

# NC Public Health Association Newsletter

**Special points of interest:**

- Educational Opportunities
- Legislative Highlights
- Award Recipients
- Health Report Cards
- News from the State
- National Advisory Committee on Rural Health Report

## North Carolina Public Health Association

### President's Message

#### "DRIVERS WANTED"

I'm sure many of you have seen the commercial or read the advertisement by Volkswagen that says: "Drivers Wanted". At September's annual meeting, I issued a challenge for more of NCPHA's members to become "drivers". Living within a household, not to mention a state, which is fond of motor sports, I attempted to compare NCPHA with Formula 1 Racing. Headed to Indianapolis for the United States Grand Prix immediately following the annual meeting, I reflected on many similarities between our organization and this sport. I compared the:



Carolyn Moser  
2001 President

- \*Fans to consumers
- \*Pit crews to public health staff
- \*Cars to public health agencies
- \*Drivers to leadership

Leadership being especially important. Leadership does not mean the President of NCPHA, or the Executive Committee, or the Governing Council. Leadership means all members of NCPHA. We are at a significant crossroad and I don't say this lightly. Members and non-members continue to ask "What's in it for me?" A strong organization with a clear vision, mission, and goals should not have revisited this membership question.

Do we continue practice laps on the same track? Do we use our rearview mirror more than we anticipate the course ahead? Nothing changes if nothing changes.

It will not be a lack of enthusiasm that prevents me, the Executive Committee or the Governing Council from having a great year. The Executive Committee has met and attended two committee retreat to help establish a course for the new millennium.

Thank you for your support in the coming year. NCPHA needs you to be a driver. NCPHA needs you!

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## Lee County Receives Awards and Opens Dental Clinic

Lee County Public Health, through the efforts of the Lee Community Action Network (LeeCAN) was recognized at the 9th Annual Healthy Carolinians Conference held on October 17-18, 2000. The Governor's Task Force on Health Objectives for the Year 2000 acknowledged Lee County as a Certified Healthy Carolinians County for commitment to creating a healthy North Carolina community. LeeCAN was one of five Healthy Carolinians Task Forces awarded their initial certification. Lee CAN is a partnership of community agencies, organizations and individuals whose mission is to increase awareness and effectively address public health issues in Lee County through a collaborative community effort. The prestigious Thad B. Wester Community of Excellence Award was also presented to Lee County for outstanding achievement in promoting important health objectives and increased awareness of disease prevention in a Healthy Carolinians County.

LeeCAN has also been instrumental in a collaborative effort with Chatham County to create the Lee-Chatham Children's Dental Clinic in Sanford. The goal of the clinic is to provide quality dental treatment for the children of Lee and Chatham Counties who lack access to dental care and are Medicaid and Health Choice eligible. Services will be provided for children up to age 20. The clinic is being funded through a startup grant from the Kate B. Reynolds Foundation and will be staffed by two dental assistants, an office manager and Jason Clark, DDS. Dr. Clark is a 1999 graduate of the University of North Carolina Dental School and was previously employed in private practice. The clinic planned to see the first patient in December, 2000.

*North Carolina Public Health  
Association*

Non-Profit Org.  
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Email: [deborah.rowe@ncpha.com](mailto:deborah.rowe@ncpha.com)

**Public Health: Everywhere, Everyday,  
Everybody**

Articles for July Issue Due on June 1, 2001  
Send by Email or Disk to:  
Debra Harris  
Wilson Co Health Department, 1801 Glendale Dr, Wilson, NC 27893  
[dharris@wilson-co.com](mailto:dharris@wilson-co.com).

## **Summer Academy: Protecting Public Health through Advocacy**

Learn how to:

- Use the media to educate the public about public health advocacy
  - Overcome barriers to advocating for public health
  - Find the resources for advocacy
  - Effectively work with local and state policymakers
  - Build a grassroots base of support to inform public health policy development
  - Education the public about public health
- Date/Time: Friday, June 8, 2001 8:30—4:00  
Place: Friday Center, Chapel Hill
- Sponsored by: The Association of North Carolina Board of Health and  
N.C. Association of Local Health Directors

For more information & to pre-register, contact Julie Sweedler (919) 416-9092 or [julie.sweedler@verizon.net](mailto:julie.sweedler@verizon.net)

# NCPHA Award Nomination

## DESCRIPTION OF NCPHA AWARDS

**REYNOLDS AWARD:** The Reynolds Award is bestowed upon the individual member of NCPHA who has made the greatest contribution to public health in North Carolina during the past year.

**NORTON GROUP AWARD:** The Norton Group Award is given to a group for outstanding cooperation and service to public health in North Carolina during the past year.

**RANKIN AWARD:** The Watson S. Rankin Award is given to an individual in recognition of the outstanding contributions to public health in North Carolina over a period of several years.

**DISTINGUISHED SERVICE AWARD:** This award was established in 1953 to recognize individuals in other organizations or professions who have made significant contributions to public health in North Carolina.

**CITATION OF MERIT:** The Citation of Merit is conferred upon individual members of NCPHA who, by long years of noteworthy service or by lustrous enterprise within the recent past, have singularly advanced public health in the Tar Heel State.

**PARTNERS IN PUBLIC HEALTH DISTINGUISHED GROUP AWARD:** This award was established in 1998 to recognize other organizations and professions who have made significant contributions to public health in North Carolina.

Nominations shall be by providing the information at the bottom of this page and addressing the nomination to the Chairperson of the Awards Committee and postmarked no later than **June 1st** of the calendar year for which the award is proposed. A person or group nominated in previous years and not selected, may be re-nominated by submitting current information on the appropriate forms. Supporting materials may be submitted. Remember that the Awards Committee will probably already know much about your nominee. Nominations need not be lengthy, but must be descriptive in outlining the reasons that the nominee is worthy of the award. We know that there are many deserving individual out there, but the Committee must choose the recipients based on the nominations received.

**THE DEADLINE FOR ALL AWARDS SHALL BE JUNE 1, 2001.**

Please return to: Belinda Allison, Chairperson, Awards Committee  
 North Carolina Public Health Association  
 4208 Six Forks Road, suite 2-338B  
 Raleigh, NC 27609

<b>Name of Award</b>	<b>Calendar Year</b>
<b>Name of Nominee</b>	<b>Title</b>
<b>Place of Employment</b>	
<b>Business Address</b>	<b>Telephone</b>
<b>Home Address (if known)</b>	<b>Telephone</b>
<b>Nominated by</b>	
<b>Reason nominee deserves this award</b>	

Please attach a resume of not over three pages, including this one. This should include public health experience (with dates, if possible), education, outstanding public health achievements, organizational affiliations, offices held, important boards and appointments and previous awards.

I am applying for a scholarship in the following category: (check one)

- Robert S. Parker Leadership Scholarship\* (\$1500.00)
- Graduate/Undergraduate Scholarship (\$850.00)
- Associate/Technical Degree; Certificate Scholarship (up to \$300.00 Amount Requesting \_\_\_\_\_)

Please explain why you are requesting financial assistance.

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Describe how the scholarship funds will be utilized:

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What additional financial aid will be utilized?

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What other NCPHA (including Section) scholarships have been applied for within the two years:

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It is my intent to work in a North Carolina public health agency following the completion of the education for which I am requesting this scholarship  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

→ Along with this application, submit at least two (2) letters of recommendation from persons who have knowledge of your public health work and either a copy of an acceptance letter with enrollment date or an unofficial copy of the applicants' transcripts from the applicant's college/university.

\*For the *Robert S. Parker Leadership Scholarship* also attach a complete work history, outlining job responsibilities and a typed, one page explanation on how you expect to apply the graduate training toward a leadership role in public health.

**APPLICATION DEADLINE: JUNE 15**

Mail application to : North Carolina Public Health Association  
4208 Six Forks Road, Suite 2-338B  
Raleigh, NC 27609  
Attention: Deborah J. Warren, Scholarship Committee Chair

# NCPHA Scholarship Application

Please type or word process an exact copy.

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Professional Discipline: \_\_\_\_\_

Current job title and responsibilities: \_\_\_\_\_

Highest Degree earned \_\_\_\_\_ Licensure/Certification: \_\_\_\_\_

Type of training planned (degree/field of study) \_\_\_\_\_

Expected goals in the field of public health.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am attending \_\_\_\_\_ Plan to attend \_\_\_\_\_  
(Name of Institution)

in \_\_\_\_\_ as a Part Time \_\_\_\_\_ Full Time \_\_\_\_\_ Student  
(Degree/Field of study)

Date(s) of enrollment: \_\_\_\_\_ Expected date of graduation/completion: \_\_\_\_\_

(continued on next page)

# NCPHA Awards Committee is Seeking Nominees

Belinda Allison, Chair

It's the time of year to begin thinking about those individuals and groups who have made significant contributions to public health and to recognize them through an NCPHA Award. The only way to make sure these noteworthy individuals/groups are recognized is to nominate them. It will only take a few moments of your time and your reward will be the joy in seeing them recognized and knowing that you are the one who nominated them.

Everyday, each of us interacts with those "special" people who make a positive difference in the lives of the citizens they serve due to their dedication to public health and their love for their job. They go the "extra mile", not for recognition or accolades for themselves, but because they truly love what they do. These dedicated and unselfish individuals often make a difference in the lives of others, but often times they never even know it. As co-workers and constituents, we see it and we know it, but we fail to let them know it. We need to let these individuals know how much they are needed and appreciated. One way of letting them know that their efforts are appreciated is by acknowledging them through an award – so nominate someone!

Outstanding "group" awards are given as well as individual awards. We all know of an agency, organization, etc., in North Carolina that has made outstanding contributions to public health – nominate one!

This year's Awards Committee members are: *Belinda Allison, Chair, George Bond, Stacy Covil, Ann Wolfe, Jim Jones, Judy Simmons, and Karen Foster.* This Awards Committee would welcome the challenge of having to choose this year's awards recipients from numerous nominees for each of the six (6) awards. So, present us with a challenge, make us work hard by giving us the difficult task of having to choose recipients from the MANY nominees that you send for consideration.

Please submit your nomination(s) on the form provided on page 19. Completed nomination forms should be addressed to: *Belinda Allison, NCPHA AWARDS COMMITTEE CHAIR, c/o NCPHA, 4208 Six Forks Road, Suite 2-338B, Raleigh, NC 28709.* The deadline for submitting Awards Nominations is June 1, 2001. Also, please submit NCPHA Service Award forms by no later than August 1, 2001 to the address below.

**SERVICE AWARDS:** Service pins and certificates are awarded for completion of twenty-five (25), thirty (30), thirty-five (35), and forty (40) years of full time work in public health in North Carolina by **DECEMBER 31 OF THE PRECEEDING YEAR.** Years taken from health service for educational or military leave are counted if the service is otherwise continuous. Does not require membership in NCPHA

### CANVAS FOR SERVICE AWARD ELIGIBLES

**TO BE ELIGIBLE FOR SERVICE AWARD CERTIFICATES/PINS, YOU MUST HAVE BEEN EMPLOYED IN PUBLIC HEALTH FOR THE FOLLOWING NUMBER OF YEARS AS OF DECEMBER 31, 2000:**

NAME	CLASSIFICATION	PLACE OF EMPLOYMENT
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Twenty-Five Years

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Thirty Years

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Thirty-Five Years

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Forty Years

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Return form by August 1, 2001 to:

Belinda Allison, Chair, Awards Committee  
 NC Public Health Association  
 C/o Jackson County Health Department  
 538 Scotts Creek Rd, Suite 100  
 Sylva, NC 28779

**Major Award Nomination Form Found on Page 19**

## Scholarships to be Awarded in September

The NCPHA Scholarship Committee is pleased to announce that scholarships will be available for members of the Association that fit the following criteria:

- A. Scholarships shall be awarded at the Annual Meeting in September towards that academic year to current or prospective workers in public health in North Carolina.
- B. Awards for public health training shall not be limited to study in a school of public health, but shall be for a regular academic program in an accredited educational institution which will advance the individual's competence in public health work.
- C. The applicant(s) must confirm in writing that it is his/her intent to work in a public health agency in North Carolina for at least two (2) years following completion of training. The applicant(s) need not be a resident of North Carolina at the time of application. Applications must be submitted to the Scholarship Committee by June 15th.
- D. The recipient(s) must be current paid members of NCPHA.
- E. The recipient(s) must be unconditionally accepted at an accredited educational institution. Confirmation will include either a copy of an acceptance letter with enrollment date or an unofficial copy of the applicants' transcripts.
- F. The following factors should be taken into account in selecting scholarship recipients(s):
  1. Potential contribution of service to the people of North Carolina.
  2. Reasons for seeking additional training and relationship of program of study to career expectations
  3. Financial need.

