

NCPHA E-Newsletter

December 2016

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

Message from the President

– Josh Swift



As we enter this holiday season between Thanksgiving and Christmas and start thinking about the new year approaching we have a lot to reflect on and be thankful for in North Carolina.

We had a very successful Fall Education Conference in New Bern this past September, with over 450 attendees. Having lived on both sides of the state I realize that it was no small task for our counties in the west to come to New Bern. I am very excited about the 2017 Fall Education Conference that will be held in Asheville September 27-29, 2017 and hope to have even more counties from across this great state

represented.

I am also enthusiastic about the unveiling of the Healthy Babies Initiative that Past-President Dr. Suzanne Lea spearheaded and has gained support from all sections across NCPHA. This is an initiative that we should all rally around to make North Carolina a healthier place for children to grow up and become healthy adults.

Lastly, I am reminded of my 5-year old son who once told me I worked at the “Help Department.” He obviously mixed up the words “Health” and “Help” but I believe there was truth in his statement. Whether we work in a local health department or at the Division of Public Health, in a hospital or as a school nurse, regional Environmental Health consultant or as a professor at one of our fine colleges and universities, we are all in the business of helping others. That could be assuring we have safe water to drink and food to eat. It could be making sure babies and mothers are healthy, or it could be teaching future leaders in public health.

As we move into this new year, I am encouraged about the realities that by working together, with a common voice, we can continue to make North Carolina Public Health the nation’s model.

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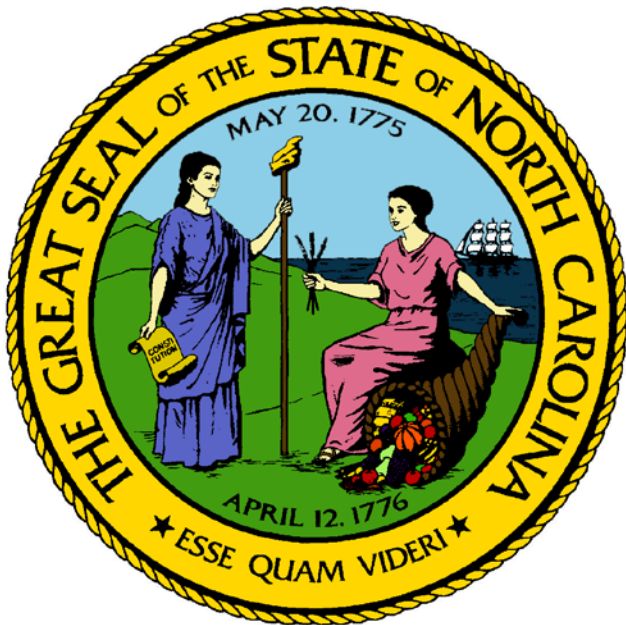
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Public Health Advocates Will Face a Similar Legislative Environment in 2017

New Governor Cooper Could Impact Policy



The North Carolina Public Health Association and its partner public health advocates will face a legislative environment similar to that seen over the past two years, according to Peg O'Connell NCPHA Advocacy Chair.

"Although we will see 23 new faces in the legislature in January, I don't think the policy environment will change very much from last year," said O'Connell. "The control of both chambers remains firmly in Republican hands with a veto proof majority. Some experts expected Democrats to pick up several seats this past election but it just didn't happen. A few House seats changed hands but at the end of the day, the numbers remained the same: 75 Republicans and 45 Democrats. In the Senate, the Republicans actually picked up one seat, so the total is 35 Republicans and 15 Democrats," she said.

One of the unknowns in the coming session will be the impact of the new Cooper administration on policy discussions regarding public health. "As Attorney General, Governor-Elect Cooper was an active consumer advocate and proponent of clean water and environmental protection, I am hopeful that he and the new people he puts in place will be willing to talk good public health policy with him," said O'Connell.

"I think job one for NCPHA and all the public health advocates is to begin educating new legislators and

administration members on our issues and the important health issues facing the state of North Carolina," she said.

