



THE SUMMIT



ENVIRONMENTAL HEALTH SECTION NEWSLETTER

North Carolina Department of Health and Human Services | Division of Public Health

In this Newsletter

On The Job

Section Highlights

Health Hazards Control Unit Responds to Hurricane Helene

Health Hazards Control Unit Website Launch

ARPA Update: Lead & Asbestos Inspection and Mitigation in Child Care Centers and Public Schools Programs Reach 2 Year Milestone

Children's Environmental Health News

UNC Institute for the Environment

The Inspector's Gadget

Sunscreen and Chlorine

The Rise of Tattoo Conventions in North Carolina

Investigating Brucellosis in Johnston County

Celebrating Progress in Retail Food Safety: NC. RPS Network Updates



Why I Do What I Do

Larry Michael

What do you like about environmental health? Where do you see environmental health in the future? How did you get into the field of environmental health?

These are the questions I'm asked most often when interviewing interns as part of the Registered Environmental Health Specialist Board or speaking with students at our excellent colleges and universities throughout the state.

To answer the first question, three things always come to mind:

First, the **IMPACT** of environmental health. Since 1900, life expectancy in the U.S. has increased by over 30 years. Every top-five list I've seen credits this tremendous curve to things like safe drinking water, safe sewage disposal, and safe food. Okay, I have to give a shout-out to vaccines and antibiotics, but you can read about those in another newsletter! When you "close the door" to your office today, know that you've improved the quality of life for many – and perhaps even prevented deaths.

In no particular order, another thing I love about environmental health is the **DYNAMICS** of this job. No two days are ever the same, and no day is predictable. I find working in this field challenging, rewarding, sometimes impossible and frustrating, always interesting – and I learn something new every day. I embrace all the bad with the good, and I know that without all of these factors swirling around our work, I would have turned to another profession a long time ago. What other job deals with norovirus, lead in applesauce, cryptosporidium, legislative issues, and designing a wastewater system – all in the same afternoon?

Finally, the third thing I like about environmental health is the **PEOPLE** who work in this field. Not only do we have the most passionate, caring, intelligent, and innovative people on the planet, but there's one word I think truly sums up our workforce – **resilience**. According to *Psychology Today*, resilience is that ineffable quality that allows some people to be knocked down by life and come back stronger than ever. We do that over and over again. Whether it's a hurricane changing the landscape of western NC, houses falling into the Atlantic, a new law or lack of funding that makes it harder to achieve our mission – we prove our resilience time and time again. And we never give up.

A final note on resilience – I want to acknowledge our colleagues at CDC, FDA, and other organizations who I know will not let the changes at the federal level overcome them or drain their resolve. Like any good public health worker, they will find a way to rise from the ashes – and know that we are all here to help in any way we can.

My answer to the other questions? Look for them in a future edition.

For now, thank you for reading this newsletter – which best demonstrates the **impact, dynamics, and incredible people** that continue to amaze me every day!

"Do not judge me by my success, judge me by how many times I fell down and got back up again." - Nelson Mandela

On the Job...

Onsite Water Protection Branch responds to Hurricane Helene with direct to consumer well disinfection



Donated well heads being loaded to be delivered to western NC counties



Van loaded with well disinfection kits that were delivered to direct to consumer sites in multiple counties.



The supplies inside of one of the well disinfection kits

Photo credit: Wilson Mize

Section Highlights

Children's Environmental Health (CEH):

New roles and hires:

- Ashley Stacy-Boddapati joined CEH last spring as our Public Health Nurse Consultant and made such an impression, she was hired into a permanent position starting in November 2024.
- Alexandra Brown joined CEH in October 2024 as the newest Public Health Epidemiologist, focused on improving the documentation of environmental data in our surveillance system, NCLEAD, and exploring getting environmental sampling data into NCLEAD.
- Rob Pearsall and Melanie Napier were both promoted into Team Leader positions in fall 2024. Melanie Napier became Team Leader for the staff in the Raleigh office and Rob became Team Leader for CEH Plan Review.
- Ashley Mize and Megan Lee are the newest Regional Environmental Health Specialists hired in the past year, so the program is now fully staffed! Ashley Mize covers a north-central region of the state adjacent to Virginia from Surry to Vance counties, and Megan Lee covers a region in the east-central from Nash to Hyde counties.

