

Taking a Stand

for the Public's Health

As public health continues to face new challenges and directions, the principle of protecting the public's health through promotion and prevention remains the same. Public health practitioners are committed to this cause and invite you to join them at the 86th Annual NCPHA Educational Conference to discover new developments in treatment and service delivery. Whether we are advocating public health needs and issues to legislators or to the general public, it is our responsibility as public health practitioners to stand up for the public's health - **Everywhere, Everyday, and Everybody!**

September 9-12, 1997

**Adams Mark Hotel
Winston-Salem, North Carolina**



**North Carolina
Public Health Association
1997 Annual Conference**

Sponsored by
the North Carolina Public Health Association
in cooperation with the Northwest Area Health Education Center
& Forsyth County Department of Public Health

About our Keynote Speakers:

WEDNESDAY

Mohammad N.

△ Akhter, MD

is the Executive Director of the American Public Health Association (APHA) in Washington, DC. Dr. Akhter was the senior advisor for the federal agency for Health Care Policy and Research in Washington prior to his appointment as the Executive Director for APHA in January, 1997. He was the public health commissioner in the Washington, DC Department of Human Services Commission of Public Health from 1991 to 1994. As Washington health commissioner, Dr. Akhter worked to reduce infant mortality, combat the spread of HIV/AIDS infection and tuberculosis, increase the immunization rate among children and enhance the public school health curriculum to include a condom-availability program.

FRIDAY

Governor Howard

△ Dean, MD

has served as Vermont's governor since 1991. He has established Vermont as a national leader in the areas of children's prevention programs, health care reform and welfare reform. Vermont's investments in children have reduced child physical and sexual abuse by 30 percent and teen pregnancies by 20 percent, and have achieved a ranking of first in the nation in childhood immunizations and second in the number of children with health care coverage. Today, all low income children in Vermont have access to quality health care.

Conference Program

Wednesday
September 10, 1997

9:30 am

Opening Session

• *Dr. Leah Devlin, Presiding*
Keynote Address: Meeting the Challenge for a Healthy Tomorrow

• *Mohammad N. Akhter, MD, Executive Director, American Public Health Association, Washington, DC*

10:45 am

Business Meeting

11:30 am

Past Presidents/Life Members Luncheon

PM Educational Sessions and Section Business Meetings

1:00-2:00

Environmental Health Section Workshop

Internet 101

1:30-3:00

Laboratory, HIV/STD Control, Social Work Sections Workshop

New Developments in the Pathogens and Treatment of HIV Infections

John A. Bartlett, MD, Assistant Professor of Medicine, Duke University Medical Center

Allows a better understanding of the pathogenesis of HIV disease as a chronically active infection with high rates of viral turnover and a large reservoir of chronically infected cells in lymphoid tissue. Identifies intervention strategies including antiretroviral therapies and future directions of HIV treatment.

1:30-3:00

Management Support Section Workshop

Challenge or Crisis?

Randall Turpin, Health Director, Jackson County Health Department

An opportunity to hear a wise voice of experience describe the changes you face in public health and what you can do to survive.

1:30-3:00

International Health Section Business Meeting/Workshop

1:30-3:00

Public Health Management Section Workshop

Public Health Leadership
Speaker - TBA

1:30-3:00

Health Promotion Section Business Meeting/Workshop

1:30-3:00

Community Health Assistants/Technicians Business Meeting/Workshop

Building your Team's Bridge to the 21st Century

Barbara Bland, Owner & Founder Bland and Associates, Fuquay-Varina, NC

As the turn of the century approaches, individuals and organizations must answer the question, "Are we ready for the turn of the Century?" Join us for a lively discussion on the building blocks for the 21st Century organizations and it's architects... the employees. We will answer the question, "If we build it, will they come?"

1:30-2:00

Vector Control Section Business Meeting

2:00-5:00

Environmental Health Section Business Meeting

3:00 pm

Exhibitor Break

3:30-5:00

Health Education Section Workshop

Quick and Easy Cooking for Working Families

The Health Education Section invites its members and others who are interested to enjoy a cooking class, complete with menus to take home and samples, at the Stocked Pot in Reynolda Village. The cost is \$15.00 and you must pre-pay to participate (call Connie Lawson at 910/884-7722 for information and reservations). The maximum number of participants is 35. We will meet in the hotel lobby at 3:00 pm to carpool.

3:30-5:00

International Health Section Workshop

3:30-5:00

HIV/STD Control Section Business Meeting

3:30-5:00

Public Health Management Section Workshop/Business Meeting

Public Health Leadership in North Carolina

Donna Dinkin, General presentation on leadership in public health; introduction to Tri-State Leadership Institute

3:30-5:00

Health Promotion Section Workshop

3:30-5:00

Management Support Section Business Meeting

3:30-5:00

Nursing, Social Work, Children with Special Needs and CHAT Sections Workshop

Learning and Health Communications [919/966-4032] by referring to Course Number HEP2022198 to attend this session. Your registration fee for this session through the Center for Distance Learning and Health Communications will be waived if you are a registered participant of NCPHA's Annual Educational Conference.)

9:00-10:15

Plenary Session

Future Vision: Medicine/Public Health Collaboration

• **Moderator: Sherman E. Kahn, MD,** Director, Forsyth County Department of Public Health

Panelists:

• **Elizabeth Kanof, MD,** Past President, NC Medical Society

• **Ronald H. Levine, MD, MPH,** State Health Director, NC Dept. Of Health and Human Services

• **James N. Thompson, MD,** Dean, Bowman Gray School of Medicine, Wake Forest University

What's Happening! Service Delivery Changes in Local Health Departments

Staff from four to six local health departments around the state will give short presentations on various styles of health care delivery systems.

Social Opportunities

5:00 pm

New Member Reception/Orientation

5:30-7:00 pm

Gallery Hop

Explore prestigious art and craft galleries in downtown Winston-Salem and enjoy hors d'oeuvres during your visit to the galleries.

6:30-8:00 pm

NCPHA Mix and Mingle

8:00-11:00 pm

Dance/Karoke

• **Hugh H. Tilson, MD, Dr.P.H.,** Past President, American College of Preventive Medicine

AM Educational Sessions and Section Business Meetings

8:00-10:15

Maternal and Child Health Section Breakfast/Business Meeting/Awards/Workshop

(pre-convention ticketed function - call Ron Sapp 910/771-4608, ext. 339 for ticket information/reservations and special dietary needs, limited seating).

Promoting The Physical Well Being of North Carolina Children

Jonathan Sher, Dr.Ph., President, NC Child Advocacy Institute

Thursday

September 11, 1997

8:00 - 10:30

Immunization Update 1997

William Atkinson, MD, MPH, National Immunization Program, CDC

Location: Bowman Gray School of Medicine

This live interactive program will provide the most current information available in the constantly changing field of immunization. You will receive updates on new vaccines and vaccine combinations, polio vaccine and global polio eradication, rotavirus vaccine, new recommendations from the Advisory Committee on Immunization Practices for measles, hepatitis B, pneumococcal and influenza vaccine, and why and how to assess the immunization levels in your practice. (You must register with the Registrar, UNC Center for Distance

Thursday (continued) September 11, 1997

9:00-10:30

Dental Health Section Business Meeting

8:30-9:30

Vector Control and Environmental Health Sections Workshop

Mosquito Control and
Hurricane Fran

9:00-10:15

Children with Special Needs Section Workshop

**Coalition Building:
Creating Responsive Systems
for Healthcare Consumers**

Factors to consider when creating a service delivery system based on agency collaboration and consumer satisfaction.

9:00-12:00

Nutrition Section Workshop

Cultural Diversity and Nutrition

• *Norma Matto, Rd, MPH, Davidson, County Health Department*

**Cultural Diversity and Nutrition -
Food Demo**

• *Patsy Holley, RD, Jackson County Health Department*

Cultural diversity in the nutrition world - food demonstration: fruits and vegetables that are hard to identify

9:00-12:00

HIV/STD Control and Nursing Section Workshop

**Reducing Perinatal Transmission
of HIV through Effective Counseling
with HIV Positive Women**

Betsy Randall-David, RN, PhD, Training Consultant, NC AIDS Training Network, Durham, NC

Discuss current clinical issues for HIV positive and all pregnant women, the social, cultural, and economic impact of

HIV on pregnant women, perinatal transmission of HIV and identify local and national referral organizations, resources, and clinical trials for providers and patients.

9:30-10:15

Environmental Health Section Workshop

**Food Program, New Technologies,
New Tools of the Trade**

10:15 am

Exhibitor Break

10:30-12:00

Environmental Health Section Workshop

Rabies

How an Idea Becomes a Law

Chris Hoke, J.D., Deputy State Health Director

10:45-12:00

Children with Special Needs Business Meeting

10:45-12:00

Health Education Section Business Meeting

10:45-12:00

Dental Health Section Workshop

**Current Practice Philosophy in
Clinical Preventive Dentistry**

Michael W. Roberts, DDS, MscD, Associate Professor and Chair, Department Of Pediatric Dentistry UNC-Chapel Hill School of Dentistry

There has been an increase in the number of dental programs across the state providing dental services. A working philosophy, not a recipe, for developing a preventive dentistry treatment plan will be presented and discussed along with options. There will be an opportunity for participants to discuss the philosophy as it fits their particular situation.

PM Educational Sessions and Section Business Meetings

12:00-1:30

Dental Health Section Luncheon/Business Meeting

(pre-convention ticketed function - call Dr. Gary Kushner at 704/336-6404 for ticket information and reservations; limited seating)

12:00-1:30

Social Work Section Luncheon/Workshop

(pre-convention ticketed function - call Maryann Adkins at 910/343-6575 for ticket information and reservations; limited seating)

CARING Program of N.C.

Nina Massey

12:00-1:30

Health Education Section Luncheon

(pre-convention ticketed function - call Connie Lawson at 910/884-7722 for ticket information/reservations and special dietary needs, limited seating)

12:00-1:30

Nursing Section Luncheon/ Awards

(pre-convention ticketed function - call Janet McCumbee at 910/343-6559 for ticket information/reservations and special dietary needs, limited seating)

12:00-1:30

Nutrition Section Luncheon

(pre-convention ticketed function - call Jennifer Luker at 704/586-8994 for ticket information/reservations and special dietary needs, limited seating)



NORTH CAROLINA PUBLIC HEALTH ASSOCIATION **NEWSLETTER**

A Message from NCPHA President, Dr. Leah Devlin

The following story has been told about Thomas Edison's unique way of hiring engineers:

He'd given an applicant a light bulb and ask, "How much water will it hold?" There were two ways to find the answer. The first choice was to use the gauges to measure all the angles of the bulb. Then with the measurements in hand, the engineer would calculate the surface area. This approach could take as long as twenty minutes. The second choice was to fill the bulb with water and then pour the contents into a measuring cup. Total elapsed time: about a minute. Engineers who took the first route, and performed their measurements by book, were thanked politely for their time and sent on their way. If you took the second route, you heard Edison say, "You're hired."

What an approach -- quick, direct, simple, logical - innovative. If there was ever a time for innovations in public health, it certainly is NOW.

We believe that we are living in a time of unprecedented change. But, somehow, we've been saying that for years!! Change is always with us and is essential for progress to occur. If you agree with this premise, clearly we are positioned for tremendous progress in public health.

It is time to take advantage of the opportunities that the current environment affords us. We must each be innovative to discard categorical thinking and to rid ourselves of "one size fits all" services. Both of these approaches continue the barriers to care and to collaboration that have crept into our work.

It is time for public health to assume the role of lead negotiator with other agencies in our communities who are serving the public and individual to improve

health. We don't have to have all the answers to all the questions - no one else does either. We just have to be sure that leaders with a broad view of prevention, holistic care for communities and assurance are at the health policy table.

It is time to seize those functions that we believe to be public health's true role in the community. Ownership is half the battle or more. Then do a great job and just let someone try to take those responsibilities away. If you are unclear about those functions which should be public health's in your community, ask questions of other leaders who are in the position to guide the way - state, local or community leaders all share in defining those functions.

Core public health functions have long been "un" or "under funded" in North Carolina so we've often been right when we've said we were out of resources. Let's not be caught "out of time" either. Let's assume the leadership in our communities to assure that the public receives services necessary to keep communities well. We know prevention pays and how to mobilize preventive efforts in our communities. Take the top off the light bulb and fill it with water - it just makes the most sense - if you're thinking creatively!

In This Issue...

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► **1997 Slate of Officers**

**1997 ANNUAL
EDUCATIONAL CONFERENCE
SEPTEMBER 10-12, 1997**

Mark your calendars to attend the 1997 NCPHA Annual Educational Conference to be held at the Adams Mark Hotel in Winston-Salem on September 10-12, 1997. The theme is **"Taking a Stand for the Public's Health - Everywhere, Everyday, Everybody"**. Our host, Forsyth County Health Department, has been working diligently over the past nine months to make your stay in Winston-Salem enjoyable, educational and entertaining.

Dr. Mohammad Akhter, Executive Director of the American Public Health Association, will be our Keynote Speaker addressing the issue of *"Meeting the Challenge for a Healthy Tomorrow"*. Governor Howard Dean, MD, of Vermont will be our guest speaker at the Glaxo Wellcome Child Health Recognition Awards ceremony on Friday. Governor Dean is a national leader in the areas of children's prevention programs and health care reform. Our eighteen sections have planned excellent workshops that will be held Wednesday afternoon and all day Thursday.

A total of 300 rooms have been reserved for this conference. You must state that you are attending this conference to receive the convention rate of \$85.00/single or double. Parking will be an additional fee of \$4.50 per day for hotel guests parking in the hotel parking lot behind the facility. Overflow parking is available across the street in the city garage at a rate of \$6.00 per day. **Reservations must be made prior to August 10, 1997. Please call 910-725-3500 to reserve your room.**

A course announcement will be mailed under separate cover to all members of NCPHA in early July. Registration information as well as the itinerary will be included in this announcement. Registration will be handled by the Northwest AHEC. We encourage everyone to register early to avoid delays at the registration desk and the additional charge for on-site registration. Pre-registration fees will be:

Full conference (member):	\$80.00
One day (member)	\$50.00
Banquet Ticket	\$30.00

The Hospitality Committee has planned evening events to entertain you such as a Gallery Hop to some of the prestigious art and craft galleries, two dances, a magician, a piano concert, etc. The staff of the Forsyth County Health Department has indeed designed a conference that will appeal to **Everybody, Everyday, Everywhere** in Winston-Salem.

News From the Field

Cumberland County Dental Department Sponsors Poster Contest

"Uncover the Secrets to Healthy Smile" was the theme for the 6th annual 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 43 public and private schools in Cumberland County submitted poster entries. One winner was selected from each of the 43 participating schools and awarded a trophy. Each school winner then advanced to the district contest; the 9 district winners were awarded \$50.00 savings bonds. Area banks donated the savings bond.

The grand prize winner, Melissa McKee of J.W. Coon Elementary School, won a \$150.00 savings bond. The county winner and 8 district winners were honored at a special Awards Ceremony. Dr. Rick Mumford, Chair of the Dental Department at Fayetteville Technical Community College, was the keynote speaker. Parents, teachers, principals, health department officials, Board of Health members, and other legislative officials were in attendance. Local dentists, dental hygienists, and dental assistants judged the posters.

Submitted by
Sharon Nicholson Harrell, DDS, MPH
Director of Dental Services
Cumberland County Health Department

PROPOSED BYLAWS CHANGES

1. NAME CHANGE FOR LEGISLATIVE COMMITTEE TO POLICY AND PLANNING COMMITTEE

JUSTIFICATION: As written, NCPHA can only address legislative issues that deal with public health. By changing the name and purpose to include policy, NCPHA will be in accordance with the Bylaws and Procedures when taking a position on policy issues or rule changes dealing with public health.

2. NAME CHANGE FOR PUBLIC RELATIONS COMMITTEE TO PRIDE IN PUBLIC HEALTH COMMITTEE AND MERGE OF RESPONSIBILITIES IN ADDITION TO EXPANSION OF COMMITTEE MEMBERS

JUSTIFICATION: The purpose of the Pride in Public Health Committee is to enhance the positive image of public health through the promotion of unity among the public health family and the expansion of public health awareness in North Carolina.

