Program Committee
Submitted by Robert Goff, Program Committee Chair

If you haven’t already, take a look at the registration brochure on our website. Don’t worry; this article will still be here when you get back...

It’s quite an amazing lineup of presenters, isn’t it? The Program Committee has done a tremendous job of not only getting top-quality speakers from across the state and country but also covering quite a variety of topics.

(Continued on Page 2)

President’s Message
Matt McDaniel
TPHA President
2014-2015

It’s that time again! We are but mere weeks away from TPHA’s 2015 Annual Conference, and I have to say it’s incredibly surprising how quickly this year has moved. While I am sad to say that this will be my last newsletter entry as President, it does brighten my day to know that I will soon be seeing many of you in Franklin. I have to give high praise to this year’s Board of Directors and Committee Chairs, as all have been fantastic to work with over the past 12 months. Of course, the heart and soul of this organization is our Executive Director, Doris Spain. She has made it all so easy for me and the rest of the Board. Thank you Doris!

Now let’s get down to brass tacks – if you haven’t registered for the Annual Conference, the time is now! Our Committee Chairs have built another great event for all of us, with the theme of “Health By Design, Inspiring New Perspectives”, and it’s my sincere hope that each attendee comes away inspired for their work in public health. Get online and register today!

Finally, as part of my last column, I want to mention two books that I’ve read lately that I think many of you will enjoy. The first one is The Ghost Map by Steven Johnson.

(Continued on Page 2)
The theme for this year’s conference—“Health by Design: Inspiring New Perspectives”—might seem unusual at first glance. The concept is that population health is more than programs carried out by public health and health care agencies. Program, policy, planning, and personal decisions all come into play. To truly improve population health, we need everyone in the game, not sitting in the stands. The trend of employee health programs in private companies is a perfect example. Indeed, healthier employees are more productive employees, which means better products and higher profits. But healthier employees are also healthier parents and citizens, which means healthier, more prosperous communities.

This year’s plenary speakers will focus on planning, policy, and personal decision. Mark Fenton will be a high-energy kickoff, describing how to engage partners in planning for healthy community design. Thomas Farley will follow that to illustrate how to promote healthy behaviors through policy changes and messages. Sheri Prentiss will wrap up the conference on Friday by telling us her personal story of overcoming obstacles and how we can encourage those we serve to do the same.

Our Thursday plenary session will be something new for us. Representatives from four agencies across Tennessee will present what their respective agencies are doing to improve and encourage healthier choices. Jessica King, plant nurse with Monogram Refrigeration in Selmer, will present their company’s employee wellness program that helped them become a Health TN Worksite. Melissa Taylor from Chattanooga-Hamilton County Regional Planning Agency will describe the Chattanooga 2040 Regional Transportation Plan Performance Framework, which won a national award. Bruce Duncan from National Healthcare Corporation will tell us about steps his company has taken to improve health as well. Adetokunbo “Toks” Omishakin, Deputy Commissioner with TDOT, will talk about the ways TDOT is working to improve health through transportation design. And who better to moderate the discussion than TDH Commissioner John Dreyzehner.

Those are just the plenary sessions! The workshops will cover a wide variety of topics. New programs in Tennessee will be highlighted as well as program updates. Dr. William Schaffner, for example, will present his always-popular update on infectious disease. We’ll hear about creative ideas from Tennessee State Parks and about mobile markets in food deserts in Chattanooga. We’ll learn from the American Public Transportation Association about connecting transportation to public health. We’ll also have a chance to consider ways to empower and guide patients and families to make their own value-based end-of-life decisions.

This is just a sample of what’s in store at the 2015 conference. It will be another informative few days that will not disappoint. We look forward to sharing it with you.

The 2015 workshops are fully funded by the State of Tennessee. There is no fee for attending only the workshops; however, all attendees must register. For information on registering for workshops only, email tpha2015workshops@gmail.com.