Onsite Water Protection Branch (OSWP):

- House Bill 376 is being closely monitored as it includes several changes to wastewater and private well permitting. We will continue tracking its progress and provide guidance to Local Health Departments (LHDs) on its implications.
- We are excited to announce the addition of Karen Wallace, Chad Rakes, and Chris Hedrick to the Onsite Water Protection Branch (OSWP) Specialty Wastewater Improvement and Field Training (SWIFT) Team. Karen previously served as a regional soil scientist for OSWP and will now focus on training, quality assurance, and well authorizations. The SWIFT team is finalizing the stakeholder process for implementing quality assurance programs across all LHDs in North Carolina. This program is set to take effect on June 2, 2025.
- Please congratulate John Brooks on his retirement. We express our sincere appreciation for his dedication and contributions, particularly in the development and implementation of the Private Well Program.

Food Protection and Facilities Branch (FP&F):

- The pool program recently had two updated rules that became effective November 1, 2024. Revised rules were .2518, "Circulation System" and rule .2539 "Suction Hazard Reduction." These rules were updated to enhance safety, clarify existing language, and to align the rules with current ANSI standards that are adopted by reference. A guidance document was sent out on November 22, 2024, explaining all the changes in these two rules.
- Senate Bill 166 was ratified and will amend G.S. 130A-280 effective July 1, 2025, to exempt pools at single family dwellings that are rented out.
- We sent six representatives to the **Conference for Food Protection in Denver**. Veronica Bryant represented NC on Council III and Terri Ritter was the voting delegate from NC. Several LHDs were represented there as well. Amber Daniels of Mecklenburg County acted as our Southeast Local Representative.
- The Food Protection Branch offered the **Plan Review for Retail Food Establishments** class in March and will also offer it in April and November.
- The Food Protection Branch along with local county partners is putting the final touches on the **NC Compliance and Enforcement Strategies Manual**. This manual provides guidance and assistance with the compliance and enforcement of North Carolina statutes and rules pertaining to Risk Factors and Interventions at regulated retail food and drink establishments.

New roles and hires:

- **Alicia Pickett** is joining NCDHHS – Public Health – Environmental Health Food Protection Branch as a Regional Environmental Health Specialist in the foothills after working for public health local county government for 32 years. **Glen Pugh** joins as a Regional Environmental Health Specialist in the Piedmont. With over a decade as a professional chef, he became an REHS in 2021.

Health Hazards Control Unit Responds to Hurricane Helene

Jeff Dellinger



Photo from Canva

In October 2024, after Tropical Storm Helene had passed, NC Emergency Management asked the Health Hazards Control Unit (HHCU) for assistance to address potential asbestos in debris piles and possible mold at distribution centers. The Health Hazards Control Unit (HHCU) responded to Western NC and assisted the NC National Guard. The National Guard appreciated the quick response and provided transportation to the hardest hit areas. Staff canvassed Spruce Pine, Burnsville, Marshall, Bat Cave, Lake Lure and Chimney Rock. Seeing devastation in this magnitude is a memory you can't

forget. After completing the site visits and collecting a few suspect samples, recommendations were provided to ensure cleanup operations and distribution of needed household items could continue.

In March 2025, the NC Department of Commerce provided correspondence to the HHCU outlining an ambitious plan to address nearly 20,000 residential homes in twenty-eight (28) NC counties that were damaged by Tropical Storm Helene. Plans are underway to work with this state agency and provide the regulatory and technical guidance needed to comply with the state and federal asbestos and lead-based paint regulations. Tropical Storm Helene may have come and gone but its impact will last a lifetime.

Health Hazards Control Unit Website Launch

Allison Jenkins

We are thrilled to announce the launch of HHCU's brand new website, which replaces our previous one that served us for over 25 years. The new site offers a fresh, user-friendly design and is fully optimized for both desktop and mobile devices. With this update, individuals across our state will find it easier to access applications, reference documents, and find important information with improved efficiency.

