead to disability or death.” Resistance can occur when antibiotics are not taken correctly. Resistance can also occur when antibiotics are prescribed unnecessarily, such as for a viral infection rather than the bacterial infections for which they are effective. Fortunately, there are many efforts aimed at reducing overuse of antibiotics. The CDC, as well as the *Choosing Wisely* campaign, encourages clinicians and patients to discuss which medical tests, procedures, and treatments may be unnecessary for their condition, and in some instances, may cause harm.

The *Choosing Wisely* campaign was launched by the ABIM Foundation, Consumer Reports, and nine medical specialty societies in 2012. To date, more than 100 national, regional, and state medical specialty societies, health collaboratives, and consumer groups have joined the campaign. Participating national specialty societies have released more than 70 lists of tests or procedures they say are overused or inappropriate in their specialty, and that clinicians and patients should discuss.

Thanks to a grant from the ABIM Foundation with support from the Robert Wood Johnson Foundation, the North Carolina Healthcare Quality Alliance (NCHQA) advances *Choosing Wisely* locally through a coordinated effort to reduce utilization of inappropriate medical tests and treatments in North Carolina. NCHQA is a collaboration of key leaders in health care quality improvement. NCHQA and its partners strive to raise awareness of select *Choosing Wisely* recommendations and the problem of overuse generally among patients and clinicians in the broader community.

As part of the North Carolina *Choosing Wisely* campaign, NCHQA has partnered with Duke Health and Cornerstone Health Care to significantly reduce inappropriate use of four specific tests and treatments,

including inappropriate use of antibiotics for viral-based illnesses. NCHQA also partners with the North Carolina Medical Society (NCMS), Blue Cross and Blue Shield of North Carolina (BCBSNC), and the North Carolina State Health Plan for Teachers and State Employees (SHP). The partners recognized the importance of decreasing the use of antibiotics to treat the flu during the 2015-2016 flu season and initiated patient and provider education efforts. They plan to work with additional community organizations in preparation for the 2016-2017 flu season to provide a more comprehensive education and awareness effort.

Public health professionals are urged to join the effort to increase awareness and understanding in their communities about the problem of inappropriate use of medical tests and treatments, including misuse of antibiotics. Public health interventions include the following:

- Educate the community regarding illnesses that are bacterial versus illnesses that are viral and therefore not candidates for antibiotic treatment.
- Provide information on ways to reduce the use of antibiotics by avoiding or preventing the spread of infections.
- Provide information on the Consumer Reports’ *Five Questions to Ask Your Doctor Before You Take Antibiotics*: Do I really need antibiotics? What are the risks? Are there simpler, safer options? How much do they cost? How do I safely take antibiotics?

The [ABIM Foundation](#), [Consumer Reports](#), and leading medical societies have developed numerous *Choosing Wisely* materials for providers, patients, and employers to support conversations aimed at reducing overuse including brochures, wallet cards, posters, and videos. Teaching modules are also available online for use in outpatient, inpatient, and workplace settings. These materials include recommendations for reducing unnecessary tests and treatments, suggestions on how to talk with your doctor and other health care providers, and information on why clinicians should engage in discussions about making wise choices with their patients. Public health professionals can distribute these materials throughout their organizations and communities in an effort to raise awareness and understanding about how unnecessary testing and prescribing can be reduced.

For more information regarding the *Choosing Wisely* North Carolina program contact Pamela Entzel, Project Manager, or visit our microsite at consumerhealthchoices.org/northcarolina.



2016 NCPHA Spring Conference

Thursday, May 5, 2016

Theme - Health in All Policies

Location: Doubletree Raleigh - Brownstone University
(see below for hotel room reservations)

To register for the event , click here for the form

(our website is undergoing an upgrade so we are unable to offer online registration until the upgrade is complete)

We welcome exhibitors at our conferences. It's a great opportunity to meet our members and to introduce your organization. For more information and the registration form, click here.

