



NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

NEWSLETTER

JULY, 1993

1009 DRESSER COURT, RALEIGH, NC 27609

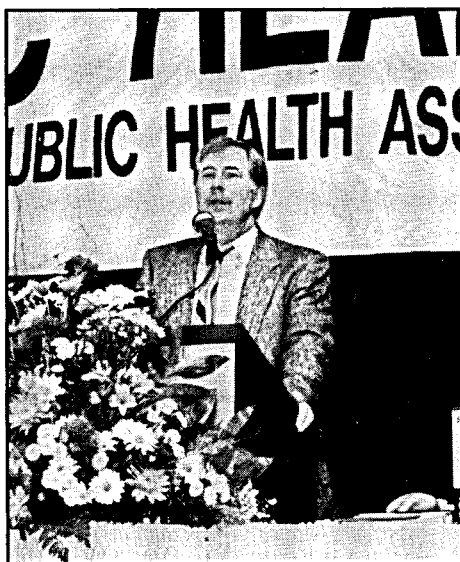
PHONE 919/872-6274

THE ROLE OF PUBLIC HEALTH UNDER HEALTH CARE REFORM NCPHA'S PRESIDENT'S PRESENTATION AT THE NORTH CAROLINA CONSENSUS DEVELOPMENT CONFERENCE

The North Carolina Public Health Association co-sponsored a consensus development conference on the Role of Public Health in North Carolina under Health Care Reform on May 17-18, 1993, in Chapel Hill. A selected panel of professionals experienced in public health services and delivery heard presentations from a variety of experts in health care reform and public health. The panel is charged with drafting answers to a set of conference questions that deal with the role of public health under health care reform.

Leonard Wood, NCPHA President, received accolades for his presentation at this conference. The following excerpts were taken from this presentation. A copy of the complete transcript is available from the NCPHA Headquarters if requested.

Although the number of clinical services has increased and significant strides have been made in the delivery of preventive public health services since the early 1900's, local public health agencies are still battling the same issues of preventive health versus curative care 90 years later when health care costs have escalated beyond reason and basic, comprehensive and continuous health care continues to be beyond the reach of a million people in this state. The health departments in all 100 counties should be the source of basic health care for individuals who lack access to comprehensive, private medical care in communities throughout North Carolina. The primary focus of the health department should be preventive health services, but if there are no other sources of primary care services, the health department should assure that services are provided, even if they are provided within



Leonard Wood, NCPHA President

the walls of the health department.

Health Departments have focused their service delivery on specific clinical services or preventive health services (either disease or organ system-centered). These services have been provided primarily by public health nurses, nurse practitioners and in some counties, physicians are available.

Although primary care services are provided in a few health departments across the state, anecdotally there are not any that are providing services on a 24 hour, 7 day a week basis. Services have only been provided from 8 am to 5 pm five days a week, excluding home health. If we are going to be more responsive to our patients and want to expand health care services, health departments will have to increase the accessibility for their clients by expanding the hours of operation.

· Ideally, health departments should re-

cruit or contract with physicians to provide primary care services; but, the reality of recruiting primary care physicians to fill numerous slots across the state is unlikely unless health care reform makes primary care services in public health departments more attractive to the existing cohort of primary care physicians.

The best alternative for expanding the level of health care services and/or the establishment of primary care clinics in local health departments is to train and recruit nurse practitioners and/or physician assistants. These specialty trained practitioners can provide both basic levels of curative care and preventive health services if the department can find a suitable physician backup for the standing orders of the practitioners.

Local public health departments should use these core functions to develop goals, objectives, and strategies for their local communities; however, local public health agencies should be restricted from offering comprehensive health care services to those in the community who have no other source of private or public health care.

Although many health departments have adequate facilities for the provision of both preventive health and curative health services, most local health departments in North Carolina will need to expand or build new facilities to be able to compete; this will require a stronger commitment from both the counties and the state.

Local departments should be allowed to keep all funds earned above expenses by their department to fund the expansion of staff and service type. Increased demands on local property taxes are preventing local health departments from

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getting the appropriate county funds needed to meet increasing service demands.

Antiquated state and local personnel regulations must be revised to allow local health departments the capability to classify/reclassify positions according to their local needs; local health departments should be allowed to pay competitive salaries based on local and state markets; and local health departments should be able to expedite the process whereby staff can be added or reduced based on the department's service level requirements and available funds.

Trained professionals with the appropriate education and experience must be hired by local health departments to ensure that their departments have the administrative and professional capability to offer services and compete in the market place.

The core services of public health (assess, policy development, and assurance) are critical to public health preventive health services, but who will fund these services? If local departments become nothing more than local Health Service Coordination Agencies, funding will not be available under the health care reform packages being promoted and proposed by both federal and state legislators. Health departments should use these core functions to build a competitive preventive health care service that includes direct clinical and/or primary care services if their community is in need of these types of services; if the private sector can manage the provision of all clinical and primary care services, local health departments should continue to carve out a niche for preventive health services that will allow them to survive in the anticipated competitive markets of the future.

Public health has fallen behind in its ability to be competitive in the open market. For example, if local public health agencies would have had the flexibility to increase staff, rent space and pay competitive salaries for the ever increasing technical home health services, home health would have continued to flourish in local public health agencies and the increased number of CON's granted to private sector agencies would not have been necessary. If properly managed and if allowed to expand to meet the increasing demands for home health services, local public health home health agencies are a much better buy for the general taxpayer.

Until we in public health are able to dream and are willing to change the way

CUMBERLAND COUNTY SENIOR SMILE OPEN HOUSE

On May 19, 1993, the Cumberland County Dental Department hosted a Senior Smile Open House for senior citizens. During the event, Mayor J.L. Dawkins issued a proclamation designating May 16-22 as National Senior Smile Week in Cumberland County. Dr. Terrance Smith, a local prosthodontist, discussed dental implants.

Other activities included exhibits, dental bingo, door prizes, and free dental screenings. The staff members involved were:

Robin Lynn Fennell, Public Health Dental Assistant; Susie E. Davis, Receptionist and School Health Funds Clerk; Kay W. Williams, Public Health Dental Hygienist; Dr. Sharon Nicholson-Harrell, Director of Dental Services; and Karen Blanford, Health Educator. Also participating were: Mrs. Beatrice Matthews, Board of Health Chairperson and Dr. Jesse Williams, Health Director.



we have always done things, I fear we will continue to fall further behind in our existing health care system; but I am optimistic enough to believe that changes will be made and we will not only dream about a better system, but will conquer the health care challenges that lay ahead of us . . .

Leonard Wood

CALL FOR PAPERS

Measurement in Health Education Research and Practice

The journal, *Health Education Research: Theory and Practice* is soliciting submissions to a theme issue dealing with measurement in health education and health promotion, to be published in 1994. It will focus on quantitative and qualitative measurement in health education and health promotion research or practice. Examples of topics suitable for this issue include, but are not limited to: (a) conceptual discussions of measurement-related issues as they apply to health education or health promotion, theory, research, and practice; (b) the challenges of operationalizing variables stemming from theories that inform health

behavior and health education research and practice; (c) examples of innovative solutions to measurement problems; (d) presentations of new instruments or methods for measuring variables of broad interest in health education and health promotion; (e) critical examination of measurement procedures or instruments widely used in health education; (f) comparisons of qualitative and quantitative measurement theory with particular bearing on health education theory, research, and practice or on health promotion; and (g) integrative reviews of measurement issues or approaches in health behavior or health education. **In order to process manuscripts for this theme issue, the editorial staff must receive them by Autumn of 1993. Submit manuscripts or inquiries to:**

Robert F. DeVellis, Ph.D.
Department of Health Behavior and Health Education
Bolin Creek Research Office, Suite 103
CB#7330
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7330
Tel: (919) 966-7534
FAX: (919) 966-2921

MINUTES OF NCPHA ANNUAL BUSINESS MEETING

SEPTEMBER 16, 1992

Randall Turpin called the meeting to order and welcomed everyone.

Presentation of Historical Documents

Dan Shingleton presented to the Association a six volume collection that contains written documentation about NCPHA and its annual meetings. The collection begins in 1911 which was the first year an annual meeting was held. The North Carolina Public Health Association was organized in 1892 with Dr. Thomas Wood as the first NC Health Officer. The collection will become an ongoing historical record of the organization housed in the NCPHA office.

Approval of 1991 NCPHA Business Meeting Minutes

The 1991 NCPHA Business Meeting Minutes were published for the membership in the December, 1991 issue of the newsletter. Sylvia Daniels made a motion to accept the minutes as written. Susan O'Brien seconded. Motion passed.

1992 NCPHA Memorials

Tamara Dempsey-Tanner, NCPHA Secretary read the following names of deceased public health colleagues:

Jane William Arthur, Nursing Director, Iredell Co. Health Dept.

Dot Baird, Administrative Procedure Consultant, Black Mountain Office, Asheville Region, DEHNR

Bill Broadway, Sanitarian, Black Mountain Office, Asheville Region, DEHNR

Brenda P. Cook, Public Health Nurse, Stanly Co. Health Dept.

Tina Fisher, Division of Maternal and Child Health, DEHNR

Dr. O. David Garvin, Health Director for Orange, Caswell, Chatham, Lee, and Person Counties

Joseph W. Gentry, Environmental Health Division, Transylvania Co. Health Dept.

Alease Gore, Community Health Assistant, Brunswick Co. Health Dept.

Nancy Greene, Guilford Co.

Wilma Hughes, Community Health Assistant, Burke Co. Health Dept.

Dr. J. Wesley Mainwaring, Retired Dentist, Durham Co. Health Dept.

William Prentice, Guilford County

Roger W. Swift, Speech/Language Pathologists & Audiologists, MCH

Division, Developmental Evaluation Center-Greensboro

Treasurer's Report-Sylvia Daniel

Sylvia Daniel presented the Treasurer's report for FY 91-92.

Payroll Account \$9,238.32

Money Market Account \$57,507.76*

Operating Checking Acct. \$20,494.12

*figure includes the Executive Development Fund

The 1991-92 Audit Committee made two recommendations that have been implemented this year: a) changes have been made regarding the budget description of the salary item and how the expenditures are coded; and b) we have been researching the market for an independent auditor to keep the trust in the organization at a high level.

Teller's Report-Bob Parker

Bob Parker read the following names of the 1993 officers elected by the membership:

President-Elect: Jim Jones

Vice-President for Communication: Peggy Ellis

Vice-President for Education: Brenda Motsinger

Secretary: Tamara Dempsey-Tanner

Treasurer: Eunice Inman

Members-at-Large: Georgena Chandler

Mike Rhodes

Bylaws-Peggy Ellis

The Manual of Procedure has been updated to reflect changes submitted by the following sections: Dental Health, Environmental Health, Nursing, Health Education, Management Support, and Children with Special Needs.

The following Bylaws Changes were passed by the Membership present at the meeting:

1. Adding a 6th membership category which would include:
 - Regular Member
 - Student Member
 - Life Member
 - Contributing Member
 - Retired Member
 - First time Member
2. Change in fiscal year and dues collection: Fiscal year will be October 1 through September 30. Discount period for membership renewal will be

from October 1 through December 31.

3. Structure and Role of Elected Officers: The President should have served on the Executive Committee during the past five years.
4. Publications: Authors are responsible for views expressed in signed articles. NCPHA is not to be considered as endorsing any of said views and advertisers and their agencies assume responsibility and liability for all printed advertisements.
5. Randall Turpin submitted the issue of suspending current rules for existing dues structure in order to implement the new dues structure and fiscal year. This issue received approval from both the Executive Committee and Governing Council. Steve Martin made a motion to suspend current rule regarding dues structure. Tamara Dempsey-Tanner seconded. Motion passed.

Resolutions-Georgena Chandler

New Resolutions procedures allows for discussion of each Resolution during the Annual Business meeting. Each resolution will have a three minute discussion. Following the business meeting, a written ballot will be submitted to the entire membership for their vote on the resolutions presented.

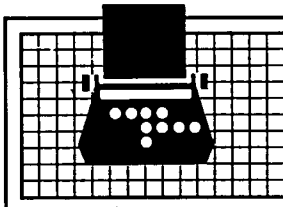
The discussion involved review of four Resolutions: Support of Dietetics/Nutrition Practice Act" and "Action to Rescind Resolution 1990.01' Abortion: A Personal Health Choice" which were printed in the annual program and two additional Resolutions were submitted that were not printed in the program. These Resolutions were: "Youth Access to Tobacco" and "Uninsured Children in NC".

President's Comments

Randall provided an update to the membership about the status of the Executive Director's position. Due to the current status of funding, the rehiring of this position has been postponed until a review of the long range financial viability of the organization.

Meeting Adjourned.

Tamara Dempsey-Tanner
NCPHA Secretary



ASSOCIATION REPORTS

EASTERN DISTRICT NORTH CAROLINA PUBLIC HEALTH ASSOCIATION ANNUAL MEETING

The thirty-third Annual Eastern District North Carolina Public Health Association meeting was held at the Sheraton Resort Hotel, Atlantic Beach, May 5-7, 1993. The Association hosted the NCPHA Governing Council meeting on Tuesday, May 4th.

The Opening General Session on Wednesday morning provided an interesting and informative panel presentation on this year's theme: "Is Public Health Ready for the Future?" Dan Shingleton, MCC, Eastern Regional Office, DEHNR, introduced the following speakers: Dr. Charles Aquadro, private physician, Beaufort; Dr. Trenton Davis, ECU School of Allied Services, Greenville; Dr. Leah Devlin, Wake County Health Director, Raleigh; Dr. Thomas Ricketts, Sheps Center, UNC School of Public Health, Chapel Hill; Dr. Sarah Morrow, EDS, Raleigh; Dr. Thad Wester, Deputy State Health Director, DEHNR, Raleigh; and Dr. Richard House, Associate Dean, UNC School of Public Health, Chapel Hill, who moderated the panel. It was pointed out that, indeed, public health might not be ready for the future; but "public healthers" are ready, willing, able, and eager to get ready.

Section business meetings and educational workshops were held Wednesday afternoon and Thursday by the fourteen sections of the Association. An Animal



Eastern District NCPHA 1993-94 Officers: (left to right) SEATED: Delance Ellis, President; Margaret Liles, Vice-President. STANDING: Malcolm Blalock, Treasurer; Susan O'Brien, President-Elect; Debra Harris, Secretary.

Control Section was approved this year and held its first section meeting for organization and provided a workshop.

Awards were presented and officers were installed at the Awards Banquet on Thursday evening.

The Closing General Session was held Friday morning; and Mr. Rodney Kemp from Morehead City gave an upbeat, entertaining, and motivational talk on life in Carteret County and life in general.

There were 433 registered for the three-day conference--the second largest number



Outstanding Health Dept.: Carteret Co. Health Dept., Mike Hanes, Health Director

ever to attend. There were 22 exhibitors, 7 sponsors, 12 advertisers in the program, and 33 counties volunteered door prizes to be given away.

Next year's annual meeting will be held May 4-6, 1994, at the Howard Johnson Plaza Hotel in Fayetteville. Plans are already underway to publish and distribute to ED-NCPHA members three newsletters throughout the fiscal year, and committees are being set up to plan an exciting meeting.

A special thanks to all officers, section representatives, committee members, ED-NCPHA members, and attendees for making this year's program a success.

Delance Ellis
President



Career Achievement Award: Eddie Pierce, PPCC District Health Dept.



Individual Achievement: Peggie Garner, Onslow Co. Health Dept.



WNCPHA MEETS IN THE MOUNTAINS

On May 12-14, 1993 the Western North Carolina Public Health Association (WNCPHA) held its 47th annual meeting in Asheville. The theme "Public Health: Gotta Have It! The Vital Link In Health Care Reform" was echoed throughout the meetings starting with the first general session on Wednesday. Dr. Thad Wester moderated a distinguished panel of county leaders. Each panelist detailed their experience in implementing local programs that have incorporated aspects of **Healthy Carolinian 2000**. Leonard Wood, NCPHA President, followed with a legislative update on the status of Health Care Reform in North Carolina.

Some highlights of the meeting were the presentation of our first scholarships to five members, the addition of a new section-Animal Control, the tremendous support from our exhibitors, The Catalinas' great show, and the raffle of a beautiful handmade quilt donated by the Madison County Health Department. The raffle supported the Scholarship Fund and raised over \$500.00! Thanks to everyone across North Carolina who bought a raffle ticket. Everyone who stayed for the Friday morning's breakfast was treated to the inspiring words of Dr. Wayne Ates who encouraged us to "Be a Force, Not a Fizzle."

Many thanks go to the employees of Madison County Health Department for hosting this very successful meeting.

Plan to join us next year for our educational meeting in Winston-Salem!

Georgena Chandler
President, WNCPHA

NEED AN EXTRA \$50.00?

The Eastern District Newsletter is in need of a name. We are asking the members to submit names for the newsletter. A committee has been asked to select the name. The member submitting the winning name will be recognized at the annual meeting and will receive \$50.00 from the Association.

APHA MEETS IN SAN FRANCISCO IN 1993

The 121st Annual Meeting of the American Public Health Association will be held in San Francisco on October 24-28, 1993. The theme of this year's meeting is "Building Health Environments: Physical, Economic, Social, and Political Challenges". Specific environments and their impact on some issues to be addressed include: home and housing; school and education; work and workplace; city and bioregion; nation, planet and globe.

This year, more than 1,200 scientific sessions, workshops, films, poster session, exhibits and special events are planned to cover virtually every aspect of public health—from alcohol to AIDS, community health planning to environment, epidemiology to health administration, nursing, and nutrition to maternal and child health.

Please consider joining over 11,000 public health professionals from around the country and around the world at the Annual Meeting in October. If you would like more information, please contact me at (919)966-7368.

Barbara Chavious
APHA Affiliate Representative

HOTEL ACCOMMODATIONS FOR 1993 NCPHA/SOUTHERN HEALTH ASSOCIATION ANNUAL EDUCATIONAL CONFERENCE

Hotel accommodations may be made at the following hotels:

Wilmington Hilton 1-800-662-9338
(host facility)
RATES: Single/double \$85.00/night
Triple \$95.00/night
Quad \$105/night

Coast Line Inn (919)763-2800
(within walking distance of Hilton)
RATES: Single/double \$65.00/night

Howard Johnson (919) 392-1101
(5 miles from Hilton)
RATES: Flat rate \$58.00/night

All hotel reservations should be made directly with the individual hotel by August 20, 1993.

REGISTRATION FOR HEALTH EDUCATORS

Did you know that North Carolina was the first state in the country to adopt a registration process for Health Educators? More than 200 Health Educators have been registered by the NC Board of Registry since its inception in 1980.

As more employers are seeking Registered Health Educators, the Board of Registry is pleased to offer information on becoming a Registered Health Educator. As you may be aware, the qualities of Registered Health Educators include professional preparation at the undergraduate or graduate level with a major in health education, agreement to uphold professional ethics and practices, and a commitment to pursue continuing education on an annual basis so as to remain current in the practice of Health Education. Continuing education requirements must be met each year in order to maintain registered status.

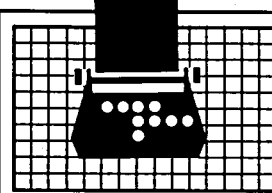
To request an initial or renewal registration packet, please contact:

Registrar
NC Board of Registry for
Health Education, Inc.
PO Box 10387
Raleigh, NC 27605

Lynne C. Beck, R.H.Ed.
NC Board of Registry

The North Carolina Public Health Association and The Southern Health Association in cooperation with The Department of Continuing Education and The Department of Public Health Western Kentucky University will provide Contact Hours (\$5.00 per hour) for Certified Health Education Specialists Application Packets will be available at the Registration Desk

CONTACT
CHES Provide #HES004-93
Ray Biggerstaff, M.P.H., Ed.D. CHES



COMMITTEE REPORTS

BYLAWS COMMITTEE PROPOSED CHANGES IN BYLAWS

The Governing Council voted at the May 4, 1993 meeting to propose to the the following changes that will be presented for a vote at the Annual Business Meeting on September 22, 1993 in Wilmington.

1. **Life Members** - *The Membership Committee Chair shall verify the applicant's qualifications and present names at the Spring Governing Council of NCPHA for information only.*

Historically, the Membership Committee and Governing Council had to approve individual applications. It is felt that if an applicant meets the qualifications as stated in the Bylaws, no approval is required.

2. **Membership Committee** - *Shall consist of a Chairman appointed by the President, to serve a one (1) year term.*

Present appointment is for a two (2) year term.

3. **Section Programs** - *Section and subsection programs shall be held at the same time and place and be coordinated with the Annual Meeting of NCPHA. Sections or subsections may have workshops, inservices and training throughout the year.*

Sections previously were required to receive approval from the President of NCPHA prior to presenting additional programs.

4. **Objective - Mission.**
Change the word "objective" to "mis-

sion" to allow the association to have a mission statement.

5. **Legislative Committee** - *The Chairman shall be appointed by the President of NCPHA to serve a one (1) year term.*

Currently the Chairman shall have previously served on the Committee and will be appointed to serve a two (2) year term by the President of NCPHA. This change will allow the current President to appoint a Chairman who may not have previously served on the committee.

1993 ANNUAL EDUCATIONAL CONFERENCE "ACTION TODAY, CHANGES TOMORROW"

The program this year will be both educational and a time for networking. The Program Committee, along with Deborah Rowe have planned a lengthy, but educational conference that you will find rewarding. We are planning to include a program at-a-glance to help you follow the agenda. Also, a brief description of the workshops will be included. If you would like to submit pictures of your speakers for the program, contact myself or Deborah. As stated in the last newsletter, we have a tour planned for those of you who want to go back "in time" and follow the footsteps of public health. Susan O'Brien, the Local Arrangements Chair, has worked diligently with the Program Chairs to secure space for the upcoming conference at the beach.

The Eastern and Western Districts will cosponsor a workshop entitled "Team Building". The speaker will be Dr. Dudley Flood, Executive Director of the North Carolina Association of School Administrators.

We would like for you to take the time to read this important newsletter and register early for the annual educational conference in September 22-24th at the riverside Wilmington Hilton. If your section is planning a luncheon, be sure to contact your section chair or assigned person for details in purchasing the tickets prior to the conference. Again, many thanks to the Program Committee.

Dicie Alston
Vice-President of Education

RESOLUTIONS COMMITTEE

The following resolutions will be presented at the Annual Business Meeting on September 22, 1993. Please review these carefully for discussion at this meeting. If you want any supporting information which accompanied the proposed resolutions, please contact the NCPHA office or the Resolutions Chairman, Barry Bass (704)982-9171.

RESOLUTION-PUBLIC HEALTH AND PUBLIC HEALTH CARE REFORM

WHEREAS, health promotion and disease prevention services are the most cost effective means of containing health care expenditures; and

WHEREAS, the greatest improvement in the health of North Carolina citizens can take place through a change in lifestyles and not through treatment of disease; and

WHEREAS, health promotion and disease prevention services not only increase years of life, plus QUALITY years of life through reduction of illness and disease, and

WHEREAS, Local Public Health Departments are one of the major providers of health promotion and disease prevention services in North Carolina;

THEREFORE, BE IT RESOLVED, that the North Carolina Public Health Association reaffirms the abilities of Local Public Health Departments to improve the health of North Carolina citizens through health promotion and disease prevention activities, and

BE IT FURTHER RESOLVED, that the North Carolina General Assembly provide substantial funding to Public Health Departments for the provision of these services as a part of any health care reform package.

RESOLUTION FOR COMPREHENSIVE SCHOOL HEALTH EDUCATION

WHEREAS motor vehicle injuries, cancer and other injuries are the leading cause of death for elementary school age children in North Carolina;

AND WHEREAS motor vehicle related injuries, homicide and suicide are the leading causes of death for middle and high school age children in North Carolina;

AND WHEREAS one-third of all North Carolina youth reported using alcohol, one out of four reported using tobacco, and one out of ten youth have used marijuana within the last 30 days of the survey period;

AND WHEREAS assaults, drug offenses, weapons violations, disorderly conduct, murder and robbery by juveniles have increased 60% statewide during the past five years;

AND WHEREAS the pregnancy rate is 68.1 for every 1,000 girls between the ages of 15-19 in North Carolina;

AND WHEREAS 35 children (age 12 and younger) and 7 adolescents have been diagnosed with HIV Disease, and 81 children and 28 adolescents have been diagnosed with AIDS in North Carolina;

AND WHEREAS children and adolescents make decisions that affect their current and future health status;

AND WHEREAS health habits are formed during childhood and adolescence;

AND WHEREAS schools provide the most effective and efficient means to offer health education to children and adolescents;

AND WHEREAS health education improves skills and provides needed information to children and adolescents to assist them in choosing healthy behaviors;

THEREFORE, BE IT RESOLVED the Health Education Section of the North Carolina Public Health Association, a Section dedicated to the promotion of health and the prevention of disease through education, supports and encourages compre-

hensive health education be provided kindergarten through twelfth grade.

RESOLUTION TO HONOR MELINDA K. MCDOWELL JUNE 7, 1993

WHEREAS, Melinda K. McDowell is deceased after more than 15 years of dedicated service in public health to the citizens of North Carolina as a nursing consultant, Division of Maternal and Child Health; and

WHEREAS, she was an active member and served on the Resolutions Committee of the North Carolina Association of Public Health Nurse Administrators; and

WHEREAS, she was an active member and served on numerous committees of both the North Carolina and Western North Carolina Public Health Associations; and

WHEREAS, she was an active member of the Mountain Area Hospice in Asheville; and

WHEREAS, she provided grief counseling to parents of SIDS babies, and Compassionate Friends of Asheville; and

WHEREAS, she has been an advocate for local health departments in Maternal and Child Health; and

WHEREAS, she served on the board of the Area March of Dimes; and

WHEREAS, she was active on the Western Regional Perinatal Committee and the North Carolina Statewide Perinatal Council;

THEREFORE, BE IT RESOLVED, that the North Carolina Public Health Association go on record as honoring Melinda K. McDowell and that a copy of this resolution be sent to her daughter;

BE IT FURTHER RESOLVED that a copy of this resolution be sent to Dr. Ronald H. Levine, State Health Director; Dr. Ann F. Wolfe, Director, Division of Maternal and Child Health; and Mr. Kent Campbell, Regional Supervisor, Maternal and Child Health Services, Black Mountain Office, Asheville Region.

AUDIT COMMITTEE REPORT

The duties of the Auditing Committee are to: examine the financial records of NCPHA for the period of January 1, 1992 through December 31, 1992, hereafter referred to as the fiscal year; the report is to be submitted to the Governing Council at the meeting prior to the Annual Meeting; and submit copies of all reports to the Executive Committee and/or Governing Council and to the Secretary of NCPHA.

The Auditing Committee is composed

of: Stacy Covil, DEHNR in Raleigh, Thornton B. Haynes (Chairman), DEHNR in Raleigh, and Terry Pierce, Transylvania County Health Department in Brevard. The committee met with: Sylvia Daniel (out-going treasurer), Mecklenburg County Health Department; Eunice Inman (incoming treasurer), Robeson County Health Department; and Deborah Rowe, NCPHA Administrative Assistant. The meeting was held on March 11, 1993, at the NCPHA office in Raleigh.

In the opinion of the "Committee" the financial transactions reflected the revenues, expenditures and cash position of NCPHA for the period of January 1, 1992, through December 31, 1992, were as follows:

December 31, 1992	
SECU Share Account	\$45.86
SECU Money Market	58,515.11
SECU Salary Account	4,630.31
First Union Checking	<u>11,445.99</u>
	\$74,637.27

The actual balance represents a \$6,384.01 decrease over the 12/31/91 actual balance. This was due to the withdrawal of funds from the Money Market account to assist with operations expenses. There were no withdrawals from the "special fund"-NCPHA Executive Development Fund.

Of the two recommendations made by the Audit Committee last year, one has been implemented and the second one partially. The changes regarding the budget descriptions of the Salary item and how the expenditures are coded has been completed. The second recommendation pertaining to contracting for an independent audit was partially implemented. The Association did have Clinebelle, Miller, and Company, certified public accountants, to prepare the IRS Form 990-Return of Organization Exempt from Income Tax.

The Audit Committee this year is submitting two recommendations:

1. Entries should be made in the computer ledger at the time the checks are written. Presently, the entries are being made when the checks are returned.
2. Review the Money Market account to see if there are other avenues that the "account" can earn more interest.

The Auditing Committee wishes to commend Ms. Deborah Rowe for her cooperation and manner by which she performed her duties in such an exemplary way.

Thornton B. Haynes
Chair

North Carolina Public Health Association and Southern Health Association 1993 Annual Educational Conference Action Today Changes Tomorrow

Tuesday, September 21, 1993

10:00 a.m. - 3:00 p.m. NCPHA Governing Council

10:00 a.m. - 5:00 p.m. Southern Health Assoc. Governing Council

10:00 a.m. - 5:00 p.m. Environmental Health State of Practice Committee

1:00 p.m. - 5:00 p.m. NC Association of Local Health Directors

3:00 p.m. Registration Opens

7:00 - 9:00 p.m. Environmental Health Section Executive Committee

Wednesday, September 22, 1993

7:30 a.m. - 5:00 p.m. Registration

8:30 a.m. - 11:30 a.m. First General Session

 Keynote Speaker Dr. Helen Rodriguez-Trias
 Topic APHA President
 "Public Health Professional and Health Care Reform"

 Keynote Speaker Larry Gordon
 Topic University of New Mexico
 (Sponsored by Southern Health Association)
 "The Future of Environmental Health"

11:30 a.m. - 12:00 noon NCPHA Business Meeting

12:30 p.m. - 1:30 p.m. NCPHA Past President/Life Member Luncheon

12:00 noon - 5:30 p.m. Exhibit Area Open

12:00 noon - 5:00 p.m. Management Support Business Meeting/Award Luncheon

1:00 p.m. - 3:00 p.m.

CHAT Section
Business Meeting/Award Presentation

1:00 p.m. - 3:00 p.m.

Children w/Special Needs/Dental Health/Public Health Management Workshop
"Lifestyle Management-Strategies for Busy People"

Bruce A. Baldwin, Ph.D.
Director of Direction Dynamics

1:00 p.m. - 2:00 p.m.

STD Section Workshop
"CDC Update"
Roger Follas

1:00 p.m. - 5:00 p.m.

Environmental Health Section Business Meeting

1:00 p.m. - 5:00 p.m.

Health Education, MCH Sections Workshop
"Adolescent Sexuality in the 90's"
Linda A. Berne, Ed.D.
Professor, UNC Charlotte

2:00 - 3:00 p.m.

STD Section-Carolina Room
Business Meeting/Awards Presentation

3:00 - 5:00 p.m.

History of Public Health in NC-With a focus on Wilmington-Slide Presentation
Dan Shingleton, NCPHA Historian

3:00 - 4:00 p.m.

Statistics/Epidemiology
Awards Presentation/Business Meeting

3:00 - 5:00 p.m.

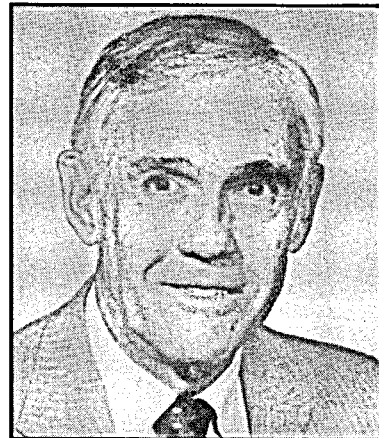
Dental Health Section
Business Meeting

3:00 - 5:00 p.m.

Physician Extenders
Workshop



Dr. Helen Rodriguez-Trias



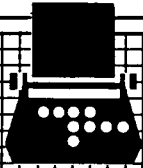
Mr. Larry Gordon

	"What's New at the NC Board of Medical Examiners that Affects Physician Extenders in Practice"	12:00 - 1:00 p.m.	Environmental Health Award Luncheon
6:00 - 7:30 p.m.	Membership Reception	12:00 - 1:30 p.m.	Nutrition Section Business Meeting
9:00 p.m. - 1:00 a.m.	Dance	12:00 - 3:00 p.m.	Laboratory Award Luncheon/Business Meeting
Thursday, September 23, 1993			
7:30 - 9:00 a.m.	Continental Breakfast Exhibit Area	12:30 - 2:00 p.m.	Nursing Section Award Luncheon & Business Meeting
7:30 a.m. - 1:00 p.m.	Exhibit Area Open	12:30 - 2:30 p.m.	Health Education Section Awards Luncheon/Business Meeting
9:00 a.m. - 12:00 noon	Southern Health Association Leadership Conference Lead Symposium	1:00 - 2:00 p.m.	Environmental Health Section Luncheon Workshop "National Sanitation Foundation Michael Farnsworth National Sanitation Foundation, International
Speakers	J. Rout Reigart, M.D. Professor of Pediatrics Medical University of SC Charleston, SC	1:00 - 2:45 p.m.	Social Work Section Awards Luncheon/Business Meeting
	Dwalla Griffin, RN, Administrator Division of Preventive Health Services Jefferson County Health Department Louisville, KY	1:00 - 3:00 p.m.	"Team Building" Dudley Flood Executive Director NC Association of School Administrators (Sponsored by Eastern District NCPHA and Western NCPHA)
	Judy Nielsen, Coordinator Lead Program Jefferson County Health Department Louisville, KY	1:00 - 3:00 p.m.	STD Section Workshop "Indian Health Services" Roger Follas
8:45 a.m. - 12:00 noon	Wilmington Tour of Public Health History Limited to first 40 Pre-registered guests		"Focus on Uganda" Roger Follas
9:00 a.m. - 10:30 a.m.	Vector Control Section Workshop "Emerging Vector-Borne Diseases" Dr. Bruce Harrison, Medical Entomologist, NC Dept. of Env., Health, & Natural Resources	1:00 - 3:00 p.m.	Physician Extenders Workshop "HIV-Epidemiological and Clinical Update"
	"Open Marsh Water Management (OMWM) for Mosquito Control" Dr. Alice Anderson, Medical Entomologist NC Dept. of Env., Health, & Natural Resources	1:00 - 3:00 p.m.	Children w/Special Needs Business Meeting/Awards Presentation
	"The Fire Ant in North Carolina" Lloyd Garcia, Entomologist Plant Protection Section NC Department of Agriculture	1:00 - 3:00 p.m.	Statistics and Epidemiology Workshop "Peter, Paul, and Meri(wether): Immunization Strategies"
10:30 a.m. - 12:00 noon	Environmental Health Section Workshop "Industrial Process Wastewater"		"Access to Immunization-A Local Perspective" Peter Morris, M.D. Deputy Director, Maternal & Child Health Wake County Health Department
	Bashar Al-Masri NC Dept. of Env., Health, & Natural Resources		"Health Belief Model" Paul Garrison Deputy Branch Head, Immunization Branch NC Dept. of Env., Health, & Natural Resources
12:00 - 1:00 p.m.	MCH Business Meeting/Awards Presentation		

	<p>"Missed Opportunities, IAP and All Kids Count Updates" Rebecca A. Meriwether, M.D. Deputy Section Chief, Communicable Disease Section NC Dept. of Env., Health, & Natural Resources</p>	4:30 - 5:00 p.m.	<p>Environmental Health Section Workshop "USFDA Computer Program" Susan Grayson NC Dept. of Env., Health, and Natural Resources</p> <p>Barney Kane, Ph.D. East Carolina University Environmental Health</p>
1:00 - 4:30 p.m.	<p>Management Support Section Workshop "Guaranteeing Action Today"</p>		
1:45 - 5:00 p.m.	<p>Wilmington Tour of Public Health History Limited to first 40 Pre-registered guests</p>	4:30 - 5:00 p.m.	<p>Adult Health Section Business Meeting</p>
3:00 - 4:30 p.m.	<p>Adult Health Section Awards Presentation Health Educators Section Workshop "Once is Not Enough - Women's Screening Issues"</p> <p>Barbara K. Rimer, Dr.P.H. Director of Cancer Prevention, Detection & Control Duke University Medical Center</p> <p>Rudolph S. Jackson, M.B.A., Dr. P.H. Associate Professor NC Central University</p> <p>Debbie Holden, M.S. Cancer Control Program Manager NC Dept. of Env., Health, & Natural Resources</p>	5:30 - 6:30 p.m.	<p>UNC School of Public Health Alumni Association Wine and Cheese Reception</p>
		7:00 - 9:00 p.m.	<p>NC Public Health Association and Southern Health Association Awards Banquet</p>
		9:00 p.m. - 1:00 a.m.	<p>Dance</p>
		Friday, September 24, 1993	
		9:00 a.m. - 10:00 a.m.	<p>NCPHA Business Meeting/Section Award Recognition</p> <p>Presiding Leonard Wood, 1993 President President-Elect Address Jim Jones, 1994 President</p>
3:00 - 4:30 p.m.	<p>Environmental Health Section Workshop "Microbiology Problems - Current and Future" William Hebert USFDA-Atlanta, GA</p>	9:00 - 10:00 a.m.	<p>Southern Health Business Meeting Ted Hanekamp, President</p>
		10:30 - 11:30 a.m.	<p>Closing Session Dale Van Horn</p>
3:00 - 5:00 p.m.	<p>Laboratory Workshop "CD4 Lymphocyte Counts-Monitors of HIV Infection" Linwood Carlton Pitt County Memorial Hospital</p>		
			<p>Topic "What A Difference You Make"</p>
3:00 - 5:00 p.m.	<p>Nursing, CHAT, MCH Section Workshop "A Celebration-100 Years of Public Health Nursing-A Century of Caring"</p>	11:30 a.m.	<p>Door Prize</p>
3:00 - 5:00 p.m.	<p>Nutrition/Social Work Section Workshop "Communication and Empowerment of the Professional and the Client" Cheryl Scott Director of Mental Health Education Coastal AHEC</p> <p>Dr. Delilah Blanks Professor Emeritus UNC-Wilmington School of Social Work</p>	12:00 noon	<p>Adjourn</p>
3:00 - 5:00 p.m.	<p>Physician Extenders Business Meeting</p>		
3:00 - 5:00 p.m.	<p>Public Health Management Business Meeting</p>		



Mr. Dale Van Horn



NEWS FROM THE SECTIONS

SOCIAL WORK SECTION

The Social Work section will be co-sponsoring a workshop with the Nutrition section on Thursday, September 23, 1993. We will have two speakers: Cheryl Scott, Director Mental Health Education, Coastal AHEC and Dr. Delilah Blanks, Professor Emeritus, UNC Wilmington School of Social Work, "Communication and Empowerment of the Professional and the Client". Our business luncheon and auction will take place prior to the workshop at Elijah's Restaurant on the waterfront.

Due to popular demand, we will repeat the auction we sponsored last year. In 1992, the auction raised \$114.00 which was applied to speaker honorariums and other section expenses. In order for this year's auction to be a success, we need items to be donated. If you wish to donate an item, please send a description of the items (and its value) to Janet Thomas at the Washington Regional office, PO Box 2188, Washington, NC 27889. These donations are tax-deductible and a receipt will be provided.

We encourage everyone to participate in both our educational programs and our fun-filled extracurricular activities!

Sam West
Chair

LABORATORY SECTION

On behalf of the Laboratory Section membership, I made visits during May to both Eastern District and Western NCPHA annual meetings. It was good to see Section members I know by name only, as well as laboratorians who are active on the district level but who do not have membership in NCPHA Lab Section. We need the support of all of you, and I hope I expressed that satisfactorily to both groups, as well as my

thanks for all the great hospitality.

Lab Section programs to both meetings were stimulating and closely attuned to the needs of those in attendance. Georgena Chandler and David Stone hit a grand-slam home run with their day-long program in Atlantic Beach called "QA: Quit Asking! Gotta Have It!" In Asheville, the topics were "Professional Visibility" and Negotiating Skills", both by Gary Bickford, MS, an account executive with DuPont. Award winners abounded: the Eastern District Lab Section Laboratorian of the Year for 1993 is Diane Vosnock of New Hanover County Health Department; the Western NCPHA Lab Section Alexander-Sayers Award winner for 1993 is Debbie Reeves of Macon County Health Department; and Paula Carden of Jackson County Health Department won a WNCPHA scholarship to continue her coursework toward a BSMT. Congratulations to all!

September is looming on the calendar, in case you haven't noticed. Great things are in store for the Lab Section in Wilmington, so make your plans now.

Cherry Horn

MCH SECTION

It will be a great meeting! Our plan for the 1993 Annual Meeting in Wilmington include co-sponsorship of two dynamic programs of interest to all who live and love Maternal and Child Health.

On Wednesday (9/22) Health Education and MCH Sections will co-sponsor Linda Bern, Ed.D., speaking about "Adolescent Sexuality in the 90's". She will review the issues, data and current research, and then update us on effective strategies and programs for reaching youth. Dr. Berne is a popular and engaging speaker, so don't miss this chance to learn from a leader.

Thursday (9/23) will be busy day for MCH members. The morning offers a Lead

Symposium for all conference participants. Then at noon the annual MCH Business Meeting and Awards Ceremony will be held. At 3:00 p.m. we will join "A Celebration-100 Years of Public Health Nursing" co-sponsored by Nursing, MCH, and Community Health Assistants Sections.