Please check us out here: [Health Hazards Control Unit | Division of Public Health](#)



Photo from Canva

We look forward to serving you better on our new platform!

ARPA Update: Lead & Asbestos Inspection and Mitigation in Child Care Centers and Public Schools Programs Approaches 2 Year Milestone

Melanie Napier

For the past year, CEH has held monthly updates for local health department staff who have a role to play with the American Rescue Plan Act-funded (ARPA) Lead & Asbestos Program. Two programs (lead in water, and lead-based paint/asbestos) were launched with the \$150 million appropriations, allowing CEH and interagency partners to test for lead in water used for drinking and food preparation at every public school, inspect every public school and licensed child care facility for lead-based paint and asbestos, and provide funding to mitigate hazards that are identified; Water mitigation is provided through Clean Classrooms for Carolina Kids, and lead-based paint/asbestos mitigation is provided through private sector professionals and reimbursed through the ARPA Asbestos and Lead-Based Paint Reimbursement program. The effort involves over 8,000 facilities, all 100 counties, countless environmental health and school staff, and impacts over 200,000 students and staff who attend those facilities.

LHD updates occur on the third Tuesday of every month at 9:30 a.m. and previous updates are available on the healthy homes website: <https://nchealthyhomes.com/resources/arpa-programs-for-lead-and-asbestos-trainings-and-webinars/>

Since launching two years ago, the program has enjoyed some successes amid ongoing challenges of completing so ambitious an endeavor:

Successes:

- More than half of facilities have begun enrollment in at least one of the programs
- The number of facilities with hazards we have found after testing or inspection remains low, though that may increase as more facilities complete enrollment
- All lead in water hazards identified will be remediated with a faucet or fixture replacement
- \$2.5 million in lead-based paint and asbestos remediation approved for reimbursement, with millions more remaining for facilities to access through the reimbursement process.

Challenges:

- Many more facilities have begun enrollment than have completed it, especially for LBP/asbestos. Hazards can't be identified and addressed until then.
- With less than two years to go, it may not be enough time for facilities with hazards to be remediated (water) or to remediate and get reimbursed (LBP/asbestos).
- Natural weather events (e.g. Hurricane Helene) slowed down efforts.

Lead in Water

- Over 3,500 child care facilities and 1,400 schools enrolled by end of March 2025. Of those, 2.7% of child care facilities and 10.9% of schools requested mitigation.

On the Job Photo



This photo is from a recent lead investigation. EHS walked into the apartment and boom there it was - the smoking gun! They rarely get this easy.

Mom leaves food in the pots for several days covered with aluminum foil on top and the pot lid. The family eats out of the pots until consumed. Both vessels tested positive by XRF for lead. Chelsea Wooten and David Brown collected food samples from each pot for analysis at the State Lab. The one on the left held a tomato/vegetable soup mixture and the pot on the right was black beans. Lab results have not been returned yet.

Photo credit: David Brown

Children's Environmental Health News

Melanie Napier

North Carolina's Coordinated Response to Lead Contamination in Food: An Insider's Perspective:

In this article of the summer 2024 publication of the Association of Public Health Laboratories, Marc Komlos, the Inorganic Chemistry Laboratory Supervisor in the NC State Laboratory of Public Health, shares some insight on collaborating with NC Children's Environmental Health's Childhood Lead Poisoning Prevention Program (CLPPP), the NC Department of Agriculture and the Centers for Disease Control and Prevention (CDC) to determine the source of the WanaBana apple puree contamination. (The NC State Lab is a close partner of CEH, providing laboratory analysis services for all environmental lead samples our environmental health specialists submit from their investigations of elevated blood lead cases (not to mention the clinical samples they also analyze).) In this article, Marc highlights the work of the "unsung heroes" who worked in his lab and other agencies. The article starts on page 8 of the publication (the 10th page of the document).