Draft Agenda

- 9:30 Welcome** - NCPHA President Dr. Suzanne Lea & Dr. Randall Williams, State Health Director
- 9:45 Opening Session**- What is Health in All Policies and Why does it Matter? - Julia Caplan, MPP, MPH, Program Director, Public Health Institute, Health in All Policies Task Force, California Department of Public Health
- 10:30 County Health Rankings** - Laura Edwards, RN, MPA, Sr. Vice President for Strategic Initiatives, Population Health Improvement Partners and Mel Downey-Piper, MPH, CHES, Director of Health Education, Durham County Department of Public Health
- 11:15 Break, Visit Exhibitors**
- 11:45 Lunch**
- 12:30 Lunch Speaker** - Rick Brajer, NC DHHS Secretary
- 1:00 Panel Session:** Using Community Health Assessment and Community Health Improvement Plan to Implement a Health in All Policies Approach - Stacie Saunders, MPH, Health Director, Alamance County Health Department and Ann Meletzke, Executive Director, Healthy Alamance, Phyllis Rocco, RN, BSN, MPH, Branch Head, NC Division of Public Health, Jennifer Greene, Deputy Health Director, Appalachian Health District and Jane Shook, Planning Supervisor, Town of Boone
- 2:30 Ignite Session:** 10 minutes each - Topic on How They Have Been Involved in a Health in All Policies Approach
- NC DOT - Lauren Blackburn, AICP, Director and Ed Johnson, RLA, ASLA, Asst. Director, NC Department of Transportation, Division of Bike and Pedestrian Transportation
 - NC County Commissioners - Kevin Leonard, Executive Director
 - NC Housing - Gregg Warren, President, DHIC, Inc.
 - NC Dept. of Public Instruction- Ellen Essick PhD, Section Chief, NC Healthy Schools
 - NC Division of Public Health - Ruth Petersen, MD, MPH, Section Chief, NC Division of Public Health, Chronic Disease and Injury Section
 - Healthy Foods - Jed Hinkley, MPH, Healthy Foods Coordinator, Partnerships to Improve Community Health, Albemarle Regional Health Services
- 3:30 Bob Custard**, President, National Environmental Health Association
- 4:00 Next Steps**- Dr. Lea and Dr. Williams
- 4:15 Closing remarks**

Hotel Information:

NCPHA has a small block of rooms reserved for Wednesday, May 4 for the rate of \$67.30/night for state employees. To make a reservation, call 919-828-0811 and use the code NCP. Reservations must be made by Wednesday, April 13th.



From Dr. Randall Williams, Deputy Secretary for Health Services



It is truly a privilege to work with Secretary Rick Brajer and our other colleagues at the Department of Health and Human Services (DHHS) and throughout the state as State Health Director. While the increases we see in life-span around the world during the last century are a testament to the value of public health, the challenges of keeping people healthy as they live longer in this century will

increasingly require even greater effort from those of us in public health. North Carolina has been a thought leader in public health with the formation of the State Board of Public Health in 1877 and the opening of the second county health department in the United States in Guilford County in 1911. 2016 is perhaps the most important year in North Carolina's health care history and we are fortunate to have a tremendous amount of expertise and experience in our 85 local health departments, the Division of Public Health and the Department of Health and Human Services as we begin a transformational time in North Carolina.

With the 1115 Medicaid waiver, we are pursuing the aims of quality care for individuals, an emphasis on population health, sustainable costs, and provider engagement. We have been deliberately collaborative with the leadership of the local health departments to insure that integrated into the waiver is the essential role our local health departments play as safety nets in the care of patients in North Carolina. We have had numerous meetings with our Health Benefits team and Mercer and are pleased that we accomplished this important goal to maintain local health department's financial sustainability while health care financing changes. We are the ninth largest state in the country and projected to be the 9th largest by 2030, so we have worked very hard at DHHS to create a patient and community centered plan that will be sustainable.

Programmatically, DHHS is focused on North Carolina's Medicaid waiver, behavioral health reform, opioid use, and infant mortality. A family physician in Sylva told me in 1981 when I was starting medical school that a physician's effectiveness is determined by one's availability, affability and ability, in that order. I have never forgotten that and found it to be true, so I have purposefully tried to travel to all 100 counties this year for visits with local providers. It is very helpful to see the challenges local

health directors, hospitals, and physicians are facing. The United Health Foundation has looked at different metrics each year since 1990 to gauge the health of states. This year North Carolina received its highest ranking ever at 31st and had the greatest rate of yearly increase from 37th to 31st in 2015. North Carolina was recognized for having the second highest national vaccination rate and the number two rate of Gardasil vaccination rate in the country. This is a testament to coordinated care between the state and local providers.

As I often tell patients, the average age for women living in the year 1900 in the United States was 48 and it is now 81, but increasingly morbidity and mortality are influenced by lifestyle associated chronic diseases such as diabetes, hypertension, cardiovascular disease, and cerebrovascular disease. As we emphasize population health in capitated models, it becomes increasingly vital that we focus on prevention as much as we have focused on treatment in the past. We will increasingly work to incorporate the skill sets that public health utilizes to assist health care systems in preventing illness and taking care of communities. We have been very purposeful about codifying this into the waiver application as Person Centered Health Communities.