Please be thinking about nominations for the annual MCH awards to be presented in September. An award nomination information letter will be sent to all Section members this summer. A nomination is a terrific way to publicly honor a worthy colleague for dedication and service to public health. Watch your mailbox for the chance to bestow this honor.

Your MCH Executive Committee will be busy this summer developing a Manual of Procedures for our Section. If you would like more information about this project or any other MCH Section news, please contact me at the DEHNR Washington Regional Office (919)946-6481, or Betty Jo McCorkle (Section Chair) at the New Hanover County Health Department.

Tamara Hower
Vice-Chair

NUTRITION SECTION BERTLYN BOSLEY AWARD

Any NCPHA member is invited to nominate an individual for the Bertlyn Bosley Award for Excellence in Public Health Nutrition. The nomination should be based on achievements and services accomplished in the past year and/or previous years. Criteria for selection of the award includes innovativeness, dedication to the population served, advocacy for public health nutrition, and demonstration of leadership in the field. NCPHA members interested in submitting a nomination, should contact Josephine Cialone at (919)733-7437 for additional information. All nominations must be received by July 30, 1993.

HEALTH EDUCATION SECTION

Looking for something really special this year at the Annual Educational Conference? The Health Education Section and co-sponsor, Maternal/Child Health Section, will bring you Linda Berne, Ed.D., professor at UNC-Charlotte on Wednesday, September 22nd from 1-5 p.m. The program is entitled Adolescent Sexuality in the 90's. On Thursday, September 23rd from 3-5 p.m., the section will co-sponsor Once is Not Enough-Women's Screening Issues along with Adult Health Section.

The Health Education Section Business Meeting and Awards Luncheon will be held on Thursday from 12:30-2:30 p.m. at Crooks Corner (walking distance from the hotel). Registration forms will be sent in August. Contact Ken Morgan (919)968-4453 for more information.

Award nomination packets were mailed in June to all Health Educators in North Carolina. Take the time to make someone feel special and to let other Health Educators know about their accomplishments. Nominations are due by August 6th. Contact Kristen Goff at (919)250-3989 for more information or if you did not receive your packet.

The section will pay one of our present members' 93-94 NCPHA Membership. It could be you! All you have to do is to sponsor a new section member by the annual meeting. Make sure you sign their membership application. A drawing of those sponsors will be held at our luncheon during the conference. Contact Andrea Savage at (919)338-2167 for more information.

Your Executive Committee looks forward to seeing you in Wilmington.

Tena Bullins
Chair

PHYSICIAN EXTENDER SECTION

The Physician Extender section of NCPHA is looking forward to not only an informative continuing education program, but a timely one. Recent developments with the NC Board of Medical Examiners regarding physician extender practice

prompted arrangements with the NC Board of Medical Examiners for an update. With health care reform on the horizon, regulatory change could impact on the utilization of physician extenders in the provision of health care. On Wednesday, September 23, 1993 from 3:00-5:00 pm, Diane Meelheim from the NC Board of Medical Examiners will present information in her presentation "What's New at the NC Board of Medical Examiners that Affects Physician Extenders and Practice."

HIV was chosen as the clinical topic. HIV presents many issues and health conditions which must be managed in many practice areas whether in women's health, child health, or a STD clinic. On Thursday, September 23rd, from 1:00-3:00 p.m., Dr. Peter Leone from Wake County Health Department will speak on HIV in his presentation entitled "HIV-Epidemiology and Clinical Update".

Our business section will meet Thursday, September 23rd from 3:00-5:00 p.m. During the business section portion, three awards will be presented again this year recognizing those who are diligent and dedicated to their profession and public health: Special Contribution/Achievement Award, Performance Award and Certificate of Merit. Myself or any officer may be contacted for an application to nominate a physician extender who is a member of NCPHA and our section.

In closing, I would like to recognize Nancy White and Deborah Warren, two of our section members, who are running for an office with NCPHA. Good luck Nancy and Deborah.

Alisa Weber
Chair

MANAGEMENT SUPPORT SECTION

The NCPHA Management Support Section held its Executive Board Meeting in April 16, 1993. Pattie Smith, Continuing Education Chairman presented the survey results regarding the summer workshops. The Executive Board approved two workshops, one held in Charlotte on June 11, 1993, and one in Greenville on June 17, 1993. The topics included "Dealing with the Angry Citizen and Sexual Harassment in

the Workplace". The speaker was Ken Gibson, Organizational Development Specialist, with the Guilford County Personnel Department.

The Executive Board is working hard on the programs for the upcoming Annual Educational Conference which will be held in Wilmington in September. Again, this year, there will be a luncheon for the membership. If you plan to attend, please notify Nancy Berry at (704)369-9526.

I challenge each of you promote and encourage others to join NCPHA in order to strengthen our membership!

Sandi Baxley
Chair

COMMUNITY HEALTH ASSISTANT/TECHNICIAN SECTION

The Executive Committee held a meeting in Winston-Salem, NC on April 30, 1993.

The topic of discussion was the annual workshop held at Camp Caraway on July 16, 1993 in Asheboro, NC.

Registration forms will be mailed to local health departments about this year's program entitled "Safety in Practice".

The program will consist of a panel discussion by four presenters from various areas on "Driving Safety" by the highway patrol, "Personal Safety" by a physical therapist and tips on home visitings, "Universal Precaution" from the Occupational Health Section of NEHR, and "Patient Safety" in the home and clinic by our nurse liaison.

The program will climax with the announcements of our first scholarship award and the CHAT of the Year Award.

The CHAT Section will hold elections at the NCPHA meeting in Wilmington, NC on September 22, 1993. Members interested in holding a position should be a paid member and present at this meeting.

Barbara Faison

STATISTICS AND EPIDEMIOLOGY SECTION

The need to raise immunization levels is on everyone's mind these days. Our section will present a workshop entitled "Peter, Paul, and Meri(wether)" on Thursday from 1:00-3:00 pm to offer strategies toward this effort. The three speakers will discuss different aspects of the immunization effort. Dr. Peter Morris from the Wake County Health Department will discuss access to immunizations from a local perspective and include unique approaches that the health department has tried. Paul Garrison from the NC Immunization Branch will speak on the health belief model. Dr. Rebecca Meriwether from the NC Communicable Disease Section will present data on missed opportunities on the Immunization Action Plan and the All Kids County project.

NURSING SECTION

The officers of the Public Health Nursing Section for 1992-1993 are:

Peggy R. Ellis	President
Lou Ann Stallings	President-Elect
Betsy Pierce	1st Vice Chair of Education
Victoria Smith	2nd Vice Chair of Communication
Pat McCall	Secretary
Brenda Truitt	Treasurer
Mary "Suggie" Styres	Past President

We invite you to attend our annual awards luncheon and business meeting September 23, 1993 from 12:00 p.m. until 2:30 p.m. This is a special year for the nurses-it's our 100th Birthday.

Please nurses join us in our Birthday Celebration from 3:00 p.m. to 5:00 p.m. on the same day with a presentation by Racheal Stevens and other surprises-celebrate your profession and yourselves-we nurses have come a long way and deserve the recognition!!

NCPHA PATRONS

Twenty NCPHA members have contributed an additional \$25.00 to become a NCPHA Patron Member. We deeply appreciate the generosity of these members:

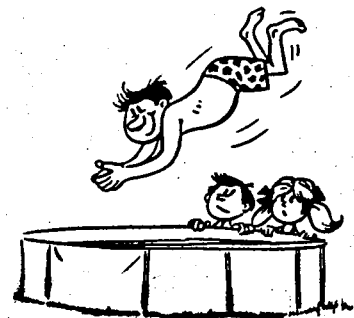
Leonard Wood-Health Director, Catawba County Health Department
Susan O'Brien-Laboratory Director, New Hanover County Health Department
Dr. Paul Williams-Physician, CRIST Clinic for Women
Michael Rhodes-Health Director, Brunswick County Health Department
Evelyn Schaffer-Nursing Director, Rowan County Health Department
Richard Clayton-Regional Environmental Health Specialist, Washington Regional Office
Dr. James Tenney-Health Director, Buncombe County Health Department
Dr. Jean Spratt-Director, NC Division of Dental Health
Jo Williams-Nursing Consultant, NC DEHNR-TB Branch
Tom Elkins-Executive Director, NC Association of Plumbing, Heating, and Cooling Contractors
Deborah Warren-Family Nurse Practitioner, Harnett County Health Department
Hoyt Ponder-Director, Western Carolina Developmental Evaluation Center
Dr. Jimmie Rhyne-Retired
Newsom Williams-Director, New Bern Developmental Evaluation Center
Maida Dundon-Nursing Consultant, NC DEHNR-Winston-Salem Regional Office
Daniel Shingleton-MCH Supervisor, NC DEHNR-Washington Regional Office
Edna Hensey-Chief, Office of Dental Health Education-NC DEHNR-Dental Health
Frank Barr-Retired
Elizabeth Berryhill-MCH Nurse Consultant
Jack Moore-Environmental Health Program Coordinator, Northampton County Health Department

**DON'T MISS THE
EXCITEMENT!!!
Join us at the 1993
AEC in Wilmington.**

WELCOME MAT

We are fortunate to have 21 new members to join us for the period of February 26, 1993 to June 10, 1993. We appreciate their support and encourage them to become active participants in our Association. Please take the opportunity to welcome our new members into our organization:

Macon County Health Department-Richard Ledford
UNC School of Public Health-Miklos Paulovits
DEHNR Division of Adult Health Promotion-Teresa Boomhower
Brunswick County Health Department-Christine Stewart, Douglas Moriarity
Guilford County Health Department-Deborah Faulkoner, Teresa Tollison
Northampton County Health Department-Catherine Faison
Person County Health Department-Russell Jones
Johnston County Health Department-Kathy Renfrow
Student-Marybeth Cassely
Martin-Washington-Tyrrell Health District-Lisa Johnson
Appalachian District Health Department-Deborah Joines
Burke County Health Department-Joseph Cole
Franklin County Health Department-Shirley Southall, Beth Darnell
Lee County Health Department-Dawn Ball
Wayne County Health Department-Rose Wagner
Triad Sickle Cell Anemia Foundation-Marietta Douglas
Cumberland County Health Department-Ann Morrison
Consultant-Hood Richardson



NORTH CAROLINA PUBLIC HEALTH ASSOCIATION
 ANNUAL MEETING PRE-REGISTRATION
 SEPTEMBER 22-24, 1993
 HILTON HOTEL
 WILMINGTON, N.C.

**PRE-REGISTRATION MUST BE POSTMARKED BY SEPTEMBER 13, 1993 TO:
 NCPHA**

**1009 Dresser Court
 Raleigh, NC 27609**

NO PRE-REGISTRATION OR REFUNDS AFTER THIS DATE

NAME (PLEASE PRINT) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYER _____ SECTION AFFILIATION _____

FULL CONFERENCE:

PRE-REGISTRATION (MEMBER)	\$60.00	\$ _____
PRE-REGISTRATION (NON-MEMBER)	\$95.00	\$ _____
ON-SITE REGISTRATION (MEMBER)	\$70.00	\$ _____
ON-SITE REGISTRATION (NON-MEMBER)	\$105.00	\$ _____

ONE-DAY:

PRE-REGISTRATION (MEMBER)	\$30.00	\$ _____
PRE-REGISTRATION (NON-MEMBER)	\$65.00	\$ _____
ON-SITE REGISTRATION (MEMBER)	\$35.00	\$ _____
ON-SITE REGISTRATION (NON-MEMBER)	\$70.00	\$ _____

DAY MUST BE DESIGNATED: _____

STUDENT AND RETIREE: 1/2 OF APPROPRIATE REGISTRATION FEE \$ _____

BANQUET: \$25.00 \$ _____

TOTAL REGISTRATION

NCPHA ANNUAL DUES: (OCTOBER-SEPTEMBER) \$ _____

- If salary is less than \$20,000 = \$25.00
- If salary is \$20,000-\$35,000 = \$35.00
- If salary is greater than \$35,000= \$45.00

SECTION DUES:

Public Health Management (1) \$3.00	Health Education (7) \$5.00
Statistics/Epidemiology (SE) \$2.00	STD (8) \$4.00
Adult Health (A) \$5.00	Nursing (2) \$4.00
Physician Extenders (PE) \$5.00	Laboratory(6) \$4.00
Children w/Special Needs (D) \$5.00	Nutrition (5) \$5.00
Community Health Ast. (2A) \$3.00	Social Work (SW) \$3.00
Environmental Health (3) \$7.00	Vector Control (V) \$3.00
Maternal & Child Health (MC)\$2.00	Dental Health (Y) \$5.00
Management Support (4) \$3.00	

Total Amount Received \$ _____

Wilmington Walking Tour-Thursdays am _____ (No Charge)
 Wilmington Walking Tour-Thursdays pm _____ (No Charge)

Each tour will be limited to the first forty (40) pre-registrants.

**NORTH CAROLINA
PUBLIC HEALTH ASSOCIATION, INC.**
1009 DRESSER COURT
RALEIGH, NORTH CAROLINA 27609
(919)872-6274
FAX (919)878-8427

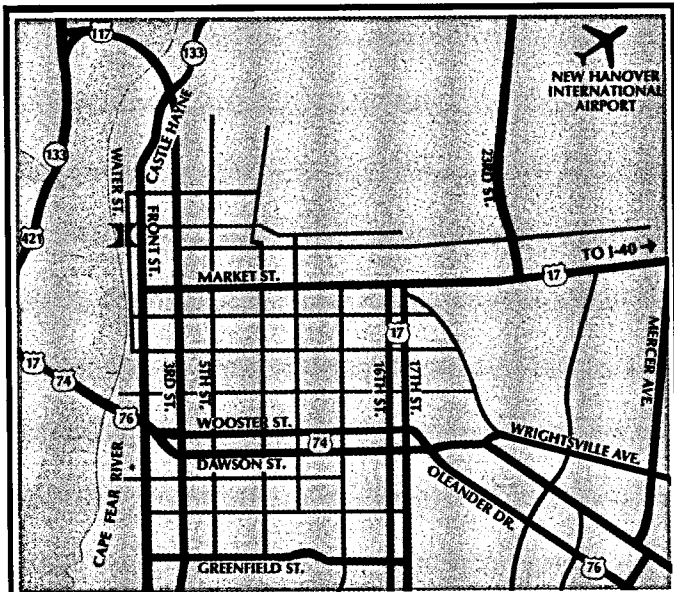
The Newsletter is a publication of the North Carolina Public Health Association. The next edition will be in December, 1993. Articles should be submitted by November 1, 1993.

Deborah Rowe, Administrative Assistant

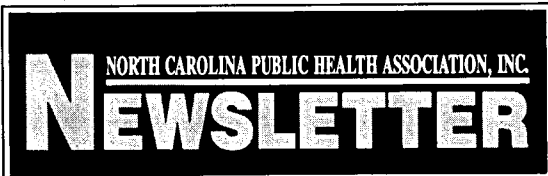
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Vice President of Communication
(704)336-6442

Authors are responsible for views
expressed in signed articles.



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North Carolina Public Health

FORUM

Summer, 1993

Volume 2, Issue 1

Dedicated to Improving Public Health in North Carolina



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**The North Carolina Environmental Health
Specialists' Training Program**

Cover: Environmental activist group demonstration during the siting of Hazardous Waste Treatment Facility in North Carolina. (Photo courtesy of *The Butner-Creedmoor News*, Creedmoor, N.C.)

FROM THE EDITOR

Trenton G. Davis

Kudos to all who helped make the first issue of the *Forum* a success! To Dan Shingleton who had an idea that it was time for NCPHA to sponsor a journal. To the Governing Council and leadership of NCPHA who recognized a good idea and were willing to take a risk! To members of the Publications Committee who made decisions about topics to be included in the first issue and subsequent issues. To the authors who willingly contributed their time. To Deborah Rowe, Elizabeth Byars, and Evelyn McCauley who translated the idea into a tangible product. And finally, to the readers who have responded so enthusiastically to the first issue and who have expressed their support for future issues.

Dan suggested in his editorial in the first issue (Vol. 1, Issue 1) that if the journal reached its "walking stage", then other actions should be taken. One of those actions was the establishment of an Editorial Board. By the time this issue is published, the Governing Council will have taken action on this matter. The Editorial Board will provide guidance for the *Forum*. Its membership will be two Co-Editors, a Managing Editor, and a Technical Editor. One representative of the Department of Environment, Health, and Natural Resources, a representative of three NC schools of higher education, one representative from the Local Health Directors Association, one representative of NC Association of Boards of Health, and a representative of Citizens for Public Health will be invited to serve as an advisory board.

Trenton G. Davis, Dr.P.H.,
is a professor of
Environmental Health at
East Carolina University,
Greenville, NC. He is editor
of the Journal of
Environmental Health.

It is envisioned that two issues will be published per year for the foreseeable future during which time the Editorial Board and the Governing Council will continue to evaluate the operation. Changes will be made as necessary to improve the process and product. Recommendations and suggestions from readers and members of NCPHA are encouraged.

Correspondence to:
Trenton G. Davis
Environmental Health
Department
East Carolina University
Greenville, NC 27858

There are many issues to address in the future as the *Forum* matures. The matter of refereed articles will be addressed as will consideration of articles written by public health professionals from other states, etc. The list goes on!

I am personally gratified and honored to be a part of the *Forum* and look forward to working with all of you in the future.

HEALTH SYSTEM REFORM AND PUBLIC HEALTH

Ronald H. Levine

There is considerable recent speculation concerning the future we face in public health as our state and nation grapple with health system reform. It is my view, and I regret to admit it, that the plight of the lower socioeconomic uninsured persons, profound as it continues to be, might never have started these engines of change. However, once middle-class America, including you and me and our families, felt a heavy impact of declining coverage and higher out-of-pocket costs; once workers in business and industry saw employer-provided health insurance absorb more than half of their projected wage increases and non-medical fringe benefits; and, once the government realized that only three budget categories projected to grow at all over the next ten years are Medicare, Medicaid, and interest on the federal debt; then, and only then, the inevitability of profound change in the way we provide and finance medical care in the U.S. became apparent. Remember what Victor Hugo said, "Neither an army, nor a legislature, nor an armed sheriff can withstand the strength of an idea whose time has come."

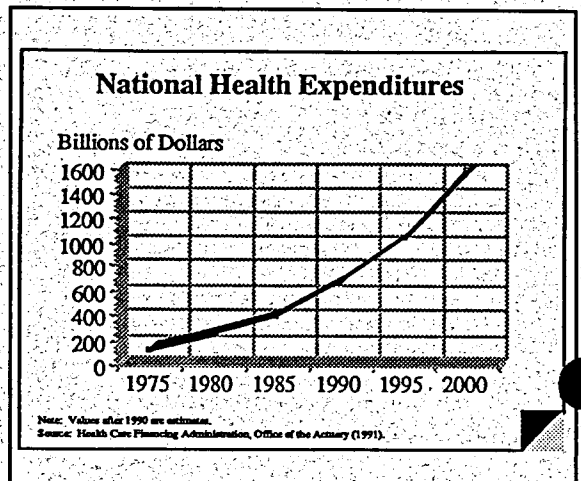
Although not causal, other associated adverse impacts from the current crisis are being perceived. The National Academy of Sciences recently warned that the medical insurance crisis had reached a level where it is blocking improvements in the overall health of Americans. It pointed out that "Successes like improvements in breast cancer screening are counterbalanced by the return of diseases that can be avoided." The Academy further estimated that as much as one-third or one-half of the gap between the death rates of middle-aged blacks and middle-aged whites could be due to access problems faced by blacks.

We are well aware of the oft-quoted statistics, such as thirty-seven million Americans are unable to receive adequate health care because they do not have health insurance, not to mention the additional millions of people with policies that do not protect them from a wide range of catastrophic illness. The American Public Health Association has stated that most Americans are two paychecks away from medical indigence. Is it really possible that America occupies 26th place in the world in terms of heart disease, 21st in infant mortality, 15th place in the world of nations in terms of life expectancy for males and 8th for females and yet is spending from 50 to 300 percent more per capita than the industrialized nations with which we compete? Indeed it is! It appears that we will hit the magic number of one trillion dollars spent on health care per year in this nation in the upcoming months. Let me place one trillion in perspective. If we were to go back a million seconds, we would reach the time of two weeks ago. A billion seconds ago, translates

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Figure 1



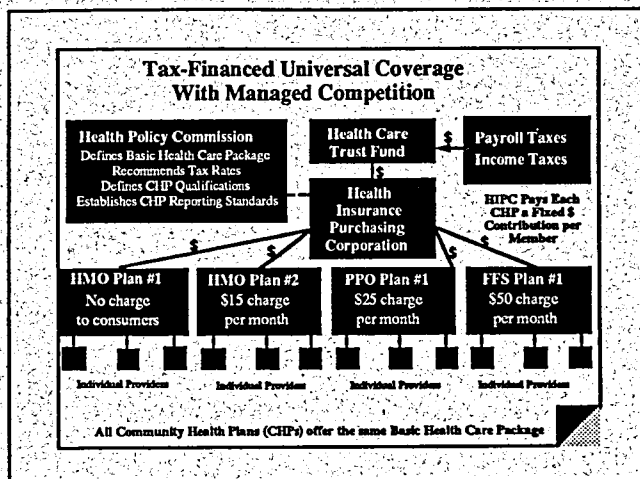
to December 1963. Now for the shocker: One trillion seconds ago, the dinosaurs walked the earth. It can be seen that the notion of expending one trillion dollars a year just on health care in this nation is really mind-boggling. It certainly is an overwhelming challenge for the business community and threatens our ability to be competitive in the world and to advance economically. It is really discouraging to know how much of the cost of a new car is due to medical premiums paid by the auto industry for its workers. Figure 1 illustrates the paradox contained in this cost-effectiveness equation. Comparing the expenditure curve with several "outcome" curves, one can see that the desired reciprocal relationship can only be observed with infant mortality. Not let's shift focus from problem to solution.

As indicated earlier, reform will probably be initially driven to contain costs rather than to assure quality and easy accessibility of services. That will indeed be unfortunate but I believe is realistic. In fact, it will be people such as we and our sister health professions that will need to be the voices for addressing the quality and accessibility issues with the same vigor that the people with the green eye-shades are addressing the cost side of the equation. The editor of the journal of the American Medical Association has listed for us his principles for a successful health system reform scheme. There are ten of them, and I quote: "The plan must . . .

- Provide access to basic medical care for all of our people
 - Provide real cost control
 - Promote continuing quality
 - Limit professional liability
 - Reduce administrative hassle
 - Retain necessary patient and physician autonomy
 - Consider long-term care
 - Encourage primary care
 - Enhance disease prevention
 - And possess staying power."
- A tall order, I grant you, but not beyond the capacity of the richest nation on earth.

The prevailing model appears to be the so-called managed competition proposal which preserves a role for a scaled-down health insurance industry and provides a giant nudge towards virtually universal managed care. The means for funding all the additional citizens to be covered vary considerably in the various proposals. Figure 2 shows one plan being seriously considered in North Carolina.

Figure 2



**PREVENTIVE
MEDICINE AND PUBLIC
HEALTH**

Let us turn now to the issue of preventive medicine and public health under a system of universal access. The good news is that virtually every scheme advanced to this point places significant emphasis on the importance of readily available clinical preventive services. We in public health have, for many years, pointed out the problems with the current manner in which resources are allocated for preventive versus curative care. We still have a long way to go before every health care provider routinely asks his or her elderly patient when she was last screened for cervical cancer and routinely recommends age-appropriate mammograms. Smoking cessation assistance still too often consists of something like "you really ought to stop smoking" instead of proven, successful methods. The good news is that the incorporation of such forms of clinical preventive medicine in a manner that would enhance utilization such as the absence of co-payments and deductibles for those particular services is a feature of most of the health reform plans. Fellow public health practitioners, I believe they are finally heeding the message that we have been trying to articulate for so many years.

But where does that leave us as an institution, as a partner with other health care providers, as a family of care givers with a very high level of motivation, compassion, and excellence in spite of the political and financial beating we have collectively been taking in recent years, so vividly described in the recent Institute of Medicine report? Of course, the worst case scenario is that we will wither and die, an outcome that has been projected in analogous fashion for the public school system should we have free choice of private schooling with government provided vouchers. Institutions do die whether they be soda fountains, quilting bees, Turkish baths.

**WE CAN'T JUST LET
THINGS HAPPEN!**

We cannot permit that to happen, not just on behalf of those of us who have given our lives to this profession but in order to enhance the prospects for better health for Americans as a result of health system reform. But I want to make a point here, that I'll make again! We can't just let things happen! We in public health have to, at least in part, master our own fates and actively involve ourselves in the hard negotiations and discussion to come. Oliver Wendell Holmes once said, "I find the great thing in this world is not so much where we stand, as in what direction we are moving . . . we must sail sometimes with the wind and sometimes against it, — but we must sail, and not drift, nor lie at anchor." Frankly if we don't force a place at the table, I don't think one will be extended to us. It is already rather crowded with representatives of the health insurance industry, the health care disciplines, business, legislative leaders, and representatives of governor's offices.

Of course, we can always fall back on the need for environmental health services as a justification for sustaining a visible and viable public health system. But, important as that is, that constellation of programs and services would itself become irrevocably changed for the worse, separated from its clinical colleagues, as has already occurred in some states.

**POPULATION-BASED
HEALTH SERVICES**

The Association of State of Territorial Health Officers has also strongly postulated a continuing and vitally necessary role for organized public health in the provision of community-wide preventive health services; what some might call population-based health services. Healthy communities with healthy populations and environments are necessary to insure that individual personal health is maximized and maintained even if access barriers to high quality one-on-one clinical care are removed. Do we not have a role in building and being part of networks with

other providers such as private practitioners, home health care agencies, hospitals, community health centers and city and county governments to see that community needs are well documented and on the way to being met? Although we cannot claim exclusive possession of this area of public concern, it clearly cannot be done effectively without our active participation. Who is better equipped than we, if adequate resources were made available, to undertake the population based interventions, such as assisting the educational establishment with a good health curriculum; community nutrition intervention, work site health promotion, bicycle helmet campaigns and other types of injury prevention initiatives, dental education for our school children, physical fitness resource assistance, AIDS education, and on and on and on?

We are well aware of the myriad of ways in which public health professionals see beyond their individual patient and client and focus on community-wide problems, devising interventions and applying them in a very cost-effective manner, all the while with the same care and concern and compassion that they have become accustomed to providing to the individual patients. We in public health are, I believe, a perfect example of saying that in order to care for people, you need to care for people. To paraphrase Bruce Springstein, public health professionals have a "hungry heart".

Nor does my focus on these activities in combination with the promise of universal access for all mean that we are in a position to discontinue the primary care services that a recent study by the National Association of County Health Officials indicate we provide, now hold your hats, to forty million people in America, many of whom will tell you that they are as comfortable in a local health department setting as that of any care giver. We're not only appreciated, we're good! Are we not familiar with the studies done in both Guilford County, North Carolina as well as in Kentucky and perhaps elsewhere, that measured birth outcomes of low income women cared for in public health departments versus those cared for in private obstetricians offices; well trained, highly qualified, private obstetricians' offices? Those studies indicated that the percent of low birth weight in the pregnancies cared for in the health department's prenatal program was half of that of those cared for in the traditional private doctor's office. It really shouldn't be that surprising when one thinks of the support services, the ready availability of WIC, and all the ancillary efforts that can be marshalled for a multi-problem low-income pregnant girl of, for example, 14 or 15 years of age. So we have a track record. We're good when we have adequate resources, and we're there. We're there for families and groups that, because of cultural, linguistic, geographic or other barriers, will not have ready access to health services no matter what system we create. (By the way, if the plan that ultimately wins acceptance does not address the issue of the availability of primary care physicians, even we will not be able to fill the void because obviously we can't do the job without clinician backup.)

Yes, we need to be there to insure that our immunization levels stay high and even increase, that there's someone to investigate communicable disease, to care for those infected with sexually transmitted diseases, and tuberculosis, to appraise health behavior risk, school health and substance abuse prevention, abate lead abatement and control rabies, to operate the WIC program, provide outreach and case management to low income pregnant women, etc., etc., etc.

But we need to get some help in shoring up our system in order to do that well, to play our part effectively in the new and coming era of American health care. In at least one state, that is well underway as part of health care reform. In the state of

**IN ORDER TO CARE
FOR PEOPLE, YOU
NEED TO CARE FOR
PEOPLE**

**WE NEED TO BE
THERE TO INSURE. . .**

Washington, a requirement has been included in their plan for a substantial percentage of the new health care dollars to automatically be allocated to shoring up the public health system so it can do its thing, and its thing is a substantial portion of the big picture.

The mix in every community clearly will not be the same. My hope is that the federal government will, as they construct the overall parameters and standards for health system reform, provide considerable flexibility for the states, regions, and communities to customize the system to meet their particular needs so that the specific contribution of organized public health may be somewhat different in each community, particularly in the primary care area.

I think the most important point I need to make, the one I alluded to earlier, is that public health needs to position itself to engage in the planning process. "There is no heavier burden than a great opportunity." You may recall that the Texas Tech football team came to N.C. State last fall, not a very happy visit for them, but one of the interesting omissions was their mascot, a black quarterhorse who, the week before their visit to Raleigh, had literally mowed down a referee standing in a very unfortunate location along the sidelines. I would submit to you that standing along the sidelines in this debate is equally dangerous for public health.

On the other hand; if we can reach a consensus on the optimal contribution to be made by organized public health and assure its inclusion in the fashioned plan, the prospects for a positive outcome in terms of the health status of North Carolina's citizens are measurable enhanced.

PUBLIC PERCEPTION OF ENVIRONMENTAL ACTIVIST GROUPS

James Y. Joyner, II

Trenton G. Davis

Public health professionals have long recognized the importance of constituency development, a process designed to gain long-term community understanding of and support for programs. During recent years many environmental health professionals, in an effort to gain support for programs and initiatives, have begun to work more closely with established environmental organizations such as the Sierra Club, the Environmental Defense Fund, and Greenpeace. In some cases, environmental health professionals have become vocal and active members of these organizations. How does the community, in fact, view environmental organizations and environmental activists?

To determine how the public views environmental activist groups, we surveyed 168 citizens of Wake County, North Carolina, during the summer of 1992. The survey was administered by both telephone interviews and by distribution of survey forms in an ophthalmologist's waiting room. The waiting room was deemed suitable since a cross-section of Wake County citizens are patients of the ophthalmologist.

In addition to questions dealing with perception, the survey instrument included questions designed to determine respondents level of environmental awareness, commitment to environmental protection and general information. (For information about the scoring method used to determine the level of environmental awareness, please contact the authors).

Statistical analysis showed no difference between age groups and level of environmental awareness nor differences between males and females and the level of environmental awareness. However, there was a statistically significant difference (χ^2 , $p=0.0153$) between the level of education and awareness. As education levels increased, awareness scores increased. Even though awareness scores increased with increasing income levels, the difference between income levels was not significant.

A majority of respondents indicated that they regularly recycle in their homes with newspaper being recycled most often and plastic being recycled least often. It is interesting to note that the higher the awareness score, the more likely respondents were to recycle.

When given a choice between the Sierra Club and Greenpeace, over 50% of the respondents indicated that they would most likely support the Sierra Club while only 12% would support Greenpeace. Respondents with the highest awareness scores were much more likely to support the Sierra Club. On the matter of perceived effectiveness, the Sierra Club was viewed as being more effective than Greenpeace (40% vs. 9%). Individuals with the highest awareness scores were more likely to view the Sierra Club as being effective in accomplishing its mission as compared to Greenpeace.

Eighty-eight percent of the respondents felt that environmental activist groups are necessary or somewhat necessary. Again, the higher the degree of awareness, the more likely respondents were to indicate that environmental activist groups are necessary.

When asked, "Which best describes your image of an environmental activist?",

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WHICH BEST DESCRIBES YOUR IMAGE OF ANY ENVIRONMENTAL ACTIVIST?

responses were mixed. Few indicated that "tie-dye T-shirt" or "coat and tie" fit the activist image. The majority of respondents (78%) indicated that "both" or "neither" best described their image of an environmental activist. However, the higher the awareness scores, the more likely respondents were to select the response "both". It may be that respondents with the highest awareness scores were aware that environmental work may involve duties ranging from collecting samples in the field to testifying in court. Furthermore, the responses may indicate that additional investigation is necessary to determine how the public actually perceives environmental activists.

In an open-ended format we asked whether the public distinguishes who is responsible for a clean environment from who should be responsible. The majority of respondents (63%) indicated that everyone *is* responsible for a clean environment, while 13% indicated that the government was responsible. Slightly over 73% of respondents indicated that everyone *should* be responsible for a clean environment, while only 6% indicated that the government should be responsible. These results differ somewhat from those of other surveys of public opinion in which respondents assigned responsibility for solving environmental problems to those groups responsible for causing the problems (corporations and consumers) and those who are given the power to regulate (government).¹

A majority of respondents felt that everyone is responsible for a clean environment and 75% indicated a willingness to pay more to clean up the environment. Most added that it would depend upon how much more it would cost, and that they would pay more only if they could be assured that the money was actually going to be used to clean up the environment. The difference between those with highest awareness scores and those with lowest scores was significant ($\chi^2; p=0.004$). In other words, the higher the awareness score, the greater the willingness to pay more. Recent studies have shown that citizens are willing to sacrifice growth for the sake of the environment, and that many would support additional taxes to protect the environment.²



CONCLUSIONS

Even though only 23 respondents (14%) were members of an environmental organization, most were very familiar with environmental issues and most were familiar with environmental organizations especially the Sierra Club and Greenpeace. It is evident from the results that the level of awareness about environmental issues is a factor in public perception of environmental activist organizations, willingness

to pay more to protect the environment, and perceived need for environmental groups in helping solve environmental problems.

Of interest is a recent survey which found that 75% of Americans rate Congress the worst at helping the environment with most favorable ratings going to environmental groups and the media.² Environmental and Public Health professionals should be aware that many environmental groups have high credibility among the public.

The authors urge caution in use of the results of this study in making general conclusions about the public's attitude toward environmental activist groups. The survey did not include citizens outside of Wake County. Further, two methods were used to collect data which may have biased the results.

Finally, environmental health professionals must give consideration to public opinion about environmental groups and they must consider these groups to be an important part of the public which they serve. Better understanding of the role which environmental groups play in policy development will help environmental health professionals do a better job in the future. Environmental activist groups may be strong advocates or formidable opponents of programs or initiatives!

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- ¹ "Chemecology", *Public Unconvinced about Environmental Problems* (1991) pps. 9-10
- ² UNC Water Resources Institute. (1992) pg. 11

SAVING CHILDREN'S LIVES: PREVENTING CHILDHOOD INJURIES

Jill D. Moore

Luanne W. Gardner

Injuries are the leading killer of North Carolina's children. The state loses over 600 children to fatal injuries each year. Injuries—from traumatic events such as car crashes, house fires, drowning, homicide, and suicide—kill more children over the age of one year than all diseases and other natural causes of death combined.

For every child who dies from an injury, many more are hospitalized, or treated in emergency rooms, doctor's offices, or at home. Non-fatal injuries must be taken very seriously, as they can have a devastating impact on a child's health. Injuries to the brain or spinal cord can leave a child with life-long disabilities. Burns can leave permanent scars. Limbs or organs may be lost to an injury. Treatment and rehabilitation of these injuries have improved dramatically in recent years, and children who suffer injuries can go on to lead full and productive lives; however, an "ounce of prevention" is still the best way to reduce suffering from injuries.

Injury is physical damage to the body, that results when energy is transferred to the body in amounts greater than it can withstand, such as fires or poisons, or when the body is deprived of sufficient energy, such as oxygen or heat. Because the absence of needed energy also leads to the physical damage that we call injury, drowning is considered to be an injury, and so is suffocation. Any number of events can potentially transfer energy to the body. A car can transfer damaging amount of energy to its occupants in a collision. Occupant restraints, such as child safety seats and seat belts, absorb some of the energy and distribute the rest over stronger parts of the body that are better able to tolerate it. Thus, they are able to prevent or reduce the severity of injuries.

Childhood injuries may be intentional or unintentional. *Intentional injuries* include homicide, suicide, assault, child abuse, rape, and other acts of violence. *Unintentional injuries* are those that are often referred to as "accidental" injuries, because they do not involve anyone deliberately trying to inflict harm. The term "accident" can be misleading, though. It implies that injury-producing events are random, happen by chance, or are simply one's fate. This suggests that nothing can be done to prevent injuries. It is important to recognize that there is a difference between not intending or wanting an injury to occur, and not being able to prevent injuries, or to see them coming. Unintentional injuries *are* both predictable and preventable.

Injuries kill more children over the age of one year than all other causes of death. Although infants under the age of one year are most likely to die of low birthweight, congenital anomalies, or sudden infant syndrome, injuries are a contributor to infant mortality as well, accounting for about 35 to 40 infant deaths each year in North Carolina.

Injuries killed 3,215 children ages 0-19 during the five-year period 1985-1989. Eighty-two percent of these deaths—2,650—were from unintentional injuries. Injury death rates and the leading causes of injury deaths vary by childhood age group. Childhood and adolescence are periods of rapid growth and change. There is some variation in the leading causes of injury death by age group, reflecting children's changing exposure to risks, as well as changes in their abilities to cope with different types of risks. The leading causes of injury death for each childhood

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age group are presented in Table 1. Motor vehicle injuries cause the greatest number of injury deaths in each age group.

**AGE GROUP
VARIATION IN
INJURY DEATHS**

Infants

The leading causes of injury death for infants under the age of one year are motor vehicle injuries, homicide, suffocation, aspiration (choking), and fire. During infancy, a child gains new abilities very rapidly. A baby quickly learns to roll over,

Table 1

**LEADING CAUSES OF CHILD AND ADOLESCENT INJURY
DEATH IN NORTH CAROLINA BY AGE GROUP, 1985-1989**

Rank	Age Group	Rate/100,000	Rank	Age Group	Rate/100,000
<i>under 1 yr.</i>					
1	Motor Vehicle	9.5	1	Motor Vehicle	12.7
2	Homicide	6.6	2	Fire	8.5
3	Suffocation	5.9	3	Drowning	4.2
4	Aspiration	4.9	4	Homicide	3.1
5	Fire	3.8	5	Aspiration	1.5
<i>5-9 yrs.</i>					
1	Motor Vehicle	9.3	1	Motor Vehicle	9.4
2	Drowning	2.2	2	Drowning	2.0
	Fire	2.2	3	Fire	1.3
3	Homicide	0.8		Firearm(unintentional)	1.3
4	Firearm(unintentional)	0.5		Homicide	1.3
	Poisoning	0.2		Suicide	1.3
	Suffocation	0.2	4	Suffocation	0.5
			5	Falls	0.5
<i>10-14 yrs.</i>					
<i>0-19 yrs</i>					
1	Motor Vehicle	42.0	1	Motor Vehicle	20.0
2	Suicide	9.1	2	Homicide	3.2
3	Homicide	7.1		Suicide	3.2
4	Drowning	3.5	3	Drowning	2.7
5	Firearm(unintentional)	1.9	4	Fire	2.4
			5	Firearm(unintentional)	1.1

sit up, crawl, and stand. With this increased mobility, the baby sets out to explore the world. The baby's method of exploration usually involves putting things into her mouth, which may increase her risk of choking or poisoning. Infants are completely dependent upon adults to secure them in car safety seats, and to help them escape in the event of a fire, which may place them at higher risk of dying in a motor vehicle crash or house fire.

Children Ages 1 to 4

The leading causes of injury death for children between the ages of one and four are motor vehicle injuries, fire, drowning, homicide, and aspiration. Children in this age group are still in the stage of development where they are exploring the world by tasting it. The tendency to put things in their mouths puts them at greater risk of death by aspiration, and increases the risk that they will suffer unintentional poisoning, as well.

Children Ages 5 to 9

Children ages five to nine are less likely than children of any other age to die of an injury. Still, injuries remain the leading cause of death for this age group. The leading causes of fatal injury for these children are motor vehicle injuries, drown-

ing, fire, and homicide. The growth and development of children ages five to nine continues to present them with new challenges. They are beginning to gain autonomy, and they may have more independence in pursuing their favorite activities. New skills may include activities such as bicycle riding, and beginning to play competitive sports. Also, children this age are more influenced by their peers than in their younger years, and their desire for social acceptance outweighs their ability to judge risks and make carefully considered decisions about their safety.

Children Ages 10 to 14

As children approach adolescence, their risk of sustaining a fatal injury begins to increase. The leading cause of injury deaths among children ages 10 to 14 are motor vehicle injuries, drowning, fire, unintentional firearm injuries, homicide, and suicide. The influence of peers and the desire for social acceptance become very important during early adolescence. A child who engages in risk-taking or becomes involved with violence or substance abuse is more likely to be the victim of fatal injury.