In the **Annual Meeting of the CDC Childhood Lead Poisoning Prevention Programs** in November 2024, NC Children's Environmental Health Program Manager Ed Norman joined a panel discussion, also emphasizing the roles that local, state and federal partners play jointly in addressing public health

Last July, CEH staff published a Morbidity and Mortality Weekly Report (MMWR) highlighting the role of Environmental Health staff throughout the state in shedding light on the link between WanaBana apple cinnamon puree pouches and lead and chromium contamination ([Childhood Lead Exposure Linked to Apple Cinnamon Fruit Puree Pouches – North Carolina, June 2023–January 2024](#)). Since then, another MMWR article will be published about the outbreak - this time describing the CDC investigation in more detail and the responses in several other state jurisdictions. Both CLPP program manager Ed Norman and Epidemiologist Team Leader Melanie Napier are co-authors on the article. The article was accepted for publication as of March 2025, but no release date has been set yet. It will be entitled: **Investigation of Lead and Chromium Exposure Following Consumption of Contaminated Cinnamon-containing Applesauce – United States, November 2023–April 2024** by Alyssa Troeschel et al.

UNC Institute for the Environment

Neasha Graves

NC Disaster Response and Recovery web page: The Center for Public Engagement with Science in the UNC Institute for the Environment (UNC IE) has updated a long-standing compilation of educational materials and environmental health resources that residents of communities impacted by Hurricane Helene and other disasters can use in their steps toward recovery. These resources provide specific details on mold cleanup, accessing clean drinking water, protection from mosquitoes and other pests, cleanup around mud, and other environmental health hazards. As part of the UNC community's effort to provide relief and recovery to affected areas, these resources were compiled with support from the UNC Center for Environmental Health and Susceptibility (NIEHS grant #P30 ES010126), the NC Department of Health and Human Services (contract #47421), and UNC IE. UNC IE is the education/outreach arm of the Childhood Lead Poisoning Prevention Program.

Enhancing Engagement with Community Stakeholders:

The Center for Public Engagement with Science (CPES) in the UNC Institute for the Environment continues to co-convene with NC DPH the quarterly meetings of representatives from 40-50 state and local public health, housing and community-based organizations who make up the statewide Lead & Healthy Homes Outreach Task. Meetings in the past year have featured environmental health researchers (asthma and housing policy), adult blood lead exposure, and epidemiological research on the impacts of extreme heat. Task Force members are also featured in NC Healthy Homes Partner Spotlights on the [NC Healthy Homes website](#). Last November, in the **Annual Meeting of the CDC Childhood Lead Poisoning Prevention Programs**, UNC CPES Environmental Health Outreach Manager Neasha Graves participated on a panel that discussed the benefits of working with state and local public health and community-based agencies. Graves presented a range of results from partnerships in the state, including collaboration with clinicians to update the state's Lead Testing and Follow-up Schedule, development and tailoring of educational materials for broad community audiences, and engagement with researchers to advise on studies aimed at understanding and responding to the impacts of lead and other environmental exposures upon health.

The Inspector's Gadget

NC EH Section Hurricane Supplemental Project Update

Over the past two years, the NC Environmental Health Section has been working with the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Health Officials (ASTHO) on a project related to building capacity for hurricane response.

In the first year of the project, the focus was on sheltering resources. Guidance was developed for:

- Child care in shelters
- Emergency Donated Food
- Shelter Assessments
- Deployment Response and Resilience

Handouts were also developed to supplement this guidance. Additionally, tabletop exercises were created to help with shelter training.

In the second year of the project, the focus has been on water emergencies. Guidance has been created for handling water emergencies, and there has been a corresponding handout developed. A tabletop exercise has also been developed that was based on real emergency events. This tabletop exercise was designed to be delivered at the North Carolina Food Safety and Defense Task Force Annual Conference, held April 29-30, 2025. It will be available to be delivered in other parts of the state as well.

All resources will be available on the updated DHHS emergency website when available.

