

NCPHA E-Newsletter

April 2017

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

Message from the President

— Josh Swift



Summer is right around the corner, and most of us have started thinking about making plans for our summer vacations. If you are in the second half of your career, you may be thinking about when you can retire and every day will be just like summer vacation as a kid. The leadership of NCPHA realizes that a large proportion of public health employees in North Carolina will be retiring, and will leave a leadership void at all levels across the state. While several leadership opportunities

are available for individuals at the highest levels, we believe more opportunities need to be available for those in mid-level positions and just starting in their careers.

For these reasons we have begun planning an intensive, 12-month leadership training program for NCPHA members to help them grow and thrive as public health leaders. Whether your goal is to become a health director or health education supervisor, the leader of an agency or a team, this program will benefit you and help you become a better leader. The specifics of this program will be rolled out in the coming months.

In the last newsletter I mentioned how my young son once told me I worked at the “help” department, and he confused the word “help” and “health.” I wholeheartedly believe that as public health professional we are “helpers” and need to grow in order to be the best leaders we can be. We all have the opportunity to lead no matter what title we have. We can influence others that we work with and those individuals we serve in our communities. It’s been said that one person cannot change the world, but you can change one person’s world.

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New DHHS Secretary Already Hard at Work

Dr. Mandy Cohen Committed to Improving Public Health

– Peg O’Connell



The New Secretary of the North Carolina Department of Health and Human Services (DHHS), Dr. Mandy Cohen says her first few months on the job have been “fantastic” and she is already hard at work tackling some of the major public health issues facing the state and learning about the people and places of North Carolina.

“The people of this state are so warm and welcoming,” said Cohen. “I have been traveling the state in order to meet the DHHS team to see where they work and what they are working on. As a new resident of the state, this travel to local offices is giving me a good sense of my new state,” she said.

Cohen, a physician by training and a former CMS chief operating officer, was chosen by Governor Roy Cooper in January to serve as Secretary to head a department with 18,000 positions, a \$20 billion budget, and responsibility for health programs that affect millions of North Carolinians. DHHS, which is one of the largest departments in state government, oversees public health, the state’s Medicaid program, mental health, social services and a variety of other programs. She sat down with NCPHA President Josh Swift and Executive Director Lynette Tolson on April 6th to discuss some of the key issues facing public health in North Carolina and her vision for DHHS during this time of great change.

As Secretary, Cohen cites opioid/substance abuse, Medicaid transformation, and maternal and early child health as three of the biggest issues facing public health in North Carolina.

“Opioid use is an epidemic in North Carolina and across the country,” she said. “This is not a simple issue, and we need a complex yet workable solution to reduce the toll of

this problem in our state. I believe that DHHS can provide leadership and coordination in the state’s efforts to reduce opioid abuse. Our new Chief for Chronic Disease and Injury Section in the Division of Public Health, Dr. Susan Kansagra, will lead all our efforts across the Department.” It is no accident that Dr. Kansagra will run DHHS initiatives. “Addiction is a chronic disease and we have to treat it like one,” said Cohen. “We must focus on prevention, treatment, and recovery.”

Cohen views Medicaid transformation from traditional fee-for-service to managed care as an opportunity, if structured the right way. Because of her experience at CMS working in the Medicare Innovations Center, Cohen will be very involved in the design of the state’s new Medicaid program. “The Innovations Center allowed Medicare to really think about population health—to achieve more value and higher quality for our healthcare dollars. This new [Medicaid] approach will let us focus on outcomes and buy health,” she said.

Cohen’s third priority will be an issue that has faced every recent NC Secretary of Health of Human Services: maternal and child health with a special emphasis on improving our infant mortality rates. “We must have a coordinated vision for both early education and health for mothers and children if we are going to improve in this area,” said Cohen. Dr. Cohen has asked Susan Perry-Manning to join her DHHS team to help lead and coordinate efforts in this area. “Susan is an expert in this field at the national level and understands that we must bring down infant mortality if we are going to improve the health of our state.”

The new Secretary’s experience at the Medicare Innovations Center will also inform her approach to tackling this issue of infant mortality and maternal and child health. “As we pilot different interventions, we will collect good data to determine if they are working. Then, when we have a good approach, we will start small and then take it to scale. This is what we did at CMS and we can learn from this process.” She also sees all health issues as interconnected. “Tobacco use, unintended pregnancy, asthma, diabetes...we can measure these conditions and we know what works. If we can impact these conditions, we can improve health in our state. As our



Continued...New DHHS Secretary Already Hard at Work

health payment system evolves, we must determine how we use payment levers to improve outcomes in these areas.”