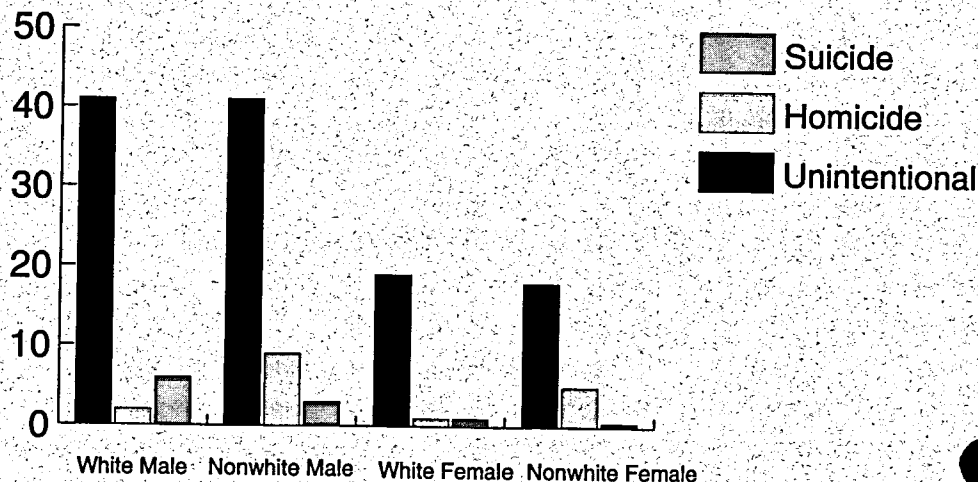
Children Ages 15 to 19

Adolescents ages 15 to 19 suffer the highest childhood injury death rates. The leading causes of injury death for this age group are motor vehicle injuries, suicide, homicide, drowning, and unintentional firearm injuries. Adolescents are exposed to new hazards that can place them at risk of injury, as they take on new responsibilities, such as driving and entering the work force. They are also at much greater risk if they experiment with alcohol or other drugs during the teen years.

**RACE AND SEX
VARIATIONS IN INJURY
DEATH RATES**

Figure 1 demonstrates that causes of injury death and injury death rates also vary by race and sex. From 1985 to 1989, the unintentional injury death rate for males ages 1 to 19 was more than two times the rate for females. The male rate was 41.3 deaths per 100,000 population, compared to 18.3 deaths per 100,000 population for

**FIGURE 1
CHILDHOOD INJURY DEATH RATES BY INTENTION OF INJURY,
RACE, AND SEX, NORTH CAROLINA, 1985-1989**



females. The male homicide death rate also was almost double the female rate (4.2 vs. 2.2 deaths per 100,000 population), and the suicide rate for males was over five times as high as the female rate (5.3 vs. 1.0 deaths per 100,000 population).

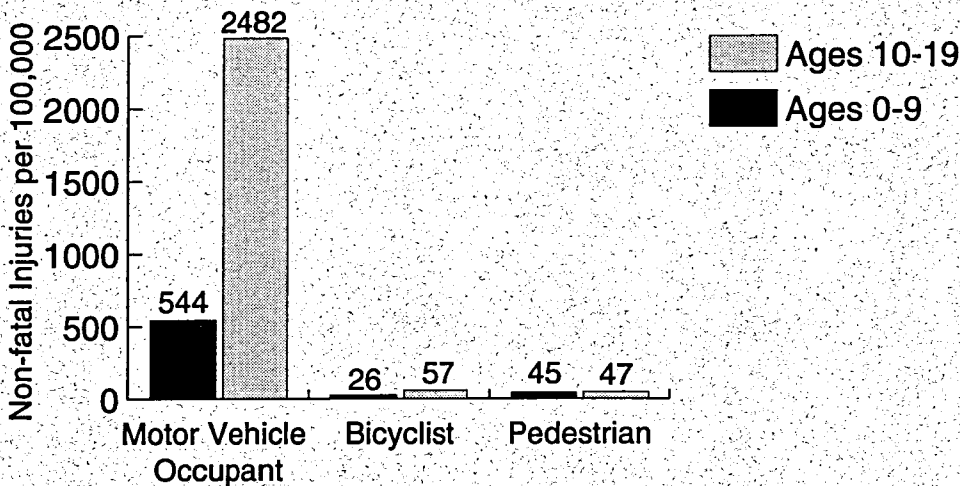
The overall unintentional injury death rates for white and nonwhite children ages 1 to 19 are very similar, at 30.2 deaths and 29.4 deaths per 100,000 population, respectively. There are racial variations within specific causes of injury deaths, however. For example, the motor vehicle injury death rate for white children was about 1.4 times the rate for nonwhite children during this time period, while the fire injury death rate for nonwhite children was more than three times the fire death rate for white children. The nonwhite homicide death rate was twice the white rate (6.5 vs. 3.2 deaths per 100,000 population). The situation was reversed for suicide, with a suicide death rate for whites that was more than twice the nonwhite suicide rate (3.8 vs. 1.6 deaths per 100,000 population).

Much more is known about deaths from injuries in North Carolina than about injury hospitalizations, emergency room visits, and injuries treated in doctor's offices or at home. Deaths, however, represent only a small part of the total amount of suffering produced by injuries. For each injury death, there are numerous non-fatal injuries experienced by children.

INJURY MORBIDITY

Figure 2 shows non-fatal motor vehicle injury rates for children ages 0-9 and 10-19 for the years 1986-1990. The most frequent cause of motor vehicle injury differs

**FIGURE 2
NON-FATAL MOTOR VEHICLE INJURY RATES BY INDIVIDUAL INVOLVED AND AGE GROUP, 1986-1990**



by the child's age, with infants injured as occupants, preschoolers injured as occupants and often as pedestrians, elementary school children injured on streets as pedestrians and bicycle riders, and adolescents injured as drivers and passengers—often with alcohol involvement.

Table 2 shows numbers and rates of hospitalizations for head injuries, poisonings, and burns by age group for 1990. These data are collected from hospital discharge forms that do not include information about the specific causes and circumstances of these injuries. However, as noted earlier, the child's age often is indicative of developmental capabilities and exposure to risks that can result in an

**TABLE 2
HEAD INJURY, POISONING, AND BURN HOSPITALIZATION RATES
BY AGE GROUP, 1990**

	Head Injuries		Poisonings		Burns	
	Number	Rate/100,000	Number	Rate/100,000	Number	Rate/100,000
0-4 yrs.	413	89.68	373	80.99	211	45.81
5-14 yrs.	523	59.62	229	26.12	98	11.17
15-24 yrs.	826	78.86	1167	111.42	153	14.60

injury. For example, poisonings occur most frequently among young children and adolescents. Young children may unknowingly drink household chemicals or other poisonous products, while adolescent poisonings are often related to alcohol or other substance use and may actually be suicide attempts in some cases.

**KEYS TO PREVENTING
CHILDHOOD INJURIES**

It was noted earlier that injuries occur as the result of an adverse energy exchange. That is, either energy is transferred to the body in amounts greater than it can withstand, or the body is deprived of necessary energy, such as oxygen or heat. An understanding of this definition of injury is the first key to planning sound injury prevention strategies—if the adverse energy exchange can be prevented, then the injury can be prevented.

The context in which injuries occur provides the second key to injury prevention. When an injury occurs, it happens to a particular person, who interacts with some type of object or substance that disturbs the energy exchange (e.g., a knife, or water in a swimming pool), in the context of an environment. Thus, strategies to prevent injuries can be directed at any of three factors: the host, the agent of energy exchange, or the environment.

The *host* is the human being who is at risk of injury. Education and regulations to encourage safe behavior, such as mandatory seat belt laws, are examples of injury prevention measures that are directed at the host.

The *agent of energy exchange* is anything that potentially can transfer energy to the body. Examples include guns, concrete surfaces under playground equipment, car dashboards, and so forth. Injury prevention measures that are directed at the agent of energy exchange include safety locks on guns, energy-absorbing surfaces under playground equipment, and collapsible steering columns and padded dashboards in automobiles.

The *environment* is the domain in which the injury occurs. Injury prevention measures may seek to change the physical environment or the social environment. Changes to the physical environment include fencing around swimming pools and off-road bicycle paths. Injury prevention strategies that are directed at the social environment include any measures that alter social circumstances that create a risk of injury. Thus, the scope of social environmental measures may include a wide range of activities, such as programs to alleviate poverty, laws that declare that domestic violence is a criminal activity, and social movements that redefine a behavior—such as drinking and driving—as socially unacceptable.

Table 3 gives examples of specific injury prevention strategies that are directed at the host, the agent of energy exchange, and the environment, for the three top causes of unintentional childhood injury death in North Carolina.

**TABLE 3
PREVENTION STRATEGIES FOR MOTOR VEHICLE INJURIES,
FIRES, AND DROWNINGS**

	Host	Agent of Energy Exchange	Environment
Motor Vehicle Injuries	Persuade people to use seatbelts and child safety seats	Provide safety features in automobiles, such as airbags	Modify roadways to include features such as guardrails, adequate lighting, and separate areas for cars, bicycle, and pedestrians
House Fires	Teach families to develop and practice escape plans	Mandate firesafe cigarettes (i.e., cigarettes that are less likely to ignite house fires)	Provide smoke detectors to alert household members of the presence of a fire
Drownings	Teach parents never to leave children unattended in the presence of water	Put child resistant latches on toilet seats to prevent curious toddlers from falling in	Build fences around swimming pools, with self-closing and self-latching gates

In recent years, prevention of childhood injuries has received increased attention at the national level. Efforts to address the problem in North Carolina have intensified as well. At the level of State government, injury prevention activities are sponsored by a number of agencies. Most of these are within the Department of Environment, Health, and Natural Resources. The Injury Control Section in the Division of Epidemiology coordinates and consults with many injury-related programs across the State. The agency conducts injury research and provides support to local health departments for community-based injury prevention projects. The Office for Prevention, Division of Maternal and Child Health, is collaborating with the Injury Control Section to establish head and spinal cord injury surveillance in North Carolina and to develop local head and spinal cord injury prevention projects.

Agencies in other areas of State government have sponsored childhood injury prevention programs also. The Governor's Highway Safety Program is a vital contributor to injury prevention and control efforts in North Carolina. The Office of Bicycle and Pedestrian Transportation in the Department of Transportation promotes bicycle safety education and helmet use through local law enforcement agencies. In addition, the Children's Trust Fund in the Department of Public Instruction provides grants to local groups for child abuse prevention initiatives.

University-based programs such as the Highway Safety Research Center and the Injury Prevention Research Center at the University of North Carolina are leaders in injury prevention research and education in the Southeast region and nation. The Highway Safety Research Center conducts research in all areas of motor vehicle injury prevention and participates in prevention activities. The Injury Prevention Research Center has done substantial work in studying the causes of child and adolescent injuries in our state, including ground-breaking studies of fatal house fires and adolescent occupational injuries.

On the local level, many health departments and schools have taken the lead in developing injury prevention programs in their communities. Non-profit agencies

**NORTH CAROLINA'S
RESPONSE TO
CHILDHOOD INJURIES**

and citizen groups throughout the state are also important contributors in the battle against childhood injuries. The North Carolina Head Injury Foundation, local SafeKids coalitions, and numerous service organizations such as Kiwanis and Pilot Clubs, are all dedicated to preventing child and adolescent injuries in North Carolina.

Injuries are the leading cause of child death in North Carolina, and are a major public health challenge for our State. However, the prevention of childhood injuries also offers the North Carolina public health community unique opportunities to work collaboratively across disciplinary lines, and to develop public health initiatives that include attention to all three components of the epidemiological model—agent, host, and environment. The injury prevention activities that have been undertaken in North Carolina during the past few years are an important beginning. However, much work remains to be done.

Injury is not a problem that just happens at home, or only in a car, or only during recreational activities. Injury occurs everywhere. Preventing childhood injuries is not just a task for parents, or physicians, or educators, or safety engineers. It is a duty for all of us who are concerned for the safety and health of our children.

ACKNOWLEDGMENTS

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FORWARD TO THE BASICS: IMPROVING NORTH CAROLINA'S RURAL WATER AND WASTEWATER CONDITIONS

Stephen J. Dear

On a cold evening in March, 1993 in the rural countryside of eastern North Carolina, a 62-year-old woman living in the run-down mobile home she owns received a knock at her door. It was the local sheriff and the county building inspector come to issue her an eviction notice. What had she done? Her house had no approved onsite wastewater system, they said, and she would have to sleep someplace else—even in a tent on her land or in her car, but not inside her house.

The woman, whose monthly income is the \$206 she receives from Social Security, tried to get help from her only child who lives in another state. With limited income himself, he had no funds to help her purchase a septic tank and have a system installed on her land. She still sleeps in her car night after night.

Her son contacted local authorities, and they said they had no choice but to enforce the law after receiving complaints from a citizen, who he figures to be a hostile neighbor of his mother.

The authorities did not explain why they waited until nightfall to issue the summons. Neither did it seem to occur to them that the enforcement action made no improvement on the environmental impact at the site. The waste disposal facility did not change: she still uses a bucket.

In this case, local environmental health officials had allowed the woman to occupy her home—and thus avoid homelessness—by not enforcing laws related to approved wastewater systems at homes. Health departments and local authorities across the state face the same dilemma: whether to enforce or to tolerate. The sheer number of cases of nonexistent or failing onsite wastewater systems throughout the state make identification and regulation of septic systems and the protection of wells a daunting task, especially for rural counties.

In western North Carolina one county health department estimates that fully 25 percent of the homes in the county straightpipe their wastewater, illegally discharging raw, untreated sewage or greywater (i.e. water from washing machines and sinks) directly into yards, ditches, and streams. In some cases the untreated wastewater eventually makes its way into public and private drinking water supplies.

In central North Carolina, just down the road from Research Triangle Park, Duke University, and the University of North Carolina at Chapel Hill, there is a community with four homes which have neither indoor nor outdoor facilities. The residents use buckets as toilets and their yards for disposal. Local environmental health officials deem the affected lots to be unsuitable for conventional septic tank-drainfield systems. Outhouses are being constructed this summer as the only approved onsite wastewater alternative that residents can afford. Most of the

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surrounding households have failing septic systems.

Affordable access to a supply of safe water and access to wastewater disposal facilities for all North Carolina citizens is essential for the health, environment, and economy of the state. Yet water and wastewater conditions in North Carolina are among the worst in the country.¹ Circumstances in our rural regions and poor counties are far more serious than other areas of the South.

Across North Carolina approximately 125,000 people live without complete indoor plumbing.² Over 42,000 housing units lack piped-in water and bathroom facilities. Blacks living in the state are over five times more likely to lack indoor plumbing than their white neighbors.³

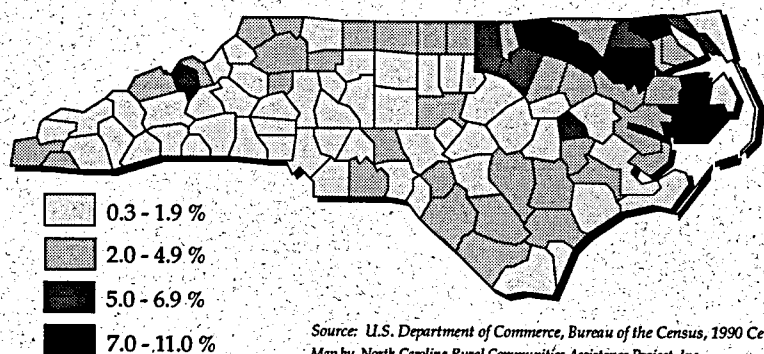
Everyday in every region of the state thousands of gallons of untreated raw sewage or greywater is discharged illegally. It is estimated that 10 percent of onsite wastewater systems in the state are improperly functioning. For North Carolinians without bathrooms the outhouse, symbol of nineteenth-century sanitation technology, represents their onsite waste disposal system today. Others even rely on buckets for waste disposal.

**THERE ARE STRONG
CONNECTIONS
BETWEEN SOCIAL
PROBLEMS AND
WATER AND
WASTEWATER
DEFICIENCIES**

Citizens who do not have indoor plumbing or communities that cannot supply water or sewage services cannot improve their own economic and social status. There are strong connections between social problems and water and wastewater deficiencies: less educated people are more likely to be affected, as are rural people who are black, elderly, or living in overcrowded homes.⁴ Those same people are more likely to live below the poverty level; they have higher rates of infant mortality; are less educated and earn less money; and are often single mothers.

When it comes to water and wastewater problems rural areas are the hardest hit. As shown in figure 1, the percentages of housing units lacking complete indoor plumbing facilities are higher in coastal plain counties than any other area of the state. The highest percentages are found in these counties: Gates (11 percent), Hyde (eight percent), Bertie (seven percent), Halifax (seven percent), Tyrrell (seven percent) and Warren (seven percent). The numbers of housing units per county lacking complete indoor plumbing is presented in Figure 2. While rural counties by

**FIGURE 1.
PERCENTAGES OF HOUSING UNITS LACKING COMPLETE
PLUMBING FACILITIES, BY COUNTY**

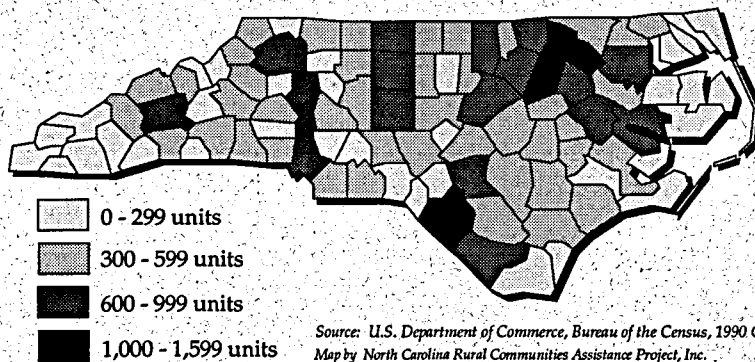


*Source: U.S. Department of Commerce, Bureau of the Census, 1990 Census
Map by North Carolina Rural Communities Assistance Project, Inc.*

far have the highest percentages per county of housing units without complete indoor plumbing, figure 2 indicates the counties surrounding the state's largest population centers also have high numbers of housing units lacking such facilities. Even though outhouses are still used in even the biggest cities in North Carolina, the counties with the highest numbers of affected housing units are rural: Halifax (1,574 units), Nash (1,365 units), and Robeson (1,054 units).

The approximate average cost to install a septic system and basic bathroom in North Carolina is \$10,000. For all of the more than 42,000 North Carolina homes which need them, it would cost about \$420,000,000.

**FIGURE 2.
NUMBERS OF HOUSING UNITS LACKING COMPLETE PLUMBING
FACILITIES, BY COUNTY**



The costs related to facilities development needs of centralized community water and wastewater supplies far exceed that amount. The state's latest biennial survey of water and wastewater system needs, conducted as a requirement of the U.S. Environmental Protection Agency, indicates \$3.9 billion is needed to bring North Carolina's wastewater systems up to date with environmental standards and to meet other system needs and nearly \$2 billion for water systems.⁵ The survey does not include the needs of small community sewage systems and public water supplies serving populations under 10,000 nor does it include areas without centralized water or sewerage systems.

Inadequate water supply is a serious health problem in the state. Some rural North Carolinians must haul their drinking water in milk jugs filled in town or at a neighbor's house. A recent three-year study indicates a threat of pesticide contamination of groundwater in the vicinity of migrant worker farms, which rely almost entirely on onsite wells.⁶ In 1992, there were over 200 public water supplies in the state deemed chronically noncompliant (that is, receiving three or more citations) regarding the Safe Drinking Water Act.⁷ Compliance with increasing federal mandates for improved water and wastewater systems may well make many small and rural water systems raise their rates as much as 300 percent by the end of the decade. Small communities must now consider adding additional technologies to their systems for improved filtration and nutrient removal.

Federal funding for environmental infrastructure, which had limited impact

during previous decades, is becoming a part of history.⁸ Current federal loan programs have further diminished the limited impacts of such spending in rural areas.⁹ In 1993, approximately \$121 million is available in federal and state loans and grants for community water and wastewater projects in North Carolina from sources such as Farmers Home Administration, Community Development Block Grants, State Revolving Fund, and others. The impact on rural environmental infrastructure of the Clinton Administration's efforts at economic stimulus remains to be seen. However, a short-term infusion of funds directed at water and wastewater facilities development would only help alleviate some immediate problems.

Improving water and wastewater systems is one of the greatest challenges facing small towns and rural communities. Rural towns and unincorporated areas have very limited tax bases and concomitant ability to pay.¹⁰ With economies based on agriculture, mining, unskilled labor or tourism, family incomes are low, and a large proportion of the residents live on fixed incomes. Today, the costs of constructing a conventional wastewater collection, treatment, and disposal system may exceed the total assessed value of some North Carolina towns currently seeking to develop wastewater management systems. The costs per capita of such systems are prohibitively high for communities with a comparable small number of users and low development densities.

THE PICTURE NEED NOT BE SO BLEAK

The picture need not be so bleak. Indeed, some areas are improving. But solving North Carolina's rural water and wastewater problem will require a concerted, comprehensive approach. First and foremost, the State of North Carolina must create a clear statement of policy. The State of North Carolina should adopt, implement, and aggressively carry out a clear policy recognizing that all North Carolinians should have access to potable water supplies and safe, effective wastewater disposal methods. This policy should clearly articulate state and local responsibilities for ensuring that this access can be obtained by all citizens by 2000.

An effective strategy toward improving the state's rural water and wastewater conditions would address several interrelated areas: financial need; technological barriers; regulatory inflexibility; improved facilities development planning; adequate ongoing system management; and, information dissemination.

Small towns and rural communities need greater financial assistance in the planning, design, construction, and operation of wastewater management systems. There is not enough funding, from any source, to approach more than a small fraction of the water and wastewater needs in the state. The State of North Carolina has accepted new responsibilities in facilities financing, but current initiatives are still not addressing the most pressing problems. The limited ability to pay from low-income and rural communities should be a focus of all future funding programs.

ALTERNATIVE TECHNOLOGIES

Thousands of rural, low-income North Carolinians need immediate access to appropriate alternative technologies where conventional facilities (1) are not feasible, (2) would not function correctly or (3) would have costs that are out of reach. There is a wide range of alternatives between the centralized sewage system and the conventional onsite septic system. Most of these alternatives involve small-scale treatment units for one or more households, light industries, or smaller wastewater collection systems.

Communities and individual households can benefit from the introduction of alternative technologies. The benefits of incorporating alternative technologies that adequately treat wastewater include: low operation and maintenance costs, reliability, simplicity, energy savings and income production.

Even though alternative technologies are already in use in many areas of North Carolina and around the country, some regulators, engineers, environmental health specialists, contractors, and designers may be less familiar with the proper siting, sizing, installation, design, operation, and management of some of these systems. The improved information sharing, training, and certification opportunities that have developed in recent years in the state should result in more applications of alternative technologies where suited. Given the threats to public health and environmental quality now existing in rural areas throughout the state, regulatory agencies should aggressively consider and accept alternative technologies. The septic system is here to stay. In rural areas it not likely to be replaced by conventional gravity sewers and mechanical treatment plants, on which environmental quality standards are based. Ignorance and inflexibility about applying alternative technologies where appropriate have contributed to no actions being taken to resolve serious environmental health conditions.

Meeting the basic water and wastewater needs of all North Carolinians is quite possible. Though low-income areas of rural North Carolina are sometimes compared with the underdeveloped Third World, unlike poor countries ours has the technical and financial resources to meet these needs for all of its residents. If we wait, thousands of our state's rural residents will continue to live with severe water and wastewater needs while the rest of us enter the twenty-first century.

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²1990 Census.

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⁴ *Living Without the Basics*.

⁵ Data are from N.C. Division of Environmental Management and N.C. Division of Environmental Health. Data include wastewater needs for counties, municipalities and sanitary districts responding to either a state or an EPA needs survey. Dollar figures are totals of needs related to intercepts (\$1 billion), treatment (\$1.8 billion) and collection (\$1.1 billion) for wastewater systems and distribution (\$1 billion), treatment (\$662 million), and supply (\$313 million) for water systems.

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SYPHILIS IN NORTH CAROLINA

Theresa B. Klimko

During the latter half of the 1980's, an epidemic of syphilis occurred throughout the United States. This epidemic is documented by the increase in reported cases of syphilitic infection of duration under one year. Early syphilis is characterized by three stages: primary (initial symptoms), secondary (subsequent symptoms), and early latent (asymptomatic).

Early syphilis rates increased yearly from 1987 through 1990. However, the national rate fell from 42.4 cases per 100,000 population in 1990 to 39.0 cases per 100,000 population in 1991. Different regions of the country were hit by this epidemic at different times, with rates increasing in the West first in 1985 and peaking there in 1987. Syphilis rates in the South and the Northeast began increasing in 1986, but decreased from 1990 to 1991. Rates in the Midwest did not begin to increase until 1988, and were still rising in 1991.^{1,2}

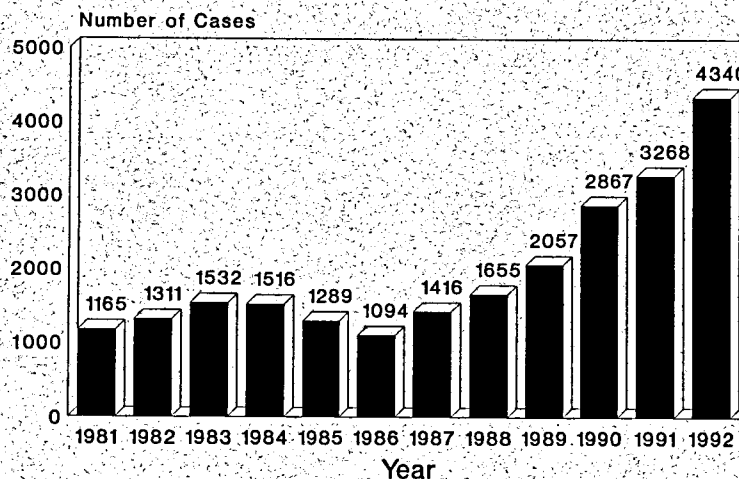
The number of cases of early syphilis reported in North Carolina began to rise in 1987. It increased by 297% between 1986 and 1992 (figure 1). In 1990, early syphilis rates were the highest they had been since the 1950's. (figure 2). North Carolina reported the third highest number of primary and secondary syphilis cases in the country to the CDC in 1992. Only Louisiana and New York City reported a greater number of cases.³

Early syphilis rates began rising in the African-American population in the 1970's. Rates increased by 306% between 1986 and 1992, from 65.1 to 264.5 cases per 100,000 population. Three thousand nine hundred and seventy-two (3972) (92%) of the cases of early syphilis reported in North Carolina in 1992 were in African-Americans. For whites, these rates rose 34% (from 3.7 to 4.9 cases per 100,000

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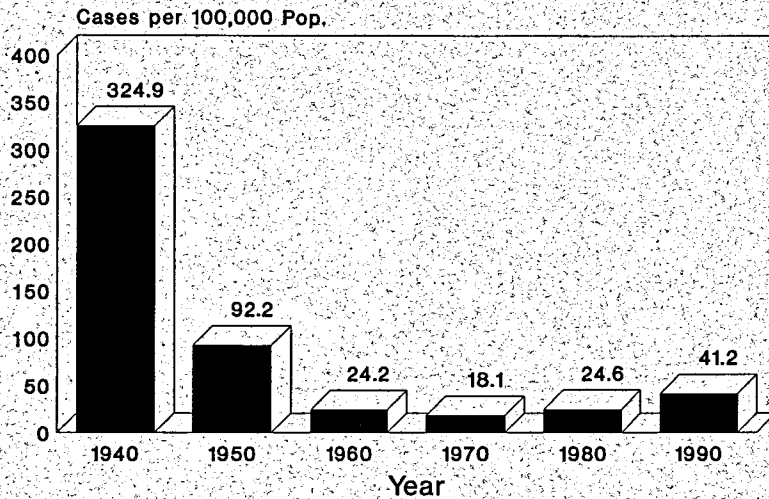
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FIGURE 1
PRIMARY, SECONDARY, AND EARLY LATENT SYPHILIS,
NORTH CAROLINA, 1981-1992



HIV/STD Control Branch 2/93

FIGURE 2.
PRIMARY, SECONDARY, AND EARLY LATENT SYPHILIS
NORTH CAROLINA, 1940-1990



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population) in the same time period. Since the 1940's early syphilis rates in African-Americans have been 20 to 54 times the rate in whites in North Carolina. The number of cases in Native Americans increased from 6 to 11 and in other races (Asian, Pacific Islander) increased from 0 to 6 between 1986 and 1992.

Syphilis rates first began to increase in urban counties in the 1980's, followed by increases in rural counties. This pattern was also seen nationally, with many rural

FIGURE 3.
EARLY SYPHILIS
Rate per 100,000 Population
North Carolina 1992



Rate per 100,000

	0-20		21 to 40		41 to 60
	61 and above				

HIV/STD Control Branch 2/93

populations having high syphilis rates throughout the Southern United States.² In early 1992 some eastern rural North Carolina counties experienced an explosive syphilis outbreak which continues today (figure 3). The great majority of cases have been in African-Americans in both urban and rural areas.

The ratio of male to female early syphilis cases in white and nonwhites decreased from 2.6:1 and 1.5:1, respectively, to approximately 1:1 during the 1986-1992 time period. This indicates an increased proportion of cases due to heterosexual transmission, and proportionately less male to male transmission.

The proportion of reported early latent syphilis of less than one year's duration may be an indicator of the age of the epidemic. As an epidemic progresses, a greater proportion of early syphilis cases reported will be early latent.¹ Forty-three per cent (43%) of the early syphilis reported in 1992 was early latent. This proportion was 53% in Mecklenburg County, an urban county where the increases in syphilis began in the late 1980's, and 18% in Lenoir County, one of the rural eastern areas experiencing a staggering syphilis outbreak that began in early 1992.

CONGENITAL SYPHILIS

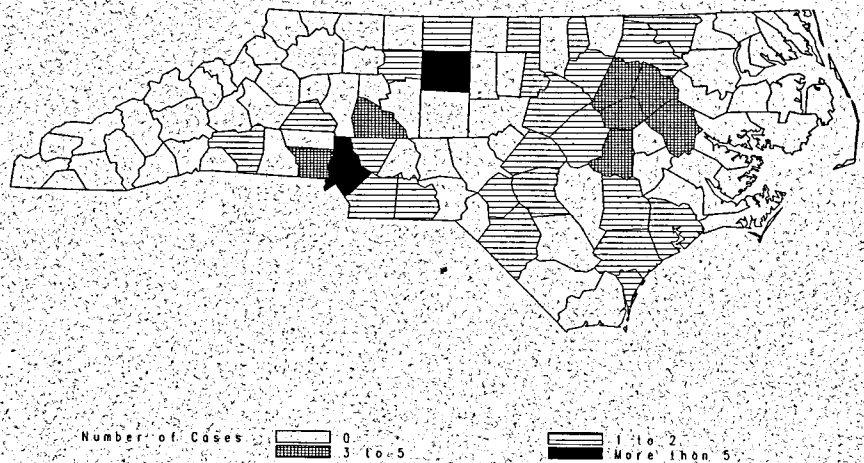
The majority of reported early syphilis is in the 15-34 year old age group. In females, the increase in syphilis in this age group has resulted in a large increase in congenital syphilis. Congenital syphilis can cause intrauterine or postnatal death, skeletal deformities, lymphadenopathy, skin rash and chronic nasal discharge. It is preventable if the mother is appropriately treated for her infection with penicillin at least 30 days before delivery. There were 75 cases of congenital syphilis reported in North Carolina in 1992. Twenty-five (31%) of the mothers contracted syphilis during the last trimester of their pregnancy. The geographic distribution follows the distribution of early syphilis (figure 4).

REPORTING REQUIREMENTS

Physicians are required to report syphilis cases by telephone to the local health department within 24 hours. North Carolina General Statute 130A-139 also requires laboratories to report positive serological tests for syphilis or positive dark-field

FIGURE 4.

CONGENITAL SYPHILIS North Carolina 1992



examinations. Positive serologies that meet certain criteria are investigated by regional disease intervention specialists (DIS). North Carolina Administrative Code 15A 19A .0204 (e) requires a serologic test for syphilis (STS) at the first prenatal visit and at the beginning of the third trimester. It also requires an STS at delivery for women at high risk of contracting syphilis. This is extremely important, even when these women had a negative STS at the beginning of the third trimester.

Cocaine use and prostitution have been shown to be associated with syphilis infection.⁴⁵ Behaviors associated with the use of crack cocaine include multiple anonymous sexual partners and the exchange of sex for drugs or money. Syphilis patients, who are interviewed by DIS for partners, may be unable or reluctant to identify sexual partners because of the anonymous or illegal nature of the sexual and drug use activities associated with their infection. Trading sex for small amounts of drugs, or money to buy drugs, often leads to multiple sex partners for one infected patient, and exposes many people to sexually transmitted diseases.

Contact elicitation by DIS has been the golden rule for syphilis control programs since the late 1940's. North Carolina was a training area for federal DIS until 1985. Personnel for field work decreased dramatically after four national training centers were established in 1986. The STD and AIDS Control Branches of the North Carolina Department of Environment, Health, and Natural Resources were merged in 1990 and became the HIV/STD Control Branch. After this DIS began providing partner notification services for HIV-infected people, as well as syphilis contact elicitation and case management. The shift in syphilis morbidity to a population that does not access the health care system, and to patients who have multiple anonymous sexual partners, made patient and partner location more difficult. In rural areas DIS may have to drive two and a half hours to get to a patient's or contact's house. They may also provide transportation for patients to and from local health departments, and may have to wait long periods of time while the patient is being seen. The increased workload caused by the syphilis and HIV epidemics, coupled with the increased time needed to locate and interview patients and contacts, made it impossible to get reported patients and contacts examined and treated quickly enough to prevent transmission. In 1992 several new DIS positions were created and filled. However, it will take six to twelve months to fully train these new investigators.

Local health departments have been overwhelmed with clients as the syphilis epidemic continues. These local clinics are where a large proportion of North Carolina STD patients seek treatment. Private physicians may not see these patients, since many do not have health insurance or Medicaid. DIS report some patients have to wait as long as two weeks to get an appointment for treatment at a local health department. Patients also go to emergency rooms for treatment. In the past two years funding from both state and federal sources totalling \$1,000,000 has been distributed to local health departments to help support communicable disease control activities. However, significant additional resources are needed to support clinical services.

The change in the epidemiology of syphilis made many traditional syphilis screening and control measures less efficient. Nationwide, public health officials are exploring different screening strategies to identify infected patients. For example, in some areas, screening services have been placed at locations where they can be most easily accessed by the people who are at highest risk. These sites include emergency rooms, drug treatment centers, prisons, family planning clinics, and

RISK FACTOR

SYPHILIS CONTROL STRATEGIES

community health centers.⁶

SYPHILIS AND HIV

A history of a sexually transmitted infection is independently associated with an increased likelihood of being infected with HIV.^{7,8} The break in skin integrity that occurs with a syphilitic chancre may provide a portal of entry for HIV, and the increased number of white blood cells at the site of a genital ulcer are target cells for HIV infection. The same behaviors that increase risk for syphilis are also risks for HIV infection (unprotected sex with multiple partners and illegal drug use). Populations with many members that engage in risky behaviors have a greater incidence and prevalence of both syphilis and HIV.

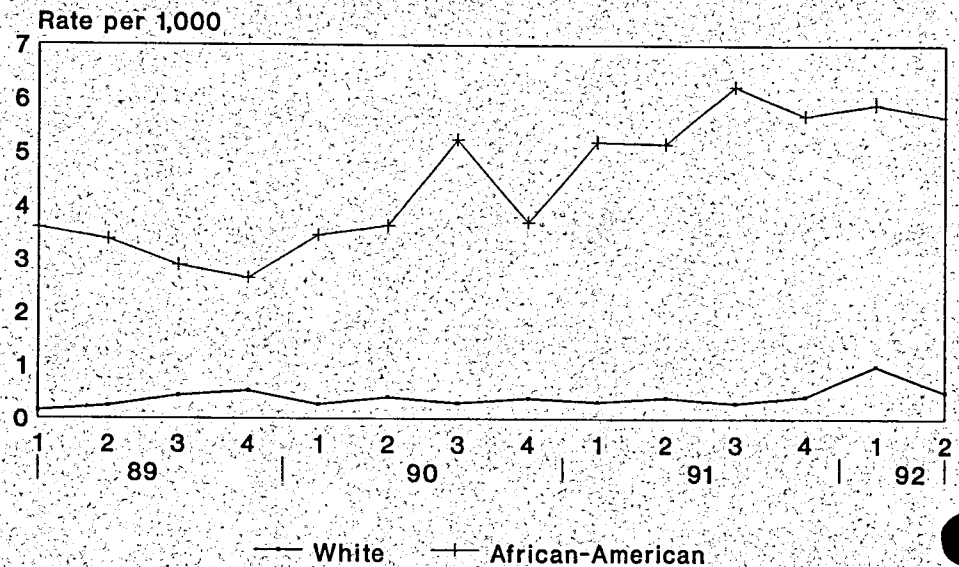
The only statewide non-biased study of HIV seroprevalence in North Carolina is the Childbearing Women's survey, in which blood spots from all newborns submitted to the State Public Health Lab for metabolic screening are also anonymously tested for HIV antibody. The result reflects the HIV infection status of the mother. The prevalence of HIV infection in childbearing women in North Carolina has been rising since 1989, the first year for which data is available (figure 5). The prevalence rate for African-American females is consistently approximately ten fold greater than the rate in white females. Urban counties have higher rates than rural counties. The HIV seroprevalence rate in African-American childbearing women in two urban counties has risen to 1%.

CONCLUSION

The syphilis epidemic has dire consequences for the populations affected. The number of congenital syphilis cases and the incidence and prevalence of HIV infection will continue to rise as long as the syphilis epidemic continues. As the epidemiology of syphilis in North Carolina evolves, prevention and treatment activities continually need to be adjusted and targeted to the populations that are most affected.

FIGURE 5.

HIV SEROPREVALENCE BY RACE CHILDBEARING WOMEN, NORTH CAROLINA, 1989-1992



Quarterly Data

HIV/STD Control Branch 2/93

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THE NORTH CAROLINA ENVIRONMENTAL HEALTH SPECIALISTS' TRAINING PROGRAM

Emilie S. Kane

The North Carolina Environmental Health Specialist's Training Program, conducted under the sponsorship of the Division of Environmental Health of the North Carolina Department of Environment, Health, and Natural Resources, provides statewide continuing education for approximately 700-800 environmental health specialists, supervisors, and other professionals engaged in environmental health in North Carolina. Environmental health specialists (formerly called sanitarians), employed by every county health department in North Carolina, are responsible for public health inspection and certification of restaurants and other retail food service outlets and institutions such as child care centers, schools, and nursing homes, evaluation and permitting of on-site wastewater disposal systems, monitoring solid and hazardous waste management, conducting surveys of lead in the environment, and conducting swimming pool sanitation programs.

The Environmental Health State of Practice Committee (SOP Committee), composed of 24 individuals with staggered three-year terms appointed by the state health director and the dean of the UNC-CH School of Public Health, is charged with the responsibility for planning, developing, delivering, and overseeing the continuing education program. The membership of the SOP Committee is prescribed in its bylaws. In 1992-93, the committee included seven county sanitarians, one county environmental health supervisor, four county environmental health directors, one district sanitarian, four state agency specialists, five university faculty in relevant fields, and two education specialists.

SOP Committee sponsored its first continuing education workshop on environmental health law in 1981. In 1982, mandatory state registration of sanitarians began and by 1986, ten clock hours per year of continuing education were made a requirement for maintaining registration in North Carolina. Each year since 1981, the SOP Committee has provided a larger and more varied program to fit the needs of NC environmental health specialists. In 1991-92, more than 14,000 participant hours of training were delivered.

From October through June, 1992-93, the program has sponsored a total of 24 workshops and short courses in diverse locations throughout the state. Each workshop focuses on a particular environmental health topic and lasts from one and one-half to three days. Topics for 1992-93 included environmental health law, food protection and sanitation, food service plan review, pest management, lead investigation and abatement, wastewater treatment, and supervisory and communication skills. Most workshops are conducted more than once in different locations to accommodate practitioners from around the state. A workshop usually provides ten clock hours of continuing education, the amount of training required yearly by each specialist under North Carolina General Statutes 90A.

Each workshop is planned and developed by a technical subcommittee, which consists of several SOP Committee members as well as field professionals. A continuing education specialist on the staff of the Office of Continuing Education of the UNC-CH School of Public Health, who has an extensive background in adult education and training, serves as an ex-officio member of the SOP Committee as well

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as all of the technical subcommittees. This specialist works closely with committee members in the planning process, and then gathers together the appropriate human and material resources, produces course materials, sets up training sites, and designs and conducts evaluations of each workshop. Throughout the entire process, the SOP Committee and especially the technical subcommittees retain an active role. The education specialist frequently calls on the members for advice, recommendations, and assistance in obtaining workshop presenters and learning experiences. Subcommittee members themselves often serve as presenters. While expenses of presenters are paid by their employing agency or by the SOP Committee, no honoraria are received by public employees.

