

NCPHA E-Newsletter

June 2022



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

Message from the President

– Leah Mayo



Welcome NCPHA members to our quarterly newsletter! I want to extend my thanks to the NCPHA section & caucus leaders, members, and partners for always providing emerging and informative content for the newsletters. Despite busy and challenging schedules, you always step up to volunteer your time to ensure we have an informed and unified public health family across the state. Your dedication to the association and the field is evident as we held a successful conference this past April, hosted our second annual Young Professionals conference, and are staying at the forefront of legislation and policies impacting public health and our communities. Congratulations to our recent

NCPHA award, scholarship, and grant winners acknowledged in April and featured in the newsletter. Additionally, I want to recognize our Health Directors and State Epidemiologist, who were awarded the 2022 Ronald H. Levine Legacy Award in May. It is important to acknowledge our successes, so I encourage you to submit your nominations for [NCPHA's 2022 awards, scholarships, and mini-grants](#).

It is hard to believe, but we are only a few months away from our [2022 Fall Educational Conference](#), September 14-16, on the waterfront in Wilmington. In addition to learning and networking at the conference, we will introduce our new executive leadership. [Nominations](#) are now open for you to self-nominate or nominate a colleague to serve on the Executive Committee.

As we close out June and officially start summer, I hope you pause to recognize the history and diversity of our nation by celebrating and learning about the significance of [Juneteenth](#) and [Pride Month](#) and how much progress is still needed. As public health professionals, we understand how our past influences the disparities in our communities today. Let us be the change WITH our communities to provide and advocate for appropriate policies, services, and opportunities for all!

Finally, do not forget to edit your online NCPHA profile to join sections, the BIPOC Caucus, Young Professionals, and update your Gender Identity and Ethnicity. Enjoy the newsletter, and I look forward to seeing you in Wilmington this Fall, if not before.

M. Leah Mayo, MPH, MCHES
2021-2022 NCPHA President



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The 2022 General Assembly Hopes to Wrap-up by July 1



The 2022 legislative “short session” appears to be in its final weeks with legislative leaders aiming for a July 1 adjournment date.

BUDGET

As is the case in every even numbered year short session, the main focus of the work is on adjusting the state’s biennial budget. This year, the senior members of the House and Senate budget writing committees have been meeting to hammer out difference in spending targets and priorities. When the budget is presented, it will come out as a conference committee report and will be presented as an up or down vote to the members of both chambers. The total spending agreement between the chambers is \$29.5 to \$30 billion.

Republicans, who control both chambers, have been deciding what to do with \$6.2 billion in projected revenues above and beyond what they anticipated state government would receive this fiscal year and the next year that begins July 1. The current budget is about \$27 billion.

The governor has also expressed support for the spending target but has indicated that he will need to see the actual budget proposal before making his final decision. With an enacted budget already in place, Republican lawmakers sound less inclined to work out a replacement plan should Governor Cooper veto the proposal.

Some of the items projected to be in the budget will be some level of additional raises for state employees and teachers, an important matter to many in the public health workforce. When the new fiscal year starts on July 1, state employees are already set to get a 2.5% raise, with many teachers expected to get something similar. Any raises included in the 2022 budget adjustment would be in addition to the increases already scheduled to go into effect.

The budget bill will also include a variety of capital expenditures and funding for a variety of local projects. In addition to spending proposals, the new budget is likely to include a series of personal income tax cuts. The current rate is 3.99 percent and legislative leaders would like to move it closer to 2.5 percent.

Finally, Senate leadership has indicated that they would like to see the budget compromise contain the state’s acceptance of federal money to expand Medicaid to hundreds of thousands of additional low-income adults. But many House Republicans remain skeptical of Medicaid and have indicated that that is a discussion for next year. Advocates for Medicaid expansion, including NCPHA, are not giving up hope that a compromise on this issue is possible this year (see below).

MEDICAID EXPANSION

One of NCPHA’s top priorities for the past 8 years has been finding a solution to close the state’s health insurance coverage gap through some sort of Medicaid

continued



expansion. Advocates were heartened to see the passage of HB 149 by the Senate, almost unanimously, in late May. The bill, which contains a variety of provisions to redesign the state's healthcare system, also contained a straightforward, comprehensive Medicaid expansion plan. In addition to providing health insurance to 600,000 low-income North Carolinians, the plan would draw down \$1.7 billion in federal incentive money as a "signing bonus." This bonus would be given to any of the last 12 non-expansion states who expand Medicaid.

"We are encouraged by the Senate's action and leadership in passing a Medicaid expansion plan and are working with the House to bring a final proposal on this one important issue to the floor of the House where we know it can pass," said Erica Palmer Smith, Executive Director of Care4Carolina, the coalition leading the efforts to expand Medicaid. NCPHA is a founding member of Care4Carolina.

PARENTAL BILL OF RIGHTS

House Republican leaders have indicated that they may not bring HB 755, a bill limiting the way educators talk about sexuality with students, to the floor in the final weeks of the session. Speaker Moore indicated although there may be enough votes to pass the bill recently amended in the Senate, that he does not feel there are sufficient votes to override a threatened veto by the Governor.

The issues of minor consent and child protection have caused members of NCPHA to be concerned about the proposed legislation.

"Exclusionary language, like that found in HB755, is dangerous for the health and well-being of citizens, in this case our own youth. Removing representation of diverse family units and creating school environments that do not safeguard children from expressing themselves leads to adverse health outcomes that we must all be vigilant for," said Jaimee Watts Isley MPH DNP RN, public health nurse and member of the NCPHA Advocacy Committee. "Children deserve a safe space that is reflective and inclusive of both themselves and their loved ones," she added. NCPHA will continue to monitor this legislation.

