“Whether you think you can or think you can’t – you’re right” – Henry Ford

While I know that this won’t be read until we’re into the second month of 2015, I still find the above quote to be apt as we move through the early part of this year. While we may be through the halfway point of our program’s fiscal year, or at the beginning of a year of planned personal change and discovery, it is always important to remember that much of your personal and professional success is going to be based on the mindset that you have going into it. Is this the year that you find your talent on the accordion or run the Bell Ringer at Montgomery Bell Park in December? Or will it be the year that you tell others Oh yeah, I used to be a runner, it’s tough racket? On the flip side of the coin, will 2015 be the year that you find the LEAN project for your department that obliterates wasted time and money? Or how about it being the year that you build that Innovative Idea, locate that Bright Spot, or shoot for the next Baldridge level? While having a positive mindset does not guarantee success, you have to admit that it helps make tasks more enjoyable.

On that note of making 2015 a great year, I wanted to share with all of you a book that I recently read – *Start with Why*, by Simon Sinek. I picked this book on a lark through my Kindle, and I found it very applicable to our work in public health. Mr. Sinek

(Continued on Page 2)
discusses three aspects of any given organization – the Why, the How, and the What.

While I don’t want to give away the entire book, I don’t think it will hurt to share the Cliff’s Notes version.

The Why is the organization’s purpose for existing – what is the vision for your program or facility, or why is it (and by extension, you) there?

The How is the principles and values that are used to bring the Why into existence.

The What is the services that we offer.

I left the descriptions short, in order for you to fill in for your area, and also to get you to read the book. While many of the examples in the book are based on corporations, this book does serve well as a reminder of why we are in public health in the first place, or better yet, as a reminder of why public health is here in the first place.

I don’t want to give away any big announcements in the first column of this newsletter, so I’ll leave that to our very capable committee and section chairs. I will say that our Program Chair, Robert Goff, is really off to the races on building this year’s Annual Conference. Along those lines, we are heading quickly into the season for Regional Meetings, and I encourage all of you to attend if possible. I look forward to seeing many of you throughout the state. Our Vice Presidents have put a lot of time and effort into these events, and I’d like for record numbers of members to enjoy the fruits of their labor.

Speaking of Vice Presidents and Committee Chairs, maybe 2015 is your year for service with TPHA. We are always looking for new blood in our sections, committees, and slates of officers, so why not contact the person over the area you’re interested in today?

I wish each of you the best, and please don’t hesitate to contact me if I can be of assistance. Let’s make 2015 another great year for public health in Tennessee!

At the 2014 annual educational conference, TPHA, in partnership with the Tennessee Medical Association, presented Dr. William Schaffner with the inaugural William Schaffner, M.D., Public Health Hero Award.

Dr. Schaffner’s presentation on Ebola was a highlight of the conference. Dr. Schaffner will return to this year’s conference to share his incomparable insight into the latest in disease prevention.

Our closing speaker will be Sheri Prentiss, M.D. Dr. Sheri, as she is known, is a physician and Susan G. Komen spokeswoman who shares the lessons learned from her life-changing battle with breast cancer. Her story will certainly propel attendees into the field motivated to encourage their patients, customers, and stakeholders to work toward positive health outcomes.

This is just the beginning! We’ll keep you updated as the program comes together.
Adverse Childhood Experiences in Tennessee: A Powerful Determinant of Lifelong Health and Wellness

Submitted by: Tawny Spinelli, Children’s Cabinet Assistant Director, Young Child Wellness Coordinator, TDH

Exposure to traumatic events during childhood can have critical implications throughout the lifespan. The Adverse Childhood Experiences (ACEs) study initiated in 1995 by the Centers for Disease Control (CDC) looked at several categories of childhood trauma and assessed associations between these categories and short-term and long-term outcomes. This study showed that the number of categories of ACEs to which a person was exposed, his/her ACE Score, was correlated with a multitude of negative outcomes, with each additional ACE showing greater risk of those outcomes. ACE categories included abuse (physical, sexual, emotional, and neglect) and family dysfunction (caregiver mental illness, caregiver drug or alcohol abuse, witnessing domestic violence in the home, incarceration of a family member, and parental discord marked by either divorce, separation, or abandonment).