Now I may be a little late to the party, as this book came out in 2006, but its account of London’s 1854 cholera outbreak and the work of Dr. John Snow and Rev. Henry Whitehead is riveting, and it paints an excellent picture of the beginnings of what we consider public health today.

Second, and sticking with my fandom of short business books is *Managing Oneself* by Peter F. Drucker. This slim volume (60 pages) doesn’t look like much at first glance, but it can give you the tools to help in building insights on how to act as your own CEO. It’s really tough to describe this book, so I suggest you go pick up a copy—it probably won’t take more than an afternoon to read, but you’ll want to reread it often.

It’s been fantastic serving as President this year, and I hope to see as many of you as possible in just a few short weeks. Please don’t hesitate to contact me if I can be of assistance.

**2015 Annual Conference Program Evaluation**

Exciting news! Again this year, conference attendees are going to have online access to the post-conference evaluation. Why are TPHA post-conference evaluations going digital? Because online post-conference evaluations offer both conference organizers and planners some very real advantages such as higher response rates, better feedback, and faster evaluation results. More to come on ways you can access the online post-conference evaluation.
NACCHO Annual 2015: Recognizing Local Health Departments & Leaders

The following information was excerpted from a news release from NACCHO dated July 8, 2015

KANSAS CITY, MO - The National Association of County and City Health Officials (NACCHO) today honored local health departments in Florida and Tennessee, along with Dr. Patrick Lenihan - a former NACCHO president and deputy health commissioner in Chicago - for outstanding achievements in demonstrating innovative ways of improving public health and safety.

NACCHO Executive Director Dr. LaMar Hasbrouck presented Local Health Department of the Year Awards at NACCHO's Annual Conference here to: the Giles County Health Department in Pulaski, Tennessee (small department category); the Sevier County Health Department in Sevierville, Tennessee (medium-size department category); and the Florida Department of Health in Broward County (large department category).

In addition, NACCHO recognized 19 local health departments with Model Practice Awards for programs that demonstrate exemplary and replicable qualities in response to a critical local public health need. The departments are in Arizona, California, Colorado, Florida, Georgia, Illinois, Minnesota, Missouri, Nebraska New Jersey, Ohio, North Dakota, and Texas.

"Our award winners exemplify what's best about local health departments around our nation and the dedicated men and women who work there, helping millions of people live safer, longer, and healthier lives," Hasbrouck said. "We applaud their passion, ingenuity, and success."

Local Health Department of the Year Award

The Local Health Department of the Year Award honors the outstanding accomplishments of small, medium, and large local health departments for their innovation, creativity, and impact on their communities. NACCHO recognized this year's winners for their ability to align performance management with continuous quality improvement as a way to position themselves for the future.

2015 Winners:

**Small LHD:** Giles County Health Department, Pulaski, Tennessee.
The department utilized the principles and processes associated with continuous improvement to better meet the needs of its community by increasing its employees' sense of worth and satisfaction through recognition, creating, and maintaining community partnership, and evaluation.

**Medium LHD:** Sevier County Health Department, Sevierville, Tennessee.
The department addressed high rates of neonatal abstinence syndrome through a primary prevention initiative focusing on education and making long-acting reversible contraceptives available in the health department, as well as to incarcerated women in their county.

**Large LHD:** Florida Department of Health in Broward County, Fort Lauderdale.
The department created an automated performance management program designed to streamline performance management to answer broad public health needs in an environment with shrinking dollars.

Dr. John Dreyzehner, Commissioner, Tennessee Department of Health is shown with Jana Chambers (left), Director, Sevier County Health Department and Janet McAlister (right), Director, Giles County Health Department and Assistant Director, South Central Region.
REPORT OF THE CONSTITUTION AND BYLAWS COMMITTEE
Submitted by: Dr. Rick Savoy, Chair

Shown below are recommended changes to By-Laws for 2015 that have been approved by TPHA Board of Directors and will be presented for approval to the General Membership at the business meeting on September 9.