PFAS

NCPHA and the NC Association of Local Health Directors are also watching environmental health bill, HB 1095. If passed, [House Bill 1095](#) would:

- Authorize the Environmental Management Commission (EMC) to adopt maximum contaminant levels (MCLs) for per- and polyfluoroalkyl substances (PFAS).

- Authorize the Secretary of Environmental Quality (Secretary) to order a responsible party to pay a public water system any actual and necessary costs incurred by the public water system to remove, correct, or abate any adverse effects upon the water supply resulting from PFAS contamination exceeding a permissible concentration limit for which the party is responsible.
- Appropriate \$2,000,000 in nonrecurring funds for the 2022-2023 fiscal year from the General Fund to both of the following:
 - The Department of Environmental Quality (DEQ) to implement the requirements of the legislation.
 - The Board of Governors of The University of North Carolina to be allocated to the University of North Carolina at Chapel Hill for the North Carolina Collaboratory (Collaboratory) to conduct research and analysis to provide scientific and economic support for the MCLs to be established for PFAS.

The bill has had one hearing House Judiciary 1 committee for discussion only. It would need to be heard in the Committee on Environment, if favorable, Judiciary 1 Committee, if favorable, Rules Committee, then the House floor and then on to the Senate side before heading to Governor Cooper's desk and the likelihood of that happening in the waning days of the short session are highly unlikely. If the bill does not pass this short session, a new bill would need to be filed in the long session.

The Governor's proposed budget did contain recommendations for \$622,541 recurring and \$320,000 nonrecurring funding for a PFAS Biomonitoring Project that would establish four positions focused on measuring exposure to PFAS and provides funding for equipment necessary for this monitoring. These positions would support the collection and analysis of biospecimens in 1,000 adults and 300 children from the Cape Fear Region and provide test results and health education. Clearly, the Cape Fear Region has been substantially impacted by PFAS, especially the GEN-X chemical.

According to Katie Griffin, Executive Director of the NCALD, "The EPA recently announced stricter health standards for PFAS. While the advisory limit is not legally enforceable, it is an important step in addressing the health ramifications of PFAS." NCPHA will continue to work with our partners at NCALHD and NC DHHS on this vital environmental health issue.



Update from NC DHHS and the Division of Public Health

— Beth Lovette, Deputy Director, Local and Community Support

At the end of May, Secretary Kody Kinsley announced key leadership changes within DHHS, and in particular, the Division of Public Health (DPH). Here is a quick chain of events that led up to the most recent changes:

November 2021: Governor Cooper announced that Secretary Mandy Cohen was stepping down, and Secretary Kody Kinsley appointed to succeed Cohen effective January 1, 2022

February 2022: Announcement of a new division at NC DHHS: Division of Child and Family Wellbeing (DCFW). Programs and staff moved from DPH to DCFW included Early Intervention, Child Health, School Health, and WIC/ Nutrition teams.

January – May, 2022: Secretary Kinsley and DHHS leaders evaluated the needs.

May 2022: Secretary Kinsley announces new appointments:

Mark Benton*, Deputy Secretary for Health (providing leadership for DPH and other critical DHHS Divisions

Dr. Susan Kansagra*, (replacing Mark Benton as) Assistant Secretary for Public Health and State Health Official

Dr. ClarLynda Williams-Devane*, (replacing Susan Kansagra) as Senior Deputy Director for Public Health and Deputy State Health Official.

Dr. Betsey Tilson continues to serve as the State Health Director and NC DHHS Chief Medical Officer – connecting across NC DHHS to drive foundational change in how we invest in whole person health.

Under Dr. Kansagra's leadership, **Beth Lovette** remains in the DPH Deputy Director role, including responsibility to serve as the key leadership liaison to local health directors across NC. NC DPH is reorganizing a bit to better meet the needs of the Division and state/local stakeholders. Current DPH Organizational Chart is on following page.

Acknowledging that governmental public health is complex and is required to be responsive to emerging threats, changing priorities at the local, state and national level, **Dr. Kansagra has identified her top three priorities for NC Public Health:**

1. Supporting the recruitment, development, retention, and diversity of our public health workforce
2. Building a durable statewide infrastructure that supports foundational public health capabilities – particularly community partnership development, advancing health equity, and data infrastructure
3. Earning trust by listening and lifting up the voices of our public health experts and combatting misinformation

NCPHA members and members of other public health and related stakeholder organizations will be key informants in this important work.

*Leadership Bios

As Assistant Secretary for Health and State Health Official, Mark Benton has led the Division of Public Health through the most challenging public health crisis in recent memory. He and his remarkable team have worked