Initial planning for the training program began in 1980 with a broad needs survey. Over a period of several months, the Environmental Health Section of the NC Public Health Association administered a day-long test to 356 environmental health practitioners throughout the state, addressing their skills, knowledge, and perceptions of job requirements. Test results yielded a list of 25 prominent areas of concern. This analysis indicated that continuing education of practicing sanitarians appeared to be the best method for addressing these concerns, with environmental health law rated as the top issue. Since the original assessment, one follow-up in 1984 was conducted to update the information obtained in the initial data collection.

PLANNING OF THE TRAINING PROGRAM

Today, the lifeblood of the training program is the continuous, proactive process of needs identification, analysis, and planning carried out by the broad-based SOP Committee. The Committee continually solicits input from field managers about current and potential needs. Drawing from epidemiological reports and new legislation, the state's Division of Environmental Health also frequently advises the Committee on training needs. For example, when day care was identified by the state as a new focus for environmental health regulation, the SOP Committee formed a technical subcommittee to solicit the concerns of environmental health practitioners in the field, decide on specific objectives and desired outcomes, and plan appropriate training experiences.

The training program is advertised as "designed by environmental health specialists for specialists." Front-line practitioners, as well as other stakeholders such as state officials and university faculty with relevant expertise, play a central role in the planning process. According to the education specialist, there is a constant attempt to keep Committee membership "down in the ranks." Hearing from rank and file practitioners "this is what I need to know" is of primary importance to the planners. Feedback from workshop attendees is highly valued and is used extensively in planning; "courses are always being revised" based on course evaluation results collected at each workshop. This formative evaluation process often results in revisions in workshops even before they are repeated later at other locations. In addition, differences in availability of instructors mean that program format and delivery may vary from one offering to the next.

The environmental health specialists for whom the workshops are designed are a diverse group. Although almost all hold bachelor's degrees, and many majored in the biological sciences, a wide range of other undergraduate majors is also represented. In addition, about ten percent of North Carolina environmental health specialists hold bachelor's degrees in Environmental Health through degree programs at two state universities. Graduates of these programs already possess an extensive background in basic biological and physical sciences, as well as special-

DESIGN AND IMPLEMENTATION

ized training in environmental health.

After the SOP Committee considers and analyzes the needs expressed by various sources and determines the scope of the year's program, several technical subcommittees are formed to address needs in specific areas. Technical subcommittee are composed of four to five SOP Committee members, who in turn select three or four additional outside subcommittee members from "the best resources available for the topic"—usually environmental health specialists or supervisors with specific kinds of expertise. The continuing education specialist actively participates in meetings, which are held over a period of six to fourteen months, helping the subcommittee formulate objectives and design learning experiences for the short course or workshop with which it is charged. This process is typically very informal; since all of the subcommittee members except the education specialist have full-time jobs, time for subcommittee meetings is limited.

Learning experiences must also be designed to fit into tight constraints of time, location, and available resources. Local health departments have limited budgets for staff development, and they cannot afford to have staff away at workshops for extended periods of time. Sometimes environmental health specialists must pay their own fees or take vacation leave to attend. Therefore, workshop duration and fees are kept to a minimum—typically, about \$25 per day for a workshop of one and one-half to three days. This is a small fraction of the usual fees charged for workshops conducted by third parties such as private consulting firms and universities.

Educational strategies are determined by the subcommittee, the education specialist, and the workshop presenters. Selection of these strategies is often based on the subcommittee members' prior experiences of "what works". All subcommittee members participate in choosing specific speakers and experiences to be included and in organizing the format and sequence of the workshop.

Subcommittees prefer presenters who are actually working in the field over "ivory tower" types. Practicalities of time and local proximity also play an important role in the selection of speakers. Thus, workshop presenters are often drawn from the subcommittee membership. Outside experts, such as architects, attorneys, or other professionals are included when their expertise is relevant.

Workshops often involve active learning: teams of four to six participants work on a problem together, with one "resource person" providing assistance. Ideally, presenters, subcommittee members, and state agency representatives serve as resource persons throughout the duration of a workshop. However, job responsibilities mean that some presenters are able to spend only limited time in attendance. Adjustments at the home agency or institution are often required so that an employee can contribute his or her time. The program's limited funds, in most cases, preclude payment of presenters, who offer their time as a professional contribution.

Programs are marketed under the direction of a Marketing Subcommittee of the SOP Committee. A program brochure, listing all offerings, dates, and locations for the year, is produced by the UNC-CH Office of Continuing Education and distributed to all participating agencies. Each practitioner in the state is aware of the annual requirement of ten hours of continuing education. The choice of workshops to attend depends on needs perceived by the individual environmental health

specialist as well as the supervisor, and on timing, location, and space availability in the course.

According to the Committee's education specialist, a great deal of time and attention have been devoted to devising evaluation tools. Formal evaluation of workshops is carried out by means of short evaluation forms completed by participants at the end of each day and a longer form at the end of the workshop. Evaluation forms focus on participants' perceptions of the workshop's relevance, topic interests, appropriateness of material for the participants' level of knowledge, satisfaction of participants' expectations, and suggestions for changes. Detailed participant ratings of each instructor are also solicited.

Informal feedback is obtained from participants, presenters, state personnel attending the workshop, and other stakeholders. The program operates in a continuous cycle of feedback and subsequent modification. Evaluation results and informal feedback are constantly used to improve the program; "the Committee is always hammering out course revisions," according to the education specialist.

Probably one of the most important "unwritten" outcomes of the workshops, according to one SOP Committee member, is the reinforcement that results from the opportunity to meet for training with other environmental health specialists from different locations. Many practitioners are fairly isolated in their home counties. Contact with other professionals in a shared learning experience helps to "strengthen their professional resolve."

Outcome monitoring in the sense of judging how well learning is applied to practice is difficult, as it is in many educational endeavors, for several reasons. Intended results—improvements in public health—are frequently long-term, and are usually neither easily demonstrable nor directly measurable. And local agencies with oversight of employees' work may not be eager to invite direct inspection by "outsiders." Thus, the evaluation function is allotted to the judgment of local health supervisors, and to the employees themselves.

The training program is accountable to several organizations. It is conducted through the Office of Continuing Education of the UNC-CH School of Public Health under a contract from the North Carolina Department of Environment, Health, and Natural Resources. As part of the contract, the Office of Continuing Education reports to the state several times each year. The program also submits activity reports and plans to the Environmental Health Section of the NC Public Health Association. The Board of Sanitarian Examiners has reviewed and approved the training for use toward annual recertification of sanitarians.

Lines of accountability are complicated by the complex web of relationships among environmental health practitioners and state and local governments. Although training is provided and required by the state, and environmental health specialists are considered "agents of the state" in implementing and enforcing state public health standards, environmental health specialists are employed by county health departments accountable to appointed boards of health and elected county commissioners.

The SOP Committee and its subcommittees operate well in an informal, collaborative, and flexible atmosphere. Relationships among Committee members

OUTCOMES, EVALUATION, AND ACCOUNTABILITY

CONCLUSIONS AND RECOMMENDATIONS

from the various agencies are harmonious, and Committee business is facilitated by a dedicated, able, and experienced education specialist. Subcommittee members and presenters appear to be expert and conscientious. One of the hallmarks of the program is the willingness on the part of everyone involved to adapt to changing time schedules and agendas.

The involvement of front-line practitioners—representatives of the learners themselves—in the planning and implementation of this training program is unusual and exemplary. Whereas expensive contracted workshops often "miss the mark" educationally, this training program is clearly targeted, and constantly adjusted, to meet precisely the self-determined needs of the group served. The SOP Committee model is being studied by other health and social professional groups, who are considering establishing similar programs. Other states, the U.S. Food and Drug Administration, and Canadian agencies have also shown interest in the program as a training delivery mechanism.

Although outcomes of educational programs are admittedly difficult to measure, there would seem to be some benefit in exploring ways to do this on at least a limited scale. A pilot program of direct, periodic observation and evaluation of learning as it is applied on the job could be tried in willing agencies in a few locations. Does a specialist do a better job of evaluating food protection conditions in a restaurant, better determine whether a lot should be permitted for a septic tank, or more appropriately enforce public health law, because of the short course he or she attended? Answers to these questions would inform decisionmakers as to whether money spent on this training program is well spent, or whether it might conceivably be used more effectively to protect public health in some other way.

The training program currently operates under many constraints of time and money. The public health agencies that employ members of the SOP Committee must usually underwrite the expenses of their participation, while at the same time these agencies may be disadvantaged by the substantial time that the volunteer committee work demands. Local health departments find it difficult to spare the time for employees to attend workshops. Therefore, it would seem advisable that the state, which requires continuing education of these health professionals, provide more funds not only to support the program, but also to make assistance available to counties to properly support their employees' participation as committee members, presenters, and workshop attendees. The program would also benefit from sufficient funding to be able to secure the occasional outstanding expert as a paid consultant in a specific field.

ACKNOWLEDGMENT

The author wishes to acknowledge with thanks the generosity of Richard Dideriksen, Continuing Education Specialist for the Environmental Health State of Practice Committee, in sharing his extensive knowledge, information, and materials about this program as well as providing the opportunity to observe a workshop

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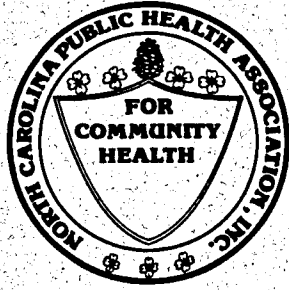
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NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

NEWSLETTER

APRIL, 1993

1009 DRESSER COURT, RALEIGH, NC 27609

PHONE 919/872-6274

1993 NORTH CAROLINA PUBLIC HEALTH ASSOCIATION AND SOUTHERN HEALTH ASSOCIATION ANNUAL EDUCATIONAL CONFERENCE

'ACTION TODAY CHANGE TOMORROW'

Come join us for three days of education, trade show, peer exchange and 'down east' fun in Wilmington, NC! The Southern Health Association is joining us to bring you an excellent program on September 22-24th at the beautiful river-side Wilmington Hilton.

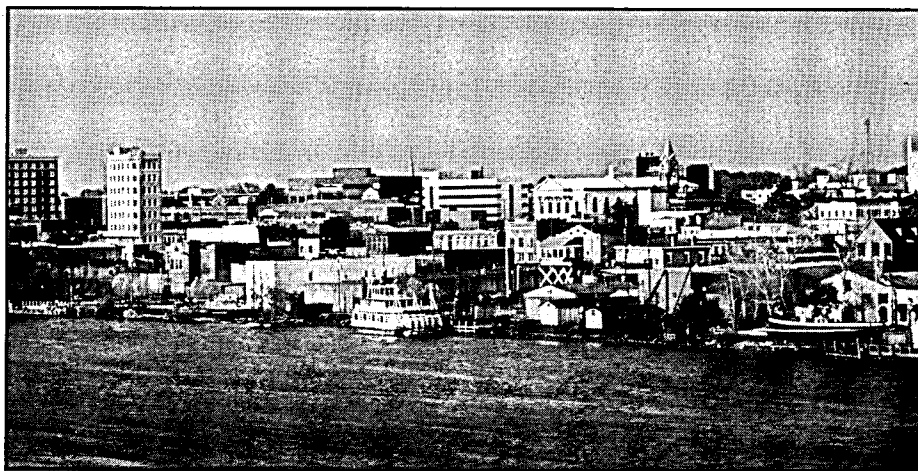
Our keynote sessions will include the American Public Health Association President, Helen Rodriguez-Trias, who will present a personal health perspective to public health. The Southern Health Association will sponsor the second keynote session, entitled, "The Future of Environmental Health" which will be presented by a past APHA President, Larry Gordon.

We have requested that Dan Shingleton give us an encore performance of his slide presentation "The History of Public Health in North Carolina" which will be held on Wednesday afternoon with an added bonus of a concluding walking tour of Wilmington on Thursday morning. Southern Health Association will also be presenting a Leadership Conference for all attendees on Thursday morning that will be a Lead Symposium conducted by Dr. Rouff Reigart of the Medical University of S.C. and a team of lead professionals from the county health department in Louisville, KY.

Our closing session on Friday morning will be both inspirational and entertaining. Mr. Dale Van Horn will be presenting his motivation address "What A Difference You Make" with the use of a piano. Mr. Van Horn wrote the song "What A Difference You've Made in My Life" that was recorded by Ronnie Milsap.

In between will be many opportunities for workshops sponsored by the seventeen sections of NCPHA which will include sessions on Adolescent Sexuality in the 90's, Women's Screening Issues, etc.

Understanding that peer exchange is an important learning avenue, we have scheduled several entertaining opportunities for



you to meet your neighbors and exchange information and ideas. A pool-side membership reception will be held on Wednesday evening serving heavy hors-d'oeuvres, followed by a dance. A continental breakfast will be provided in the exhibit area Thursday morning prior to the morning sessions. The UNC School of Public Health Alumni Association will be hosting a wine and cheese reception for all attendees Thursday evening prior to an awards banquet. And what do all good "Carolinians" do after we eat-we shag! That's right! We will have another dance Thursday night.

Add to all this the opportunity to visit with vendors who specialize in public health products and services in the exhibit area and the chance to meet public health officials throughout the Southeast, and you have a three day conference that is full of opportunities. Take advantage of it and join us!

Pre-registration fees are as follows:

Full Conference:

NCPHA member \$60.00
non-member \$95.00

(fee covers receptions, continental breakfast

and dances)

One day conference:
NCPHA member \$30.00
non-member \$65.00

Banquet (optional) \$25.00

Hotel accommodations may be made at the following hotels:

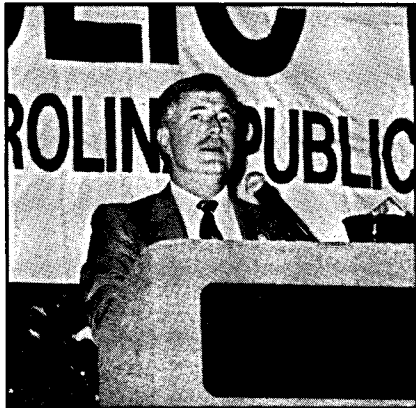
Wilmington Hilton 1-800-662-9338
(host facility)

RATES: Single/double \$85.00/night
Triple \$95.00/night
Quad \$105.00/night

Coast Line Inn (919)763-2800
(within walking distance of Hilton)
RATES: Single/double \$65.00/night

Howard Johnson (919)392-1101
(5 miles from Hilton)
RATES: Flat rate \$58.00/night

All hotel reservations should be made directly with the individual hotel by August 20, 1993.



Leonard Wood, President

I have been reading recently in *The Nation's Health*, the official newspaper of the American Public Health Association, the debate about "Public Health vs. Health Care". In the December, 1992 issue of *The Nation's Health*, Dr. Larry Gordon, a former President of APHA and the keynote speaker at our Annual Educational Conference in Wilmington this year stated: "Health care is not public health!" and "Public Health is not health care!" In addition Dr. Gordon goes on to say: "If public health leaders (in reference to APHA's leadership) cannot, or do not choose to forcefully and effectively promote the primacy of prevention, promotion and environmental health. Who will?" Obviously Dr. Gordon is a strong advocate of public health tending to its classical business of health prevention and health promotion and not getting caught up in the hype, glitter, and specialization of health care.

As you might expect, Dr. Gordon's opinion generated several letters to the editor which opposed his view and were published in the February, 1993 issue of *The Nation's Health*. Dr. Joyce White, a Family Nurse Practitioner and a Doctor of Public

FROM THE PRESIDENT

Health, argues that you cannot separate public health and health care because, she states: "I am increasingly convinced that the dichotomy between public health and traditional health care does not serve our population well and that the traditional measures of a community's health, such as infant mortality and years of useful life lost to premature death will be profoundly affected by the type of primary care delivery system we ultimately adopt". To reinforce this position, but from an entirely different setting, Dian Sharma, director of the Department of Health and Human Services for Washington County, Oregon, states that, "... preventive primary care services are the foundation for the health care system globally and are the greatest determinants of the health status of a population" (*County News*, March 1, 1993, p. 21).

Dr. Victor W. Sidel, past president of APHA, argues in the February, 1993 issue of *The Nation's Health* that health care is defined by all of the following:

1. medical care: treatment of the individual...to provide comfort and hope, ease symptoms ... or even cure the disease
2. preventive medicine: ... promoting health and preventing disease
3. public health: education, advocacy, and action for health promotion and disease prevention in the community
4. social well being: ... the amelioration of hunger, homelessness, unemployment, poverty and hopelessness

It is clear that Dr. Sidel views public health's role to be a holistic approach for the provision of Health Care.

Why do you ask, have I spent so much time defining health care and its relationship to public health? My goal is to stimulate discussion and thought about what you think will be the role of public health in the future. I am pleased that Eastern and Western NCPHA have prioritized the future of public health with the following respective themes for their annual educational conference: "Is Public Health Ready for the Future?" and "Public Health: Gotta Have It! The Vital Link in Health Care Reform".

Can we afford not to ask this question or to insure that public health is part of the solution for health care reform? Other questions that need to be asked include: Are we ready to compete for new or redistributed health care dollars? Are we going to be able to hire qualified personnel and pay them competitive salaries? Should public health compete with the private sector for available dollars and patients? Should public health be in the business of providing primary health care? Should environmental health and health care be in separate departments? These are just a few of the questions that need to be answered concerning the future of public health in North Carolina.

We in public health do have a mechanism to address many of these questions, but it will require all of us to call and write our state representatives and senators to encourage their support for Senate Bill 69 and any other legislation that will establish a long term Public Health Study Commission. Do not wait, write your letters today!

NCPHA SPONSORING CONFERENCE ON HEALTH CARE REFORM

The North Carolina Public Health Association will be one of the major sponsors of the upcoming consensus development conference: "The Role of Public Health in North Carolina Under Health Care Reform." The conference is tentatively scheduled for this spring in Chapel Hill. Leonard Wood, current NCPHA president and health director of Catawba County Health Department, and Barbara Chavious of the Department of Health Policy and Administration at the UNC School of Public Health, are representing NCPHA on the conference planning com-

mittee.

The format for this conference will be unique. A select panel of professionals experienced in public health service and delivery will hear two days of formal presentations from a variety of experts in health care reform and public health. The panel will be charged with drafting answers to a set of conference questions that deal with the role of public health under health care reform. An invited audience will have the opportunity to comment on the presentations, and to communicate their views directly to the panel.

The final consensus statement will be released at a press conference at the end of the conference.

Because of its role in support of this conference, NCPHA will be sending a number of delegates to the conference. If you are interested in attending, or wish to learn more about the conference, please contact either Leonard Wood or Barbara Chavious. Additional conference sponsors include the UNC School of Public Health, the Office of the State Health Director (NC DEHNR), and the Association of Local Health Directors.

LEGISLATIVE ALERT! LEGISLATIVE ALERT! LEGISLATIVE ALERT!

The NCPHA Legislative Committee is encouraging each public health practitioner, and especially NCPHA members, to write your respective legislator in support of Senate Bill 69, "An Act of Establish the Public Health Study Commission". The purpose of this commission shall be to examine the public health system to determine its effectiveness and efficiency; and to study the availability/accessibility of public health services to all citizens throughout the state. This objective will be achieved through:

1. Evaluating whether the current organizational structure of the public health system is effective in meeting the present and future public health needs
2. Determining whether the public health services currently available in each county or district health department conform to the mission and established essential services
3. Studying the workforce needs of

- each county or district health department, including salary levels, professional credentials, and continuing education requirements, and determine the impact that shortages of public health professional personnel have on the delivery of public health services
4. Reviewing the status and needs of local health department facilities, and the need for development of minimum standards for the provision and maintenance of the facilities
 5. Proposing a long-range plan for funding the public health system
 6. The study of and recommendations on the role of public health in health care reform efforts

This bill has been given the top priority of NCPHA's Legislative Agenda this year. The creation of this Commission will assure legislative attention to public health issues. The best

way to let legislators know what you want is to write. The UNC School of Public Health's tips on writing legislators is provided at the conclusion of this article. Please remember:

1. **DO NOT USE LETTERHEAD STATIONERY OR METERED MAIL POSTAGE. CORRESPONDENCE SHOULD BE WRITTEN ON YOUR OWN TIME, USING YOUR PERSONAL STATIONERY OR PLAIN PAPER**
2. **Be Brief** - Write about one bill or issue at a time. A one page letter is usually most effective.
3. **Be Legible** - Make sure your handwriting is legible and spelling is correct
4. **Be Timely** - Write when the issue is current and before the bill comes to the floor for a vote.
5. **BE SURE YOU USE THE BILL TITLE "SENATE BILL 69" IN YOUR CORRESPONDENCE.**

YOU DON'T HAVE TO BE AN EXPERT TO WRITE YOUR LEGISLATOR. IT IS YOUR CONCERN AND INTEREST THAT ARE MOST IMPORTANT. HERE ARE SOME TIPS TO MAKE IT EASIER:

Address it properly

During the legislative session, send mail to:
The Honorable (name of Senator or Representative)
North Carolina General Assembly
State Legislative Building
Raleigh, North Carolina 27611

It is customary to write: Dear Senator _____ or Dear Representative _____

Identify yourself

Tell where you are from and, if you are a constituent, always identify yourself as one. Also, state other affiliations you have, for example, that you are a member of NCPHA or other associations.

Be specific

When writing about particular legislation, use the bill number or title if you know it. If not, briefly describe the issue to show you are familiar with the subject.

State your reasons for writing

Say up front that you want him/her to support or oppose the bill and why. Tell how you believe the bill will affect you or those whom you know. Specify how it will affect the legislator's district. Focus on two or three main points. If you have them, attach newspaper and journal clippings to support your position. Supportive editorials from local newspapers carry weight.

Personalize your letter

Write your own views in your own words. Personal letters are much more effective than form letters that look like the product of a mail campaign.

Ask for specific action

Urge your legislator to take action to support (or oppose) the bill. Request (don't demand) a reply to your letter stating his/her position.

123 Main St.
Millsville, N.C. 12345
April 1, 1993

The Honorable John Doe
North Carolina General Assembly
State Legislative Building
Raleigh, N.C. 27611

Dear Senator Doe,

I am a registered voter from Millsville, in your district, and a member of the North Carolina Public Health Association. I am writing to ask your support for Senate Bill 111, which would require the establishment of a state policy for solid waste management.

Mills County, like many North Carolina counties, is facing a crisis in solid waste management. A comprehensive statewide policy is needed to address these problems and to provide guidelines and assistance to local governments for developing their own waste management programs. This is needed to protect the health of our citizens, the quality of our water and air; and the long-term economic well-being of the state.

I hope that you will vote yes to support SB 111. I would appreciate hearing from you about your position on this much needed legislation.

Thank you for your consideration of this issues.

Sincerely,

Mary E. Smith

NCPHA 1993-94 SLATE OF OFFICERS

PRESIDENT-ELECT CANDADITES



Karen A. Foster

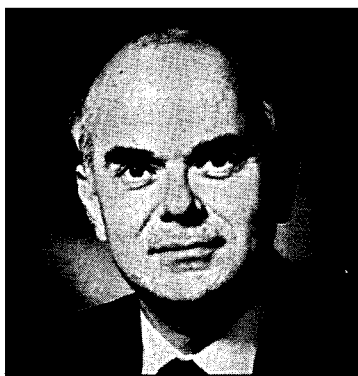
I am honored by the Nominating Committee's recommendation to consider me for the office of President-Elect of the North Carolina Public Health Association. It is my belief that the North Carolina Public Health Association must be a positive force of public health to improve the health status and health care of people in North Carolina. Public health affects every citizen from preconception through adulthood. It is our responsibility to put forth every effort to enhance our health care programs and to serve our citizens in a conscientious endeavor. We are challenged with escalating environmental issues, no prenatal care, reduced child health services, increased AIDS/HIV, infant mortality, demands for health education in our communities, increased teen pregnancy, physical and substance abuse, malnutrition, reduction of fiscal management, over-extension of resources... the list goes on and on. As members of NCPHA we can extend stronger support to our programs and legislative issues affecting our health care reform. Each of us, as health care professionals, must make the commitment to reach out to those who need our services, implement new methodologies to operate programs with less fiscal support, improve technology, use resources effectively, and to meet the objectives of the year 2000. We must take the lead to become the prominent voice for public health in North Carolina.

Public Health Experience:

My 22 years of public health experience began in 1970 and I am currently the Administrative Assistant to the Director of Family Planning/Maternity and supervisor of the division's management support personnel. I have been a supportive and active member of NCPHA since 1973. Some of my professional activities have included:

1981-82 Chair - Management Support Section (Vice-Chair, 1980-81; Treasurer, 1979-80)

- 1982-83 Member - Nominating Committee, NCPHA
- 1984-85 Secretary, NCPHA
- 1987-89 Chair, Membership Committee, NCPHA,
- 1986-87 Member - Program Committee, NCPHA
- 1989-90 Member - Resolution Committee, NCPHA
- 1989-90 Member - Executive Search Committee, NCPHA (Special Committee)
- 1990-91 Member - Audit Committee, NCPHA
- 1991-92 Chair, Local Arrangements Committee, NCPHA
- 1984-85 President - NC Local Public Health Management Support Supervisors' Association
- 1986-87 President - North Central Regional Public Health Management Support Supervisors' Association
- 1990-91 Secretary - NC Local Public Health Management Support Supervisors' Association
- 1993 Liaison to NC Association of Local Directors, Policy and Planning Committee, representing the Local Public Health Management Support Supervisors' Association



Newsom Williams

BIOGRAPHICAL SKETCH:

I have worked in public health in North Carolina for the past eighteen years, in the area of developmental disabilities. I have been director of the Developmental Evaluation Center in New Bern since 1980. My membership in NCPHA spans fifteen years,

and includes the following: Treasurer of NCPHA (1991); Vice-President for Communication (1990); Legislative Committee (1993); Publications Committee (1991, 1992); Membership Committee (1990, 1991); and Grants Committee (1991). I served on NCPHA's Governing Council for three years and Executive Committee for two years. I have also represented NCPHA on the N. C. Public Health Week Committee (1990, 1991) and the Alliance for the Advancement of Public Health (1992).

Before the Developmental Disabilities Subsection of NCPHA became the Developmental Rehabilitation Section, I was chair of the subsection, and later received the section's award for outstanding achievement. Additionally, I served as president of the N. C. Developmental Evaluation Centers' Directors Association and have chaired the Neuse Developmental Disabilities Catchment Area Team, Inc. I currently hold membership in APHA, Southern Health Association, and Eastern District NCPHA.

POSITION STATEMENT:

NCPHA has made major gains in recent years. Our previously all-volunteer organization, the largest state association in the nation in terms of membership, has become more visible and responsive. The decision to establish a permanent office and employ part-time staff represented a major step forward. Improved and expanded publications reflect a new dedication to education excellence, as does our annual educational conference. Committees and task forces are becoming more involved in important public health issues and advocacy.

A continuation of this organizational momentum will require the investment of time and energy by many individual members. We are challenged to find new ways to make our professional association efficient and even more effective in the 1990s. By serving on a committee, becoming more active in your section, or encouraging a colleague to join the organization, you are making a personal commitment to strengthen NCPHA. Working together, we can make NCPHA an exemplary state public health association.

VICE PRESIDENT FOR COMMUNICATION



Libby H. Stephens

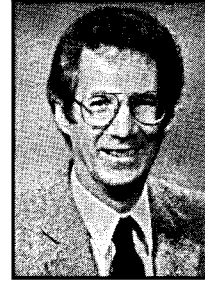
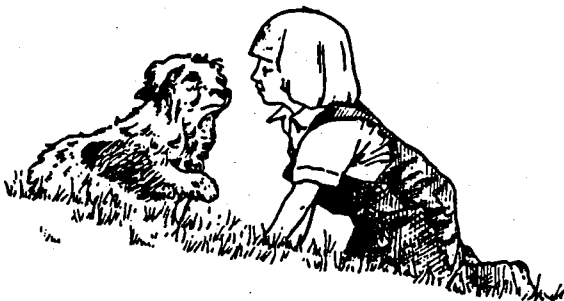
I am currently a Public Health Administrative Consultant serving the Winston-Salem and Mooresville region and have worked in public health for sixteen years. I began my career as a Management Support Supervisor and Secretary to the Health Director in Davidson County.

My work in Public Health has afforded me many opportunities, the one of greatest pride was my work in the development of the North Carolina Local Public Health Management Support Supervisor's Association which finally gave management support supervisors a voice and recognition across the state. I continue to serve as a resource person with this Association.

I have actively served the North Carolina Public Health Association for the past fourteen years. Beginning with the Management Support Section, I held all offices as well as chairing numerous committees within this section. I served on the Governing Council in the following offices/committees:

- Chairman, Audit Committee
- Secretary of NCPHA (2 yrs.)
- Chairman, Bylaws and Manual of Procedures (2 terms)
- Parliamentarian
- Member at Large (3 year term)

I look forward to having the opportunity to run for the office of Vice President of Communication. I want to continue to assist the Association in staying a strong and unified voice for those of us who have chosen to work in public health at both the local and state levels. I will continue supporting the objectives of NCPHA and any legislative initiatives favorable to the citizens of North Carolina. If elected, I will continue to strive to represent the membership with appropriate sharing of information through the Newsletter.



Trenton G. Davis

My career in public health spans over three decades commencing in 1961 when I accepted a position as Public Health Sanitarian with the Greene County (Tennessee) Health Department. Since then I have held the following positions:

- Assistant Professor of Environmental Health, East Tennessee State University, 1967-1970.
- Chair, Environmental Health, 1972-1984.
- Associate Vice Chancellor for Academic Support, ECU, 1984-1988.
- Acting Dean, School of Industry and Technology, ECU, 1988-1990.
- Associate Dean of the School of Allied Health Sciences, and Professor of Environmental Health, ECU, 1990-1991.
- Professor of Environmental Health, ECU, 1991 to present.

During the years while I worked in academic administration, I continued to teach undergraduate environmental health courses and participated in professional organizations. I served a term as President of the National Environmental Health Association, and have served as Technical Editor of the Journal of Environmental Health since 1984.

My membership in NCPHA dates back to 1973. I have served on a number of committees including the Awards Committee, the Scholarship Committee, the Program Committee, and currently serve as Chair of the Publications Committee and co-editor of the NCPHA Forum.

I earned two graduate degrees in environmental health, a MPH from Tulane University (1967) and a Dr. P.H. from the University of Oklahoma (1972).

The 1990s promise to be a critical period for public health in North Carolina. Budget cuts, competition from other organizations for members and resources, loss of confidence among many citizens that public health professionals are capable of solving current problems, and confusion about our goals are some of the challenges which we face. NCPHA is the one organization in our state which has the ability and the commitment to assure that challenges are met.

Communication between and with members is critical for our future success. It is my opinion that many positive steps have been made to improve communication through improvement of the association's publications. The Newsletter is an excellent publication, and the Forum provides opportunities for individuals to share practical and relevant information with their colleagues.

We must work together and we must communicate effectively in order to succeed as an association and as professionals. I would like an opportunity to contribute to the efforts of the association, and would consider it an honor to have the opportunity to serve as Vice-President of Communication for NCPHA.

VICE PRESIDENT OF EDUCATION CANDIDATES



Dicie S. Alton

I am presently serving as the Vice President of Education for NCPHA. I assumed the duties in January, 1993. Prior to serving as Vice President of Education, I served on the Infra-Structure Committee (2 years), Governing Council (2 years), and the Awards Committee (one year). I am a member of the Management Support Section of NCPHA, where I am the Newsletter reporter. I was the President of WNCPHA (91-92) and President-Elect of WNCPHA (90-91). As President-Elect, I was responsible for developing the theme of the convention, the program format, selecting speakers, and printing the program. I am also a member of the NC Hospice Board as a member-at-large.

If I am elected as your Vice President of Education, I would consider it an honor and privilege to develop our educational program for the 1994 meeting in Asheville. Activities will involve Health Care Reform, Year 2000 Objectives, and educational workshops as requested by membership. Public health is an important part of our lives and planning related activities for the membership of NCPHA will be exciting and rewarding for me and the membership.

I would like to thank you for your support in the past and I look forward to serving you again in 93-94.

Michael L. Clements

Three of the major concerns for our North Carolina Public Health Association are that NCPHA must first establish itself as the most viable and credible body in the state of North Carolina and the nation in the field of public health. We need for our citizens to think of public health in universal terms not just for a particular class, race, socioeconomic strata or interest group. Health is a right of all people and NCPHA should be the vanguard of that right. NCPHA must also be the conscience of our health system; a group that due to it, human resources can perceive health issues and present them to our legislature, as well as impact on issues directly. NCPHA must be the voice of the public health community. Issues such as infant mortality, the impact of AIDS, teenage pregnancy, care of the elderly, and primary health care must be vocalized in every forum possible such that those who control the resources, as well as those who are affected, rally and support the issue until solutions are developed. The nation's public health community must recognize the North Carolina Public Health Association as the foundation of Public Health advocacy in our state.

I have been a member of the North Carolina Public Health Association for the past 13 years.

My experience in public health is as follows:

- Member-at-large on the NCPHA Governing Council
- Member of the Think Tank Task Force, which played an important role in developing the NCPHA's new growth and direction
- Member of the American Public Health Association
- Speaker, as well as a moderator, at the American Public Health Association Annual Meetings
- Graduate of the University of North Carolina School of Public Health in Maternal and Child Health; awarded Master Degree
- Member of the nominating committee for NCPHA
- Chairperson of the Developmental Rehabilitation Section
- Treasurer of the Developmental Rehabilitation Section
- Membership Chairperson for the Developmental Disabilities Subsection

**BE A VOICE FOR PUBLIC HEALTH
IN NORTH CAROLINA.
VOTE!!!**

Please review each nominee and exercise your right as a NCPHA member to choose your new leaders. Remember: You must be a 1993 member by July 15, 1993, in order to receive a ballot!

SECRETARY CANDIDATES



Belinda Allison

I am pleased and honored to have been nominated for the office of Secretary of the North Carolina Public Health Association! I am presently employed at the Jackson County Health Department as Secretary to the Environmental Health Section. I have been employed at this agency for the past eight years.

Since the beginning of my employment, I have been a member of both NCPHA and WNCPHA. I have been actively involved in NCPHA for the past 3 years where I am presently serving as Chairperson for the NCPHA Membership Committee. I have served on the NCPHA Governing Council for the past 2 years in the capacity of Membership Chair. It has been a truly rewarding experience for me to have had the opportunity to promote membership for this outstanding organization.

I served as President of WNCPHA in 1991 which allowed me my first experience of serving on the NCPHA Governing Council. I have held several offices and committee posts within WNCPHA where I am presently serving as Chairperson for the Visionary Committee.

I believe NCPHA is a valuable organization for public health professionals because it helps promote public health in North Carolina. NCPHA is a strong organization, but it can be **STRONGER !!** The way to make it stronger is through more support and commitment from our public health family.

As public health workers, we face many challenges in the future. If we are to overcome the problems and challenges of tomorrow, we must strive to find ways to become a stronger, more viable organization- an organization that can be a "Unified Voice" for public health in North Carolina. I would appreciate the opportunity to serve on the Executive Committee of NCPHA and assist with efforts to increase the viability and visibility of NCPHA. Also, I would welcome the challenges of trying to find new solutions to old problems and developing new and creative ways to meet the future needs of public health and this organization.

Nancy White

I consider it a great honor to have received consideration of running for candidacy of Secretary for the North Carolina Public Health Association. I have seen over the past year, the strides and accomplishments of the officers and executive committee to promote public health issues in the community and provide a better future for public health employees.

If elected, I will put forth my effort to continue with that same support and perseverance. I would like to see a unity developed between both the Eastern and Western districts to enhance our credibility and provide for cohesion and support of relative issues. I do not feel the North Carolina Public Health Association can continue to grow if we do not address and maintain support from our adversaries.

I do pledge to perform the duties of Secretary to the best of my ability and will offer my services as needed to other members of the association to improve the quality of the associations.

Employment

1990-present Pediatric Nurse Practitioner, Wake AHEC-
Neonatology, Wake Medical Center,
Raleigh, NC

Professional Organizations and Societies:

Member, North Carolina Public Health Association

Member, Physician Extender Section, North Carolina Public Health Association

Member, Public Relations Chairperson, National Association of Pediatric Nurse Practitioners

Counselor, Sudden Infant Death Program

Member, North Carolina Nurses Association

MASTERS IN HEALTH ADMINISTRATION OFFERED IN WILMINGTON

The University of North Carolina at Chapel Hill is accepting applications for its Executive Master's Program for working health professionals and administrators. The program, which is offered through the Department of Health Policy and Administration at the School of Public Health, and supported, in part, by the NC AHEC Program, awards the Master of Public Health (MPH) degree in Health Administration and Master of Healthcare Administration (MHA).

The next class will begin in Wilmington in August, 1993. Classes will be held once a week, on Fridays, at the Coastal AHEC during the fall and spring semesters. The MPH can be earned in three years; the MHA in four.

Interested persons are urged to begin the application process as soon as possible. Experience has shown that it may take as long as 3 months before all college transcripts, GRE scores and recommendations are available to the admissions committee. Applicants who do not have a current GRE score are encouraged to register for the exam at the earliest opportunity. Application deadline is June 15, 1993.

For more information or for application materials, contact the Executive Master's Program, Department of Health Policy and Administration, School of Public Health, CB#7400 McGavran-Greenberg Hall, Chapel Hill, NC 27599, or call (919) 966-7364.

TREASURER CANDIDATES

Bob Canupp

EDUCATION:

East Carolina University, BS, 1985 and MBA, 1992.

WORK:

NC Dept. Environment, Health, and Natural Resources HIV/STD Control Section, 1985-Present.

ACTIVITIES:

Past Treasurer, Eastern District North Carolina Public Health Association

Past Vice-Chairman HIV/STD Section of NCPHA

Current, Chairman HIV/STD Section of EDNCPHA

Past Vice-Chairman HIV/STD Section of EDNCPHA.

QUOTE:

"I believe that we are a crossroads in public health. We can move forward, but we need strong leadership and excellent vision.



Eunice Inman

The past year has been one of change, growth and excitement. As Treasurer for 1992, I want to thank you for your support and I solicit your vote for 1993. Serving as your treasurer has given me a broader perspective of the role of NCPHA, its members and beneficiaries. As I look forward to the coming year, I would like to continue serving you as Treasurer and take this opportunity to ask for your continued support. I have been employed as a nurse with Robeson County Health Department since 1981 and a member of NCPHA since 1982. During this time, I have been a member of the Nursing Section and have actively worked for its growth and development having served as Treasurer for two years, Chairperson of the Membership Committee and as a member of various other committees. I am also active in EDNCPHA and have served as Chairperson and Vice Chairperson of the Nursing Section and as a member of the Scholarship Committee for four years. Through these responsibilities, I have also served as a member of the Executive Committee for six years.

NCPHA is a vital link in providing public health services to the citizens of North Carolina. It is the mechanism by which vision and enthusiasm can be transformed into concrete ideas that launch action. I take pride in the growth and impact of this organization which chooses to be in the forefront of progress in preserving quality of life. I am honored to be considered for an additional year of service and if I am elected I will continue to work closely with the incoming President and Executive Committee to ensure a sound financial foundation for NCPHA.

MEMBERS-AT-LARGE CANDIDATES



Joseph B. Bass, Jr. (Barry)

Biography:

BA, Political Science, UNC Charlotte - 1976; Master of Social Work, UNC Chapel Hill-1978; Family Planning Program Coordinator, Cleveland County Health Department, 1978-79; Regional Family Planning Program Consultant, 1980-1984; Director, Stanly County Health Department, 1984-present.

NCPHA Involvement:

Member since 1978. Governing Council, 1988-89. Parliamentarian, 1991-92. Resolutions Committee Chairman, 1992-93.

Other Activities:

WNCPHA, member since 1980; past-president, Executive Committee, 1985-93. N.C. Association for Home Care, past-president; Board of

Directors 1987-92. N.C. Association of Local Health Directors, member since 1984; Executive Committee 1986-87, 1993-94; Chairman, Adult Health Committee, 1991. Field Instructor, UNC School of Social Work, 1988-90. Regional HIV/AIDS Board of Directors, 1992-93. Stanly County Umbrella Services Agency, Board of Directors, 1984-87 and 1990-93.

Position Statement:

Public Health is in a very unique position to become actively involved in the issue of health care reform. NCPHA with its multidisciplinary membership, wealth of experience in health care, can, and indeed must, be a player from the outset, in the planning and policy development process of health care reform. Our traditional focus on the promotion of positive health practices, community education, and disease prevention activities, provide us with both a relevant insight and unique perspective on efficient and cost effective approaches in the delivery of health services to our citizens. Historically, the NCPHA has been an inclusive organization, valuing the contributions and perspectives of both of its individual members and constituent sections. I will work diligently to maintain and continue the values of diversity and inclusiveness among our membership, also to be ever sensitive to the needs of our constituents. Personally, your support and vote will be humbly accepted. More importantly however, your involvement in the participatory process and commitment to the betterment of our association, and the support of the candidate of your choice will be greatly appreciated.