Our Medical Examiner System conducts 3,200 autopsies using 16 Board Certified Forensic Pathologists at four sites as they investigate 11,550 deaths among the 90,000 that occur each year in North Carolina. We have taken several recent steps to improve our system's effectiveness and efficiencies. We are conducting annual training of our local medical examiners and have hired a clinical social worker and legal specialist to help families and increase client communication at our central office in Raleigh. We are training fellows at three of our academic sites to help with future workforce issues since there are only 500 board certified forensic pathologists in the United States. I have visited the Medical Examiner's Office in Baltimore, Maryland and met with David Fowler, the President of the National Association of Medical Examiners, and we are actively seeking accreditation of our Chief Medical Examiners Office.

One out of four autopsies now involves overdoses and the several I have observed this year at the morgue in Raleigh are unfortunately associated with the opioid epidemic we are seeing nationwide. More people die in the United States from drug overdose than either automobile accidents or firearms. Additionally, 80 percent of all the oral opioids used in the world are used in the United States. Secretary Brajer and Chief Justice Mark Martin co-chair

continued on next page



Continued... Dr. Randall Williams, Deputy Secretary for Health Services

the Governor's Task Force on Mental Health and Substance Use and we are working with the North Carolina Medical Board, North Carolina Pharmacy Board, the North Carolina Medical Society, and members of the legislature to address this complex and growing problem.

We will convene a statewide summit on reducing infant mortality on March 24th to engage the thought leaders throughout the state as we prioritize matching resources with our greatest needs. We feel there are proven strategies that work, but we want to focus on implementing those strategies. We will work with established programs and nonprofit partners this year to assess various implementation strategies as we prepare to present a program broader in scope to the General Assembly.

We are very aware of the need for more obstetricians and primary care physicians in our underserved rural areas as part of our strategy and are working with our Office of Rural Health and GME funding reform to actualize that. We are in constant communication with our state supported and private medical schools to align resources to meet the needs of all the people of North Carolina. Ninety-seven percent of all 20,000 medical students in the United States self identify that they do not plan to practice in a rural area, but evidence shows directed programs can identify and locate students and residents who become part of these communities. I was on Capitol Hill last month where former Governor of Iowa and current Secretary of Agriculture Tom Vilsack reminded us that there are many reasons people love living in rural communities, and we appreciate that agriculture and agribusiness remain North Carolina's number one industry. We feel very strongly that having local physicians is a vital part of building local communities. Thirty counties do not have obstetricians in North Carolina, and we feel that local access to health care in addition to good education and job opportunities are vital to addressing the social determinants of health.

The emergence of the Zika virus and its association between microcephaly in South and Central America

reminds us that public health is always global. Working in Iraq, Afghanistan, and Libya has taught me that we must always monitor global events and understand that the world is much smaller now. An axiom in public health is to exercise an abundance of caution with any emerging issue and to shift resources when these issues arise.

Water is always of concern throughout the United States and the world, and that is no different here in North Carolina. The Coal Ash Management Act has also led to emerging issues on the safety of newly studied elements. We once again work with our colleagues in the Department of Environmental Quality and County Governments to assess and reassess the recommendations concerning these levels as we learn more information about them.

At DHHS, we think daily about how we can help people and families as they face mental health issues that affect them or loved ones. Our senior leadership spent a day undergoing Mental Health First Aid training and we are committed to decreasing the stigma that is sometimes associated with mental illness and expanding this program to help all North Carolinians. We have trained 17,943 people and trained 362 trainers and are in the early stages of initiating this program in colleges and community colleges in North Carolina while expanding in parallel fashion to all who are interested.

We often say that at DHHS we are "Working for a healthier and safer North Carolina Everywhere, Everyday, Everybody" and our means of accomplishing that is to be innovative and collaborative. In a state of 10 million people and 48,000 square miles with 100 counties, we are blessed to have both partners in local communities and members of DHHS who have a tremendous amount of expertise and experience to help us meet our citizens' needs. Thirty years of being a primary care physician taught me that the happiest people I meet are other- centered and feel like they are part of a mission that is bigger than them and that certainly applies to the colleagues that I have the privilege of working with.