I. The Pride in Public Health Committee shall consist of the following members and terms:

- A. One representative from a *local health department*, appointed for two years initially and serving for two years thereafter.
- B. One representative from *Academia*, appointed for two years initially and serving for two years thereafter
- C. One representative from the *State Department of Health and Human Services*, appointed for one year initially and two years thereafter.
- D. One representative from a *voluntary health agency*, appointed for one year initially and two years thereafter
- E. One *Health Director*, appointed for one year initially and two years thereafter
- F. One representative from the *private sector*, appointed for two years initially and serving for two years thereafter
- G. One person who has been a *member of NCPHA* less than three years, appointed for one year initially and two years thereafter
- H. *NCPHA Representative to Public Health Month Committee*, appointed for two years initially and serving for two years thereafter
- I. *Manager of Public Health Awareness Program* shall have a permanent appointment to the Committee
- J. No more than *16 Members at Large*, eight appointed for one year initially and eight being appointed for years initially

II. The President shall appoint the Chairman of the Committee. The Chairman should have been a member of the Committee the previous year. The Chairman, in consultation with the President, shall appoint all members of the Committee.

III. All members of this Committee shall have paid NCPHA dues for the current year.

LEGISLATIVE UPDATE

The 1997 Legislative Session has been full and hectic. NCPHA along with their partners, the NC Association of Local Health Directors and the Association of NC Boards of Health, have been actively involved in the composition and monitoring of legislation. Because legislation moves rapidly, it is difficult to report current status using the mail service. What may be current on May 30th is obsolete on June 4th. An *Legislative Alert* will be prepared at the conclusion of the 1997 Legislative Session to inform you of the action on all the bills we have supported or opposed. We will take this opportunity; however, to let you know of some of the most important issues that we have been following and our involvement in each issue.

Public Health Authority - Senate Bill 636 - NCPHA approached Senator Fletcher Hartsill, Cabarrus County, to solicit his agreement to sponsor this important bill establishing these authorities as an alternative for counties to provide public health services (refer to your March *Legislative Alert* for details of bill). Sen. Hartsill introduced the bill in the Senate on April 1st and it passed the Senate and was sent to the House on April 30th. It has been referred to the House Committee on Human Resources, where it is currently being discussed. NCPHA, as of this date (May 30), is working within our Legislative Network to contact members of this House Committee to get this bill out of committee onto the House Floor for vote. NCPHA members have attended Subcommittee meetings to speak in support of the bill, if requested.

Medical Service Corporation Charters - Senate Bill 993 - This bill is probably the most important piece of legislation this year. This bill allows non-profit health entities to convert to for-profit. NCPHA, the Association of Local Health Directors and the Health Care Access Coalition, have worked to amend this bill on the House Floor to allow a mechanism for the state to oversee this conversion in order to protect the millions of public trust dollars that have been earned by these companies during their favorable tax status to allow these funds to be used for charitable purposes. This bill was introduced by Senator Rand on April 21st, approved by the Senate on April 30th and forwarded to the

House on May 1st. We alerted the public health family to call all House Representatives to urge them to support the proposed amendment to protect the public's interest.

Health to DHR/DEHNR Name Change - Senate Bill 383 - This bill was introduced by Senator Perdue on March 13th. The original bill allowed all public health programs, with the exception of On-Site Wastewater, to be transferred to the new Department of Health and Human Services. The bill, as amended, was submitted to the House Committee on Human Resources on April 15th. It is expected to pass the full House this session, setting in place the creation of the new Department of Health and Human Services and the Department of Environment and Natural Resources by July 1, 1997.

NCPHA members and Health Directors spoke in opposition to leaving On-Site Wastewater in the Department of Environment and Natural Resources. This program has been a large part of the Division of Environmental Health and it is our belief that all programs within the Division should remain intact and be included with other public health programs. A Senate Subcommittee Amendment was reached whereby the Division of Environmental Health will remain intact in the Department of Environment and Natural Resources for one year with supervision and authority provided by the State Health Director. During this year, a Public Study Commission will review the future placement of the Division of Environmental Health. NCPHA will continue to advocate for this division to remain in public health.

Control of County Boards/Human Services - House Bill 213 - This bill was introduced by Representative Nichols on February 17th and was referred to the House Committee on Human Resources. To date, this bill never made it to the House Floor for vote. We do not anticipate passage of this bill this session; however, we continue to monitor other legislation to ensure that this concept is not attached to another bill as an amendment. NCPHA continues to support the Local Boards of Health concept. [Continued on page 5]

Legislative Update continued

There are many other bills that NCPHA has monitored, supported or opposed. We have seen the Graduated Driver's License Bill become law. Your Association continues to advocate for the public's best interest by protecting the health status of our population. Please do your part by contacting your local legislators when asked. There are hundreds of bills introduced each session. In many cases, the only way a legislator knows the issues of a specific bill is when someone has provided the correct information. Don't take for granted that the person you elected to represent you in the Legislature knows all the issues. Provide the education that he/she needs in order to vote favorable to public health.

APHA Update

The 125th Annual Meeting of the American Public Health Association will be held in Indianapolis, Indiana on November 9-13, 1997. The theme of this year's meeting is "*Communicating Public Health.*" All NCPHA members who plan to attend the APHA meeting are invited and **encouraged** to attend the Affiliates' Leadership Day, Saturday, November 8, before the start of the APHA meeting. It is for all members of state public health associations who want to network with professionals from other states and to exchange ideas and information on innovative projects around the country. A presentation of the Glaxo Child Health Recognition Program in North Carolina will be part of the program planned for that day.

In March, I attended the Mid-Year Meeting of the APHA Committee on Affiliates in Washington, DC and had an opportunity to meet Dr. Mohammed Akhter, MD, MPH, the new Executive Director of APHA, who outlined his priorities for APHA and listened intently to those of us who represent our state's perspectives. Dr. Akhter brings to APHA a new commitment and emphasis on advocacy at the state and local levels. In shifting the emphasis in advocacy to the state level, he will support and promote activities such as the following:

- ◆ Help affiliates build coalitions at the local level by bringing together like-minded organizations (of the 40 or so that APHA works with at national level, most have state level affiliates);
- ◆ Build bridges between state affiliates and state medical societies, and try to find the financial resources to support such activities;
- ◆ Increase the continuing education emphasis of the organizations perhaps via regional meeting in addition to the national annual meeting of APHA;
- ◆ Build an infrastructure for improved communication between state affiliates and APHA;
- ◆ Promote a balance between the sections, which represent the scientific bases of APHA, and the Affiliates, which serve as the advocacy base, in order to build a strong organization.

It is my opinion that APHA is making a major shift in its emphasis and has demonstrated its commitment to state and local public health by redirecting some of its own resources. As one example, a new full-time staff member, Ms. Jennifer Weirwell has recently been hired specifically to focus on grassroots advocacy. This appears to be the very time we ought to be strengthening our ties with APHA rather than thinking about severing the. We need to consider ways to actively recruit their resources to assist us with our public health advocacy in NC. I would welcome any comments or concerns from members of NCPHA on this issue and also encourage you to speak directly to Dr. Akhter when he attends our annual meeting in Winston-Salem this September.

Barbara Chavious
APHA Affiliate Representative

*Send Resolutions for
Committee review to:
Georgena Chandler, Chair
Fax: 704-251-6452
Resolutions are presented for discussion
during the Annual Business Meeting
in September*

Section Reports

Environmental Health

This is turning out to be the busiest legislative year in many for Environmental Health. The Division of Environmental Health has been allowed to remain intact for a year while a committee studies possible reorganization of the Division. We now have two (2) representatives on the expanded Restaurant Rule Review Committee. William Hill from Craven County and Judy Daye from Alamance County represent the Environmental Health Section. Please contact these representatives with your comments and concerns.

Our Section has struggled to get as far as we have with the above items. Please get active with these legislative issues that will change Environmental Health in North Carolina. Call Connie Pixley at (910) 570-6367 to offer your help or comments.

We are still accepting applications for each of our two (2) Restaurant Association Scholarships, the Stacy Covil Scholarship and the Dewy Padgett Scholarship. Please call me at (919) 728-8499 for applications.

Seven and one half hours of continuing education will be offered at the Annual Educational Conference in September. Topics include

- >The Internet
- >Vector, Mosquito Control and Hurricane Fran
- >Food: New Technologies, New Tool of the Trade
- >Rabies
- >How An Idea Becomes a Law
- >Day Care - Lead: Good Questions to Ask During Inspections
- >Spray Irrigation
- >Hot Topics - Current issues (TBA)

Our scholarship raffle tickets are being sold!! Make sure you get a chance to win one of the five (5) \$500.00 prizes we will be giving away after the program on Thursday, September 11th. Buy your ticket(s) soon!!

Bill Arrington, Chair

Laboratory

The Laboratory Section has an exciting program planned for the Annual Meeting in Winston-Salem. On Wednesday, our section along with the HIV/STD section, will be sponsoring a program entitled "New Developments In The Pathogenesis And Treatment Of HIV Infection". John A. Bartlett, M.D., Assistant Professor of Medicine at Duke University Medical Center, will be our guest speaker. Please plan to join us and bring a friend.

On September 11, the Laboratory Section will have a Awards Luncheon at 12 noon at the Adam's Mark Hotel. The Laboratorian of the Year Award will be announced at that time. Following the luncheon, we will be sponsoring a program entitled "Public Health Laboratories: Keys To Quality". Darrice Monk, Assistant Laboratory Supervisor at Forsyth County Health Department, will be our speaker. Immediately following this program our annual business meeting will be held.

We are looking forward to seeing each of you at The Adam's Mark Hotel in Winston-Salem.

Rebecca Morrow, Chair

Management Support

Management Support Executive Committee has been busy planning for the annual educational conference in September. On Wednesday afternoon, September 10th, Randall Turpin will give a motivational workshop before the business meeting. On Thursday September 11th, from 1:30 to 4:30 p.m., the Section will co-sponsor a workshop with the Nutrition Section about the Internet. Each county representative attending the Business Meeting is asked to bring a door prize.

The Executive Committee is planning an educational workshop during the month of July. Belinda Allison has been very busy with details. Richard Etheridge with Northwest AHEC will be the presenter. There will be four dates and locations to give all management support staff across the state [continued on page 7]

Management Support Section continued

a chance to attend. Brochures with details of the workshop will be mailed mid-May with *June 30th* as the deadline for registration. Look for this announcement and make sure all management support in your department has access to it.

Our Section was saddened at the death of Betty Lang. Betty was a Member-At-Large in the Section and will be missed by all who knew her.

Karen Foster, Secretary for our Section had surgery on March 31st. We wish her a speedy recovery and look forward to seeing her at our Annual Meeting.

If you have any information that you would like to be included in our Section Newsletter, please mail or fax to Nancy Rathbone, Macon County Health Department by June 15th.

As of April 21, 1997, our Section has 82 paid members. Please join NCPHA and attend the Annual meeting in September. I hope to see you there!!

Libby Ray, Chair

MCH

The MCH Section will be co-sponsoring with the Health Education and Nursing Sections an educational session on Thursday afternoon during the NCPHA Annual conference in September. The speaker, Patricia K. Mitchell, will present "Marketing Your Service, Building Your Image: Positioning the Public Health Department." Thursday morning, the MCH Section will have a breakfast business/awards meeting. During this breakfast meeting, Jonathan Sher, Ph.D., President of the North Carolina Child Advocacy Institute will present "Promoting the Physical Well-being of NC Children." Seats are limited for this breakfast meeting, so please preregister early. The MCH Section will be covering some of the expense. The pre-registration cost for breakfast will be \$6.00 for members, \$8.00 for nonmembers, or pending any remaining seats, \$10.00 at the door.

Awards to be presented are:

- ❖ Direct Service Award
- ❖ Non-Direct Service Award
- ❖ SIDS Award for Outstanding Counselor
- ❖ Ten Year Certificates of Appreciation

Nomination forms will be out July 1, 1997. Please join us at this year's annual conference!!

Ron Sapp, Chair

Nursing

On May 2, 1997 the nurses celebrated Nurse's Day at Camp Caraway. Eileen Dowse of Human Dynamics, Inc., presented a program entitled "Team Building - All for One and One for All."

Plans for the Annual Meeting in September are being finalized. The Nursing Section will co-sponsor an education meeting with the Health Education and MCH Section. The speaker will be Patricia K. Mitchell who will present "Marketing Your Services, Building Your Image: Positioning the Public Health Department."

We are also planning to have a panel with representatives from local health departments to address changes that are occurring in public health with an emphasis on how it is affecting the health care worker's role.

Be sure to send in your articles for the Section newsletter and mark your calendar for September 10-12 in Winston-Salem.

Tamra Moore, Chair

Nutrition

The Nutrition Section is completing plans for our Annual Meeting in September. All activities for the Nutrition Section will be held on Thursday, September 11, 1997. Continuing Education credit from the American Dietetic Association has been [continued on page 8]

Nutrition Section continued

requested for the morning and afternoon sessions. The morning session (9:00 a.m. - 12:00 p.m.) will include topics on cultural diversity and fruits and vegetables that are new to North Carolina (and to nutritionists, too!) Norma Matto, from Davidson County and Patsy Holley from Jackson County will present this session.

The Business Session and Luncheon will be held from 12:00 - 1:30 p.m. This session will include the presentation of the Bertlyn Bosley Award for Excellence in Public Health Nutrition.

The afternoon session (1:30 - 5:00 p.m.) will be focus on utilizing the Internet. The speaker will be Jim Matlock.. This session is co-sponsored with the Management Support Section

We encourage all Nutritionist and others interested in our programs to plan to join us in September!!

Celia Witt Beauchamp, Chair

Public Health Management

The Public Health Management Section plans to have on Wednesday afternoon, September 10, a speaker from the Center for Creative Leadership based in Greensboro. Also Donna Dinkin will update us on the Tri-Sate Leadership Institute (North Carolina, Virginia, and West Virginia). The Tri-Sate Leadership Institute is an outgrowth of the nationally recognized CDC-UC [University of California] leadership program tailor made for health directors. The September program is to begin the process of transforming health directors from managers to leaders. The Business meeting will also be conducted during the Wednesday session.

Thursday afternoon, September 11th, Dr. Paul Halverson with the UNC School of Public Health/State Health Director's Office, will discuss "Community Health Report Card," which deals with public health accountability and the concepts of accountability reports. For more information about

these programs, contact the Section's program chair - Stephen Keener, MD at 704-336-4700.

Tom Bridges, Chair

Social Work

The Social Work Section met Friday, February 7th at the DEC in Fayetteville. Plans were set in motion for the 1997 annual Public Health Conference. An interesting session is being planned in conjunction with the HIV/STD and Lab Sections on "New Developments in the Pathogenesis and Treatment of HIV Infection" on Wednesday September 10th. On Thursday during the Social Work Luncheon, there will be a speaker presenting on "The Caring Program." Also on Thursday afternoon, a NASW presentation will be given on the "Changes and Updates in the Field of Social Work." This topic will cover trends for social workers in every setting. The Social Work Section will sponsor once again the 50/50 give-a-way. Social workers are invited to attend the annual business meeting at 4:00 p.m. on Thursday.

The Social Work Section continues to encourage recruitment for membership.

Lois Hinton
Historian/Publicity

Call for Memorials

Each year at the NCPHA's Annual Business Meeting, we pay tribute to our public health friends who died during the year. Please forward any names of deceased public health officials to our Secretary, Mrs. Delance Ellis, Wilson County Health Department, 1801 Glendale Dr, Wilson, NC 27893, by September 1, 1997.