Sunscreen and Chlorine

Chad Gambill

The weather is getting warmer and public pools around the state are gearing up for another season of safe water recreation. Swimming pools and spas are great places for family fun and relaxation. Environmental Health Specialist across the state are working hard inspecting public pools to make sure they have everything they need to keep families safe before being opened to the public.

In addition to making sure the pool has clean clear water with disinfectant to prevent the spread of waterborne diseases like Cryptosporidiosis or Pseudomonas Folliculitis, these hard working professionals smelling of sunscreen and chlorine, are also verifying dozens of other requirements such as making sure emergency equipment is in place and inspecting the pools hydraulic systems to ensure that the pool does not have hidden under water hazards.

Our dedicated team does its part to reduce the risk at public pools so that everyone has a safe trip to the pool. However, pool safety is everybody's responsibility. Our team would like to remind everyone of some simple yet possibly lifesaving tips to keep in mind this summer

1. Supervise children! Always watch children in or near the water, never leave them unattended. Even if a lifeguard is present, parents and caregivers should still take the responsibility of being a designated "Water Watcher." When any lifeguard chair is empty, the remaining lifeguards may not be able to see the entire pool and when lifeguards are seated in low chairs, their view can be blocked by patrons in the pool.
2. Learn to swim and teach children how to swim. Swimming is not only fun, it's a lifesaving skill. Enroll children in swimming lessons; there are many free or reduced-cost options available from your local YMCA, USA Swimming chapter or Parks and Recreation Department.
3. Teach children to stay away from drains in the pool. Powerful suction from a pool or spa drain can even trap an adult. Do not play or swim near drains or suction outlets, especially in spas and shallow pools, and never enter a pool or spa that has a loose, broken or missing drain cover. Children's hair, limbs, jewelry or bathing suits can get stuck in a drain or suction opening.
4. Learn CPR. Often, bystanders are the first to aid a drowning victim, so learning CPR can help save a life. CPR classes are available through many hospitals, community centers, or by contacting the American Red Cross.



Photo credit:
Chad Gambill

Tammy Rodriguez uses a test kit to check the disinfectant residual, and PH at a public pool.

The Rise of Tattoo Conventions in North Carolina

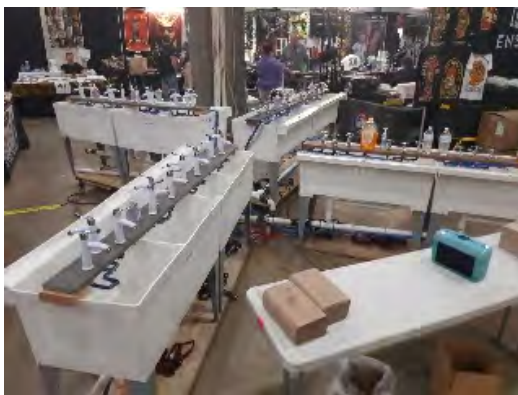
Chad Gambill



Tattoo conventions have become an integral part of the NC tattoo scene. The state's large and diverse population has contributed to the rise of conventions in major cities such as Charlotte, Raleigh, Greensboro, and Asheville. These events provide a unique platform for artists to showcase their talents, while also allowing attendees to meet new people, learn about the latest trends, and experience the art of tattooing firsthand.

Some conventions in North Carolina are massive affairs, attracting hundreds of talented tattoo artists, while others are more intimate, focusing on local talent. Regardless of size, each convention brings together a dedicated crowd of tattoo lovers who appreciate the artistry and craftsmanship that goes into every piece of body art. Each convention also brings together a team of Environmental Health Specialists working behind the scenes weeks in advance to get ready for the set up and permitting of sometimes hundreds of artists immediately prior to the start of the event.

This past month, the Charlotte Tattoo Arts Convention had over 420 artists. Thanks to advanced planning and an all hands on deck approach by the Health Department, more than 30 REHS authorized in the Tattoo program were rallied to the Convention Center early Friday morning to begin permitting artists as they set up their booths. By 3:00 that afternoon, 380 artists (all that had arrived that day) had been permitted before the start of the convention that evening. The health department was back at it the very next morning permitting the remaining artists as they arrived and set up. My hat is off to Mecklenburg County Environmental Health for making this massive undertaking look like just another day at the office.