The first proposed Bylaws revision is found in Article V, Section 2, Part I regarding the member composition of the Nominations and Election Committee. As currently stated in the Bylaws, "The Nominations and Election Committee shall be composed of two (2) members appointed by the President from the Board of Directors and three (3) members from the membership-at-large." The rationale for the change is that having the President appoint the members is unnecessary and that requiring two (2) members be from the Board of Directors is unnecessary; the proposed change would be for the committee to be composed of five (5) members, appointed by the Chair, Nominations and Elections Committee, from the membership-at-large.

The second proposed Bylaws revision is found in Article III, Section 8; regarding the number of consecutive terms that may be served by the TPHA's Representative to the Governing Council of the American Public Health Association. As currently stated in the Bylaws, the APHA Representative "may serve as many as two (2) consecutive three year terms". The rationale for the change is that there are relatively few TPHA members who are also APHA members which may make the present term limit problematic; the proposed change would be to eliminate the APHA Representative's consecutive term limit.

REPORT OF THE MEMBERSHIP COMMITTEE
Submitted by Rebekah English, Chair

The TPHA Annual Conference in September is right around the corner. This meeting provides an avenue for members to engage in many innovative lectures and to enhance networking opportunities. Take the initiative and encourage new employees, interns, and interested public health citizens to become a new member of TPHA. We currently have 931 TPHA members, but there is always room for more! Remember there are incentives for those who work toward increasing membership in their regions.

Individual membership recruitment:

• A free year’s membership for every five new members recruited
• A $50 cash prize to the member who recruits the most new members
• A drawing from all new members and their sponsor at the annual meeting ($50 each)

The region with the largest percentage increase in membership is presented a rotating trophy.

Ready to sign someone up for TPHA? Visit the membership page at http://www.tnpublichealth.org/ and click on the Membership link for the application. Let’s continue to make our association great by gaining new and active members!
The Tennessee Public Health Association is an affiliate member of the American Public Health Association. While APHA is the national voice on public health, it could not succeed without the complementary efforts of its Affiliates. Since 1918, APHA’s 54 state and regional public health associations have championed the same goals as APHA to promote, protect and advocate for the public's health. APHA Affiliates are independently established and have their own infrastructure, policies, processes and procedures. Each year, APHA Affiliates participate, implement and advocate on behalf of various public health issues through:

- Annual Meetings
- Program Development
- Continuing Education
- Professional Development
- Advocating on behalf of good State Public Health Policy and Legislation

APHA members develop policy statements on key public health topics, from obesity control to breastfeeding to control of infectious diseases to eliminating health disparities. Proposed policy statements only become official APHA policy after approval by the APHA Governing Council at the Annual Meeting.

The policy statements:

- help shape APHA’s position on legislation and regulations.
- are used to write briefs and statements on many public health issues.
- highlight the latest research on specific public health topics.
- are the source of information for reference and resource information for the public, such as infographics, fact sheets and reports.

Learn more about APHA’s policy statements and how you can use them by going online to the APHA website. The 2014 policy statements adopted by the Governing Council:

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<th>Number</th>
<th>Description</th>
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<td>20141</td>
<td>Reducing Non-medically Indicated Elective Inductions of Labor</td>
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<td>20142</td>
<td>Reduction of Bullying to Address Health Disparities among LGBT Youth</td>
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<td>20143</td>
<td>Sexuality Education as Part of a Comprehensive Health Education Program in K-12 Schools</td>
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<td>20144</td>
<td>Strengthening the Evidence Base for Inclusion of Children Less Than 2 Years of Age in the Dietary Guidelines for Americans</td>
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<td>Supporting Breastfeeding Worldwide through Maternity Protection</td>
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<td>Breast Cancer and Occupation: The Need for Action</td>
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<td>20147</td>
<td>Preventing Environmental and Occupational Health Effects of Diesel Exhaust</td>
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<td>Ensuring Workplace Protections for Temporary Workers</td>
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<tr>
<td>LB014-01</td>
<td>Preventing Occupational and Community Transmission of Ebola &amp; Globally Emerging Infectious Disease Threat</td>
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REPORT OF THE
FUN AND FITNESS COMMITTEE