1997 SLATE OF OFFICERS

PRESIDENT-ELECT

1. *Carolyn Haynie* - MCH Nurse Consultant from the Asheville Regional Office; has served as Member at Large for the past three years
2. *Steve Martin* - Deputy Director of the Division of Epidemiology, DEHNR; served as VP of Communication for two terms (1991, 1992)

VP OF COMMUNICATION

1. *Larry Bunn* - Environmental Health Specialist, Forsyth Co Health Department
2. *Janet McCumbee* - Public Health Nurse, New Hanover County Health Department

VP OF EDUCATION

1. *Joy Kennedy-Watson* - Health Educator, NC Cattlemen's Beef Council
2. *Dennis Salmen* - Environmental Health Specialist, Mecklenburg County Vector Control

SECRETARY

1. *Karen Carraway* - Social Worker, Lenoir County Health Department
2. *Judy Simmons* - Administrative Assistant, Randolph County Health Department

TREASURER

1. *Brenda Dunn* - MCH Nurse Consultant, Winston-Salem Regional Office, DEHNR
2. *Debra Springer* - Laboratorian, Wake County Dept. Of Human Services

APHA REPRESENTATIVE (3 year appointment)

1. *Jess Berman* - Division of MCH, DEHNR, Raleigh
2. *Georgena Chandler* - Laboratory Consultant, Asheville Regional Office
3. *Barbara Chavious* - Office of Continuing Education, UNC School of Public Health
4. *Beth Joyner* - Chief, Local Support Section, Div. Of Health Promotion, DEHNR, Raleigh

SOUTHERN HEALTH ASSOCIATION REPRESENTATIVE (3 year appointment)

1. *Chris Hoke* - Deputy State Health Director, DEHNR, Raleigh
2. *Dr. Sherman Kahn* - Health Director, Forsyth County Health Department
3. *Susan O'Brien* - Laboratory Director, New Hanover County Health Department

MEMBER AT LARGE - EAST (3 year appointment)

1. *Charlie Jackson* - Environmental Health Specialist Regional Consultant, Wilmington Regional Office
2. *Pam Pritchard* - Dental Hygienist, PCCC District Health Department
3. *Judy Wright* - Nurse Consultant, Washington Regional Office

MEMBER AT LARGE - WEST (3 year appointment)

1. *Belinda Allison* - Management Support, Jackson County Health Department
2. *Pat McCall* - Public Health Nurse, Henderson County Health Department

Ballots will be mailed July 15, 1997, to all NCPHA members in good standing. Ballots must be returned no later than August 15, 1997, to the NCPHA Headquarters.

Greetings from WNCPHA....

EDNCPHA has come and gone and I had a great visit at the Annual Educational Conference in Atlantic Beach. I want to thank Eastern for the invitation to exhibit and also thank all of Eastern's members for the kind words and hospitality shown to me.

As I write this article, Western's Annual Educational Conference is about a week away. Preparations have been finalized and we are ready to meet together in Boone. I do not have a crystal ball nor am I able to predict the future, but I know that we will have a great time as we gather to celebrate public health in Western North Carolina.

You will probably be reading this after WNCPHA has completed its Annual Meeting. It's time to focus toward NCPHA's Annual Conference in Winston-Salem this fall. I encourage all of Western's members to join NCPHA, support the important objectives of the Association and attend the Annual Meeting. NCPHA and the affiliates need your membership and active support. With our involvement, there is so much we can do because there is so much to be done. And for that I don't need a crystal ball. Until Winston....

David Stone,
President, WNCPHA

Calendar of Events

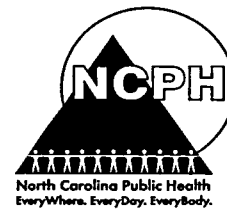
August 1	Deadline for receipt of Service Award nominees
August 10	Hotel reservation deadline for Annual meeting in Winston-Salem
August 29	Pre-registration deadline for Annual Meeting
September 9 Winston-Salem	NCPHA Governing Council Meeting. Health Director's Meeting
September 10-12 Winston-Salem	NCPHA Annual Educational Conference



North Carolina Public Health Association
1009 Dresser Court
Raleigh, NC 27609
(919) 872-6274
Fax: (919) 878-4312
E-mail: ncpha@interpath.com

Deborah Rowe, Administrative Director

Authors are responsible for views
expressed in signed articles



This Newsletter was printed on Recycled Paper

June 1997

North Carolina Public Health Association
1009 Dresser Court
Raleigh, NC 27609

Nonprofit
Organization
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Raleigh, N.C.
Permit No. 1499

Thursday (continued) September 11, 1997

12:00-1:30

Laboratory Section Luncheon/Awards

(pre-convention ticketed function - call Van Tanner at 919/560-7600 for information/reservations and special dietary needs, limited seating)

12:15-1:15

Environmental Health Section Luncheon/Awards

(pre-convention ticketed function - call Sheila Nichols at 910/973-8622 for ticket information/reservations and special dietary needs, limited seating)

1:30-3:00

Physician Extender Section Business Meeting

1:30-5:00

Nutrition Section, Management Support Section Workshop

Presentation on the Internet
Jim Matlock, Nortel, Cary, NC

1:30-3:00

Dental Health Section Workshop

Atraumatic Restorative Technique (ART): Rationale, Implementation, and Evaluation of a New Approach in Controlling Dental Caries

Jo E.F.M. Frencken, BDS, MSc, PhD, Dental Public Health, Ministry of Health and Child Welfare, Zimbabwe

ART is a new procedure for managing dental caries. It is based on the use of hand instruments for the removal of caries and an adhesive fluoride-releasing filling material. Currently, glass-ionomers are used. The presentation will discuss the progression of dental caries in dentin, the disadvantages of glass-ionomers, sealed restorations, the actual procedure and application of ART, and survival results of ART field studies.

1:30-2:30

Environmental Health Section Workshop

*Day Care/Lead Programs:
Good Questions to Ask
During an Inspection*
Ed Norman, Division of
Environmental Health

1:30-3:00

Social Work Section Workshop

*Changing Trends in Social
Work in Every Setting*
• Kathy Boyd, ACSW, C.M.S.W. Director,
N.A.S.W.
Legislative Update
• Myrna Miller, M.S.W., J.D., Legislative
Director, N.A.S.W.

1:30-3:00

Laboratory Section Workshop

*Public Health Laboratories
Keys to Quality*

Darrice Monk, Assistant Laboratory
Supervisor, Forsyth County Health
Department

Share keys and concepts to quality in
work environment for public health
laboratories.

1:30-3:00

Health Education, Nursing, and Maternal and Child Health Sections Workshop

*Marketing Your Service, Building
Your Image: Positioning the Public
Health Department*

Patricia K. Mitchell, Writer/Editor/Entrepre-
neurial Consultant

In this seminar, we will explore new
methods of creating and implementing a
successful marketing campaign designed
to help you attract new customers and
increase repeat business.

2:45-3:30

Environmental Health Section Workshop

*On-Site Program: Spray
Irrigation Systems*
Speaker: Tim Woodie

3:30-5:00

Environmental Health Section Workshop

Hot Topics
Speakers: TBA

3:30-5:00

Health Education Section Workshop

*"Where", "When", and "Who" We
Know. What About "How"?*

Everywhere, Everyday, Everybody.
That's the "Where", "When" and "Who".
But what about the "How"? This session
will highlight six successful health
education programs, presented by the
health educators who created and
implemented them.

3:30-5:00

Laboratory Section Business Meeting

3:30-5:00

Statistics/Epidemiology Section Business Meeting

3:30-5:00

Nursing Section Business Meeting

3:30-5:00

Public Health Management Section Workshop

*Community Health Report Cards/
Accountability Report*

Paul Halverson, Dr.P.H.,

Overview of CDC funded Community
Health Report Card Project

4:00-5:00

Social Work Section Business Meeting

SOCIAL OPPORTUNITIES

6:00 pm

UNC School of Public Health Alumni Reception

Thursday (continued) September 11, 1997

7:00 pm

NCPHA Awards Banquet

(Ticketed function - see registration form)

9:00 pm

Dance/Entertainment

9:00 pm

Earl Myers on Baby Grand Piano

Friday September 12, 1997

7:30 am

Hotel Check-Out

8:00 am

1998 NCPHA Governing Council Breakfast/Orientation

9:30 am

Closing Session/Business Meeting

11:00 am

Glaxo Wellcome Child Health Recognition Awards Ceremony

Keynote Speaker:
Governor Dean of Vermont

12:30 pm

Glaxo Wellcome Child Health Recognition Awards Luncheon

(pre-convention ticketed function - see registration form)

Program Credit

This program is acceptable for continuing education units (CEU'S) from Bowman Gray School of Medicine. 0.1 continuing education units for each hour of education complied at the Plenary Session of the conference will be awarded. Additional credit hours may be obtainable through approved section workshops. Please contact Richard Etheridge (910) 713-7008 for additional information.

Exhibits

Demonstrations and displays of specific products and services will be on exhibit throughout the NCPHA Annual Educational Conference. Anyone interested in providing an exhibit at the conference should contact Ms. Frankie Byrum at the Forsyth County Health Department (910) 727-2890, ext. 3698, or Ms. Deborah Rowe at the NCPHA Headquarters (919) 872-6274.

ADA Information

If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to attend this program, please contact Deborah Rowe at (919) 872-6274.

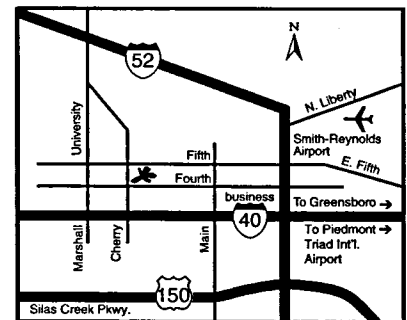
Location and Lodging

The Adams Mark Hotel in Winston-Salem, North Carolina is the host hotel for the 1997 NCPHA Annual Educational Conference. All educational sessions and luncheon/banquet events will be held at the **Adams Mark and Benton Convention Center** both located on Cherry Street, Winston-Salem, North Carolina.

A block of 300 rooms are available on a first-come, first-served basis by calling the Adams Mark Hotel. Reservations should be made by **August 8th**. Room rates are \$85.00/single or double. The phone number is (910) 725-3500.

Directions:

Take I-40 Business to downtown Winston-Salem. Exit onto Cherry Street. Adams' Mark Hotel is located on the right, four blocks north of I-40 Business.



For More Information

Program content:

Ms. Deborah Rowe, Administrative Director, NCPHA

(919) 872-6274

Registration:

Ms. Kelly McNeal, Northwest AHEC

(910) 713-7017

**NCPHA 1997 Annual Conference, Winston-Salem, NC
Registration Form**

Registration Information

△ **Pre-Registration deadline**
is August 29, 1997

△ **Full payment**
MUST accompany the registration form. If paying by credit card, you may fax the completed form to (910) 713-7027.

△ **A full refund**
will be granted only to those whose cancellations are received in writing at the Northwest AHEC and Public Health Section (Bowman Gray School of Medicine of Wake Forest University, Medical Center Boulevard, Winston-Salem, NC 27157-1060) by September 1, 1997. An 80% refund will be granted after September 1, 1997. No refunds after September 5, 1997.

△ **Make checks payable to:**
Bowman Gray School of Medicine

△ **Forward check/money order and registration form to:**

Northwest AHEC-Public Health Section
Bowman Gray School of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157-1060

△ **If you are not a current NCPHA member**
and wish to register as a member, you must send a separate check or money order made payable to NCPHA for the appropriate amount to:

NCPHA
1009 Dresser Court
Raleigh, NC 27609

**NCPHA Annual Dues:
(October 1997 - September 1998)**

- If salary is less than \$20,000 = \$25.00
- If salary is \$20,000 - \$35,000 = \$35.00
- If salary is over \$35,000 = \$45.00
- First time member discount = \$10.00
- Student/retiree = Half of appropriate fee

Personal Information:

(Please print or type all information requested)

First Name _____ MI _____ Last Name _____

Social Security Number _____ Degree(s) _____

Work Telephone Number _____ Home Telephone Number _____

Employer _____

Position _____

Address _____ City _____ State _____ ZIP _____

Participant Registration Fees:

- Board of Health Member or County Commissioner (No charge)
- NCPHA Life Member or NCPHA Guest (No charge)

FULL CONFERENCE:

- Pre-registration (Member) \$ 80.00
- Pre-registration (Non-Member) \$130.00
- On-Site registration (Member) \$100.00
- On-Site registration (Non-Member) \$150.00

ONE DAY (DAY MUST BE DESIGNATED): Wed. Thu. Fri.

- Pre-registration (Member) \$ 50.00
- Pre-registration (Non-member) \$100.00
- On-Site registration (Member) \$ 60.00
- On-Site registration (Non-member) \$110.00

- Student & Retiree: Half of Registration Fee: _____
- Gallery Hop & Shop (Wednesday Afternoon) No Charge
- Glaxo Wellcome Luncheon (Friday Afternoon)* No Charge

* YOU MUST BE PRE-REGISTERED FOR THE CONFERENCE BY AUGUST 29, 1997, TO OBTAIN COMPLIMENTARY TICKET FOR GLAXO WELLCOME CHILD HEALTH AWARD LUNCHEON ON FRIDAY, SEPTEMBER 12. (UNCHECKED FORMS WILL NOT RECEIVE COMPLIMENTARY TICKET FOR THIS FUNCTION)

Total Enclosed:

- Participant Registration Fee
- Awards Banquet (\$30.00 for each member and/or guest attending the Awards Banquet Thursday Evening)**

TOTAL ENCLOSED:

** PLEASE INDICATE ANY SPECIAL DIETARY REQUIREMENTS FOR BANQUET _____

Payment Options:

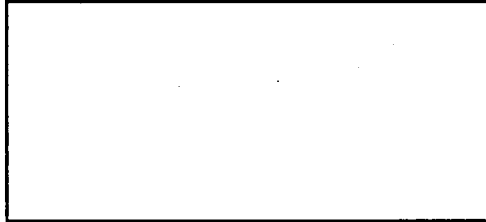
Check or Money Order Enclosed

Charge to: VISA Mastercard Exp. Date ____/____

Account Number _____

Name (as it appears on card) _____

Cardholder's signature _____



Northwest AHEC-Public Health Section
Bowman Gray School of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157-1060



1997 NCPHA Conference
Social Menu

Wednesday

**5:30 - 7:00 p.m. -
Gallery Hop and Shop**

Shop and tour in Winston-Salem's Art District.

**6:30 - 8:00 p.m. -
Mix, Mingle, and Relax
Happy Hour**

Cash bar with complimentary heavy hors d'oeuvres.

Sports Shop

A sporting goods exhibit featuring the latest in various sports equipment.

Beauticontrol

Skin care and color experts available to assist you in making the most of your beauty.

Upper Body Chair Massage

Experience true relaxation with professional massage therapists.

**8:00 - 11:00 p.m.
Dance/Karaoke**

D. J. Richard Terrell will spin your favorite tunes.

Thursday

**6:30 - 7:15 a.m.
Morning Exercise**

Walk the Strollway to Historic Old Salem.

**6:00 - 7:00 p.m.
UNC School of Public Health
Alumni Reception**

**7:00 - 9:00 p.m.
NCPHA Awards Banquet**

Ticketed function.

**9:00 - 1:00 a.m.
Part-Time Party Time Band**

Broad variety of fun music and entertainment.

Caricature artist

will capture your best side.

Roving magician

will dazzle you at your table.

**9:00 - 11:00 p.m.
Baby Grand Piano**

Mr. Earl Myers will perform classical, pop, and jazz favorites.

Friday

**6:30 - 7:15 a.m.
Morning Exercise**

Walk the strollway to Historic Old Salem.