The following scholarship scholarships will be available. **It is imperative that all criteria be completed and submitted with application. Any omissions will void application.**

1. *The Robert S. Parker Leadership Scholarship:* \$1500.00. Given to an individual who has worked in the field of public health for at least five (5) years and is pursuing graduate-level training that would qualify him/her for a leadership position in public health. Criteria: Sections A-F  
**In addition, the individual must have been a paid member of NCPHA for at least two consecutive years. Applicants for *The Robert S. Parker Leadership Scholarship* must submit the following:**
  - ❖ Completed Scholarship Application form
  - ❖ An attachment listing their complete work history and outlining job responsibilities
  - ❖ A typed, one-page explanation on how the applicant(s) expect(s) to apply the graduate training towards a leadership role in public health.
2. *The Undergraduate/Graduate Education Scholarships:* two (2) \$850.00 scholarships will be available for individuals pursuing an undergraduate or graduate degree with application towards public health practice.  
Criteria: Section A-F
3. *The Associate/Technical Degree or Certificate Scholarship:* up to \$300.00 is available to individual(s) pursuing an Associates/Technical degree or certification with application towards public health practice.  
Criteria: Section A-F

If any scholarship recipient fails to comply with the terms of the Scholarship Award, and this failure is brought to the attention of the Scholarship Committee Chairperson, he/she shall advise the recipient by registered mail that the scholarship money must be returned to NCPHA.

The application is provided elsewhere in this Newsletter. Please be sure that application is complete with all criteria included and mailed by June 15 to: **NC Public Health Association Scholarship Chair**  
4208 Six Forks Road, Suite 2-338B  
Raleigh, NC 27609

**Application can be found on page 17**

## PUTTING THE 'PRIDE' BACK IN PUBLIC HEALTH

Karen Foster, Chair, PIPH Committee

In my visits to health departments across the state over the past few years, I have noticed that fewer and fewer health care professionals are members of the North Carolina Public Health Association.

Where did our pride go?

Where has our need to network with other public health professionals gone?

Do we market our health department?

Do we market our profession?

Are we proud to be the strong voice for our community?

It is time for all health departments to enhance the image as a public health provider.

It is time for each public health professional to market their profession.

It is time for us to recognize our fellow public health professionals.

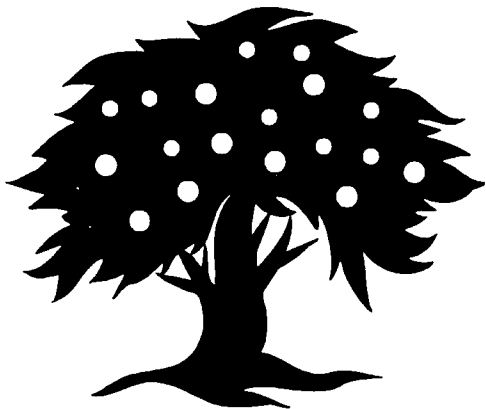
It is time to stand up and be recognized by the community for our services

We are proud of all the work you provide to the citizens of NC. Stand up and be counted, and be recognized as a member of one of the leading public health associations. Put the 'PRIDE' back in public health ... let the community see you as a public health professional and wear that image with pride.

The Pride in Public Health Committee needs your help to market the image of public health as we can not do this alone. If each public health professional would dedicate at least 1 hour a week (that's only 12 minutes each work day!) marketing the image of public health across the state, every citizen would be aware of the great work that is provided daily by our public health professionals.

Be a partner in putting the 'PRIDE' IN PUBLIC HEALTH.

### Pride in Public Health says:



Memory



Honor

### “Tie One On” at the Annual Meeting

Do you know that special person that exemplifies the Public Health spirit?

Why not show you care by purchasing a Public Health recognition medallion!

For a \$1 donation you can purchase a medallion in Honor or Memory of that special someone.

The medallion will have a place for their name and a personal message.

The medallions will be tied onto the Pride in Public Health Recognition Tree for all to see.

Your acknowledgement will also be noted in the Pride in Public Health Recognition Registry.

*Thank You* for supporting NCPHA!

For more information contact:

Wanda Tart [wtart@infi.net](mailto:wtart@infi.net) or Donna King [dking@co.orange.nc.us](mailto:dking@co.orange.nc.us)



## Membership Application

Name \_\_\_\_\_ New Member    Renewal

Home Address \_\_\_\_\_

Employer & Address \_\_\_\_\_

Change of Address    Home    Office    Phone # \_\_\_\_\_    Fax # \_\_\_\_\_

Do you wish to receive correspondence at your home    office    Number of years of membership in NCPHA \_\_\_\_\_

Would you like to become actively involved in a committee    run for office    Preference \_\_\_\_\_

Please include me in your legislative email alerts: Email Address \_\_\_\_\_

**Section Membership is optional. You must be a member of the Association, however, to join a Section. Please indicate each section with which you wish to become affiliated. Include these dues with NCPHA dues**

Public Health Leadership \$3.00	Health Education \$5.00	Women/Children's Health \$5.00
HIV/STD Control \$6.00	Nursing \$4.00	Dental Health \$5.00
Comty Hlth Assistant/Tech. \$3.00	Social Work \$3.00	Management Support \$5.00
Environmental Health \$10.00	Physician Extenders \$5.00	Health Education \$5.00
Statistics/Epidemiology \$2.00	Laboratory \$4.00	Home Health \$No Fee
Children w/Special Needs \$5.00	Nutrition \$5.00	Health Promotion \$5.00
International Health \$5.00		

### ANNUAL DUES SCHEDULE

If your annual salary is < \$20,000, Your dues will be \$25.00	_____
If your annual salary is \$20,001 - \$35,000, Your dues will be \$35.00	_____
If your annual salary is > \$35,000, Your dues will be \$45.00	_____
If you are joining for the first time, deduct \$10.00	_____
If you are renewing prior to your anniversary date, deduct \$5.00*	_____
If you are retired or a full-time student, deduct 50%	_____
Subtotal	_____
If you wish to join a section, add Section Dues	_____
<b>TOTAL DUES</b>	<b>_____</b>

**Please make check payable to NCPHA and mail to:  
4208 Six Forks Road, Suite 2-338B, Raleigh, NC 27609**

If you are a new member and were recruited by a member of NCPHA, you both are eligible for a cash drawing at the Annual Educational Conference. Please indicate the name of the individual who told you about NCPHA:

\_\_\_\_\_

\*Membership dues are on individual anniversary basis (shown on mailing label)

## Social Work Section

Kelly Spangler, Chair

The Executive Committee of the section has been busy planning for the fall education conference and are hoping that you will join us this year. This year's committee is:

Chairman	Kelly Spangler
Vice Chairman	Barbara Stelly
Secretary	Mary Jane Sauls
Treasurer	James Rogers
Legislative	Beverly Hester
Past Chair	Lois Hinton
Membership	Sylvia Wagoner
Historian	Karen Carraway

The 2000 Social Work Section Award winners were: OUTSTANDING ACHIEVEMENT IN PUBLIC HEALTH SOCIAL WORK  
Kelly Spangler

OUTSTANDING CONTRIBUTION TO PUBLIC HEALTH SOCIAL WORK  
Julie Adams

If you would like to become involved in Public Health Social Work Section and would be willing to help us in the fall conference please call Kelly Spangler at 828-890-1147. Please support your organization and your profession.

### Need a Spanish-language brochure? Look here first!

The Hispanic/Latino population in North Carolina is growing, reaching an estimated 300,000 to 400,000 people this year, up as much as 400 percent since 1990.

Many of our newest Latino residents are still struggling to learn English. That means that many state and local health and human service providers are also struggling as they try to provide important information in Spanish for their Latino clients.

Translating and interpreting English information for Spanish-speaking clients is new territory for most health and human service providers in the state, and many hardly know where to start. The DHHS Office of Refugee Health, Division of Public Health took the lead three years ago in writing a manual, Developing, Translating and Reviewing Spanish Materials. That booklet, produced in cooperation with the N.C. Bilingual Resource Group, has now been updated and made available on the web ([www.dhhs.state.nc.us/dph/formsmanuals.htm](http://www.dhhs.state.nc.us/dph/formsmanuals.htm)).

The manual covers standards, guidelines, steps to follow, checklists and other resources to help public service agencies produce accurate, appropriate Spanish-language materials with as few headaches as possible. It's the perfect place to start when you need to reach Spanish-speaking North Carolinians through the written word.

For guidance in locating trained Spanish-language translators (written communications) or interpreters (oral communications), contact the DHHS Hispanic Ombudsman, Rogelio Valencia, in the Office of Citizen Services. Call the CARE-LINE Information and Referral Service at 1-800-662-4030 (in the Triangle, 733-4261). For TTY, call 1-877-452-2514 (in the Triangle, 733-4851).

## Call for Resolutions

The Resolutions Committee is requesting that all proposed resolutions be mailed to the NCPHA office by May 31, 2001. Those resolutions recommended by the committee will be published in the July newsletter for NCPHA membership to consider for adoption at the annual meeting. Individuals, groups of individuals, or professional disciplines who constitute the membership of NCPHA, can submit proposed resolutions.

Please send proposed resolutions to: Randall Turpin, NCPHA Resolutions Chair, c/o NCPHA, 4208 Six Forks Road, Suite 2-338 B, Raleigh, NC 27609. Thank you for submitting your proposed resolutions by the requested deadline

## Nursing Section

At our annual meeting and awards luncheon during the NCPHA Conference in Wilmington this past year, the following awards were given: Betty Creech (New Hanover Co. Health Dept.) received the Margaret B. Dolan Award. This annual award is given in honor of Margaret B. Dolan, who through her contributions in direct services and many varied leadership positions, made a significant impact in improving the health of the people of North Carolina. This prestigious award recognizes nurses who have made significant contributions in the field of Public Health. Receiving the Direct Service Award was Jennifer Judson (Appalachian Dist. Health Dept.). This annual award is given to a nurse who spends at least half of his/her time in direct service, recognizes nurses with exemplary work performance and whom his/her community recognizes as a health advocate. Congratulations to these deserving honorees!

<u>Your 2001 Officers:</u>	<u>phone</u>
Chair – Helen Farrell	704-251-6792
Chair Elect – Janet McCumbee	919-343-6500
Past Chair – Stacy Eason	919-989-5200
Vice Chair of Education – Susan Maher	919-636-4920
Vice Chair of Communication – Judi Northcott	252-534-5841
Secretary – Pat McCall	704-692-4223
Treasurer – Linda Weldon	704-692-4223
Nominating Committee Rep. – Nancy Gatewood	704-255-5658

The NCPHA Nursing Section Executive Committee meeting was held on February 16, 2001. Topics of discussion were promoting Nursing Section membership, and recognizing our nurse members. We can all help recruit new members. So, in honor of Public Health Month and Nurses Week, renew your own membership and recruit another. Maybe there is a nurse new to Public Health in your agency or colleague who has been in Public Health for a while but needs a little reminder to get involved. We presently have 155 members. In 1996, there were 228 and around 240 in '95. (Where have y'all gone?) We also discussed activities, which include recognizing our members during Nurses Week, and sponsoring a workshop on the PHTIN for nurses. Plans for both are under way and you will be hearing more soon.

We will begin planning for our Annual Meeting and Awards Luncheon at our next Executive Committee Meeting. If you have suggestions for session workshop topics or speakers, or if you would like to help with arrangements, contact Susan Maher or any of your officers. Please think about recognizing a special nurse in your agency with the Margaret B. Dolan or Direct Service Award. Make plans now to attend the Annual Conference this year!

## Updates from the Office of Public Health Nursing & Professional Development

Joy Reed

Local Health Departments are now eligible to provide and be reimbursed by Medicaid for a new service: application of dental varnish by clinical (rather than dental) providers. In order to be reimbursed, staff need to participate in an approved training. There are "by land" training sessions in several locations around the state, but one has also been planned via PHTIN for April 24 from 9:30 – 12:00. Both RNs and LPNs can provide this service under standing orders once they are trained. Eleven counties in the western part of our state have been providing this service for over a year as a part of a Smart Smiles initiative; the current initiative is intended to make this service available statewide. (See article on page 8)

Our office has been getting fairly frequent calls and our Administrative Consultants have been getting numerous questions about how to bill Medicare for services rendered (clinical services other than home health services.) We are in the process of setting up a PHTIN training on this topic for May.

100% of the Nurse Consultant positions in the Office have "turned over" within the last 14 months. However, I am pleased to announce that all 4 positions are now filled. These consultants are: Eunice Inman, Pamela Serrell, Eileen Kugler, and Gay Welsh (who will start April 9.) They are and will be working to assist local health departments with coding and looking at how to maximize your resources (i.e. best utilization of Nurse Practitioners, enhanced role RNs, etc.) and helping us to collect data for negotiating with DMA for increased rates for some services, especially in Maternity.

Negotiations are also underway with DMA to allow local health departments who employ LCSWs and/or Clinical Nurse Specialists in Psychiatric Mental Health Nursing to be reimbursed for the new behavioral health benefits which are being reimbursed to School-Based Health Centers. We'll keep you posted.....Also under development is a new orientation program for staff employed to work in the jail health program. Based on the calls in our office, this is a rapidly growing area of responsibility for local health departments.

Finally, be proud of what you do! Guilford County has a new "slogan" to be used by all staff in responding to questions about what they do for a living (thanks to Harold Gable, Health Director for allowing me to share this). It is "*I do something that touches your life every day. I work in public health!*" Put it on your desk to remind yourself every day that what you do makes a difference!