Becoming Secretary of DHHS is the culmination of her life’s work, according to Cohen. “This is the best job and an amazing challenge. The job lets me use my experience in direct patient care, health policy, payment, coverage and quality, and I get to live in North Carolina,” she said. Her time as CMS’ chief operating officer also gave her training and experience in running a large complex organization which will serve her well as she leads the state’s largest department. She also indicated that Governor Cooper’s vision for the state was very compelling, and with a smile added “he can be very persuasive.”

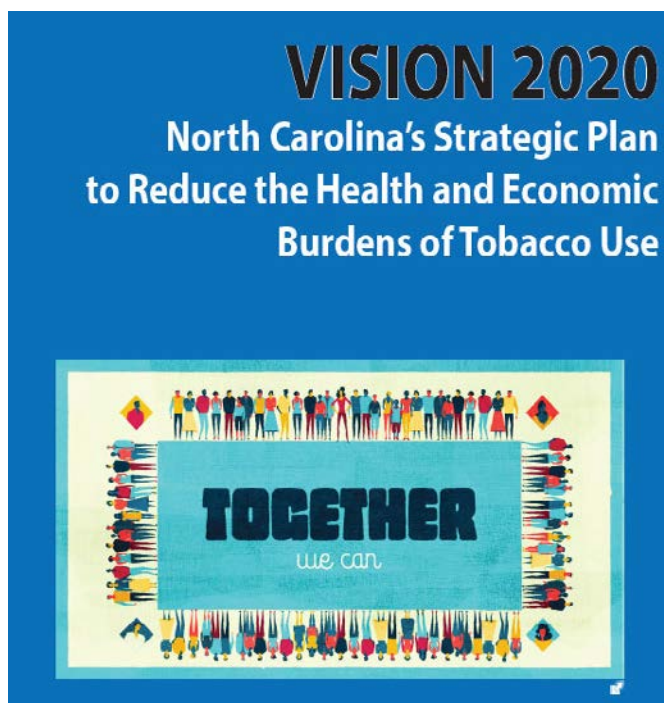
Her message to North Carolina public health professionals at the state and local level is optimistic. “There are so many good things to build upon here in North Carolina. Our work now is to put the pieces together to be more efficient and effective. I want our resources to be more stable and predictable.” She feels her job is to advocate for more resources for public

health at all levels and to look for new ways to bring those resources to bear. “It will be a combination of state, local and private resources,” she said, citing the focus on opioids as an example of how focus and attention on an issue can increase the resources to do the work.

In her travels across the state, Cohen feels that she has been getting a picture of the current public health infrastructure as well as a valuable insight into the past. “Knowing where we have been and what we can build on will allow us to chart a good future,” she said. She also gave a shout-out to the local public health agencies she has visited, “What folks do at the county level is very, very impressive.”

Things are just getting started for the new Secretary. The day of this interview, she was confirmed by the NC Senate. She and her family have moved to North Raleigh and are learning their way around. “I have two small children, so I am getting to learn North Carolina with them. People come to North Carolina to live, not just to work. I am looking forward to making North Carolina my home.”

The NCDPH Tobacco Prevention and Control Branch Releases Updated Vision 2020 Plan



The Tobacco Prevention and Control Branch at the North Carolina Division of Public Health (DPH) released their updated Vision 2020 Plan, giving direction for progress in tobacco and control in North Carolina through the year 2020. The Branch works to improve the health of residents by promoting smoke-free environments and tobacco-free lifestyles. Their goal is to build capacity of diverse organizations and communities to implement and carry out effective, culturally appropriate strategies to reduce deaths and health problems due to tobacco use and secondhand smoke.

As outlined in the plan, the Tobacco Prevention and Control Branch works in these four goal areas:

- Prevent the initiation of smoking and other tobacco use;
- Eliminate exposure to secondhand smoke
- Help tobacco-users who want to quit; and
- Identify and eliminate tobacco-related health disparities among populations by addressing health equity in each goal area.

Go to [Vision 2020: Our Strategic Plan](#) to download the plan.