With one hand sink required for every 5 artists, as you can imagine, the Charlotte Tattoo Convention had quite a few hand sinks set up for the artists.



Terry Chappell has just had his mind blown by the sheer scale of Tattoo and Arts Festival at the Charlotte Convention Center

All Photos from Chad Gambill

Investigating Brucellosis in Johnston County

Ashley Blake

It was mid-afternoon on December 9th, and I was heading to what would be my final regular unannounced food service inspection of the day when my phone rang. Our CD nurse informed me that there were three Johnston County residents with laboratory confirmed cases of Brucellosis. My first reaction was “with what and spell that please.” In all my years with the Johnston County EPI team, trainings through college, and continuing education, I’d never once encountered a case of Brucellosis. Listeria, Norovirus, Hepatitis A, Legionnaires, Cryptosporidium, Staph, Salmonella, E. coli 0145 and 0157- I’ve dealt with them all. But Brucellosis? It is incredibly rare to have cases in the United States. The USDA states that in all 50 states, Puerto Rico and the US Virgin Islands are considered Brucellosis-free, aside from an occasional case in the Yellowstone National Park area. The rarity is largely due to the vaccination requirements for livestock in the US and its territories.



The first question I had was “What is Brucellosis?” Brucellosis is an infection caused by the Brucella bacteria that causes fever, sweats, malaise, headache, muscle and joint pain, and fatigue 1-6 weeks past exposure. If left untreated it can lead to arthritis, endocarditis, memory loss or confusion, depression and swelling of the liver or spleen. Brucellae bacteria is associated with domestic and wild animals such as cattle, goats, pigs, bison, camels, elk, etc. Human infections can be caused by eating undercooked meat, exposure to body fluids from infected animals, and during the harvesting of game animals. The most common mode of human infections is caused by the consumption of unpasteurized milk and milk products such as cheese, yogurt, butter, etc. According to the CDC, Brucellosis patients must be treated with at least 6 weeks of antibiotics as it can be deadly as proven in this outbreak. This bacterium is so rare that in the US there were 126 cases of Brucellosis in 2022, and only 117 cases in 2023. Both years, over half of the cases were in the states of California, Texas and Florida. So, having three cases pop up in our relatively quiet corner of North Carolina is extremely unusual.

At the time of receiving the call, we had three Johnston County residents with confirmed Brucellosis over a 4-month period. The first case reported that a family member in Mexico shipped goat cheese to him in August, symptom onset was September. It was weeks before the second case was seen in the hospital and diagnosed. This person also reported consuming goat cheese that is mailed from Mexico with symptom onset in October. The third case was reported several weeks after case number 2 with symptom onset in November. They only reported consuming unpasteurized queso and other soft cheese from Mexico but did not reveal how they acquired them. Case number 1 and 3 are brothers. At that time, another interview with case 1 was conducted and revealed that they bought the goat cheese from a family that lives here in Smithfield. The family travels to Mexico monthly and brings back goat milk and goat cheese to sell locally from their residence. Environmental Health was immediately involved due to this being a food borne/related illness that is now an outbreak and being sold in our county. All of the food handling questions circled in my head of how are they transporting milk and dairy products across the country in some of the hottest months of the year? Temperature control? Time control? Proper Source? Sanitization of food contact items? What is the volume that they are transporting and how far reaching is this going to be? The concerns went on and on. We convened a meeting with our partners at NCDA and the communicable disease branch with NCDHHS. Case 2 passed before a second interview could be arranged, likely from comorbidities or other health complications. Then, the stories from case 1 and 3 started to change and it became a challenge to even get the phone answered. The only information that we had to go on was determined that a common person was mailing or delivering cheese made from unpasteurized goats’ milk from the Durango region of Mexico to someone in Smithfield who was then selling it to the community. Not regulated, not inspected, certainly not-approved, and causing people to become ill. The re-interview of Case #1 reported that the home