## Health Education Section

Donna Budde, Chair

Greetings and Best of Health to the Health Education Section!

The Executive Committee has been busy making plans for our section for this year. We are looking for new members. In particular, we are looking for someone to work with Emily Tyler to take over the Bylaws Committee. We are also looking for someone to chair the Legislative Committee. Cheryl Calogerakis has agreed to complete Tracey Butler's term as member-at-large. In addition, we are searching for new members of our general membership. In an effort to help recruit new members we are offering an incentive program for membership recruitment. First, any new member who joins NCPHA's Health Education Section by July 1<sup>st</sup> will be entered in a drawing to receive a free registration to NCPHA's annual meeting in September. Second, the current member who recruits the most members will receive a free registration for the following year's annual meeting. We appreciate any assistance you can offer in raising awareness about our section and getting fellow health educators involved in our organization.

We are also making plans for the annual meeting. If anyone has any ideas or suggestions, please contact Liza Petruzzelli at 727-2436 extension 3915. All members who attend this year's business meeting will be eligible for door prizes.

Finally, I would like to encourage all members to consider nominating a fellow health educator for one of the Health Education Section Awards.

I look forward to seeing many of you at the annual meeting in September.

Thank you for all you do for health education in North Carolina.

## Nutrition Section

Cassandra Harris, Chair

The Nutrition Section has been working hard this quarter on organizing and increasing membership. March was National Nutrition Month. This year's theme, "Food and Fitness: Build a Healthy Lifestyle" highlights the new Dietary Guidelines for Americans: Aim, Build, Choose. See your local public health nutritionist or [www.eatright.org](http://www.eatright.org) for more information. Also in March, was the Governor's Conference on Folic Acid. This event unveiled the state's public awareness and education campaign "Folic Acid - Get it Now. North Carolina has one of the highest rates in the country of preventable, neural tube defects, such as spina bifida. Taking a multivitamin with 400 mcg folic acid daily during the childbearing years can prevent up to 70% of neural tube defects. Unfortunately 4 in 10 women haven't even heard of folic acid and 8 in 10 do not know that folic acid prevents birth defects. The campaign's advertising concept and design was developed by Crittenden Advertising in Raleigh. For more information about folic acid, preventing neural tube defects or the campaign call 1-866-GETFOLIC or [www.getfolic.com](http://www.getfolic.com).

## Management Support Section

Monjetta Blanchard, Chair

The NCPHA Management Support Executive Committee held a meeting on March 1, 2001 in Greensboro. At this meeting, the Committee began making plans for this year's annual meeting in September.

We discussed having two guest speakers from Guilford County. We will have one meeting on Wednesday from 2:00 p.m. - 5:00 p.m. The next meeting will be a Thursday Luncheon from 12:00 until 2:30 and a Business Meeting from 2:30-5:00 p.m.

This is going to be an exciting and eventful Annual Education Conference, so plan on coming and be a part of this event.

If you have not already renewed your membership in NCPHA, please Do So Now! Please try to recruit new members for 2000. We also need new members for our section. Recruit a new member today!

I look forward to seeing you in Winston-Salem.

## Laboratory Section

Cherry Horne, Chair

A public health laboratory is an exciting place to be these days. On the local level we often feel mired down in the mundane world of testing and adapting to changes like CPT coding, but there is a fresh wind blowing big things our way. *Example #1:* Complete mapping of the human genome is leading to an explosion in research in disease prevention and remediation. Future testing will probably include screening for genes that can predict cancer development. Currently public health in North Carolina is on the leading edge of testing in newborn screening with tandem mass spectrometry for genetic disorders that have previously been undetectable. *Example #2:* DNA gene sequencing for bacteria is also important. North Carolina participates in the CDC PulseNet system, which functions like this: Pathogenic bacteria isolated from foodborne illness are tested to produce a digital genetic "map." This map is electronically transferred to the CDC, where their computers compare our gene map to ones already in the CDC database. In this way, related outbreaks of foodborne (or waterborne) illness even in different states or countries can be identified in a matter of hours. *Example #3:* Electronic transfer of images plays a big part in public health these days. The NC State Lab is in the process of acquiring, through a CDC grant, a digital image microscope or DPDx system that will allow microscopic images of parasites or other cells to be transferred electronically to the CDC for confirmation of the identification, again in a matter of hours or minutes!

YOU WON'T WANT TO MISS the NCPHA Annual Meeting in September where the Laboratory Section meeting program will be on the PulseNet system, and the workshop we are planning is on Bovine Spongiform Encephalopathy (Mad Cow) and its human form, New Variant Creutzfeldt-Jakob disease.

## HIV/STD Control Section

The HIV/STD Section planning committee met on February 16 2001, to discuss our agenda for this year's conference. The committee has decided to have a panel of professionals to present issues that we face with HIV/AIDS and STDs within our prison system. The panel will consist of a Doctor to discuss clinical issues, a Community Health Educator for HIV/STD Outreach, a HIV Case manager that helps with inmates' transition and a Nurse to discuss jail screenings, TB issues and other communicable diseases.

The North Carolina Annual HIV Faith Conference was held March 1-2, 2001 in Greenville, NC at the Hilton Inn. The purpose of this conference was to increase awareness and knowledge of HIV/AIDS, particularly as it continues to impact, affect and impede the lives of North Carolina citizens, especially in the minority communities.

In the African-American, Hispanic/Latino, and other minority communities, the church is one of the most trusted, respected, and stable institutions; it is often instrumental in engaging individuals and bringing about fundamental behavioral changes in their lives. This gathering provided an opportunity and a forum for the discussion and examination of the role of the church in promoting behaviors that reduce the spread of HIV/AIDS. Both clergy and lay persons from various churches were exposed first hand to moving testimonials from persons living with and/or affected by the disease. A common thread woven throughout the varied tales was the role that the church could have, or did, play in helping an individual or family come to grips with the reality of HIV/AIDS.

Approximately 200 clergy, pastors, and lay people from within the faith community who have an interest in helping those impacted by HIV/AIDS were in attendance. The keynote speaker was Rev. Edward Clifton Sanders, II of Metropolitan Interdenominational Church in Nashville, TN. Several model programs were highlighted that demonstrated successful partnerships between faith communities and community based organizations. Some of the community based organizations highlighted were SOZO Ministries of Rocky Mount, Rocky Mount Opportunities Industrialization Center also in Rocky Mount, Mt. Sinai Faith, Hope and Love Ministries from Thomasville and the Cape Fear Regional Bureau for Community Action from Fayetteville.

## Community Health Assistants/Technicians Section

Kathy Oxendine, Chair

The CHAT Section met on January 26, 2001, at Robeson County Health Department and discussed the annual business meeting for Camp Caraway to be held July 20, 2001. The speaker will be Mr. Don Taylor, who will be speaking on Domestic Violence. Letters will be going out in April 2001 for our annual meeting at Camp Caraway. If you need further assistance concerning this workshop, please call Kathy Oxendine at (910) 671-3200 or Sandra Sanderson at (910) 671-3200. Letters were sent out in February to Health Departments for membership. All Community Health Assistants/Technicians from every health department across the state were encouraged to join North Carolina Public Health Association. If you are interested in joining, contact Sandra Sanderson our membership chair, at (910) 671-3200 which is the Robeson County Health Department.

Any member of the CHAT Section interested in serving on the Executive Committee was asked to contact Kathy Oxendine, Section Chair, at Robeson County Health Department, 460 Country Club Road, Lumberton, NC 28360. The next meeting will be held at the Greensboro Health Department on May 25, 2001.

## North Carolina Leading the Way in Early Childhood Dental Health

Through a grant of nearly \$1 million from the Appalachian Regional Commission, Smart Start in conjunction with the North Carolina Dental Health Section, Ruth and Billy Graham Children's Health Center, and the UNC-CH Schools of Public Health and Dentistry has launched a pilot project in western North Carolina that is on the cutting edge for the entire nation in the field of early childhood dental health. Once fully implemented, the project, known as Smart Smiles, will provide protection from tooth decay in the very first year of a child's life.

The idea for the project was initiated by a group of local Smart Start partnerships who were concerned about the lack of dental care for young children in their region and the prevalence of problems like baby bottle tooth decay. This is a problem that impacts not only North Carolina but the entire nation. Among children ages five and younger, it is considered one of the major health problems in the United States today with an estimated annual dental bill of more than \$2 billion to restore children's decayed teeth. It is the most expensive uncontrolled disease of early childhood.

In North Carolina, about 31,000 or 40% of children in kindergarten suffer from the disease. The problem is intensified by the lack of access to dental care for young children. The lack of community-based programs that help prevent tooth decay in young children and the increasing difficulty in access to dental care has resulted in a crisis in our state and elsewhere.

Smart Start, Ruth and Billy Graham Children's Health Center, the UNC Schools of Public Health and Dentistry, and the State Dental Health Section, have devised the Smart Smiles program to respond to this problem. Through funding from the Appalachian Regional Commission, it has now been implemented in eleven counties in Western North Carolina. The program targets nine month old infants who have the greatest potential to develop severe decay. The program is designed to promote good dental health through consumer education and the prevention of decay by applying fluoride varnish.

Under the pilot project, a fluoride varnish is applied to the newly erupted teeth of a high risk, nine month-old child residing in the eleven county program area. A caramel colored droplet of the varnish is painted on the child's teeth, drying almost immediately. It remains on the teeth until brushed or wiped away by the parent, usually after the recommended 24 hours. Under program guidelines, the nine month-old child will receive an application of the fluoride varnish every six months until reaching the age of three.

Fluoride varnish has been widely used as a preventive treatment in Europe, Scandinavia, and Canada for over 25 years. Over forty clinical trials have documented the effectiveness of fluoride varnish. It is particularly useful for treating very young children, the handicapped, and otherwise difficult patients. There is very little chance of ingestion and the concentration of fluoride is absorbed over a longer period of time.

One particularly innovative component of Smart Smiles was developed during the planning phase. At that time, it became apparent that these very young children were not accessing dental offices for care but were regularly being seen in pediatric offices, family practice, and public health clinics. As a result, Public Health Departments, pediatricians and family practitioners, as well as dentists, are now participating in the program. Participating physicians and nurses have been amazed at how easily they are becoming acclimated to the application process and are pleased to be a part of such an exciting and much-needed program.

The eleven counties in the Appalachian region which are participating in the pilot project are Avery, Mitchell, Yancey, Burke, Rutherford, Polk, McDowell, Henderson, Graham, Cherokee, and Macon Counties. Once the program has been fully implemented and evaluated for its effectiveness, it will be expanded statewide. In the meantime, the state and the nation are watching closely at this new and innovative program for young children.

Submitted by NCPHA's Dental Health Section

**It's Never too Early to Begin Planning to Attend**

**NCPHA's Annual Educational Conference**

**September 12-14, 2001**

**Adam's Mark Hotel, Winston-Salem, NC**

**Theme: New Partnerships for Building Community**

**Wood Lecturer: Tyler Norris, President, Community Initiatives, Denver, CO**

**Room Rates: \$108/per night regardless of # in room**

**Telephone: (336) 725-3500**

**Reservation Deadline: August 12, 2001**

## National News

President Bush has introduced a prescription drug coverage plan for low-income seniors which would be administered through a federally funded block grant to states. The plan, "immediate helping hand" would provide full coverage to seniors earning up to 135% of the federal poverty level; partial coverage to 175%; and catastrophic coverage for seniors spending more than \$6000 annually out of pocket on prescription costs.

The U.S. Supreme Court unanimously backed the EPA's enforcement of air quality standards under the Clean Air Act, rejecting industry arguments that costs should have been considered when developing the rules. Over 25 million children and 14 million seniors live in areas that fail to meet federal standards for healthy air.

CDC officials are on track to form a new National Center on Birth Defects and Developmental Disabilities. Management structure and program functions should be in place by mid-April. Mandated through the Children's Health Act of 2000, the Center will assume oversight of all functions that relate to birth defects; cerebral palsy; child development; newborn screening; autism; fragile X syndrome; fetal alcohol syndrome; pediatric genetic disorders; disability prevention; or other diseases, disorders, and conditions.

A new patient's bill of rights has been introduced in the Senate and House. Legislation is identical in both chambers. The proposal draws a clear line between cases of injury or death which would be heard in federal court. Decisions on medical issues would be heard in state court, with no limit on damage awards in state courts. A \$5 million cap will be placed on civil assessment awards for federal court cases. Patient protections would cover all privately insured Americans, but states would be able to draft their own patient protection laws assuming they are comparable to the federal law.

## National Health Priorities Established

Tommy Thompson, new Secretary of the Department of Health and Human Services has listed the following priorities for the Department:

- Improving Medicare and providing a prescription drug benefit for seniors and the disabled;
- Developing a Patient's Bill of Rights;
- Improving the safety of the nation's food and drug supply;
- Providing affordable health insurance for the 43 million uninsured Americans;
- Improving the health of women everywhere;
- Increasing the level of awareness of the need for organ donation through a national campaign

## Editor's Message

Debra Harris, Vice President

This newsletter will continue to address concerns expressed by the Membership and Non-Members last year through the survey. Approximately 15% of respondents stated that they had difficulty in feeling that they belonged to NCPHA. Some comments were "It is a big group and I did not know where to go", "Most people seemed to already be a part of a group", "I felt isolated because I did not know what people were talking about". There were more comments that were similar, but I was very dismayed when some of the respondents said they would not go back to an annual conference because of this feeling of isolation.