In 2012, Tennessee included an ACEs module in the Behavioral Risk Factor Surveillance System, a telephone survey conducted in partnership with the CDC, to see how ACEs affect the State’s population. The Tennessee Department of Health then analyzed data from 7,056 adults to assess outcomes.

In Tennessee, 52% of the population reported at least 1 ACE, while 21% had 3 or more ACEs (see figure 1). Parental discord and emotional abuse were the most prevalent ACEs (see figure 2). Furthermore, ACEs were associated with a number of adverse adult health and economic outcomes in Tennessee. Health outcomes that were significantly associated with ACE score included heart attack, stroke, asthma, cigarette use, binge drinking, depression, and HIV risk factors (see figure 3). A person with an ACE score of four or more, compared to someone with no ACE exposure, is more than twice as likely to have ever smoked, to binge drink, and to have a diagnosis of depression. Economic outcomes were also significantly associated with ACE score including having health care coverage, ever retiring, educational attainment, marital status, employment, and current income level (see figure 4). A person with an ACE score of four or more is half as likely to have health insurance coverage and more than twice as likely to be out of work for more than one year.

Due to these alarming statistics, a focused effort on minimizing ACEs in Tennessee may result in improved adult health outcomes and population health parameters. Currently, Tennessee is working to reduce ACEs by building awareness of ACEs and their impact across the state; continuing to collect and use Tennessee-specific ACE data; and encouraging communities to prevent and respond to ACEs.

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Already, the Tennessee Department of Health has worked in partnership with the Tennessee Chapter of the American Academy of Pediatrics to produce an ACEs flyer for parents which is included in the Welcome Baby materials sent to all newborns in the State. Tennessee is the first state to universally educate every new parent about ACEs and the importance of protecting infants from toxic stress. In addition, strategies that aim to prevent and reduce ACEs across the state are being implemented through the Tennessee Young Child Wellness Council, Project LAUNCH, kidcentraltn.com, and with local community partners.

### Tennessee Strives to be Cervical Cancer Free

Submitted by: Anne Moore, DNP, APN, FAANP, Women’s Health Clinical Trainer/Nurse Practitioner, DOH

In 2011, Tennessee was ranked as the 12th worst state in cervical cancer incidence in the US with an estimated 8/100,000 cases according to the most recent data published by the CDC. Another sobering statistic - 11.4% of women between the ages of 21 and 65 in Tennessee have not had a Pap test within the past 5 years.

Almost all cervical cancer is the result of infection by high risk (HPV). Fortunately, there is a vaccine available that affords protection from the most common strains of cancer producing HPV. It is estimated that increasing immunizations to 80% would avert 53,300 lifetime cervical cancer cases. The series of three injections is initiated for young girls and boys typically at ages 11 or 12, but can begin as early as age 9.

Multiple initiatives throughout the State at regional and local levels are focusing on the elimination of cervical cancer in Tennessee. Outreach programs and educational efforts emphasize the importance of early detection of cervical pathology through Pap smear screening and prevention through immunization with the human papilloma virus (HPV) vaccine.

The Cervical Cancer Free Tennessee Coalition is committed to increasing awareness of the availability of prevention and screening programs. Comprised of five distinct geographic sections, representing the West, Middle, Southeast, East and Northeast regions of Tennessee, members in each region include individuals from the Tennessee Cancer Coalition (TC2), breast and cervical cancer coordinators, pediatricians, regional/local nurses, members from the Tennessee Department of Health, other health care professionals and any interested individuals and community partners.

The Middle Tennessee region is studying the uptake and impact of HPV vaccination in pediatric settings. This ongoing study intends to identify barriers and provide recommendations to promote increased utilization of this cancer prevention vaccine.

In a similar effort, the Southeast region is evaluating the acceptance of the HPV vaccine through responses to a survey distributed in a variety of community settings. A Teal for Two event, updating providers and others interested in learning more about cervical cancer and HPV vaccination, was completed in 2014. Their Mountain Tops and Bottoms program, an educational program geared toward consumers, has reached out to numerous groups to heighten awareness of the importance of cervical cancer screening.