NORTH CAROLINA PUBLIC HEALTH ASSOCIATION LEGISLATIVE ALERT

Vol. 3 No. 1
MARCH, 1997

1996 LEGISLATIVE SESSION IN FULL SWING (Huh?)

That was the heading for a *Legislative Alert* last year. Unfortunately, by the time we composed, edited, and printed the *Legislative Alert*, the session ended! This year will be no exception. The legislative train is traveling at full speed. A record number of bills are being introduced and referred to committees and it is happening so quickly that it requires a cheetah to keep up with the bill process. Unfortunately, the printing/ mailing process runs at a snail's pace. In an effort to keep our members informed of legislative issues, the North Carolina Public Health Association proposes using these methods:

1997 Public Health and Community Health Legislative Conference

This one day conference will enable public health

practitioners to be informed about current health legislation and critical issues to be decided by the NC General Assembly during the long session. The North Carolina Public Health Association joins the forces of the North Carolina Association of Local Health Directors, the UNC School of Public Health, the North Carolina Association of Boards of Health and other interested parties in compiling and supporting one common public health agenda. Our strength is in numbers and an unified voice for public health. This conference will provide the opportunity to interact with members of these organizations so that your voice will be heard. Registration information is provided in this issue of the *Legislative Alert*.

Legislative Alerts

Using this issue of the *Legislative Alert*, you will be introduced to the 1997 Legislative Agenda for our Association. We have attempted to provide you a brief explanation of each piece of legislation and/or issue. Others will be added as the bills are introduced in the Legislature. We will provide, via the *Legislative Alert*, a summary of what occurred during this session at the conclusion of the legislative session.

Legislative Network

We will routinely distribute notices to our Legislative Network via the Health Director's Internet Access, NCPHA's Legislative Committee, NCPHA's Members-At-Large, and Local Agency Representatives. This is the only way in which timely information can be shared. Please do your part and pass on any information provided to you through this network. Post information in a location convenient to staff and distribute to staff. **Bookmark NCPHA's Home Page (<http://www.ehnr.state.nc.us/EHNR/SCHS/ORGS/NCPHA>) for updated legislative information.**

PLEASE HELP US IN THIS UNITED LEGISLATIVE CAMPAIGN

1997 PUBLIC HEALTH LEGISLATIVE AGENDA

BILL NAME AND NUMBER	NC Association of Local Health Directors	NC Public Health Association
Control of County Boards - HB213 and any local versions of HB213	O	O
Ban Tobacco Sales to Minors - SB143 & HB328	S	S
Graduated Drivers License - SB149	S	S
Smoke Detector Penalties - HB234	S	S
Physical Fitness Act - HB166 & SB109	S	S
Strike Out Stroke Project - HB 171 & SB108	S	S
Maternal Outreach Funds - HB 154	S	S
Child Fatality Task Force Confidential Records - HB151	S	S
Extend Heart Disease Prevention Task Force - HB131 & SB 283	S	S
Environmentally Sound Policy Act - HB85	S	N
Use of Motorcycle Helmets - HB30	O	O
Mosquito Control Funds - SB239 Proposed	N	S
Establishment of Public Health Authority	S	L
Pilot Project - Needle Exchange Program	S	S
Bicycle Helmet Safety	S	S
Conceptual		
Equity in State & Local Retirement Formulas	L	S
Provide Funding for Employment of Local Coordinators for Healthy Carolinians	S	N

S = Support

O = Oppose

L = Lead

N - No position at this time

Oppose

HOUSE BILL 213 - CONTROL OF COUNTY BOARDS

- will allow the boards of county commissioners in all counties to assume direct control of county boards, commissions, and agencies
- will allow all counties having county managers to modify or consolidate the local administration and delivery of human services.

HOUSE BILL 30 - USE OF MOTORCYCLE HELMETS

- will allow persons 21 years of age or older with a motorcycle license for more than 12 months to operate a motorcycle without a helmet
- will allow a passenger 21 years of age or older to ride a motorcycle without a helmet

Support

SENATE BILL 143 - BAN TOBACCO SALES TO MINORS (HB 328)

- requires a person engaging in the sale of tobacco products to demand proof of age from a prospective purchaser
- failure to demand proof of age is a Class 2 misdemeanor
- retail distributors shall train their employees in the requirements of this law
- tobacco products shall not be distributed in vending machines provided however vending machines are permitted in any establishment which is open only to persons 18 years of age and older or if vending machines is under the continuous control of the owner or employee and can be operated only upon activation by the owner or employee
- any person engaged in the sale of cigarettes other than in unopened manufacturer packages shall be guilty of a Class 2 misdemeanor

SENATE BILL 239 - MOSQUITO CONTROL FUNDS

- Appropriates \$1,000,000 for fiscal years 1997-98 and 1998-99 to aid mosquito control districts and other units of local government engaged in mosquito control

HOUSE BILL 131 - EXTEND HEART DISEASE PREVENTION TASK FORCE (SB283)

- will extend the current task force until June 30, 1999 in lieu of October 1, 1997

HOUSE BILL 151 - CHILD FATALITY TASK FORCE CONFIDENTIAL RECORDS

- broadens the access to confidential records for the purpose of child fatality review and prevention

HOUSE BILL 154 - MATERNAL OUTREACH FUNDS

- appropriate \$3,200,000 for fiscal years 1997-98 and 1998-99 to expand the Maternal Outreach Program to serve children from high-risk families up to the age of three years. This program trains young mothers and reduces incidences of child abuse and neglect.

HOUSE BILL 166 - PHYSICAL FITNESS ACT (SENATE BILL 109)

- appropriate \$300,000 for fiscal years 1997-98 and 1998-99 to DEHNR for the Local Fitness Council Development Program established under this act which is charged with the development of local fitness councils in each county in North Carolina where one does not currently exist.

HOUSE BILL 171 - STRIKE OUT STROKE PROJECT (SENATE BILL 108)

- appropriate \$175,000 for fiscal years 1997-98 and 1998-1999 to implement the project which is charged with building the capacity of health care providers to control hypertension and effectively treat cardiovascular disease, and to increase awareness among minorities of the importance of controlling high blood pressure and other cardiovascular risk factors.

HOUSE BILL 234 - SMOKE DETECTOR PENALTIES

- imposes civil penalties and make it a class 3 misdemeanor if a landlord fails to provide, install, replace or repair a smoke detector in a residential dwelling

HOUSE BILL 248 - GRADUATED DRIVERS LICENSE (SENATE BILL 149)

- provisional licensees shall be issued the graduated provisional drivers licenses appropriate to their driving experience with the following experience-based restrictions:
 - ① Level 1 - limited learner's permit (must be 15 years of age)
 - ☛ must have passed a driver education course
 - ☛ passed a written test administered by DMV
 - ☛ obtained a limited learner's permit allowing only supervised driving between the hours of 5:00 am and 9:00 pm for the first six months
 - ☛ supervisor must be parent, guardian or other person approved by DMV who has been licensed to drive for at least five years. The supervisor shall be the only other occupants allowed in the front seat with the driver.
 - ☛ after six months, may drive under supervision at any time
 - ☛ any occupant in vehicle driven by licensee shall have a safety belt properly fastened or be restrained by a child passenger restraint system
 - ② Level 2 - limited provisional license
 - ☛ must possess a Level 1 provisional license for a period of not less than 12 months with no moving violations or seat belt infractions
 - ☛ pass a road test administered by the DMV
 - ☛ allows unsupervised driving from 5:00 am - 9:00 pm and when going to and coming from work
 - ☛ may drive under supervision at any time
 - ☛ every person occupying the vehicle must have a safety belt properly fastened or be restrained by a child passenger restraint system.
 - ③ Level 3 - full provisional license
 - ☛ must possess a Level 2 provisional license for a period of not less than six months with no moving violations or seat belt infractions
 - ☛ may drive unsupervised at any time

HOUSE BILL 85 - ENVIRONMENTALLY SOUND POLICY

- Certain limitations on the siting of swine house and lagoons for swine farms

IF YOU KNOW OF ANY LEGISLATIVE ISSUE OR BILL THAT NEEDS THE ATTENTION OF NCPHA, PLEASE CONTACT MIKE HANES, NCPHA LEGISLATIVE COMMITTEE CHAIR, AT 910-572-1393 BY MARCH 17th



NORTH CAROLINA PUBLIC HEALTH ASSOCIATION **NEWSLETTER**

A message from the Association's President...

It was Eleanor Roosevelt who said "the future belongs to those who believe in the beauty of their dreams."

What are the DREAMS of those of us working in the private and public sectors to improve the public's health?

- ✓Prevention first?
- ✓Immunization for HIV?
- ✓Equality between white and nonwhite health status?
- ✓All children healthy, ready to learn?
- ✓Citizens accepting responsibility for their own health risk behaviors?
- ✓Accessible, quality, affordable health care for all?
- ✓Every baby born wanted and well?
- ✓People living longer, better?
- ✓Families well supported by communities that care and have resources?

And the dreams go on....

Do we really BELIEVE in these dreams? Can we, together, make these dreams our future?

We do believe! That's why we go to work each day, why we invest our time and talents in community, our minds in research, teaching continuing education, creativity and innovation, our hearts to advocacy and our wills to ever advancing the truth -- that Prevention Pays -- Everywhere, Everyday, Everybody!

So yes, we have dreams and they are beautiful! And yes, we believe in them!

Since Eleanor Roosevelt spoke these words, consider the health improvements of the now and present future -- lower infant mortality, increase in longevity,

reductions in teen pregnancy, to name a few. We have already seen public health dreams come true and we know we can continue to make a difference!

Thank-you for the wonderful part that each of you contributes to the brighter world awaiting our innovations, leadership and hard work! Let us reach out to each other in NCPHA and to those outside of our organization who also work for our common goals. Together we can accomplish so much more, Share the beautiful dreams and make our future brighter, together!!

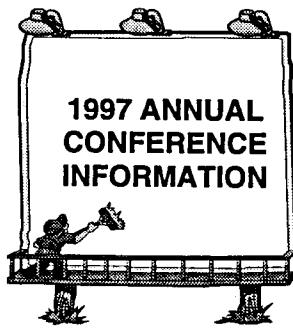
Leah Devlin, President
1996-96 NCPHA

1997 PUBLIC HEALTH & COMMUNITY HEALTH LEGISLATIVE CONFERENCE

April 1, 1997

North Raleigh Hilton, Raleigh NC

Join public health and community health leaders from throughout North Carolina to discuss current health legislative and critical issues to be decided by the N.C. General Assembly during this year's long session. Registration fee of \$45.00 includes lunch and can be made by calling the Office of Continuing Education, UNC School of Public Health 919-966-1104.



NCPHA's Annual Education Conference will be held on September 10-12, 1997 in Winston-Salem at the Adam's Mark (formerly the Stouffer Winston Plaza). The theme is "Taking a Stand for the Public's Health - Everywhere, Everyday, Everybody". The conference is being hosted by the Forsyth County Health Department and NWAHEC.

A total of 250 hotel rooms have been reserved for the annual conference. Room rates are \$85.00 per night, single or double occupancy. Parking will be an additional fee. For those parking in the hotel garage, the \$4.50 daily fee can be added to the hotel bill. Overflow parking will also be available across the street. Daily parking rate at this city owned facility is \$6.00 per day.

Annual meeting registration fees:
Member pre-registration (full conference): \$80.00
Member pre-registration (one day): \$50.00
Banquet ticket: \$30.00

More Annual conference details and agenda will appear in the June newsletter.



APRIL IS PUBLIC HEALTH MONTH

Local and state Public Health Month coordinators are gearing up for April kick-offs. In April 1996, Public Health Month activities reached more than 10,000 North Carolinians and initiated several long-term programs. This year, packets also were sent to all Healthy Carolinians task forces so give them a hand finding out what Public Health Month -- and public health--is all about.

Two Photo contests are coming up!!

The NC Public Health Month Committee is sponsoring a photography contest to capture public health working every where for everybody. Entries will be accepted from a team made up of a public health professional and photo grapher. Guidelines will be sent to local Public Health Month coordinators and to media facilitators with the NC Public Health Awareness Program. Anticipated time frame is April 1 - June 30. Photos may be used to set up a stock photo file with access by local health departments. Prizes are also being sought.

National Public Health Week committee also plans to offer a photo contest. Information will be sent to local boards of health and key national county or public health associations for distribution.

Public Health Month questions?? Contact your local health department or PHM Chairperson, Vicki Hill at 919-733-4038 or e-mail: vicki_hill@mail.ehnr.state.nc.us

Are You Eligible for Life Membership in NCPHA?

You are eligible for Life Membership in NCPHA if you are **retired** or **plan to retire** **before** the Annual Meeting in September **AND** if you have been a member of NCPHA for **25 years**. Up to 15 years membership in an out-of-state public health association will be applied to the 25 years **IF** written proof of this membership is provided.

If you feel you are eligible for Life Membership, you will need to complete the Life Membership Section on the NCPHA Membership Application. This must be completed and mailed to NCPHA Headquarters no later than April 15, 1997.

If you have any questions or need a membership application, call Deborah Rowe at 919-872-6274 or call Belinda Allison, Membership Chair at 704-586-8994.

DON'T FORGET TO NOMINATE!!

Applications for the Glaxo Wellcome Child Health Recognition Awards will be mailed to the Health Directors in March. Nominations packets are due on **May 30th**. There are three award categories: Individual Recognition Award, Local Health Department Award and Public Health Staff Award. Presentations have been made to the Health Directors Association, letters have been mailed to past award recipients and telephone contact will soon be made by NCPHA - all in an effort to promote this recognition program.

Be sure to contact Kristi Reeves [919-828-0806, ext 124] at Capital Strategies to capture your special child health related event on video. The Glaxo Wellcome team will review all requests and evaluate them based on the award focus and criteria. Topics for this year are: lead poisoning, substance abuse, nutrition, injury prevention, dental health, rabies or immunizations.



Mark Your Calendar

Adult Immunization: Strategies That Work, a live satellite videoconference, will be broadcast twice to sites nationwide over the Public Health Training Network on April 24, 1997 from 8:00 a.m. to 10:30 a.m. EDT and again from 11:00 a.m. to 1:30 p.m. EDT. The interactive videoconference will provide practical, proven strategies to reduce the gap between the number of adult at-risk for vaccine-preventable diseases and the number who actually receive the vaccines. CMEs, CEUs and nursing contact hours are expected to be offered. For registration information, contact your state immunization coordinator or call Chandra Pendergraft at 404-639-88897, e-mail cmp3@npl1.em.cdc.gov or visit our site on the World Wide Web at www.sph.unc.edu/cdlhc.



UNC OFFERS DISTANCE-LEARNING-

BASED MPH DEGREE

The University of North Carolina School of Public Health has established a distance-learning-based Master of Public Health (MPH) degree in Practice and Leadership. This new degree format is designed to provide generalist public health training to practicing professionals who are unable to participate in a residential master's degree program.

Using distance education technologies such as interactive video and the Internet, along with intensive on-campus experiences and application in health and health-related settings, this degree will provide training to seven cohorts of students throughout North Carolina. Sites in Sylva, Winston-Salem, Troy, Chapel Hill, Wilson, New Bern, and Elizabeth City will allow the close-to-home pursuit of an MPH degree for groups of 5-15 students per site. The 39 credit course of study is designed to be completed in approximately 3 years.

The School of Public Health is inviting immediate applications from professionals across North Carolina who are interested in pursuing this MPH degree in a distance learning format. To receive more information and an application packet, please call Sharon Pickard, Registrar at 919-966-5305.

ORDER YOUR PUBLIC HEALTH SOCIAL WORK T-SHIRT!!

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Color logo on white 50/50 T-shirt.
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Contact Barbara Stelly,
Division of Health Services
Fayetteville DEHNR-Regional Office
910-486-1191

Section & Affiliate Reports

Environmental Health

Due to the resignation of Crystal Smith-Cooper, Bill Arrington was elected President and Sheila Nichols, Vice-President at the called meeting of the Executive Committee on December 18, 1996. Remaining in their offices are John Hendren, Secretary/Treasurer and Connie Pixley, Past President.

Education District Presidents are:

- ◆Mountain - Ken Castello
- ◆North-Central - Jennie West
- ◆Northeastern - Emily Robertson
- ◆Southeastern - Perry Solice
- ◆West Piedmont - Sheryl Emory
- ◆Eastern District - Len Gilstrap
- ◆Western District - James "Doc" Thompson

We will have another scholarship raffle to give away five (5) \$500.00 prizes at our annual meeting. Only 500 tickets will be sold. Buy your ticket soon!!