A NIGHT IN VEGAS, TPHA STYLE
Submitted by Wendy Cantrell and Haley Colvin

Grab all the competitive ladies, gentlemen, and Elvis impersonators from your region for the TPHA Annual Conference and get ready to compete for the awe-inspiring Spirit Stick in Las Vegas style! This will be your “chance” to earn points for your team by participating in the Fun & Fitness events following the President’s Reception on Thursday evening. Come as you are or dress to impress. Hope Lady Luck is on your side!

BLACKJACK DICE
Using large floor dice, one player from each region rolls both dice getting as close to 21 as possible. They can hold or hit as they get close to 21. If they go over 21, they bust. If there’s a tie, the teams roll again.

ALL IN
Two players from each region stand apart a designated distance. Player 1 throws a poker chip underhanded to Player 2 who tries to catch it in a plastic cup. All players step back the same distance and Player 2 throws the chip underhanded to Player 1 who tries to catch it in a cup. Play continues until the last region standing catches the chip. In the event of a tie, tied teams roll the floor dice, and the high number wins.

RED CARPET RELAY
This relay consists of four events and can be completed by 2-4 players from each region. This description uses a four-person team to explain. Two players from each region stand at one line with plastic cups on the floor, and the other two players stand at a line with shoeboxes or similar containers on the floor. Teams will be divided by lanes, and each team’s items and play must stay in their designated lane. In the event of a tie, tied teams roll the floor dice, and the high number wins.

Low Roller – One player from each region starting from the line with boxes rolls a poker chip across the floor to the other line. At a designated line, they stop and toss the chip into the plastic cup.

Hold ‘Em or Fold ‘Em – One player from each region, starting at the box line, tosses a card, goes to the card, tosses it again and so on until they come to the line with boxes. They then toss the card into the box.

Baby Needs a New Pair of Shoes – One player from each team, starting from the box line, must push/kick two dice to the cup line using their feet. Once to the line, the player must toss both dice into the cup.

Buffet Run – One player from each region, starting at the cup line, must carry a stack of poker chips on a serving spoon and dump them in the box. Be careful to not make a mess.

HOUSE OF CARDS
One or two players from each region must build a house of cards within a specific amount of time. When the bell rings, the team with the tallest house of cards is the winner. Teams can fold cards but cannot tear or cut cards. In the event of a tie, tied teams roll the floor dice, and the high number wins.
“If you don’t buy it, you won’t eat it” is a good motto for keeping candy out of the house, but it also applies to fruits and vegetables. Millions of Americans live in areas of limited food access which may restrict their ability to obtain healthy foods. Those with lower income levels and limited access to transportation are the most greatly affected by a lack of healthful foods in their immediate area. Rural and metro areas are both affected by limited access and can benefit from small vendors offering healthy, attractive options at competitive prices.

Actually increasing food availability in these areas is not straightforward, however. The rewards of increasing food availability are clear, it has the potential to improve nutrition community wide. The risks are often carried solely by the store. Changes in inventory may lead to changes in buying patterns. If a vendor does not typically sell fresh produce, the cost of unsold perishable items may be a challenge. Pricing healthy options also proves to be difficult: How do you price them competitively without losing profit?

A healthy corner store pilot in Knox County aims to understand these challenges, how to overcome them and how to maximize community rewards. Ben Epperson, Knox County Health Department Program Manager for Healthy Kids Healthy Communities, began building a relationship with a local corner store owner and staff in 2014.

As the relationship developed, Epperson was able to partner with students from the University of Tennessee, Knoxville Public Health Nutrition Program on an assessment project to develop strategies for offering and better highlighting several healthy options in the store. The students assessed the store’s layout, community demographics and the perceptions of staff, the owner and customers. Through surveying over 90 people and evaluating over 200 register transactions, the students were able to provide recommendations for increasing the likelihood of healthier purchases. The students shared their assessment with the owner and presented it at a research conference, winning $500 for their work. They donated the funds to the neighborhood association to invest in the ideas generated during the assessment. The funds may be utilized to study smoothie sales at no supplies cost to the owner.