NCPHA and its partners have made progress over the past 4 years in making the case for important public health and environmental policy and the Advocacy Committee hopes to build on that progress. "Early on, we found ourselves in a very "anti-regulatory environment" but over the past several years we have been able to make the case for the importance of public health measures to the health and safety of the state," O'Connell said. "I think the fact that we were able to defeat the "gag and turtle bills" demonstrates that legislators are listening," she said referring to two pieces of legislation that would have prohibited local public health officials from advising citizens of possible water contamination and reauthorize the selling of small turtles that carry salmonella, respectively. On the whole, public health at local level also did well with a \$14.8 million one-time funding program to local departments.

The NCPHA Advocacy Committee is preparing the policy agenda for 2017. "We started meeting in November have been considering a number of prevention and maternal and child health issues. In December we will consider issues from Environmental Health and all the other Sections of NCPHA. Once we form our recommendations we will then send those on to NCPHA Governing Council for approval," said O'Connell.

The Advocacy Committee is composed of representatives from each NCPHA section. The group meets monthly to consider issues from each of the sections and then creates a list of policy recommendations that are sent forward to the Governing Council for approval or amendment. This approved list becomes the policy agenda for NCPHA for the two year legislative session. The Advocacy Committee also meets throughout the year to monitor progress on the agenda and to consider new, emerging issues that are moving through the legislative process. "The Advocacy Committee serves as our connection to the full membership and as our way to active our grassroots when we need to let our policymakers know our opinions on issues," said O'Connell.

The North Carolina General Assembly will convene for an organizational day on January 11 and then real legislative work will begin the week of January 23.



Environmental Health's Hurricane Matthew Response Update



Photo Credit: North Carolina National Guard

What do people expect from a hurricane? According to the National Weather Service, Hurricane Matthew had surprises that even the most prepared could not expect. It brought widespread flash flooding and record river-flooding to eastern North Carolina where hourly rainfall estimates from radar were as high as seven inches per hour. It caused \$1.5 billion damage and 26 deaths, tens thousands of people displaced, and hundreds of thousands without electricity.

A full summary of Environmental Health actions during the storm recovery has not been collected and published. Approximately 2500 water sample kits were requested by counties for the free testing, and those results are pending. The early reports describe damage to food establishments from light to devastating. Nearly every establishment in the flood zone had to be visited. There were phone calls and education about water supply sanitation. Edgecombe County responded to the voluntary closure of a few establishments. All of their hotels were full of displaced families. A similar report came from Wilson County. More were affected in Robeson, Cumberland, Greene, Beaufort, and Wayne Counties. Lenoir Environmental Health visited four lodging places and eight restaurants remain closed. Pitt County had more than 100 establishments and schools affected by the power outage between twelve hours and six days long. Most food establishment owners cooperated and just needed assurance. Unfortunately there were some enforcement opportunities, too.

Environmental Health Specialists know they are part of the Health Director's response to emergencies. They may

have taken part in practice exercises and may be a partner in their county's Emergency Operation Plan. Environmental Health and Preparedness are often under the same roof for staffing and management. They may be called to help with sheltering, water supplies, and vector control. It sounds like Environmental Health is prepared. What did Environmental Health expect from a hurricane?

According to Daniel Ortiz, Environmental Health Director at the Cumberland County Department of Health, indicated that Cumberland has a plan of action for many different emergencies. He also admits limitations because every emergency is so unique. "The total rainfall from Hurricane Matthew was twice as much as was forecasted and surprised us all. Flooding, low water pressure, boil water advisories, power loss, unpassable roads, and staff unable to travel to work proved you can never be too prepared," Ortiz said. According to Cindy Council, Environmental Health Supervisor, was little prepared for Roberson County to be, "under water." Most of the County was a disaster without electricity, potable water, internet, and phone services. Cell phone service was sporadic, and phones had to be charged in the vehicles. Roads and Interstate 95 were also impassable with standing water, rising water, power lines, and utility poles. Residents really were not prepared. "Law enforcement [officers] were pleading with folks to stay off the roads, because they could not rescue folks trapped in their homes or rooftops, and because they were rescuing these individuals that insisted on being on flooded roadways," she said. Due to this, it was about three days before Robeson could begin



Environmental Health's Hurricane Matthew Response Update ...continued

their response.