Governor McCrory Proclamation: *Public Health Month*



State of North Carolina

PAT McCRORY
GOVERNOR

PUBLIC HEALTH MONTH

2016

BY THE GOVERNOR OF THE STATE OF NORTH CAROLINA

A PROCLAMATION

WHEREAS, public health measures to control and eliminate infectious diseases, improve environmental sanitation and promote healthy lifestyle practices have been the greatest cause of improved health status and increased life expectancy for North Carolina's residents, such that North Carolinians have an average life expectancy at birth of more than 78 years; and

WHEREAS, public health plays a critical role in eliminating health inequities and preventing chronic diseases and injuries, resulting in improved productivity and decreased health care costs for all North Carolinians; and

WHEREAS, a continued focus on promoting public health programs that provide accessible, high-quality medical care and that promote healthy lifestyles for women of childbearing years has resulted in a 17 percent decline in infant mortality since 2000; and

WHEREAS, a continued focus on prevention has resulted in a 40 percent decline in age-adjusted heart disease death rates since 2000, a 45 percent decline in age-adjusted stroke death rates since 2000, and a 56 percent decline in birth rates for teens (ages 15-19) since 2000; and

WHEREAS, the State of North Carolina is committed to a continued emphasis on prevention in public health and on helping North Carolina reach a better state of health through actions outlined in the Healthy North Carolina 2020 Objectives; and

WHEREAS, the Healthy North Carolina 2020 health objectives represent a 10-year plan to improve the health of all North Carolinians by working to promote access to preventive and needed health services; foster positive and supportive living and working conditions in our communities; and support individuals in developing the capacities and skills to achieve healthy living; and

WHEREAS, communities, employers, hospitals and health care providers, individuals and families, insurers, legislators and policy makers, schools and child care facilities must work together to identify and develop innovative solutions to health problems facing the people of North Carolina;

NOW, THEREFORE, I, PAT McCRORY, Governor of the State of North Carolina, do hereby proclaim April 2016, as "**PUBLIC HEALTH MONTH**" in North Carolina, and command its observance to all citizens.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of North Carolina at the Capitol in Raleigh this first day of March in the year of our Lord two thousand and sixteen, and of the Independence of the United States of America the two hundred and fortieth.



Pat McCrory
PAT McCRORY
Governor



North Carolina Responds to Zika Virus Threat

Zack Moore, Belinda Pettiford and Carl Williams

Since January, the North Carolina Department of Health and Human Services has been working with state and local partners to prepare and respond to the expanding outbreak of Zika virus infections in South America, Central America, Mexico, and the Caribbean.

Zika virus is spread through the bite of an infectious mosquito. The virus can also be spread through sexual contact, and isolated cases have occurred following blood transfusions. Like dengue, Zika virus can be detected in saliva and urine. However, exposure to these fluids has not been linked to transmission.

Symptoms can include rash, red eyes, fever, and body aches, but only about one in five people infected with Zika virus will show symptoms. The virus can spread from a mother to her unborn baby during pregnancy and has been linked to an increase in a serious birth defect of the brain called microcephaly and other adverse pregnancy outcomes. Due to this concern, the Centers for Disease Control and Prevention (CDC) has recommended that all pregnant women consider postponing travel to any area where Zika virus transmission is ongoing.

Zika virus was first identified in Uganda in 1947. Since 2007, Zika virus has been responsible for large outbreaks in Gabon, Micronesia and French Polynesia. Endemic transmission has been occurring in the western hemisphere since 2015. To date, most cases identified in the continental United States have been among persons with recent travel to an area of ongoing transmission. However, locally-acquired cases have been reported in the U.S. following sexual transmission from male travelers to female non-travelers.

Zika virus testing is recommended for all pregnant women who traveled to areas with ongoing Zika transmission during the current pregnancy, including women with and without symptoms. Testing is also recommended for men and non-pregnant women who develop symptoms of Zika within two weeks after travel to areas with ongoing transmission, and in some cases for persons who had sexual exposure to a male partner with confirmed or suspected Zika virus infection.

Currently, testing is only available through the CDC and a small number of academic centers. In North Carolina, all Zika virus testing is coordinated through the State Laboratory of Public Health with approval from the Communicable Disease Branch.

Highlights of the public health actions related to Zika virus have included the following:

- Coordination of all Zika virus testing for persons in North Carolina and investigation of all potential cases of Zika virus infection in returning travelers;
- Providing guidance to obstetricians and other health care providers on Zika virus diagnosis and management, including arranging for Zika virus testing at CDC;
- Providing information to the public about Zika virus and travel recommendations;
- Developing Zika virus testing capability at the North Carolina State Laboratory for Public Health;
- Adding Zika virus infection to the list of conditions reportable to public health by clinicians and laboratories;
- Promoting integrated mosquito management to local health departments and mosquito management;
- Planning with mosquito experts at state universities to conduct container-breeding mosquito survey in selected counties in order to determine presence or absence of species capable of transmitting Zika virus;
- Coordinating with the North Carolina Department of Agriculture and Consumer Services Emergency Programs and Structural Pest Control and Pesticides Divisions to ensure coordination around appropriate and legal use of mosquito control measures; and
- Coordinating with North Carolina Emergency Management to identify potential vulnerabilities and plan for contingencies.