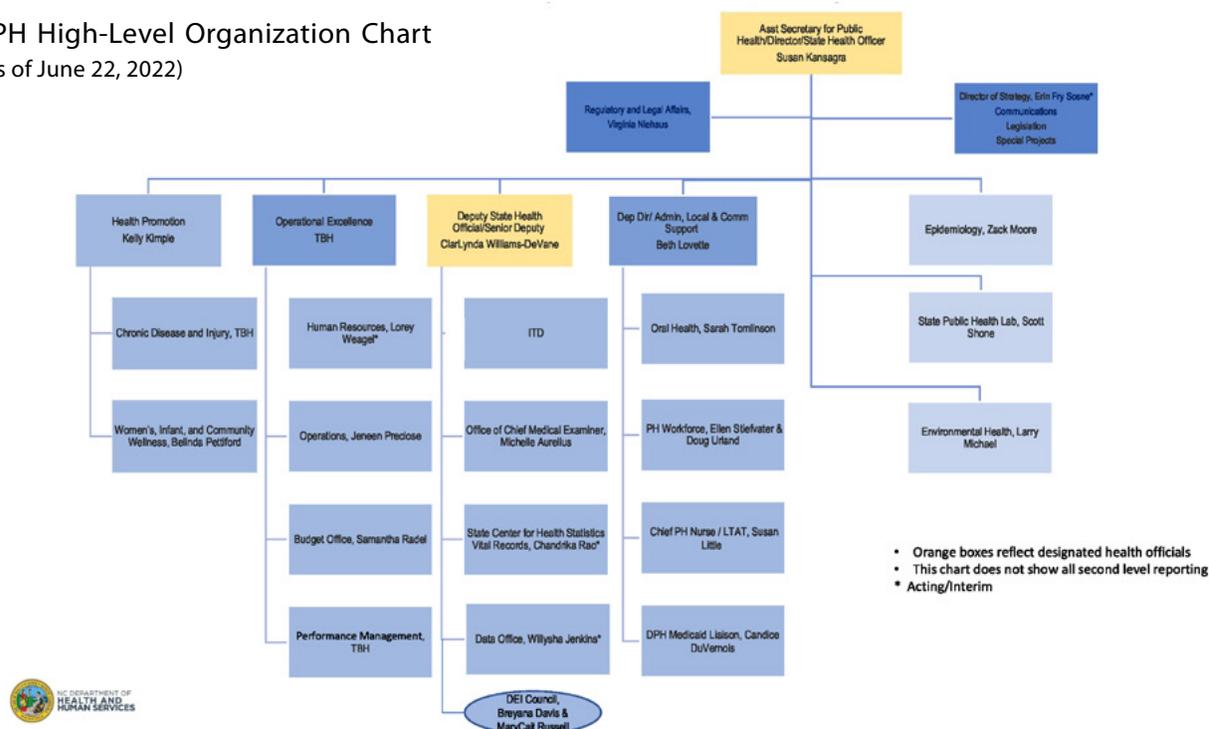
closely with their DHHS colleagues to meet the unprecedented demands of our COVID-19 pandemic response with an expertise that is nothing less than life-saving. Moreover, they did so while maintaining all of their standard day-to-day work to safeguard the public's health and build healthier, safer communities. Mark's leadership has been exemplary throughout his three years in this position. He will resume his former role as the Deputy Secretary for Health, where he will oversee some of the largest and most complex Divisions in the Department: DHSR, DPH, DMHDDSUS, and DSOHF. A highly trusted and respected leader, Mark brings nearly 25 years of government experience to this role.

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Continued...Update from NC DHHS and the Division of Public Health

DPH High-Level Organization Chart
(as of June 22, 2022)



Dr. Susan Kansagra, MD, MBA has been appointed to serve as the Assistant Secretary for Public Health and State Health Official effective immediately. In this role, she will serve as the Director of the NC Division of Public Health with oversight of nearly 1,000

staff and a \$1+ billion budget. Dr. Kansagra is a gifted physician-leader who has served in various leadership roles throughout her career. Over the last two years, Dr. Kansagra has provided leadership for NC's COVID-19 response efforts including serving as Operations Lead through the Omicron surge. She was also the driving force behind the creation of the first NC Opioid Action Plan bringing together stakeholders around the state on a common set of actions to address the opioid crisis. Dr. Kansagra came to NC DHHS with a wealth of experience in public health and health policy, previously serving as Deputy Commissioner of the NYC Dept of Health, as well as Assistant Vice President of Population Health for NYC Health + Hospitals, the largest public health care system in the US. She served as President of the National Association of Chronic Disease Directors and is an appointed member of the CDC Community Preventive Services Task Force. She grew up in Greenville, NC and completed her undergraduate degree at UNC-Chapel Hill, her graduate degrees at Duke University, and her medical training at Massachusetts General Hospital/Harvard Medical School.



Dr. ClarLynda Williams-DeVane will serve as the next Senior Deputy Director and Deputy State Health Official for the Division of Public Health effective immediately. ClarLynda is a highly accomplished data scientist and informatician whose leadership as the Director of the State Center for Health Statistics

and the State Registrar of NC's Office of Vital Records has been instrumental in modernizing both organizations. She has also served as the Strategy Lead of the NC DHHS Centralized Health Equity Data Group and is the founder of the Health Equity Data Consortium. Prior to her arrival at DPH, Dr. Williams-DeVane served as the inaugural Chair of Data Science and Bioinformatic at Fisk University, Associate Professor of Bioinformatics and Biostatistics at North Carolina Central University, and the Bioinformatics, Genomics and Computational Chemistry Core Director of the Biotechnology-Biomedical Research Institute. She is also the Associate Editor of Frontiers in Public Health and has published extensively on health disparities. In her new role, Dr. Williams-DeVane will oversee the data strategy for DPH, supervise a Chief Data Officer, the State Center for Health Statistics and the Office of Vital Records, and provide oversight and support to the Office of the Chief Medical Examiner.