The West region has focused on Shelby, Tipton and Fayette counties, having identified these as areas of highest need. Additional Teal for Two events are planned for Madison, Carroll, and Gibson counties as well as Jackson, TN.

In the Northeast region, those clients who are reluctant to receive HPV vaccination are counseled by a nursing supervisor who can answer questions and provide additional information. The East region, as part of a primary prevention initiative, held two information meetings in November to increase HPV awareness. Both of these regions continue to reach out to University communities and pediatricians offices to increase awareness of early detection and immunization initiatives/strategies.

Through the creativity and dedication of individuals at the grass roots level, the objective of cervical cancer elimination may become a reality. Their efforts are to be commended.

**References**

http://apps.nccd.cdc.gov/USCS/cancersrankedbystate.aspx

2012 PUBLIC HEALTH WEEK CELEBRATION
and Public Health Visionary Award
Submitted by: Shannon Railling, Chair, Public Health Week Committee

National Public Health Week 2015 is quickly approaching! This year’s celebration theme is Healthiest Nation 2030 and focuses on making America the healthiest nation in one generation.

We will also be honoring local public health dreamers and doers with the 5th Annual Public Health Visionary Awards! Be on the lookout for the nomination forms at your local health department or from your region or metro’s Public Health Week Committee Member, or email srailling@k12tn.net Deadline for nominations is 3:00 PM Central on March 6, 2015. This year’s award, as in the past five years, will honor local public health advocates who work to make their community, specifically their built environment, healthier. It could be a local elementary school cafeteria manager who has changed the cafeteria environment to make the healthy choice the easy choice, or it could be a local policy maker who has worked to improve county or city policies that affect health, or even a local community advocate who is a tireless voice for sidewalks, bike lanes, or playgrounds. To honor these individuals and recognize their contributions we need your help! Please submit nominations!

This year we will also continue the 2nd Annual Student Video Challenge. Last year’s videos were absolutely fabulous, and we know this year will be even better! Students will create and submit videos based on the theme Healthiest Nation 2030. Videos will be reviewed and scored by the Public Health Week committee and a winner will be chosen for the grand prize and recognition at their regional TPHA meeting. Any public health student in the state of Tennessee is eligible to enter. For more information please contact your region or metro’s Public Health Week Committee member, or email srailling@k12tn.net

As always, Public Health Week is a time to recognize our local public health heroes, YOU! Every region and metro has their Public Health Week traditions that are unique. TPHA is proud to be a part of your celebration. Thank you to each of you for the daily work you do to improve the health of Tennesseans. You are Public Health at its best!

AWARDS COMMITTEE
Submitted by: Carrie Thomas, Chair

As we kick off the new year, it’s time to think about this year’s TPHA award nominations. The Awards Committee is actively accepting nominations for the following awards through June 30, 2015:

· R.H. Hutcheson, Sr., MD Award
· Alex B. Shipley, MD Award
· Public Health Worker of the Year Award
· Public Health Group/Unit/Department Award
· Partners and Leadership (PAL) Award

Please take advantage of this opportunity to recognize the outstanding public health champions that you know. For more specific information on awards criteria and forms, please visit the TPHA website at www.tnpublichealth.org.

Reserve Your Room Today at the Cool Springs Marriott

Simply cut and paste the link below and you will be directed to the property’s home page with the code already entered in the appropriate field. Enter your arrival date to begin the reservation process.

http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=Tennessee%20Public%20Health%20Association%5Ebnacs%60phaphaa%60139.00%60USD%60false%609/7/15%609/10/15%608/17/15&app=resvlink&stop_mobi=yes

You may also go online to the TPHA website and click Hotel Reservations on the home page.
SCHOLARSHIPS AVAILABLE
Submitted by: Lisa Park, Chair

- Do you have at least 3 years public health experience, and
- Have you been a member of TPHA for minimum of 1 year?
- Would you like to have some financial assistance with your education endeavors?

Then look no further than your Tennessee Public Health Association. The association raised over $5,000 in 2014 to help provide scholarships to its members. If you are interested in applying, you may download an application from the TPHA website: www.tnpublichealth.org.