For more information about Zika virus, visit epi.publichealth.nc.gov/cd/diseases/zika.html or cdc.gov/zika.



Kelly Spangler 2016 Social Worker of the Year



Kelly Spangler has been named the 2016 Social Worker of the Year by the National Association of Social Workers North Carolina Chapter (NASW-NC).

The NASW-NC Social Worker of the Year Award is an annual award given to a social work professional who has demonstrated commendable social work practice and involvement with NASW and other professional, civic, and community organizations.

For over thirty years, Ms. Spangler has practiced as a public health social worker in both micro and macro settings as a direct service provider, program developer, consultant, administrator and educator. She has been an invaluable advocate for social workers in public health and continually encourages North Carolina Health Departments to hire social workers and offer public health social work services in their communities.

As a Regional Social Work Consultant for the North Carolina Department of Health and Human Services Division of Public Health, Women's Health Branch, Kelly provides consultation to local staff from 28 western counties for multiple Women's Health Programs.

Her primary work these days is with the Pregnancy Care Management Program a care management program that works closely with Pregnancy Medical Homes that provide prenatal care to Pregnant Women on Medicaid to help reduce North Carolina's preterm birth and low birth weight rates.

Ms. Spangler takes her role as a social work advocate seriously as she routinely calls legislators to advocate for public policy impacting social work clients, participates in protests like the Moral Monday events, volunteers for candidates and local political parties to help get out the vote, serves on legislative committees, and organizes social work volunteer activities in local nonprofit organizations.

According to Tanya Stiers, LCSW, "Kelly is a person who reaches out to new members of our community and is always available to help others network to improve their careers and personal lives. I, and many others, have become a better person and certainly a better social worker as a result of my on-going relationship with her."

Kelly has dedicated her time to advocate for the profession of social work at the state and national level. She has served as a board member and a member of multiple committees with NASW North Carolina and currently serves as the national NASW Region V CNLI Representative.

Kelly actively promotes the social work profession in public health as an active member of the Social Work Section of the North Carolina Public Health Association helping to organize a Social Work Section track at the association's annual conference.

Dr. Beth Vogler, Social Work Department Chair and Dean of the Division of Fine Arts and Professional Programs at Mars Hill University says, "Kelly is a true advocate and exhibits the best of social work in everything she undertakes. She is a role model in her willingness to always step up, and in her constant encouragement of others to get involved. She promotes not only Public Health Social Work, but our entire profession."

Please check out the newly released
2016 Recommended Immunization Schedule
for Persons Age 0 Through 18 Years and for Adults at:
cdc.gov/vaccines/schedules



Guilford County Food Deserts have an Oasis Brought to their Dwellings



The Mobile Oasis Farmers Market (MOFM)

To begin our story it is critical to provide some basic knowledge about what a food desert is. As outlined in the *Nutrition Digest of the American Nutrition Association*: a food desert is a part of the country vapid of fresh fruit and vegetables and other healthful foods, usually found in impoverished areas. This is largely due to a lack of grocery stores, farmers markets, and healthy food providers. This has become a big problem because while food deserts are often short on whole food providers, especially fresh fruits and vegetables, they are heavy on local quickie marts that provide a wealth of processed, sugar, and fat laden foods that are known contributors to our nation's obesity epidemic.

The Mobile Oasis Farmers Market (MOFM) project is a “produce with benefits” store on wheels that brings fresh local fruits and vegetables into food desert areas of Guilford County. The produce is procured from local farmers and sold with a small markup. Purchases may be made with cash, SNAP/EBT, and debit cards. Nutrition educational

materials including healthy recipes as well as taste testing and incentives are offered to all customers. SNAP purchases are encouraged through an incentive program that doubles the amount of produce for each dollar spent by customers.

The MOFM was originally envisioned through a Community Based Participatory Research (CBPR) process conducted by the Guilford County Health Department as part of the action planning phase of the Guilford County Community Health Assessment in 2011. Warnersville Community residents were engaged to participate in the CBPR process. The Warnersville Community, a historically predominantly African-American neighborhood in Greensboro, NC, is a USDA-designated food desert with high rates of chronic disease, the highest poverty rate of any community in the county, and the highest rates of residents with SNAP benefits. Compounding the problem, more than one-third (American Community Survey 2010-2014 (35.9%)) of the community's population has no reliable

continued on next page



Continued....Guilford County Food Deserts have an Oasis

transportation.