Monkeypox Update

— Ryan Crossgrove, MPH, Public Health Epidemiologist, Duke Infection Prevention and Hospital Epidemiology

Monkeypox is a disease that is caused by infection with the monkeypox virus, a virus that belongs in the Orthopoxvirus genus in the family Poxviridae. This genus includes the viruses that cause smallpox and cowpox. The first case of monkeypox in the United States was identified in a traveler who returned to Massachusetts from Canada in mid-May. Since then, over 60 cases have been identified in 18 states and Washington DC. Around the world, over 1,600 cases have been identified in 30 countries and territories that do not have endemic monkeypox. The current outbreak has been primarily identified in men who have sex with men (MSM) populations. As of June 9, 2022, there are no cases of monkeypox that have been identified in North Carolina. The NC State Lab has, as of the aforementioned date, performed seven tests from five patients. The current risk to North Carolina residents posed by monkeypox is low.

The descriptions of the symptoms experienced by patients diagnosed with monkeypox in the US have all described a rash or enanthem. This rash has frequently started in mucosal areas or, in some patients, scattered or localized rashes on specific body parts rather than a

diffusion across the patient’s body. Other symptoms may include fever, malaise, headache, lymphadenopathy, anorectal pain, and ulcerative skin lesions. Monkeypox has a clinical presentation that appears similar to STIs like syphilis and herpes. To properly diagnose monkeypox, specimens should be obtained from the lesions and tested for monkeypox. The CDC updated the case definitions for monkeypox on June 1, 2022 and that chart is included on the next page.

In North Carolina, the state lab and NCSLPH Bioterrorism and Emerging Pathogens are performing Orthopox, Non-variola Orthopox, and Variola real-time PCR assays. The estimated turn-around time for initial results is 6-48 hours from the time of testing. Confirmation from the CDC occurs in approximately 24 hours. Two vaccines can be ordered from the national stockpile. These two vaccines are Jynneos and ACAM200. Both of these vaccines are approved for the prevention of smallpox and are ~85% effective at preventing smallpox and are thought to have a similar efficacy for monkeypox. Information on the vaccines is included on a chart below.

Approved vaccines to prevent smallpox and monkeypox

Both options ~85% effective at preventing smallpox; thought to be similarly effective for monkeypox

Name	Indication	Dosing & Administration	Availability	Storage and Handling	Notes
Jynneos	FDA Approved for prevention of smallpox & monkeypox in Adults 18+	2 doses (0.5 mL each) administered 4 weeks apart. Subcutaneous injection in deltoid.	SNS request: Limited supply (~1,000 doses in SNS)	Keep frozen at -25°C to -15°C (-13°F to +5°F). Once thawed, the vaccine may be kept at +2°C to +8°C (+36°F to +46°F) for 12 hours	Live attenuated virus vaccine; Non-replicating modified vaccinia Ankara-Bavarian Nordic (MVA-BN) May ship refrigerated for immediate use Single dose vials ; SNS does not provide ancillary supplies
ACAM2000	FDA Approved for Smallpox prevention Expanded access IND for monkeypox	1 drop of vaccine suspension via scarification using bifurcated needle. CDC Training Videos for ACAM2000 administration	SNS Request: > 100 Million doses in SNS	Prior to reconstitution, store frozen at -15°C to -25°C (5°F to -13°F); may also be stored refrigerated at 2°C to 8°C (36°F to 46°F) for up to 18 months. Diluent stored at room temperature of 15°C to 30°C (59°F to 86°F).	Live vaccinia virus Myocarditis risk Contraindications for severe immunocompromise Only administered by trained individuals Counseling on covering wound and handling bandages 100 doses per vial ; comes with diluent and 100 bifurcated needles;

continued



Continued...Monkeypox Update

Clinical and laboratory classification	Criteria	
Suspected	New characteristic rash* OR	
	Meets one of the epidemiologic criteria and has high clinical suspicion† for monkeypox	
Probable	No suspicion of other recent <i>Orthopoxvirus</i> exposure (e.g., <i>Vaccinia virus</i> in ACAM2000 vaccination) AND demonstration of the presence of <ul style="list-style-type: none">▪ <i>Orthopoxvirus</i> DNA by polymerase chain reaction testing of a clinical specimen OR▪ <i>Orthopoxvirus</i> using immunohistochemical or electron microscopy testing methods OR▪ Demonstration of detectable levels of anti-orthopoxvirus IgM antibody during the period of 4–56 days after rash onset	
	Confirmed	Demonstration of the presence of <i>Monkeypox virus</i> DNA by polymerase chain reaction testing or Next-Generation sequencing of a clinical specimen OR
		Isolation of <i>Monkeypox virus</i> in culture from a clinical specimen
Epidemiologic classification		
Within 21 days of illness onset:	Reports having contact with a person or persons with a similar appearing rash or with a person who has received a diagnosis of confirmed or probable monkeypox OR	
	Had close or intimate in-person contact with persons in a social network experiencing monkeypox infections. This includes MSM who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party) OR	
	Traveled, within 21 days of illness onset outside the United States to a country with confirmed cases of monkeypox or where <i>Monkeypox virus</i> is endemic OR	
	Had contact with a dead or live wild animal or exotic pet that is an African endemic species, or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)	
Exclusions		
A case might be excluded as a suspected, probable or confirmed case if:	An alternative diagnosis* can fully explain the illness OR	
	A person with symptoms consistent with monkeypox does not develop a rash within 5 days of illness onset OR	
	A case where high-quality specimens do not demonstrate the presence of <i>Orthopoxvirus</i> or <i>Monkeypox virus</i> or antibodies to <i>Orthopoxvirus</i>	

* The characteristic rash associated with monkeypox lesions involves the following: deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages: macules, papules, vesicles, pustules, and scabs. The rash can sometimes be confused with other diseases that are more commonly encountered in clinical practice (e.g., syphilis, herpes, and varicella zoster). Historically, sporadic accounts of patients co-infected with Monkeypox virus and other infectious agents (e.g., varicella zoster, syphilis) have been reported; so patients with a characteristic rash should be considered for Monkeypox virus testing, even if tests for other infectious agents are positive.