When asked about setting up priorities during the first hours of recovery, Ortiz reported that his staff tasks began with the coordination of the daily inspections at five different shelters across Cumberland County. The basics had to be addressed first: safe water, safe food, and shelter. The shelters were inspected daily to ensure that they were not only safe but also they were a sanitary place to stay after the hurricane had damaged so many homes. Press releases went out to inform the public on well water and how to properly disinfect after wells flooded from the extreme high levels of flood water. Water samples were collected and recollected to ensure the homeowners had safe drinking water. Ortiz humbly stated, "Our onsite waste water section assessed septic systems and private water supply wells throughout the county where accessible. Many hours of work went into the ensuring the public's needs were addressed by the Health Department."

The overall strategy in Robeson was similar. Meeting in the field, her staff gathered in a local restaurant who allowed them to use their dining room each morning to meet and plan for the day. Part of that strategy included helping the business district become functional. "With power being restored to our business district first, we began going into the restaurants and assisted them with info on how to operate and maintain food safety. We created limited menus, required bottled water, and allowed takeout only." Toileting facilities and handwashing was also urgent. Likewise, staff from the Cumberland's Food and Lodging section contacted all of the permitted food establishments along with all other facilities under inspection to provide guidance on food safety and the boil water advisory. They continued to work with establishments because of the lengthy power outage.

Environmental Health Specialists from other counties and the Department of Health and Human Services responded to the call for assistance almost immediately and were deployed in many of affected counties. They provided educational materials for the public and support in the field and relieving staff who had worked for continuously during the early recovery. The State Lab offered free water sampling which proved to be extremely beneficial to the already stressed citizens. The water sample kits came the next day with no issues. In Cumberland County, Environmental Health was able to provide necessary aid to its citizens without external environmental health staff unlike some other harder effected counties. Robeson also declined on the assistance because travel was a dire concern. Council said, "We actually had over 200 roads out, so it was impossible to navigate around the county. I alone had to travel 20 miles to get my county vehicle on what normally was a four mile trip."

Hurricane Matthew also presented some opportunities to reinforce partnerships and strengthen the community.



Photo Credit: U.S. Department of Agriculture

Council stated of their relationships with establishments, "Our restaurants were truly appreciative of our help and guidance. They wanted to get open to serve all of the first responders and didn't question or challenge whatever we told them. They wanted to provide a hot meal but kept food safety in the forefront. I was truly proud of them and their encouraging words for us." Council also received good words from local healthcare providers that no foodborne illnesses were reported during the early recovery.

Ortiz remarked on the collaboration between agencies, even when asked to help outside the scope of Environmental Health. While working in the EOC late one night, they received a public health call to help a child in need of medication that had to be delivered that night to an area flooded and mostly impassable by courier. Delivering medication is not typically a job the health department, EMS, or sheriff's department; however, in an emergency, they all pulled together to help a sick child. Ortiz was proud to be a part of the effort to help and proud of the work from all the county staff that went above and beyond the call of duty to help the citizens.

In sum, what did Environmental Health expect? It was not just a bad weather event. It is unlikely that even the best "all hazards" plan could prepare staff for what would come during the hurricane and during the long recovery. From the primary support in sheltering and visiting flooded establishments to the longer term remediation for safe water supplies and vector control, Environmental Health Specialists know their parts. Hurricane Matthew tested that and more. It was a time for reliance, patience, and community.