Your Vote Counts!
You must be a member
of NCPHA in 1993 in order to vote.
Ballots mailed on July 15th.

MEMBERS AT LARGE



Mexie V. Fields

If I am elected member-at-large, I will represent the members by seeking out how they perceive public health, their vision of its future, and bring their concerns to the Governing Council.

I am very concerned that public health workers join and support our professional organization in strengthening our purpose. Dues have been adjusted so that any worker at any level can belong to the NC Public Health Association, commensurate with the worker's income.

Historically, health departments have focused on prevention of disease and health promotion. Both require teaching. That teaching must come from every member of the public health team. To be believable, the teacher must be informed. Therefore, to remain the community health care givers we believe ourselves to be, there must be ongoing inservice and communication in both the local agency and in the state agency.

If we are to remain the official community health teacher, we must find and treat the root cause of increased teenage pregnancy. We must be ever vigilant in the realm of communicable disease. The AIDS problem is omnipresent and is being attacked by those in research and those in health care, but we cannot let down our guard in our fight against the age-old syphilis, gonorrhea, and other sexually transmitted diseases. Nor can we overlook our determination to eradicate tuberculosis. The NCPHA logo on the cover of the newsletter symbolizes continuous commitment to optimal health care for the citizens of NC. We can, and, must adopt it!

My experience in public health:

- Employed by Cumberland County Health Department as community health assistant since 1977.

- NCPHA member since 1978.

- Membership chair of subsection, first and second vice chair.

- Worked closely with the nursing section to organize the subsection to full section status.

- Was the recipient of the Community Assistant Award of the Year in 1991.

- Member of Local Arrangements Committee each time the NCPHA met in Fayetteville.

- Served on the NCPHA Nominating Committee and am currently a member.



Kathy Peedin Gurley

I am very honored to be asked to run for the office of Member At-Large of NCPHA. I have been an active member of the association since 1969 and have served as Treasurer, Member-at-Large, and STD Section Chairperson. As a member of the STD and Management Support Sections, I have served as a representative to the Scholarship, Membership, and Nominating Committees.

Communication is the key to improved working relationships among health care providers and ultimately to better delivery of services to our public health clients. NCPHA is an organization that fosters peer exchange by encouraging people from different disciplines to become involved in educational conferences that provide insight to what is going on in all the varied aspects of public health.

If elected member-at-large, I would strive for improved communication by conveying the concerns of the membership to the Governing Council. I believe in NCPHA and I know that together we can make a difference!



Deborah Warren

I have been employed in public health since 1978. During that time, I have been active in the North Carolina Public Health Association and the Eastern District North Carolina Public Health Association. I continue to strive to be active in both Associations.

Through participation in the NCPHA and the Eastern District NCPHA, I have realized how important they are now, and historically have been, in North Carolina. With a rich history of being forerunners in preventive medicine, making the environment safe, and getting legislation to protect citizens from communicable diseases, we are now ready to lead the state into a new era. As public health employees, we are bound to monitor, to be involved in and to advocate all health needs for those citizens who are dependent on us. To be elected member-at-large would be an honor. This position will afford me the opportunity to serve you by listening to your concerns and suggestions, and officially share that information with the Governing Council of NCPHA. Together we will work hard to make the North Carolina Public Health Association a continued leading force as we prepare for the year 2000. I will very much appreciate your support and your vote.

Work Experience:

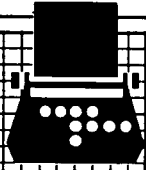
1978-1980	Public Health Nurse
1980-present	Family Nurse Practitioner

Professional Organizations:

1978-present	NCPHA
1978-present	EDNCPHA

Offices Held:

EDNCPHA	
Registration Chairperson	1981-1988
Treasurer	1988-1989
Vice-President	1989-1990
President-Elect	1989-1990
President	1990-1991
Past-President	1991-1992
Treasurer, PE section	1991-1992
NCPHA	
Vice-Chairperson	1985-1986
Nursing Section	
Awards Committee	1991
Chair By Laws Committee	
Physician Extender	1991- present
Section	



NEWS FROM THE SECTIONS

1992 ENVIRONMENTAL HEALTH POSTER CONTEST



L-R Joe Tomlin-1st Place, 5th grade; Mike Reavis, Poster Contest Chairman; Allison Peck-1st Place, 6th grade; Katie Maines-1st Place, 4th grade, last fall at the Annual Business Meeting of the Environmental Health Section of The North Carolina Public Health Association.

The topic for the first Environmental Health Poster Contest was "Recycle-Don't Waste". The contest was for 4th, 5th and 6th graders statewide.

The poster contest, sponsored by the Environmental Health Section, was a very successful public relations tool. Over 50 posters were submitted for judging at the district level. Of the 50, approximately 20 were submitted to the Section for judging. Six prizes and plaques were awarded at the state level. The six winners are from all across North Carolina. 4th grade: 1st place - Katie Maines, Alamance County. 2nd place - Tiffany Murdock, Anson County. 5th grade: 1st place - Joe Tomlin, Yadkin County, 2nd place - Barclay Taylor, Haywood County. 6th grade: 1st place - Allison Peck, Yadkin County, 2nd place - Anna Williams, Haywood County.

The contest gave local departments the opportunity to promote local and state environmental health programs in the school systems that participated.

Due to the success of this first attempt at a poster contest, the Executive Committee, Environmental Health Section voted to sponsor a contest for the 1992-1993 year. The theme for the contest this year is WATER - THE CYCLE OF LIFE.

Mike Reavis

LABORATORY SECTION REPORT

This report is directed to those of you who have membership in the Laboratory Section, but were unable to attend the business meeting or the workshop in Greensboro this past September. We talked about you behind your back!

Since our business meeting program was about motivation, those present discussed ways to encourage (a) more people to become Section members, and (b) more members to attend the meetings. The usual problems were mentioned - no coverage for one-person labs, restrictive travel and budget policies, location of annual meetings, and program topics. Quite frankly we were stumped about new ways to increase the appeal of Section membership. If something unique stands in your way and you know how we can remove the barrier, or if you can shed light on why your non-member colleagues have not joined, I want to hear from you. I am Cherry Horn, your Section Chairperson, and I can be reached at the NC DEHNR Washington Regional office, Division of Lab Services, 1424 Carolina Avenue, Washington, NC, 27889. My phone number: is (919) 946-6481. Call me with your concerns, complaints, or suggestions (especially suggestions!)

One way we have to encourage membership is an incentive drawing, using the names of members who joined prior to the dues deadline (for 1993, it was 12/31/92.) Diane Vosnock of New Hanover County

Health Department won this drawing at the September meeting in Greensboro. Her NCPHA and Section dues would have been paid by the Lab Section for 1993, but her employer already pays them so Diane got to keep the cash! Congratulations, Diane!

Planning is underway for next year's celebration of the 50th Anniversary of the NCPHA Lab Section. The Planning Committee chairperson Lou Turner [(919) 733-7367], would appreciate any suggestions you have to make this event memorable.

Cherry Horn, Chair

MANAGEMENT SUPPORT SECTION

The Management Support Section held its first Executive Board meeting on January 8, 1993 in Raleigh. The Committee is busy planning for the 1993 Annual Educational Conference to be held in Wilmington in September. Please make your plans to attend. The Education Committee is working hard to sponsor workshops this year for all management support personnel. Details on the topics and locations will be mailed out soon to all Health Departments. Again, this year, the Management Support Section will be awarding two \$250.00 scholarships to deserving management support personnel. Keep in mind your nomination for Achiever of the Year Award. Please submit all nominations to Karen Foster, Guilford County Health Department, 1100 E. Wendover Avenue, Greensboro, NC 27405. I would like to encourage all management support staff to join our section and become involved with the North Carolina Public Health Association.

Sandi Baxley, Chairman

ADULT HEALTH SECTION PROGRAM

The Adult Health Section of NCPHA will have a blockbuster program at the annual meeting in Wilmington. This program is co-sponsored with the Health Education Section. The program will be on Thursday September 23 from 3:00 - 5:00 p.m. and is entitled "Once is Not Enough: Women's Screening Issues". The program will address:

- strategies for maintaining compliance in cervical/breast cancer screening and other behaviors i.e., diet/exercise, weight management, blood pressure, smoking, etc.
- model programs for maintaining adherence; what lessons from programs that have been successful in maintaining compliance can be applied to behavior maintenance in other women's health areas.

Speakers include:

1. Barbara K Rimer, Dr.P.H., Director of Cancer Prevention, Detection and Control at Duke Medical Center
2. Debbie Holden, M.S., Cancer Control Program Manager at NCDHENR.
3. Other speakers are to be announced.

The Adult Health Business meeting will be held at lunchtime on the same day. There will be a speaker on data collection and computer applications to assist in patient tracking.

This year's awards will coincide with the topic of women's health.

For more information, contact: Jon Levin, Mecklenburg County Health Department at (704) 336-4669.



CHILDREN WITH SPECIAL NEEDS SECTION

This is the first year of the Section's new name "Children with Special Needs" (formerly Developmental Rehabilitation Section). The name change was supported by our membership. It was felt that Children with Special Needs more accurately reflects our goals and purposes. We are in the process of revising our guidelines to go with the responsibilities. These activities should strengthen the Children with Special Needs Section's organization and structure. Officers for this year are as follows:

Chairperson- Alice Brooks
DEC, Wilmington
Vice Chairperson-Kaye Holder
Children & Youth Sec.

Treasurer- Raleigh
Pat McDonald
DEC, Rocky Mount
Secretary- Elizabeth Reeser
DMCH Reg. Office
Fayetteville
Legislative Liaison-Andrew McLaurin
DEC, Durham

We are concerned about a decline in our Section's membership. We encourage all of you who work with or have an interest in children with special needs to join. Your support and participation are important and will make a difference.

Alice Brooks, Chair

APHA UPDATE

As your representative to the American Public Health Association, I attended the Annual Meeting in Washington, D.C. in November, 1992, for the first time in that capacity. Even after years of attendance at APHA meetings, I was both amazed and humbled by the huge national organization of which we, as members of NCPHA, are all a part. The Governing Council of APHA has 235 members, who represent state affiliates and APHA sections. There are 8 North Carolinians on the Governing Council. I am honored to have the opportunity to speak for NCPHA in this governing body that helps to shape policy and to influence national legislation regarding public health.

The predominant issue at the last Annual Meeting was National Healthcare Reform, and the subject was discussed in numerous forums. The APHA stand was that even if a universal, comprehensive program of medical care for all Americans is adopted, there will nonetheless be a need for continuing, and strengthened, community health efforts. This issue is imperative at the State level, as well.

We, as a state affiliate and as individuals for national office and for awards, and can otherwise impact the public health agenda for the country. For example, one of the policy statements that was passed at the last meeting, entitled "Support OSHA Reform

and Strengthen Enforcement", was a response to the tragic fire at the Imperial Food Products Company in Hamlet, NC.

Also, in my first year, I have realized how much lead-time it takes to get items on the APHA agenda or to get individuals into office. Deadlines always seem to be "next week"; therefore, I am asking all NCPHA members who are interested in participation at the national level to let their interests or concerns be known to me as soon as possible. We may need to plan one or two years in advance.

Helen Rodriguez-Trias, MD, the President of APHA, will be a speaker at our Annual Meeting in Wilmington, September 22, and I encourage you to take this opportunity to speak with her about public health concerns in North Carolina. As your APHA rep, I, too, welcome (and need!) input from all of you.

If interested in presenting papers at APHA Meeting in 1993 on the theme "Building Healthy Environments" should immediately contact:

Harry Perlstadt, PhD, MPH
Dept. of Sociology
Michigan State University
East Lansing, MI 48824-1111

Barbara Chavious
APHA Affiliate Representative

SOUTHERN HEALTH ASSOCIATION



The Southern Health Association (SHA) will be joining NCPHA at the Annual Educational Conference in Wilmington on September 22-24, 1993. Your SHA Representative, Susan O'Brien, and your NCPHA Administrative Assistant, Deborah Rowe, were at the Southern Health Association Annual Meeting in Little Rock, Arkansas, to promote our conference and to extend a warm North Carolina welcome to our beautiful coast.

SHA will be providing two sessions for our conference. They have secured Larry Gordon as a Keynote Speaker addressing "The Future of Environmental Health". He is currently a visiting Professor of Public Administration at the University of New Mexico where he is responsible for developing the new graduate programs of:

- Master of Environmental Science and Administration
- Master of Public Health
- Master of Health Services Administration

Mr. Gordon retired in 1988 as New Mexico Cabinet Secretary for Health and Environment. He has served as President of the American Public Health Association and is the recipient of many national awards.

SHA is also sponsoring a Lead Symposium on Thursday morning. Dr. Routt Reigart, Associate Professor of Pediatrics, Medical University of South Carolina, will lead a panel discussion with the Lead Team from the county health department in Louisville, Ky. Dr. Reigart is a national advisor on lead and the Louisville team, which will be composed of personal health and environmental health professionals, is the national role model. We are pleased to have SHA join us in Wilmington and hope all of

you will take advantage of the opportunity to attend these sessions and meet your peers from throughout the Southeast.

Susan O'Brien
SHA Representative

WNCPHA UPDATE

The WNCPHA Annual Meeting will be May 12-14 in Asheville at the Great Smokies Hilton. Room rates are \$52.00 for single or double (no charge for additional persons). Wednesday evening a D.J. from Premier Sound and Light will provide entertainment. Then, on Thursday night, after the banquet, a great show band, the Catalinas, will surely please everyone!

The program committee has planned educational sessions Wednesday - Friday. Wednesday's session will include a panel discussion of "Healthy Carolinians 2000" and a legislative update/status on health care reform. Thursday is reserved for section business meetings and education sessions. The Friday program includes a breakfast, section reports, and Dr. Wayne Ates' lively presentation "Be a Force, Not a Fizzle!"

Scholarship Funds are now available from Western! \$2,000.00 in Scholarships for present or prospective workers in public health in North Carolina are being offered this year.

At its February 12th meeting, the WNCPHA Executive Committee voted to make a \$1,000.00 contribution to the Public Health Forum Conference Fund.

WNCPHA officers this year include: Mike Reavis, Yadkin County-President; Georgena Chandler, NCDEHNR, Black Mountain-President Elect; Sheila Nichols, Wilkes County-Vice President; Debbie Edwards, Appalachian District-Secretary; and Nancy Vaughan, Transylvania County-Treasurer. Madison County Health Department is hosting the 1993 meeting. Health Director, Carolyn Haynie, is Local Arrangements Chairperson.

Mike Reavis, President

EASTERN DISTRICT NCPHA

The thirty-third annual meeting of the Eastern District N.C. Public Health Association will be held at the Sheraton in Atlantic Beach, May 5-7, 1993. "Is Public Health Ready for the Future?" is this year's theme. The opening general session will be held at 10:00 a.m., Wednesday, May 5, 1993. The program will be a panel presentation. Panel members will consist of state and local health departments, private physicians, private business sector, and legislative representation. Those serving on the panel will be: Dr. Thad Wester, Dr. Leah Deviin, Dr. Charles Aquadro, Dr. Sarah Morrow, and Senator Beverly Perdue. Section meetings will be held on Wednesday afternoon. Section program committees are already working on workshops to be held on Thursday. The awards presentation banquet will be held Thursday night and dances will be held on Wednesday and Thursday nights. The closing General Session will be held Friday morning with an inspiring speaker, Mr. Rodney Kemp. Please make plans now to meet with us at Atlantic Beach for an informative and entertaining meeting

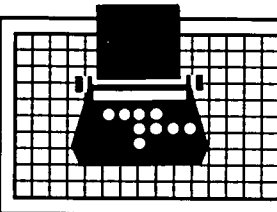
Delance Ellis, President Elect
and Program Chairperson

HISTORY OF WNCPHA

Your help is needed. On May 12, 1993 a first will occur — the first written WNCPHA History in documents and photos will be displayed during the WNCPHA Annual Meeting in Asheville. Perhaps you could help to complete this History. We need WNCPHA Programs from years 1947, 1948, 1949, 1950, 1951, 1959, 1977, 1978, 1982, 1983, and 1990. Pictures of officers, of membership, recipients of awards, of Annual Meetings, newspaper clippings of WNCPHA, etc. are needed. If you have any of the above, please send to:

Loutricia M. Redding
WNCPHA Historian
Wilkes County Health Department
P.O. Box 30
Wilkesboro, N.C. 28697
Phone: 919-651-7450
FAX: 919-651-7472

Thanks for your help. Also, many thanks to Deborah Rowe who graciously has taught me much about NCPHA, Inc. and has shared historical information for the WNCPHA.



COMMITTEE REPORTS

NCPHA SCHOLARSHIP COMMITTEE

I am pleased to announce that \$4,700 will be available for scholarships for 1993. Scholarships will be awarded as follows:

Type	Total Amount	# given
Management Support	\$500	2
General NCPHA	\$2,900	6-8
Public Health Management	\$400	1

The Scholarship Committee has established the following criteria for eligibility:

- A. Scholarships shall be awarded to present or prospective workers in public health in North Carolina for graduate or undergraduate study in a public health discipline or prerequisite to such training for the academic year which begins in the year the scholarship is awarded (Example: An award presented in, 1993 would be used during the 1993-1994 academic year.)
- B. Awards for public health training shall not be limited to study in a school of public health, but shall be for a regular academic program in an accredited educational institution which should advance the individual's competence in public health work.
- C. The total of the award(s) shall not exceed the amount of funds available in the current Scholarship Fund.
- D. The applicant(s) must agree in writing that it is his/her intent to work in a public health agency for 2 years in North Carolina following completion of training. The applicant(s) need not be a resident of North Carolina at the time of application. Applications should be submitted to the Scholarship Committee by June 15th.

E. The recipient(s) should be, or become, paid member(s) of NCPHA.

F. The following factors will be taken in account in selecting a scholarship recipient:

1. Acceptance at an accredited educational institution.
2. Potential contribution of service to the people of North Carolina.
3. Reasons for seeking additional training and relationship of the program of study to career expectations.
4. Financial need.

Application for scholarships should be submitted to Carl Tuttle, Rt. 5, Box 199, Boone, NC 28607 by June 15, 1993.

CALL FOR RESOLUTIONS

The Resolutions Committee of the N.C.P.H.A. is requesting that all proposed resolutions be mailed to the N.C.P.H.A. office by May 31, 1993. Although this closing date is 30 days earlier than allowed by procedure, it will permit the publication of those resolutions recommended by the Resolutions Committee in the July Newsletter. The publication of the proposed resolutions should provide for the greatest exposure to membership for their consideration, and facilitate discussion at the Annual meeting. Finally, our Resolutions Committee procedures allow resolutions to be submitted no later than 10 working days before the annual business meeting for consideration. This will not allow however for the total membership to fully consider the merits of a particular resolution prior to being discussed at the business meeting. Your consideration in submitting your proposed resolution to the Resolutions Committee by 5-31-93, is greatly appreciated.

Joseph B. Bass, Chair

JOIN NCPHA TODAY

NCPHA NEEDS YOU! Your support and participation in your STATE PUBLIC HEALTH ORGANIZATION are vital if NCPHA is to remain a strong and viable organization.

If you want NCPHA to remain strong and viable - JOIN NCPHA!

If you are committed to Public Health - JOIN NCPHA!

If you want to learn more about Public Health - JOIN NCPHA!

If you want to contribute to the improvement of Public Health - JOIN NCPHA!

If you support legislative initiatives concerning Public Health - JOIN NCPHA!

If you believe educational opportunities should be provided to those working in Public Health - JOIN NCPHA!

If you want to have a voice in your state public health organization - JOIN NCPHA!

REMEMBER, in order to vote for NCPHA officers and resolutions, you must be a PAID member - JOIN NCPHA!

These are just a few good reasons to JOIN NCPHA!

So, come on! GET INVOLVED! BE COMMITTED! JOIN NCPHA TODAY!

Belinda Allison, Chair



NC PUBLIC HEALTH ASSOCIATION 1993 BUDGET

Revenue:			
Fund Balance	\$31,300	Exhibit Breakfast	3,000
Membership Revenue	35,000	Contingency	6,000
Section Dues	6,500	Door Prizes	300
Contributing	7,000	Exhibit Space/Set Up	2,500
Convention Fees	33,000	Flowers	200
Scholarship	1,000	Meeting Space Rental	1,000
Sav/ck Interest	3,000	TOTAL CONVENTION	
Miscellaneous	500	EXPENSE	29,150
Voluntary Contribution	500	Operating Expenses:	
Contribution Executive Fund	0	Affiliate Sponsorship	1,000
TOTAL REVENUE	\$117,800	Contractual Services	3,000
Convention Expenses:		Printing	20,000
Registration	500	Telephone	2,800
PP/Life Member Breakfast	250	Postage	4,500
Banquet	7,000	Organizational Dues	2,400
Entertainment	100	Awards	1,000
Exec. Comm. Expense	2,500	Scholarships	3,800
Programs	2,500	Governing Council	500
Pictures	300	Travel for Delegates	2,300
Program Participants	3,000		
		Section Expense	6,500
		APHA Leadership	500
		Legislatvie/Legal Counsel	3,000
		President Expenses	2,000
		Liability Insurance	600
		Leadership Conference	1,000
		Ancillary	750
		Office Lease	5,000
		Office Supplies	800
		Capital Outlay	2,000
		Health Care Forum	5,000
		Admin. Asst. Travel	1,500
		Salaries	15,000
		FICA	1,000
		ADP Payroll Processing	700
		Tax/Accounting Services	2,000
		TOTAL OPERATING	
		EXPENSES	\$88,650
		TOTAL EXPENSES	\$117,800

WELCOME MAT

We are fortunate to have 65 new members to join us for the period of October 1, 1992 through February 26, 1993. We appreciate their support and encourage them to become active participants in our Association. Please take the opportunity to welcome our new members into our organization:

Forsyth Co. Health Dept. - Lisa Honeycutt
Durham Co. Health Dept. - Annette Carrington
Rowan Co. Health Dept. - Tamra Moore
NC Division of American Cancer Society - Betsy Baker
Hoke Co. Health Center - Kathy Settle
Robeson Co. Health Dept. - Suzanne Troy
Appalachian State Univ. - John Janowiak
Greene Co. Health Dept. - Sheila Alexander
Madison Co. Health Dept. - Brenda Thomas, Diana Rogers
Mecklenburg Co. Health Dept. - Suzanne Mallard, Arthur Wilson, Penelope Currie, Barbara Bishopric McNinch
Triad Sickle Cell Foundation - Michele James
UNC School of Public Health - Rachel Royce, James Thomas
Burke Co. Health Dept. - Dawn Newell, Cheryl Brendle
Gaston Co. Health Dept. - Helen Salsburg
Scotland Co. Health Dept. - Cordella Walker

NC DEHNR - Radiation Protection - Beverly Hall
Brunswick Co. Health Dept. - Pamela Yates
 Dolly Renaud, Jere McMillan
Person Co. Health Dept. - Belinda Bullock, Rebecca Morrow, Linda Laws, Margaret Farrell, Deborah Tinnin
Wayne Co. Health Dept. - Johnny Summerlin
Cumberland Co. Health Dept. - Robert Ratliff, Gilberto Olivo, Sarah Cain
Catawba Co. Health Dept. - Jacque Farris, Ann Fischer
Craven Co. Health Dept. - Glenda Ipock, Courtney Wedemann, Ajmal Hesham, Margaret Harrell, Carol Erwin, Patricia Kemp, Jan Pomnitz
NC DEHNR - Washington Reg. Office - Lisa McCuskey
Warren Co. Health Dept. - Mildred Battle
 Laura West, Alisa Kennedy
PPCC Dist. Health Dept. - Peggy Gallup
Toe River Health District - Vivian Greene
Wilkes Co. Health Dept. - Mary Efrid
Currituck Co. Health Dept. - Janet Garrett
American Lung Assoc of NC - Deborah Bryan
Wake Co. Health Dept. - Andre Pierce, Amy Profet, Linda Layton
Surry Co. Health Dept. - Lynn Mahon
 Nina Lewis
NC DEHNR - Victoria Washington
Montgomery Co. Health Dept. - Ann Lucas, Tabatha Hathcock, Sue German,

Cheryl Comer
Randolph Co. Health Dept. - Joy Hart
Gaston Co. Health Dept. - Jacqueline Bur
Chatham Co. Health Dept. - Wayne Sherman

NCPHA ON THE MOVE!!!!

In an effort to increase our visibility and accessibility, we are initiating an exhibit schedule for the Association. We have had the privilege of exhibiting at the Immunization Conference in Chapel Hill on February 15 & 16. Future dates for exhibiting are:

NC Association for Home Care
 April 22, 1993 Winston-Salem

Eastern District NCPHA
 May 5 & 6, 1993 Atlantic Beach

Western NCPHA
 May 12 & 13, 1993 Asheville

Please take the opportunity to stop by our exhibit, introduce yourself and share your thoughts with us. We want to hear from you!

N.C. PUBLIC HEALTH ASSOCIATION
1993 MEMBERSHIP or RENEWAL APPLICATION
 Membership Year is **OCTOBER 1, 1992 THROUGH SEPTEMBER 30, 1993**

Name _____ Present Position _____

Home Address _____ Zip _____
 (Please check if this is a change of address _____)

I wish to receive mailings at my residence _____ office _____.

New Member _____ Renewal _____ Number of years you have been a member _____
 Previous Name (if applicable) _____

Employer and Address _____ Tel. _____

Are you eligible for Life Membership _____ Date of Retirement _____

Are you a 1992-93 member of Eastern District NCPHA _____ Western NCPHA _____

**THE NCPHA IS PRESENTLY COMPOSED OF SEVENTEEN SECTIONS. BYLAWS: ARTICLE XI:
 "AN INDIVIDUAL MUST BE A MEMBER OF THE NCPHA TO QUALIFY FOR MEMBERSHIP IN
 ANY SECTION." ALL SECTIONS ARE PARTICIPATING IN CENTRAL COLLECTION OF DUES.
 SEND YOUR SECTION DUES WITH YOUR NCPHA DUES. PLEASE MARK EACH SECTION(S)
 WITH WHICH YOU WISH TO BECOME AFFILIATED. INDICATE YOUR PRIMARY SECTION.**

- | | |
|---|---|
| _____ Adult Health (a) \$5.00 | _____ Nutrition (5) \$5.00 |
| _____ Comty Hlth Asst. (2A) \$3.00 | _____ STD (8) \$4.00 |
| _____ Dental Health (Y) \$5.00 | _____ Laboratory (6) \$4.00 |
| _____ Physician Extenders (PE) \$5.00 | _____ Nursing (2) \$4.00 |
| _____ Social Work (SW) \$3.00 | _____ Children w/Special Needs (D) \$5.00 |
| _____ Environmental Health (3) \$7.00 | _____ Vector Control (V) \$3.00 |
| _____ Pub. Hlth Mgt. (1) \$3.00 | _____ Mgt. Support (4) \$3.00 |
| _____ Statistics/Epi. (S) \$2.00 | _____ Health Ed. (7) \$5.00 |
| _____ Maternal & Child Hlth (MC) \$2.00 | |

DO NOT SEND CASH:	ANNUAL DUES	<u>\$25.00</u>	(Salary \$0 - \$20,000)
	ANNUAL DUES	<u>\$35.00</u>	(Salary \$20,0001 - \$35,000)
	ANNUAL DUES	<u>\$45.00</u>	(Salary Over \$35,001)
LESS FIRST TIME MEMBER DISCOUNT		<u>-10.00</u>	
	SECTION DUES	_____	
	TOTAL DUES	_____	

Sponsored by: _____ Date: _____

**PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO NCPHA AND SEND TO:
 1009 DRESSER COURT
 RALEIGH, N.C. 27609**

PATRON MEMBERSHIP: Additional \$25.00 OR MORE \$ _____

Patron members shall be recognized in NCPHA Newsletter and Annual Educational Conference Program.



EDUCATIONAL OPPORTUNITIES

CONTINUING EDUCATION PROGRAM SCHOOL OF PUBLIC HEALTH, THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Many of the following continuing education programs are jointly sponsored or cosponsored by the NC Department of Environment, Health, and Natural Resources; NC Area Health Education Centers; NC Environmental Health State of Practice Committee; NC Public Health Nursing Continuing Education Advisory Committee; and Office of Public Health Nursing. For further information, please call the Office of Continuing Education, (919)966-4032, for a program brochure.

History Taking and Physical Examination: Sharpening Your Skills (5/25 - 6/23/93 in Wilmington)

HIV Basic-Level Counseling and Testing Workshop Series (5/4 - 5/5/93 in Fayetteville), (5/11 - 5/12/93 in Rocky Mount), (6/8 - 6/9/93 in Greensboro)

1993 Public Health Nutrition Update Conference (4/20/93 in Chapel Hill)

**20th Annual Maternal and Child Health Regional Conference
From Debate to Action (5/2 - 5/5/93 in Chapel Hill)**

Eldercare and Case Management (5/18/93 teleclass in Asheville, Chapel Hill, Charlotte, Greensboro, Greenville, RTP,

Wilmington, and Winston-Salem)

Health Care Reform Consensus Development Conference (5/17 - 5/18/93 in Chapel Hill)

1993 North Carolina Environmental Health Law (5/19 - 5/21/93 in Charlotte)

Public Health Pest Management: Focusing on Food Service (5/27 - 5/28/93 in Wilmington)

Strengthening Supervisory Skills (Using Myers-Briggs Type Indicator) for Health and Human Service Professionals (5/27 - 5/28/93 in Wilmington)

What's New With Health Services Information Systems in North Carolina (Late Spring teleclass in Asheville, Chapel Hill, Charlotte, Greensboro, Greenville, RTP, Wilmington, and Winston-Salem)

Child Sexual Abuse (Late Spring Teleclass in Asheville, Chapel Hill, Charlotte, Greensboro, Greenville, RTP, Wilmington, and Winston-Salem)

Enrichment Series for Nutrition Professionals: Low-Literacy Counseling (6/3/93 in Chapel Hill); Nutrition Support (9/8/93 in Chapel Hill); Diabetes (12/2/93 in Chapel

Hill)

Lead Investigation and Abatement (6/9 - 6/11/93 in Greenville)

Environmental Education for the Future (6/12/93 in Asheboro)

Principles of Public Health Practices: An Introduction to Public Health Concepts, Services, and Organization (6/16 - 6/17/93 in Chapel Hill)

Getting the Message Across (7/7 - 7/9/93 in Winston-Salem)

Basic Food Service Plan Review (7/14 - 7/16/93 in Greensboro)

10th Annual School Health Nursing Conference: Managing Diversity in the School Health Program: A Challenge for School Nurses (9-30 - 10/1/93 in Chapel Hill)

Registration:

For further information and/or to register for programs that do not have an information source, please contact Phylliss Woody, registrar, Office of Continuing Education, UNC School of Public Health, CB#8165, Miller Hall, Chapel Hill, NC 27599-8165; phone (919)966-4032 or fax (919)966-5692.

1993 HEALTH PROMOTION MANAGEMENT CONFERENCE AND TRADE SHOW

The 1993 Health Promotion Management Conference and Trade Show, sponsored by Blue Cross and Blue Shield of North Carolina, has been set for Wednesday and Thursday, May 26 and 27 at the Omni

Durham Hotel and Convention Center in Durham, North Carolina. The agenda will include informative workshops, activity sessions and top national speakers presenting the latest information on key health promo-

tion issues facing corporate decision makers. For more information contact: Kathy Higgins at (919)490-4104 or David Abernathy at (919)490-4264.

**North Carolina Public Health Association
Application For Scholarship Award**

Please type or print in black ink. You may also word-process an exact copy.

Name: _____ Home telephone: _____

Home address: _____

Place of employment: _____

Professional discipline: _____ Position and responsibilities: _____

<u>Professional registrations or licenses held</u>	<u>State</u>	<u>Date</u>
--	--------------	-------------

<u>Education: Institution and Address</u>	<u>Degree Earned & Field of Study</u>	<u>Date</u>
---	---	-------------

Type of training planned (degree goal and field of study): _____

Expected achievement from training and future professional plans:

Have you been accepted for training by an accredited educational institution? Yes No
When will you know? _____ Uncertain

Institution: _____

Address: _____

Date of enrollment: _____ Expected completion date: _____ Part-time Full-time

Do you plan to work in North Carolina for atleast two years after your training? Yes No

Are you a member in good standing of NCPHA? Yes No

If not, are you planning to become a member before the next annual meeting? Yes No

Why do you need this scholarship?

Amount of scholarship funds requested: _____

How much financial assistance do you anticipate receiving from other sources(s)? _____

Along with this application, please include at least one letter of recommendation from someone who has knowledge of your professional development.

Signature

Date

Return this form to: Carl Tuttle
Appalachian District Health Department
Rt. 5 Box 199
Boon, NC 28607

1993-94 CALENDAR OF MEETINGS AND OTHER EVENTS

Compiled by the
Office of Continuing Education
School of Public Health
The University of North Carolina at Chapel Hill

- May 5-7 North Carolina Public Health Association Eastern Division Annual Meeting, Atlantic Beach
- May 5-7 North Carolina Social Services Association Annual Meeting, Greensboro
- May 12-14 North Carolina Public Health Association Western Division Annual Meeting, Asheville
- May 19-22 National Mental Health Association Annual Meeting, Alexandria, VA
- May 20-23 North Carolina Dental Society Annual Meeting, Myrtle Beach
- June 7-9 North Carolina Dietetic Association Annual Meeting, Greensboro
- June 13-17 American Medical Association Annual Meeting, Chicago
- June 13-19 American Nurses Association House of Delegates, Washington, D.C.
- June 16-18 North Carolina Primary Care Association Annual Meeting, New Bern
- July 20-23 Interstate Environmental Health Seminar, Kill Devil Hills
- September 11-12 North Carolina Pharmaceutical Association and UNC-CH School of Pharmacy Pharmacy Practice Seminar, Greensboro
- September 16-19 North Carolina Pediatrics Society Annual Meeting, Asheville
- September 21-24 North Carolina Public Health Association Annual Meeting, Wilmington
- September 29 - North Carolina Association for Advancement of Health Education Health Leadership Conference, Reidsville

NCPHA PATRONS

Seventeen NCPHA members have contributed an additional \$25.00 to become a NCPHA Patron Member. We deeply appreciate the generosity of these members:

Dr. Paul Williams-Physician, CRIST Clinic for Women

Michael Rhodes-Health Director, Brunswick County Health Department

Evelyn Schaffer-Nursing Director, Rowan County Health Department

Richard Clayton-Regional Environmental Health Specialist, Washington Regional Office

Dr. James Tenney-Health Director, Buncombe County Health Department

Dr. Jean Spratt-Director, NC Division of Dental Health

Jo Williams-Nursing Consultant, NC DEHNR - TB Branch

Tom Elkins-Executive Director, NC Association of Plumbing, Heating and Cooling Contractors

Deborah Warren-Family Nurse Practitioner, Harnett County Health Department

Hoyt Ponder-Director, Western Carolina Developmental Evaluation Center

Dr. Jimmie Rhyne-Retired

Newsom Williams-Director, New Bern Developmental Evaluation Center

Maida Dundon-Nursing Consultant, NC DEHNR Winston-Salem Regional Office

Daniel Shingleton-MCH Supervisor, NC DEHNR Washington Regional Office

Edna Hensey-Chief, Office of Dental Health Education-NC DEHNR

Frank Barr - Retired

Elizabeth Berryhill-Retired

CUMBERLAND COUNTY DENTAL DEPARTMENT SPONSORS POSTER CONTEST

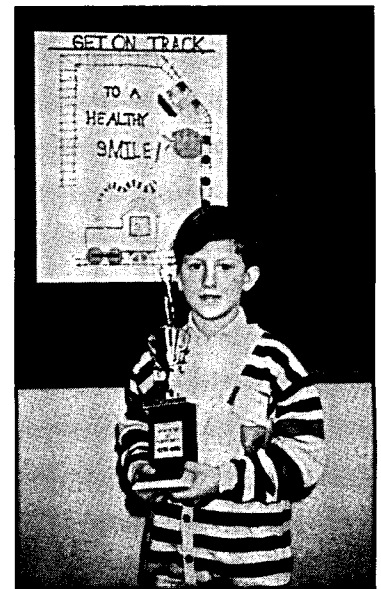
"Get on the Path to a Healthy Smile" was the theme for the 1993 Children's Dental Health Month Poster Contest sponsored by the Cumberland County Health Department and the Healthful Living Program of the Cumberland County Schools. Hundreds

of 3rd grade students in 44 public and private elementary schools in Cumberland County submitted poster entries. One winner was selected from each of the 44 participating schools and awarded a trophy. Each school district winners were awarded \$50.00 savings bonds.

The grand prize county winner, Jeremy Milton of Cornerstone Christian Academy, won a \$100.00 savings bond. The county winner and 9 district winners were honored at a special Awards Ceremony held March 5 at the Cumberland County Health Department. The keynote speaker was Dr. Frank Stout, a local orthodontist and dental member of the Board of Health. Parents, teachers, principals, health department officials, Board of Health members, and other legislative officials were in attendance.

Area banks donated the savings bonds. Members of the Greater Fayetteville Dental Society, the Greater Fayetteville Dental Hygiene Society, and the local Dental Assistants Association volunteered as judges.

Dental Health Committee members are: Kay W. Williams, RDH Susie E. Davis, Receptionist, Robin L. Fennel, CDA, Alisa E. Debnam, MPH, and Dr. Sharon Nicholson-Harrell.



**Calendar of Upcoming
NCPHA Events**

NCPHA Governing Council	May 4, 1993
	Atlantic Beach, NC
Eastern District NCPHA Annual Meeting	May 5-7, 1993
	Atlantic Beach, NC
Western District NCPHA Annual Meeting	May 12-14, 1993
	Atlantic Beach, NC
Health Care Reform Conference	May 17-18, 1993
	Chapel Hill, NC
NCPHA Annual Program Planning	May 21, 1993
Committee	Raleigh, NC
NCPHA Governing Council	September 21, 1993
	Wilmington, NC
NCPHA Annual Educational	September 22-24, 1993
Conference	Wilmington, NC

**NORTH CAROLINA
PUBLIC HEALTH ASSOCIATION, INC.**

**1009 DRESSER COURT
RALEIGH, NORTH CAROLINA 27609
(919)872-6274**

Fax (919)878-8427

Deborah Rowe, Administrative Assistant

The Newsletter is a publication of the
North Carolina Public Health Association.
The next edition will be in July, 1993.

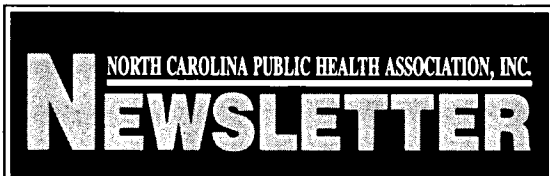
Articles should be submitted by
June 1, 1993

**Leonard Wood, President
(704)328-2561**

**Peggy Ellis, Newsletter Editor
Vice President of Communication
(704)336-6442**

Authors are responsible for views
expressed in signed articles

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NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

NEWSLETTER

JANUARY, 1993

1009 DRESSER COURT, RALEIGH, NC 27609

PHONE 919/872-6274

PRESIDENTIAL ADDRESS

NCPHA ANNUAL MEETING
GREENSBORO, NC
SEPTEMBER 18, 1992



Leonard Wood (President)

Welcome and thanks to the members of NCPHA for allowing me to serve as your President of NCPHA during 1992-93. Thanks to Randall Turpin for his leadership and friendship during this past year as the President of NCPHA.

At the risk of using a number of cliches, I want to share with you what the letters N-C-P-H-A mean to me and to integrate my goals and objectives for this organization for the next year into this discussion.

1. **N.** No-One is more important in NCPHA than YOU

No-one but you can make a difference in the viability and stability of this organization. Without you, no-one would be providing a broad array of public health services to the citizens of our state, no-one would be insuring that the water we drink is safe, no-one would be insuring that all restaurants and other public eating sites are safe eating establishments for all citizens, no-one would be there to insure that nutritional services are provided to women and children, no-one to insure the clients and patients we serve receive appropriate health education information that assists them with improving their lives, no-one to provide preventive health services for a number of communicable diseases that, unchecked, will devastate our economy and health care system, and no-one to lobby for funding to support all

of these activities. You are the glue that holds NCPHA and public health services together in North Carolina and without You, NCPHA is not a viable organization.

NCPHA has experienced some financial difficulties during this past year, but let me assure you that our Association is strong because of YOU and the large numbers of volunteers that lobby for legislation, plan programs, set policy and work to enhance public health services across our state. As most of you know, NCPHA hired an Executive Director last July to assist our volunteers with lobbying and fund raising efforts; however, secondary to the decline in membership, the recession and increasing local demands for our time and money, NCPHA has been unable to sustain the funding needed to continue the Executive Director's position at this time. As in the past, I continue to be supportive of the need for NCPHA to hire or contract with an individual that will represent the interests of public health during the Long and Short Legislative Sessions, but all of us in public health must recognize the need to support our Association's goal for this type of representation by increasing our membership and/or expanding alternative sources of funding before this objective will come to fruition. Again, no one but you can make this a reality! However, in an effort to continue the concept of the Executive Director and as your President for this next year, I, along with the Legislative Committee, will strive to represent You and NCPHA's Legislative Agenda during the upcoming Legislative Session.