Viola Broadway established a trust to help fund the annual Bill Broadway Award. Thank you Viola!! Please send nominations to Connie Pixley.

We would like the scholarship awards to target to deserving students. Each of the two (2) Restaurant Association Scholarships, the Stacy Covil Scholarship, the Dewy Padgett Scholarship are \$200.00. Please call me at 919-728-8499 for applications.

Our poster contest theme this year is "*Lead Free Is The Way To Be.*" Savings bonds in the amount of \$50.00 and \$100.00 are awarded for each of the winners in the 4th, 5th, and 6th grades. Please help get your school and civic groups involved.

This is proving to be an exciting year in Environmental Health. Statute and rule changes are forthcoming. Please help us to insure these changes allow us to better protect the public's health. Thank you in advance for your help.

Bill Arrington, Chair

Laboratory

The Laboratory Section released its first newsletter issue in January. Plans are for this to a quarterly publication. If you are not on the mailing list or would like to contribute any information, contact Van Tanner at the Durham County Health Department (919)560-7692.

Public Health Month will be observed in April. Labs across the state are participating in different types of activities. Let's make our labs be a part of this celebration.

Plans are now underway for the NCPHA annual conference in September. If you have any idea or suggestion for our section, please contact Randi Ostack at the State laboratory (919)733-7186 or myself at the Person County Health Department (910) 597-2204.

Rebecca Morrow, 1996-97 Chair

Nursing

Your Nursing Section is working on a midyear event for you to celebrate Nurse's Day. On May 2, 1997, mark your calendar for a celebration at Camp Caraway in Asheboro. I hope that many of you are able to come and participate. More information will come to you soon.

Don't forget your membership dues for 1996-97. The Nursing Section needs your support especially when public health is in a time of change and the role of public health is being redefined. Let your Section know your ideas and concerns which could be addressed in the form of programs or forums.

Tamra Moore, Chair



My apologies to the Nursing Section. I inadvertently failed to include the Section's report in the December newsletter.

Tamara Dempsey-Tanner
Newsletter Editor

Our annual meeting was great. If you weren't there you missed a fast-paced education session, co-sponsored with the MCH Section. The speaker, Barbara Bland spoke about "Zapp or Sapp," feelings we've all experienced in our changing field of public health

For the first time, members who could not attend the annual meeting had the opportunity to vote by mailing in their ballot. 111 ballots were received back which is about half of the membership. The Nursing Section Executive Committee for 1996-97 will be:

Tamra Moore - Chair; Judi Allen - Chair-Elect; Janet McCumbee - 1st Vice Chair of Education; Leah Thorndyke - 2nd Vice Chair of Communications; Glenda Keziah - Treasurer; Stacey Eason - Secretary; and Peggy Lemon - Immediate Past Chair. Polly Baker will serve as Chair for the Nominating Committee. Patricia Ray and Jennifer Judson will co-Chair the Membership Committee.

The Executive Committee will meet in November to begin plans for the 1997 Annual meeting and the Nurses' Day Celebration in May

Tamra Moore, Chair

Social Work

March is **SOCIAL WORK MONTH**. The theme selected by the National Association of Social Work is "*Racial and Ethnic Harmony*." The North Carolina chapter has developed the theme "*Compassionate by Nature, Social Worker by Choice*." Public Health Social Workers will observe Social Work Month by participating in a public tree planting ceremony in their local area on March 10th to promote compassion and harmony in the community. We invite public health employees, as well as person from the

community to join us in this effort. Many other activities are planned during Social Work Month and will announced in your local area.

Lois Hinton
Historian/Publicity



APHA Update

The 124th Annual Meeting of the American Public Health Association was held in New York City in November and attended by over 13,600 public health professionals. Keynote speaker, John J. Sweeney, President of the AFL-CIO, spoke to the theme of "*Empowering the Disadvantaged: Social Justice in Public Health*". He urged the public health community to join organized labor in continuing to back universal health coverage and to push for legislation gauranteeing health care for children.

One workshop of particular interest was sponsored by the Committee on Affiliates, the group that represents the state public health associations at APHA. In this workshop, entitled "*Restructuring Public Health: Challenges and Opportunities*", state and local public health administrators from the states of Washington, Wisconsin, Minnesota and Florida gave their perspectives and experiences in undergoing organizational change to meet the emerging demands on public health agencies in their areas.

Next Year's annual meeting will be held in Indianapolis, IN, on November 9-13, and the theme of the meeting will be: *Communicating Public Health*. This theme presents an exciting opportunity to showcase some of the innovative communications programs and projects underway in NC, and I would encourage you to consider submitting an abstract to your respective sections in APHA, if you would like to present a session related to this, or other topics.

[continued on page 6]

I am honored to be able to represent our association at APHA and to voice the North Carolina perspective during discussions among the other state affiliates and on the Governing Council. I am often told by reps from other states that we, in NC, are seen as leaders in public health and as innovators and role models for them to emulate. I welcome (and need) input from all members of NCPHA in order to build upon NCPHA's positive reputation and to enhance the effectiveness of the role of affiliates in the national organization. Please give me your feedback at 919-966-1104.

Barbara Chavious
APHA Affiliate Representative



"Greetings from the West"

I encourage you to join us in Boone beginning May 21 for our 51th Annual Meeting. Our theme for the year is "WNCPHA - The Next 50 Years - *EveryWhere.EveryDay.EveryBody*". Western wanted to broadcast through our annual educational conference that as we begin our second 50 (plus many more) years of service we promote public health that is truly *EveryWhere on EveryDay for EveryBody*. We also wanted to tie our theme for the year into the theme for NCPHA's Annual Meeting. Yet deciding the theme was the easy part. Now we must develop a program that informs, excites, invites, delights, fascinates, promotes, involves and encourages every public health worker in North Carolina. Whew!! What an assignment. I know that the program committee is ready for the charge, ready to commit to the hard work that goes into planning an annual meeting.

We invite anyone interested in public health to join us in May at the Appalachian Conference Center Quality Inn. Rooms at the hotel will be \$60.00 + 9% tax. Reservations can be made by calling 704-262-0020 or 800-362-2777. Our block of rooms (and the accompanying rate) will be held until April 28, 1997. Registration materials will be available the first of April.

Please contact Tracey Paul, Program Chair at 704-326-5861 or Debbie Edwards, Local Arrangements at 704-264-4995 if you need further information and....

we'll see you in May.

David Stone
President, WNCPHA



A Note for the East...

The Eastern District North Carolina Public Health Association will hold its Annual Educational Conference April 23-25 at the Sheraton Resort in Atlantic Beach. If you have not already made hotel reservations, please call 1-800-624-8875.

The Executive Committee of EDNCPHA has been working very hard developing another exceptional education opportunity for those able to attend. With all of the changes taking place in North Carolina Public Health, public health practitioners need to have all of the latest information in their specific fields to best serve our citizens. The EDNCPHA Annual Education Conference will help you reach those levels of education needed. Hope to see you there!!

Michael Rhodes
President, EDNCPHA

Honor an associate or colleague for their significant contributions to public health in North Carolina. NCPHA presents up to five awards during its Annual meeting in September. Those awards include: the Reynolds Award, the Rankin Award, the Norton Group Award, Distinguished Service Award and Citation of Merit Award. Contact the NCPHA office at 919-872-6274 for more details about the requirements for each award or nomination forms.

SCHOLARSHIP INFORMATION

The NCPHA Scholarship Committee is accepting applications for its 1997 scholarship awards. The following is the criteria for scholarships eligibility:

1. 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 that begins in the year the scholarship is awarded (i.e. a scholarship presented in 1997 would be used for 1997-98 academic year.)
2. 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.
3. The applicant must agree in writing that it is his/her intent to work in a public health agency for two (2) years in North Carolina following the completion of training.
4. Applicant must be a paid member of NCPHA.
5. The following factors will be taken into account in selecting Scholarship recipients:
 - ▶ Acceptance at an accredited educational institution
 - ▶ potential contribution of service to the people of North Carolina
 - ▶ reasons for seeking additional training and relationships of the program of study to career expectations
 - ▶ financial need

In addition, Glaxo Wellcome has established two \$500.00 NCPHA scholarships. Additional criteria for these two awards includes a demonstration that the advanced degree will be used towards preventative health services for children.

Deadline for scholarship application is JUNE 15, 1997. Scholarships will be presented during the NCPHA Awards Banquet, September 11, 1997.

For a scholarship application or more information please contact:
Merle Green, Chair
Scholarship Committee
Guilford County Health Department
910-373-3283



March 1997

North Carolina Public Health Association
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Raleigh, NC 27609

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Calendar of Events

April 1-30	Public Health Month
April 22 Atlantic Beach	NCPHA Governing Council Meeting
April 23-25 Atlantic Beach	Eastern District Public Health Association Annual Meeting
May 1	NCPHA Newsletter Deadline
May 21-23 Boone	Western NCPHA Annual Meeting
September 9 Winston-Salem	NCPHA Governing Council Meeting.
September 10-12 Winston-Salem	NCPHA Annual Educational Conference



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1009 Dresser Court
Raleigh, NC 27609
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E-mail: ncpa@interpath.com

Deborah Rowe, Administrative Director

Authors are responsible for views
expressed in signed articles



NCPHA SUPPORTS ANY ADDITIONAL FUNDING FOR PUBLIC HEALTH PROGRAMS

PROPOSED LEGISLATION

ESTABLISHMENT OF PUBLIC HEALTH AUTHORITIES (NCPHA'S TOP LEGISLATIVE PRIORITY)

- provide an additional and alternative method for counties to provide public health services
- may be created and dissolved by a county board of commissioners for one county
- may be created for more than one county upon joint resolution of county boards of commissioners and local boards of health having jurisdiction over each of the involved counties
- a public health authority board shall govern the public health authority, absorbing the functions assets, and liabilities of the county or district boards of health and that board is dissolved
 - ① the public health authority board shall be the policy-making, rule-making and adjudicatory body for public health authority and shall be appointed by the county board of commissioners to serve a term of three years
- a public health authority may provide or contract to provide public health services
- a public health authority shall have all the powers necessary to carry out the purpose of:
 - ① construct, equip, operate and maintain public health facilities
 - ② establish a fee schedule for services received from public health facilities and to make services available regardless of ability to pay
 - ③ appoint an administrator of a public health facility and necessary employees, to fix their compensation and to adopt necessary rules governing their employment, and to remove employees
 - ④ employ its own counsel and legal staff
 - ⑤ adopt, amend and repeal bylaws for the conduct of its business
 - ⑥ enter into contracts for necessary supplies, equipment or services for the operation of its business
 - ⑦ act as an agent for the federal, state or local government in connect with the acquisition, construction, operation or management of a public health facility
 - ⑧ insure the property or the operations against risks
 - ⑨ accept donations or money, personal property or real estate for the benefit of the authority and to take title to the same from any person, firm, corporation or society

BICYCLE HELMET SAFETY

- Requires helmets for bicycles occupants less than 18 years of age

PILOT PROJECT - NEEDLE EXCHANGE PROGRAM

- allows up to four pilot needle exchange programs in four North Carolina counties to test the effectiveness of needle exchange programs as a public health measure to reduce the spread of HIV/AIDS, Hepatitis B and Hepatitis C in North Carolina

CONCEPTUAL

EQUITY IN STATE & LOCAL RETIREMENT FORMULAS

- equalize the formula which state employees use to calculate retirement benefits and in the formula that local employees use to calculate retirement benefits.

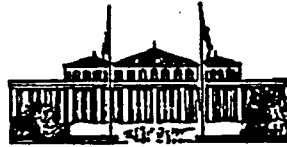
PROVIDE FUNDING FOR LOCAL COORDINATORS OF HEALTHY CAROLINIANS

- provide funding to establish a position of local coordinator in communities targeted to implement Healthy Carolinians
- provide funding for local coordinator for established Healthy Carolinians programs to carry out functions of program

HEALTH PROGRAMS TO BE TRANSFERRED FROM THE EXISTING DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES TO PROPOSED DEPARTMENT OF HEALTH AND HUMAN SERVICES

The public health family in North Carolina applauds the insight of the Governor and Secretary Howes and Secretary Bruton in combining health services, health regulation, patient care and health financing into one department providing a more efficient, effective and accountable health care system. The proposed Department of Health and Human Services should be able to focus on integrating, coordinating, and aligning health services, regulatory functions, financing and policy making functions administered by the state. By consolidating planning and oversight responsibilities, North Carolina will be in a better position to achieve its goal of improved health status for its citizens.

The North Carolina Public Health Association supports the transfer of **all public health programs, including all the programs currently comprising the Division of Environmental Health** into the new Department of Health and Human Services to ensure a system that is designed to protect the personal health of the citizens of our state as well as the environment. Environmental Health continues to be "public health at its best" and we cannot afford to lose the "health" aspect in Environmental Health. On-site wastewater and public water supply are health programs and should remain in a health agency. The eradication of Hookworm Disease in our state during the early 1900's is directly attributable to this program. Public Health is 80% prevention and 20% treatment. Environmental health programs provide this element of prevention. We cannot survive without clean water, clean food, clean air, and soil that is not contaminated.



1997 Public Health and Community Health Legislative Conference

April 1, 1997

North Raleigh Hilton

Raleigh, North Carolina

Join public health and community health leaders from throughout North Carolina to be informed about and discuss current health legislation recently passed and critical issues to be decided by the N.C. General Assembly during this year's long session. Invited speakers will focus on:

- Major issues and funding priorities for the 1997 session.
- Specific public health related legislation.
- An update on late-breaking issues.

The conference will also include lunch meetings with members of the sponsoring organizations. Plan now to attend this informative event. A brochure with detailed program information will be sent to you in early 1997. For further information or to register before then, please call the UNC-CH Center for Distance Learning and Health Communications at 919/966-4032.

Please cut on this line

REGISTRATION FORM (HCE64697)

To register immediately, fax your registration form to 919/966-5692, call 919/966-4032 or e-mail information to oce@unc.edu.

Conference Registration Fee: \$45

1997 Public Health and Community Health Legislative Conference

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**WANT TO KEEP UP WITH LEGISLATION?
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For those of you fortunate enough to have access to the Internet, access to legislation is only a few keystrokes away. To retrieve calendars from your computer:

Netscape Navigator: type <http://www.ncga.state.nc.us>

From this website, you will be able to access the house, Senate, and Interim calendars for printing. You are also able to have calendars sent to you directly by electronic mail. To accomplish this, send a message to:

masier@ls.ncga.state.nc.us

include the following command in the body of the message:

SUBSCRIBE NCGALIST

The home page for the General Assembly (<http://www.ncga.state.nc.us>) provides valuable information concerning the names, addresses, telephone numbers, e-mail addresses and committee assignments of the legislators. You may also access and follow the activity of any of the bills by performing a **Bill Search**.

Questions may be directed to NCPHA Headquarters (919) 872-6274

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North Carolina Public Health

FORUM

Winter, 1997

Volume 6, Issue 1

Dedicated to Improving Public Health in North Carolina



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Cover:

The North Carolina Public Health Logo and Slogan, adopted by the public health family of North Carolina in 1995.

FROM THE EDITOR

Trenton G. Davis

During my professional career I have had many competent, thoughtful public health professionals express concerns that the public neither understands or appreciates their efforts to make communities healthy places in which to live. These concerns became the basis for presentations at professional meetings and articles in professional publications. However, until recently very little was done to approach the problem in a proactive manner. This issue of the Forum features an article authored by Christopher Cooke in which a unique Public Health Awareness Program is described. I encourage each of you to read the article and to consider the ways by which you can improve public awareness of the importance of your work.

There are many reasons why the importance of our work is not appreciated. No doubt, the world around us is changing. A recent study suggests that since 1973, Americans have become less neighborly, less honest, less civic-minded, less religious, and less compassionate. Americans feel that people are more materialistic, greedy, selfish, mean, and devious. During the same period, all major institutions have lost ground in our esteem and confidence. Confidence in the U.S. Congress is down 37% while confidence in the government is down almost 40%. Surely this loss of confidence and esteem has an impact on the way the public views public health professionals who are considered to be a part of "government."