I lived for 30 years within a half-mile of where I was raised. My family moved because of my husband's transfer. I will always remember what my Mother said as she left me all alone in a strange town. Don't wait for the people to come to you. Go where they are. Become an active part of your community. I took that to heart and before long I was a part of a community where I had once been a stranger. We have moved several times since then, but I have always remembered my Mother's advice. I guess I am saying to you, don't sit back and wait to be asked to join your professional organization, join because you know that we need to support our profession. When you join, ask about how to get on committees, seek out officers and ask questions regarding the Association and how it works. BE INVOLVED. Now to my fellow members, don't let things stay status quo, seek out new members and offer to help them find where the meetings are, places where networking can take place, and offer to be a mentor to help them discover what we have always known—NCPHA IS A FAMILY AND WE ARE ALWAYS GLAD TO MAKE ROOM FOR ONE MORE. Join NCPHA, REJOIN NCPHA, either way make it an Association that we can continue to be proud of.

## Legislative Update

(Continued from page 4)

**HB 650 & SB 725- Moratorium on Soft Drink Contract with Schools;** will place a moratorium on the authority of local boards of education to enter into contracts for the sale of soft drinks to students in public schools and appoints an independent study commission to study the public health issues and make recommendations regarding whether certain foods, including soft drinks, should be made available to students in public schools; referred to Committee on Education

**HB 566 - Medicaid/Breast & Cervical Cancer Coverage;** appropriates \$621,315 for FY 2001-02 and \$1,215,230 for FY 2002-03 to match federal funds to provide full Medicaid coverage to eligible women who have been found to need treatment for breast cancer or cervical cancer who are under the age of 65, who are uninsured and not enrolled in or eligible for Medicaid & who have been screened for breast/cervical cancer under the NC Breast & Cervical Cancer Control Program & found to need treatment. Coverage shall include treatment of pre-cancerous conditions early-stage cancer. Eligibility for this coverage shall be as required under federal Medicaid regulations; referred to Appropriations

**HB 563 - Health Choice Enrollment -** appropriates \$7,980,000 for FY 2001-02 & \$12.4 M for 2002-03 to maximize federal funds to provide services under the Health Choice to 82,000 children; referred to Appropriations

**HB 464 - AIDS Prevention Funds -** appropriates \$1M for FY 2001-02 & 2002-03 to increase efforts of the prevention of HIV/AIDS through community-based intervention efforts ; referred to Appropriations

**SB 861—License by Credentials/Dentistry—**an act to address some of North Carolina's Public Health problems in shortages of licensed dental personnel in rural and low-income areas by developing pathways for North Carolina State licensing of dentists and dental hygienists who are already licensed in other states or jurisdictions through providing for review of the professional credentials and other records of activities by applicants as an alternative to requiring applicants to satisfactorily complete a licensing board clinical examination; by establishing a limited volunteer dental license; by improving regulatory provisions for dental faculty and students and by enacting other licensing changes; referred to Health Care

## Appointments Made to Health & Wellness Trust Fund Commission

The Senate, the House, and the Governor have appointed people to the board of the tobacco settlement health trust. The Health and Wellness Trust Fund Commission will distribute \$1.15 billion over 25 years from the state's share of the national tobacco settlement. Funds from the Health and Wellness Trust Fund may be used to address the health needs of vulnerable and underserved populations in North Carolina; to fund programs and initiatives that include research, education, prevention and treatment of health problems in North Carolina and to increase the capacity of communities to respond to the public's health needs; and to develop a comprehensive community-based plan with goals and objectives to improve the health and wellness of the people of North Carolina with a priority on preventing, reducing and remedying the health effects of tobacco use and with an emphasis on reducing youth tobacco use.

House Speaker Jim Black's appointees are: Elizabeth Locke of Charlotte, President of the Duke Endowment; Ann Maxwell of Charlotte, a member of the Carolinas HealthCare Foundation; Rebecca Wartman of Asheville, President-elect of the N.C. State Optometric Society; Charles Wilson of Greenville, President-elect of the N.C. Pediatric Society, was appointed to a seat for a person involved with child health care; Anita Jackson of Lumberton, an ear, nose and throat surgeon, was appointed to a seat reserved for a person involved with health care for underserved populations; Paul Wiles of Winston-Salem, CEO and President of Novant Health, was named to a seat for a person involved in health policy trends.

Senate President Pro Tem Marc Basnight's appointments are: MaryAnn Black of Durham, Chair of the Durham County Board of Commissioners; Carole Bruce of Greensboro, a partner at the Smith Helms Mulliss & Moore law firm. Bruce chairs the Moses H. Cone Health System Board of Trustees and is a member of several health-related organizations; Dr. Jeffrey Houpt of Chapel Hill, Dean of the School of Medicine and Vice Chancellor for Medical Affairs at the University of North Carolina at Chapel Hill. Dr. Olson Huff of Black Mountain, a pediatrician, has since 1994 been the Medical Director of Pediatrics at the Ruth and Billy Graham Children's Health Center, located at Memorial Mission Hospital in Asheville. Dr. Ed Monroe of Greenville, Chairman of the Board for Pitt County Memorial Hospital and University Health Systems of Eastern Carolina. Robert Parker of Winston-Salem, Vice President for Home and Community Health for The North Carolina Baptist Hospitals, Inc.

Governor Mike Easley's appointments are: Lt. Gov. Beverly Perdue, former Director of Aging Services for Craven Regional Medical Center; Dr. Daniel Gottovi of Wilmington, clinical practitioner of internal medicine and pulmonary medicine, attending physician at New Hanover Regional Medical Center, attending physician at Cape Fear Memorial Hospital and First Vice President of Wilmington Health Associates; Dr. Donald E. Ensley of Raleigh, Associate Professor and Chairperson of the Department of Community Health and director of the department's graduate studies program in the School of Allied Health Sciences at East Carolina University; Leigh Harvey McNairy of Kinston, community volunteer and former school teacher; Robert Zaytoun of Raleigh, lawyer for the Law Offices of Zaytoun & Miller; Dr. Ralph Snyderman of Durham, Chancellor for Health Affairs, James B. Duke Professor of Medicine, School of Medicine Executive Dean, President and Chief Executive Officer of Duke University Health System.



## DHHS Asthma Study First of its Kind: Results Reveal Extent of Prevalence

RALEIGH – Data from a childhood asthma study conducted by the UNC School of Public Health on behalf of DHHS is revealing a clear and troubling picture of asthma's impact among North Carolina's youths. According to preliminary data, some 27 percent of the state's children at two grade levels indicate having current asthma-like symptoms.

The North Carolina School Asthma Survey was based on an internationally standardized questionnaire, ISAAC – the International Study of Asthma and Allergies in Childhood to measure the prevalence and severity of asthma-like symptoms. The survey was conducted in 499 (88%) of the public middle schools across the state. Close to 129,000 of the state's 7th and 8th graders from 99 counties completed the medical survey during the 1999-2000 school year. The results confirm earlier sample data indicating that the prevalence of childhood asthma and asthma-like symptoms is very high in our state.

"Not only does this survey provide an accurate picture of the prevalence of child asthma, it tells us that many of our children face a major barrier to learning," Gov. Mike Easley said. "It is very difficult to excel in school if you are constantly battling an undiagnosed or poorly managed illness. It is also vital that we work to protect patients' rights, to ensure that North Carolina's children and families are getting the health care they need."

Pointing out that ours is the first state to conduct such a comprehensive asthma survey, Easley said that North Carolina now has a mandate to help our school children overcome this barrier to our children's improved health and ability to learn.

According to the survey, students with asthma were reportedly more likely to smoke than their asymptomatic peers. Almost half of the children with asthma and a third with wheezing reported sleep disturbances. These children also limit their activities – such as sports, chorus, and other social interactions with friends – because of their breathing problems. They also are 37 times more likely to miss school than their peers without asthma symptoms.

Based on Medicaid reimbursement rates, health experts estimate that costs for emergency room and hospital care for these 7th and 8th graders may be as much as \$15.4 million over a one-year period. This sum does not include physician visits, prescription costs or higher reimbursement rates of private insurers. Nor does it include days lost at work when a parent has to stay home with a sick child. When added with the costs associated with children in other age groups, North Carolina and its families are spending an estimated \$100 million annually for asthma-related consequences and services for children.

DHHS Secretary Carmen Hooker Buell said that the state must continue to work with groups such as the Asthma Alliance of North Carolina to reduce asthma's prevalence. The alliance is a statewide partnership of government agencies, academic institutions, local asthma coalitions, non-profit associations, professional associations, and private industry. Working to expand the state's cadre of certified school nurses and asthma educators to provide care is an area where the alliance could make a real difference, she said.

"Not only would such action help children with asthma, it would free up teachers to focus on teaching," she said. "We also need to ensure flexible school medication policies that allow children who are capable of using their inhalers appropriately to do so. We need to increase school and child care center sanitation inspections to ensure environments free of irritants that can trigger asthma episodes."

### OTHER IMPORTANT FINDINGS FROM THE SURVEY

Diagnosed asthma and undiagnosed wheezing are high throughout the state, dispelling the belief that certain regions have more asthma than others do.

Both urban and rural areas have similar prevalence of asthma (10%) and undiagnosed wheezing (16% and 18%, respectively). This finding contrasts the current perception that asthma is more prevalent in urban areas. However, the state's urban areas may be different from asthma hotspots like New York City and Chicago.

Prevalence of diagnosed asthma is similar among African Americans (11%), Latinos (11%) and whites (9%), as is the prevalence of undiagnosed wheezing among all races (17%-19%). Native American children have a slightly higher prevalence of diagnosed asthma (15%) compared to other children.

Socioeconomic status was determined by enrollment in the no-cost or reduced-cost lunch program. Asthma is only slightly higher in children in the school lunch program (11%) compared to those not enrolled (9%).

However, undiagnosed wheezing is higher in children enrolled in the school lunch program (20%) compared to those not enrolled (15%). Sixteen percent of all children surveyed reported smoking one or more cigarettes a day for the last 30 days. Smoking is higher among children with asthma and wheezing than in those without symptoms.

More than half of children with asthma and a quarter with wheezing experienced activity limitations.

## Legislative Update

The number of bills are adding up and the heat will be on to secure funding for many projects with little money in the "bank". Though we, as a public health family, have tried to prioritize our legislative agenda, we cannot forget all the other legislation that is of interest to public health. These have been introduced thus far and are being listing in no particular order (please note the simplicity of definitions that are being provided) For more detail & to track the bills, please pull up bill number on General Assembly webpage: [www.ncga.state.nc.us](http://www.ncga.state.nc.us)

**SB 13 and HB 88 - Appropriate Fund for the Prevention of Birth Defects; \$1,150,000 for FY 2001-2002: \$400,000 for expansion of Birth Defects Monitoring Program; \$750,000 for Statewide Folic Acid Campaign; referred to Appropriations**

**SB22 and HB 454 - Osteoporosis Education Fund: \$300,000 for FY 2001-02 and FY 2002-03; Osteoporosis awareness and education activities; referred to Appropriations**

**SB 114 - Funds for Prenatal Care; \$500,000 for FY 2001-02 and FY 2002-03: \$400,000 of which in each FY to go to 10 neediest counties for access to perinatal care for non-Medicaid, low-income women; \$100,000 for each FY for 10 community coalitions to address gaps in local perinatal services for this population; referred to Appropriations**

**SB 698 and HB 788—An Act to Appropriate Funds for Uncompensated Prenatal Care for Non-Medicaid, Low-Income Patients Served in Local Public Health Departments; \$7M for FY 2001-02 and \$7M for FY 2002-03; referred to Appropriations (more information on this bill is included on page 3 of this publication).**

**HB 394 and 395 - Funds for Prenatal Care & Perinatal Care (respectively); similar to SB 114 except HB 394 allows \$250,000 for FY 2001-02 & 2002-03 to the 10 neediest counties for access to prenatal care for non-Medicaid/low income women and HB 395 provides \$100,000 for each FY to 10 community coalitions to address local gaps in perinatal health care systems; referred to Appropriations**

**SB 132 - Colorectal Cancer Screening; an act to require health insurance plans to provide coverage for colorectal cancer screening; referred to Committee on Insurance**

**SB 221 - Amend Public Health Authorities Act; exempts employees of a public health authority from Chapter 126 of the General Statutes and to make conforming changes to Chapter 126; referred to Judiciary I**

**SB 252 - Infant Homicide Prevention Act; decriminalizes abandonment of infants under certain circumstances and modifies some procedures involving abandoned juveniles; referred to Judiciary II**

**SB 391 - Eliminate Disparities in Health Care; directs DHHS to make recommendations on ways to eliminate disparities in health care; referred to Children & Human Resources**