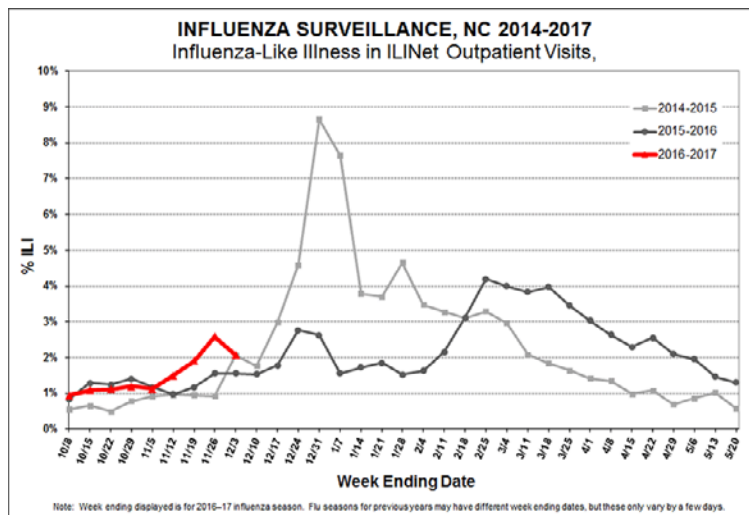
2016 -17 Influenza Season Update

Influenza is a major public health issue responsible for many outpatient visits, hospitalizations, and deaths every year. Each influenza season is different, from the type of strains circulating to the age groups affected to the degree of severity. Flu activity during the 2016-17 influenza season is just starting to increase in both North Carolina and the United States. Based on surveillance of influenza-like illness (ILI), transmission is not yet widespread across North Carolina, but will increase as the season progresses.

Symptoms of influenza include sudden onset of fever, myalgias, and cough. Illness typically lasts five days; however, respiratory symptoms and malaise can persist for 2-3 weeks. Influenza is usually spread from person to person by inhalation of respiratory droplets produced by coughing and sneezing. Worsening of underlying chronic conditions is responsible for most of the severe complications and mortality associated with influenza. Secondary bacterial infections (e.g., pneumonia) can occur in all age groups.

Diagnosis of influenza infections can be made by viral culture, reverse transcriptase-polymerase chain reactions (RT-PCR), immunofluorescence assays, and rapid influenza diagnostic tests. Preferred specimens for influenza testing are nasopharyngeal or nasal swabs, which should be collected as close to illness onset date as possible. Rapid influenza diagnostic tests (RIDTs) provide results within 15 minutes with high specificity. However, RIDTs have low to moderate sensitivity and therefore can never be used to rule out influenza infection. Antiviral treatments can reduce the severity and duration of uncomplicated influenza infection and, more importantly, can prevent serious complications like pneumonia. Antiviral treatment is most effective when started early, but should still be considered for all patients with severe or progressive influenza infection regardless of the time since onset.

Vaccination is the best way to prevent influenza infection. The Advisory Committee on Immunization Practices (ACIP) recommends an annual influenza vaccine for all persons aged six months and older. For the 2016-17 influenza season, only injectable flu vaccines are recommended; **the nasal spray should not be used because of evidence indicating low effectiveness during recent seasons.** Approximately 130 million doses of flu vaccine have been distributed so far this season. There is still vaccine available and time to get vaccinated with either the trivalent or quadrivalent vaccine; laboratory data indicate that most circulating viruses are similar to the vaccine components for this season. In addition to getting the flu vaccine, there are other steps people can take to help prevent getting the flu:



practice good hand hygiene, cover your cough and sneeze, avoid close contact with people who are sick, and if you are sick, try to stay home for at least 24 hours after your fever is gone.

Influenza surveillance in North Carolina is a collaborative effort involving the Communicable Disease Branch, the State Laboratory of Public Health, hospital-based public health epidemiologists, local health departments, and a statewide network of providers who volunteer to report ILI data and submit clinical specimens on a weekly basis. Surveillance of influenza is important to help characterize the onset, duration and spread of seasonal epidemics; to identify and track mutations (e.g. new flu viruses with pandemic potential, antiviral-resistant viruses, or viruses that differ from vaccine strains); and to detect changes in severity or groups at high-risk for complications. A summary of statewide and regional influenza surveillance data for clinicians and public health professionals is posted weekly at www.flu.nc.gov. In addition to conducting surveillance, state and local public health also play an important role in providing or assuring access to influenza vaccines and in investigation and control of influenza outbreaks, particularly in institutional settings where morbidity and mortality can be high.