Whatever the reasons for public attitudes toward public health professionals, it is important to become more proactive in the future. Laura Thacker, an Environmental Health Director in Wisconsin, has suggested that in the past there has been an unwritten rule that public health professionals avoid the media and tell the politicians just enough to get them to go away. It is now time to change this way of thinking. In reality the politicians are setting our policies and determining our budgets. If we don't inform politicians and others about the importance of our programs, who will?

Ms. Thacker offers the following suggestions for dealing with the issue:

1. *Befriend the media*- Quit avoiding the press and television. When they call, be there to answer their questions. Establish a working relationship with the media in your community. Share information with the media regarding programs which impact local citizens.
2. *Attend Meetings*- Local politicians spend much of their time attending board and committee meetings. If matters of public/environmental health are being discussed at meetings, make sure that a representative of your agency is present.
3. *Become indispensable*- Politicians are very busy people. Often they want to be familiar with what you are doing because of the importance of public health to their constituencies. Share agency reports with policy makers. Provide abstracts and summaries of activities and programs. Invite them to contact you if they have questions.

Finally Ms. Thacker suggests that it is time that public/environmental health professionals stop being humble about their accomplishments and programs and actively seek opportunities to better inform politicians and the public about our important role in the community.

If each of us does our part, we can significantly impact the public's understanding of public health in North Carolina.

"We Are Here! We Are Here!"

Trenton G. Davis, D.P.H., is a Professor of Environmental Health at East Carolina University, Greenville, NC.

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

THE NORTH CAROLINA PUBLIC HEALTH AWARENESS PROGRAM (NC PHAP)

Christopher Cooke

In the Fall of 1994, two groups of concerned public health professionals began meeting independently to consider research findings showing the perception of public health to be uninformed, incomplete, and in some cases negative. Meeting bi-weekly in Raleigh, an *ad hoc* committee discussed the implications of these findings for North Carolina's public health system. At the same time, the "Pride in Public Health" Committee of the North Carolina Public Health Association began deliberations on this same issue from the perspective of their professional organization. Eventually, these two groups came together to collaborate on the development and implementation of a new promotion program for public health in North Carolina - the North Carolina Public Health Awareness Program.

Research Summary and Background

For some time there had been a consensus within the public health community that public health programs and services were generally misunderstood, invisible, and taken for granted. This anecdotal sense of public health's image problem was soon borne out by formal research. Surveys and focus groups sponsored by the Centers for Disease Control and Prevention (CDC) and the American Public Health Association (APHA) revealed an alarming lack of awareness and appreciation for basic public health services and their contribution to quality of life. This disturbing perception extended from members of the general public to elected and appointed officials and policy makers - it was even present within the rank and file of public health itself.

In considering this sober set of findings, both groups arrived at the same conclusion: In order for public health to fulfill its mandate to make communities healthy places in which to live, the role and scope of public health programs and services needed be more widely understood and appreciated. It was also clear that raising the level of public health awareness would require a comprehensive effort by state and local organizations, and the efficient use of mass media channels of communication.

Program Development and Funding

While the Pride in Public Health Committee grappled with issues of morale, membership, and motivation, the newly-titled Public Awareness Advisory Committee (PAAC) in Raleigh spent its first year considering the issue of "identity." The sense of the committee was that, in order to foster a positive and well-informed image of public health, North Carolina's public health system needed a logo and slogan upon which promotional initiatives could be developed. The quest for a logo and slogan was made doubly difficult by the fact that, in addition to the need for a professionally-rendered logo and catchy, accurate slogan, both the logo and slogan needed to be acceptable to North Carolina's public health leadership and workforce. There was no point in developing a terrific identity package that no one would be willing to use.

PAAC spent several months soliciting ideas and comments, reviewing logo and slogan proposals, and considering how to build support for a new public health image. In the end, a menu of the most popular ideas for a logo and slogan were widely disseminated to members of North Carolina's public health family. Recipients were asked to rank each set of choices, and to make comments about the pro's and con's of individual options. Returned surveys were tabulated and the results showed broad support for the logo and slogan that have since become the official trademarks of our state's public health system.



At this point, collaboration between the two working groups became more intense. It had become obvious that simply developing an identity (logo and slogan) for the public health system would not

guarantee effective promotion. In addition, the decision was made to develop the initiative as a *program* as opposed to a *campaign* in order to ensure longevity and stability. Both the Pride in Public Health Committee and PAAC endorsed the view that promoting public health and raising awareness needed to be supported with adequate resources and consistent management. A decision was made to approach the state health director with a proposal for the establishment of 1) a full-time, permanent position that would be responsible for managing promotion initiatives, and 2) resources for training, capacity building and materials development.

The proposal was very well received within the Office of the State Health Director, and Dr. Ronald H. Levine, State Health Director, became a strong advocate for the program. As a result of his advocacy, major funding for the program was provided by the divisions within the state health department. Because of restrictions on the state's ability to create new positions, the UNC-CH School of Public Health was asked to create the manager's position within the university system. Richard House, Associate Dean and Director of the Center for Distance Learning and Health Communication, agreed to help with this effort. The position was finally approved in the winter of 1995-96 and filled later the following spring.

Program Organization and Functions

NC PHAP was established in order to achieve the following goals:

- 1) Raise citizen involvement and support for public health services and programs
- 2) Increase awareness and appreciation for the public health contribution to quality of life in North Carolina; and
- 3) Ensure that the importance of the public health approach is fully and fairly considered in the evolution of our state's health system.

The program is organized and directed by a full-time manager and an active advisory committee. The manager maintains an office in Raleigh at the Office of Public Health Communications in the Bath Building, and a second office in the Center for Distance Learning and Health Communication at the UNC-CH School of Public Health. The program manager and advisory committee meet twice each month to address and coordinate the ongoing activities of the program. In addition, an Executive Committee provides oversight, resource development and strategic planning support. The PHAP is evaluated within DEHNR as part of the annual program review process for the Office of Public Health Communication, and by Dr. House at the UNC-CH School of Public Health.

The Program is currently concentrating its resources in two areas: 1) the development of a comprehensive approach for promoting public health in North Carolina, and 2) the training of public health staff in media relations, mass communications and marketing skills.

Promotion Program: Parameters and Messages

The promotion program is intended to:

1. Impart a uniform and readily identifiable image of public health;
2. Embody essential public health values (e.g., prevention); and
3. Be adaptable for use by constituent organizations, sections, programs and/or supporters.

While public health work has inherent worth for those who understand and carry it out, the value of public health is not obvious. Early attempts to communicate the value of public health focused on descriptions of public health activities or services:

Monitoring health status
Diagnosing and investigating health problems
Informing, educating, and empowering
Mobilizing community resources
Developing policies and plans
Enforcing regulations
Connecting people to services
Assuring a competent public health workforce
Evaluating health services

Lists such as these, as well as the "core functions" of public health (assessment, assurance, and policy development), have not been effective in raising awareness and appreciation. Attempts to improve this approach relied on a new focus on public health's *achievements*:

Disease prevention
Environmental protection
Injury prevention
Health promotion
Disaster response
Assurance of health care quality and access

Traditional marketing wisdom holds that effective promotion involves the communication of benefit(s) to the target audience. In an attempt to reconcile this view with the needs of the public health community, the Centers for Disease Control and Prevention developed a core set of messages for the promotion of public health. These basic message concepts form the basis of North Carolina's Public Health Awareness Program:

- 1) **Public Health and Prevention Work.**
- 2) **Public Health Protects You and Your Family.**
- 3) **Public Health is Uniquely Responsible For Your Community's Health.**
- 4) **Public Health Is Always There For You.**

- 5) **Public Health Is Essential for Quality of Life.**
- 6) **Public Health Is A Coordinated Network of Services.**
- 7) **Public Health is Good for Business.**

Campaign strategy and tactics will be derived from this core set of messages, and creative work evaluated on its capacity to communicate these messages to the following target groups: voters, citizens active in community affairs, and community leaders.

The Program is designed to be carried out on two levels. The statewide effort will:

- 1) Target adult voters;
- 2) Employ messages of broad appeal/ accessibility; and
- 3) Focus on large media markets.

Local promotions will:

- 1) Be carried out primarily by local health departments and public health advocacy organizations;
- 2) Target community leaders; and
- 3) Use a combination of personal advocacy strategies as well as local media markets.

Media Facilitator Training

A major capacity -building effort of NC PHAP this year has been a comprehensive training program for local and state-level public health staff. The implementation of this effort involved the identification and recruitment of "media facilitators" within the public health system who were willing to take on the responsibility of coordinating public health promotion efforts for their health department or division. With

the help of a consultant experienced in public health promotion, a comprehensive training curriculum in media relations, marketing and promotion was developed and implemented.

The training program was designed to run for an eight-month period during 1996, and to be as accessible as resources and facilities would permit. The cost of the training was included in the program's budget, so there were no registration fees charged. Media facilitator training was organized around three modules, each containing a teleclass to five downlink sites around North Carolina and follow-up practicum training at local Area Health Education Centers. Approximately 55 public health staff participated in the first year's training, representing about 40 health departments and public health divisions.

Participants in the media facilitator training program received extensive instruction and support in the area of media relations. Each participant received a style-book with guidelines for using the logo and slogan, a large bound notebook with resource materials to be used as a reference tool on the job, and closely supervised practice in interviewing and promotion program presentation.

NC PHAP: The Future

Current efforts are underway to consolidate public health month activities under the umbrella of the NC PHAP, and to establish closer links with the newly-consolidated Pride in Public Health Committee within NCPHA. As the dialogue about the future of public health in North Carolina continues, the Program will continue to develop promotion strategies to support long-term public health interests. Since each local health department takes a different approach to promoting and marketing public health within its community, the Program will continue to stress skills development, capacity building, consultation and technical assistance as the most effective means of achieving its goals. An open, informed dialogue with local and state-level public health personnel is essential for the Program's success - anyone interested in efforts to promote the public health approach in North Carolina are encouraged to contact the North Carolina Public Health Awareness Program.

**Christopher H. Cooke, MA, MS is the
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1996 NCPHA AWARD RECIPIENTS

The North Carolina Public Health Association honored the following people at the Annual Educational Conference in Charlotte on September 19, 1996, for their contributions to public health in North Carolina

Distinguished Service Award

For his knowledge and understanding of local public health and its relationship with local and state government;

For his willingness to be of assistance in legal matters without hesitation;

For his expert legal opinion and perspective which has provided strategic counsel and guidance to public health officials;

For his dedication to the mission of assisting local governments in providing exceptional service to the citizens of North Carolina;

For his professional assistance, genuine concern and continued support of public health in North Carolina;

For these and other significant contributions to public health, the North Carolina Public Health Association proudly presents the 1996 Distinguished Service Award to Jeff Koeze, J.D.



Jeff Koeze, J.D.

For his contributions as a member of the Public Health Legislative Planning Committee;

For his contributions as a member of the North Carolina Health Planning Commission;

For his contributions to public health in North Carolina as Director of Scotland County and Davie County Health Departments;

For his leadership in community and civic activities and other major contributions to public health in his community and this great state, the North Carolina Public Health Association presents the 1996 Watson S. Rankin Award to Dennis Eugene Harrington, Director of the Davie County Health Department.

Distinguished Service Award

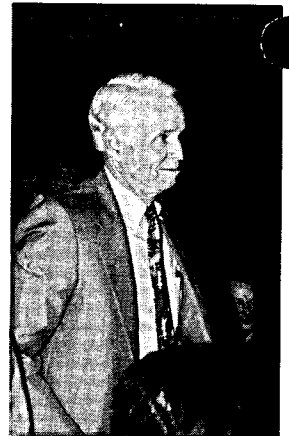
For his exceptional skills in personnel matters and his ability to communicate his knowledge in handling sensitive public health personnel problems;

For his genuine concern for individuals that are affected by unpopular personnel decisions;

For his efforts to save the Regional Personnel Offices to which the local health departments look to for guidance;

For his willingness to assist public health professionals when in need;

For these and other significant contributions to public health in Eastern North Carolina, the North Carolina Public Health Association proudly presents the 1996 Distinguished Service Award to Mr. Ted Bowen.



Ted Bowen

Rankin Award

For his contributions as a member and chair of numerous committees and as President of the Association of Local Health Directors;

For his contributions as Chairman of the North Carolina Alliance of Public Home Health Agencies;

For his contributions as a member of the Governor's Commission on the Reduction of Infant Mortality;



Dennis Harrington
Health Director
Davie County Health Dept.

Reynolds Award

For initiating On Guard for Health that resulted in Outstanding Achievement for Public Health Month;

For serving as an Ambassador for public health and the State of North Carolina at the kick off of the National Tobacco Free Kids Campaign in Washington, D.C.;

For gaining support from his Board of Health for a resolution regarding Youth Access to Tobacco and a Commitment to our Children ;

For being instrumental in establishing New Hanover County Healthy Carolinians Year 2000 Committee;

For soliciting over \$60,000 toward the \$100,000 goal for the NCPHA Wood Endowment;

For these and other significant contributions made to public health in North Carolina, the North Carolina Public Health Association proudly presents the 1996 Reynolds Award to Robert Spencer (Bob) Parker.



Robert S. (Bob) Parker
Health Director
New Hanover Co. Health Dept.

Norton Group Award

For outstanding efforts by the staff in a strong team effort to promote public health awareness;

For creating a prevention based attitude throughout the county, bringing public health into the workplace, day cares, schools, and individual homes;

For dedicated staff and volunteers who have faithfully responded to the need for interpretation for non-English speaking clients;

For demonstrating foresight, enthusiasm and leadership in the practice of local public health;

For untiring efforts to support the "Quiet Miracle" of public health;

For these and other significant contributions to public health, the North Carolina Public Health Association proudly presents the 1996 Norton Group Award to the Alamance County Health Department.



Tim Green
Health Director
Alamance Co. Health Dept.

Citation of Merit

For tremendous energy and untiring commitment to protecting the citizens of Wake County against the threat of rabies;

For noteworthy community leadership in stimulating extensive citizen involvement among private, civic and public agencies, organizations and individuals to respond to the threat of rabies;

For dedicated and creative vision in enhancing the provision of public health services through the evolution of Animal Control as a public health program;

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 proudly presents the 1996 Citation of Merit to Nilla (Dicke) Sloop, R.S.



Nilla (Dicke) Sloop, RS
Director, Animal Control Program
Wake Co. Dept. of Human Services



1996 Life Members

Nine dedicated retired members of the Association were awarded Life Membership during the Annual Educational Conference in honor of their twenty five years of membership in the Association and their years of service in public health. We congratulate each of the following retirees:

Ms. Billie Taylor	Mr. Amin Khalil
Ms. Rebecca Sauls	Mr. William Stallings
Mr. Stacy Covil	Ms. Elizabeth Berryhill
Dr. Ralph Young	Ms. Mary Davis
Ms. Marion Highriter	

RABIES THREAT REVEALS A HEALTHY SYSTEM

Barney Kane

Editor's note: The article was first published as commentary in the June 16, 1995 issue of the Greenville Daily Reflector. The article is still timely in view of continued budget cuts of public health programs by legislative bodies.

In coping with a personal event which occurred last week, I appreciated that the structured establishment, including government programs, is needed to resolve many problems that are beyond the individual. My daughter, who lives in Florida, notified me that she had received a very small bite from her cat. The cat had been vaccinated for rabies once, fifteen months ago, when she obtained it from an animal shelter when it was five months old. The cat disappeared the night after biting her and has not yet been found.

“Once the clinical signs of rabies appear in a human, an unrelenting sequence of horrible suffering occurs leading inevitably to death.”

There was a flurry of uncertainties and anxieties. What is the risk that a once-vaccinated cat might have rabies? Is there any incidence of rabies where my daughter lives? Who keeps records? What is the risk of rabies from a minor bite? What is the procedure for human immunization? If the vaccination is needed, where can one get it? Since a component needed for immunization is made from human globulin, what are the risks of trading the security from rabies for risk of infection by HIV or Hepatitis B or C? Who regulates the safety of the vaccine production and distribution? What are the costs and who pays? Who could provide trusted answers and counsel without bias?