**SB 737 & HB 973—Funds for Interpreters in Local Health Departments; \$3M for FY 2001-02; \$3.2M for FY 2002-03; funds to provide professional interpreters based in local health departments in counties with medium, high, or very high-population density of Spanish-speaking residents; of these funds \$500,000 for FY 2001—02 & \$700,000 for FY 2002-03 may be used by DHHS to plan, implement & maintain a program to provide incentives for local health departments to recruit, select & hire bilingual staff; referred to Appropriations/Base Budget**

**SB 741 & HB 391—Funds for Healthy Carolinians; \$3.75M for FY 2001-02; \$36,00 of which would be allocated to each county in the State to establish infrastructure to create or maintain health promotion partnerships to carry out locally defined initiatives; counties to provide documentation evidencing an in-kind contribution or match of at least 50% of funds received from local partnerships to provide space, equipment & supplies; \$150,00 of these funds to support technical assistance activities; referred to Appropriations**

**HB 122 - Funds for Prescription Drug Assistance; \$2M for FY 2001-02 & FY 2002-03 to cover cost of outpatient prescription drugs for those over 65 & not eligible for full Medicaid benefits whose income is not more than 150% of FPL & who have been diagnosed with cardiovascular disease or diabetes; referred to Appropriations**

**HB 204 - NC Health Choice/No Waiting Period - repeals the waiting period for coverage under Health Choice for children; referred to Health**

**HB 463 - Clean Syringe-Safe Syringe Exchange Program - Authorizes community-based clean syringe/safe syringe exchange programs by a local board of health if it satisfies certain conditions; referred to Public Health**

**SB 863—Oral Health Care Access—\$7.5M for FY 2001-02 & \$7.5M for 2002-03 to provide enhanced reimbursement to dentists whose practice consists of a significant number of Medicaid-eligible children or Medicaid-eligible elderly or disabled adults, or who provide outreach services to underserved Medicaid-eligible populations; referred to Appropriations**

## Health Directors Corner

The North Carolina Association of Local Health Directors has entered into an employment contract with Ms. Deborah Rowe for legislative liaison, advocacy, networking and conference planning. The Association is also partnering with the Association of North Carolina Boards of Health (ANCBH) for Advocacy Training on June 8, 2001, and NCPHA, ANCBH and UNC School of Public Health for the 2001 Legislative Conference on April 24, 2001. This expanded partnerships with our sister organizations assists the public health community to achieve our legislative goals, provide quality, comprehensive conferences and to integrate efforts to promote public health programs, assuring quality of life to all the citizens of North Carolina.

The Association is actively pursuing its legislative goals which are also supported by our sister organizations, as well as ensuring funding for public health programs/issues. Sen. Ballance and Rep. Wright agreed to sponsor the Tier I County Public Health Project. One of our issues is the uncompensated prenatal care for low-income, non-Medicaid patients being provided in local health departments. We have bills (Senate Bill 698 and House Bill 788, introduced by Sen. Lucas and Gulley and Rep. Wainwright respectively) to provide \$7 million to be appropriated to DHHS to distribute to local health departments for the provision of this service. Though some funding is provided to local health departments through block grants from the North Carolina Department of Health and Human Services, the need has outgrown the resources available. Grants for the Maternal and Child Health Programs, which local health departments have received from DHHS, have not increased, and, actually decreased somewhat in the mid 90's. These grants are a combination of State and Federal funding and contribute to Maternity, Family Planning and Child Health Programs. Medicaid earnings and appropriations from local governments have made up the additional revenue in amounts that vary from county to county. As costs increase and grants remain the same, local appropriations have had to increase to keep their Maternity Program viable. While the grants have decreased slightly in the past ten years, costs have risen by 3-6% compounded annually, depending on cost of living and/or other salary adjustments for staff and the inflationary cost of other supplies and services. These costs have been absorbed by increasing the allocation of local tax revenue, cutting other operating costs, and/or eliminating expenditures for equipment and/or facility upgrades.

Healthy Mothers, Healthy Children grant dollars were being expended on non-Medicaid reimbursed services prior to the surge of undocumented patients whom we are legally mandated to serve. Not to provide service to the low-income, non-Medicaid prenatal population would result in harm to their babies and higher cost to the state for the infant's acute care. The number of emergency Medicaid deliveries per year has more than quadrupled over the past five years. The North Carolina Division of Medical Assistance reported 5988 emergency Medicaid deliveries in 1999. Using the Women's and Children's Health formula of \$1417 per patient, this cost represented \$8.48 million. A survey was conducted by the North Carolina Association of Local Health Directors to ascertain the estimated cost of prenatal care just to immigrant women served in local public health departments since February, 2000. Health Directors were requested to supply the total number of unduplicated prenatal care patients for the last twelve-month period and the number of these who were uninsured and ineligible for Medicaid. A cost of \$1,000 was applied to each woman (which does not include delivery costs), which the Division of Public Health agreed was a reasonable and common estimate. With sixty-eight (68) counties reporting, the estimated unrecoverable cost to these counties during this timeframe for this category of service alone was \$7,037,045.00. Thirty-four (34) counties reported serious concern for the future viability of their maternity programs and three counties reported that a major change in service was imminent. Additionally, many counties reported that the current percentage of immigrant patients had almost doubled the twelve-month average, indicating a continuing upswing in the number of these patients who provide economic support to industries and the state through employment and taxes, but are uninsured and ineligible for Medicaid.

Please contact your local legislator and express your support for this legislation. Preventing low birth weight babies and reducing birth defects not only saves dollars in treatment costs, it saves lives. Women that receive no prenatal care are three times more likely to deliver a low birth weight baby. Eighty percent (80%) of women at risk for having a low birth weight baby can be identified through their first prenatal visit. Thirty-five percent (35%) of costs spent to provide medical care for infants during the first year of life is to low birth weight babies. The cost of caring for five low birth weight babies will pay for the prenatal care of 149 women. The cost savings for every very low birth weight baby that we can prevent is \$59,700 in the first year of medical expenses alone. A shift of only half a pound (250 grams) in a baby's birth weight saves an average of \$14,000 in first year medical costs alone, and a shift of just over one pound (500 grams) saves about \$28,000. In 1998, there were 33,963 babies born in North Carolina (1998 Hospital Discharge data) who had a medical problem related to pre-maturity or low birth weight. The total charges in hospital costs alone amounted to over \$296 million with an average cost of \$8,700 per problem birth or eleven times that of a baby born without major medical problems. The initial medical charge for these babies are not the only problem: school age children who were born very low birth weight are much more likely to experience learning disabilities, attention disorder, developmental impairments and breathing problems.

Another concern is the continuation of funding for the Public Health Training and Information Network (PHTIN) that has provided ready access to educational and information programming to local staff without having to travel more than 50 miles from their worksite. This important medium is being caught in the budget shortfall. For the past six years, the State has paid the cost of connectivity for all Public Health Training and Information Network sites on the North Carolina Information Highway. Funding for the current fiscal year was dropped by the State, but was picked up by the Department of Commerce Information Technology Services for this year only. The Division of Public Health Services was notified on March 14, 2001 that 100% of the cost of connectivity would become the responsibility of Division of Public Health beginning with Fiscal Year 2002. This information was not provided in time to include the approximate \$200,000 in the Division's 2002 Expansion or Continuation Budget. We encourage everyone to contact their legislator and express your support for continued funding of this important medium either by including this funding to the Department of Commerce, Office of Information Technology Services and targeted for the PHTIN or place the funds into the Division of Public Health's 2002 budget.

## President's Message

Carolyn Moser



Executive Committee in Strategic Planning Session

"Busy" I looked up the word "busy" in Webster's Dictionary and found several definitions. The first two descriptions caught my attention though. "Busy—Full of Activity; Engaged in Action" How very appropriate as I reflect on the recent work and future plans for NCPHA, its officers and members.

### Full of Activity

- The Executive Committee has completed two retreats, resulting in a renewed vision for NCPHA and the development of an aggressive strategic plan.
- The Policy and Planning Committee was quick to formulate a legislative agenda in preparation for the Long Legislative Session
- The Pride in Public Health Committee is working hard to promote public health

### Engaged in Action

- Working closely with other public health partners, Deborah Rowe is helping to promote the legislative agenda in the General Assembly
- Stephen Keener, M.D., President-Elect, is coordinating efforts to make the annual meeting in September a success
- Debra Harris, Vice President, organized a newsletter we hope you will find "news" worthy
- The Executive Committee is facing the implementation phase of the Strategic Plan. And this means you!

"Busy" This is not an excuse. It is a challenge to everyone to help promote your association as the voice for public health in North Carolina.

## NCPHA's Strategic Plan

The Executive Committee and the Governing Council has reviewed and is proposing the following Strategic Plan for NCPHA to position the Association to address the needs and challenges of public health for the next decade. Additional information on suggested strategies will be featured in the July issue of this publication.

### MISSION STATEMENT

North Carolina Public Health Association is comprised of individuals and organizations working to improve the public's health through prevention, political advocacy, public awareness, professional development, and the interface between academia research & practice.

### OUR VISION

The North Carolina Public Health Association is the leading professional association for people dedicated to promoting and protecting the health and environment of all North Carolinians.

### GUIDING PRINCIPLES

The *Guiding Principles* of the NCPHA are: integrity, dignity and respect, pride and commitment, inclusion and education for individuals and communities.

### OUTCOMES

Develop the fiscal and human resources necessary to support and achieve the Association's Mission

Increase, sustain and diversify the membership

Assure an organizational structure that is effective and efficient in achieving the Association's Mission

Achieve recognition as the Voice of Public Health in North Carolina

Create alliances with other organizations to support and achieve the Association's mission

# NC Public Health Association Newsletter

*North Carolina Public Health Association*

**Special points of interest:**

- Asthma Study
- Appointments Made to N.C. Health and Wellness Trust Fund Commission
- Early Childhood Dental Health
- Health Directors' Corner
- Legislative Update
- NCPHA's Strategic Plan
- Section Reports

## Budget Shortfall and Public Health

With the state facing a potential \$800 million shortfall this fiscal year, public health programs throughout the state are bracing for cuts. Faster growth in Medicaid costs than expected, court orders against the state, increased spending—all have contributed to a major shortfall in fiscal year 2000-01. Add to that, the financial picture did not fully surface until almost mid-year; thereby providing less options to handle the cuts. Staff travel, phone use, training and other areas have been reduced or curtailed. Reimbursement to local governments has been postponed and may be eliminated this fiscal year, thereby creating budget shortfalls on local governments as well. The Governor has announced strategies to reserve \$1 billion for this fiscal year to meet the budget shortfall. Approximately 40% of the strategies include tighter control on agency spending and the use of some reserves. The other 60% will include reducing contributions to the pension fund in midyear, allocating a rainy day fund which is too low by national standards, setting aside the reimbursements to local governments, reallocating hurricane relief and recovery money and possibly raiding the state's unemployment insurance fund. The governor's proposal did not put all funds into the reserve, including the tobacco settlement dollars.

What's facing us next year? The following nonrecurring appropriations for public health were removed from the Governor's base line budget for 2001-02 and 2002-03:

**Inside this Issue:**

		2001-02	2002-03	
		Prevention of Birth Defects	(150,000)	(150,000)
<b>President's Message</b>	2	Office of Minority Health	(200,000)	(200,000)
		Healthy Carolinians	(1,000,000)	(1,000,000)
<b>NCPHA's Strategic Plan</b>	2	Osteoporosis Task Force	(150,000)	(150,000)
		Heart Disease & Stroke Disease	(100,000)	(100,000)
<b>Health Directors' Corner</b>	3	Arthritis Prevention	(25,000)	(25,000)
		Alice Aycock Poe Center for Health Education	(200,000)	(200,000)
<b>Legislative Update</b>	4	Prescription Drug Assistance Program	(500,000)	(500,000)
		Healthy Start Foundation	(1,000,000)	(1,000,000)
<b>Section Reports</b>	9	Hepatitis C Education Awareness	(150,000)	(150,000)
		Asthma Education	(250,000)	(250,000)
<b>Scholarship Opportunity</b>	15	State Games	(200,000)	(200,000)
Nonrecurring reductions that are being restored in the Governor's base line budget:				
<b>Award Nominations</b>	16	Funding to Family Planning	125,000	125,000
		Funding to AIDS Drug Assistance Program	3,000,000	3,000,000

Keep informed by regularly visiting the legislative website at [www.ncga.state.nc.us](http://www.ncga.state.nc.us)

*North Carolina Public Health  
Association*

C/o NC Hospital Association  
P.O. Box 4449  
Cary, North Carolina 27519-4449

Phone: 919-677-4110  
Fax: 919-677-4200  
Email: [deborah.rowe@ncpha.com](mailto:deborah.rowe@ncpha.com)

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HIGH POINT NC 27262-4038



**Public Health: Everywhere, Everyday,  
Everybody**

**PLEASE NOTE CHANGE OF ADDRESS FOR NCPHA:**

N.C. Public Health Association  
C/o N.C. Hospital Association  
PO Box 4449  
Cary, N.C. 27519-4449