† Clinical suspicion may exist if lesions consistent with those from more common infections (e.g., syphilis, herpes, and varicella zoster) co-exist with lesions that may be characteristic of monkeypox.

How Good Governance Aids Public Health Performance

— Merle Green, Executive Director; Ben Tillett, Chair, Association of North Carolina Boards of Health



Each month, local health directors gather in Raleigh or another pre-determined location for their monthly Association meeting. During this two-day assembly, the Directors and other key public health leaders receive updates on such topics as statewide public health issues, legislation affecting health and human services, changes at the Division of Public Health, and an array of pertinent timely information to assist them with managing the day-to-day responsibilities for the public's health in their counties. The directors also provide consultation and information to state leaders regarding the conditions, needs, and services in their respective counties as a means of assuring the overall health and well-being of all residents of our state.

This critical meeting of policymakers is a rich example of health department governance at its best. In our state's public health system, governing entities including local, state, and even the national level play a key role in supporting health departments as they carry out their lawful duties in the communities they serve. Mandated services are outlined in the NC General Statutes and, as critical elements for public health, are required to be provided in each county. Good governance supports mandated services that are welcome and needed for health promotion and disease prevention.

There are many entities that have governance authority in our public health system. For the sake of this article, we will define public health governance as "the exercise of authority to manage the everyday affairs and the

unintended problems of an institution." Governance appropriately occurs at the local, state, and national levels. These various levels must interact well together to create policies and assign resources such as budgets or personnel to address areas of need. Those who govern may also exercise their powers to issue public health "orders" such as evacuation or quarantines when these actions are in the best interest of the individual or the general public. Governing is a system; it includes providing direction, exercising control, appropriate decision making, and accountability at the top of an entity.

Let's look at a current example of using governance structures to protect the public's health: Over the past twelve months or more, the health directors and staff from the Division of Public Health spent quality time discussing a new phenomenon that emerged with research data that appeared to be a result of the COVID-19 pandemic. This new phenomenon was ***the increase in stress and burnout as a result of two years of responding to the COVID-19 pandemic***. Along with stress and burnout, public health workers reported increased incidences of post-traumatic stress symptoms, according to the [Public Health Workforce Interests and Needs Survey \(PH WINS\)](#), conducted by the deBeaumont Foundation. The survey by the deBeaumont Foundation and the Association of State and Territorial Health Officials (ASTHO) collected the perceptions of nearly 45,000 staff in state and local government public health departments.

continued



Continued... How Good Governance Aids Public Health Performance

KEY FINDINGS:

More than half of public health employees report at least one symptom of **post-traumatic stress disorder**



Many public health workers, especially executives, report **bullying, threats, and harassment**

Nearly 1 in 3 public health employees say they are **considering leaving their organization within the next year**



Public health employees **are committed to their jobs and their communities**

Above: Excerpt from The Impact of the Covid-19 Pandemic. Rising Stress and Burnout in Public Health. Results of a National Survey of the Public Health Workforce

Key findings:

- More than half of public health employees reported symptoms of post-traumatic stress disorder, and 1 in 5 said their mental health was either fair or poor.
- Many public health workers, especially executives, reported experiencing bullying, threats, and harassment.
- More than 1 in 4 public health employees said they were considering leaving their organization.

Governance structures carried out through our boards of health, county commissioners, advisory boards, state officials, or even the US Centers for Disease Control (CDC) ensured that decisions were made under the correct authority, and that adequate resources, sound policies, and process improvements were the key factors in our successful addressing of the COVID pandemic. If it had not been for the local, state, and national collaborations, chaos would have ensued.

Although the above statistics mimic the preliminary data in our state, we know first-hand that public health employees in North Carolina counties are committed to their jobs and their communities, but we have to compare ourselves to the national survey of state and local government public health employees in order to have a measuring stick of our status. As respected institutions such as the deBeaumont Foundation and ASTHO collect information and perform data and analyses, governing authorities will use this information to monitor the public health workforce in our state to assure that their needs are documented, heard, and addressed.

Check out the website of the [NC Institute for Public Health's Board of Health Orientation](https://sph.unc.edu/nciph) at sph.unc.edu/nciph and your local board of health orientation manual to see more examples of public health governance. We need our public health leaders, experienced staff, and those on the front lines as we build the roadmap for the future of public health in our state.

Let's be intentional about effective governance in our public health communities. Good governance supports the deliverance of all of our mandated and essential public health services.

It is Time to Repair North Carolina's Severe Housing Problems!



Each day across North Carolina, people struggle to find and maintain safe and affordable homes. Housing prices continue to soar even as rental vacancies dwindle and housing stock deteriorates. Too many renters and homeowners face overwhelming housing problems. When residents lack access to safe and suitable housing, public health suffers. (Sills, 2022)

No one should have to fight for safe and affordable shelter! The harmful effects of adverse housing can significantly impact residents across the lifespan. Problems associated with inadequate housing include infectious and chronic diseases like respiratory illness and obesity, mental and emotional stress, injuries, and impaired childhood development. No child or adult should live in unhealthy conditions!