Preventing and controlling influenza is an important public health activity requiring good communication with clinicians and the public. Local health department staff or others with questions about influenza should visit www.flu.nc.gov or contact the Communicable Disease Branch at 919-733-3419.



SAVE THE DATE Webinar

Partnering with Diverse Dads: Challenges & Successes

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

About this Event

NCPHA members are invited to join an informative webinar where experts will discuss strategies and tips for engaging diverse dads in all types of settings, including pediatric practices.

This free 90 minute webinar on Monday, January 9, 2016 at 12:00 PM (Central) hosted by the American Academy of Pediatrics (AAP) Family Partnerships Network (FPN) and Committee on Psychosocial Aspects of Child and Family Health (COPACFH) is a follow-up to "Don't Forget the Dads: The Important Role of Fathers in Child and Family Health", held in May 2016, and in direct response to participant comments requesting practical strategies for engaging dads of diverse backgrounds.

The formal presentation portion of the webinar will run for approximately 50 minutes, with 10 minutes for Q & A. The presenters will then continue to answer questions for an additional 30 minutes, which will be recorded and archived for those unable to participate the full 90 minutes.

About the Presenters

Charles Daniels Jr, MSW, LICSW



Charles Daniels' organization Fathers' Uplift has assisted fathers with remaining engaged in their children lives for over five years. Recently, his work with fathers was featured on WBUR, Boston's NPR Radio Station and the News Station, CBS Boston.

In addition to being the founder of Fathers' Uplift, he is the proud father of Clayton Charles Daniels and husband to the love of his life, Samantha Daniels.



Michael Hannon, PhD, LAC, NCC

Michael is an Assistant Professor of Counseling at Montclair State University. He researches and writes about the relationships between fathers, their children with autism and other developmental differences, and service providers with a special

emphasis on fathers of color. He is a member of the AAP Family Partnerships Network Executive Committee.



Aaron Pickilingis

Aaron works on a contract basis for ViiV Healthcare, a pharma company focused solely on HIV. He led two 15-week innovation sprint teams in generating ideas to help support people living with HIV, consulted on the technical details of another team's

work, and is now managing a pilot implementation of a peer support application. He previously worked for 10 years building clinical software applications at Boston Children's Hospital. One application focused on helping individuals and families get needed services and another focused on tracking chronic pediatric disease symptoms between visits and presenting it to providers in a clinically useful manner. Aaron lives just outside Boston with his wife, Laura, and two kids, Eloise (8) and Milo (5).



Greg Schell, M.Ed.

Greg is the former Director of Washington State Fathers Network (WSFN). He is the father of a wonderful adult daughter with special needs. He has also been a teacher, principal, researcher, author, and family educator, working with families

and young people. Greg is a member of the AAP Family Partnerships Network Executive Committee.



Michael Yogman, MD, FAAP

Michael is the current chairperson of the AAP Committee on Psychosocial Aspects of Child and Family Health, and is a practicing pediatrician in Cambridge, MA. He is a father of two daughters, and he is the lead author on the AAP clinical report, "Enhancing

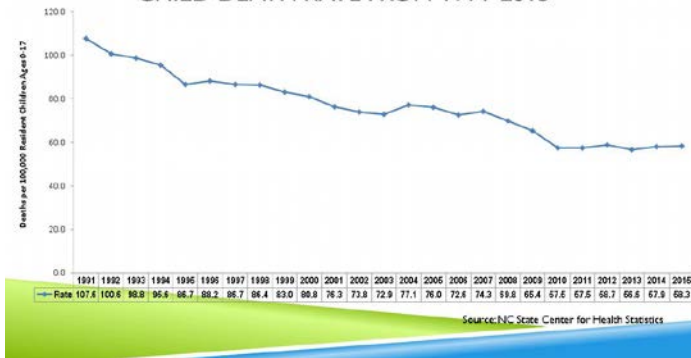
Fathers' Roles in the Care and Development of Their Children: the Role of Pediatricians".