**Plan to Attend  
NCPHA's Annual Educational Conference  
Health Director's Legal Conference  
September 12-14, 2001  
Adam's Mark Hotel, Winston-Salem, NC**

**Theme: New Partnerships for Building Community  
Wood Lecturer: Tyler Norris, President, Community Initiatives, Denver, CO  
Room Rates: \$108/per night regardless of # in room  
Telephone: (336) 725-3500  
Reservation Deadline: August 12, 2001**

## 2001 North Carolina Women's Health Report Card

<b>Infectious Diseases</b>	<b>1990</b>	<b>1999</b>	<b>Grade</b>
HIV/AIDS cases per 100,000 women			
All	10.7	15.9	F
White	2.4	3.5	F
African-American	35.2	59.4	F
Cases of STD's per 100,000 women			
All	907.7	867.7	D
White	254.9	305.1	D
African-American	2,997.8	2,960.5	F
HIV/AIDS rate for African-Americans is nearly 17 times that of whites. Higher rates among African-American women may be due in part to their greater use of public clinic where reporting is more complete.			
<b>Chronic Diseases</b>			
Heart Disease deaths per 100,000 women			
All	319.7	260.6	B
White	306.7	245.3	B
Minority	370.5	323.3	C
Diabetes deaths per 100,000 women			
All	26.2	31.7	D
White	19.7	22.8	D
Minority	54.1	71.1	F
Breast Cancer deaths per 100,000 women			
All	38.8	33.7	C
White	36.7	30.6	B
Minority	47.0	45.7	C
Cervical Cancer deaths per 100,000 women			
All	4.6	4.1	C
White	3.1	3.2	C
Minority	10.5	8.3	C
Lung Cancer deaths per 100,000 women			
All	40.9	49.7	D
White	42.4	51.6	D
Minority	34.1	41.2	D
Stroke deaths per 100,000 women			
All	94.2	93.1	C
White	86.8	87.1	C
Minority	124.1	117.7	C
Percentage of women with late or no prenatal care			
All	24.2%	14.9%	A
White	17.2%	11.5%	A
African-American	40.1%	23.7%	B
Hispanic	36.1%	30.7%	C
Percentage of births that were of very low birth weight (<1500g)			
All	1.7%	1.9%	F
White	1.1%	1.4%	F
African-American	3.0%	3.5%	F
Hispanic	0.6%	1.3%	F
Number of infant deaths per 1000 live births			
All	10.6	9.1	C
White	8.2	6.8	B
African-American	16.5	15.6	D
Hispanic	6.3	7.8	D
Percentage of births to women <18 years			
All	6.0%	4.9%	B
White	4.1%	3.6%	B
African-American	10.5%	8.6%	C
Hispanic	5.8%	5.5%	C

**Thanks to the North Carolina Institute of medicine, Department of Health and Human Services and North Carolina Medical Society for this Report Card**

REGISTRATION APPLICATION

NC PUBLIC HEALTH ASSOCIATION
ANNUAL EDUCATIONAL CONFERENCE
HEALTH DIRECTOR'S ANNUAL LEGAL CONFERENCE
SEPTEMBER 12-14, 2001
WINSTON-SALEM, NC

Personal Information: (Please print all information requested)

First Name MI Last Name

Work Telephone Number Home Telephone Number

Employer

Position

ADDRESS CITY STATE ZIP

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

HEALTH DIRECTOR'S LEGAL CONFERENCE (ALLOWS ATTENDANCE AT NCPHA EVENTS)

- Pre-registration \$85.00
On-Site registration \$105.00

NCPHA FULL CONFERENCE:

- Pre-registration (Member) \$85.00
Pre-registration (Non-Member) \$130.00
On-Site registration (Member) \$105.00
On-Site registration (Non-Member) \$150.00

NCPHA ONE DAY: DAY MUST BE DESIGNATED:

- Pre-registration (Member) \$ 45.00
Pre-registration (Non-Member) \$ 90.00
On-Site registration (Non-member) \$ 65.00
On-Site registration (Non-member) \$110.00

- NCPHA Student & Retiree 1/2 OF APPROPRIATE FEE
Awards Banquet\* (Thursday evening) \$30.00
Glaxo Wellcome Luncheon (Friday) No Charge

TOTAL DUE:
Participant Registration Fee \$
Attending Banquet (Thursday) \$
TOTAL: \$

Please indicate any special dietary requirements for banquet

PLEASE MAKE CHECK PAYABLE TO NCPHA AND MAIL TO:
North Carolina Public Health Association
C/o NC Hospital Association
PO Box 4449
Cary, NC 27519-4449

REGISTRATION DEADLINE: AUGUST 31, 2001
NO REFUNDS AFTER THAT DATE



- 1:30 - 3:00      UNC School of Public Health Workshop:  
"Genomics and Public Health"
- 2:00 - 3:00      Health Directors Legal Conference  
"Legal Issues Associated with Treating Minors"  
Anne Dellinger, Institute of Government
- 2:00 - 3:30      Dental Health Workshop:  
"Dentistry in Third World Counties"  
Dr. Steve Mackler
- 2:00 - 3:30      Children with Special Needs Business Meeting
- 2:00 - 3:00      Environmental Health Workshop:  
"Creating and Operating an Effective Local Well Program"  
Greg Bright, RS - Wake County Department of Environmental Services
- 2:30 - 4:00      Health Education Workshop:  
"Education, Training and Facilitation in Healthcare"
- 3:15 - 4:00      Health Directors Legal Conference  
"Using Inter-Local Agreements"  
David Lawrence, Institute of Government
- 3:15 - 3:30      Environmental Health Section Workshop:  
"Mecklenburg County Food Safety Video"  
Bill Hardister, Mecklenburg County
- 3:30 - 5:00      Health Promotion Section Business Meeting
- 3:30 - 5:00      Statistics and Epidemiology Section Business Meeting
- 3:30 - 5:00      Environmental Health Workshop:  
Bob Whitwam and Jackie Boggs, Forsyth County Health Department
- 4:00 - 5:00      Health Education Business Meeting/Awards
- 7:00 - 9:00      Annual Awards Banquet - **Ticketed event (see Registration Form on page 22)**
- 9:00 - 1:00      Dance - DJ

**Friday, September 14, 2001**

- 8:30 - 10:30      Closing Session/Business Meeting  
"State of Nation's Health"  
Michael Bird, MSW, MPH,  
APHA President
- 11:00- 12:30      Glaxo Smithkline Beecham Child Health Recognition Awards Ceremony
- 12:30              Child Health Recognition Awards Luncheon  
**Ticketed event (see Registration Form on page 22)**

**Adam's Mark Hotel, Winston-Salem, North Carolina**

**\$108.00/night**

**Telephone: (336) 725-3500**

**Reservation Deadline: August 12, 2001**

- 10:15 - 11:15 Health Director's Legal Conference  
"HIPAA and the new Federal Medical Privacy Rule: Issues of Particular Importance to Local Health Departments"  
Aimee Wall, Institute of Government
- 10:30 - 12:00 Laboratory Section Workshop:  
"Mad About Cows: Mad Cow Disease and its Clinical Impact"  
Dr. John Armitage  
Medical Director, American Red Cross
- 10:30 - 11:45 Environmental Health Workshop  
"Food Irradiation"  
Jim Jones, Food Technology Services, Inc.
- 11:15 - 12:00 Health Director's Legal Conference  
"Update on Legal Issues Associated with Immigrants"  
Jill Moore, Institute of Government
- 11:00 - 12:30 Children with Special Needs Workshop:  
"Effective Collaboration with Community Resources for Special Needs Children"  
Dr. Christine Johnson, Wake Forest University
- 11:30 - 2:00 Health Education Luncheon (offsite)  
**Pre-registered event, please call Liza Petruzzelli (336) 727-8174 to register**
- 12:00 - 1:30 Management Support Luncheon/Business Meeting/Awards  
Linda DeShego  
**Pre-registered event, please call Monjetta Blanchard (252) 338-4404 to register**
- Physician Extenders Luncheon/Business Meeting  
**Pre-registered event, please call Michael Knott (910) 893-7550 to register**
- 12:00 - 3:00 Nursing Section Luncheon/Awards/Business Meeting  
**Pre-registered event, please call Susan Maher (919) 636-4920 to register**
- 12:00 - 1:00 Dental Health Section Luncheon  
**Pre-registered event, please call Vinnie Baker at (910) 977-8326 to register**
- 12:00 - 2:00 Social Work Luncheon/Business Meeting/Awards - California Fresh Buffet  
**Pre-registered event, please call Sylvia Wagoner (704) 786-9181 to register**
- 11:30 - 1:00 Nutrition Section Luncheon - California Fresh Buffet  
**Pre-registered event, please call Helene Edwards (910) 875-2298 to register**
- 1:00 - 2:00 Health Director's Legal Conference  
"Supervising the Surfing: Public Employees and the Internet"  
Steve Allred, Institute of Government
- 1:15 - 2:00 Environmental Health Workshop:  
"Emerging Issues in NonPoint Source Pollution: Potential Health and Environmental Issues Involving Endocrine Disrupting Compounds and Pharmaceuticals from Wastewater"  
Barbara Grimes, NPS Coordinator, On-site Wastewater Section
- 1:30 - 3:00 Nutrition Section Workshop:  
"Childhood Obesity/Pediatric Diabetes"
- 1:30 - 3:00 Home Health Section Business Meeting

**Wednesday, September 12, 2001 (continued)**

- 2:00 - 4:00 Management Support Workshop:  
"Computer Tips"  
Sara White, Guilford County Health Department
- 3:30 - 5:00 Laboratory Section Business Meeting
- 3:30 - 5:00 Public Health Leadership Business Meeting
- 3:30 - 5:00 Nutrition Section Workshop  
"Obesity Epidemic"  
Dr. Robert Schwartz
- 3:45 - 4:30 Health Director's Legal Conference  
"Public Comment at Board of Health Meetings: What Does the Law Require?"  
Fleming Bell, Institute of Government
- 4:00 - 5:00 International Health Section Business Meeting
- 9:00 pm Band/Dance

**Thursday, September 13, 2001**

- 8:30 - 12:00 Exhibits Open
- 8:30 - 10:00 Health Director's Legal Conference  
"Board of Health Rule-Making Authority: The Lingering Impact of the Halifax County Smoking Case"  
John Barkley, Assistant Attorney General  
Additional Panelists, TBA
- 8:30 - 11:30 Dental Health Breakfast/Business Meeting/Awards  
"NC Caring Dentist Program"  
Karen Pearson, LCSW  
**Pre-registered event, please call Vinnie Baker (910) 997-8326 to register**  
*Sponsored by Thompson Dental Company*
- 8:30 - 12:00 Physician Extenders Section Workshop:  
"Pharmacology"
- 8:30 - 10:00 Nutrition Section Business Meeting
- 8:45 - 10:30 Environmental Health Section Workshop  
"The Role of NSF in Wastewater Systems, Water Supplies and Swimming Pool Equipment"  
Floyd Thomas, National Sanitation Foundation
- 9:00 - 12:00 HIV/STD Control Business Meeting/Awards/Workshop  
"Syphilis Elimination Project"  
Travis Compton, Travis' Toy Box  
Alan Muriera, Wake County Department of Human Services
- 10:00 - 11:30 Health Education Workshop:  
"Spanish Translation of Simple Medical Terminology"
- 10:00 - 11:30 Social Work Section and Nursing Section Workshop:  
"Maintaining Ethical Boundaries with Clients/Patients in the Health Care Profession"  
Andrea Benfield, LCSW

## **Annual Educational Conference Intinerary**

### **"New Partnerships for Building Community"**

#### **Wednesday**

- 9:30 - 10:30      Opening Session  
Welcomes  
Business Meeting
- 11:00 - 12:00      **Wood Lecture**  
"Building Community"  
Tyler Norris, Community Initiatives, Inc., Denver, CO
- 12:00 Noon      Exhibits Open
- 12:00 Noon      WCH Section Luncheon/Business Mtg/Awards - Old Salem Tavern  
"Legislative Update"  
Representative Thomas Wright  
**Luncheon Pre-registered event - Registration Form on page 13**
- Environmental Health Section Luncheon/Awards (offsite)  
**Pre-registered event - Call Robert Bennett (910) 433-4686 to register**
- Laboratory Section Luncheon/Awards  
**Pre-registered event - Call Lisa Balance (910) 486-4111 to register**
- 1:00 - 2:00      Health Directors Legal Conference  
"Legislative Update"  
Chris Hoke, Deputy State Health Director
- 1:00 - 3:30      HIVSTD Control Workshop:  
"HIV/AIDS Issues within the Prison System"  
Panelists: Sam West (Robeson County Health Department), Phyllis Stevens (Guilford County Health Department), Alan Muriera (Wake County Human Services), Dr. David Whol (UNC)
- 1:30 - 3:00      CHAT Section Business Meeting/Awards/Workshop  
"From Stress to Strength"  
Renita Vega, Health Education, Cumberland County Health Department
- 1:30 - 3:00      Public Health Leadership Workshop:  
"100% Access to Health/0% Disparities"  
Tyler Norris, Community Initiatives Inc., Denver, CO
- 1:30 - 3:00      Laboratory Section Workshop:  
"It's a Great Big World, or Is It?"  
Leading Edge Technology at the State Laboratory of Public Health
- 1:30 - 5:00      Environmental Health Section Business Meeting
- 2:00 - 3:30      Health Director's Legal Conference:  
"State & Local Legal Authority in Environmental Issues"  
Chris Hoke, Deputy State Health Director  
Malcolm Blalock, Deputy Director, Division of Environmental Health  
Additional Panelists - TBA
- 2:00 - 4:00      Women and Children's Health Section and Nursing Section Workshop:  
"When Children With Disabilities Grow Up"  
Sheila Cromer, Supervisor, Women's Health Clinical Services Unit, DPH