Unfortunately, our state's housing problems are inequitably distributed, since the likelihood for housing hardship varies by geographic location, race and ethnicity, education, and income level. Sadly, these inequities are compounded by the COVID-19 pandemic and resulting economic fallout. (Sills, 2022), (NC DHHS - SHIP 2020), (NC IOM HNC 2030), (CBPP, 2021)

North Carolina residents with severe housing problems face one or more problems: overcrowding, severe cost burden, insufficient kitchen facilities or incomplete plumbing. (PD & R, 2022) (US HUD, 2008-2010) (County Health Rankings, 2014-2018) The Robert Wood Johnson Foundation (RWJF) lists four "neighborhood pathways" linking housing conditions to residents' health: housing

instability, conditions inside the home, financial burden (affordability), and neighborhood conditions. (RWJF, 2018) It is distressing to note that an alarming number of North Carolinians faces these obstacles to optimal health. Fortunately, the state is partnering with multiple stakeholders to confront these problems. Notably, NC IOM and DPI list Severe Housing Problems among North Carolina's 21 leading health indicators. Incredibly, one in six (16.1%) North Carolina households face severe housing problems. Our state has 14,000 overcrowded homes and 18,000 houses lack complete plumbing; 24,000 homes have inadequate kitchen facilities, and 500,000 households face severe housing cost burdens. (NC DHHS - SHIP 2020), (NC IOM HNC 2030), (County Health Rankings, 2014-2018)

Our state's renters are among the hardest hit. Renters are more likely than homeowners to experience severe housing problems, while at the same time renters have less control over their homes' structural problems. Unfortunately, distribution among our state's homeowners and renters is not equitable. In North Carolina, 45.1 % of African American and 47.2 % of Hispanic residents live in homes they own, whereas 65.3 % of white residents own the home where they live. (SCHS-DPH, 2018) (NC DHHS - SHIP 2020) And the current rental market is incredibly tight. According to a March 2022 NCMJ article, North Carolina needs an additional 190,910 affordable rental units to meet needs of extremely low-income renters! (Sills, 2022) This gap is especially disturbing in the context of the current economy and ongoing inequities. (NLIHC, 2021)

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Continued...It is Time to Repair North Carolina's Severe Housing Problems!



No one should have to choose between shelter and other basic needs. Yet, because of high housing costs, multiple households face these disturbing choices. Households often face excessive housing cost burdens and may spend over half their incomes on shelter. (NC IOM HNC 2030) When choosing between housing and other necessities, households may forgo safe shelter to pay for food, clothing, or other essentials. Alternatively, people may forfeit health-related costs in order to afford housing. (NC IOM HNC 2030), (NC DHHS - SHIP 2020), (Airgood-Obrycki, Hermann, A, & Weeden, 2021)

Unfortunately, severe housing problems can cascade into devastating consequences, including homelessness. Stephen Sills describes this domino effect in a March 2022 article for the North Carolina Medical Journal: "Households are pushed deeper into poverty, possessions are lost, children's schooling is interrupted, and physical and mental health issues increase, while new burdens are placed on non-profits and governmental institutions." (Sills, 2022) (Gartand, 2020) (Census, 2022)

Where we live matters! Public health's traditional focus is on preventing disease, prolonging life, and promoting physical and mental health of all people, across the lifespan. This focus encompasses healthy living environments, including safe access to healthy foods, transportation, and recreational opportunities. Healthy homes provide shelter that is free from violence and environmental hazards like molds, lead, and radon. (Mark & Ahmad, 2019) (Harvard JCHS, 2022) (Taylor, 2018) Sadly, despite the traditional efforts of public health, too many North Carolinians continue to lack basic housing needs.

The time has come to turn the curve! (Clear Impact, 2022) Our state is working with public and private partners to identify and mitigate severe housing problems and to provide for equitable access to safe, quality, and affordable housing. HNC 2030 calls for a reversal of our state's current trend in severe housing problems from 16.15% of all households to 14% by 2030. (NC IOM HNC 2030) (NCDHHS, 2018), (NCHFA, 2022)

Through the efforts of HNC2030 and NC SHIP, the state of North Carolina is bringing together a diverse group of partners at the state and local level to address this critical health indicator.

To repair our state's severe housing problems, we must support local communities in implementing results-based strategies. (Vinluan & Shauneequa Owusu, 2019)

Notably, FHLI's Results NC new "technology infrastructure" is assembling high quality, statewide data on health indicators, including severe housing problems. This technology will facilitate development of appropriate housing strategies. (Foundation for Health Leadership and Innovation, 2022)

Local health departments work with DHHS to develop their health improvement plans. The 2022 Cabarrus County Health Improvement Plan (CHIP) provides an outstanding example of community partners coming together to design and implement strategies for identified housing needs. For an excellent "best practice" example of innovative and viable improvement plan. [Reference Cabarrus County Scorecard / CHIP / Marcella Beam]

At the state level, the North Carolina Housing Finance Agency (NCHFA) provides programs and funding to support their stated mission to "create affordable housing opportunities for North Carolinians whose needs are not met by the market." (NCHFA, 2022)

We need to continue the multipronged, results-based strategy approach to mend our state's housing problems. Community engagement and education are key. The existing supply of affordable housing must be preserved and expanded, and public and private stakeholders need to maintain the strong partnerships that they have formed. (RWJF, 2022). (Burrige & Ormandy, 2006) (NC DHHS - SHIP 2020) (NC IOM HNC 2030) Together, we can turn the curve to afford all North Carolinians the opportunity to thrive in safe and affordable homes and neighborhoods.