Orange County Response to the OWASA Water Crisis

– Victoria Hudson, MPA, REHS

NCPHA-EH Section President/Chair



Photo credit: Chapelboro.com

On February 2, 2017, the Orange Water and Sewer Authority (OWASA) began a corrective action to correct over-fluorinated water at the water treatment facility without causing an interruption in the water utility which supplies the Town of Chapel Hill and the Town of Carrboro. The City of Durham and Chatham County provided the supplement water. At 10:13 a.m. the following morning, in an unrelated but compounding event, a 12-inch water main break occurred in northeast Chapel Hill discharging more than one million gallons of water. Although crews isolated the break quickly, OWASA issued a “DO NOT USE” directive due to concerns about its ability to maintain system pressures for water quality and firefighting needs. OWASA requested activation of the Orange County Emergency Operations Center (EOC) and Water Emergency Team Partners at 11a.m.

At 2 p.m., the Orange County Health Department issued “DO NOT USE” and “DO NOT DRINK” orders due to the shortage of water. It is important to note that these directives were not made because of excess fluoride in the drinking water. However, because of the critically low water supply and the unknown state of water quality, Dr. Colleen Bridger,

Health Director, used statutory authority to immediately suspend all restaurants and lodging facilities served by OWASA. The health department communicated the notices in email blasts, press releases, and social media. Updates were pushed out via the OC Alert System, a voluntary emergency notification service provided by the County. Communicators from the health department, emergency services, the county, and OWASA were located at the main EOC in Hillsborough and coordinated messaging. Press releases were communicated in English and Spanish. Interpreters went door to door in the affected area for additional outreach. Emails were sent to each of the 570 inspected establishment owners or operators.

The Orange County Water Emergency Team partners, including Dr. Bridger and OWASA, held a media briefing at 4 p.m. that afternoon to announce the activation of the EOC. They put focus on the conservation of water for critical uses such as firefighting, the medical center, and adult care facilities. Officials promoted a Public Information hotline and text access for updates and emergency water distribution sites.



Continued...Orange County Response to the OWASA Water Crisis



Photo credit: Jada Jarillo Chapelboro.com

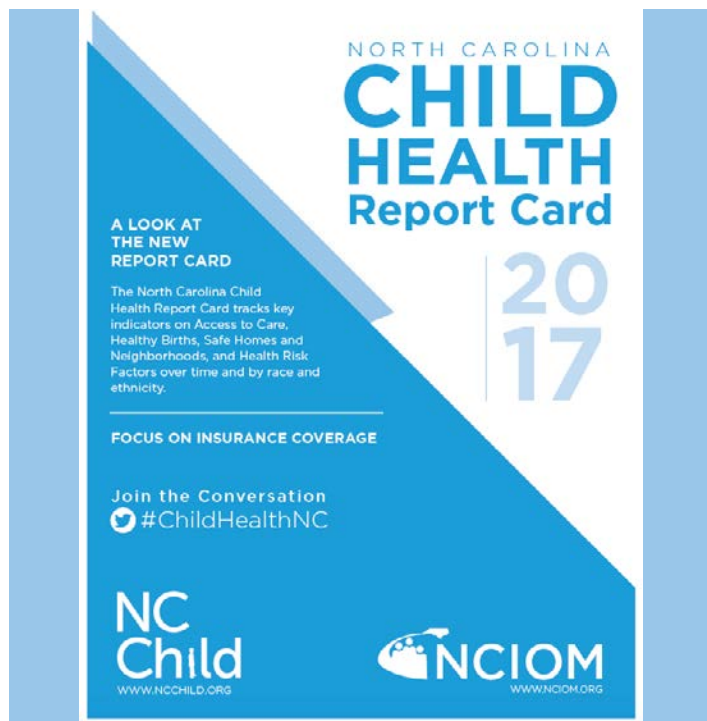
It is estimated 86,000 people were affected, accounting for all water customers, visitors, and residents of UNC-Chapel Hill. The list of closures through the health department notice to establishments included approximately 270 restaurants, 28 schools, 12 hotels, 51 childcare centers, 30 year-round pools, and six tattoo artists. The clinics and the main hospital at UNC Medical Center remained open but conserved water. UNC-Chapel Hill canceled classes that Friday after lunch as students remaining on campus were warned to cease water usage. To provide meal service to students who could not leave town for the weekend, one residence dining hall on campus and one cafeteria at a private student housing facility supplied limited menus during limited hours using water conservation methods. Chapel Hill-Carrboro City Schools and UNC-Chapel Hill athletics were cancelled or rescheduled, including the UNC-Chapel Hill men's basketball game to be played at the Dean Smith Center the next day.