Scholarships shall be awarded to advance individual knowledge and competence in Public Health. Awards for Public Health training shall be limited to programs which award college credit, continuing education units (CEU's), or certification through a nationally recognized accrediting body or educational institution.

The deadline to submit a scholarship application is June 30!! If you have any questions, please contact Lisa Park, Chair, Scholarship Committee at lishunda.park@yahoo.com

Call for Posters
Submitted by Paul Petersen, Chair, Poster Session Committee

Submissions due by:

June 26, 2015

The Tennessee Public Health Association is currently accepting abstracts for poster presentations at the 2014 TPHA Annual Conference, September 10-12, at the Cool Springs Conference Center in Franklin. All public health disciplines, including colleges and universities, are encouraged to participate.

Abstracts on all topics related to public health in Tennessee are welcome. You do need to be a TPHA member to submit an abstract. If your poster is accepted for display at the conference, you may be asked to present at one of the workshops this year. You will need to register for the conference and plan to attend.

Abstracts must include the following format to be considered: Background, Objectives, Methods, Results, and Conclusion. In addition, the abstract must be 250 words or less and be submitted via the following online registration link: https://www.surveymonkey.com/s/N97FXHM

Please email Committee Chair Dr. Paul Petersen at paul.petersen@tn.gov with any questions you may have.

GRAND DIVISION MEETINGS

East TN Grand Division Meeting
Submitted by: Christen Minnick, TPHA Vice President, East TN Grand Division

You are invited and encouraged to attend the East TN Grand Division meeting on Friday, March 27, 2015, at the General Morgan Inn in Greeneville, Tennessee. The meeting’s theme follows the 2015 state meeting’s theme of “Health by Design: Inspiring New Perspectives.” Mark your calendar now for this time of learning and networking. Topics covered will include information on Brain Change, ETSU Farmers Market, PLAYLoudon and GetFresh, and a panel discussion about community gardens and Tennessee State Park partnerships. Dr. Dreyzehner will also share an update with us during the afternoon session. Registration information will be coming soon. Please contact Christen Minnick with questions about the meeting at 423-979-4635 or christen.minnick@tn.gov.

(Continued on Page 7)
West Tennessee Grand Division Meeting
Submitted by: Sandy Hayes, Vice President, West TN

Hold the date April 24, 2015 because you will want to be present at the West Tennessee Regional TPHA meeting. Members of the committee met on January 26th to work on the details and we do have some great ideas from which to choose. There is still time for the West Tennessee members to share ideas they might like to have considered for the meeting. Contact any of the following members if you have information you would like to share: Sandy Hayes, Regional Vice President, and Susan Veale representing the Rural Health Association of Tennessee, Dr. Lanora Bryant and Chris Ellis with the Jackson-Madison County Regional Health Department, Lisa Parks, Tracy Byrd and Cathy Hopkins representing West Region of the Tennessee Department of Health, Judy Martin with Shelby County Regional Health Department and Brenda Scott, Director of Coordinated School Health in Henderson County.

Our theme for this year’s meeting is “Changing Health One Person at a Time” and the meeting is confirmed at the J. Walter Barnes Conference Center located at Jackson-Madison County General Hospital. A Save the Date campaign will be reaching out to West Tennessee in the next week asking you to reserve our meeting date with a flyer and an agenda following closely behind. Although changing health one person at a time may not appear to fit the fall conference emphasis of “Health by Design: Inspiring New Perspectives,” finding approaches that others in West Tennessee are taking daily to make these changes are new perspectives. We want to share some of them with you.

REGIONAL REPORTS

SHELBY REGION

Making the Grade in Tobacco Prevention in Shelby County
Submitted by: Shayla A. Lawrence, MPH, Public Health Coordinator for Maternal Tobacco Prevention, Shelby County Health Department

Tobacco use has huge implications in our practice as public health professionals, and it is the leading cause of preventable morbidity and mortality in the United States. Data from the Center for Disease Control in 2013 show, 24.3% of adults in Tennessee smoke as well as 15.4% of high school students. The American Lung Association's State of Tobacco Control 2015 gives Tennessee a grade of F in tobacco prevention, tobacco taxes, and access to cessation services. The state received a grade of C in Smoke-Free Air.