Registration is Open for the 2022 Fall Educational Conference September 14-16 in Wilmington

If you have not registered, go here to register:
ncpha.memberclicks.net/fall-educational-conference-information-and-registration

Upcoming public health conferences taking place later this year:



APHA, November 6- 9, Boston - apha.org/Events-and-Meetings/Annual



NACCHO – July 19-21, Atlanta www.naccho360.org/home

NALBOH – August 1-3, Grand Rapids, MI - www.nalboh.org/events/EventDetails.aspx?id=1558170



Young Professionals Hosts 2nd Annual Conference in Raleigh



Young Professionals (YP) hosted an in-person conference on May 18th that was geared towards elevating networking opportunities and mentorship. The conference boasted roughly 40 individuals in attendance for the days activities. Guest speakers included Dr. Lorenzo Hopper, Dr. Vaughn Upshaw, and Dr. Brian Southwell who touched on a variety of topics relevant to young professionals. A mentorship panel was offered to help provide participants with perspectives from both a mentor as well as mentee perspective. Panelists included Dr. Lindsay Novacek, Dr. Jaimee Watts, Trey Wright, Shay Webb, and Lani Hashimoto. The panel helped to highlight various methods used to network with others and navigating various professional relationships.

At the conclusion of the conference, a raffle was held that winners could select one of two options as their prize: NCPHA Annual Membership or NCPHA Fall Educational Conference Registration.

Congratulations to our raffle winners!

- Edeia Lynch
- Medjatu Kuyateh
- Sarah Boudre

A special thank you to all of our guest speakers and mentorship panelists for helping to make the conference such a success.

If you would like additional information about the Young Professionals group, please feel free to reach out to YP co-president Rebecca Oakes at roakes@co.rockingham.nc.us or Ivana Susic at susic@usc.edu.

April Fall Educational Conference Award Winners

Congratulations to all the many winners of our NCPHA Major Awards, All-Star Awards, and the NC GlaxoSmithKline Foundation Child Health Recognition Awards given in Asheville at the re-scheduled Fall Educational Conference.

NCPHA Major Award Winners

- **Reynolds Achievement Award - \$500**
Erin Shoe, Cabarrus Health Alliance
- **Rankin Legacy Award - \$1000**
Merle Green, retired Health Director, Guilford County Health Department
- **Partners in Public Health Award**
Catawba County Emergency Services
- **Distinguished Service Award - \$250**
Shahnee Haire, Division of Public Health
- **Dr. Sarah Morrow Health Departments of the Year - \$1000 each**
 - Guilford County Health Department – large health department
 - Rockingham County Health Department – small health department

NC GlaxoSmithKline Foundation Child Health Recognition Awards

- **Lifetime Achievement Award - \$4,000 given to NCPHA Scholarship Endowment in winner's name**
Tommy Jarrell, retired Health Director, Richmond County
- **Public Health Staff Award - \$2,000 given to winner**
Zo Mpofo, Buncombe County Health Department
- **Individual Award – \$4,000 given to NCPHA Scholarship Endowment in winner's name**
Reina Rodriguez, Forsyth County Health Department

Local Health Departments - \$10,000 each

- Forsyth County Department of Public Health: BeHealthy
- Jackson County Department of Public Health
- New Hanover County HHS

All-Star Award Winners - \$25 each

- Amanda Ervin – Buncombe County Health Department
- Clarissa Gooding-Aytch – Carolina Outreach
- Thomas Privott – Orange County Health Department
- Leigh Yount – Gaston County Health Department
- Christopher Sells – Mecklenburg County Public Health
- Melissa Bracey – AppHealthCare



Photos from April Fall Educational Conference



Photos from April Fall Educational Conference





Nominate Now!

Nominations are now being accepted for all of the above awards in addition to the Dr. Ann Wolfe Mini-Grants, NCPHA Scholarships and the WCH Section Everyday Hero Award. Here are the links to nominate one of your deserving co-workers, health department, division or partner organization for one of these generous awards or scholarships! You can't win if you don't nominate. The nomination process is very easy. Major Award submission are to be no longer than 500 words. **All nominations are due by July 11.**

NCPHA Major Awards, Ann Wolfe Mini-Grants and All-Star Awards nomination forms:

ncpha.memberclicks.net/awards-grants-and-scholarships

NC GlaxoSmithKline Child Health Recognition Awards:

ncpha.memberclicks.net/nc-glaxosmithkline-foundation-awards

NCPHA Scholarships:

ncpha.memberclicks.net/ncpha-scholarships

WCH Section Everyday Hero Award:

ncpha.memberclicks.net/women-s-and-childrens-health-section



Social Work Section



Video still from Social Work section video: youtu.be/1P8Umz4BoQA

Summertime hasn't slowed the NCPHA Social Work Section! Our members have been busy! We have had a variety of Section Accomplishments and Individual Accomplishments. Here's a sample:

The creation of meeting Ground Rules. Clarissa Gooding-Aytch, Section member and Treasurer, facilitated a portion of the March 2022 Social Work Section meeting on the importance of having ground rules, which includes creating a safe space for discussion, allowing members to have their fingerprint on the Section to show they belong and to make it clear how each member would like to be treated. Those present for the meeting were invited to share the ground rules they would want to see incorporated. The Social Work Section's Ground Rules were established by the conclusion of the meeting. If you are a member and you missed this meeting, then don't worry – the Ground Rules are ever evolving!

The creation of a Social Work Section Membership Video. Kelsey Milam, Section Member and Past President, worked diligently to complete this video on behalf of the Section's Marketing Committee. The video can be found here: youtu.be/1P8Umz4BoQA. Please view it, and then send it to social workers you know or anyone who may be interested in joining the Social Work Section.