2. **C.** Commitment

I am committed to NCPHA and public health in North Carolina and I believe that you are too or you would not have come to this convention to interact with your peers, to learn and to contribute to the improvement of public health in North Carolina. There are, however, many in our family who are not as committed or not able to share their commitment with NCPHA. They do

not have the opportunity to attend the annual meeting or do not feel that their dues will benefit them as individuals. I cannot argue with those issues because they are real. For example, several members of the staff in Catawba County could not attend this meeting because of the extremely heavy workload we are experiencing as a result of the ever increasing demands for our services. I am sure that each of you are experiencing similar workload problems in your own agencies. However, if NCPHA is to continue to serve as a voice to improve public health services for all its citizens, we need you and your commitment.

What should NCPHA be doing to convince you that your commitment is needed? Should NCPHA develop a legislative agenda that addresses contemporary local and state public health problems? Should NCPHA lobby politicians and Departmental personnel for support of public health issues or, and just as important, oppose legislative initiatives that will be detrimental to public health programs? Should NCPHA publish a Newsletter to keep its members informed of NCPHA activities? Should NCPHA provide educational opportunities for its members at the annual meeting? Should NCPHA employ a part time Administrative Assistant to manage the membership, to assist with day-to-day activities of the organization and to assist with the annual meeting? Should NCPHA take stands on sensitive social and economic issues that affect the people we serve as well as our own members? Finally, should NCPHA present itself as a professional organization? I believe these are excellent reasons to join NCPHA. My message to you is "get involved", let your voice be heard and to be committed to NCPHA so we will succeed in improving the salaries of public health work

Continued on page 2

PRESIDENTIAL ADDRESS (from page 1)

ers across the state, so we will succeed in improving our local facilities and so we will succeed in obtaining additional state funds for mandated programs. NCPHA and its members, at both the state and local levels, will need to work with state legislators and the County Commissioner's Association to accomplish these goals.

As a second goal, I will be working closely with the membership committee, the Executive committee, the Governing Council, the NC Association of Local Health Directors and other groups to rekindle commitment and recruit old friends as well as new members for NCPHA during the coming year.

3. P. Prevention

Did you know that the national health care expenditures will reach 13% of our gross domestic product this year? This represents between 650 and 700 billion dollars in expenses.

It is difficult for me to fathom what 700 billion dollars really means. As an example, if we lined up dollar bills end to end, 700 Billion dollars would pave a three foot wide walkway to the moon and back. How are these dollars spent? Thirty eight percent go to hospitals, 19% to physicians, 8% to nursing homes, 5% for health insurance administration, and 30% for other non-specified personal health care expense. Preventive health service expenses are so small, they are not even mentioned in this listing of health care expenses. How do health service dollars in North Carolina sort out in this scenario? Dr. Wester has recently reported that 93% of the total health care budget in North Carolina is spent on remedial medical and personal health care, 4% on research and facilities and 3% goes to public health services; however, only one-half of one percent of our public health budget is spent on prevention. This must change because we all know that "an ounce of prevention is worth a pound of cure!"

If preventive health programs were implemented today to change lifestyles behaviors, we could prevent the premature deaths of nearly 1 million Americans a year. Recent data suggest that if all people who used tobacco were to stop today we would save approximately 400,00 lives per year; an additional 400,00 lives would be saved if we reduced our intake of fat and exercised on a regular basis; and, finally, over 100,00 lives would be saved if we could prevent the use of drugs and alcohol. The costs of implementing comprehensive preventive health programs would be significant, but the investment in the prevention of health care costs would be worth it. It is interesting to me that our President and federal legislators can find billions of dollars to bail out the Savings and Loan scandal but can not find the political

will to fund or redistribute this 700 billion dollars to provide health care and improve the well being of our citizens. Healthy citizens will not drain the overburden health care system and they will be productive members of our in-debt economy.

As a member of the Governor's Taskforce on Health Objectives of the Year 2000, I want to encourage each of you to take leadership roles in your communities to promote and implement programs that will adopt the preventive health objectives of this Taskforce. Several counties, New Hanover, Watauga, Forsyth, Chowan and others, have taken the lead in establishing local committees to implement these health objectives to improve the health and well being of their citizens during the next decade. Once again I encourage you to get involved and build local coalitions to improve the health of your community!

A recent quote from Dr. June Osborn, Dean of the School of Public Health at the University of Michigan, summarizes the problem of why we do not have a clear national agenda for preventive health services: "If we do preventive medicine and public health right, then nothing happens, and it is very boring". She states further: "We should all be praying for boredom".

4. H. Health Care Access

Did you know that nearly 2 million (out of 6.6 million) of our citizens in North Carolina are considered medically indigent: 27.5% are under 17 years old and 42.2% are between the ages of 18 and 29 years old. Fortunately 25% of this group (approximately 440,000) are covered by Medicaid programs. Unfortunately, even with a source of third party reimbursement, this group of citizens are finding it increasingly harder, many times impossible, to find a private provider who is willing to see them in their office. The remainder of these medically indigent folks (1.5 million) have no access to medical care, except through expensive emergency rooms. Who is providing primary health care services to this group of medically indigent? The answer to this question varies from community to community, but the trend for declining numbers of Family Practice physicians and increasing numbers of specialists places more pressure on local public health agencies as the source of primary care services. We have seen an increasing number of physician extenders and nurse practitioners being employed in local health departments to meet the increasing need for health care services. Many of you may say that local public health agencies should not be providing primary care because we are competing with the private sector. If local public health departments does not take the lead in this delivery of care, who will? I believe that rural health clinics and other private providers will continue to expand their services and tap existing and future funding sources to provide these basic preventive and

primary health care services. Local public health agencies must take the initiative to expand services and tap all available sources of revenue to position themselves financially to be able to meet the expanding demands for basic health care services. As Abraham Lincoln once said: "Things may come to those who wait. . .but only things left over from those who hustle".

5. A. Attitude

Ralph Walt Emerson once said: "What lies behind us and what lies before us are small matters compared to what lies within us." With this phrase, I am often reminded of a speech that Mr. Dan Shingleton gave at the opening session of NCPHA a few years ago in Fayetteville. The essence of that speech was that most of the folks who work in public health in North Carolina are special people because they "listen with their hearts and not their heads". You see the desperate living conditions that many of those we serve have to endure, you see young pregnant teenage girls coming through our clinics, you see improvised senior citizens needing basic health care and bodies and minds with inappropriate sex, drugs and alcohol, you see crowded clinics, and you see poor facilities. Even with all of these difficulties, you continue to listen with your heart and serve the citizens of North Carolina. How can we tap this valuable resource of good will? Calvin Coolidge said: "If all of the folks in the United States would do the few simple things they know they ought to do, most of our big problems would take care of themselves." I believe that if all our citizens served the public like YOU do, we could solve many of the health care and social problems that plague this country today.

Thank you for this opportunity to share some of my thoughts with you in this newsletter and I look forward to serving as your President of this prestigious organization during the coming year.

LETTER TO THE EDITOR

October 27, 1992

Dear Editor:

The success and/or failure of many things depends on information. It is important to have the right information and equally as important to have unbiased information.

The attempt to clarify the ballot regarding the "For" and "Against" positions on the resolution to rescind "Resolution 1990.01 Abortion: A Public Health Service" clearly will bias the vote on this issue. Why was it

Continued on page 3

LETTER TO THE EDITOR (from page 2)

felt a clarification was necessary? None of the other issues have such clarification.

The resolution to rescind "Resolution 1990.01" has nothing to do with the woman's right of choice. Resolution 1990.01 needs to be rescinded because it's poorly worded and has at least one contradiction and other statements that are misleading and/or cannot be documented, although presented as fact.

NCPHA has taken steps to prevent future resolutions from being presented without proper documentation. The request to rescind 1990.01 may only be one of many resolutions adopted in the past which need to be rescinded.

It's apparent that in trying to clarify the issue some unintentionally may have biased a vote on a resolution that needs some work. It's important that NCPHA speak to issues on public health. Let's make sure that our public health resolution(s) are well documented, factual, statistically valid and without contradiction.

Jim Bryan

INTERSTATE ENVIRONMENTAL HEALTH SEMINAR Kill Devil Hills, North Carolina July 20-23, 1993

The 1993 interstate Environmental Health Seminar will be held July 20-23, 1993 at the Ramada Inn, Kill Devil Hills, North Carolina. Room rates are \$74 (street side) and \$96 (ocean view) for Sunday through Thursday of that week. For Friday and Saturday of that week, the room rates are \$96 and \$112. These rates are based on single or double occupancy and children under 18 stay free with their parents. The current tax rate is 10%.

A program is currently in the developmental stage. It includes a keynote address by Dr. Ronald H. Levine, N.C. State Health Director, and topics on communicable diseases in Child Day Care Centers, planning for natural disasters, drip emitter sewage systems, seafood quality assurance programs, constructed wet lands, unique food service operations, residential indoor air quality, ground water contamination, sanitary conditions in the U.S.S.R., and how to be a good witness.

Plan now to attend this educational program

and make it a family vacation by arriving early and staying late. Make your reservations now by calling 1-800-635-1824.

THE NC BOARD OF REGISTRY FOR HEALTH EDUCATION, INC.

The North Carolina Board of Registry for Health Education, Incorporated was established in 1980 to develop a registration process through which registrants could establish their competency in health education.

The purpose of the North Carolina Board of Registry is to promote and protect the health, safety and welfare of the public through establishing and upholding high standards of performance by persons practicing the profession of health education.

The purposes for registration are:

- * to support high standards of performance;
- * to establish levels of competency and maintain professional development;
- * to assure employers of qualified health education professionals;
- * to monitor and enforce a professional code of ethics.

WELCOME MAT

We are fortunate to have 61 new members to join us from the period of July 1 through September 30, 1992. We appreciate their support and encourage them to become active participants in our Association. Please take the opportunity to welcome our new members into our organization.

UNC School of Public Health - Faye Hoffman, Dr. Kathleen Rounds

NC Center for Nursing - Dr. Shirley Girouard
Appalachian District Health Department - Nancy Gray

Wake County Department of Health - Dr. Paula Smith, Edward Money

Robeson County Health Department - Sabrina Locklear

HIV/STD Control Branch - NCDEHNR - Cynthia Marshall, Gibbie Harris, Mary Ann Curtis

Franklin County Health Department - Denota Brooks, Joyce King, Mary Johnson

NCSU Psychology Department - Debbie Holden

Crist Clinic for Women - Dr. Paul Williams
NCDEHNR Fayetteville Regional Office - Katherine Browne, Bassam Jarrar

NCDEHNR Epidemiology Division - Sarah Birdsong

NCDEHNR Communicable Disease Section - Susan Sinclair

Gaston County Health Department - Scott Wilson, Cecil Morris, Mark Smith, James Thompson, David Littman

Pamlico County Health Department - Julie Talton

NCDEHNR Winston-Salem Regional Office - Sharon Boger

Guilford County Health Department - Patricia McKowan, Marilyn Carter

Buncombe County Health Department - Mark Vandewart

New Hanover County Health Department - Marie Warren, Erick Smithwick

Pitt County Health Department - Myrna Ware
Charlotte Council on Alcohol and Chemical Dependency - John Sigmon

Mecklenburg County Health Department - Kimberly Vague

Cumberland County Health Department - Wanda Tart, Willie M. Snipe

Brunswick County Health Department - Alicia Pickett, Kenneth Cox, Linda Williams, Laurene Formisano, Jeanne Epperly

Scotland County Health Department - Mary Hambricht

Surry County Health Department - Rose Marie Koves

Richmond County Health Department - Linda Deese Smith, Pat Dosedall

NCDEHNR - Dental Health - Tim Iafolla
Kittrell Job Corp. - Angela Grissom

East Carolina University - Zola Sugg
NCDEHNR - Adult Health - Dr. Betty Wisner

Wilkes County Health Department - Kathy Goforth

Toe River Health District - Rosa Harmon, Susie Hollifield

NCDEHNR - Environmental Health - Bibby Moore, Johanna Reese

Craven County Health Department - Wanda Sandele'

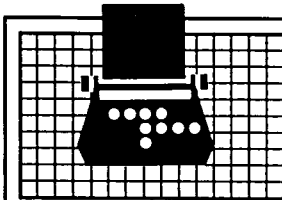
Swain County Health Department - Patricia Cable, Rachel Wittekind

Davidson County Health Department - Charles Ingold, Tommy Philips

Greene County Health Department - Connie Sauls, Lisa Atkinson

Bladen County Health Department - Sara Suggs

Self Employed Consultant - Iris Kapil



COMMITTEE REPORTS

1993 DUES NOTICE!!!

At the 1992 Annual NCPHA Awards Banquet in Greensboro, three (3) NCPHA members were rewarded for their many years of support and membership in NCPHA with Life Membership. The new Life Members are: Charles Rundgren, Mae Myers, and Melvin Eyerman.

Also at the Awards Banquet, a Certificate of Award was presented to the three local health departments having the highest percentage of current NCPHA memberships at the time of the Annual meeting. The following health departments received a Certificate of Award: Montgomery County, Currituck County, and Brunswick County.

At the closing General Session of the Annual Meeting, a \$50.00 incentive drawing for new members and sponsors was held. To be eligible for this drawing, you must be a NEW member and designate your sponsor's name on your membership application. This year the winners were: New Member, Dr. Paul Williams and his sponsor, Vaughn Upshaw. A \$100.00 membership incentive drawing was also held. To be eligible, you must be a "card carrying" member of NCPHA before the preregistration deadline for the Annual Meeting. The winner of the \$100.00 was Rebecca Wike.

At the Annual Business Meeting, the membership voted to rescind current organization rules to allow for the immediate implementation of a new dues structure for 1993 (current rules indicate that items requiring full membership vote must be submitted to the membership 30 days prior to the vote.) Following is the newly adopted dues structure which is based on salaries:

- \$0 - \$20,000 - \$25.00/year
- \$20,001 - \$35,000 - \$35.00/year
- Over \$35,000 - \$45.00/year

In addition, the membership year has been changed to October 1, 1992 through September 30, 1993. **DON'T FORGET!! THE \$5.00 EARLY RENEWAL DISCOUNT WILL BE ACCEPTED UNTIL DECEMBER 31, 1992. ALSO, FIRST TIME MEMBERS PAY \$10.00 LESS THAN REGULAR MEMBERSHIP FEES!!**

It is hopeful that these changes will bring about an increase in membership from 1,361 members last year to over 1,500 members this year. Hopefully, these changes will also encourage the renewal of current memberships.

JOIN NCPHA TODAY!! TELL SOMEONE ELSE ABOUT NCPHA AND ENCOURAGE THEM TO JOIN!! YOUR CONTINUED SUPPORT IS GREATLY APPRECIATED!

Belinda Allison,
Membership Chair

We wish to thank the Membership Committee for all their work in promoting membership and especially Belinda Allison, Chair of the Membership Committee, for her efforts in the completion/tabulation of the Membership Survey that was distributed statewide. Belinda reported the results of the Survey in the lead article in the July edition of the Newsletter.

Two members, Ms. Kathy Gurley and Ms. Jane O'Neal, will receive free membership for 1993 as result of recruiting five new members in 1992. Thank you both for your efforts and enthusiasm.

LIFE MEMBERSHIP

A life member is exempt from paying dues and registration fees. Life Members shall have the same membership privileges as regular members. An individual who is retired or shall be retired by the 1993 Annual Education Conference and who has been a member of NCPHA for 25 years is qualified for Life Membership. Up to 15 years membership in an out-of-state Public Health Association is applied to complete the 25 year membership requirement, provided written proof of this membership is furnished.

Please complete the section concerning Life Membership on the Membership Application by April 15th if you wish to be considered for Life Membership in 1993. The Membership Committee must verify all applicant's qualifications and submit these names to the Spring Governing Council for approval.

RESOLUTIONS COMMITTEE

By vote of Governing Council and membership present at the Annual Business Meeting, Resolutions were voted upon by all 1992 members by mail ballots. The Elections Committee met on November 10th to count the returns. The outcome is as follows:

Resolution

Support of Dietetics/Nutrition Practice Act
FOR: 447 AGAINST: 52
An Action to Rescind Resolution 1990.01

"Abortion: A Personal Health Services"

FOR: 132 AGAINST: 380

Youth Access to Tobacco in North Carolina

FOR: 467 AGAINST: 44

Uninsured Children

FOR: 467 AGAINST: 36

If you have any opinions concerning the outcome of these resolutions, you may express those opinions through a signed letter to the Editor.

Scholarship Committee Report

1992-1993 Scholarship Awardees

The Elizabeth Holley Scholarship

The Elizabeth Holley Scholarships for public health nurses are funded by the North Carolina Association of Public Health Nurse Administrators. This year there are two \$500 awards. The awardees are:

LuAnn Tucker

Ms. Tucker is the Lead Nurse in Child Health for Appalachian District Health Department. She is a student at Winston-Salem State University, pursuing a Bachelors of Science in Nursing. She would like to continue her work in Child Health and upgrade the health of infants and children in Alleghany County.

Alisa D. Weber

Ms. Weber is a Physician Extender and Certified Family Nurse Practitioner working in Family Planning, Sexually Transmitted Disease, Child Health, Primary Care and Maternity Clinics in Gaston County. Ms. Weber is working toward her BSN at Lenoir-Rhine College in Hickory. After completing her BSN she intends to continue her studies at the Masters level.

Management Support Section Scholarship

For the 1992-1993 academic year, the Management Support Section has funded one \$500 Scholarship, the awardee is:

Francis Q. Taylor

An employee of the Cabarrus County Health Department, Francis Q. Taylor is an Administrative Assistant to the Health Director. She is a member of the management team which coordinates activities throughout the department. Ms. Taylor is working on her associate degree in Business Administration, but plans

to obtain her BS so she can continue her management career in public health. In another 8 years she will have completed 30 years in Public Health.

Public Health Management Scholarship

This year, the Public Health Management Section has funded one \$400 Scholarship, the awardee is:

David W. McDaniel

Dr. McDaniel is a Public Health Dentist for the Division of Dental Health based in the New Hanover County Health Department. In New Hanover and Brunswick counties, Dr. McDaniel provides clinical, preventive, restorative, consultative and educational services. He is pursuing a Masters in Public Health at UNC-Chapel Hill with a concentration in Dental Public Health. He wants to continue working in management level positions in dental health in Eastern North Carolina.

NCPHA Scholarship Awards

In addition to the specially funded scholarships above, NCPHA's Scholarship Committee recommends each of the following individuals receive \$350 scholarships from NCPHA's General Scholarship Fund:

Karen K. Carraway

Ms. Carraway wants to continue as a public health advocate, and service coordinator after finishing her Masters in Social Work at East Carolina University. Her special interest is in Maternal and Child Health, especially in teen pregnancy and infant mortality. She values her work and the encouragement she receives from her patients. She plans to use her education to give something back to the people of Eastern North Carolina.

Annette Furr

Ms. Furr is a Nutritionist II in the Haywood County Health Department. After successfully completing her national exam for Registered Dieticians, she plans to continue her employment in public health. She is enrolled in the Approved Pre-professional Practice Program at Western Carolina University.

Joanie Hoggard

In a clerical support position in the Bertie County Health Department, Ms. Hoggard works with patient records, helps with health promotion outreach, maintains communication for the board of health, and performs "other administrative duties to keep public health going." She is pursuing her degree in Community Health Edu-

cation at East Carolina University and plans to stay in Bertie County as a health educator after graduation.

Robin Emanuel Jacobs

Ms. Jacobs is a Licensed Practical Nurse II in the Robeson County Health Department. She is pursuing an Associate Degree in Nursing at Richmond Community College. Upon completion, Ms. Jacobs would like to work as a Registered Nurse in Robeson County's Communicable Disease program.

Denise P. Morrison

Currently, Ms. Morrison is employed as a Financial Clerk in the Hoke County Health Department. Upon finishing her Masters in Sociology at Fayetteville State University, she would like to be a social worker and counselor. Ms. Morrison wants to make a positive impact on the poor, oppressed, and hopeless. Eventually, she would like to write books and articles to help others.

Respectfully submitted,
Vaughn Mamlin Upshaw, MPH
Chairperson, NCPHA
Scholarship Committee

1992 SERVICE YEARS AWARDS

TWENTY FIVE YEARS

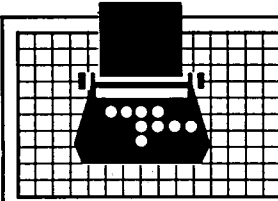
Barbara Buchanan	Adm Officer	Haywood Co Hlth Dept
Lillie Dewitt	Local PH Admin	Cumberland Co Hlth Dept
George L. Elkins	Env. Hlth Spec.	Davidson Co Hlth Dept
Joe Ann Fleming	Pub. Hlth Ns.	Guilford Co Hlth Dept
Thomas Funderburk		Mecklenburg Co Hlth Dept
Jean Gilbreath	Office Asst.	Guilford Co Hlth Dept
Rebecca Gragg		Mecklenburg Co Hlth Dept
Corrine Heath	LPN	Guilford Co Hlth Dept
Peggy Johnston	Clerical Supv.	Mecklenburg Co Hlth Dept
Hazel King	Adm. Officer	Epidemiology Div. DEHNR
Shirley Linville	Secretary	Guilford Co Hlth Dept
J.N. MacCormack	Pub. Hlth Phys.	Epidemiology Div. DEHNR
Margaret McCotter	Pub Hlth Ns	Durham Co Hlth Dept
Nora McDougald	Social Worker	Albemarle Home Care
Alice Moore	X-Ray Machine Oper.	Sampson Co Hlth Dept
Robert U. O'Neal		Beaufort Co Hlth Dept
W.E. (Eddie) Pierce	Env. Hlth Spec.	PPCC Health District
Charles Tommy Phillips	Env. Hlth Spec.	Davidson Co Hlth Dept
Edna Robbins		Beaufort Co Hlth Dept
Danny Soles	Env. Hlth Supv.	Cumberland Co Hlth Dept
W.A. Williams	Pesticide Epid. Supv	Epidemiology Div-DEHNR
Robert L. Wilson, Jr.		Mecklenburg Co Hlth Dept
Eva Wooten	PH Nursing Supv.	Appalachian District Hlth Dept

THIRTY YEARS

Faye Carter	Clerk-Typist	Randolph Co. Hlth Dept
Icelene Daughtry	PH Consultant	Washington/Wilmington Reg. Office
Rebecca Edwards	Env. Hlth Supv.	Halifax Co Hlth Dept
Jeanne S. Elkins	Record Clk.	Alamance Co Hlth Dept
Annie J. Evans		Mecklenburg Co Hlth Dept
Shirley Goodrum	Med. Lab Tech	Mecklenburg Co Hlth Dept
Margie Hayes	Clerk-Typist	Durham Co Hlth Dept
Andrew Hutchinson	Env. Hlth Spec.	Guilford Co Hlth Dept
Pearl R. Maxwell		Mecklenburg Co Hlth Dept
Caroline McKay	Pub Hlth Ns	Mecklenburg Co Hlth Dept
Helen Morris		Beaufort Co Hlth Dept
Ruby Rankin	Clerical Supv	Mecklenburg Co Hlth Dept
Janet R. Sawyer	Admin. Asst.	Currutuck Co Hlth Dept
Madie Smith	Pub Hlth Ns	Mecklenburg Co Hlth Dept
Betty Snow	Hlth Dir.	Mecklenburg Co Hlth Dept
Myrtle Taylor	Clerk-Typist	Lenoir Co Hlth Dept
Edna T. Williams	Pub. Hlth Ns.	Halifax Co Hlth Dept

THIRTY FIVE YEARS

Doris Oliver	Health Director	Jones Co Hlth Dept
Marian Duncan	Health Director	Columbus Co Hlth Dept
Shirley McCorquodale	Receptionist	Cumberland Co Hlth Dept



NEWS FROM THE SECTIONS

NUTRITION SECTION NEWS

Many thanks to the officers and committee members who worked hard to make 1992 a year of growth and change for the NCPHA Nutrition Section. Following Arnette Cowan, Wychulia Stewart, Elizabeth Friedrich, Annette Furr, Tabandeh Zand, Celia Witt, and Josephine Cialone will be quite a challenge. Nutrition Section officers for 1993 are: Patsy Holley, Jackson County, Chair, Carol Parrish, Stanley County, chair-elect, and Celia Witt, Pitt County, Secretary-Treasurer. Committee chairmen for 1993 are: Program, Carol Parrish, Membership, Celia Witt, Nominating, Arnette Cowan, Legislative is TBA, Awards, Josephine Cialone, Eastern Representative, Sharon Batten, and Western Representative, Cyndi McDaniels.

During the annual business meeting and awards luncheon, Members endorsed support of the "Youth Access to Tobacco in North Carolina" resolution. Josephine Cialone was honored with the Bertlyn Bosley Award in recognition of her many contributions to public health nutrition programs and services in North Carolina. The Nutrition Section Executive Board was authorized to invite a representative of the NC Association of Local Nutrition Directors (NCALND) to sit on the NCPHA Nutrition Section Executive Board as liaison between the two organizations.

Nutrition Section Officers were authorized to pursue the possibility of adding the Chairpersons of both Eastern and Western chapters of NCPHA to the Executive Committee as well as retain the current at-large representatives of these chapters on the committee. The members present felt this would be a desirable situation for all three organizations.

The By-laws Committee reported that revisions to the current by-laws have been made but need to be reviewed for compliance with NCPHA By-laws. Adding ENCPHA and WNCPHA chairpersons to the executive committee would require additional by-law changes for all three organizations.

Nutrition Section Workshops focused on the breast-feeding promotion and educating consumers through supermarket tours. Joan Wagoner, RD, presented "Wise Choice-

Supermarket Tours." She discussed guidelines, resources, fee suggestions, and practical solutions to problems encountered while developing supermarket tours as a community nutrition education tool. Community response has been favorable and demand remains high for the monthly tours sponsored by Yadkin County. If the presentation was a sample of the service the consumer receives, demand will remain high.

Sandie Dial, Breast-feeding Promotion Coordination from Pitt County, presented the workshop, "Breast-feeding Promotion." Sandie coordinates the "Breast-fed Babies: Better Beginnings" program in Pitt County. This workshop provided an overview of the Pitt County program. Breast-feeding promotion tools which can be adapted and used in any health department were shared with those present at the workshop. Discussion included: 1) Barriers to breast-feeding and how to overcome them, 2) Prenatal breast-feeding approaches, 3) how-to's of a Peer Counselor Program, 4) developing professional and community support, 5) suggestions for promoting breast-feeding, and 6) information on lending libraries for prenatal and peer counselors.

Nutrition section membership increased in 1991-1992 and we look forward to continued growth this coming year. Please continue to encourage your co-workers to join NCPHA and the Nutrition Section. Membership in this organization is a start toward influencing Public Health Policies in North Carolina as well as a great way to stay current in your field through continuing education programs.

COMMUNITY HEALTH ASSISTANTS/TECHNICIANS SECTION

The Community Health Assistants/Technicians Section of the NCPHA held its annual workshop on July 17, 1992 at Camp Caraway in Asheboro. The speakers were Tom Cesar of N.C. Accreditation for In Home Aide Service and Mary Jo Littlewood. Approximately 110 people attended this workshop. The theme for this year's workshop was "Coping with Changes in the Workplace and Community".

Our 1992 Community Health Assistant/Technician of the Year Award was presented to Dorothy Allison of Orange County Health

Department. Each year at this time the CHAT of the year is announced at our workshop. All current paid members are eligible for this award. Criteria for this award is mailed each year to local health department's nursing supervisors.

Two members of our section announced their retirement this month. Dorothy Allison is retiring from Orange County after 24 years of service and Mary Rorie of Guilford County after 21 years of service. Good luck ladies.

Our speaker for NCPHA this year was Betty Copeland of Durham County Mental Health. Our topic "Communicable Diseases and How they Effect the Health Care Worker".

Officers for 1992-93 was elected as follows:

Chairperson	Edna McGuire Guilford County
1st Vice	Barbara Faison Sampson County
2nd Vice	Hazel Goldston Randolph County
Secretary	Nancy Richardson Warren County
Treasurer	Mary Rorie Guilford County
Financial Sec.	Ruth Nicholson Forsyth County

NURSING SECTION DIRECT SERVICE AWARD

Brenda S. Coleman, RN a public health nurse with Rockingham County Department of Public Health, was honored with the presentation of the Direct Service Award at the annual North Carolina Public Health Association, Nursing Section, in Greensboro on September 16, 1992.

Ms. Coleman is a Diabetic Educator with the health department and has been employed in public health for 21 years. A strong advocate for the diabetic, she started the first Diabetes classes in the three public health offices in her county in 1980. In 1989-1990 she established the first Diabetes Exercise Program in the state. She serves as liaison to local hospitals, and does diabetes education for lay and professional persons.

The Direct Service Award honors Ms. Coleman as a dedicated public health nurse in North Carolina and who is recognized by the community and her peers as a health advocate for clients and whose work performance is exemplary of Public Health Nursing.

PHYSICIANS EXTENDER SECTION

The Physician Extender Section had a very successful program at the Annual meeting in Greensboro this year. Three educational programs were provided for attendees. Information was provided on the timely topic of Financing Health Care. Clinical information included an update on Maternal and Congenital Syphilis and recognition, intervention, and prevention of Depression and Substance Abuse. CEU's were offered to members through the Greensboro AHEC.

Officers elected for the coming year are:

Chairperson - Alisa Weber
 Vice Chairperson - Kim Hampton
 Secretary - Kenneth Lyons
 Treasurer - Brenda McKinney
 Membership - Anna Hamilton
 Legislative - Gretchen Bohanien
 Nominating - Alisa Weber

Award recipients were:

Special Contribution/Achievement Award - Alisa Weber, Gaston Co. Health Dept. Performance Award - Brenda McKinney, Surry Co. Health Dept. Certificate of Merit - Lois Guin, Mary Hambright, Scotland Co. Health Dept.

Deborah Warren was the lucky winner in the membership drive drawing for a free night and complimentary breakfast at the Marriott in Raleigh.

The section had 37 members this year. Two primary goals of the section continue to be increasing membership and providing educational opportunities for its members. Plans are being made to hold a business meeting and an educational update on Treatment of Urinary Tract Infections in March. Further information will be provided to members in a newsletter.

Several job openings were announced during the business meeting:

1. Gaston Co. Health Dept.
FNP/PA (2 positions)
2. Wayne Co. health Dept.
OB-GYN/FNP (2 positions)
3. Bumcombe Co. Health Dept.
FNP/PA (2 positions)
4. Franklin Co. Health Dept.
PA/FNP/PA (1 position)

Alisa Weber,
Chairperson

STD SECTION

The STD Section's keynote speaker was Chris Hoke, Assistant State Health Director. His topic, "HIV and Infected Health-Care Workers," was timely and informative.

Annual awards were presented as follows: Outstanding Service in the Secretarial/Clerical

Field - Pattie Sibbett, HIV/STD Control Branch, Black Mountain; The James R. Fowler, Jr., Award for Outstanding Performance in Epidemiology - Rhonda Ashby and Bambi Christiano, HIV/STD Control Branch, Washington; Outstanding Physician - Dr. George Prince, Gaston County Health Department; Outstanding Supportive Service - Elizabeth Mellon Catawba County Health Department; The James M. McDiarmid Award - Evelyn Blankenship, HIV/STD Control Branch, Raleigh. Paul Esbrandt was presented with a Recognition of Excellence from the National Center for Prevention Services of the Centers for Disease Control. Fred Martich was recognized for his support given to staff in the HIV/STD Control Branch.

New officers were elected to serve a two-year term as follows: Chairperson, Paul Esbrandt; Vice-Chairperson, Rhonda Ashby; Secretary-Treasurer, Diane Tew.

The STD Section joined with the laboratory Section to sponsor a workshop on September 17, 1992. Dr. Steven Anderson, Director of Molecular Pathology, Roche Biomedical Laboratories, Research Triangle Park, discussed "Using DNA Probes to Diagnose STDs."

Kathy Gurley

LABORATORY SECTION

Deborah Sawyer, Medical Lab Technician at Brunswick County Health Department received the Laboratorian of the Year Award. The award is based on contributions made to public health in the area of laboratory science. Ms. Sawyer has been an employee of the Health department for 11 years.



Edie Fullwood (left) Deborah Sawyer (right)

HEALTH EDUCATION SECTION

The NCPHA 81st Annual Meeting held in Greensboro was a great success. The section co-sponsored two education sessions and held its Annual Business and Awards Luncheon. A special thank you to Peggie Garner, Program Chairperson, for a great job this past year.

Our section presented three awards to health educators for their outstanding efforts in Health Education. The recipients were: Excel Award - Andrea Savage, Pasquotank-Perrquimans-

Camden-Golden Award-Tracey Paul, Catawba County. A special thank you goes to Ken Morgan, Awards Chairperson and his committee, Kristen Goff and Allan Steckler. Your officers for 1992-93 are:

Chairperson	Tena Bullins
Vice-Chairperson	Ken Morgan
Past Chairperson	Ron Sapp
Secretary/Treasurer	Gina Goff
Members-at-large	Michael Sanderson Rebecca McLeod Tracey Paul

Plans for the 1993 Annual Meeting to be held in Wilmington next September are in the early stages. If you are interested in working on a committee (Awards, Audit, Program, By Laws, Resolutions, Legislation, Membership or Nominating), please call Tena Bullins at (919) 496-2533.

As a last note, I would like to point out the changes in membership dues in that they are now based on salary.

Tena Bullins, Chair

MANAGEMENT SUPPORT SECTION

The management Support Section held their business meeting on Wednesday, September 16, 1992. The 1993 slate of officers were presented and installed, they are as follows:

Chairman, Sandi Baxley
 Vice-Chairman, Nancy Berry
 Secretary, Lourdes Desmond
 Treasurer, Betty Bisette
 Members at Large, Libby Ray (1994)
 Nancy Price (1993)

Parliamentarian, Pattie Smith

Camille Bishop of Guilford County Health Department was presented with the Achiever of the Year Award.

After the business meeting, a program entitled "The Office Professional - How To For a Successful Image" was presented by Alice Burkholder, Manager of Compliance, Staffing and Organizational Development for Guilford County Personnel and Susan Shields, Image Consultant.

On Thursday, Bobbie Gemma, Communication Consultant with the Gemma Group in Winston-Salem, presented an excellent program entitled "Humor in the Workplace - Become More Productive Creative, Happier and Healthier." On Thursday afternoon, the Management Support Section co-sponsored a workshop on National Health Insurance presented by Congressman David Price.

As of September 14, 1992 we had 139 members listed on our roster which is a slight increase over 1991. I look forward to working with the membership and encourage everyone to get involved and make 1993 a productive year for Management Support.

Sandi Baxley, Chair

1992 ANNUAL EDUCATIONAL CONFERENCE

NCPHA'S Annual Conference was held on September 15-18, 1992, at the Holiday Inn-Four Seasons Hotel in Greensboro, N.C. We had 551 registered members for this event. We wish to congratulate and thank the members of the Local Arrangements Committee at the Guilford County Health Department for a successful conference:

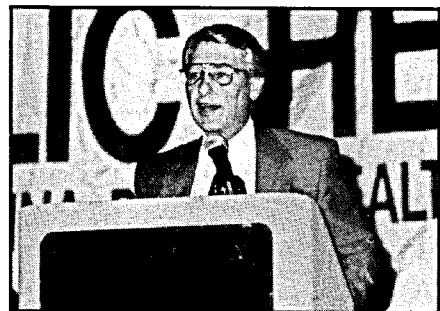
Chair	Karen Foster
Exhibits/Displays	Carmine Rocco
Hospitality/Information	Pattie Smith
Registration	Juanita Haga
Physical Arrangements	Eric Ireland and John Nantz
Flowers/Decorations	Reva Phillips
Food	Carolyn Greene
Entertainment	Camille Bishop

A special thanks also to Ms. Lillie Dewitt, Vice President of Education, and the Annual Meeting Program Committee for excellent educational sessions.

We have included pictures capturing some of the moments throughout this edition of the Newsletter. We hope you can join us in Wilmington on September 21-24, 1993, for another exciting program!



Randall Turpin 1992 President



Hugh Barnes (keynote address)
1st Gen. Session



Dr. Donald Hayes (speaker at
2nd General Session)



Dan Shingleton presented to Randall Turpin, 1992 President, a collection of historical documents for the North Carolina Public Health Association which included each Annual Program for the past eighty-one sessions listing the programs, award winners and past presidents.



Registration Desk



Hospitality Desk



**NORTON GROUP AWARD
1992
EDGEcombe COUNTY HEALTH
DEPARTMENT**

For providing opportunities for wellness through the establishment of a permanent Healthy Mothers and Children Council with inter-agency, citizen, and business involvement,

For creative vision in stimulating extensive citizen involvement in all public health services including the In-Home Services Program and Health Promotion activities,

For dedication to the holistic development of the leaders of tomorrow by giving a book to each child who visits the health department through a BOOKS (Books Offer Opportunities for Kids) Program,

For professional commitment to excellence in service through the Environmental Health Education Committee which has become statewide and has developed several excellent environmental videos,

For outstanding service to public health by skillfully mastering innovative approaches utilizing cooperation, dedication, and teamwork,

For these and other significant contributions to public health, the North Carolina Public Health Association presents the 1992 Norton Group Award to Edgecombe County Health Department.



**DISTINGUISHED SERVICE AWARD
1992
MALISTON STANLEY**

For tremendous energy and untiring commitment to improving the health in his community through his work with the Board of Health,

For noteworthy community leadership in organizing Ambassadors Interested in Mankind (AIM),

For dedicated and creative vision in enhancing the provision of public health services in hard-to-reach target groups,

For initiating a vision that has far-reaching potential impact in providing community members a chance to live longer and healthier lives,

For these and other significant contributions to public health, the North Carolina Public Health Association presents the 1992 Distinguished Service Award to Maliston Stanley.



**REYNOLDS AWARD
1992
DELTON ATKINSON, M.P.H., M.S.P.H.**

For the dedication, discipline, commitment, and vision to research, to write, publish, and distribute the landmark study *The Health of Minorities in North Carolina* (1987), and thereby providing compelling data and analysis on the disparities in health status and providing a call to action for our public health system to develop programs and services to meet the needs of our State's minority populations;

For the continuing efforts to design, refine, and implement the Health Services Information System as the state/local public health information system and for forging new state/local partnership characterized by mutual trust and confidence and sustained visible progress is being made in fully implementing the system;

For the leadership, creativity, and quest for knowledge and information which resulted in public health access to Medicaid data and in the development of episode of care records from that data thereby making it possible to match records and yield useful public health data;

For providing the leadership, guidance, and direction to secure a grant from the Robert Wood Johnson Foundation to improve the State of North Carolina's ability to collect, compile, and use data in shaping public health policy;

For these and many other contributions to public health, the North Carolina Public Health Association presents the 1992 Reynolds Award to Delton Atkinson, M.P.H., M.S.P.H.



**1992
DISTINGUISHED SERVICE AWARD
DENNIS WILLIAMS**

For acknowledging the importance of preventive and supportive services to improving the health status of the state's citizens through the adoption of changes in Medicaid Program policy,

For playing a leadership role in planning and implementing a wide array of statewide initiatives such as the BABY LOVE PROGRAM, child service coordination, and expanded Medicaid eligibility for pregnant women, infants and children,

For making the financial promise of the Medicaid Program a financial reality for local public health departments by promoting expanded coverage of public health services and adoption of cost based reimbursement rates,

For serving as an advocate for the development of cooperative arrangements between public and private providers in order to ensure all of North Carolina's citizens have access to health care services.'

For fostering a cooperative environment in which North Carolina Public Health and the North Carolina Medicaid Program work as partners in the provision of services to our state's neediest citizens.

For these and other significant contributions to public health, the North Carolina Public Health Association presents the 1992 Distinguished Service Award to Mr. Dennis Williams.



**RANKIN AWARD
1992
LILLIE M. DEWITT**

For committed, dedicated, professional and untiring leadership to Public Health in North Carolina through service on Governing Council and Executive Committees of the North Carolina Public Health Association;

For untiring and noteworthy efforts that have contributed to the Association's role in providing quality programs at Annual Education Conferences;

For demonstrating extraordinary foresight, enthusiasm and diligence in the administrative practice of local public health in Cumberland County;

For the inspiration and role model to all management support personnel in North Carolina;

For these and other significant contributions to public health, the North Carolina Public Health Association proudly presents the 1992 Watson S. Rankin Award to Lillie M. Dewitt.