The Shelby County Health Department's Tobacco Prevention and Reduction Programs are attempting to lower these numbers and raise these grades in Tennessee. New staff members have joined the program and hit the ground running to help prevent tobacco use, promote tobacco cessation, and protect the community from secondhand smoke exposure.

The department has begun offering smoking cessation classes in Memphis and Millington, which have served nearly 30 individuals committed to improving their health by quitting smoking. Tobacco Prevention Coordinators Rosalind Knight (Youth) and Courtney Tipper (Adult) host classes within Memphis. Shayla Lawrence, Maternal Tobacco Prevention Coordinator, hosts them in Millington. The city of Millington has one of the highest rates of pregnancy tobacco use (18% of all live births) and one of the highest lung cancer mortality rates (~77 per 100,000), according to epidemiological data from the Shelby County Health Department. Upcoming cessation assistance efforts from the program staff include services specifically for pregnant women who are interested in quitting.

In addition to providing smoking cessation resources, staff also participates in numerous community events and health fairs and presentations to health councils and coalitions to offer facts about tobacco to Shelby County residents. To date, more than 1,000 community members have been reached.

The Let's BReATHe Coalition is headed by staff and comprised of individuals and agencies in Shelby County who are dedicated to ensuring Shelby County and its residents are Tobacco Healthy. The group is facilitating work surrounding policy change to impact tobacco control within Shelby County. Marcha Bradley, Tobacco Risk Coordinator, is concentrating her efforts into much of this policy change by working on smoke-free zone policies.

Between conducting smoking cessation classes, making presentations, participating in health fairs, and doing policy work, Shelby County’s Tobacco Prevention and Reduction program staff is very busy. Their dedicated work, along with the work of many other public health professionals in Tennessee, is a huge part of making sure Tennessee steps up and makes the grade in Tobacco Control in 2016 and many years to come!

For information, contact Shayla Lawrence at Shayla.Lawrence@shelbycountytn.gov
West Region Hosts STI (Sexually Transmitted Infections) Refresher Training

Submitted by Chanda Freeman, Regional Health Promotion Coordinator

Every year in the United States, there are nearly 20 million new Sexually Transmitted Infections (STIs). Nearly half of these new infections occur in young people, aged 15-24 years. The new CDC analysis also estimated that about 110 million STIs are currently prevalent in the United States. The high number of incident STIs in the United States underscores the need for increased prevention efforts.

On December 2nd and 3rd, Brad Beasley, the State STD (Sexually Transmitted Diseases) Prevention Director provided training for all RNs in the state regarding STD Updates as well as an Interview Refresher Training for Public Health Nurses. He gave a great presentation on various STIs, their symptoms and treatments; offered tips to help nurses improve their interviewing skills to ensure that we provide the best possible care for patients; and lastly, he shared scenarios that were incorporated into role play activities to practice interviewing techniques/skills.

While most of these STIs will not cause harm, if left untreated, some of them can lead to serious health issues. Undiagnosed and untreated chlamydia or gonorrhea, for example, can increase a woman's chances of infertility. Increasing strains of drug-resistant gonorrhea have made successful treatment of the infection more difficult, and have prompted the CDC to update recommendations for its treatment. In addition, some types of human papillomavirus (HPV) infections can lead to genital warts and cervical cancer.

For these reasons, it is important for clinicians to talk to their young patients about STI prevention and to conduct appropriate testing. It is also important to create an environment that feels safe for patients to talk openly without judgment. Asking about your young patient's sexual history is a good starting point for these discussions and will help determine what tests and prevention counseling messages are necessary for patients.

The CDC also recommends screening for the following STIs:

- All adults and adolescents between the ages of 13 and 64 years should be tested at least once for HIV, regardless of recognized risk factors. Adolescents and adults at increased risk for HIV infection, such as those who have unprotected sex with multiple partners or exchange sex for money or drugs, should be tested annually. Clinicians should also screen all pregnant women for HIV.
- All sexually active women aged 25 years and younger should be tested for chlamydia every year.
- At-risk sexually active women should be tested for gonorrhea each year. This includes women with new or multiple sex partners or women who live in communities with a high burden of disease.
- In addition, all sexually active gay, bisexual, and other men who have sex with men should be tested at least once a year for syphilis, chlamydia, gonorrhea, and HIV. Those who have multiple or anonymous partners should be screened more frequently.