There was one certainty: once the clinical signs of rabies appear in a human, an unrelenting sequence of horrible suffering occurs leading inevitably to death.

The answers came rapidly. The local county health department (Putnam County, Florida) knew of two recent, confirmed rabid animals in the vicinity. They knew because the state has an infrastructure for monitoring and reporting. The state maintains laboratories that are skilled in the examination of submitted tissues. Tissues are properly submitted by trained workers at the local level. A substantial database is available from The Centers for Disease Control and Prevention in Atlanta, complete with up-to-the-minute statistical analysis which help interpret the latest findings.

The Food and Drug Administration (FDA) had recently issued a recommendation that all products of human globulin be screened for Hepatitis C by a newly available screening technique. The local health department warned us that not all lot numbers of vaccine had yet been screened. A call to the NC Department of Environment, Health and Natural Resources provided clear, professional counsel from Dr. Lee Hunter and Dr. John Freeman in the Epidemiology Branch. Their judgements were based upon the latest findings regarding the the current rabies epidemic and standards for prophylaxis. They also provided toll-free numbers of two drug companies which produce the immune globulins.

My calls to the drug companies revealed that both had responsibly issued a voluntary recall of all non-screened products. Updates of screened lot numbers had been sent to all state and local health departments. The companies faxed me sixteen pages of the recalled and the certified lot numbers. Both companies offered absolute and assurance that safe, screened, immune globulin would be delivered to Putnam County the next morning if there was any uncertainty that the current materials were not screened.

The techniques for safe and effective immune globulin production were available because of a huge commitment to research at medical centers, universities, and drug companies. A substantial amount of the funding is provided by public tax money through the

federal government's Department of Health and Human Services.

This research infrastructure is not supported for the narrow purpose of protecting my daughter. It is not supported for the slightly broader purpose of rabies control. It is a broad and complex, but well coordinated, system that addresses a multitude of national issues of health care and disease prevention in theory and practice, from molecular biology to alternative medicine.

“A complex system of local, state,
and federal bureaucrats together
with private industry had worked
like a finely tuned machine.”

Five hours after I was contacted by my daughter, with assurance from the Purnam County Health Department that safe vaccine was available, it was administered by a knowledgeable and caring public health nurse. My daughter will not only not contract rabies, she will not even worry about it.

A complex system of local, state, and federal bureaucrats together with private industry had worked like a

finely tuned machine. A massive array of research, institutional structure, and private enterprise had protected an individual's health. The system works routinely countless times every day all over the nation. It is not necessarily as dramatic as rabies prevention. It can be as simple as safe drinking water or as complex as maintaining records necessary to understand the incidence and the causes of morbidity and mortality.

Protection of public health is beyond the capabilities of the individual. It requires federal and state support. The services are delivered by local health departments.

What is it about this system that our current congress and state legislatures wish to change?

They clamor to “Cut Taxes!” and “Eliminate Bureaucracy!” Our natural tendency is to cheer them on with our votes. Certainly no agency should be immune from budget review, but I hope the legislators will not be rapidly and mindlessly short-sighted in pursuit of their current agenda. We could lose far more than we gain in tax relief.

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REPTILES AS PETS MAY BE DANGEROUS

REPTILE ASSOCIATED SALMONELLOSIS

Jean-Marie Maillard, M.D.

In December 1994, an infant born in a North Carolina hospital developed a severe infection from an uncommon *Salmonella* serotype, *S. kintambo*, that does not commonly cause illness in man. A few days later, another infant who had shared a room with this child also developed a severe infection with the same organism. The family of the first infant had purchased a savannah monitor lizard as a pet four months before the birth, and the mother frequently handled it. The lizard was kept in a cage in the kitchen. The mother had had a diarrheal illness four days before the birth of her child. Both infants had never left the hospital between birth and onset of illness. Droppings from the pet lizard also grew *Salmonella kintambo*.

“Salmonellosis is commonly manifested by a sudden onset of nausea, vomiting, diarrhea, abdominal pain and fever.”

This history illustrates several aspects of the danger posed by reptiles when they are kept in households as pets.

The same rare *Salmonella* serotype was identified from the infants and from a reptile kept in the home of the family of one of them (serotyping is done by the State Laboratory of Public Health), and no other apparent source was found. However, the infants themselves had no direct contact with this reptile. This is a common observation in this type of exposure: the reptile was handled by an intermediate person who had been in contact with the patient, and not directly by the patient in whom *Salmonella* infection was recognized. Transmission can also occur through contaminated environment⁽¹⁾. In a recent study⁽²⁾, even though 28 of 32 patients reported exposure to an iguana, 86% of these had not touched the iguana. In fact, it is important to attempt identification of possible routes of indi-

rect transmission, because the reptile source may well be in a different house than that of a case. So one question to ask is: "Was there a person that you (or the patient) saw recently who owns a reptile?", in addition to: "Do you own a reptile?" The role of contaminated surfaces is emphasized by the fact that *Salmonella* can survive in droppings for up to 30 months after environmental contamination⁽³⁾. The skin of lizards, iguanas and other reptiles contaminated from contact with the animal's excreta, so handling them is hazardous unless followed by careful hand washing, and letting them roam freely out of their cage or aquarium may have long term consequences.

Salmonellosis is commonly manifested by a sudden onset of nausea, vomiting, diarrhea, abdominal pain and fever. It may begin as an intestinal illness and develop into septicemia or fecal infection, causing meningitis, infection in a joint, in the gall bladder, the heart, lungs, kidneys, bones or in other sites. Following acute infection, patients who recovered clinically may still shed *Salmonella* in their stools for an extended period of time. Up to one percent of infected adults and five percent of children aged less than five years may excrete the organism for longer than one year⁽⁴⁾. The two cases of this report involved infants. They are at higher risk of developing severe infection than most adults. Other high risk groups are pregnant women, children aged less than five years, immunocompromised persons (such as persons with AIDS, persons on cancer chemotherapy or radiation therapy, or anti-rejection therapy following organ transplant), and the elderly. These groups have the highest reported attack rates for *Salmonella* infection and also develop more severe disease, including septicemia and meningitis^(5,6). Three fourth of meningitis cases due to *Salmonella* affect neonates aged less than four months of age⁽⁵⁾.

The *Salmonella* serotype identified as the causative organism was one that does not often cause human illness and is known to come from reptiles in over 50% of non-human isolates (Fred Angulo, CDC, personal communication, Feb. 1995). In this particular episode, the

same serotype was retrieved from the patients and from the pet lizard of the first family. The majority of reptiles are known to be Salmonella carriers,⁽³⁾ even though stool specimens testing may be negative because fecal shedding may be sporadic.^(1,3) They usually do not, however, show signs of illness,⁽³⁾ except under stress or when injured by feces-contaminated sharp claws of conspecifics.⁽⁷⁾ Salmonella is part of the normal intestinal microflora of these animals, and no attempt should be made to eradicate this carriage since it is unlikely to be successful and may result in antibiotic resistance of the remaining strain.⁽¹⁾

“ There is some similarity between the current risk posed by reptile ownership and the role of pet turtles as a source of salmonellosis in children. ”

Reptiles are popular as pets in the United States: an estimated 7.3 million pet reptiles are owned by approximately 3% of households (G. Mitchell, Pet Industry Joint Advisory Council, personal communication, 1995, cited in 8) and since they do not breed well in captivity, most are captured from the wild and imported. The US Fish and Wildlife Service reports that the number of iguanas imported annually has increased from 27,806 in 1986 to 798,405 in 1993⁽⁸⁾.

There is some similarity between the current risk posed by reptile ownership and the role of pet turtles as a source of salmonellosis in children. In the 1960s and early 70s, pet turtles were recognized as an important source of salmonellosis in the United States, especially in children: an estimated 4% of families owned turtles, and 14% of salmonellosis cases were attributed to exposure to turtles.^(8,9) The Food and Drug Administration (FDA) required in 1972 that turtles for sale be certified as Salmonella-free⁽⁹⁾. It soon became evident however that this was an inefficient measure. In one study, 38% of certified lots were found to be infected with

Salmonella⁽¹⁰⁾. In 1975 the interstate shipment of pet turtles with a carapace length less than 4 inches was banned by the FDA⁽⁹⁾, and several states including North Carolina banned the sale of these turtles⁽¹¹⁾. These measures resulted in the prevention of an estimated 100,000 cases annually⁽⁹⁾. Turtles were essentially children pets. Reptiles, although representing a high risk for young children are popular with all ages. Efforts to control the risk of reptile associated salmonellosis are currently focussed on informing health professionals and potential buyers through collaborative efforts with the pet industry (Marshall Mayers, Pet Industry Joint Advisory Council, personal communication, 1995), rather than on establishing restrictive measures.

Measures aimed at reducing the risk of contracting salmonellosis from direct or indirect exposure to reptiles in homes are driven by a concern to maintain good hygiene. Keeping a reptile in the kitchen increases the chances that contaminated surfaces will subsequently come in contact with household members or food. Letting the animal roam freely in the house also increases this risk. Contaminated surfaces should be disinfected with soap and water followed by a household disinfectant, such as a 1:100 dilution of bleach. To prevent contamination, the kitchen sink should not be used for bathing the reptile, or to clean reptile dishes.

The recommendations made by the Centers for Disease Control and Prevention are reproduced below:

- Persons at increased risk for infection or serious complications of salmonellosis (e.g., pregnant women, children aged less than five years, and immunocompromised persons such as persons with AIDS) should avoid contact with reptiles.
- Reptiles should not be kept in child-care centers and may not be appropriate pets in households in which persons at high risk for infection reside.
- Veterinarians and pet store owners should provide information to potential purchasers and owners of reptiles about the increased risk of acquiring salmonellosis from reptiles.
- Veterinarians and operators of pet stores should advise reptile owners always to wash their hands after handling

reptiles and reptile cages.

- To prevent contamination of food preparation areas, (e.g, kitchens) and other selected sites, reptiles should be kept out of these areas in particular, kitchen sinks should not be used to bathe reptiles or to wash reptile dishes, cages, or aquariums.

Acknowledgments:

A Kopelman, MD, S Engelke, MD, L Jones, Pitt County Memorial Hospital, Greenville; L Latour, PhD, P Perry, Wilson County Health Department; B Jenkins, N Bradley, State Laboratory of Public Health.

References:

1. Shane SM, Gilbert R, Harrington KS. Salmonella colonization in commercial pet turtles (*Pseudemys scripta elegans*). *Epidemiol Infect* 1990;105:307-16.
2. Mermin J, Hoar B, Angulo F. Iguanas are Associated with Salmonella Marina Infection. Presented at the 45th Annual Epidemic Intelligence Service Conference (Abstract p.36), Atlanta, GA, April 22 to 26, 1996.
3. Chiodoni RJ, Sundberg JP. Salmonellosis in reptiles: a review. *Am J Epidemiol* 1981;113:494-9.
4. Benenson AS, ed. Control of Communicable Disease Manual, 16th ed. Washington, D.C.: American Public Health Association, 1995:410-15.
5. Mandell R, Douglas G, Bennett J, eds. Principles and Practice of Infectious Diseases. 4th ed. New York: Churchill Livingstone, 1995:2013-33.
6. Dalton C, Hoffman R, Pape J. Iguana-associated salmonellosis in children. *Pediatr Infect Dis J* 1995;14:319-20.
7. Frye F. Salmonellosis in pet reptiles and their owners. *Reptile: May* 1995:26-42.
8. Centers for Disease Control and Prevention. Reptile-associated salmonellosis. *MMWR* 1995;44:347-50.
9. Cohen ML, Potter M, Pollard R, Feldman RA. Turtle-associated salmonellosis in the United States. Effect of public health action, 1970 to 1976. *JAMA* 1980;243:1247-9.
10. Centers for Disease Control and Prevention. Turtle-associated salmonellosis. *MMWR* 1974;23:209.
11. North Carolina Administrative Code, T15A: 19A .0302.

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PUBLIC SERVICE: THE GOOD, THE BAD, & THE UGLY

Larry J. Gordon

Editor's Note: The article was excerpted from a 1994 commencement address to the graduates of the University of New Mexico School of Public Administration.

Congratulations to you graduates, and your families and friends for their support during the years you have spent in pursuit of public administration knowledge and skills while earning your graduate degrees and enhancing your professional opportunities in public service.

Many of you know that the novel *Ben Hur* was written by Lew Wallace. You may not know this novel was written while Lew Wallace was a United States Territorial Governor for New Mexico from 1878 to 1881. Some allege that Lew Wallace wasn't much of a governor, but was a helluva writer. Relevant to today's events, it was Governor Lew Wallace who wrote:

"Every calculation based on experience elsewhere fails in New Mexico."

And I believe it was Mexican Territorial Governor Manuel Armijo who, about 1846, opined: "Poor little New Mexico, so far from heaven, so close to Texas."

You will continue to learn that the statements or practices of both these Governors still have relevance to the field of public service in New Mexico. If you don't already know it you will also learn that the legislative process in New Mexico is firmly rooted in the traditional pork system which was practiced and perfected by Governor Manuel Armijo almost 150 years ago!

I encourage each of you to choose or continue a career in the public sector. The work is reimbursed inadequately, is varied, can be challenging, and is frequently useful to society. There can be remarkable opportunities to make your marks and do something constructive and noteworthy. Or, depending on your own abilities, positions, and ambitions (or lack thereof), you may find disillusionment may also be experienced in the private sector. You will find that both the public and private sectors present many elements of the good, the bad, and the ugly.

You are now super-saturated with the knowledge of

public administration theory and principles, ready to fill key, responsible, administrative positions in public sector organizations. But your education has only begun, as there are many things you will learn as you engage in public service practice and attain increasing leadership responsibilities.

"..the public sector, like the private sector, has too many that protect the status quo, and don't wish to rock the boat or make any waves."

You will learn of incompetency, greed, administrative and organizational stupidity and inflexibility, as well as turf protection not in the public's best interest. But these ills are also found in the private sector. You will learn that public policy and budgets are seldom the result of any rational public administration model, but are more commonly the results of raw political power, frequently exercised to help insure the continued re-election of some incumbent elected official who knows that he or she will reap electoral rewards from constituents.

You will learn that the public sector, like the private sector, has too many that protect the status quo, and don't wish to rock the boat or make any waves.

You will learn that those with ideas and enthusiasm to work hard and improve services may be ostracized by the status quo elements.

You will learn that many employees in any organization passively ignore the dictates of top management, knowing that they will still be feeding at the public trough when top management is changed by the new broom of a new governor or mayor.

You will learn that many of your fellow employees have better recall of the phone number of their person-

al attorneys than their knowledge and understanding of their public service responsibilities, and that they know more about their perceived "rights" than their professional obligations.

You will learn that many in the public sector want to be considered professionals and reimbursed accordingly, but behave more like hourly employees when it comes to work performance and insuring that the job gets done regardless of the additional time and effort required.

“... many public servants feel
that government owes them
employment regardless of their
abilities or lack thereof.”

You will learn that many individuals are promoted to positions beyond their levels of competence in accordance with the Peter Principle.

You will learn that many public servants feel that government owes them employment regardless of their abilities or lack thereof.

Experience suggests they may be correct in this belief, as they always manage to feed at the public trough in some position because management has not taken appropriate dismissal action, or has found it impossible to remove the incompetent for any number of reasons.

You will learn that in the public sector as in the private sector there is a significant paucity of vision and leadership, as many in the work force are more interested in job security and longevity than the difficult and controversial measures essential to improve public services. As you rise to positions of leadership and offer testimony to legislative and other elected bodies, you will learn that many legislatures use state employees as political targets at which to direct their political differences with any incumbent governor. The same pattern prevails for relationships between department heads, councilors, and mayors at the local level.

You will learn that expensive programs and require-

ments are frequently developed before the perceived problem to be solved is properly assessed, and that many groups appear to have solutions already designed just waiting for the rumor of a problem.