**CITATION OF MERIT
LOREY H. WHITE, JR.**

For providing effective leadership in the challenging and demanding profession of local health director, specifically:

For instilling computer literacy in the staff of his health department;

For seeking and obtaining much needed additional working space for the operation of his department;

For working for a solid waste ordinance for Union County, encompassing the establishment of a demolition landfill there;

For developing a management program on alternative low pressure sewage systems, including maintenance and monitoring, before it became a state requirement;

For being instrumental in setting up and serving as the first chairman of the Union County AIDS Task Force;

For active involvement in the formation of a regional AIDS consortium;

For maximizing reimbursement for clinical services and expanding the provision of services in his department;

For securing county funds to pay for deliveries of indigent pregnant women, thereby indirectly ensuring continuation of prenatal services at the Union County Health Department; and especially;

For initiation and successful steering of implementation of the first local health department Noorplant program in North Carolina, a program that holds great promise for cost-effective family planning;

For these and other significant contributions to public health The North Carolina Public Health Association presents the 1992 Citation Of Merit to Lorey H. White, Jr.



Elected Officers (L to R - Leonard Wood, Tamara Dempsey-Tanner, Eunice Inman, Peggy Ellis and Jim Jones

1992-93 OFFICERS

At the Annual Awards Banquet, Dr. Ronald Levine, State Health Officer, installed the following NCPHA Officers for 1992-93:

President	Leonard Wood
President-Elect	Jim Jones
VP of Education	Brenda Motsinger
VP of Communication	Peggy Ellis
Secretary	Tamara Dempsey-Tanner
Treasurer	Eunice Inman

The two Members-At-Large elected for a three year term were Mike Rhodes and Georgena Chandler. Congratulations to our new officers.

MCH SECTION

The Maternal and Child Health Section held its annual business meeting on September 17 during the NCPHA Annual Meeting. Our meeting was highlighted by the presentation of MCH Section Awards. Award recipients were selected on the basis of personal achievement and impact on Maternal and Child Health in public service or community health. Three categories of service were recognized this year:

Outstanding Achievement in Public Health
Direct Service
Renee M. Sikes, Public Health Nurse Union County

Outstanding Achievement in Public Health
Indirect Service
Reva B. Phillips, Nursing Director, Guilford County

Outstanding Community Contribution to
Maternal and Child Health
Dr. Docia Hickey, Neonatologist, Carolinas Medical Center, Charlotte
Dr. Laurence Ransom, Neonatologist, Women's Hospital, Greensboro



(L to R) Renee Sikes, Dr. Hickey, Reva Phillips, Dr. Ransom

The annual Sudden Infant Death Service Awards were presented by Barry Goldstein on behalf of Dr. Wolfe:



Wanda Tart

SIDS Counselor of the Year:
Wanda Tart, Cumberland County

Ten-year SIDS Service Awards:
Wanda George, Stokes County
Brenda Respass, Pitt County

In other business, officers for 1992-93 were elected:

Chair:	Betty Jo McCorkle New Hanover County
Vice Chair:	Tamara Hower Washington Regional Office
Secretary:	Pat Sappenfield Guilford County
Treasurer:	Dianah Benfield Scotland County
Members-at-Large:	Glenda Basnight Bertie County Rachel Britt Robeson County

Please remember: the officers who form the MCH Executive Committee are always anxious to hear the concerns and comments of fellow public health workers. Don't hesitate to contact the Executive Committee so this year can be the best and most valuable. Thanks for your support!

Tamara Hower,
Vice Chair

1992 CONTRIBUTING MEMBERS

Dairy and Food
Nutritional Council
2300 W. Meadowview Rd #106
Greensboro, NC 27407
(1-800-768-6455)

Donna Dotson
Judy Godfrey

NC Egg Association
1213 Ridge Rd
Raleigh, NC 27607
(919/828-8188)

Jan Crenshaw
Donna Reynolds

United Concrete
Products, Inc.
173 Church St
Yalesville, CT 06492
(203/269-3119)

Ray Paulding

Smith's Addressing
machine Services, Inc.
611 Hwy 70 East
PO Box 447
Clayton, NC 27520
(919/553-5051)

Jim Smith

NC Accreditation Commission
for In-Home Aide Services
1009 Dresser Court
Raleigh, NC 27609
(919/872-8609)

Tom Cesar

UNC School of
Public Health
CB #8165 Miller Hall
Chapel Hill, NC 27599
(919/966-1104)

Bill Browder
John Sharo

Flow Divider Company
10621 Six Forks Rd
Raleigh, NC 27614
(919/847-5481)

J.E. Tyson
Nell Tyson

Scott Healthcare
114 Townpark Dr #210
Kennesaw, GA 30144
(404/425-6181)

Sharon Goldsmith

T & J Panel System
(American Concrete)
PO Box 288

Tim Johnson

Pfizer Consumer
Health Care
PO Box 801905
Dallas, TX 75380

Ed Whitman

PRISM Integrated
Sanitation Management
8300 Executive Center Dr
Miami, FL 33166
(1-800-888-5777)

Mike Moon
Zane Hall

Maternal & Child
Health/Nutrition Services
NC Dept. of Env., Health & Nat. Res.
PO Box 27687
Raleigh, NC 27611

Alice Lenihan

Ortho Pharmaceutical Corp.
3000 Highwands Blvd, Suite 218
Raleigh, NC 27604

Don raker

(919/790-0955)

Crumpler Plastic Pipe, Inc. Jim Caison
PO Box 68
Roseboro, NC 28382
(1-800-334-5071)

Chem-Nuclear Systems, Inc. Judy Buskill
5400 Glenwood Ave, Suite 305
Raleigh, NC 27612

Cessco, Inc. Charlie Gribble
PO Box 244 Billy Ayre
Greensboro, NC 27612
(919/787-0732)

Smithkline Beecham Jenny Hyslop
PO Box 4188 Mitch Johnson
Bristol, TN 37625
(615/652-4570)

Altschal Group Corp. Nor Hart Randall
1560 Sherman Ave, Suite 100
Evanston, IL 60202
(1-800-421-2363)

Recovery Corporation of America
1230 Columbia St, Suite 500



Exhibit

American Ultraviolet Inc Delmar Rivers
483 Robert Smalls Pkwy, RR4
Beaufort, SC 29902
(803/522-2781)

InfoLab, Inc Herb Van Roekel
2501 Greengate Dr
Greensboro, NC 27406
(919/272-2874)

Milex Carolinas, Inc. Zeb Morris
4409 Lebanon Rd Brenda Berrier
Charlotte, NC 28212
(704/545-4567)

National Sanitation David Baxley
Foundation (NSF)
3475 Plymouth Rd
Ann Arbor, MI 48105
(313/769-8010)

Office of Environmental Pat Williamson
Education Sandra Washington
NC Dept of Env., Hlth, and Nat. Res.
PO Box 27687
Raleigh, NC 27611
(919/733-9020)

NC Division of Radiation Beverly Hall
Protection Bonnie Poole
P.O. Box 27687 Vickie Jernigan
Raleigh, NC 27611
(919) 571-4141

Auto-Chlor System Pedro Westbrook
3500 - A Woodpark Blvd
Charlotte, NC 28206
1-800-333-4498

NC Home Care Association Mary Doherty
1005 Dresser Court
Raleigh, NC 27609
(919) 878-8500

North Carolina Rail-Trails Al Capehart
703 9th St., Suite 124
Durham, NC 27705
(919) 493-6394

State Center for Health Kathryn Surles
& Environmental Statistic Kathy Blue
PO Box 29538
Raleigh, NC 27626
(919/733-4728)

Thermaco, Inc Charles Hardin
823 W. Salisbury St
Asheboro, NC 27203
(919/629-4651)

Wyeth-Ayerst Laboratories Jeff Roberson
1505 Kerner Rd
Kernersville, NC 27284
(919/996-4565)

Roger G. Whitley Health Pat Beckwith
Education Film Center Angie Murray
PO Box 27687
Raleigh, NC 27611
(919/733-3471)
NC Governor's Katherine Weatherly
Highway Safety Program
215 East Lane Street
Raleigh, NC 27601
(919/733-3083)

Aqua Tech Pamela Moss
Environmental Laboratories, Inc.
PO Box 488
936 N. Horner Blvd.
Sanford, NC 27331
(1-800-522-2832)

Water for People Lorraine Loken
sponsored by the Pamela Moss
American Water Works Assoc.)
5100 Brookshire Blvd
Charlotte, NC 28216
(704/391-5065)

Tecnol, Inc. Rich Regruto
7201 Industrial Park Blvd
Fort Worth, Texas 76180
(1-800-433-7708, ext. 6557)
7528 Drayton Court
Raleigh, NC 27615
(919/870-8612)

N.C. PUBLIC HEALTH ASSOCIATION
1993 MEMBERSHIP or RENEWAL APPLICATION
 Membership Year is **OCTOBER 1, 1992 THROUGH SEPTEMBER 30, 1993**

Name _____ Present Position _____

Home Address _____ Zip _____
 (Please check if this is a change of address _____)

I wish to receive mailings at my residence _____ office _____

New Member _____ Renewal _____ Number of years you have been a member _____
 Previous Name (if applicable) _____

Employer and Address _____ Tel. () _____

Are you a eligible for Life Membership _____ Date of Retirement _____

Are you a 1992-93 member of Eastern District NCPHA _____ Western NCPHA _____

**THE NCPHA IS PRESENTLY COMPOSED OF SEVENTEEN SECTIONS. BYLAWS: ARTICLE XI:
 "AN INDIVIDUAL MUST BE A MEMBER OF THE NCPHA TO QUALIFY FOR MEMBERSHIP IN
 ANY SECTION." ALL SECTIONS ARE PARTICIPATING IN CENTRAL COLLECTION OF DUES.
 SEND YOUR SECTION DUES WITH YOUR NCPHA DUES. PLEASE MARK EACH SECTION(S)
 WITH WHICH YOU WISH TO BECOME AFFILIATED. INDICATE YOUR PRIMARY SECTION.**

- | | |
|--|--|
| <input type="checkbox"/> Adult Health (a) \$5.00 | <input type="checkbox"/> Nutrition (5) \$5.00 |
| <input type="checkbox"/> Comty Hlth Asst. (2A) \$3.00 | <input type="checkbox"/> STD (8) \$4.00 |
| <input type="checkbox"/> Dental Health (Y) \$5.00 | <input type="checkbox"/> Laboratory (6) \$4.00 |
| <input type="checkbox"/> Physician Extenders (PE) \$5.00 | <input type="checkbox"/> Nursing (2) \$4.00 |
| <input type="checkbox"/> Social Work (SW) \$3.00 | <input type="checkbox"/> Children w/Special Needs (D) \$5.00 |
| <input type="checkbox"/> Environmental Health (3) \$7.00 | <input type="checkbox"/> Vector Control (V) \$3.00 |
| <input type="checkbox"/> Pub. Hlth Mgt. (1) \$3.00 | <input type="checkbox"/> Mgt. Support (4) \$3.00 |
| <input type="checkbox"/> Statistics/Epi. (S) \$2.00 | <input type="checkbox"/> Health Ed. (7) \$5.00 |
| <input type="checkbox"/> Maternal & Child Hlth (MC) \$2.00 | |

DO NOT SEND CASH:	ANNUAL DUES	\$25.00	(Salary \$0 - \$20,000)
	ANNUAL DUES	\$35.00	(Salary \$20,0001 - \$35,000)
	ANNUAL DUES	\$45.00	(Salary Over \$35,001)
LESS FIRST TIME MEMBER DISCOUNT		-10.00	
	SECTION DUES	_____	
	TOTAL DUES	_____	

Sponsored by: _____ Date: _____

**PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO NCPHA AND SEND TO:
 1009 DRESSER COURT
 RALEIGH, N.C. 27609**

PATRON MEMBERSHIP: Additional \$25.00 OR MORE \$ _____

Patron members shall be recognized in NCPHA Newsletter and Annual Educational Conference Program.

CANVASS FOR SERVICE AWARD ELIGIBLES

YEARS OF FULL TIME SERVICE IN NORTH CAROLINA AS OF DECEMBER 31, 1992

<u>NAME</u>	<u>CLASSIFICATION</u>	<u>DATES OF SERVICE</u>	<u>PLACE OF EMPLOYMENT</u>
-------------	-----------------------	-------------------------	----------------------------

Twenty-Five Years

Thirty Years

Thirty-Five Years

Forty Years

Return by April 20th to: Chris Hoke
N.C. Dept. of Environment, Health & Natural Resources
P.O. Box 27687
Raleigh, N.C. 27611

NCPHA AWARDS NOMINATION

Name of Award

Calendar Year

Name of Nominee

Title

Place of Employment

Business Address

Telephone

Home Address

Telephone

Nominated By

Reason nominee deserves this award

Please attach a resume of not over three pages, including this one. This should include public health experience (with dates, if possible), education, outstanding public health achievements, organizational affiliations, offices held, important boards and appointments and previous awards.

DESCRIPTION OF NCPHA AWARDS

REYNOLDS AWARD: The Reynolds Award is bestowed upon the individual member of NCPHA who has made the greatest contribution to public health in North Carolina during the past year.

NORTON GROUP AWARD: The Norton Group Award is given to a group for outstanding cooperation and service to public health in North Carolina during the past year.

RANKIN AWARD: The Watson G. Rankin Award is given to an individual in recognition of the outstanding contributions to public health in North Carolina over a period of several years.

DISTINGUISHED SERVICE AWARD: This award was established in 1953 to recognize individuals in other organizations or professions who have made significant contributions to public health in North Carolina.

CITATION OF MERIT: The Citation of Merit is conferred upon individual members of NCPHA who, by long years of noteworthy service or by lustrous enterprise within the recent past, have singularly advanced public health in the Tar Heel State.

A citation and an engraved plaque are given for each of the awards listed above.

SERVICE PINS: Service pins are awarded for completion of twenty-five (25), thirty (30), thirty five (35) and forty (40) years of full time work in public health in North Carolina by DECEMBER 31 of the PRECEDING YEAR. Years taken from health service for education or military leave are counted if the service is otherwise continuous.

THE DEADLINE FOR ALL AWARDS AND NOTIFICATION FOR SERVICE PINS SHALL BE APRIL 20, 1993.

Nominations shall be submitted on forms provided by NCPHA and may be obtained from the NCPHA Administrative Assistant or the Chairman of the Awards Committee. They shall be addressed to the Chairman of the Awards Committee and postmarked no later than April 20 of the calendar year for which the award is proposed. A person or group nominated in previous years and not selected, may be renominated by submitting current information on the appropriate forms. Supporting materials may be submitted. Remember that the Awards Committee will probably already know much about your nominee.

Nominations need not be lengthy, but must be descriptive in outlining the reasons that the nominee is worthy of the award. We know that there are many deserving individuals out there, but the Committee must choose the recipients based on the nominations received.

VALID NOMINATIONS IN LARGE NUMBERS ARE ENCOURAGED!!!

CONTINUING EDUCATION PROGRAMS SCHOOL OF PUBLIC HEALTH THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Basic Foodservice Plan Review

January 20-22 Greenville
February 17-19 Wilmington
March 31- April 2 Asheville

Motivation, Mission and Quality Service

January 21-22 Greenville
February 4-5 Charlotte

Free Trade Agreements: Impact on the Carolinas and the Americas

January 29-30 Chapel Hill

Third Annual Public Health Social Work Seminar Series

February 12, 1993 Greenville

Public Health Pest Management Workshop

February 3-4 Charlotte
May 27-28 Wilmington
June 24-25 Fayetteville

Lead Investigation and Abatement

March 17-19 Hickory
June 9-11 Greenville

North Carolina's State-of-the-State Immunization Conference

February 15-17 Chapel Hill

Basic Supervision for Health and Human Service Professionals

February 18-19 Wilmington
April 1-2 Asheville

15th Annual Minority Health Conference

Operation Prevention: mobilizing Community Action

February 18-19 Chapel Hill

Public Health and Community Health Leadership Conference

April 6 Raleigh

Getting the Message Across

June TBA

Registration

For further information and/or to register for programs that do not have an information source, please contact Phylliss Woody, registrar, office of Continuing Education, UNC School of Public Health, CB# 8165, Miller Hall, Chapel Hill, NC 27599-8165; phone 919/966-4032 or fax 919/966-5692.

Calendar of Upcoming NCPHA Events

NCPHA Governing Council	February 10, 1993 Greensboro, NC
NCPHA Infra-Structure Committee	March 10, 1993 Raleigh, NC
NCPHA Executive Committee	April 5, 1993 Raleigh, NC
Leadership Conference	April 6, 1993 Raleigh, NC
NCPHA Governing Council	May 4, 1993 Atlantic Beach, NC
Eastern District NCPHA Annual Meeting	May 5-7, 1993 Atlantic Beach, NC
Western NCPHA Annual Meeting	May 12-14, 1993 Asheville, NC
NCPHA Governing Council	September 21, 1993 Wilmington, NC
NCPHA Annual Educational Conference ..	September 22-24, 1993 Wilmington, NC

NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

1009 Dresser Court
Raleigh, North Carolina 27609
(919) 872-6274

Fax (919) 878-8427

Deborah Rowe, Administrative Assistant

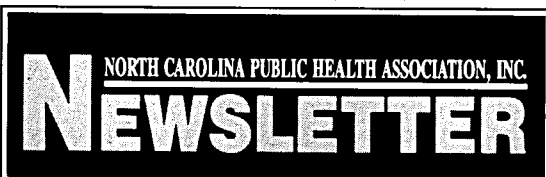
**The Newsletter is a publication of the
North Carolina Public Health Association.
The next edition will be in April, 1993
Articles should be submitted by
March 1, 1993**

**Leonard Wood, President
(704) 328-2561**

**Peggy Ellis, Newsletter Editor
Vice President of Communication
(704) 336-6442**

Authors are responsible for views
expressed in signed articles

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North Carolina Public Health

FORUM

Fall, 1992

Volume 1

Dedicated to improving Public Health in North Carolina



A CLARION CALL TO PREVENT VIOLENCE
Page 3

THE PUBLIC'S VOICE FOR PUBLIC HEALTH
Page 9

**ENVIRONMENTAL HEALTH IN NORTH CAROLINA:
TODAY AND TOMORROW**
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Cover: Public Health Nurses of the Guilford County Health Department leave the health department to practice the art of science of protecting and improving the health of their community. c. 1945 (Courtesy, Guilford County Health Department)

FROM THE EDITOR

We once published a bulletin, factual and fair,
It vanished in '73 into thin air.
Tis time to restart it, to publish a new,
To show prevention techniques to each of you.
-- Dr. Jacob Koomen, 1977

E. Daniel Shingleton

On September 29, 1977, Dr. Jacob Koomen presented a poem entitled "One Hundred Years of Public Health" at the third general session of the North Carolina Public Health Association meeting held in Wilmington. The lines printed at the beginning of these comments are from Dr. Koomen's "masterpiece." These lines reflect on the fact that from 1886 until 1973 the State Board of Health published a monthly "Health Bulletin." I believe the "Bulletin" represented one of the first public health publications to appear on a regular basis in the United States and it certainly was an important achievement for the State Board of Health. In 1973, North Carolina state government was reorganized and the State Board of Health along with its monthly publication died on the operating table of an iatrogenic condition at the hands of Dr. N. C. Reorganization.

Veteran "public healthers" have told me that '73 marked the end of an era -- that the State Board of Health was a model public health agency and that much of its success was attributable to its organizational structure. I believe much can be learned from the early public health pioneers and their thoughts about the organization of public health services. I am pleased to report that the Department of Environment, Health, and Natural Resources has reinstated the publication of the "Health Bulletin." We congratulate the Department for its interest in providing important information to the public health community through the "Health Bulletin."

The journal that you hold in your hands represents a commitment on the part of the North Carolina Public Health Association to provide the public health community of our state a free and autonomous forum for the exchange of ideas and ideals. The purpose of this *Forum* is the improvement of public health in North Carolina via the exchange of information related to the practice of public health.

This publication represents an answer to prayer and the result of a dream! Keep it for it will surely become a collector's item -- Volume I, Number I of the *North Carolina Public Health Forum*. We hope that the articles chosen for publication will be informative, instructive, and stimulating. The authors of the articles freely gave of their time and talent to prepare them and we are grateful to each one for their contribution. Also, we hope that this beginning effort will create enough interest that you will call or write and tell us to keep on! We need to hear from you. We need your criticism (kindly), but most of all your interest and support.

If we can get this journal to its "walking stage," I will propose that the various public health communities in our state cooperatively publish the *Forum* in the future. An editorial board representing the North Carolina Public Health Association, Boards of Health, Health Directors, School of Public Health, Citizens for Public Health, and the state health agency could provide the leadership for the publication of a high quality journal. These groups could also share in the cost of such a venture. However, we must provide a model.

I am deeply indebted to the following folks. First, to the Publications Committee that nurtured this effort from the very beginning. Their names appear on the inside back cover. Second, to Ms. Elizabeth Byars of the Association of North Carolina Boards of Health who actually served as an Associate Editor of this journal. Thirdly, to Ms.

E. Daniel Shingleton, M.S.W., is the Maternal and Child Health Supervisor in Washington-Wilmington Regional Offices of the North Carolina Department of Environment, Health and Natural Resources. He also serves as the historian of the North Carolina Public Health Association.

Correspondence to:
North Carolina Department of
Environment, Health &
Natural Resources
P.O. Box 2188
Washington, NC 27889

Deborah Rowe of the North Carolina Public Health Association who is always there to give an encouraging word and a helping hand. Also, we greatly appreciate the efforts of Ms. Evelyn McCauley of the Learning Resources Center of the School of Public Health for designing the cover for the journal. In addition, I thank the members of the North Carolina Public Health Association for their interest in and support of a public health journal. There are over six thousand public health workers in our great state and we believe this community needs and deserves a forum to exchange information and to share interests and concerns. Finally, I should mention Dr. Jim Jarrard who on Sunday morning for several seasons has reminded me and many others of matters of ultimate importance. On the day following Independence Day 1992, Dr. Jarrard observed:

Today we stand on the brink of two dangers. First, there is the danger of selling our heritage when somebody comes along to make a better offer. The offer of a quick killing, a mess of pottage, a cheap thrill, a fast buck. Or, there is the more subtle way of selling it – over time. Slowly redefining words so that they don't mean the same thing any more. Words like freedom, life, liberty, happiness, and the common good. We redefine them in terms that don't hurt nearly as much, or require nearly as much. And the second danger is that we can sell more than our heritage. We can sell ourselves. We can do whatever we want, whatever we need, whatever it takes to get along or get ahead, but in the process forget why it matters!¹

REFERENCES

1. Jarrard, James L. (1992) *Holding On To Your Vineyard*. First Baptist Church, Wilson, NC July 5.

A CLARION CALL TO PREVENT VIOLENCE

Clara L. Milko

CATALYSTS OF VIOLENCE

Is it at all possible that you haven't read something on violence in the last day? Just look through a newspaper and count the number of articles related to violence. Watch television and count the violent acts. There is so much violence that we numb ourselves against the over saturation and we rationalize: "It isn't that bad," or "My family and I can avoid the violence." The United States is one of the most violent industrialized nations, as Figure 1 on international homicide rates shows. In America there is a homicide every 24 minutes.¹ Our call as health professionals is to recognize the problem and look for causes and solutions.

Poverty and hopelessness are catalysts of violence. Inadequate and abusive parenting is a catalyst for the continuance of violence. Becoming stronger and more powerful catalysts are drug and alcohol use and availability of handguns and other weapons. The increase in alcohol use by younger children is frightening. The increase of violence use by preschool children and women is even more frightening.

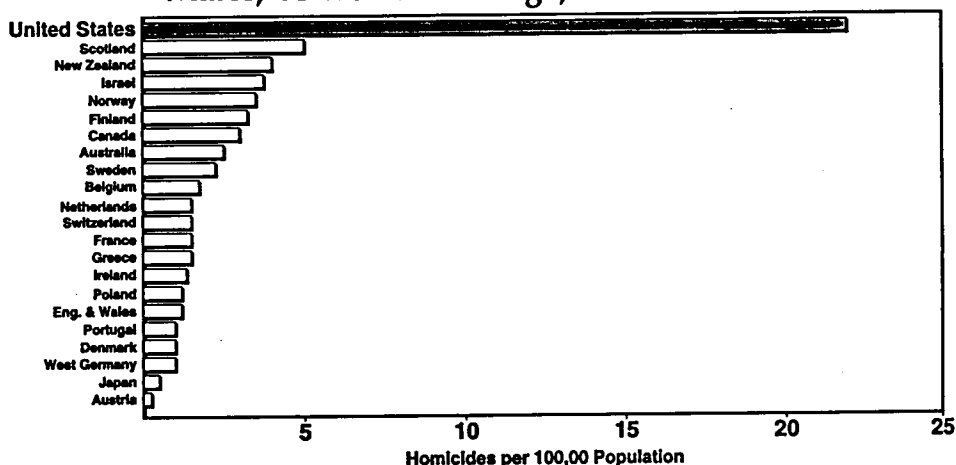
Television is another catalyst for violence, especially in families with little communication and symptoms of family disintegration. Over a thousand studies link violence in children to television. In an average year, children view 1,000 rapes, homicides or assaults. Children are entertained with more than 25 acts of violence per hour. They can watch violent behavior being used to terminate problems.²

Violence is the unjust use of physical force or power to injure or hurt someone, or to inflict damage. Violence is a behavior that has an amazing "trickle down" quality. If the nation promotes the use of force and violence to achieve national goals, people — especially children — understand the message that violence is an acceptable means to get their own personal goals.

In a February 1992 *Independent* article Melinda Ruley described a nine year old's request this past year to Santa Claus. He asked for "a .357 magnum to shoot somebody's head off." Asheville Police Chief Beavers recently wrote that two middle school

Figure 1

International Variation in Homicide Rates, Males, 15-24 Years of Age, 1986 and 1987



Sources: National Center for Health Statistics, World Health Organization, and country reports

Clara L. Milko, R.N.,M.S., C.P.N.P., is Child Health Nursing Consultant with the Division of Maternal and Child Health in the North Carolina Department of Environment, Health and Natural Resources.

Correspondence to:
 Division of Maternal and Child Health
 P.O. Box 27687
 Raleigh, NC 27611-7687

students brought guns to school because "someone was going to mess with me."³ In March 1992, the skepticism of Marjan Shirzad, a 16 year-old student challenged presidential candidate Gov. Bill Clinton. Shirzad said, "People who want guns are going to get them anyway, I mean, we went to war over oil, and we're telling our kids not to shoot each other?"⁴

Children are the best imitators of cultural goals and spirituality. The violence within schools demonstrates this modeling. Ms. Ruley reported that in fall of 1991, Wake County seized 35 weapons from students. Durham schools suspended 13 students for gun violations. The number of minors (younger than 16 years) carrying guns increased and in the last three years Durham's juvenile services reported 108 weapons charges against minors.⁵ Nationally, each year there are about 280,000 assaults on children and youth either in school or on their way to and from school.⁶

"She was found bruised and battered and dead." "Mother sets children on fire." These incidents are not headlines from Nicaragua, Iraq or another foreign nation. They were not events of the wild, wicked and big cities of New York, Chicago or Los Angeles. They were acts committed in the kindly rural state of North Carolina. However, North Carolinians need not feel unique because all fifty states have similar records. We are not unusual – violence is everywhere and the epidemic is growing.

ENCULTURATION OF VIOLENCE

The true sense of public citizenship in the United States has deteriorated and needs rekindling. The United States was the first nation to produce atomic weapons, the only nation to use them and remains one of the powers that can directly affect the outcome of this supreme crisis. When we accept violence in any form, our sensitivities become dulled and war itself becomes an easy and acceptable solution to problems.

Professor Walter Wink of Auburn Seminary identifies violence as the ethos of our times.⁷ It has become the religion of our modern world and so successful a myth that it simply assumes the role of natural order. Violence works. It is accepted by liberals, conservatives and independents. If the nation can lie, cheat and be violent,⁸ then it must be the cultural consensus that the same norm is okay for individual ends. Children are quickly conditioned to these cultural norms.

When many individuals act violently, the young are conditioned into the same pattern of behavior. Today systemic violence is accepted. We practice racism, ethnicism, sexism, classism, nationalism, militarism and fanaticism. These "isms" are all integrated into the deep wound within our midst. Language is a simple method of violent assault that can hurt others. If we perceive people who are different from us and our family as "others," then it becomes easier to treat them as an object and to disregard them, dismiss them, and kill them without remorse. Now we have drive-by murders and killing for kicks. Listen to today's language of our young White Aryan Resisters (WAR):

These kinds - all people of color - 'bugs' you, so you need to step on them, like bugs. You have to have the 'hunter-killer' approach because too many white males are 'wimpy'. Violence will rid us of the cesspool of nonwhite hoards.⁹

SOCIETAL VIOLENCE

Growing out of the alienation learned from an unequal and unjust society is the violence of poverty. Gandhi said that poverty is the worst form of violence. He said that injustice that causes poverty must be made visible. It is the total loss of hope or belief in any dream of a better life. Many poor children are rootless children who have little sense of self or worth. Some children have never owned a toy or held a book. They have no defined sense of good or evil.

In the United States, five million children under the age of six live in poverty. We know that a child's health and safety improves in relation to family income. Families need employment with just wages and job security. The outcome of unjust poverty will continue to be sporadic bloody rebellions such as those in Los Angeles in 1965 and 1992.

Society has awakened to the existence of pervasive family violence. Child abuse, battered women, elder abuse, incest, sibling abuse, gunshot wounds, stabbings and other traumatic injuries from intra-family violence document our society's violence.

HARM IN OUR MIDST

One unnerving statistic is that a woman is battered every fifteen seconds in this country. Abuse is the leading cause of injury to women. Homicide is a major cause of traumatic death to women. Pregnant women are the most at risk. One study reported at least eight percent of the women interviewed were battered during the current pregnancy and an additional 15 percent were abused before the pregnancy.¹⁰

Today's child and our future are both in critical jeopardy. A core problem is our lack of love for all children, especially poor children of color, children of unwed mothers, and children of addicted parents. Children and youth who are verbally demeaned, physically and emotionally abused or neglected often become abusers. In 1991, North Carolina had 71,164 reported cases of child abuse or neglect, a 34 percent increase since 1990. Of these reports 24,749 were confirmed cases. In North Carolina 67 children are abused or neglected every day.¹¹

Corporal punishment reinforces violent behavior. Children are not created for hitting, shaking, or shooting. Every child needs correction given with recognition and respect. We must discipline with reverence for the kinship between humans, animals, plants and the earth as a central part of every day life.

The Public Health System is the infrastructure for the health of the nation. It should control preventable disease, disability and death. In 1985 the former Surgeon General C. Everett Koop, MD convened a national workshop on Violence and Public Health. He said:

CHALLENGE TO PUBLIC HEALTH

Medicine, nursing, psychology and social sciences have been slow in developing a response to violence that is integral to their daily professional life. As a result we are not sure if the estimated four million victims of violence this year will receive the very best care possible. Nor can we be sure that enough will be done to prevent violence from claiming four million or more victims again next year.¹²

While violence prevention work has begun, health professionals have resisted assuming a direct role for resolution of violence in their communities. Public Health must redefine its role to include the epidemic of violence. Control and prevention of violence will not be simple. The epidemic must be carefully dissected into preventable units and brought to the attention of the total community. It will require not only every public health worker's involvement, from top directors to outreach workers, but also mobilization of all citizens. Some citizens have recognized this reality and have begun to take control of their neighborhoods, not in a vigilante way but in a caring and responsible way to resolve conflicts and rebuild true communities. Neighbors help neighbors and work together to protect the well being of everyone. It is urgent that we find our common ground together -- red, black, yellow, brown, white, women, men, children, youth, aged, poor and rich.

BREAKING THE CYCLE
OF VIOLENCE

Public healthers can start the work of turning back the cycle of violence by promoting awareness in our own families, communities, counties and state. When we find initiatives that work, we can begin to influence national policies and move toward world solutions for violence control and the creative international development of planethood.¹³ Many health and law enforcement groups have endorsed gun control measures and legislation such as the Brady Bill. Societal conversion is possible and the Year 2000 Objectives give us clear goals.

- Reduce by 20 percent the incidence of weapon-carrying by adolescents.
- Reduce to less than 25.2 per 1000 children the rising incidence of maltreatment of children younger than age 18.¹⁴

Today's violent world needs a strong spiritual foundation in families. Children are innately spiritual and parents must give them a sense of inclusiveness. Then our children will understand how all things in the cosmos are connected. Our Native Americans may have some insights for us.¹⁵ For thousands of years, before the Europeans came to America, Indians lived in harmony with the earth, respecting its sacredness.¹⁶ In the last five hundred years, much of America's environment has been violently destroyed. Let's find spiritual wisdom from our Native American members to heal relationships with each other and the earth.

We teach our children by the way we share in their lives and by the way we are. Take time to watch television with your children and explain truth and reality. The Southern Poverty Law Center has sent 150,000 free copies of *Teaching Tolerance*¹⁷ to schools across America. Is your school using this education resource to reduce prejudice and build respect for diversity?

We need also to support the variety of families in our midst. Do safe places for people at risk exist in the community? We need to promote fulfilled parents by preparing people for responsible fathering and mothering. If people have not grown-up with good models of parenthood, then there must be access to institutions for teaching healthy parenting. Courses for the choices and challenges of parenting should be started early in schools. The curriculum for peaceful parenting that was developed by the Ohio State Health Department is a good model.¹⁸ Another possible intervention is a violence prevention curriculum, developed by the Boston Department of Health for use in high schools.¹⁹

As advocates for healthy families we must get legislative support for bills for low income housing, family preservation, affordable quality child day care and a just policy for health care. We must commit ourselves to work for paid parental leave policies that enable parents to care for an infant without jeopardizing the family's income and well being. Of the seventeen major industrialized nations, the United States is the only one that fails to provide any national parental leave program.

The choices for intervention must be appropriate to the local scene. As health professionals we need to heal the current epidemic and prevent future epidemics. Health professionals must have better training in the identification, treatment and referral of victims of violence. There must be more training workshops on family violence and conflict resolution for professionals in religious and secular groups. Intensive health visitor programs should be encouraged for families in stress, parents with inadequate parenting skills, or families without support systems. Courses must also be readily available for the public on appropriate conflict resolution, anger control and stress management. Cooperative linkages must be developed among concerned community agencies to provide a comprehensive and collaborative approach to victim

assistance. We need a societal system designed and built into an organized whole for the attainment of a peaceful and harmonious society. No one subsystem can control and prevent the complex problem of violence. All the subsystems of families, government, business, law enforcement, social services, public and private health agencies, schools, churches, higher education, and media must together find the commonweal for a healthy future. As we struggle to achieve a contemporary spirituality in the age of Einstein remember, his words:²⁰

“A human being is part of the whole, called by us ‘the universe,’ a part limited in time and space. Man experiences himself in his thoughts and feelings as something separate from the rest, a kind of optical delusion of consciousness. This delusion is a kind of prison for us, restricting us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty. The striving is in itself a part of the liberation and foundation of inner security.”

Violence ends where love begins. We know the facts. It is time to move from rhetoric to action. Will you take the call?

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1991 Association of North Carolina Boards of Health board, staff and spouses gather for a group photo at their annual fall retreat. Andy Upshaw, Elizabeth Byars, Hattie Elis, Kathy Reimer, Vera Robinson, Bea Matthews, Bert Fitts, Mary Ann Williams, Vaughn Upshaw, Michael Goins, Buddy Tate Second Row: Jim Robinson, Dan Reimer, Bill Herzog, Sandy Herzog, Hersey Matthews, Howard Fitts, and Paul Williams.
Photo: Buddy Wortman



Board members and health directors listen attentively during "Orientation to Local Board of Health Service" in Raleigh, January 16, 1991. Pictured left to right: Cleon Currie, Orange County; Melvin Bright, Carteret County; Marian Duncan, Columbus County; and Marie Lambert, Carteret County. Photo: Elizabeth Byars

THE PUBLIC'S VOICE FOR PUBLIC HEALTH

Vaughn Mamlin Upshaw

A shared interest in preserving the citizen's role in local public health prompted leading public health organizations in North Carolina to create the Association of North Carolina Boards of Health (ANCBH). The young association, led by its first president, Carl Durham, set out to become a force for public health in North Carolina. The W.K Kellogg Foundation recognized local boards' potential to influence community health and gave ANCBH an opportunity to expand its service to North Carolina's board members. ANCBH continues to build alliances in North Carolina and the United States as it pursues its mission of "excellent local boards of health."

In 1973 the North Carolina General Assembly enacted G.S. 153A-77 which allowed county commissioners in counties with populations over 325,000 to assume direct control over any activities previously conducted by or through any local board or agency, specifically, boards of health, mental health and social services. In 1973, only one county in North Carolina met the criteria, and the Mecklenburg County Board of Commissioners dissolved their human service boards and took direct control of these agencies. Since 1973, the General Assembly has raised the population floor twice and today it is 425,000.

Members of the North Carolina Public Health Association (NCPHA) legislative committee considered expansion or further implementation of G.S 153A-77 to "be one of the most serious threats to the provision of public health services." A report prepared by Henry Jones, NCPHA's legislative council, cited the following objections to the statute:

- reduces health care professionalism fostered by the present composition of local health boards
- subjects local health departments to political influences
- embraces a plan more costly than the current system
- deprives the health department of advocacy
- eliminates an effective system currently in place, fosters non-uniform, piecemeal public health policy

Prompted by these concerns, the University of North Carolina School of Public Health sponsored a meeting with the Citizens for Public Health, and NCPHA, "The Practice of Public Health by Local Boards Of Health." More than 80 local board of health members and local health directors met in Chapel Hill on November 13, 1985. Participants learned about specific responsibilities and effective functions of local boards, and identified leaders, goals and strategies for forming a new association.

Supported by the Division of Community Health Service at the School of Public Health, a Steering Committee of twelve board members and two health directors set about forming the new association. Richard M. House, Mary Cleary Milroy and Vaughn Mamlin Upshaw from the School of Public Health worked with the steering committee. By September 1986 the committee had developed bylaws, articles of incorporation, suggested activities for the new association, and planned its first annual meeting.

In conjunction with NCPHA's 1986 meeting, the Association of North Carolina Boards of Health held its first Annual Meeting. One hundred twenty-five people, representing 28 boards of health, elected Carl Durham from New Hanover County as ANCBH's first president. Durham inspired others with his commitment and vision for creating a public voice for public health. Tragically, in 1990, Carl Durham was diagnosed-with cancer and, on December 19, 1990, he died. For ANCBH, Durham and

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remains a symbol of board of health leadership and advocacy. In his memory ANCBH established the Carl Durham Award which is given annually to an outstanding board of health member in North Carolina.

ANCBH GOALS

Enthusiastic as they started a new association, the first board of directors was eager to meet all of ANCBH goals:

- promote high public health standards
- provide networking and education for local boards of health
- advocate for public health
- build collaboration and coalitions for public health
- increase public awareness of public health
- protect and promote the public's health

They plunged in with determination, but the first year presented challenges. The board was disappointed when two educational programs had to be cancelled due to low registration. Then, in April, their program coordinator resigned. By May, however, the legislative committee had developed a legislative agenda and the board had hired Vaughn Mamlin Upshaw to work part-time for ANCBH. At the end of ANCBH's first year, half of North Carolina's boards of health were institutional members.

ANCBH's second president, Dr. Payne Dale, from Lenoir County, made orientation for board of health members his top priority. Working with Charlotte's Area Health Education Center and a committee of board members and health directors, ANCBH designed an orientation program for local health board members. The program covered group dynamics, legal and liability issues, and public health policy-making. Thirty-five people attended ANCBH's first orientation program in September 1988. Participants were enthusiastic about the event. They asked for more opportunities to learn about the role of local health boards and suggested ANCBH encourage more board members to participate in orientation programs.

Cumberland County's Dr. Ronald Tucker, spent his term as president, spreading the success of the pilot orientation program. Under Tucker's leadership, ANCBH worked with the School of Public Health (SPH), Institute of Government (IOG), Department of Environment, Health and Natural Resources (DEHNR), and Area Health Education Centers (AHEC) to design and write a grant proposal which would support board of health orientation and leadership programs.

GRANT AWARDED

In October 1989, the W. K. Kellogg Foundation awarded ANCBH a three-year grant to develop a model for board of health orientation and leadership. The model included three regional orientation programs, a leadership development program, and a teleconference each year for three years. In addition, ANCBH pledged to develop a manual for local boards of health. The project's objectives were to develop effective, efficient boards of health able to:

- effectively exercise their authorities
- make informed public health decisions
- enact community-focused policies
- demonstrate visible leadership for public health
- work effectively with health directors

When ANCBH received the Kellogg grant it quickly initiated a state-wide structure to plan, implement and oversee the project. First, it increased its staff to two full-time people. Next, for credibility and buy-in, ANCBH sought and received endorsements from the county commissioners' association, health directors' association and the State Health Director. Then, ANCBH established a grant review committee comprised of local board of health members, health directors and representatives from the SPH, IOG, AHEC and DEHNR. Finally, in May 1990, three teams, each with a

board member, health director and a person from one of the participating organizations, began designing orientation, leadership and teleconference programs for North Carolina's boards of health.