The project took shape and grew from the neighborhood residents' desire to gain increased access to fresh produce at affordable prices. Warnersville residents initially envisioned a new community grocery store or a mobile farmers market. In the absence of resources to implement a grocery store or mobile market, a neighborhood farmers market was initiated in summer 2012 and was conducted for two years. In 2014, the Guilford County Health Department received a grant from the United Way of Greater Greensboro to purchase and outfit a trailer for a mobile farmers market. With financial and technical support from the Greensboro Parks and Recreation Department, the trailer was converted into the Mobile Oasis Farmers Market.

During the fall of 2014, a 9-week pilot of the MOFM was implemented at two Greensboro locations: one at the Department of Social Service offices and the other at the city's Warnersville Recreation Center, located in the heart of the Warnersville Community. This pilot enabled neighborhood Housing Authority residents and low income home owners and renters to have fresh produce brought to where they lived once a week. The market stops were actually events where cooking demonstrations and taste testing of healthy recipes for produce featured at the market took place, accompanied by free healthy nutrition educational materials and educational extenders such as measuring cups and spoons, Food Safety magnets, etc. The MOFM increased access to healthy foods in a safe and fun setting that encouraged healthy eating in a non-threatening style.

The MOFM 2015 seasons ran from spring (May 20th) through fall (November 11th) and expanded upon the pilot

project. Four additional sites were added across the county as well as several onetime pop up events. The Warnersville Community continued to have weekly market events come rain or shine. Our customer base increased as word-of-mouth spread and we began to use an app called Farm Fan to inform customers the day before we would be coming each week to their location, what we would have available and how much the produce cost. All of this was a collaborative effort that was fine-tuned as the season progressed and customers looked forward to seeing us.

In addition to Guilford County Public Health and Greensboro Parks and Recreation, partners in the MOFM project include The University of North Carolina at Greensboro (UNCG) Communication's Department and the Recipe For Success program, the East Market Street Development Corporation, the non-profit Vison Tree CDC, Guilford County Cooperative Extension, Moses Cone Health System and the Prince of Peace Lutheran Church.

Student volunteers/interns have come from various colleges and universities locally, across the state and as far away as Louisiana. Funding sources include two \$15,000 grants from the Greater Greensboro United Way (2014 and 2016), a \$5,000 Blue Cross & Blue Shield of North Carolina grant (2014), a \$100,000 USDA Food Insecurity Nutrition Incentive (FINI) grant (2015-2016) and most recently, a \$100,000 two-year USDA Farmers Market Promotion Program (FMPP) grant (2016 and 2017).

For more information contact: Janet R. Mayer, MS, RD, LDN at the Guilford County Department of Health & Human Services, Public Health Division, jmayer@myguilford.com.

SAVE THE DATE

Fall Educational Conference

September 14-16, 2016

New Bern

Theme- *Bridging Generations for New Directions in Public Health*

Look for information soon on scholarships, awards (be thinking of fellow employees to nominate!) mini-grants, and more!



NCPHA E-Newsletter

Surveillance of Lead and Copper in North Carolina Public Water Supplies

Lead contamination of the public water supply system in Flynt, Michigan is all the news, but a similar scenario played out in Greenville and Durham, right here in North Carolina more than a decade ago. Unlike Flynt, water supplies were not replaced; but similarly, treatment methods were altered to meet other federal requirements. The result was an unanticipated increase in water corrosivity, which resulted in increased leaching of lead from household plumbing and solder.

Since that time, the Children's Environmental Health (CEH) programs have played a role in the surveillance of lead and copper in North Carolina public water supplies. Copies of test results for public water supply samples that exceed the Maximum Contaminant Level Goals (MCLG) for lead and copper are forwarded from the Department of Environmental Quality to the Surveillance Coordinator in CEH. The Surveillance Coordinator contacts the Environmental Health Supervisor in the county where the MCLG occurred and requests that the health department determine if the sample site is a location under inspection. These sites sometimes include child care centers, schools,

restaurants, and hospitals. Notification is also provided to the State Toxicologist, CEH Program Manager, and the Regional Environmental Health Specialist for the county where the exceedance occurred. If the county determines that the location is under inspection, then a local authorized agent should collect additional inorganic water samples to determine if the facility has an approved water supply. Follow-up samples collected by county staff should follow a sampling protocol recommended by the State Toxicologist.