West Region holds PPE (Personal Protective Equipment) Training

Infection control is a key strategy in stopping the spread of Ebola and identifying and managing patients with the Ebola virus. The Centers for Disease Control and Prevention (CDC) issues recommendations for when and what PPE should be used to prevent exposure to infectious diseases. Prior to working with Ebola patients, all healthcare providers involved in the care of Ebola patients must receive training and demonstrate competency in performing all Ebola-related infection control practices and procedures, specifically in donning and doffing proper PPE (Personal Protective Equipment).

On December 12th, Susan Esquivias, RN and Regional CEDS Director, conducted PPE training at the West Tennessee Regional Office in Jackson. One goal of the training was to ensure that two (2) nurses from every county were trained on PPE in the event that an Ebola patient presents at their clinic. Another goal of this training was to improve personnel safety in the healthcare environments through appropriate use of PPE.

The protection of healthcare personnel from infectious disease exposures in the workplace requires a combination of controls, one of which is the use of PPE. It is important to recognize that protection as a healthcare worker also involves other prevention strategies. There are four major components to healthcare worker safety programs: training, and administrative controls, like isolation policies and procedures, and procedures for recognizing patients with a communicable disease before they expose workers: engineering controls like negative pressure rooms for patients with airborne diseases such as TB; work practice controls such as not recapping needles, and finally personal protective equipment. While PPE is last in the hierarchy of prevention, it is very important for protecting healthcare workers from disease transmission.
Power to Quit: A Program for Perinatal Smoking Cessation  
Khrysta Baig, MSPH, RD, LDN, CHES, Nutritionist, Knox County Health Department

Pregnancy can be a catalyst for change, bringing a mother’s attention to how her behaviors affect the health of her child and empowering her to establish habits that can last a lifetime. Tobacco cessation at this time can have lifelong benefits for the maternal-child dyad.

The Knox County Health Department (KCHD) has recently launched the Power to Quit program, which helps pregnant mothers quit smoking. This program was developed using tobacco settlement funding from the Tennessee Department of Health. The goals of the program are to eliminate smoking during pregnancy and reduce secondhand smoke exposure to infants.

KCHD staff modeled the program after several best practices including targeting smoking during pregnancy and postpartum. Mothers can enroll any time during pregnancy, and the program continues monthly until the infant is 6 months old. Participants are provided monthly education sessions, approximately 15 minutes in length each, and mothers can earn an incentive monthly for meeting pre-set program goals. At their first session, mothers are given a carbon monoxide (CO) screening to assess smoking baseline as well as a questionnaire assessing tobacco use and secondhand smoke exposure. At the second session, mothers must have a reduced CO level to receive the incentive. At all subsequent sessions, mothers must have non-smoker CO levels to receive the incentive. Program topics include tips for quitting, benefits to quitting, the importance of support, the risks to the baby, the risks to the mother, tips for habit change, the risks of smoking after the baby is born, the risks of secondhand smoke and a variety of other topics based on participant interest.

Participants are reached through the media and prenatal healthcare providers. Through collaboration with a local news agency, KCHD staff are working on a two pronged ad campaigned to address smoking mothers via online ads and their loved ones through print media. Mothers may enroll directly through calling KCHD staff. Another point of enrollment is referral by a healthcare provider. KCHD staff are offering free trainings to prenatal health practices in the 5 A’s, an intervention process which can be utilized during provider visits. The KCHD model focuses on Ask, Advise, and emphasizes Refer Out (a modified Arrange step). Medical professionals are given referral forms for the Power to Quit program during the training. Providers complete the form with their patient and acquire permission from the woman to provide her information to KCHD staff. After referral, the woman is contacted directly by KCHD staff and enrolled in the Power to Quit program.

The Power to Quit program empowers medical providers to catalyze change and provides mothers with evidenced based tobacco cessation information throughout the perinatal period. Through providing education and support, the program aims to benefit the health of the mother and child long into the future.