A water supply disaster scenario can test public health preparedness in many ways. Public health staff prepare for water supply disasters, right? And, it is smart to be prepared. Orange County Health Department personnel staffed the EOC continuously for 28 hours. They answered questions and educated the public and other community officials about resources. Due to the nature of the incident the EOC focused on public information/alert/warning, critical facilities (healthcare, long-term care, etc.), and affected vulnerable populations. The health department's Immigration/ Refugee Health program helped to disseminate the same message out to the diverse populations within the Orange County community. Orange County Environmental Health visited establishments to notify and to advise. Food operations closed. They verified all adult care facilities activated their emergency water plans. There were countless phone calls, emails, and text communications to keep those establishments up-to-date and informed when the situation changed. Staff went out of their way to help those that needed redirection, brainstormed some awesome solutions to problems, dumped a little ice, and comforted the worried.

Early afternoon on February 4, 2017, after tank levels rebounded and test results confirmed that the water was safe to drink, the "DO NOT USE" and "DO NOT DRINK" orders were lifted. A 3 p.m. press conference was held to update residents, visitors, and business owners. In general, the residents and business owners of Chapel Hill and Carrboro followed directions and were appreciative of the public health response and provision of 98,000 bottles of emergency drinking water from four distribution sites and by delivery to critical facilities. No injuries or illnesses have been reported as a result of the OWASA water crisis.

Prepared enough? Were there lessons still to be learned? The short answer is, "yes." The after-action report is not yet available. Emergency Management anticipates it will be published in June or July. Only the surface of the details has been scratched.

Focus on Birth Outcomes: NC Child Health Report Shows Opportunities, Challenges for Healthy Births



A healthy start at birth provides a solid foundation for future learning, relationships, and physical and emotional development. Babies who are born to mothers who have regular access to preconception or interconception health care are financially secure and live in communities and environments that promote good health have the best chance to thrive.

The [2017 North Carolina Child Health Report Card](#) finds improvements in several areas that contribute to healthy birth and postpartum outcomes. The percentage of babies born to women who smoke (9.3 percent)--a leading cause for preventable pregnancy complications, prematurity, and low birthweight--declined 15 percent between 2011 and 2015. More mothers initiated (75.3 percent) or exclusively breastfed (20.8 percent) their babies for the recommended duration of six months. Finally, more than eight in 10 new mothers (87.2 percent) received a postpartum checkup within six weeks of delivery enabling early screening for postpartum depression and support for the management of pregnancy-induced complications like diabetes and high blood pressure.

The data also reveal areas where progress is needed in order to ensure every baby can achieve their healthiest start in life. Just two-thirds of women (67.8 percent) received prenatal care during their first trimester of pregnancy. One in 10 babies was born premature (10.2 percent) or at a low birthweight

(9.2 percent) placing them at higher risk for chronic disease and illnesses that can create a lifetime of health challenges. Just eight in 10 women ages 18 to 44 (80.6 percent) report having the health insurance coverage that is essential for regular access to preconception and interconception medical care.

The report card illuminates a tragic trend. After more than two decades of sustained reduction, North Carolina's infant mortality rate is now losing critical ground. In 2015, 884 babies died before reaching their first birthday at a rate of 7.3 infant deaths for every 1,000 live births¹. For the second consecutive year, the number and rate of infant deaths has exceeded the state's previously recorded low of 7.0 per 1,000 live births (832 deaths)². Equally alarming is the persistent disparities in infant deaths that leave African American babies more than twice as likely to die before their first birthday than non-Hispanic white babies.

Reducing infant mortality, eliminating race and ethnic disparities, and improving birth outcomes requires coordinated efforts to address the social and economic conditions where people live, work, and grow; strengthened access to health care; and enhanced public policies, programs, and agency practices that shape population-level opportunities for good health. Last year, the North Carolina Division of Public Health Women's Health Branch unveiled a statewide Perinatal Health Strategic Plan which seeks to foster collaboration and address the root causes of disparities in birth outcomes. The 12-point plan, developed in partnership with more than 125 maternal and child health experts, establishes three goals to bolster birth outcomes: 1.) Improve healthcare for women and men, 2.) Strengthen families and communities, and 3.) Address social and economic inequities.

We know what is possible when public health, policymakers, and communities collaborate to improve child health outcomes. For example, the report card shows North Carolina has reduced its teen birth rate by one-third since 2011 thanks to intentional investments and state and local partnerships. North Carolina now has a tremendous opportunity to align systems, resources, and public policy to promote healthy births for every baby born in the state.

¹2017 North Carolina Child Health Report Card. Available online at ncchild.org.

²NC Department of Health & Human Services State Center for Health Statistics. 2015 North Carolina Infant Mortality Report, Table 3.