[Click here to register at ReadyTalk.com](#)



The North Carolina Child Fatality Task Force 2015 Data

46% DECREASE IN NORTH CAROLINA'S CHILD DEATH RATE FROM 1991-2015



Child Fatality Task Force



The North Carolina Child Fatality Task Force (Task Force) is a legislative study commission that makes recommendations to the General Assembly and Governor on how to reduce child death, prevent abuse and neglect, and support the safe and healthy development of children.

On November 15th, the North Carolina Child Fatality Task Force released 2015 data on child deaths from the State Center for Health Statistics. The 2015 rate of 58.3 deaths per 100,000 children was slightly higher than the 2014 rate of 57.9. Between 2010 and 2015 the rate has shown only small fluctuations. However, there has been a 46% decrease in the child death rate in just two and a half short decades since creation of the Child Fatality Task Force and the larger Child Fatality Prevention System in 1991.

Deaths to infants (babies under one year of age), made up two-thirds of total child deaths in 2015, and deaths to children under the age of 5 (including infants) accounted for 78% of all child deaths. Overall child death rates are driven by infant deaths, and in recent years, the infant mortality rate in North Carolina has stubbornly resisted decreasing and has in fact seen a slight increase. Throughout the last two decades, North Carolina's infant mortality rate has remained significantly higher than the national rate.

In an effort to take action on infant mortality rates, state leaders and experts in maternal and infant health came together to create a bold and comprehensive State Perinatal Health Strategic Plan, which is being looked at as a model

to other states. Not only does it address quality prenatal and preconception care, it also addresses social factors such as poverty, education, and child care. The Task Force's Perinatal Health Committee is using this strategic plan to guide much of its work in making recommendations to reduce the infant mortality rate. One of the 2017 policy recommendations of the Task Force is for state support of the You Quit Two Quit perinatal tobacco cessation program, aimed at healthy birth outcomes.

Unintentional injuries are also a leading cause of child death, but those rates have come down in recent years, especially for motor vehicle related deaths which are the leading cause of unintentional injuries to children. In fact, the rate of motor vehicle-related deaths to children in 2015 was the lowest rate seen in North Carolina. One of the 2017 Task Force recommendations is aimed at further reducing this rate by strengthening rear seat restraint laws.

Intentional deaths (homicides and suicides) is another category examined by the Task Force. The total number of homicides in 2015 was 51, with small children and teens 15 to 17 being the two most vulnerable age groups. After the youth suicide rate spiked in 2014 at 2.0 (48 deaths), the rate declined to 1.5 in 2015 (35 deaths). The age group most vulnerable to suicide remains teens age 15 to 17. Firearms account for the lethal means in many homicides and suicides. In 2015, firearms were associated with nearly 40% of homicides and over 40% of suicides. The Task Force has approved a set of suicide prevention policy recommendations and also approved formation of a work group focused on firearm safety for its 2017 agenda of policy initiatives.

So many child deaths are preventable. So many children are vulnerable to harm that we as adults and policymakers have the ability to protect them from. The 46% decrease in just two and a half short decades illustrates that we can indeed make significant progress.

For more information on the Child Fatality Task force, including a list of its policy accomplishments, visit www.ncleg.net/DocumentSites/Committees/NCCFTF/Homepage.

For more detailed information regarding child deaths, please visit: www.schs.state.nc.us/data/vital/cd/2015.

Infant mortality and perinatal information: State Center for Health Statistics 2015 infant mortality data is available at: www.schs.state.nc.us/data/vital/ims/2015. The North Carolina Perinatal Health Strategic Plan is available at: whb.ncpublichealth.com.



2016 Holiday Safety Tips and Mental Health Tips

Provided by American Academy of Pediatrics. A comprehensive list available at www.aap.org

Trees

- When purchasing an artificial tree, look for the label “Fire Resistant.”
- When purchasing a live tree, check for freshness. A fresh tree is green, needles are hard to pull from branches, and needles do not break when bent between your fingers. The trunk butt of a fresh tree is sticky with resin, and when tapped on the ground, the tree should not lose many needles.
- When setting up a tree at home, place it away from fireplaces, radiators or portable heaters. Place the tree out of the way of traffic and do not block doorways.
- Be sure to keep the stand filled with water, because heated rooms can dry live trees out rapidly.