that was selling the cheese was in close proximity to a very large local flea market. Since the managers of this flea market have connections with the local community, I contacted them to see if they knew of any cheese sales, milk sales or could get me information on this topic. The manager did report that they had run off several vans selling cheese that were not labeled or marked, and assumed it was not regulated. After much work on their part, and many calls back and forth from us, they were able to locate a person who wanted to remain anonymous that had purchased cheese from a van in the back parking lot area of the flea market and was now ill. The symptoms seemed to align with those of Brucellosis and date of purchase was around the time of concern. This person was willing to bring the remaining portion of the cheese to the flea market and put it in a marked location for pick up later. After days of calls with questioning and investigating, I just knew that I found the cheese which would hopefully bring us one step closer to identifying the source. Fearful of how the cheese was packaged and stored by the individual dropping it off, I put on my bunny suit with gloves and face mask to collect it. The cheese sample packaging was not opened on site but was placed in my large sealed bag to return to our lab at the Health Department for proper packaging and shipping. It was then sent to the NC State Lab which submitted it to the CDC for testing.

Over the next 3 days we hit dead end after dead end, So I decided that if we could not identify the exact source then we would at least have to get the message to the community in hopes of reaching the person selling the cheese as well as any potential customers. I quickly developed a poster with quick reference information about the hazards of consuming milk or milk products that are unpasteurized. It included the type of dairy products that can be made from unpasteurized milk, the health hazards of consuming the products with symptoms of infection as well as information on what pasteurization is. I also placed a QR code at the bottom to link to additional information and my contact information for

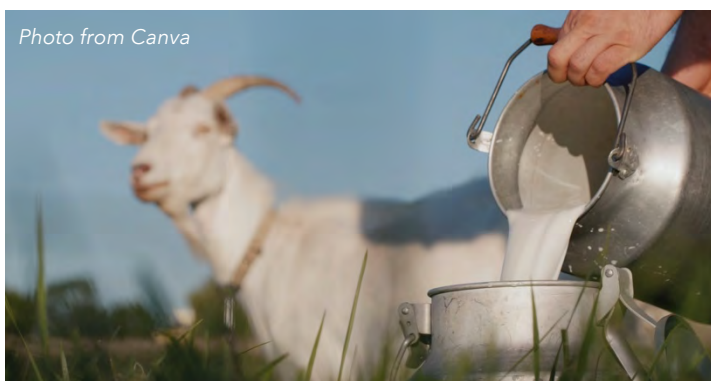


Photo from Canva

questions. These were translated within the day, printed, laminated and distributed. I placed them on the entrances of every restaurant, grocery store, convenience store, barber shop, gas station, dollar store, and tire shop. While doing this, I interviewed at least 1-3 people from each place to see if they could provide information. No one knew about cheese or milk but everyone disclosed the popularity of underground deliveries of candy and tequila.

After 14 long days of incubation, as hopeful as I was, the sample was none other than negative. We didn't have our source and didn't have any other leads. While we were at a dead end, I am happy to report to date

that there have not been any additional cases of Brucellosis. We continue to educate the managers, staff and anyone who will listen in our regulated facilities about unpasteurized dairy products and the dangers of consuming them in hopes of preventing this in the future. The posters are still visible in almost all of the businesses to continue to educate on the hazards of consuming unpasteurized dairy products.

What is my take away from this event, what did I learn as an REHS and as a member of the Health Department Epi Team? We at Environmental Health not only play a huge role in the investigation of any food borne illness outbreak, we play the main role. When an outbreak is identified and the CD nurse ask "Who do we call", if one of the first answers is not "Environmental", then changes are needed in your department. Not only do we have the education, experience and know how when it comes to responding to an event such as this, we also have the established line of communication and relationships with the food establishments, grocery stores and other local businesses to get information as well as give information. Also, we are not alone and never did I feel alone during this investigation. As I mentioned, we are part of a team, the EPI RESPONSE TEAM. As bare minimum our EPI team includes our CD Nurse and DON as well as Nurses from the different departments, Health Director and Assistant Health Director, Hospital, School Nurse, Health Educator, Environmental, our emergency response coordinator. In the event of large-scale events, it expands to emergency management, county HR and local community partners/facilities as needed. It also includes some pretty great people at the state level with the Emergency Preparedness and the Communicable Disease Branch with NCDHHS as well. Another take away is not to be discouraged when the 'smoking gun' is not always found. I always say "You never really know what you prevented," but the fact that there are no more cases leads me to believe that maybe we educated someone to change a habit that impacted their health. Remember in an incident as this one, you are important and you play a very key role in the investigation and remediation to stop the ongoing hazard in your local community. After all, that is who we are committed to serve.