New Partnership Between the NC Division of the Public Health and the NC Hospital Association to Prevent Opioid Overdose

The opioid crisis is devastating our health systems, communities, and families in North Carolina. Since 1999, opioid overdose has claimed the lives of more than 13,000 North Carolinians. Charged in 2015 with addressing prescription drug overdose through a four-year grant from the Centers for Disease Control and Prevention (CDC), the Injury and Violence Prevention Branch of the North Carolina Division of Public Health (DPH) works with a wide range of partners to identify new points of intervention and collaboration.

As part of its crisis response efforts under the CDC grant, DPH funded efforts to educate individual healthcare practitioners on steps they can take to decrease opioid addiction and overdose, such as following the CDC Guideline for Prescribing Opioids for Chronic Pain. The CDC Guideline includes suggestions such as prescribing fewer pills in response to acute pain, prescribing lower doses of opioids for chronic pain, and checking the state prescription drug monitoring program, which includes data on patients' controlled substances prescription histories, before prescribing opioids (in North Carolina, this monitoring system is called the Controlled Substances Reporting System or the CSRS.) While educating individual practitioners on optimal opioid prescribing is an important step, DPH staff knew that looking at organizational level and policy changes in addition to individual education would be most effective.

To effectuate this broader strategy, DPH is funding a full-time position housed within the North Carolina Hospital Association (NCHA) to engage North Carolina health systems in an analysis of how policy change can be used to thwart the opioid epidemic. To begin, NCHA is forming the Coalition for Model Opioid Practices in Health Systems. Next, through key informant interviews, hospital visits, and stakeholder summits, NCHA will gather information on what's currently happening in North Carolina health systems surrounding opioid prescribing and prevention of addiction and overdose. The Coalition will then develop system-wide best practice guidelines and align health systems with a shared vision for opioid policy. Once strategic priorities are established, NCHA will identify barriers and resources required for implementation of best practices. This work will culminate in a concentrated effort to ensure that the model of care can be equally delivered across the state.

NCHA will present on its opioid policy efforts at the 2017 Opioid Misuse and Overdose Prevention Summit, which will



be held June 27-28 in Raleigh. NCHA will also present on the results of its efforts at a future meeting of the Prescription Drug Abuse Advisory Committee (PDAAC). PDAAC is a group of state agencies and external partners working to address the opioid epidemic, meeting quarterly. DPH is working to implement its CDC grant activities with PDAAC partners such as the NCHA.

To learn more about the activities of the PDAAC or register for the 2017 Summit, visit: opioidpreventionsummit.org.



Upcoming Summit to Focus on North Carolina Responses to Opioid Crisis – **Register now!**



Opioid misuse and overdose are serious and growing issues with broad public health, economic, legal, and social implications. Drug overdose is now the leading cause of injury death in the United States. Centers for Disease Control and Prevention (CDC) has characterized rising opioid-related injury and death as an epidemic. Prescription opioid sales nearly quadrupled between 1999 and 2014 while Americans' reported pain held steady. Overprescribing and diversion of opioids from patients receiving short-term treatment or those with chronic pain conditions can lead to disordered substance use, blood-borne diseases, infections, injury, and overdose.

The opioid epidemic struck North Carolina early, but governmental agencies, healthcare providers, community-based organizations, treatment and recovery programs, and law enforcement agencies have responded with innovative, coordinated, multi-level partnerships, policy changes, and interventions to turn the tide. The Department of Health and Human Services' upcoming Opioid Misuse and Overdose Prevention Summit, June 27-28 at the McKimmon Center in Raleigh, will elevate the diverse partners and approaches that have led North Carolina's opioid epidemic response. The Division of Public Health and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, with funding from the CDC and the Substance Abuse and Mental Health Services Administration, are organizing this two-day conference on partner engagement and action, new policies and practices, and multi-level strategies to address and reduce opioid misuse and overdose.

The Opioid Misuse and Overdose Prevention Summit will:

- Engage partners in North Carolina in active learning and meaningful discussions. Participants will address how to build momentum behind strategic activities that complement overall state and local efforts around opioid misuse, addiction, and overdose death.
- Educate and inform North Carolina partners on evidence-based/informed, promising, and innovative policies and practices that prevent opioid misuse, addiction, and overdose.
- Energize, challenge, and connect North Carolina partners. Speakers and breakout sessions will discuss how to build consensus and rally behind policy and programmatic interventions that focus on social determinants, healthcare, harm reduction, criminal justice, and community strategies around opioid misuse, addiction, and overdose death.