The Public Health Social Work Conference FINALLY happened (thanks, COVID). Kim McNeal, Section Member and NCPHA Secretary, and Ellen Kesler led the endeavor of planning what became the "never ending conference." The Public Health Social Work Conference is held bi-annually, and it is a collaborative effort between

the NCPHA Social Work Section and the NC Continuing Education and Training Advisory Committee (CETAC). This conference was supposed to take place in March 2020, but we all know what happened next. This day of professional development and networking drew more than 120 public health social workers and/or those who support public health social workers.

The Michael C. Clements Scholarship Endowment is funded. The Michael C. Clements' Scholarship was created more than a decade ago in honor of **Michael Clements**, one of the Section's Founders and a Section Member. This scholarship provides the opportunity for a college student to attend the NCPHA Fall Educational Conference at no charge with the goal that it will open public health social work as a future career for the student. **LaSonya Tuttle**, previous Section Chair and Section Member, spearheaded this effort last year in collaboration with Michael Clements and the Shallow Ford Foundation in Winston-Salem. The Endowment has approximately \$11k, and most of the Charter Members are Section Members, as well.

Deborah Smith, Current Section Chair, was selected to be a 2020 Mom: Visionaries for the Future of Maternal Mental Health's fellow. The fellowship program begins June 2022 and runs through June 2023. Maternal Mental Health disorders are the most common complication of pregnancy, and the aim of this fellowship is to close gaps in Maternal Mental Health. To read Deborah's bio and learn more about the 2020 Mom organization, please visit www.2020mom.org/government-agency-fellows.



Women and Children's Section



Public health has a responsibility to protect the safety and well-being of all adolescents and young adults (AYA). Everyone regardless of their gender identity, gender expression or sexual orientation deserves to be treated with respect and dignity. However, many people who are LGBTQ+ (especially people who are Black and transgender) experience ongoing discrimination and injustice. Many studies and surveys show that AYA who are LGBTQ+ have higher rates of depression, suicidal ideation, substance use and sexually transmitted infections. AYA who identify as LGBTQ+ are also at increased risk of experiencing bullying and homelessness. There are harmful bills that are being proposed by several state legislatures that promote discrimination towards youth who are LGBTQ+ (especially youth who are transgender) when youth try to access health care, attend school, and participate in sports.

Individuals, families, professionals, schools, businesses, and communities can use supportive practices and policies that create safe spaces to help support AYA who are LGBTQ+ to be able to thrive physically, academically, socially and emotionally. June was chosen to honor the Stonewall uprising in Manhattan on June 28, 1969, which has come to represent the start of the LGBTQ+ rights movement. This June can be a time for each of us to commit to adopting one strategy to help promote acceptance and celebrate all people and especially our AYA who identify as LGBTQ+.

ACTIONS:

Consider learning how to become an ally by participating in a [Safe Zone training](#) such as the ones offered at the

LGBTQ Center at UNC Chapel Hill. Safe Zone trainings are designed to raise awareness and increase allies for people who are LGBTQ+

Check out resources from agencies that provide strategies and support to promote the safety, health and wellness of youth and young adults who identify as LGBTQ+ :

Advocates for Youth: www.advocatesforyouth.org

Equality Federation: www.equalityfederation.org

Family Equality Council: www.familyequality.org

Gay, Lesbian and Straight Education Network (GLSEN): www.glsen.org

Parents, Families and Friends of Lesbians and Gays (PFLAG): pflag.org/about/our-people

The Trevor Project: www.thetrevorproject.org

Equality NC: www.equalitync.org

Time Out Youth: timeoutyouth.org

Center Link: The Community of LGBT Centers:
www.lgbtcenters.org/LGBTCenters/State/26/North-Carolina



Finance, Administration, Management, Information Technology Section

— *Andrea R. Freeman, MPA, FAMI Section Chair*

The Finance, Administration, Management, Information Technology (FAMI) Section welcomes all new and returning members. We continue to challenge every member to solicit at least two people from your health department to join NCPHA and, better yet, the FAMI section.

The purpose of the FAMI Section of the NCPHA is to provide an opportunity to network with others throughout the state who are involved with financial reporting, budgeting, computer programming and technology, supervision, clerical support, billing, and all other aspects of the Administrative Support team to exchange ideas, experience, and professional skills, and to provide education and information on policies interpretations and procedures.

The following members were installed on the FAMI Executive Committee at the Rescheduled Fall Education Conference this past April in Asheville:

Chair: Andrea Freeman – MTW District Health Department

Vice-Chair: Monica Short-Owens – Cumberland County Health Department

Secretary/Treasurer: Libby Clark – Caldwell County Health Department

Fall Education Conference Planning Committee: Andrea Freeman and Monica Short-Owens

Advocacy Committee Representative: Andrea Freeman

Public Awareness Committee Representative: LaShonda Ouk – Forsyth County Department of Public Health

The Executive Committee enjoyed seeing everyone for the first time in over two years face to face and is excited to plan the upcoming Fall Education Conference in Wilmington, NC; where the following topics will be presented: Accreditation, Minor Opt-Out, the Overview of the Health Information Exchange, HR, and IT. We hope to see you all there and look for the FAMI Section Silent Auction.

I welcome the opportunity for questions, comments, or ideas you may have to make the FAMI Section better. Please do not hesitate to contact me via email at andrea.freeman@mtwdh.org or any other executive team member.

I look forward to working with each of you,

Andrea R. Freeman, MPA
FAMI Section Chair

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