Lights

- Never use electric lights on a metallic tree. The tree can become charged with electricity from faulty lights, and a person touching a branch could be electrocuted.
- Turn off all lights when you go to bed or leave the house. The lights could short out and start a fire.
- Lights and candles are fire hazards. If you use electric lights, look for frayed or exposed wires, and make sure no wires are pinched by furniture and no cords run under rugs.
- Don't use the same extension cord for more than three strands of lights and turn off all lights before going to bed.
- Space heaters are involved in 79% of fatal home heating fires. If space heaters are in use, there should be a 3-foot open zone - make sure they are not close to curtains, blankets or other potentially flammable materials. Always turn off and unplug when unattended.

Decorations

- Use only non-combustible or flame-resistant materials to trim a tree. Choose tinsel or artificial icicles of plastic or nonleaded metals.
- Never use lighted candles on a tree or near other evergreens.
- Remove all wrapping papers, bags, paper, ribbons and bows from tree and fireplace areas after gifts are opened. These items can pose suffocation and choking hazards to a small child or can cause a fire if near flame.
- Keep potentially poisonous holiday plant decorations,

including mistletoe berries, Jerusalem cherry, and holly berry away from children.

Toy Safety

- Select toys to suit the age, abilities, skills and interest level of the intended child. Toys too advanced may pose safety hazards for younger children.
- Young children can choke on small parts contained in toys or games. Government regulations specify that toys for children under age three cannot have parts less than 1 1/4 inches in diameter and 2 1/4 inches long.
- Children can have serious stomach and intestinal problems – including death – after swallowing button batteries or magnets. In addition to toys, button batteries are often found in musical greeting cards, remote controls, hearing aids, and other small electronics. Small, powerful magnets are present in many homes as part of building toy sets. Keep button batteries and magnets away from young children and call your health care provider immediately if your child swallows one.
- Watch for pull toys with strings that are more than 12 inches in length. They could be a strangulation hazard for babies.

Food Safety

- Bacteria are often present in raw foods. Fully cook meats and poultry, and thoroughly wash raw vegetables and fruits.
- Keep hot liquids and food away from the edges of counters and tables, where they can be easily knocked over by a young child's exploring hands. Be sure that young children cannot access microwave ovens.
- Wash your hands frequently, and make sure children do the same.
- Never put a spoon used to taste food back into food without washing it.
- Always thaw meat in the refrigerator, never on the countertop.
- Foods that require refrigeration should never be left at room temperature for more than two hours.



2016 Holiday Safety Tips and Mental Health Tips ...continued

Happy Visiting

- Clean up immediately after a holiday party. A toddler could rise early and choke on leftover food or come in contact with alcohol or tobacco.
- Remember that the homes you visit may not be childproofed. Keep an eye out for danger spots like unlocked cabinets, unattended purses, accessible cleaning or laundry products, stairways, or hot radiators.
- Keep a list with all of the important phone numbers you or a baby sitter are likely to need in case of an emergency. Include the police and fire department, your pediatrician and the national Poison Help Line, 1-800-222-1222. Laminating the list will prevent it from being torn or damaged by accidental spills.
- Always make sure your child rides in an appropriate car safety seat, booster seat, or seat belt. In cold weather, children in car safety seats should wear thin layers with a blanket over the top of the harness straps if needed, not a thick coat or snowsuit. See www.healthychildren.org/carseatguide for more information.
- Adults should buckle up too, and drivers should never be under the influence of alcohol or drugs.
- Traveling, visiting family members, getting presents, shopping, etc., can all increase your child's stress levels. Trying to stick to your child's usual routines, including sleep schedules and timing of naps, can help you and your child enjoy the holidays and reduce stress.