Children's Environmental Health provides educational materials to facilities and residents advising them of precautions consumers can take to reduce potential exposure to lead or copper in tap water. These precautions include: always flushing the tap before using water for drinking or cooking; only use cold water (water needed for cooking should be heated on the stove or microwave) cleaning the aeration screens on faucets and regular testing the water if a past exceedance has occurred. For additional information, please contact Children's Environmental Health through our website, ehs.ncpublichealth.com/hhcehb/cehu, or at (919) 707-5951.

The Environments Supporting Healthy Eating (ESHE) Pilot Project

The Environments Supporting Healthy Eating (ESHE) pilot project in Vance County aims to bring healthy food access to all Vance County residents. Eight community members volunteered their time to assess healthy food access in Vance County. Over a period of one week, volunteers participated in a three-hour training and successfully surveyed a total of ten food retail businesses throughout the county. We all know that 'healthy food matters' and are confident that the information we gain from these surveys will lead to community conversations and actions toward a healthier Vance community, where we all have access to healthy foods.

Granville Vance Public Health is one of three sites involved in this project. ESHE is led by the African American Collaborative Obesity Research Network (AACORN), but is ultimately a collaboration of many organizations that work to promote access to healthy foods. The ESHE Index is a food environment index that ranks communities throughout the United States using various factors related to healthy eating. The ESHE Index has provided excellent data on the overall healthy food access for Vance County as a whole. With the ESHE pilot project, we will be able to evaluate specific communities or neighborhoods within Vance County and evaluate whether improvements in healthy food access need to be made.

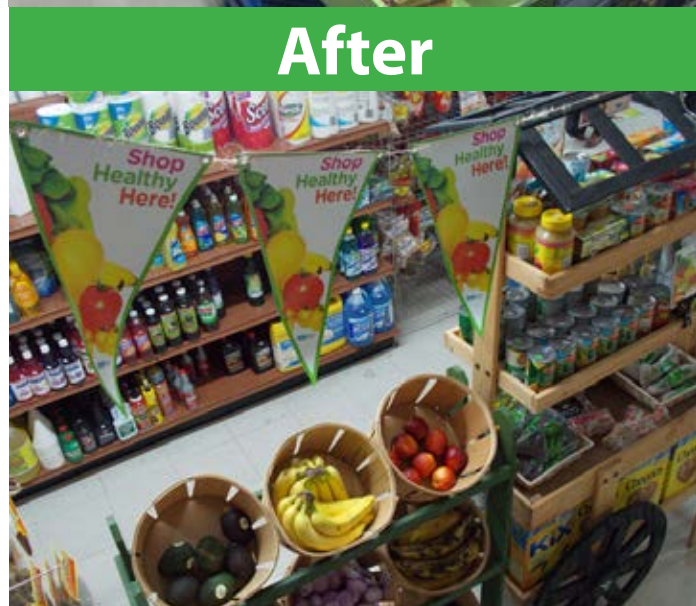
Our ESHE pilot project targeted four communities within Vance County: Kittrell, Middleburg, Townsville, and Williamsboro. These communities were chosen based on various socioeconomic factors, as well as location in relation to large supermarkets and farmers' markets. We were looking to answer the question, "What are my options for healthy foods if I live far away from the large supermarkets in the main town of our county?" To answer this question, volunteers surveyed food retailers within each of these communities. The survey evaluates each store on food marketing, healthy food availability and cost, and walkability. Walkability refers to the physical accessibility and safety of walking to a store. Volunteers were surprised to learn so much about their communities. When we share our report with the community, we hope other community members will be activated to take the steps in making our food choices healthier.

Granville-Vance Public Health plans to use the information from this project to collaborate with community members, store owners, local agencies, and organizations in creating new options for making healthy foods accessible to all Vance residents. We also plan to share the information with store owners to begin the conversation about potential improvement efforts.



Fresh Foods Find New Homes in Cabarrus County

Tiffany A. Bazzelle



Access to healthy food (or lack thereof) is one factor that affects a person's typical food choices. The Cabarrus Health Alliance (CHA) Racial and Ethnic Approaches to Community Health (REACH) grant is tackling the issue of healthy food access head-on, and in a not so typical fashion. A Centers for Disease Control and Prevention (CDC) funded program, this three-year initiative seeks to reduce health disparities among African-Americans and Hispanics in Cabarrus County by increasing access to healthy food and beverages, promoting physical activity, and improving community and clinical linkages.

The first venue to see an increase in nutritional

options is synonymous with funnel cakes, franks, and ice-cold sodas, but behind those calorie-dense options, REACH found an opportunity to provide healthy options to sports fans. Meghan Charpentier, REACH Program Coordinator, is bringing healthier alternatives to the Kannapolis Intimidator minor league baseball stadium in Kannapolis, North Carolina. Charpentier recalls the 100-degree weather the day of the pre-launch ceremony but notes that the sweltering heat didn't dampen everyone's enthusiasm.