We invite the NCPHA community to join our national, state, and local leaders in ongoing efforts to address opioid misuse, substance use disorders, and overdose. The Summit will feature 24 breakout sessions, allowing participants to engage in interactive discussions with colleagues and community leaders on topics including:

- Local, state, and national efforts
- Social determinants
- Innovative policies
- Prevention efforts
- Harm reduction
- Criminal justice
- Treatment and recovery

Professional Credits Available

An application for NC Substance Abuse Professional Practice Board (NCSAPPB) hours has been submitted. Individual credit will be awarded for each session attended. NCSAPPB credit is included with conference registration. Continuing Education (CE) Credits for licensed professionals are available for an additional fee of \$20. Continuing Education Credit is sponsored by Program Services Continuing Education for Licensed Psychologists, Marriage and Family Therapists, Professional Counselors, Mental Health Counselors, Nurses, and Licensed Addiction Professionals. Contact hours may also be used to satisfy requirements for Certified Health Education Specialist (CHES) and Certified Public Health (CPH) credits.

Visit opioidpreventionsummit.org for additional information and to register for the Summit.



Register Now!

2017 NCPHA Spring Conference

*Preserving the Public's Health:
A Day to Focus on Education and Advocacy*

Tuesday, May 16 2017

North Raleigh/Midtown Hilton

[Click here](#) to download Agenda

Registration fees (including lunch) are:

\$35/member

\$90/non-member but includes a one-year membership to NCPHA

\$20/student (both non-member and student members - use separate form below)

[Click here to register](#) for the conference - both members and non-members

[Student Registration Form](#)



Hotel Information

A block of rooms has been reserved for our attendees at the North Raleigh/Midtown Hilton. Room rates are \$139/night. These rates are available for two nights - May 15- 16.

Guests can book reservations by calling Hilton Worldwide reservations line at (919)872-2323, OPTION 1 or online at northraleigh.hilton.com. Use the group code **NCPH**.



NCPHA Awards, Scholarships and Mini-Grants



Does your health department or division like to win awards, mini-grants, scholarships or recognize your awesome co-workers? If so, then make sure you apply for or nominate someone for one of the following:

- NCPHA Major Awards
- All-Star Awards
- NCPHA Scholarships
- Dr. Ann Wolfe Mini-Grants
- NC GSK Foundation Child Health Recognition Awards

All of the above will be given at the Fall Educational Conference September 27-29 at the Crowne Plaza Golf and Tennis Resort in Asheville. The deadline for all is July 7 except for the NC GSK Foundation Awards which will be May 31.

The nomination process will begin May 1. To get an application or learn more, go here: ncpha.memberclicks.net/awards-grants-and-scholarships.

Environmental Health Section Awards and Scholarship News

Each year at the Fall Educational Conference, the Environmental Health awards small scholarships to deserving students working on an Environmental Health education and to Environmental Health Specialists who are working on expanding his or her Environmental Health knowledge, skills, and professionalism. Professional development and students of environmental sciences are critically important to the sustainability of an educated and trained Environmental Health workforce.

For undergraduate students, the Dewey L. Padgett Scholarship awards \$300 to an East Carolina University (ECU) Junior or Senior majoring in Environmental Health with a cumulative GPA of 2.5 or above and demonstrating financial need. The Stacy Covil Scholarship awards \$300 to a Western Carolina University (WCU) Junior or Senior majoring in Environmental Health with a cumulative GPA of 2.5 or above and demonstrating financial need. The Environmental Health Section Scholarship Fund awards \$300 to an ECU student and a WCU Environmental Health student with a GPA of 3.0 or above.

For working Environmental Health Specialists (EHS), the Practicing EHS Scholarship awards \$300 per year to an applicant who is a practicing EHS in North Carolina and taking course work related to the enrichment of a profession in the Environmental Health field. The Tim Hilton Environmental Health Specialist Scholarship is new and will

award \$500 to an applicant taking Environmental Health related coursework and practicing within the geographical boundaries of Western District NCPHA.

Also at the Fall Educational Conference, the Environmental Health Section of NCPHA recognizes our best and brightest from nominations of their peers.

The W.A. "Bill" Broadway Award is a symbol of excellence and professionalism to EHS. This represents one of the highest honors the Environmental Health Section can bestow upon an individual for outstanding contributions to the professional status of the EHS.

Since 1955, the Section has offered the Stacy Covil Environmental Health Specialist of the Year Award each year to a local EHS or engineer for outstanding contributions in the field of sanitation.