This summer, Epperson worked with an intern dedicated to piloting the assessment recommendations. Utilizing grant funds, a wooden peddler’s cart, wooden crates and signage were purchased to better showcase fresh produce in the store. Bike racks were purchased to allow customers using active transportation or without a car to have better access to the store. Finally, a commercial kitchen blender was purchased so staff could make smoothies to be sold as grab and go options that would be SNAP eligible.

Although there are challenges in this uncharted territory, Epperson continues to work with the corner store staff on implementing changes, developing strategies to minimize the risks to the store owner and working to maximize the benefits to the community.
EAST REGION

Health Department of the Year for a Mid-Size Health Department Awarded to
Sevier County Health Department

Submitted by: Jana Chambers, County Director
Sevier & Cocke County Health Departments

On July 9, the National Association of County and City Health Officials honored Sevier County Health Department as one of the three health departments across the United States as the Local Health Department of the Year Award for a medium sized health department.

The Local Health Department of the Year Award honors the outstanding accomplishments of small, medium, and large local health departments for their innovation, creativity, and impact on their communities. NACCHO recognized this year's winners for their ability to align performance management with continuous quality improvement as a way to position themselves for the future. Sevier County was selected for addressing high rates of neonatal abstinence syndrome through a primary prevention initiative focusing on education and making voluntary reversible long-acting contraceptives available in the health department, as well as to incarcerated women in their county.

NACCHO Executive Director Dr. LaMar Hasbrouck presented Local Health Department of the Year Awards at NACCHO's Annual Conference to: the Giles County Health Department in Pulaski, Tennessee (small department category); the Sevier County Health Department in Sevierville, Tennessee (medium-size department category); and the Florida Department of Health in Broward County (large department category).

MID CUMBERLAND REGION

The Oral Health and Diabetes Relationship

Submitted by Crystal Manners, DDS, Regional Dental Director

Diabetes and periodontal disease are common chronic diseases among the U.S. population and both are thought to involve an enhanced inflammatory response that can be observed at the local and systemic level. Diabetes is a disease that can affect the entire body, including the mouth, and is characterized by an increased susceptibility to infection, poor wound healing, and increased morbidity and mortality with disease progression. Uncontrolled diabetes impairs white blood cells, which are the body’s main defense against bacterial infections that can occur in the mouth. Additionally, poor oral hygiene can cause blood sugars to be more difficult to control resulting in a cyclical association.

Dental plaque is a bacterial mass that grows along the surfaces of the teeth. Plaque is a gingival irritant and can lead to red, swollen and tender gums that may bleed upon tooth brushing. This condition, known as gingivitis, is reversible with treatment.

Plaque that remains on the teeth becomes deposited with minerals from saliva, and hardens into what is known as calculus or tartar. The hard and bumpy surface of calculus is ideal for further plaque accumulation, which leads to further calculus buildup. This cycle continues until the calculus is removed by a professional cleaning. If calculus is not removed, destruction of the periodontal tissues, including the bone that holds teeth in place, occurs – which leads to tooth loss if allowed to continue. This disease is known as periodontal disease or periodontitis.

(Continued on Page 9)
Uncontrolled diabetes increases the risk of developing oral complications, including periodontal disease. In fact, periodontal disease is often called the sixth complication of diabetes, along with retinopathy, neuropathy, nephropathy, cardiovascular disease and peripheral vascular disease. Periodontal disease can serve as a metabolic stressor, which can exacerbate diabetes. Studies have been able to provide evidence that control of periodontal disease has an impact on improvement of glycemic control evidenced by a decrease in demand for insulin and decreased hemoglobin A1c levels.