Fireplaces

- Before lighting any fire, remove all greens, boughs, papers, and other decorations from fireplace area. Check to see that the flue is open.
- Use care with "fire salts," which produce colored flames when thrown on wood fires. They contain heavy metals that can cause intense gastrointestinal irritation and vomiting if eaten. Keep them away from children.
- Do not burn gift wrap paper in the fireplace. A flash fire may result as wrappings ignite suddenly and burn intensely.
- If a glass-fronted gas fireplace is used, keep children and others well away from it with a screen or gate. The glass doors can get hot enough to cause serious burns and stay hot long after the fire is out.

Holiday Mental Health Tips

- Try to keep household routines the same. Stick to your child's usual sleep and mealtime schedules when you can, which may reduce stress and help your family enjoy the holidays.
- Take care of yourself both mentally and physically. Children and adolescents are affected by the emotional well-being of their parent or caregivers. Coping with stress successfully can help children learn how to handle stress better, too.
- Make a plan to focus on one thing at a time. Try a few ideas to balance the hustle and bustle of things like shopping, cooking, and family get-togethers during the holidays: Stop and pay attention to what is happening at the moment, focus your attention on one thing about it, and notice how you are feeling at the time. Withhold immediate judgment and instead be curious about the experience.
- Give to others by making it an annual holiday tradition to share your time and talents with people who have less than you do. For example, if your child is old enough, encourage him or her to join you in volunteering to serve a holiday meal at your local food bank or shelter or sing at a local nursing home. Help your child write a letter to members of the armed forces stationed abroad who can't be home with their own family during the holidays.
- Remember that many children and adults experience a sense of loss, sadness or isolation during the holidays. It is important to be sensitive to these feelings and ask for help for you, your children, family members or friends if needed.
- Kids still need to brush their teeth twice a day!
- Don't feel pressured to "over-spend on gifts." Consider making one or two gifts. Help your child make a gift for his or her other parent, grandparents, or other important adults and friends. Chances are, those gifts will be the most treasured ones and will teach your child many important lessons.
- Most important of all, enjoy the holidays for what they are -- time to enjoy with your family. So, be a family, do things together like sledding or playing board games, and spend time visiting with relatives, neighbors and friends.



2016 Fall Educational Conference Awards

For those of you who missed the 2016 Fall Educational Conference, here are the winners of the awards and scholarships given at the conference. If you know someone on the list, please make sure you congratulate them!

2016 Ann Wolfe Mini-Grant Winners (\$8000/each)

Granville-Vance Health District
Guilford County Health Department
Jackson County Health Department
Northampton County Health Department

2016 NC GSK Child Health Recognition Award Winners

Lifetime Achievement Award	Steve Shore
Individual Recognition Award	Tiffany Bullins
Public Health Staff	Rolanda Patrick
Local Health Department Recognition Awards	
Orange County Health Department	
Cabarrus Health Alliance	
Wake County Human Services	

2016 Norton Group Award

Gaston County DHHS Environmental Health Division
2016 Partners in PH Distinguished Group Award
Community Paramedic Program of Johnston County

2016 Rankin Award

Dr. Mark Smith, Guilford County Health Department

2016 All-Star Award Winners

Cindy Evans, Wake County Human Services
Patricia Frye, Forsyth County
Adrian Jones, Cumberland County
Andrea Mulholland, Orange County
Jennifer Park, Chatham County
Sarah Tennyson, Macon County
Cindy Toler, Guilford County
Michelle White, Person County

2016 NCPHA Scholarship Award Winners

John Fitz-Henley	Child of a Member	\$1,000
Crystal W. Hughes	Child of a Member	\$1,000
Dustin Reid Packer	Child of a Member	\$1,000
Herbert Wigfall	Associate/Certificate	\$500
Barbara Ross	Graduate/Undergraduate	\$1,000
Brenna Kirk	Graduate/Undergraduate	\$1,000
Stephanie Cannon	Graduate/Undergraduate	\$1,000
Laura Hermenegildo	Graduate/Undergraduate	\$1,000
Tracy McIlwean	Graduate/Undergraduate	\$1,000
Victoria Hudson	Robert Parker Leadership	\$1,500
Carrie Baldwin	Women's and Children's Health	\$500

Congratulations 2016 Winners!

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