"Everyone was so supportive, holding colorful fruits and vegetables in hand, ready to unveil the white menu dawned with apple shaped baseballs indicating the new great options," said Charpentier.

From the 2015 season onward, the 170,000 patrons will be able to purchase everything from fresh whole fruits, to grilled chicken wraps and sandwiches. Charpentier attributes a great deal of the stadium menu makeover success to Kannapolis Intimidators' General Manager Randy Long, who has contributed ideas for new menu items and vendor collaboration. Success is currently measured in food option expansion and potential vendors, but Charpentier hopes to look back in a year and see increasing healthy food sales as the fruit of a flourishing collaboration.

By increasing nutritional options for churchgoers, several churches are also taking steps to invest in more than spiritual health. Alicia McDaniel, REACH Program Coordinator, also highlights strong community ties as invaluable to the program's success. McDaniel heads the Mobile Farmers Market and Healthy Corner Store initiatives, both of which accept SNAP/EBT. Mobile markets hosted by churches made fresh fruits and vegetables easier to access for more than 33,000 African-American and Hispanic residents. From June through September 2015, the markets rotated bi-weekly between Grace Lutheran Church and St. Joseph Catholic Church. Plans are being finalized now at Grace Lutheran Church to continue the market into the summer of 2016.

Mobile markets are about more than just access—they expose residents to new varieties of fruits and vegetables. McDaniel recalls a tasting demonstration conducted by mobile market manager Barry François as a defining moment in her initiative's impact.

"At Grace Lutheran, (François) prepared a chicken squash medley and I remember a patron saying that she hated squash," says McDaniel. "But, because of the flavors and taste, she left wanting more and returned to purchase the very vegetable she disliked all her life."

[continued on next page](#)



Continued.....Fresh Foods Find Homes in Cabarrus County

The mobile markets were purposely located in “food deserts,” a geographic area with limited or no access to affordable and nutritional nourishment. Using mobile markets was not REACH’s only means of addressing this prominent issue in Cabarrus County. McDaniel also expanded local corner store healthy food selections.

For those who lack reliable transportation, a trip to Center City Maxx, Danny’s Place, or Mi País Latino Market will now provide options similar to grocery stores well outside the realm of accessibility. At one corner store, Center City Maxx Grocery, patrons are now greeted by a vibrant, intricate mural that depicts a detailed utopia made of fruit and vegetables. On the left, a young girl hula-hoops in an onion slice as others are carried off into the orange slice sunset in a watermelon air balloon. The painting, which spans both the front and side of the building, transports customers into an imaginary land built with all the items McDaniel and the owners Franklyn and Ramona Peralta hope patrons will step inside to purchase.

The influence of this venture is evident not only in the

business cards for Center City Maxx Grocery, which now include images of fruits and vegetables, but in their plans to offer fresh meat and a larger produce selection. Cabarrus Healthy Corner Stores are making it easier for more than 7,500 African-American and Hispanic residents to access healthy food and beverages, and will extend its efforts to three additional stores in 2016.

While a person’s habits will not change overnight, Charpentier doesn’t discount the effort.

“There is not a one size fits all,” said Charpentier. “If we can ask ourselves one time a day how to make a better choice, we would be in a better place of eating to live and not living to eat.”

Echoing Charpentier’s sentiment McDaniel said that “balance is the key to a life well lived.”

With continued education, advocacy, and access to aid in making those better decisions, REACH is contributing to a culture where healthy habits is a norm and healthy options are right in the neighborhood.



HEALTHIEST NATION 2030
April 4-10, 2016 • National Public Health Week

A screenshot of the National Public Health Week website. The top navigation bar includes "ABOUT", "TOOLS & TIPS", "GET INVOLVED", "EVENTS", and "NEWS", along with a search bar. Below the navigation is a large banner image of four young girls smiling and holding water bottles. Overlaid on the banner are two call-to-action boxes: "FACTS FOR THE WEEK Creating the Healthiest Nation" and "JOIN THE MOVEMENT Get Involved Today". At the bottom of the banner are two buttons: "Become a Partner" and "Submit an Event".

NCPHA is offering, for the first time, a topic for local health departments to consider including as part of APHA's National Public Health Week, April 4-10, 2016. The focus is on preventing injury among the elderly by preventing them from falling. A 'thank-you' to Student Representative, Julia Land (ECU MPH) and the Student Committee that worked to prepare this toolkit. More information will be posted on the website.

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