Photo from Canva

Celebrating Progress in Retail Food Safety: NC RPS Network Updates

Wendy Bell

The NC Retail Program Standards (RPS) Network worked tirelessly to secure competitive grants through the 2025 NEHA-FDA Retail Flexible Funding Model (RFFM) Grant Program. This program offers essential support to State, Local, Tribal, and Territorial (SLTT) retail food regulatory agencies, empowering them to enhance compliance with the Retail Program Standards. By driving progress in these standards, the program aims to decrease foodborne illness risk factors and strengthen public health protection.

Despite significant challenges posed by a heavily impacted federal workforce, there were concerns that RFFM funding might not be available for this grant cycle. However, through the unwavering dedication and collaboration of our federal partners and NEHA, funding was successfully secured and award notifications were officially delivered on March 31, 2025.

Grant Highlights This grant cycle included awards for the following categories:

- **Track 1 - Development Base Grant (one year):** Focused on completing a self-assessment and/or Comprehensive Strategic Improvement Plan.
- **Track 2 - Development Base Grant (one year):** Continuous improvement on one or more of Standards 1-8 (with progress required on at least one standard).
- **Track 3 - Maintenance and Advancement Base Grant (three years):** Ongoing improvement with Standards 1-8, including meeting and auditing at least one new standard by the end of the grant period.

Additionally, optional add-ons included:

- Mentee Optional Add-On
- Training Optional Add-On
- Capacity Building Optional Add-On
- Updated Self-Assessment of All 9 Standards (within 12 months of 5-year renewal).

Funding Challenges and Achievements Despite funding being awarded, certain impacts were unavoidable. Impacts included limiting the mentorship program to only Track 1, which limited NC participation in the mentorship program to only two mentors. Training travel funding was also reduced by over 50% for all awardees.

Nevertheless, North Carolina secured an impressive \$1,027,789 in combined funding across 20 counties, enabling critical projects over the next three years, including:

- Self-assessment updates
- Risk Factor Study (Standard 9)
- Training and standardization (Standard 2)
- Complaint/foodborne illness investigations (Standard 5)
- Quality assurance (Standards 4 and 6)
- Policy improvements (Standard 3)
- Community outreach (Standard 7).

Milestone Achievement A major accomplishment for the NC RPS Network was Cabarrus County being one of only six recipients nationwide to receive funding for an RPS Coordinator/Network Coordinator position. This milestone reflects the network's tireless efforts to drive improvement and advance compliance with the standards statewide.

Looking Ahead Exciting developments are on the horizon for the NC RPS Network over the next three years, including:

- Training and advancements in foodborne illness and food defense preparedness and response (led by Mecklenburg County).
- Bear-Hands Educational Conference & Expo (hosted by Craven County).
- Risk Factor Study Data Collection vs. Inspection Data comparison (led by Wake County).
- Foodborne illness tabletop exercises (by New Hanover County).
- Expansion of CDP tools for the standards (led by Richmond County).

The NC RPS Network continues to set ambitious goals and drive meaningful progress in retail food safety, ensuring a safer future for our communities. **If you're interested in learning more about our initiatives or becoming a part of the NC RPS Network, we'd love to hear from you! Feel free to reach out to:**

- **Wendy Bell** - wendy.bell@mecklenburgcountync.gov
- **Melissa Ham** - mham@hokecounty.org
- **Traci Stevens** - traci.stevens@richmondnc.com
- **Betsy Meeks** - betsy.meeks@alamancecountync.gov