EAST REGION

East Regional and Knox County Health Department Staff Participate in Community Forum on Ebola

Submitted by: Gail Harmon, Assistant Regional Director

A group of 17 panelists made up of representatives from the medical community from the East Grand Division were invited to participate in a community forum to help calm concerns and fears and answer questions posed from the community on Ebola. The event was organized by Covenant Health and sponsored by the Knoxville New Sentinel was held at the Knoxville Convention Center with Hallerin Hilton Hill as the moderator.

The East Tennessee Regional Office participants were; Regional Director Janet Ridley, Regional Medical Director Dr. Tara Sturdivant, Emergency Preparedness Director Jack Cochran and Assistant Regional Director/PIO Gail Harmon. Health Department Director Dr. Martha Buchan represented the Knox County Health Department. Other panelists from the medical community included; Infectious Disease Specialist with the University of Tennessee Medical Center Dr. Mark Rasnake, Chief Nursing Officer for Covenant Health Janice McKinley, Vice-President for Medical Services at East Tennessee Children’s Hospital Dr. Joseph Childs, Veterinarian at UT’s College of Veterinary Medicine Dr. Marcy Souza, Medical Director of Medic Regional Blood Center Dr. Tom Watkins and Medical Director of Blount Memorial Hospital Emergency Department Dr. Jason Begue.

Over 200 people from the community attended the forum where panelists answered questions on hospital
(Continued from Page 9)

protocol if someone presented with Ebola, how Ebola can be contracted, is there a treatment for the disease, how will the blood banks safeguard against Ebola, how are funeral homes preparing, can domestic animals contract or transmit Ebola were some of the questions the panelists were asked.

Overall response from participants was it was an informative meeting and they felt the health department and medical community have adequately prepared in the unlikely event someone were to test positive for Ebola in TN

NORTHEAST TENNESSEE REGION

Hancock County Health Department Baby and Me Tobacco Free
Submitted by: Sonya Winkle, Public Health Educator

In July 2014, as part of the Tobacco Settlement Funding, the Hancock County Health Department began addressing pregnancy smoking rates by offering Baby and Me Tobacco Free Program. The rate of mothers who smoked at any time during pregnancy in Hancock County is currently 37.1% compared to the state rate of 16.4%. Smoking during pregnancy increases low birth-weight births, pre-term births and is a risk factor for Sudden Infant Death Syndrome (SIDS). Mothers who quit smoking reduce the effects of exposure to secondhand smoke on their children.

Baby and Me Tobacco Free is a smoking cessation program that focuses on reducing tobacco use among the pregnant and post-partum population. Pregnant women enrolled in the program agree to take a carbon monoxide (CO) breath test to verify smoking status at four prenatal cessation sessions and postpartum visits. Pregnant women are also referred to the TN Tobacco Quitline and given other Quitline resources and materials. After the birth of the baby, the mother returns every month for 12 months postpartum, to continue CO monitoring and, if smoke-free, receives a $25 voucher for diapers. The vouchers can be for any brand or size of diapers at Wal-Mart Stores or any local participating stores.

There are currently 11 pregnant women enrolled in Baby and Me Tobacco Free, five of the women have completely quit smoking and one started receiving her first vouchers in January 2015. Those who sign up for the program receive a Baby and Me Tobacco Free bag at the first cessation session which includes materials on how smoking affects the baby, Quitline information, cost of smoking calculator, tobacco quit kits, pedometers and water bottles. Participants are strongly encouraged to drink water and exercise instead of smoking. Incentives such as diaper bags, play pens and strollers are also distributed to participants upon completion of the second and third cessation sessions, given they remain smoke free; those who complete the fourth session and have successfully quit smoking receive a car seat.