In addition to periodontal infection and gingival inflammation, a number of other oral complications have been reported in patients with diabetes. These include xerostomia, dental caries, candida infection, burning mouth syndrome, lichen planus and poor wound healing. Proper management of these complications requires diagnosis and treatment by a licensed dental care provider and when combined with routine oral self-care by patients at home, the patients’ overall health can be improved.

Because of the relationship mentioned above, the Mid-Cumberland Region has received approval to pilot an adult diabetes dental initiative in which our target population has been expanded to include diabetic patients that are currently being followed by our health department providers. We are very excited about this opportunity to work to improve the overall health of our patients.

REFERENCES:


WEST REGION

West TN Staff attend Emory University “Diabetes Today: Planning for Coalition Action”

Submitted by Chanda Freeman, Health Promotion Coordinator

Public Health Educators Melinda Davis, Nikka Sorrells, Cindy Wilkins-Wise, Linda Woods and Health Promotion Coordinator Chanda Freeman had an opportunity to participate in a 2-day training at Henry Horton State Park, presented by Emory University. The training, entitled “Diabetes Today: Planning for Coalition Action” was the first of two trainings this year sponsored by the DOH Chronic Disease Program. The goal of the training was to provide participants with the knowledge and tools needed to work successfully with coalitions to plan and implement effective community-based programs/strategies to meet the needs of persons with diabetes, pre-diabetes, and people at risk for diabetes.

Training participants reviewed National Standards for Diabetes Self-Management Education (DSME) designed to assist diabetes educators in providing evidence based education and support. The standards do not endorse one particular curriculum or approach to DSME and are reviewed and revised every five years. Standards include: internal structure, external input, needs assessed, program coordination, instructional staff, curriculum, individualization, on-going support, patient progress and quality improvement.

Components of this training included: defining coalitions, creating community profiles, developing community asset maps, creating mission statements and writing SMART goals, objectives and strategies. This was a great training and our team members reported that they are looking forward to utilizing the tools they were provided with their respective health councils.
Haywood County Students Grow Their Own Vegetables!

Submitted by Cindy Wilkins-Wise, Public Health Educator 2

In February of 2015, Staff from the Haywood County Health Department, UT Extension, and Haywood County Coordinated School Health and Nutrition Director began planning for school and community based gardens in Haywood County. Funding for the gardens is provided by The Centers for Disease Control’s 1305 and 1416 Chronic Disease Grants to decrease the rates of obesity, heart disease, and diabetes in the county. In 2014, Haywood County’s obesity rate was 39% compared to the state rate of 32%.

The planning process consisted of several meetings with area gardeners, Haywood County teachers, and the local Haywood County Boys & Girls Club Director. In March, materials were purchased to build six raised bed gardens along with tomato plants to start the gardening process. In April, four raised bed boxes were made by the director of Boys & Girls Club for the Boys & Girls Club and Haywood County Schools’ maintenance department also made two raised bed boxes for East Side Elementary. In May, tomato plants were planted at both sites.

All students shared in the planting experience. Mrs. Joni Taylor's 5th grade class at East Side Elementary has taken on the garden as a project. They will maintain the garden and chose two project managers, students Ava Adams and Jennifer Moses to maintain the garden through the summer months along with the help of Ms. Jean Lein, Haywood County High School Career & Technology secretary. Students that attend the summer camp and after school program at the Boys & Girls Club will maintain that garden along with the Haywood County Health Department’s Primary Prevention Initiative Team who will also implement the “Better Me” curriculum, which focuses on the benefits of eating fresh fruits, vegetables, and increasing physical activity.

The school and community based gardens will share its yield with the cafeterias of Haywood County Schools in an effort to get students to eat more fruits and/or vegetables. Through gardening students learn how fruits and vegetables are grown, benefits of eating fresh fruits and vegetables, physical activity, and by working the garden they’re able to gain a sense of responsibility. Cindy Smith, School Health Coordinated states, “Watching students plant the gardens makes me think they have done this before, so we should be in for a treat later this summer!” The first crop of tomatoes should be ready for harvest in July, 2015.