Working with Northwest, Wake and Area L AHECs, ANCBH offered three orientation programs in fall/winter 1990-1991. The programs focused on public health history, the role of local boards, legal issues for board members, and the structure of public health in North Carolina. Orientation programs were followed by a leadership program and a state-wide teleconference in the spring of 1991. During this seven month period, over 300 board of health members participated in ANCBH's grant supported activities.

Immediately following the first series of programs, ANCBH sponsored three regional discussion groups. Board members and health directors shared their thoughts about the programs and suggested what they would like to see in the future. In response to these discussion groups, ANCBH revised the "Orientation to Board of Health Service" programs. The second round of programs, offered in the winter of 1992, included more interaction and small group discussion.

Another issue emerging from the discussion groups concerned boards of health and county commissioners. ANCBH learned that many health board members have limited knowledge or interest in public health. As a result, ANCBH and the North Carolina Association of County Commissioners (NCACC) surveyed counties regarding their system for local board of health member selection and appointment. Working with county commissioners, ANCBH plans to develop recommendations for board of health recruitment, selection and appointment. This process prompted a related effort. In August 1992, NCPHA, the health director's association, and ANCBH sponsored a panel presentation on public health at the county commissioners' annual meeting. ANCBH is helping inform county commissioners about public health issues and enable them to identify and recruit qualified board of health members.

Simultaneously, ANCBH has expanded leadership opportunities and coalitions for local board members. Forsyth County Board of Health member, Vera Robinson, dedicated her term as president to building leadership on ANCBH's board of directors and increasing ANCBH's alliances with other public health organizations in North Carolina. Board members received appointments to the General Assembly's Public Health Study Commission and the Governor's Task Force for the Reduction of Infant Mortality. The board of directors decided to hold its Fifth Annual Meeting with the State Health Director's yearly meeting for local health directors.

Alliances built during Robinson's term continue to grow under Dr. George Schertzinger. An optometrist from Lenoir County, Schertzinger has improved ANCBH's linkages with its members and successfully recommended board of health members to the Governor's Task Force on Health Objectives for the Year 2000 and DEHNR's Lead Response Committee.

ANCBH's commitment to the Kellogg Foundation included a manual for local boards of health. All those attending the 1992 orientation programs received the first draft of ANCBH's *Assess, Address, Assure: Manual for Local Health Boards*. Altogether, ANCBH has distributed nearly 200 copies of its draft manual to board members and health directors in North Carolina and the United States. After receiving comments from reviewers, ANCBH will revise the draft and release the first edition early in 1993. This will be the first manual for North Carolina's boards of health since the Institute of Government published "Guidebook for Local Boards of Health" in 1983.

INVOLVING COUNTY COMMISSIONERS

THREATS TO BOARDS OF HEALTH CONTINUE

Despite these successes, challenges for ANCBH continue. There is renewed concern about the viability of North Carolina's local health boards. The issue resurfaced in January 1991 when newly elected members of the Guilford County Board of Commissioners removed five board of health members before the end of their terms. And at the time of this writing, there is an initiative to lower G.S. 153A-77's population limit. The proposal, made by commissioners in Moore County, has received support from many of the state's boards of commissioners.

NATIONAL ATTENTION

Word of ANCBH's orientation programs has spread. In the fall of 1991, North Carolina board members joined local health board members from Georgia, Ohio, Utah, Washington, and Illinois for a historic national meeting. After discussing priority issues, needs, and hopes for local health boards, the group appointed a steering committee to establish a National Association of Local Boards of Health (NALBOH). Ohio's board of health association president, Ned E. Baker, was elected chairman, and ANCBH volunteered to provide staff support for the first year's development effort. Working with the NALBOH steering committee, ANCBH is coordinating the first Annual Meeting for NALBOH in Washington, DC, November 7, 1992 at the American Public Health Association Annual Meeting.

Discussions with other states revealed common needs for local boards of health across the nation. ANCBH's orientation and leadership programs began just as the Institute of Medicine released its report on the *Future of Public Health* which recommended all local governments have councils to assess, make policy and assure the availability of public health services. In the past three years, federal, state and local governments have begun looking for models that enable communities to determine local health needs and priorities, make policy which responds to those needs, and assure that services do what they are intended to do. ANCBH stands committed to improve its service to boards of health in North Carolina and to model for other states the potential of excellent local health boards. Programs and approaches which improve board members' ability to advocate, protect and promote public health remain ANCBH's primary goals.

Nearly twenty years ago, local boards of health in North Carolina might have become obsolete. Mecklenburg County, by eliminating its local boards of health, mental health and social services, inspired the public health community to organize an association of local health boards in North Carolina. A young organization with more vision than money, ANCBH built on a commitment for excellent boards of health. Funded by the W. K. Kellogg Foundation, ANCBH developed model programs for training local health boards. And less than seven years after it started, ANCBH represents 90% of North Carolina's local boards of health, is a founding member of the National Association for Local Boards of Health and leads the nation in local health board education.

DOCTORAL-LEVEL TRAINING IN PUBLIC HEALTH LEADERSHIP: THE SCHOOL OF PUBLIC HEALTH RESPONSE TO THE IOM REPORT

Mary D. Peoples-Sheps

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In its landmark report, *The Future of Public Health*¹, the Institute of Medicine identified numerous accomplishments in the field of public health, but prospects for the future were sobering. The ability of public health practitioners to respond to health problems may be severely constrained in the years ahead because of several problems, some of which stem from changes in public health training programs over a number of years. At present, there is a critical need for well-trained professionals to assume leadership roles in public health. Even professionals who have adequate technical preparation may lack skills in management, community diagnosis, politics and policy development, and the application of current research findings to agency settings. Too often, they lack a community-based orientation and have little familiarity with the personal and professional attributes of leadership.

In our own state, a critical need to strengthen public health leadership was emphasized by the North Carolina Legislative Study Commission in its 1991 report to the General Assembly.² In response, the legislature passed a bill establishing specific educational and experiential requirements for directors of local health departments.

The School of Public Health (SPH) at the University of North Carolina at Chapel Hill has developed an exciting new program to address needs for leadership in our field. In a unique doctoral-level concentration in public health leadership (PHL), the School offers advanced training for mid-career professionals in local, state and federal public health agencies, providing the practical and scientific knowledge they will need to function effectively in key leadership positions. Graduates with a concentration in public health leadership receive the DrPH (Doctor of Public Health) degree.

Public health practitioners with a masters degree in public health or related field, at least five years of significant public health experience, demonstrated leadership capabilities, and motivation to pursue senior-level public health positions are eligible for the program. Particular efforts are being made to recruit physicians and minorities through highly targeted mass marketing strategies and individualized contacts.

The program emphasizes applications of the skills and attributes of leadership through case studies and field experience in the local, state and federal health agencies where fellows are employed. The entire program builds on the experience and knowledge of practicing professions. Each fellow will be based in one of the participating academic departments in the School: Health Policy and Administration, Maternal and Child Health or Nutrition. In addition to taking courses in the home department, fellows take a series of courses on leadership topics, including the new core courses in Community Assessment and Methodology, Public Health Policy Development, and Public Health Program Assurance. An integrative seminar emphasizing the interface between leadership attributes and technical skills helps fellows apply theoretical principles to field practice. After one year in residence, fellows return to their agency positions to complete dissertations, which are scholarly examinations of public health practice topics. They maintain frequent contact with faculty mentors and revisit campus for short periods of consultation during the dissertation year. The entire program takes about three years to complete.

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**INTERDISCIPLINARY
PRACTICE APPROACH**

The PHL program is unique in its interdisciplinary practice approach. Program faculty are drawn from several disciplines in the School to provide the appropriate mix of experience for fellows. In addition, selected public health leaders are participating as visiting faculty in organized courses and occasional seminars. Fellows also are able to take advantage of the School's many collaborative relationships with local, state and national public health agencies.

The first cohort of six fellows started the Public Health Leadership concentration in June 1992. The fellows represent official public health agencies and public health-related agencies at the state and local level. Four of them are North Carolina residents. Numerous inquiries from federal employees also have been received. Since federal leave-of-absence programs require a full year of preparation, applications from federal employees are not expected until the 1993-94 academic year.

The Public Health Leadership Program is supported in part by a grant from the Health Resources and Services Administration, Bureau of Health Professions. The grant is intended to help launch the program over a five year period, after which it will become a regular offering of the School. Dean Michel A. Ibrahim is the Project Director.

This initiative in public health leadership is one of several new SPH efforts to enrich and expand activities related to public health practice. Within the past year, an external advisory committee on public health practice and a new position of associate dean for public health practice have been established to provide a structure for future developments in this area. In addition to the PHL program, the School is leading a community consortium which includes the UNC School of Medicine, the Wake AHEC and several community organizations and health centers in Orange, Wake, Chatham, and Lee Counties. The consortium is developing an interagency model for addressing the health needs of minority populations in elected communities in participating counties. Planning for this "Community Based, Public Health Initiative" was assisted by the W.K. Kellogg Foundation and a proposal to implement the plan was submitted to Kellogg in April 1992. Planning for a short-term change program between faculty in the School and professional staff of the Division of Health Services, DEHNR, also is underway with September, 1993 as the target for a ready-to-implement plan.

Through our existing programs and new initiatives, the School is eager to work with community groups, professional organizations and official agencies to advance public health practice in the State. A top priority in the School's strategic plan is to strengthen the emphasis on public health practice. As Dean Ibrahim enters his third term he has made it clear he wants the UNC School of Public Health to be "the" place in the country where public health leaders go for their training.

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OCCUPATIONAL SAFETY AND HEALTH—A TIME FOR EDUCATION AND TRAINING

James A. Oppold

Occupational safety and health professionals endeavor to prevent workplace injuries, illnesses, and on-the-job fatalities. While many of the causative hazards that existed in the past remain the same, there are many new safety and health challenges facing us today. The discipline of occupational safety and health continues to be a mixture of art, science and common sense. Complete prevention of workplace injuries, illnesses, and deaths is extremely difficult to accomplish since the causes are multiple in nature. These causes frequently involve physical, biological, chemical, physiological or psychological factors, and often several of these factors interplay at the same time. The workplace is not an homogenous constant, as its environment, technology, and tasks change, and the worker's understanding and habits can and do change. Dr. Jorma Rantanen, Director of the Finnish Institute for Occupational Safety and Health, recently stated that the next historical stage in occupational safety and health involves four (4) interactive "poles" — the worker, management, community, and the inside and outside environment.¹ Consequently, a simple public health or epidemiological approach of identifying the cause of workplace injuries, illnesses, and deaths is not straightforward. There is a need to apply science, systems analyses, education and training of workers, managers, and professionals and plain old common sense to create a safe and healthy workplace.

One of the main ingredients of creating a better quality of life for any worker is a safe and healthy work environment with managers and workers who avoid or control risks and hazards. Recent polls show that the American people indicate a high concern for their workplace safety and health. Fires, such as the Hamlet, NC tragedy, grain elevator explosions, and chemical processing plant explosions raise awareness for a greater concern by management, workers, and governmental agencies. Even with wide publicity of these incidents, however, human nature is such that one tends to believe that "such an accident won't happen to us" or an occupational illness diagnosed twenty years after a workplace exposure does not warrant corrective, preventive action. The present system has government (OSHA/EPA) regulating workplaces by standards and employers only taking the necessary action to meet these standards to avoid penalization by state and federal governmental agencies.

Even though this method of promulgating and enforcing workplace standards may be somewhat of a stimulus, it does not appear to be totally satisfactory in creating a safe and healthy workplace. Since the passing of the 1970 Occupational Safety and Health Act, and during the subsequent 22 years, many would agree that there are a large number of workplaces which are safer and healthier than prior to OSHA. The challenge we encounter is that we must continue to identify risks and hazards in the work environment that cause injuries and illnesses and have the potential to shorten life. Hazards which can cause physical, biological, genetic, teratogenic, or psychological harm not only to the worker but to their progeny and future generations as well must be anticipated and identified. For this reason, there is a profound need for well-trained workers, intelligent managers and knowledgeable staffs who can reduce or eliminate these hazards, and in turn, create a safe and healthy workplace.

North Carolina has approximately 180,000 public and private workplaces, excluding federal facilities, and about three million workers. Of 38 states compared, federal statistics ranked North Carolina seventh for having the best workplace safety record in 1989 (the latest year statistics are available.) Only Delaware, North Dakota, Louisiana, Maryland, Wyoming, and South Carolina ranked higher than North Carolina's 8.2 rate for injuries and illnesses per 100 full-time workers. More significant is the fact that for this same period, North Carolina ranked second only to North Dakota in lost

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workday rates (LWDR) with 55.3 days lost from work as a result of occupational injuries and illnesses per 100 full-time workers.² This low LWDR can be interpreted to mean that North Carolina has one of the lowest rates for recorded injury cases when compared to other states.

Each year, however, North Carolina has up to 150 work-related fatalities, but unfortunately there are no creditable statistics on the number of work-related fatalities for the nation as a whole or for the individual states. It should be noted that injuries, illnesses, and deaths cost North Carolina between \$200-\$300 million each year in Worker's Compensation claims paid. It is interesting to note that of these payments, 30% are for back injuries alone — \$64,325,505 in fiscal year 1990-91.³ Although North Carolina's injury and illness' rates are lower than most other states, these rates and the number of workplace fatalities can be reduced further.

Recent emphasis from various groups in our society continues to demand an increase in the number of OSHA standards as well as OSHA inspectors to enforce these standards. Enforcement of standards by regulators is only one part of the equation for creating safe and healthy workplaces in North Carolina. Equally important is the commitment of the employee to identify and the manager to correct workplace hazards.

EMPLOYEE SAFETY AND HEALTH WORK- PLACE COMMITTEES

Presently the U.S. Congress is conducting hearings on the OSHA Act Reform (Senate Bill 1622 and House Bill 3160), and it appears that one of the revisions receiving much attention is a recommendation to strengthen joint participation of employers and employees through employee safety and health workplace committees. The North Carolina Legislative Committee on Fire and Occupational Safety and Commercial and Industrial Facilities has recommended to the 1992 General Assembly that employers be required to have safety and health committees with employee representatives when the business has 11 or more employees and has an Experience Rate Modifier of 1.5 or greater (A firm's injury experience is used to modify the industry-wide rate in setting the firm's Worker's Compensation insurance premium). Many North Carolina businesses already have employee representatives on safety and health committees, and we believe these have helped to bring about a safer and healthier work environment. The implementation of these committees, however, may cause some serious problems; for these committees to be effective, both the management and the employee representative must be well educated in identifying and controlling workplace safety and health hazards. Subsequently, it is imperative that appropriate training be provided to the state's 3,000,000 private and public workers, to all levels of management, and especially to the designated safety and health representative.

NORTH CAROLINA OCCUPATIONAL SAFETY AND TRAINING INSTITUTE

This education and training provided by the State is nearly non-existent in North Carolina and is particularly needed for such groups as small businesses, local governments, and the various school systems. To fill this void, a study is being conducted by the North Carolina Department of Labor to not only assess the need for education and training for the three groups identified above, but to make recommendations to the 1993 North Carolina General Assembly for implementation of an occupational safety and health education and training program utilizing appropriate resources. Presently, discussions are being held with the state's private and public universities and colleges, and the North Carolina Department of Community Colleges to evaluate ways by which an agreement may be reached to organize an occupational safety and health institute. Such an institute would be directed by a consortium of universities and community colleges. The primary mission of a state institute would be to provide appropriate occupational safety and health education and training for public and private employees and employers in North Carolina. Education and training should not only meet the requirements of OSHA standards, but also be provided to minimize all workplace risks. Such training should be provided at various levels ranging from short courses covering relatively simple safety and health procedures to

extensive instruction on sophisticated equipment and techniques involving highly trained professionals and university faculty with occupational safety and health teaching experience.

The North Carolina Occupational Safety and Health Training Institute would use these university faculty and graduate students as well as state agency staff as instructors. In addition many occupational safety and health professionals in public and private businesses, trade and professional organizations, advocacy groups, councils, et al, would be called upon to teach. Anyone in North Carolina who demonstrates a knowledge for a specific aspect of occupational safety and health could potentially be asked to instruct a short course or workshop. It is envisioned that the institute staff would be responsible for prioritizing courses, establishing curricula, collecting and printing course materials, publicizing the course, arranging the time and location, providing certificates to those successfully completing the course, and finally, providing any follow-up and evaluation subsequent to the course. The Institute would serve as a catalyst to bring all this knowledge to where it will do the most good.

There are several possible sources of state funding to support a state Occupational Safety and Health Training Institute. One source would be a direct appropriation for an Institute much like that given for the NC School of the Arts in Winston-Salem or the NC School of Mathematics and Sciences in Durham. Another source of revenue would be designated monies from penalty collection from violations of the standards which presently go into the state's General Fund. These penalty collections have more than doubled in the past five years. A third possible source of funding for an Occupational Safety and Health Training Institute would be to take a certain percentage of the approximately \$17 million in Worker's Compensation tax premiums paid annually by employers. These funds also go into the state's General Fund.

Since the enactment of the Occupational Safety and Health Act, there has been an accepted concept that a workplace can be safe and healthy when all promulgated standards are met by the employer. Following established standards can cause improved conditions, but far too often, education and training are not provided to managers and employees which could pay great dividends by reducing work-related injuries, illnesses, and fatalities. It is through education and training that workers will become more aware of all types of hazardous exposures, understand control measures, and take action to prevent harmful effects to themselves and coworkers. With the advent of employees' required representation on safety and health committees, it is imperative that these employees have a good understanding of the causes, control and prevention of workplace hazards. The need for occupational safety and health education and training is apparent and now is the time for the state to make it happen.

The State of North Carolina should make it possible for all workers to be trained; managers to understand the importance of safety and health, and the designated safety and health staff to be knowledgeable of not only the regulations and standards, but what to do to control or minimize all hazards in their workplaces. Occupational safety and health education and training needs the attention of our state's legislators, public agencies, academic institutions, professional and trade associations, and its employers and employees in order for workers to have safe and healthy places to work in North Carolina. Subsequently, there would be a reduction in the number of injuries, illnesses and work-related fatalities. Only then will the quality of life for North Carolina's workforce be improved.

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ENVIRONMENTAL HEALTH IN NORTH CAROLINA: TODAY AND TOMORROW

The practice of environmental health can be traced back to the early 1800's in this country. Lemuel Shattuck, considered to be the founder of public health in America, noted in his *Report of the Sanitary Commission of Massachusetts* published in 1850 that human health can be adversely impacted by substandard housing, air pollution, inadequate sewage disposal, and contaminated water supplies. He further urged that there was a pressing need for persons "specially educated in sanitary science" to address these environmental concerns. Many other professionals before and after Shattuck have made and continue to make significant contributions to the practice of environmental health.

Trenton G. Davis

Richard K. Rowe

Over the years there has been disagreement as to the definition of environmental health and what constitutes practice. Several years ago the American Public Health Association (APHA) defined environmental health as the interrelationship between the environment and the health and well-being of humans. In this sense, the environment may be evaluated in terms of the physiological and psychological responses of people to the physical, chemical, and biological attributes of their environment. Where activities are conducted on an organized basis for the promotion and preservation of an environment designed to maximize people's health and well-being, such efforts are characterized as environmental health programs. In North Carolina, environmental health practice has been defined by General Statute 90A-51(4) to include, but not limited to, organization, management, education, enforcement, and consultation for the purpose of prevention of environmental health hazards and the promotion and protection of the public health and the environment in the following areas: food, lodging and institutional sanitation, on-site sewage treatment and disposal, and milk and dairy sanitation.¹ This definition is narrower than the definition offered by APHA, but does recognize the relationship between environment and the health of humans.

For purposes of this paper the broader definition of environmental health practice will be used with the understanding that environmental health programs include programs outside of "traditional" public health agencies.

The Department of Environment, Health, and Natural Resources (DEHNR) was created in 1989, in part, to reduce fragmentation of environmental services. Fragmentation of environmental health authority and programs was noted in the Institute of Medicine report, *The Future of Public Health*², as a factor in the failure of agencies to offer comprehensive environmental services to the public. Whether the 1989 reorganization has been successful in reducing duplication of services, improving efficiency, and reducing costs of services has yet to be determined.

In any event, the DEHNR is the largest agency in North Carolina organized to offer environmental health services. With over 3,500 employees, the agency is headed by a Secretary and two Deputy Secretaries appointed by the Governor. The "traditional" public/environmental health programs were transferred from the Department of Human Resources in 1989 and are administered by the Assistant Secretary of Health and State Health Director through the State Environmental Health Director. These programs include: Milk Sanitation, Shellfish Sanitation, Food and Lodging Sanitation, Swimming Pools and Lead Abatement, Medical Entomology, Sleep Products (Bedding), Public Water Supplies, and On-Site Wastewater. Over 700 Environmental Health Specialists employed in local public health departments are authorized by Regional Environmental Health Specialists to regulate approximately 18,000 food service establishments, day care centers, nursing homes, institutions, summer camps, hotels and

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motels, and meat markets. Local environmental health specialists also are authorized by Regional Soil Scientists to enforce state on-site wastewater regulations to ensure proper installation and operation of individual or small sewage treatment facilities. Some 40,000 new septic tank permits are issued each year.³

Professionals affiliated with programs such as Milk Sanitation, Shellfish Sanitation, Medical Entomology, Sleep Products, and Public Water Supplies provide direct services to the public, enforce regulations, and serve as consultants to local environmental health professionals. In the case of public water supplies, the state enforces Federal Environmental Protection Agency (EPA) drinking water regulations.

The Assistant Secretary for Environmental Protection administers "EPA-type" programs such as Coastal Management, Environmental Management including Air Quality, Land Resources, Waste Reduction, Radiation Protection, Solid Waste Management including hazardous waste, and Water Resources. The field staff responsible for enforcing state and federal regulations pertaining to the program areas listed above are housed in seven regional offices located throughout the state. Other environmental programs located in DEHNR include the Governor's Waste Management Board, the Office of Environmental Education, Epidemiology including environmental epidemiology, Marine Fisheries, and Soil and Water Conservation.

All of the DEHNR program activities, in one way or another, impact citizens of North Carolina by addressing environmental insults which have the capability of adversely affecting human health. However, it should be recognized that environmental health programs are included in many other state agencies including the Department of Agriculture which administers programs relating to pesticides, food safety, animal waste treatment, and non-point sources of water pollution. The Department of Labor enforces rules and regulations designed to protect the health and safety of workers while the Hazardous Waste Management Commission is located in the Commerce Department.

OBSERVATIONS

Environmental health programs of the future will undoubtedly be different in scope and organization than those in existence today. The National Environmental Health Association (NEHA) in a draft document entitled *The Future of Environmental Health*⁴ has provided an overview of what the future may hold for environmental health. Among NEHA's observations are the following:

1. Environmental personnel who identify only with the traditional health departments may be an endangered species eking out an existence in a constantly shrinking organizational environment.
2. The trend to separate organizationally environmental health and protection agencies from health department programs will continue in response to the demands of environmental advocates, as well as in understandable organizational reaction to so many health departments becoming substantially involved in health care issues.
3. Industry has learned that products and services must be continuously redesigned and repackaged in order to compete and survive. Environmental health and protection personnel must take a page from the private sector and redesign, repack, and retitl their programs when appropriate for effective marketing, public service, and protection of public health and the environment.
4. To be effective, the lead agencies for environmental health and protection must be comprehensive in programmatic scope; staffed by personnel having requisite competencies and leadership skills; have program design and priorities based on sound epidemiology, toxicology and risk assessment data; and have adequate analytical data, legal and fiscal resources.
5. Environmental health and protection personnel must develop constructive, two-way relationships, not only with other environmental health and protection agen-

cies and groups, but also with those involved in activities which relate to the quality of the environment.

6. Environmental health and protection services are an integral and essential component of the continuum of health services which also includes disease prevention, health promotion, and health care. Efforts to control the escalating costs of health care will be ineffective without adequate provision of environmental health and protection services in necessary quantity, quality, and comprehensiveness.
7. The ultimate effectiveness of environmental health and protection services lies in the capability of professionals to identify, understand and control environmental problems. The need for well designed, targeted research is a prerequisite to preventing and solving problems, as well as an essential tool in prioritizing and designing effective programs.
8. Increased environmental health education is essential not only to address public concerns, but to provide citizens with knowledge and skills to allow them to make informed decisions about environmental matters.
9. The environmental health work force of the future must be adequately trained. Individuals with little or no knowledge of epidemiology, biostatistics, toxicology, risk assessment, risk communication, or environmental health science currently are filling key positions where such knowledge is necessary to properly plan and manage programs. A U.S. Public Health Service Bureau of Health Professions report indicates that only 11 percent of the environmental health and protection work force have formal education in environmental health science.⁵
10. The environmental health work force of the future must be scientifically critical. Too many so called "professionals" are actually only regulators and functionaries, ever ready to accept, promote, and enforce the current party line. The future work force must critically analyze programs and the public health basis for programs using their knowledge of epidemiology, biostatistics, etc.

Even though there is some fragmentation of environmental health programs in North Carolina, the State is well positioned to adapt to future trends. Professionals in the State must continue to evaluate programs and keep abreast of changes occurring in practice throughout the country. We must remember that the primary reason environmental health programs exist is to protect the health and safety of people by protecting them against environmental factors which may adversely impact their health. In order to effectively protect human health and ensure a quality environment, it is necessary that government, citizens and the private sector work together.

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TIME TO RE-EVALUATE MINORITY CONCERNS IN ENVIRONMENTAL HEALTH

Franklin B. Carver

With current changes in racial climates in many cities around the country today, we can no longer afford to ignore the makeup of our individual surroundings. It has now become necessary for each of us to personally re-evaluate every aspect of our society, including our environmental health profession.

The shortage of qualified environmental health professionals is a concern facing the entire country; however, it is a crisis seriously affecting minorities. I challenge each environmental health practitioner to stop whatever you are doing (now), and take a look around your workspace or create a mental picture of it. Assess the current population of minority environmental health professionals in your midst. Are your results alarming? I'm sure in most cases they most certainly are!

To estimate the need for minorities in any health profession the U.S. Department of Health and Human Services introduced the concept of "parity".¹ This approach suggests that the percentage of minority professionals in a given field should be similar to the percentage of that minority in the general population.

Regardless of "parity" or any other contrived prescription used to determine minority quotas in a given profession, the critical issue in environmental health is the reduction of health risks attributed by environmental factors which affect the entire general population. However, there is considerable evidence that pollution and other forms of environmental degradation are disproportionately affecting minority communities across the nation.²

Environmental problems facing minority communities are nothing new, but the reactions by those being affected are. No longer are minority communities idly standing by; while inner-city residents inhale polluted air that has been found to be five times greater than those living in suburban areas;³ while young African-American children consume dirtier drinking water than their white counterparts;³ while urban children experience greater exposure to lead and other heavy metals than non-urban residents;⁴ or while Hispanic and Native American neighborhoods suffer from toxic landfills and incinerator operations that continuously contaminate their air and water supplies.⁵

Throughout minority communities and rural America, environmental conditions for minority populations pose grave public health problems. As documented by the Center for Third World Organizing (located in Oakland, California), in a 1986 report "Toxics and Minority Communities," two million tons of radioactive uranium tailings were dumped on Native American lands causing reproductive organ cancer among Navajo teenagers to increase seventeen times the national average. In another study, the federal Centers for Disease Control, in Atlanta, Georgia, determined that lead poisoning endangered the health of nearly eight million inner-city, mostly black and Hispanic children, while countless more lived in crumbling asbestos housing projects.⁶

Recently, a study by Argonne National Laboratory on the relative potential for exposure of minority population groups to substandard outdoor air quality revealed that African Americans and Hispanics live in areas with significantly reduced air quality (higher ozone, carbon monoxide, particulates, sulfur dioxide, lead, and nitrogen dioxide) than do their white counterparts.⁷ The list of such studies continues, clearly documenting that there is a substantial disproportionate burden of environmental

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inequities affecting minority communities in our society.

However, only over the past few years have the voices and actions of minority community residents begun to "ring out", mobilize and demand responses to this long-standing national disgrace of environmental abuse. One of the initial reactions can be traced back to Warren County, North Carolina, where in 1982, a demonstration to protest the siting of a polychlorinated biphenyl (PCB) landfill in a predominately minority community served as a springboard for other movements against environmental inequity. Since 1982 there has been an unequivocal upsurge in environmental demonstrations, protests, volatile town meetings, conferences and workshops by minority communities directed towards trying to understand and rectify past environmental injustice.⁸ Many sociologists and civil rights activists speculate that the new environmental movement by minority groups is merely a resurgence of the sixties civil rights movement, with the only difference being a better understanding that their deteriorating, health-threatening, physical environment is directly correlated with society's distribution of wealth, patterns of racial and economic discrimination, access to jobs, housing, and a host of other social ills.⁶ Minority communities are now just as concerned about environmental justice and equality as they are about racism and civil rights and are fighting for "environmental justice for all" just as hard as they have fought for "equal opportunities for all."

As environmental health professionals, we must re-evaluate the environmental health sector of our society by asking ourselves the same questions as William Reilly, administrator of the federal Environmental Protection Agency (EPA): "What environmental risks are minorities and low-income communities being exposed to disproportionately than the population at large?" "What can EPA do to address the disparities found?"

When such questions are asked it would behoove environmental health administrators to have on staff adequate minority representation to assist, or even more appropriately, coordinate the efforts needed to obtain well informed responses. As noted earlier, adequate minority representation may pose a problem for many agencies, but this can be resolved by utilizing minority community based task forces or advisory committees. It is essential that representatives from minority communities play a significant role in determining the destiny of their environmental future, for they possess special cultural sensitivity to their communities' concerns. Minority representation will also provide more dedication and a keen sense of understanding community sensitivities on environmental issues which overall will expedite time and develop an atmosphere of harmony while solving and bringing back into the mainstream their community environmental concerns.

Once state, county and local agencies (both public and private) have addressed these questions, policies and procedures should be developed to ensure that solutions are institutionalized and that there is a standard operating procedure adopted for determining the distribution and management of reducing environmental risks in an equitable manner. It is time for society to truly understand that minority groups are critically analyzing every aspect of their lives in relation to mainstream American concerns. Every sector of our society must stop and retool its approach to understanding, sharing, and acknowledging the social, economical, and now — "finally" the environmental needs of all individuals.

ENVIRONMENTAL
JUSTICE FOR ALL

INVOLVEMENT OF
MINORITY
COMMUNITY

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"IN UNION THERE IS STRENGTH"

E. Daniel Shingleton

On June 20, 1911, Dr. Richard Henry Lewis came to the podium to deliver the first formal speech at the inaugural meeting of the North Carolina Health Officers' Association. He began the speech with the following words:

'In union there is strength', in the multitude of counselors there is wisdom' are recognized as axiomatic truths. The advantage of organization, therefore, is such a self-evident proposition that a discussion of the general subject would be a work of supererogation. I will consequently confine myself to a consideration of the special need for and the advantage to be derived from an organization of the health officers of our state.¹

THE EARLY YEARS

The idea for a state public health association came from Gaston County Superintendent of Health, Dr. L. N. Glenn. Dr. Richard H. Lewis, North Carolina's second State Health Officer, heard Dr. Glenn's suggestion and he sent word to all local Superintendents of Health of the importance of their attendance at the 1909 meeting of the North Carolina Medical Society. Specifically, Dr. Lewis requested that these local health leaders be in attendance at a meeting that was held at 3:30 p.m., in the tea room of the Battery Park Hotel in Asheville. It was at this meeting that the seeds were sown of what would become the North Carolina Health Officers' Association. This Association would meet under this name until the group would become the North Carolina Public Health Association in 1922. Two years and four days later the Asheville organizational meeting produced results at the North Carolina Medical Society meeting held in Charlotte when the North Carolina health officers met formally for the first time as an Association.

Dr. Watson Smith Rankin had become North Carolina's first full-time State Health Officer on July 1, 1909, and he provided the leadership at the first formal meeting of the health officers held on June 20, 1911. Records indicate that seventy-six "public healthers" attended this meeting representing local county Superintendents of Health and Municipal Health Officers. Also, several members of local Boards of Health were in attendance.

Dr. Richard Henry Lewis who had organized the 1909 meeting was the first speaker. His speech was entitled "The Advantages of a North Carolina Health Officers' Association." One can imagine Dr. Lewis coming to the podium on his crutches to deliver his outline of the advantages of an organization that would represent the interest of the practicing public health community in the state. Dr. Lewis was a true public health pioneer and community leader. There is no evidence that he allowed his disability, caused by tuberculosis of the hip, to compromise his energy or effort on behalf of public health work in his native state.

This group of seventy-six 'public healthers' created a new public health association. They adopted a Constitution and a set of By-Laws and elected the first officers: Dr. L. B. McBrayer of Asheville, President; Dr. L. N. Glenn of Gastonia, Vice-President; and Dr. Watson S. Rankin of Raleigh, Secretary-Treasurer. The group's initial formal action, which sounds strangely contemporary, involved a resolution calling upon the State Board of Health and the Medical Society to recommend a uniform process for compensation of local health officers. The Constitution and By-Laws provide us interesting insights into the history of the Association. For example:

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Article II

Purpose

Section 1. The purpose of this Association shall be to bring into one organization the public health officers of the State of North Carolina, so that by regular meetings and interchange of ideas they may secure more efficient cooperation, and uniform enforcement of sanitary laws and regulations, and for the better dissemination of such knowledge as will make more effective the opinions of the profession in all scientific, legislative, public health, material, and social affairs.

Article III

Membership

Section 1. Any public health officer in the State of North Carolina who is in good moral and professional standing, and all members and employees of Boards of Health, either State, county, or municipal, shall be eligible to membership.

Section 2. Applications for membership accompanied by a fee of \$1 shall be enrolled by the Secretary.

Section 3. The membership of this organization shall be known in three classes, as follows: first, Regular Members; second, Regular Volunteer Members; and third, Contributing Members.²

The year 1911 was a memorable one for public health in North Carolina. In addition to a state public health association, the first health department in the state opened its doors on June 1, 1911 in Guilford County. Many believe this to be our nation's first local health department. In 1911, Guilford County did employ a full-time local health director at a starting salary of \$2,500 annually. For transportation, Dr. G. Floyd Ross was expected to share a horse with the Chief of the Fire Department!

NORTH CAROLINA PUBLIC HEALTH ASSOCIATION

The North Carolina Health Officers' Association met in conjunction with the State Medical Society from 1911 to 1921. At the 1921 meeting in Pinehurst on April 25, the association changed its names and focus. The group voted to rename the association the North Carolina Public Health Association to create a more inclusive organization so that various other public health workers would be eligible for membership in the state association. A group was appointed to amend the Constitution and By-Laws of the Health Officers' Association to reflect a new banner and an expanded organization.

On April 24, 1922, the North Carolina Public Health Association met for the first time in Winston-Salem. The group ratified the amended Constitution and By-Laws and opened its doors to the state public health family and to others interested in its cause. Officers that served at this historic meeting were: Dr. J. L. Smith of Wilson, President; Dr. A. C. Bulla of Raleigh, Vice-President; and Dr. F. M. Register of Raleigh, Secretary-Treasurer.

THE FIRST SECTIONS³

Since the local health directors created the Health Officers' Association in 1911, it could be argued that the health officers established their section in 1911. However, under the auspices of the North Carolina Public Health Association the health directors established one of the first sections in 1940 with Dr. C. N. Sisk serving as chairperson. Other well known local health leaders that served as section chairs in the early years were Dr. S. B. McPheeters of Goldsboro; Dr. E. R. Hardin of Lumberton; and Dr. Fred Pegg of Winston-Salem.

The Clerical Section was formed in Pinehurst in May, 1940 with Ms. Mayme Stanley of Winston-Salem serving as the first chairperson. It was later renamed the Secretarial and Statistical Section and it is now known as the Management Support Section.

The public health nurses of the state were not to be outdone. In 1940, at the annual meeting of the North Carolina State Nurses' Convention in Winston-Salem a special meeting was held to discuss organizing a Public Health Nurses' Section of the state public health association. The section was formed with Ms. Elsie Guffey serving as its first chair. Early presenters at the Nursing Section included Dr. Milton Rosenau; Dr. William Allen who spoke on "Hereditary Diseases"; Ms. Mary Louise Hewitt; and Dr. Fred Pegg.

The Sanitation Section traces its origins to the old Presbyterian Church in Greensboro where an organizational meeting was held in 1939. In 1940, at Pinehurst, the Section was created and at the meeting held the following year the Section held its first formal gathering. Mr. W. C. Stallings of Greensboro served as the first chair of this important section. Two presentations of note were given at this meeting: "Garbage and Refuse Disposal" and a panel discussion on "The Sanitation of Eating Utensils and Glassware."

The Laboratory Section was formed in 1942. Health Education followed in 1949; Nutrition in 1953; and Venereal Disease Control in 1960. Today the North Carolina Public Health Association has seventeen sections. They are: Adult Health; Community Health Assistants/Technicians; Dental Health; Children with Special Needs; Environmental Health; Health Education; Laboratory; Management Support; Maternal and Child Health; Nursing; Nutrition; Physician Extenders; Public Health Management; Social Work; Statistics and Epidemiology; Sexually Transmitted Diseases; and Vector Control.

For years one of the most important functions of the Association has been the annual recognition of individuals and organizations that have made outstanding contributions to public health work in North Carolina. The awards banquet held on Thursday evenings at the annual education conference is a time of excitement and anticipation.

AWARDS⁴

The Reynolds Award, named in honor of Dr. Carl Vernon Reynolds, who served as State Health Officer from 1934 to 1948, was established in 1948. Initially it was presented to the individual that gave the most exemplary paper [speech] at the annual meeting. In 1950, the award was changed to recognize outstanding contributions to public health work by an individual. The first recipient of the Reynolds Award was Dr. J. W. R. Norton.

The Merit Award, later changed to the Norton Group Award, was established in 1952. The purpose of the award is to recognize outstanding work by a local health department or group. The Orange County Health Department was the first recipient of this award. In 1954, a third award was created by the Association. The award was named in honor of Dr. Watson Smith Rankin who served as North Carolina's State Health Officer from 1909 to 1925. The award recognizes individual contributions to public health over a period of years. The first recipient of this award was Ms. Mae Reynolds who served for a number of years as the budget officer of the State Board of Health. The Distinguished Service Award was established in 1958 to honor individuals and other organizations that have made important contributions to public health in the state. In 1958, the award was presented to Mr. Marley M. Melvin, President of the State Restaurant Association.

A fifth award was created in 1959. This award is presented annually to recognize outstanding accomplishments of individual members of the North Carolina Public Health Association. Three individuals received the award in 1959. They were: Mr. Charles Brown of the State Board of Health; Mr. A. K. Glover Sr. and Mr. J.B. Edwards Sr. both of New Hanover Health Department.

EXECUTIVE STAFF

For a number of years the Association received contracted administrative support from Ms. Annette Boutwell. Ms. Boutwell, a former health educator, became a dear friend to many North Carolina "public healthers" during those years. However, in 1990, the Executive Committee, with the leadership of Mr. Robert Parker of New Hanover County, decided to open an NCPHA office and employ staff. NCPHA opened its first office on January 1, 1990, at 1009 Dresser Court in Raleigh. On February 1, 1990 the Association employed its first staff member; Ms. Deborah Rowe. Ms. Rowe was a former employee of the South Carolina Department of Health and Environmental Control and active member of the South Carolina Public Health Association.

In July, 1991, Mr. Tom Elkins was employed as the Association's first part-time Executive Director. Tom, a North Carolina native, Peace Corps veteran, and graduate of the University of North Carolina at Chapel Hill, came to the position with high hopes. A difficult economy combined with some internal conflicts over dues, a controversial resolution, and some other organizational issues caused a decline in membership; therefore, the Association was unable to continue the Executive Director's position after July, 1992.

CONCLUSION

In conclusion, I would like to return to a one-page article prepared by an unnamed author that appeared in the Golden Anniversary Edition (1911-1961) of the Association. The author traces the history of the Association in a manner closely followed by this article. In summary, he/she wrote this:

Effectively promoting the causes of public health and its practitioners for half a century, this composite entity called the North Carolina Public Health Association confidently faces the future. Fortified by the memory of the dauntless stalwarts of the past, infused with the spirit of the daring present, and excited by the adventure of greater service to the well-being of man, the Association has come to the full bloom of maturity, offering to all who serve and all who are being served a rewarding experience in living for health and healthful living.⁵

REFERENCES

1. Richard H. Lewis, (1911). Advantages of a North Carolina Health Officers' Association. *Bulletin of the North Carolina Board of Health*. pg. 128.
2. Constitution and By-Laws of the North Carolina Health Officers' Association (1911) *Bulletin of the North Carolina Board of Health*. pgs. 126-127.
3. This section reflects summaries prepared by Donald R. Dancy, et.al. in the *North Carolina Public Health Association Handbook*, Second Edition, 1961.
4. Dancy et.al. Also, Deborah Rowe of NCPHA maintains a complete list of past NCPHA Award recipients.
5. Dancy, et.al. Pg. 5.

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