# North Carolina Public Health Association

## Membership Application

Name \_\_\_\_\_ New Member  Renewal

Home Address \_\_\_\_\_

Employer & Address \_\_\_\_\_

Change of Address Home Office Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Do you wish to receive correspondence at your home office Number of years of membership in NCPHA \_\_\_\_\_

Would you like to become actively involved in a committee run for office Preference \_\_\_\_\_

Please include me in your legislative email alerts: Email Address \_\_\_\_\_

**Section Membership is optional. You must be a member of the Association, however, to join a Section. Please circle each section with which you wish to become affiliated. Include these dues with NCPHA dues**

- |                                   |                            |                                |
|-----------------------------------|----------------------------|--------------------------------|
| Public Health Leadership \$3.00   | Health Education \$5.00    | Women/Children's Health \$5.00 |
| HIV/STD Control \$6.00            | Nursing \$4.00             | Dental Health \$5.00           |
| Comty Hlth Assistant/Tech. \$3.00 | Social Work \$3.00         | Management Support \$5.00      |
| Environmental Health \$10.00      | Physician Extenders \$5.00 | Health Education \$5.00        |
| Statistics/Epidemiology \$2.00    | Laboratory \$4.00          | Home Health \$No Fee           |
| Children w/Special Needs \$5.00   | Nutrition \$5.00           | Health Promotion \$5.00        |
| International Health \$5.00       |                            |                                |

### ANNUAL DUES SCHEDULE

If your annual salary is < \$20,000, Your dues will be \$25.00 \_\_\_\_\_

If your annual salary is \$20,001 - \$35,000, Your dues will be \$35.00 \_\_\_\_\_

If your annual salary is > \$35,000, Your dues will be \$45.00 \_\_\_\_\_

If you are joining for the first time, deduct \$10.00 \_\_\_\_\_

If you are renewing prior to your anniversary date, deduct \$5.00\* \_\_\_\_\_

If you are retired or a full-time student, deduct 50% \_\_\_\_\_

Subtotal \_\_\_\_\_

If you wish to join a section, add Section Dues \_\_\_\_\_

**TOTAL DUES** \_\_\_\_\_

**Please make check payable to NCPHA and mail to:**  
**NC Public Health Association**  
**C/o NC Hospital Association**  
**P.O. Box 4449, Cary, NC 27519-4449**  
**(PLEASE NOTE THIS IS CHANGE OF ADDRESS)**

If you are a new member and were recruited by a member of NPHA, you both are eligible for a cash drawing at the Annual Educational Conference. Please indicate the name of the individual who told you about NCPHA:

\*Membership dues are on individual anniversary basis (shown on mailing label)

**Update from the Office of Public Health Nursing and Professional Development**

Joy Reed, Director

**A New Resource:**

ANA has recently published the third book in its series on public health nursing (the first two were the Scope and Standards of Public Health Nursing and Public Health Nursing: A Partner for Healthy Populations.) The new book is entitled Public Health Nursing Leadership: A Guide to Managing the Core Functions. It is authored by Bobbie Berkowitz and a group of nurses from Washington state.

**PHN Workforce:**

I am not hearing a lot from PHNs across the state on the impact of the nursing shortage on local health departments. Nevertheless, I think we need to be concerned. At a recent meeting of the Association of State and Territorial Directors of Nursing, we heard for the first time data from the HRSA "National Sample Survey of Registered Nurses" specifics on the public health nursing workforce. They are not encouraging, but you have to "look below the surface" to see that. The data show that 18.3% of RNs now work in "public/community health" and that the actual number more than doubled from 1980 to 2000. The problem comes when you look at who is included in that number: nurses in state mental health facilities, substance abuse outpatient centers, visiting nurse services of all types, occupational health settings, etc. When you look only at those with a PHN position title, the number has actually decreased over that 20 year period. That is in direct contrast to what is happening to nursing positions overall (the total number of RNs grew by more than 436,000 between 1992 and 2000 alone). There was a very slight increase in the total number of RNs employed by state and local government between 1980 and 2000, so the small numbers we are gaining are not being called public health nurses. However, the percentage of all RNs employed in community/public health who are called PHN dropped from 39% in 1980 to 17.9% in 2000. The good news - if there is any - is that we are as a group (all RNs employed in community/public health) more highly educated than the total RN workforce with almost 50% of us having a BSN or higher degree and the subset of us who work for governmental agencies are more highly educated than the entire group of community/public health RNs. Finally, we are, as a group of RNs employed in community/public health, older than the rest of the RN population, which means more of us are potentially ready to retire. The most devastating news of all to me, given our history of low salaries in public health, is that - although the average salary for all RNs is now \$46,700, when adjusted for inflation our real salary is \$23,368 representing no change since the 1988 survey.

**A Final Note of Inspiration:**

If you ever get discouraged and doubt that one person can make a difference, think of Lillian Wald. During a recent trip to New York, I had the opportunity to see a one-woman play on her life. Did you know that in addition to "founding" public health nursing, Ms. Wald is also credited with: convening the meeting that led to the organization of the NAACP; co-founding the American Union Against Militarism, fore-runner of the American Civil Liberties Union; getting the President to establish a federal Children's Bureau; suggesting the original concept for the League of Nations; and pressuring New York to hire the first school nurse as well as special education teachers for children with physical and learning disabilities?

**Canvas for Service Award Eligible Recipients**

**To Be Eligible for Service Award Certificate/Pin, You Must Have Been Employed in Public Health For The Following Number of Years As Of December 31, 2000**

NAME	CLASSIFICATION	PLACE OF EMPLOYMENT
<b>Twenty-Five Years</b>		
<b>Thirty Years</b>		
<b>Thirty-Five Years</b>		
<b>Forty Years</b>		

**Clip and Return Form by August 1, 2001 to:**

**Belinda Allison, NCPHA Awards Chair  
Jackson County Health Department  
538 Scotts Creek Road, Suite 100  
Sylva, North Carolina 28779**

(3) NC EH Supervisors Assoc.	East: Rick Rowe 5/02	Central: Mike Walker 5/03	West: Pat Muse 5/04
(1) NC Assoc. LH Directors	Roxanne Frederick 5/04		
(3) EH Section of NCPHA	Recent attendee of CIT: Stacy Wilson 5/02	Food: David Littman 5/02	On-Site: Phil Vilaro 5/03
(2) On-Site WW Section	Field: Fred Smith 5/04	Central Office: Joe Pearce 5/02	
(2) EH Services Section	Field: Cindy Williams 5/04	Central Office: Emily Smathers 5/02	
(1) NC EH SOP Committee	Susan Cole/Charles McKenzie 5/03		
(1) NC State Board of Sanitarian Examiners	Gerald Strickland 5/03		
1 QA/1 QI Team members	On-Site: Kay Henderson 5/02	EHSS: Pam Grubbs 5/04	
(2) EH University	Barney Kane 5/02	Gary Smith 5/04	
(2) NCSU 1Food/1Soil	Food: John Rushing 5/04	On-Site: Mike Hoover/ Joseph Kleiss 5/02	
(1) Public Health Pest Section	Barry Engber 5/03		

CITAC has been meeting for the past year. It is now organized into three subcommittees to work on specific areas:

- Curricula Development
- Policies/Procedures
- Budget/Efficiencies
- 

Shortly after the first few meetings of CITAC were held, the Division of Public Health offered to enable DEH to expand CIT to offer the training three times a year on an experimental basis. CITAC recommended that CIT be offered on a modular basis, with one module offered in each of nine months of the year. It further recommended that an individual be allowed to attend the modules in any order desired. This recommendation was implemented along with a firmer directive to require individuals to be employed at least thirty days prior to attending the course. Under this model, entry into CIT is now nine times a year instead of twice a year as originally offered. The greater windows of opportunity for training new staff give local health departments much more flexibility in hiring.

The funding provided by the Division of Public Health was for one year ending June 30, 2001. The Division has requested an additional \$160,000 in recurring funds from the legislature to provide this training in the same format as presently offered. Thanks largely to the lobbying efforts of local health departments, the budget adopted by the Senate has \$100,000 in additional recurring funds for CIT. While this amount is less than requested, if the final budget continues to have the \$100,000 as recurring funds, it is still a major victory in a tough fiscal year. At this point, DEH is committed to continuing to offer the course on a modular, -nine-times a year basis.

Anna Dean, CIT program manager, is scheduled to return to work in July. CITAC is scheduled to meet on August 1, 2001. Work is still needed to do a comprehensive review of what is currently being offered, to review policies and procedures, and to study efficiencies that may be implemented to make the CIT course more beneficial to attendees and ultimately the public.

Because CIT is evolving, and will continue to evolve over time, we need to know your thoughts and concerns provide critical direction to the program. CITAC has a diverse membership on purpose—to provide lots of input through representation of various associations. PLEASE let your representative on CITAC or DEH leadership know any thoughts or concerns you might have so that the group can effect change as appropriate. DEH wants Centralized Intern Training be as beneficial and effective as possible.

## Management Support Section

Monjetta Blanchard, Chair

The NCPHA Management Support Executive Committee held a meeting on June 29, 2001 in Raleigh to finalize our plans for this year's annual meeting in Winston-Salem during September 12, 13 & 14. We discussed having two guest speakers from Guilford County. We will have one meeting on Wednesday from 2:00 p.m. to 5:00 p.m. - Sara White will speak on "Hot Tips & Short Cuts for Windows & Word". On Thursday, we are planning a luncheon meeting from 12:00 p.m. Noon to 2:30 p.m. The cost will be \$8.00 per person. Please call me for reservations to this luncheon. Linda DeShazo will speak on "Professional Virtues". Our Business Meeting and Awards and door prizes will be held after the luncheon meeting from 2:30 p.m. until 5:00 p.m. This is going to be an exciting and eventful Annual Education Conference, so plan on coming and being a part of this event.

If you have not already renewed your membership in NCPHA, please DO SO NOW! Please try to recruit new member for 2001. We also need new members for our section. Recruit a new member today! I look forward to seeing you in Winston-Salem!

## Centralized Intern Training Status

Malcolm Blalock, Deputy Director, DEH

One of the most valued programs offered by the Division of Environmental Health (DEH) is the Centralized Intern Training (CIT) course. The course is a requirement for individuals who are to be considered for either authorization or registration by the NC Board of Sanitarian Examiners. While it has been in place for a number of years, it continues to evolve as the years pass.

In November 2000, DEH convened a group of folks to create a Mission Statement for CIT. This group met several times and developed the following as the mission for CIT:

**Centralized Training for Environmental Health Specialist Interns is required for all new Environmental Health Specialists Interns (15A NCAC 10 .0102).**

**The mission of centralized intern training is to support the goals of the Division of Environmental Health, to protect the health of the public, and to preserve the environment by providing:**

- **Training based on scientific knowledge of public and environmental health principles and regulations;**
- **Competency-based instruction leading to authorization to serve as an agent of the state;**
- **Training to promote consistent rule interpretation and enforcement;**
- **Skills for improving public education and communication; and**
- **Orientation to people and program resources to improve camaraderie and professionalism.**

**This training program is designed to develop professionals dedicated to the mission of protecting the public health. This broad perspective requires interns to develop a basic understanding of all the topics covered in this program.**

After the mission was approved by the Division, a new, reformulated advisory committee (CITAC) was formed to study the CIT program to recommend what should be taught; how much time to allocate to given topics; who could best teach topics; develop policies and procedures, and how to make the course more effective and efficient. The Division determined the types of representation needed on CITAC and requested members be appointed from the various groups to serve for set periods of time on a rotational basis. The membership concept applied was to have a diverse group of individuals to provide recommendations to the Division, using the perspectives of the groups represented.

CITAC membership and the expiration dates of appointment are listed on the next page.



**Women and Children's Health Section**

THE WOMEN'S AND CHILDREN'S HEALTH (WCH) SECTION HAS DEVELOPED AN OUTSTANDING PROGRAM FOR NCPHA'S ANNUAL EDUCATIONAL CONFERENCE IN SEPTEMBER. PAT RAY, WCH PROGRAM CHAIRPERSON, RECEIVED A TENTATIVE COMMITMENT FROM REPRESENTATIVE THOMAS WRIGHT, CHAIR OF THE NC GENERAL ASSEMBLY'S HEALTH COMMITTEE, TO BE THE SPEAKER AT OUR LUNCHEON/BUSINESS MEETING. HE WILL PROVIDE A LEGISLATIVE UPDATE ON ISSUES THAT IMPACT THE HEALTH OF FAMILIES AND RELATED PUBLIC HEALTH CONCERNS.