You will learn that a large percentage of public employees seem to believe that working hours begin as they leave their homes, rather than when they arrive at the work place ready to begin.

You will learn that many officials believe that any problem can be solved by throwing money at it.

You will learn that some expensive programs simply worsen the problem which is supposed to be solved.

You will learn that program evaluation is a rarity, and is threatening too many involved in administering programs which should be evaluated and possibly changed or abolished.

You will learn that a program in motion tends to remain in motion in a straight line unless impeded by an equal and opposite force, and that such equal and opposite forces are seldom granted.

You will learn that the fiscal beneficiaries of some services are beginning to outnumber those who pay the taxes to support such activities.

You will learn that the knowledge and skills of many personnel are sadly antiquated, that all personnel need periodic re-treading to keep current, and that government simply cannot afford not to invest in continuing in-service training.

You will learn that many personnel have become "root bound" in their positions and should be "re-potted" to revitalize their potentials.

“it is public opinion that
determines public priorities.”

You will learn that many editors and reporters believe they can sell more papers by constantly criticizing public agencies and officials. They seldom praise anyone in the public sector for all the things which are working well. They frequently make one wonder why he or she chose a public service career, and the media contribute substantially to the public's opinions of pub-

lic employees.

In technical and scientific matters, you will learn there is frequently a gulf of difference between public hysteria and scientific opinion. But in a democracy, it is public opinion that determines public priorities.

You will learn that, in general, public agencies and personnel do a poor job of informing the public, and communicating risk and relative risk.

You will learn that there is little or no relationship between the work to be done and the size of the staff to which it may be assigned, and that the number of personnel and the quality of work to be accomplished are not related.

“effective practice in the public sector has different complexities and requires different knowledge, skills and abilities than practice in the private sector.”

You will learn that the employees are perceived to be public property, and they must be chary in their public actions and pronouncements.

You will learn that effective practice in the public sector has different complexities and requires different knowledge, skills and abilities than practice in the private sector. Anyone who alleges that government can be managed like a business is displaying ignorance.

The foregoing are only examples and are based on education I have received in a long career of public service. Further, these few examples are only the tip of the iceberg. Opportunities for success and recognition abound for every bad or ugly shortcoming such as those I have mentioned.

As you engage in the cause of public service, I wish to note one observation, and three principles for your edification.

The observation is that: Virtually all of the principles and most of the practices of administration are well

known to children by the time they enter junior high school, learned as they participated in games and were programmed to respond to bells and whistles before concepts and ideas. Almost any concept of administration that is reduced to plain English elicit the response, “Oh yeah, I knew that.” Everyone knows these things because they have already been administered.

The three principles I wish to communicate delineate the characteristics of a good administrator. They are:

1. The good administrator is lovable. Staff will customarily do their tasks for money, but they only knock themselves out for love.

2. The good administrator is ruthless. A commonplace observation is that the administrator must be prepared to sell his grandmother into slavery if this will further the mission of the organization. Because people who are both lovable and ruthless are relatively rare, good administrators are not common.

3. The good administrator is independently wealthy. The administrator who is unduly concerned over a mortgage or educating his or her children is usually in no position to hang tough when his supervisor’s stupidity becomes intolerable. In business and industry, the stock option helps. In government, the protection afforded by a personal system may be preferable to no system. In academia, tenure may be preferable to no system.

“...adopt a personal career mission of enhancing the good, and reducing the bad and ugly wherever you apply your professional talents. .”

I encourage you to bury the notion that managers in the public are inferior. We should recognize that being a competent professional manager does not depend on mastering a particular technical system, but is based on

applying the work of management in the areas of planning, organizing, leading and controlling.

I encourage you to seek out the most competent, professional relationships, seek mentors, and be constantly inquisitive. As you earn positions of influence and leadership, devote time and effort to mentoring others. Propose improvements, involve others in the community, and develop other linkages with other public and private sector interests.

“...seek out the most competent, professional relationships, seek mentors, and be constantly inquisitive.”

Ignore gossip, as it is titillating in the short run, demoralizing in the long run, and takes away from positive endeavors. Set goals, dream big, and ask “why not.” Maintain an exemplary standard of ethics. Begin with the end in your sights. And, above all, maintain your sense of humor!

I encourage each of you to adopt a personal career mission of enhancing the good, and reducing the bad and ugly wherever you apply your professional talents. Remember that every problem provides an opportunity

for improvement in the public service. And remember that choices made between the status quo and progress are yours.

The future of public service is bright for those who have the necessary enthusiasm, vision, knowledge, skills, and who demonstrate leadership. Leadership on the road to improved public service is not an easy route. Leadership requires time, leadership requires commitment, and leadership requires energy. There are many potholes in the course of effective, priority services. The journey requires vision and steadfastness of purpose, as it is beset by difficult pressures, tempting comfortable detours, political surprises, and frequently offers no short term gratification or pay-off. There are no rest stops along the way.

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HUMAN EHRLICHIOSIS

NEW TICK-BORNE DISEASE IN NORTH CAROLINA

B.A. Harrison, J.T. McPherson, and N.H. Newton

EDITOR'S NOTE: *Just prior to the publication of this article, the first two seropositive cases of human granulocytic ehrlichiosis (HGE) were found in North Carolina (tests performed at CDC). The treatment of this more serious disease is the same as that for human monocytic ehrlichiosis (HME) ©*

For years North Carolina has been recognized as having one of the highest annual case rates of Rocky Mountain Spotted Fever (RMSF) in the United States. Confirmed North Carolina cases of this disease typically fluctuate between 75 to 200 per year. However, each year there are hundreds of cases that were initially diagnosed and treated as RMSF, that later were proven negative for RMSF in laboratory tests. What caused these cases?

This has been a perplexing medical question for years, particularly since many of the patients presented with clinical symptoms nearly identical to those of RMSF were subsequently cured with antibiotics prescribed for RMSF.

Now we know the cause of some of those unidentified cases. During the past several years cooperative research involving personnel from the North Carolina Department of Environment, Health and Natural Resources (DEHNR) and the Centers for Disease Control and Prevention (CDC) has revealed a significant number of retrospective serological cases of a tick-borne disease called ehrlichiosis in humans in North Carolina. This disease is caused by a bacterium, *Ehrlichia chaffeensis*, that was not named until 1991 and which specifically infects humans. There are at least 10 described species of *Ehrlichia*, of which the majority infect domestic and wild animals. Prior to the discovery of *E. chaffeensis* only one other species, *E. sennetsu*, in Japan and Malaysia, was known to cause clinical illness in humans. Ehrlichia are classified as obligate intracellular bacteria. Ehrlichia chaffeensis is normally found in monocytes and macrophages and causes a disease called human monocytic ehrlichiosis (HME). In 1993, a second Ehrlichia species, currently

unnamed, that causes clinical illness in humans in the United States, was found in the upper midwestern states. This unnamed Ehrlichia species is normally found in granulocytes and neutrophils and causes human granulocytic ehrlichiosis (HGE). Both HME and HGE cause diseases in humans that vary in severity from subclinical to fatal.

To date, approximately 570 clinical cases of human ehrlichiosis have been diagnosed in the United States and reported to CDC. Of these, 400 were HME and 170 were HGE. The mortality rate for HME cases, when treated early, is between 2% to 3%, while that for HGE is slightly higher. CDC has records for seven clinical cases, including one death, from North Carolina. These numbers for the United States and North Carolina are almost certainly a gross underestimate of the actual cases because most states, including North Carolina, do not require physicians to report these diseases. Ehrlichiosis patients usually present with symptoms similar to a summer flu and are often misdiagnosed. Cases are most often seen between April and October. Patients that have had tick contact and have symptoms suggestive of a tick-borne disease are usually treated with antibiotics. However, acute and convalescent sera are rarely submitted for an accurate diagnosis. Fortunately, there is no evidence that HGE occurs in North Carolina, although the vector, *Ixodes scapularis*, the black legged tick (previously called the deer tick), is found in the coastal and eastern piedmont regions. To date, evidence points to HME as the sole human Ehrlichia species in the state. Accordingly, we will focus on human monocytic ehrlichiosis (HME).

Early in 1994, personnel of the North Carolina Public Health Pest Management Section and the State Health Laboratory joined with personnel of the Division of Viral and Rickettsial Diseases, CDC, to begin studies that will enhance knowledge of this disease in North Carolina. The approach was: (1) to determine the prevalence of exposure to this bacterium in North Carolinians based on retrospective serum antibody levels; (2) to develop diagnostic tools

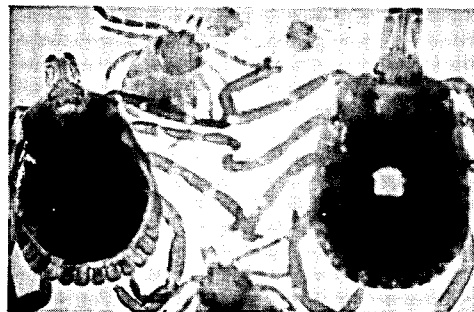
for identifying the bacterium in humans and ticks and for diagnosing this disease; and (3) to determine Ehrlichia infection rates in suspected tick vectors from widely separated areas of the state.

“Ehrlichiosis patients usually present with symptoms similar to a summer flu and are often misdiagnosed.”

Determining the prevalence of antibodies to *E. chaffeensis* in North Carolina residents was based on sera previously submitted in 1992 for patients diagnosed as having Rocky Mountain Spotted Fever. Approximately 12.4% (30/241) of those patients were found positive for RMSF antibody. However, of 209 cases that were found negative for RMSF, 12% (25/209) were found positive for *E. chaffeensis* (HME), and two patients were positive for both HME and RMSF. An additional 22 patients from 1993 were also found positive for *Eff. chaffeensis*, making a total of 57 seropositive patients in North Carolina for 1992-93. These data indicate that North Carolinians are regularly exposed to *E. chaffeensis* at least with a frequency equal that of *Rickettsia rickettsi*, the bacterium that causes Rocky Mountain Spotted Fever. However, since current estimates suggest that 40 percent of all exposures to HME result in subclinical infections, the actual exposure rate to HME probably far exceeds that to RMSF.

Previous tick studies (1992-93) conducted by CDC have already detected *E. chaffeensis* in one common tick species in North Carolina, *Amblyomma americanum*, the lone star tick (see photo). Other workers in Arkansas detected this bacterium in *Dermacentor variabilis*, the American dog tick. Thus, two of the most common ticks in North Carolina are considered the most likely vectors of HME. Coordinated state and CDC studies of the potential tick vectors of HME in the state began in 1994. Four common tick species

were targeted: *A. americanum* (lone star tick); *A. abilis* (American dog tick); *A. scapularis* (black-legged tick); and *Rhipicephalus sanguineus* (brown dog tick). Collection sites included coastal, piedmont and mountain counties, particularly counties where the known HME seropositive cases originated. During 1994-95 over 6,000 ticks were collected and sent to CDC for assay. Presently only a small portion of these ticks have been processed, and only one pool of nymphs of the lone star tick was found positive for HME using species specific polymerase chain reaction (PCR) tests. This isolate represents the first time that nymphs have been found positive for HME. These small pin-head sized nymphs are incorrectly called "deer ticks" by many North Carolinians. Previously, in 1992-93, CDC found five pools of adult lone star ticks from North Carolina positive for HME. Thus, both the small



nymphs and the larger adults of the lone star tick can be infected with and probably transmit this pathogen.

Since human monocytic ehrlichiosis (HME) is currently not a reportable disease, it is of utmost importance that physicians in North Carolina report cases suspected, treated and/or diagnosed to the Division of Epidemiology, Department of Environment, Health and Natural Resources. This is the only way we will learn of the prevalence of this disease and its morbidity and mortality rates in North Carolinians.

Important Information about *Ehrlichia chaffeensis*

1. The diagnosis of human monocytic ehrlichiosis is usually difficult during the acute stage of the infection, even in severe cases. The disease is most common during the period April to October. Most common

symptoms include headache, fever, malaise, myalgia, vomiting and anorexia. Rash occurs in only about 30 to 40 percent of patients. Abnormal laboratory findings frequently reported include leukopenia, thrombocytopenia and elevated serum AST. Ehrlichiosis should be considered in any febrile patient who has been exposed to ticks during the previous three weeks. A high index of suspicion for ehrlichiosis should be maintained with the above laboratory findings and signs and symptoms even in the absence of a recognized tick history since tick attachment may go unrecognized.

2. Antibiotic treatment should be initiated immediately when there is a strong suspicion of a tick-borne disease. Treatment should not be delayed until laboratory confirmation is obtained. Treatment of choice is doxycycline or tetracycline. Amoxicillin, which is an effective treatment for lyme disease, is not effective against ehrlichiosis and RMSF. Chloramphenicol, which has been used to treat RMSF, is not a good treatment for ehrlichiosis.

3. Laboratory documentation of Ehrlichia infection can be accomplished by several methods. Peripheral blood smears can be stained and examined microscopically for Ehrlichia-like aggregate bundles (a.k.a. "morulae") in vacuoles within the cytoplasm of mononuclear cells for HME or granulocytes and neutrophils for HGE. Immunofluorescent serological testing of acute and convalescent sera for Ehrlichia is routinely available through the N.C. State Laboratory of Public Health (NCSLPH) free of charge. Polymerase chain reaction (PCR) testing of heparinized blood of an acute phase specimen is also available in selected cases via the NCSLPH to the CDC. Contact J. T. McPherson at (919)-733-7544 for further laboratory testing details.

4. Ehrlichiosis can be a major problem in immunologically compromised persons. Also, it appears to be more severe in the elderly.

5. The key factor in tick transmission to humans is the length of time the tick is attached. Unlike lyme disease, ehrlichiosis parasites can be transmitted in a relatively short period (less than 10 hours). Thus, attention to rapid tick removal is very important.

6. Ticks should be removed only with forceps and should be grasped as close to the point of attachment as possible and pulled slowly out without twisting. Grasping the tick with your fingers mashes the tick fluids (including parasites) into your body, and you inoculate yourself.

7. Both white-tailed deer and dogs have been shown to be experimentally susceptible to *E. chaffeensis*. In addition, *E. chaffeensis* has been transmitted from deer to deer by the lone star tick. However, the role of these animals as reservoirs for this parasite is still uncertain and requires further study.

8. The chronic effects of ehrlichiosis infections are unknown.

Our understanding of this newly recognized tick-borne disease in North Carolina is just beginning. Its recognition by North Carolina physicians, combined with the submission of case reports to the Division of Epidemiology and acute and convalescent sera to the State Laboratory of Public Health, will greatly enhance our knowledge of this disease and its impact on North Carolinians.

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References:

- Anderson, B.E., J.E. Dawson, D.C. Jones and K.H. Wilson. 1991. Ehrlichia chaffeensis, a new species associated with human ehrlichiosis. J. Clin. Microbiol. 29: 2838-2842.
- Dawson, J.E., J.E. Childs, K.L. Biggie, C. Moore, D. Stallknecht, J. Shaddock, J. Bouseman, E. Hofmeister and J.G. Olson. 1994. White-tailed deer as a potential reservoir of Ehrlichia spp. J. Wildl. Dis. 30: 162-168.
- Dumler, J.S. and J.S. Bakken. 1995. Ehrlichial disease of humans: emerging tick-borne infections. Clin. Inf. Dis. 20: 1102-1110.
- Standaert, S.M., J.E. Dawson, W. Schaffner, J.E. Childs, K.L. Biggie, J. Singleton, Jr., R.R. Gerhardt, M.L. Knight and R.H. Hutcheson. 1995. Ehrlichiosis in a golf-oriented retirement community. N. Engl. J. Med. 333: 420-425.
- Walker, D.H., A.G. Barbour, J.H. Oliver, R.S. Lane, J.S. Dumler, D.T. Dennis, D.H. Persing, A.F. Azad and E. McSweegan. 1996. Emerging bacterial zoonotic and vector-borne diseases. JAMA 275: 463-469.
- Walker, D.H. and J.S. Dumler. 1996. Emergence of the ehrlichioses as human health problems. Emerg. Infect. Dis 2: 18-29.

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