MID CUMBERLAND REGION

The Importance of Community Water Fluoridation:
A PPI Project Coming Soon to a Region Near You
Submitted by Crystal Manners, DDS, Regional Dental Director

With dentures being only 20% as effective as the natural dentition at chewing food, it is probably safe to say that most people would prefer to keep their natural teeth as long as possible. This is important not only for their comfort and aesthetics, but also for the optimal nourishment of their bodies. The Centers for Disease Control (CDC) and American Dental Association’s (ADA) Water Fluoridation Fact Sheet states that Fluoridation is the single most effective public health measure to prevent tooth decay and to improve oral health for a lifetime, for both children and adults. It also states that Every $1 invested in fluoridation saves $38 in treatment costs and Water fluoridation addresses dental health disparities. It benefits residents served by the community’s water supply regardless of age, income, education, race or access to dental care.

Fluoride is naturally found in water and the CDC states that Fluoridation is the adjustment of the fluoride in drinking water to a level that is optimal (0.7 mg/L) for the reduction of decay. 1mg/L is equal to 1 part per million (ppm). To help explain just how small that amount is, the CDC goes on to state that One part per million (ppm) is equivalent to 1 inch in 16 miles, 1 minute in two years, 1 cent in $10,000.
TPHA Newsletter

The ADA’s website states that water that has been fortified with fluoride is similar to fortifying milk with Vitamin D, table salt with iodine, and bread and cereals with folic acid.

In 2013, the ADA released a resource titled The Benefits of Water Fluoridation for Adults which states People in the United States are living longer and retaining more of their natural teeth than ever before. As the older population in America grows, and as more people keep their natural teeth for longer periods of time, dental decay will remain a significant health problem. Therefore, water fluoridation is an essential prevention method for all age groups...With the exception of water fluoridation, virtually all primary preventive programs target only children and youth.

With all of these facts in mind, but most specifically the last statement, the Mid-Cumberland Region is preparing to ramp up for a Primary Prevention Initiative (PPI) project that will be focused on improving community awareness on the important benefits of water fluoridation to people of all ages in our region.

Montgomery County Staff Chosen by the Kresge Foundation

Local public health officials in nearly twelve states have been selected to take part in a Kresge Foundation initiative to enhance their ability to lead in today’s changing health care environment. Twelve public health teams were identified in a nationwide competitive process. Each team will receive up to $125,000 and technical assistance to implement a project in the community it serves. Joey Smith, Montgomery County Director and this year’s TPHA Vice President for Middle Tennessee, along with Jennifer Smith, health educator has been chosen to participate.

The 16-month program is designed to help position public health officials and their agencies to thrive in the midst of health reform.

As the Affordable Care Act shifts the focus from treating illness to maintaining health, there’s new opportunity for public health officials to use their expertise on behalf of their communities, says David Fukuzawa, managing director of Kresge’s Health Program. This is one way for us to support talented people working in this field and shine a light on what public health officials can contribute.

Kresge works to expand opportunities for low-income people in America’s cities. Its Health Program works to reduce health disparities among children and adults by addressing conditions that lead to poor health outcomes. Kresge’s Health Program has also invested in leadership development in areas including environmental health, nutrition and access to healthy foods.

Earlier this year, the foundation invited state associations for city and county health officials to nominate local governmental public health leaders to participate in the leadership initiative. The selected teams include public health officials serving cities or metropolitan areas of more than 125,000 residents, along with individuals identified as emerging leaders.

We are proud to have Joey and Jennifer chosen for this initiative!
MARK YOUR CALENDARS FOR THESE EVENTS

Tennessee Public Health Association
Annual Educational Conference
“Health by Design: Inspiring New Perspectives”
September 9-11, 2015
Cool Springs Marriott Hotel and Convention Center
Franklin, TN

East Tennessee Meeting
March 27, 2015
“Health by Design: Inspiring New Perspectives”
General Morgan Inn
Greeneville, TN

West Tennessee Meeting
April 24, 2015
“Changing Health One Person at a Time”
J. Walter Barnes Conference Center
Jackson-Madison County General Hospital
Jackson, TN

Middle Tennessee Meeting
May 8, 2015
Metro Health Department
2500 Charlotte Avenue
Nashville, TN

National Association of County and City Health Officials
“Envisioning the Future: Creating our Path”
July 7-9, 2015
Kansas City, MO

American Public Health Association
143rd Annual Meeting & Exposition
“Health in All Policies”
October 31-November 4, 2015
Chicago, IL