Pictured above left: Students from Eastside Elementary School. Pictured above right: Students working in the Boys and Girls Club community garden.
SOUTHEAST REGION

Grundy County Diabetes Coalition

In late July, officials from the Appalachian Regional Commission (ARC) gathered in Tracy City, Tennessee to hear presentations from the community regarding how they have used small grants over the years to impact the health of the community. Tonya Garner, Health Educator for Grundy and Franklin Counties, presented information about all of the great work the Grundy County Diabetes Coalition has done. One of the focus areas for the coalition, which is a subcommittee of the Grundy County Health Council, is to increase opportunities for healthy food and physical activity.

As a way to get community members motivated, Zumba boot camps were held in the fall of 2014 with an amazing community turnout. Overall there was an average of 90 participants per class and to date a collective 140 pounds have been lost. The group also offered early morning physical activity for students before school started and the 100 mile challenge where students walk 100 miles in 100 days and encourage their families to do so as well. Reversing diabetes classes have been taught in eight different locations across the community with great turnout and remarkable results. Another focus was on the built environment in the community; walking tracks, outdoor equipment, and community gardens were added in local schools and parks to further encourage students and their families to eat healthy, get and stay active. Significant work has already been done to create a paved walking path from the University of the South in Sewanee, Tennessee to the Tracy City, Tennessee, some 17 miles apart.

Numerous partnerships have been formed across the county and these partnerships have helped maximize the grant funding and leveraged further support for the effort, totaling over $100,000 dollars in resources since 2012.

SOUTH CENTRAL REGION

The Bucket Brigade, an Innovative Approach to Community Outreach

Submitted by Sarah Russell, Regional Assessment and Planning Coordinator

Hickman County Health Department is on a mission to decrease smoking among pregnant women by ensuring the community knows about Baby and Me – Tobacco Free, an evidence-based program designed to help pregnant women quit smoking. Program participants receive four (4) prenatal sessions and monthly postpartum sessions where they are tested with a CO2 monitor at every visit. If tests are negative (for exposure to carbon monoxide), the mom receives a $25.00 voucher for free diapers each month up to one year. To encourage continued participation in the program, moms will also receive vouchers during the 3rd and 4th prenatal visit. Additionally, partner support is available for an individual who smokes and lives with the mom.

The Baby and Me program is widely promoted through an innovative project called “The Bucket Brigade”, developed by Hickman County Public Health Office Supervisor Terra Allen. The goal of this project is to increase calls to the Tennessee Tobacco Quitline. Partnerships with a variety of businesses within the community have made all the difference in the success of the project. Brightly colored information “buckets” are being placed in libraries, clinics, pharmacies, and the local hospital to encourage pregnant smokers to join the program. Packets in the buckets include information on Baby and Me, a quitline trash bag, “smoke free car” window cling, quitline note pads, bookmarks, wallet cards, and an assortment of other helpful resources and incentive items based on availability. The buckets are labeled, “Take One - Free Diapers and Patches!” which refers to the program incentive and nicotine replacement therapy available for quitline callers. The back of the bucket has contact information for businesses to
call when refills are needed. Packets are also being handed out during local Farmer’s Market events and other community events such as baby showers and Kid’s Day Out.

Liberty Pharmacy (pictured), located on the square in Centerville, TN, is just one of the community partners who have gladly collaborated with the health department to make the information packets available to their customers. The project has been such an impactful outreach method in the county, that both neighboring Lewis and Perry County Health Departments joined the “Bucket Brigade” as another avenue to educate their communities about Baby and Me. Since the project’s inception in April 2015, over 800 plus packets have been distributed within all three counties.

Along with community partnerships, the support of Hickman County staff members Paige Allen, RN, and Public Health Office Assistants Lauren Orton and Mary Jane Adkisson has been invaluable in the development and continued success of the project. Hickman County Health Department is striving to be a Healthier Tennessee Community and with the “Bucket Brigade” concept they are headed in the right direction.