The Rookie Environmental Health Specialist of the Year Award recognizes the achievements of an employee who is new to Environmental Health and has demonstrated excellence and innovation during the first two years of employment.

Applications are on the [EH Section page of the NCPHA website](#). All applications are due June 30, 2017.





Jim Bernstein Community Health Leadership Fellows Program

a program of the Foundation for Health Leadership & Innovation

2017 REQUEST FOR APPLICATIONS

The purpose of the Jim Bernstein Community Health Leadership Fellows Program is to develop future leaders to work in and improve the health of rural and underserved communities in North Carolina. The Fellows Program commemorates the life and career contributions of James D. Bernstein, North Carolina's rural health pioneer who led the state's efforts for community-driven care of low- and moderate-income, isolated, and underserved populations for more than 30 years. The program supports the work and careers of outstanding individuals who share Jim's beliefs that:

- Everyone has a right to health care,
- Care should be delivered in a respectful, effective and efficient manner, and
- The health care system belongs to the communities where people live and providers practice.

With this announcement, the Jim Bernstein Community Health Leadership Fellows Program solicits applications from individuals who work in organizations that serve rural and underserved populations in North Carolina.

PROGRAM DESCRIPTION

Fellowships will be awarded to up-and-coming health professionals (administrators, practitioners, etc.) from a variety of disciplines (primary care, pharmacy, behavioral health, oral health, public health, social work, etc.). Fellowships are awarded for a two-year period and are comprised of an educational component and an individualized project centered on the core elements of:

- Leadership
- Partnerships
- NC Health Sector
- Rural Life

EDUCATIONAL COMPONENT

Educational sessions will be held over the two-year fellowship period to enhance each Fellow's overall understanding of rural health and to develop each Fellow's professional skills as they relate to the current health climate. During the fellowship period, approximately 12 days will be dedicated to educational programming. The Fellows program is not part of a degree-granting program.

PROJECT COMPONENT

The project will be individualized in accordance with the Fellow's professional interests and goals and the goals of the Fellow's employer. Each Fellow will have an opportunity to work with a mentor relative to their identified project. During the fellowship period, each Fellow will submit project progress reports, and at the conclusion of the program, each Fellow will submit a project summary and share their summaries with their local communities and the Board of Directors of the Foundation for Health Leadership & Innovation.

Application Dates

Applications open:
Wednesday, February 1st

Application deadline:
Friday, April 28th

Interviews & Selection

Interviews with select applicants will take place in June 2017.

Fellows will be notified of their selection for the program no later than July 2017.

Orientation for new Fellows will take place on October 5-6, 2017.

To Apply:

Email your complete submission packet to:
rachel.presslein@foundationhli.org

-or-

Mail your complete submission packet to:
Attn: Rachel Presslein
2401 Weston
Parkway Suite 203
Cary, NC 27513

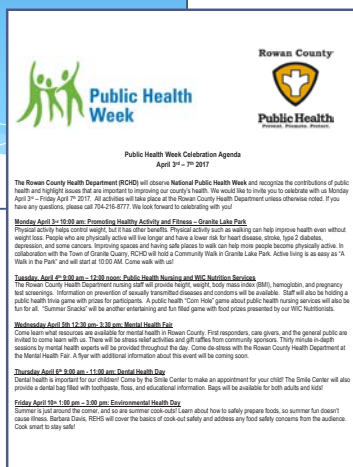
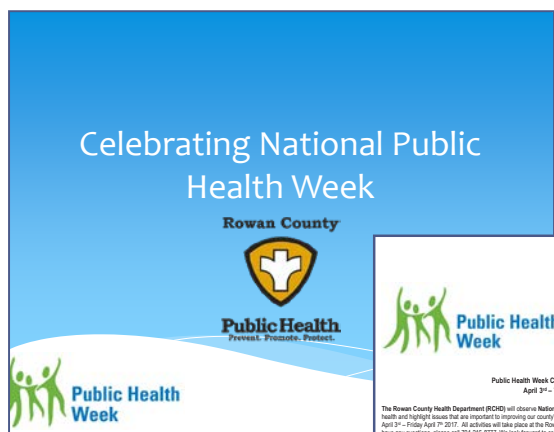


National Public Health Week 2017

NCPHA members and partners celebrated National Public Health Week (NPHW) April 3-9, 2017. During the first full week of April each year, the American Public Health Association brings together communities across the U.S. to observe National Public Health Week as a time to recognize the contributions of public health and highlight issues that are important to improving the nation. Below are some highlights of NPHW celebrations from around the state. For more information, visit nphw.org.



Anson County Health Department



Rowan County Health Department

National Walk@Lunch Day Friday, April 7th!

Please join the County Manager and Dr. Pearson for National Walk at Work Day!



Because National Walk at Work Day is designed to complement—not compete with—busy lifestyles, it provides the perfect opportunity to get up from your desk and get on your feet.

Most people spend the majority of their time at work, making it a great avenue to promote and influence health. Walking 30 minutes a day five times a week reduces risk of chronic disease, stress, and improves overall well-being and productivity at work. National Walk at Work Day can be the start of a new daily walking routine, improving health step by step. Participation is fun and easy.

When: April 7th @ Noon

**Location: Johnston UNC Health Pond*
(in front of the Hospital)**

Employees please register for this event at

<http://www.johnstonnc.com/class>

- Be sure to wear comfortable shoes
- Bottled water will be available

**Just in case Mother Nature showers us with rain, or even snow the walk will be held at the Medical Mall.*

***Parking is limited so be sure to carpool with coworkers.*

Johnston County Public Health Department



National Public Health Week 2017

Public Health Month - April 2017						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
National PH Week	Banners/Pinwheels in all locations			Board of Commissioners - PH Month Proclamation	PH Display - Four Seasons Town Centre - Greensboro	Spring Clean-up, 1730 W. Gate City Blvd., Greensboro
9	10	11	12	13	14	15
	Community Cooking Demo - Evans Blount 11:30 am - 1:00 pm	Media Training - PH Staff			Holiday - Offices Closed	
16	17	18	19	20	21	22
		Media Training - PH Staff		PH Display, Koury Convention Center - Greensboro		1 st Step Sk. Hagan Stone Park, Greensboro, 9:00 am
23	24	25	26	27	28	29
Cinco de Mayo, GSO Coliseum, 12:00 - 7:00 pm	Community Cooking Demo - Evans Blount 11:30 am - 1:00 pm	PH Staff Update, Christ UMC, Greensboro				Pinwheels in the Park, LeBauer Park, Greensboro.
30	More Events: 4/22 - "Aim to Be Healthy" Forum, Greensboro Historical Museum, 9:00 am - 12:00 pm	4/22 - Macedonia Resource Center Health Fair, High Point, 10:00 am - 2:00 pm	4/29 - 2 nd Annual Sedgefield Elementary Hair Fair, Greensboro			

Guilford County Health Department

North Carolina Institute for Public Health

April 7 at 10:52am · 📍

Today in the Atrium, 12-1:30pm, come visit Charlie the therapy dog for some snuggles (we'll also have snacks!) What better way to celebrate the last day of National Public Health Week??

#nphw #gillingsnphw

Gillings SPH Student Government

UNC Gillings School of Global Public Health



North Carolina Institute for Public Health



Car Seat Safety Exhibit during the Summer Camp & Safe Kids Expo- April 1st
Alamance County Health Department



Gaston County DHHS's Skeeter

This month, the Gaston County Department of Health & Human Services (Gaston DHHS) celebrated Public Health Week by welcoming a new member to their team. While the newest addition is known for biting, spreading disease, and being a general nuisance, Gaston DHHS is still happy to have her on board.

"Skeeter" will be helping the organization raise awareness about mosquito prevention by appearing at community events, schools, health fairs, and other venues throughout Gaston County. With the emergence of the Zika Virus and the continued threat of many other vector-borne illnesses, Gaston is happy to have a new way to spread prevention messages.

Staff hosted a naming contest in March to decide Skeeter's name. It came down to Zeke, Topsy, Skeeter, and Mo but Skeeter pulled out ahead and so will be used when referencing their new friend. Skeeter's first appearance came at the staff Public Health Month luncheon where Public Health Division Director Steve Eaton enjoyed donning the costume as he "jumped around" to the tunes of the hip-hop band House of Pain.

If you're ever in Gaston, be sure to look Skeeter up and come say hello!



Contact Us

Lynette Tolson, Executive Director, E-mail: ltolson@ncapha.org
Kim Dittmann, Public Health Administrator, E-mail: kdittmann@ncapha.org
222 N. Person Street
Suite 208
Raleigh, NC 27601
Phone: 919-828-6201 Fax: 919-828-6203 Website: ncpha.memberclicks.net

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NCPHA E-Newsletter Editor: Kasey Decosimo
Graphic Designer: Zannie Gunn, TypeColorShapes.com