IN ADDITION, THE WCH SECTION AND THE NURSING SECTION WILL CO-SPONSOR AN EDUCATIONAL WORKSHOP ENTITLED "WHEN CHILDREN WITH DISABILITIES GROW UP". SHEILA CROMER, SUPERVISOR OF THE WOMEN'S HEALTH CLINICAL SERVICES UNIT, DPH, WILL PRESENT THIS WORKSHOP WHICH FOCUSES ON HEALTH DEPARTMENT READINESS IN MEETING THE HEALTH CARE NEEDS OF ADULTS AND CHILDREN WITH DISABILITIES.

BOTH THE WCH LUNCHEON/BUSINESS MEETING AND THE EDUCATIONAL WORKSHOP ARE SCHEDULED FOR WEDNESDAY, SEPTEMBER 12. THE LUNCHEON WILL BE HELD AT OLD SALEM TAVERN IN THE HISTORIC AREA LOCATED NEAR THE ADAM'S MARK HOTEL. ACCORDING TO THOSE WHO HAVE VISITED, THE RESTAURANT OFFERS AN EARLY 19<sup>TH</sup> CENTURY MORAVIAN ATMOSPHERE. THE MENU WILL INCLUDE THE MORAVIAN CHICKEN PIE WITH PUMPKIN MUFFINS, DRINK AND GRATUITY FOR \$10.52. THE VEGETARIAN QUICHE, FRUIT SALAD, DRINK AND GRATUITY IS ALSO AVAILABLE FOR \$9.52. WE HOPE YOU WILL JOIN US FOR OUR LUNCHEON BEGINNING AT 12:00.

IMMEDIATELY FOLLOWING THE LUNCHEON, THE WCH SECTION BUSINESS MEETING WILL BE HELD WITH GUEST SPEAKER, REPRESENTATIVE WRIGHT. THE SECTION AWARDS, INCLUDING THE CHILD HEALTH TEAM, WOMEN'S HEALTH TEAM, AND WCH EXCELLENCE AWARDS WILL BE PRESENTED AT THE CONCLUSION OF THE BUSINESS MEETING.

IN ARRANGING FOR THE LUNCHEON, WE MUST SUBMIT AN ADVANCED DEPOSIT FOR THE NUMBER WHO PLAN TO ATTEND. PLEASE COMPLETE THE REGISTRATION BELOW AND SEND A CHECK TO RESERVE YOUR SEAT (DEADLINE FOR REGISTRATION IS AUGUST 17, 2001). THE CHECK SHOULD BE SENT TO BETTY RAUTH, WCH TREASURER, NEW HANOVER COUNTY HEALTH DEPARTMENT, 2027 S. 17<sup>TH</sup> ST., WILMINGTON, NC 28401.

WCH LUNCHEON REGISTRATION

Name:	Title:
Address:	Place of Employment
Moravian Chicken Pie:	Telephone:
	Vegetarian quiche

RETURN REGISTRATION AND CHECK BY AUGUST 17, 2001 TO BETTY RAUTH, WCH SECTION TREASURER, NEW HANOVER COUNTY HEALTH DEPARTMENT, 2027 S. 17<sup>TH</sup> ST., WILMINGTON, NC, 28401.

**Social Work Section**

Sylvia Wagoner

Membership appears to be less this year and it is uncertain whether the budget or other concerns are affecting participation. The Social Work Section will feature Andrea Benfield Thursday, September 13, 2001, followed by an Awards Luncheon/Business Meeting at a local restaurant, California Fresh Buffet. **Please call me (704) 786-9181 to register for the luncheon.** Mrs. Benfield will present the topic "Maintaining Ethical Boundaries with Clients/Patients in the Health Care Profession". We are proud that the Nursing Section will be joining us in sponsoring this event. Ms. Benfield will also present at our business meeting/luncheon. We plan to market all public health social workers, especially since there will not be an annual Public Health Social Worker Conference this year. We are again planning a 50-50 raffle as a fund raising effort. Please feel free to contact Kelly Spangler if you need further information.

**Environmental Health Section**

Robert Bennett

The Environmental Health Section is once again sponsoring its Annual Scholarship Raffle. Tickets are \$10.00 each and only 500 tickets will be sold. We will be giving away five \$500.00 prizes!!! You do not have to be present to win. Cash incentives for persons selling over 20 tickets are as follows:

1. \$100.00 for the highest ticket seller
2. \$75.00 for the second-highest ticket seller
3. \$25 to each person that sells a winning ticket

Persons interested in selling or purchasing tickets, please contact me at the Cumberland County Health Department (910) 433-4686. We need your support to make this year's project a success!

**Secretary/Treasurer - Angie Ellison, Dental Hygienist, Guilford County Health Department, Greensboro**

I have been with the Dental Health Section of the Guilford County Health Department for 32 years. I have served in all offices in the Dental Health Section of NCPHA. I have served on the Pride in Public Health Committee for five years. I am a past recipient of the Ernest Branch and George Dudley Awards of the Dental Health Section. I see NCPHA having a stronger presence in Preventive Health Services in the future.

**Member-At-Large East - Janet Clayton, R.S., Environmental Health Specialist Supervisor, Person County Health Department, Roxboro**

Over the next three years, NCPHA will need to foster the sharing of knowledge among its constituents. As the population of North Carolina grows both in number and in diversity, public health officials are faced with communication hurdles. These hurdles will have to be crossed in order for the public health programs of North Carolina to survive and to be successful in the preventive care of the citizens. Fostering the sharing of knowledge and ideas will aid all participants in leading the race for quality health and a healthy environment.

**Member-At-Large East - Teme Levbarg, PhD, MSW, Continuing Education Specialist, UNC School of Public Health, NC Institute for Public Health, Chapel Hill**

Since 1986, when I joined NCPHA, I have served on conference committees, scholarship, award and membership committees, and I have had the opportunity to present workshops at the annual conferences. I am a member of the Social Work Section and a visitor at many other sections. I am now completing my term in office as a member at large and I would like the chance to serve for another term. During the past two years, the Executive Committee has dedicated considerable time and energy to the development of a strategic plan for NCPHA. I have been privileged to be part of that process. This plan is about revitalizing our professional organization by assuring that it is strong in membership, finances, focus and administrative structure. We are now at the juncture where we can move from ideas to action plans. I would like the opportunity to continue to work on what I was part of starting. I believe that I can provide continuity, leadership, good listening, and the dedication it takes to move this plan from good ideas to effective actions.

**Member-At-Large West - Debbie Edwards, Public Health Nurse, Appalachia District Health Department, Boone**

I have been a member of the Nursing Section for NCPHA for many years, having served as an officer of that section. I am currently serving on the Local Arrangements Committee for the 2001 Annual Educational Conference. I am a past President of Western NCPHA. NCPHA must position itself, through increased membership and active participation, to have a greater voice in policy decisions at the state and local level. Membership must be kept apprised of current events in public health and be prepared to respond accordingly. As Member-At-Large, I will do my best to keep you apprised and be your voice on the Executive Committee.

**Member-At-Large West - Karen Foster, Guilford County Health Department, Greensboro**

I have been an active member of NCPHA since 1972 having served as Secretary of NCPHA, Chairperson of the Pride In Public Health Committee, served on the Executive Search Committee, By Laws, Local Arrangements, and numerous other association committees. I believe all public health colleagues must take a stand for the well being of our citizens and enhance the positive image of public health services and professionals. Within the next three years and beyond, the role of NCPHA must remain the voice of our citizens and being a partner with our community to continue providing excellent services. NCPHA must work to improve the public's health through prevention, advocacy, public awareness and professional development.

**Vice President - Tom Bridges, Health Director, Henderson County Health Department, Hendersonville**

"Let us strive to do our very best in this ministry called Public Health. We live in a very challenging time for Public Health and we can meet these challenges in fine fashion. May we grow in the wisdom of our predecessors, hope for the future, but live each moment in the present serving our neighbors with the commitment and fervor of our heritage." The North Carolina Public Health Association has a tremendous opportunity to move our State into a new direction in community health. It is within our grasp to be among the change agents for a more vibrant and bright future in promoting improved health and well-being of North Carolina citizens. I would be extremely delighted and indeed privileged to serve you as Vice President of this great institution.

**Vice President - David Stone, Health Director, Surry County Health and Nutrition Center, Dobson**

I have been in public health for almost 17 years. I began my career at the NC State Laboratory of Public Health in the Newborne Screening / Clinical Chemistry Section. After 4 years, I moved to the Lab Improvement Section and worked in the Winston-Salem Regional Office. After serving as the Health Services Coordinator for the Appalachian District Health Department for 2 ½ years, I was selected as the Health Director for Surry County. I began service in my present position February 1 of this year. Having worked at the state, regional and local level, I possess a beneficial understanding of the working relationships of public health. I was fortunate to be part of a team included in the first Management Academy of Public Health at UNC. I am also a member in this year's class of the Southeast Public Health Leadership Institute. A member of NCPHA since 1989, I am currently in the Laboratory and Public Health Leadership Sections.

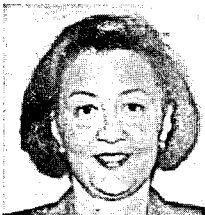
As do most public health workers, I have a passion for public health and for the people of our state. That's why many of us are in the business – because we care and have giving spirits. NCPHA is an organization that cares for the needs and development of our members. We must do better in communicating that because I know it's true. Being a professional organization that is responsive to members is one role for NCPHA.

With a clear focus on our role as the representative for public health in NC, we must strive to make our association more visible and effective. We must continually develop our role as a voice for public health. When there is a question about public health in the legislature, state offices or local level, I want the first response to be "What does the NCPHA think about that?" We've got a ways to go but we can do it. Being an organization that is involved in setting the public health agenda is a second role for NCPHA.

For NCPHA to address the needs of public health we must be ready to act in a fast paced and changing environment, able to generate and maintain relationships with a variety of groups and organizations, and be open to learning new ideas. With officers and members that are capable and willing to lead, we can create a vision that pushes us to go beyond the limits we set. Your Executive Committee has been hard at work this year developing a plan and vision for the Association so we can be ready to impact public health policy, identify and respond to health care needs and issues, and prepare a workforce for a career in public health. We need to adopt and embrace our Strategic Plan. Preparing ourselves as an organization to be a voice for public health is a third role for NCPHA. NCPHA can only be what we make it to be. Let's work together to create a vital organization with energetic members.

**Secretary/Treasurer - Sandi Baxley, Guilford County Health Department, Greensboro**

I have 18 years of service at the Guilford County Department of Public Health; member of NCPHA since 1986; Management Support Section Chairman 1993 & 1999; Association Secretary 2000; and currently hold Association Secretary/Treasurer position. I have served on Local Arrangements Committee, Scholarship Committee, and Legislative Committee. In the next three years, I see NCPHA as the leader and the voice in North Carolina in addressing public health issues. I also see community leaders partnering with NCPHA to strengthen forces to face the future in public health. This nomination is an honor and I have enjoyed serving as Secretary/Treasurer this year and would like to continue my work for you, the membership of NCPHA.

**Secretary/Treasurer - Kay Brandon, MSW, LCSW, PH Social Work Supervisor, Guilford County Health Department, Greensboro**

NCPHA member since 1985. Served two terms as chairperson, vice-chairperson and secretary of NCPHA Social Work Section, and served on committees for Social Work Section. NCPHA must continue to have a prominent role in addressing the health and well being of all people in NC. To accomplish this goal, the organization must have strong and committed leadership, and there must be partnerships with other community and state organizations. I am committed to working towards this goal.

## 2002 Slate of Officers

Please review the following information on candidates for the NCPHA Executive Committee. Be sure to clip the ballot at the bottom of page 9 ,complete and mail in the enclosed envelope by August 15, 2001.

### President-Elect: Mike Hanes, Health Director—Lee County Health Department—Sanford



First, it is an honor to be a candidate for President Elect of the North Carolina Public Health Association. My career in health and human service programs spans over twenty-five years. Having provided public health services at the national and state levels, I have spent the last ten years as a local public health director in North Carolina. In addition, I recently received my MPH from UNC School of Public Health at Chapel Hill.

I believe that our professional association, NCPHA, must recognize its strong leadership potential in advancing public health concerns in North Carolina. In the first few lines of NC General Statutes 130-A, the General Assembly states, "the mission of the public health system is to promote and contribute to the highest level of health possible for the people of North Carolina." These are powerful words, and a bedrock foundation of what we as "public healthers" should be about. Public Health is a vast array of programs within a system that serves the needs of our fellow North Carolinians. Our goals are noble, and our ladder is leaning against the right wall. The question is, "Can we come together from our many and varied vantage points, taking steps together, to reach our goals?" I see four primary strategies in advancing NCPHA's Strategic Plan:

1. Increased Membership! We must do everything possible to retain, recruit members, thereby increasing our ranks. Numbers are important!
2. Proactive Involvement! We as members must actively contribute our hearts and resources to strengthening our professional association, its capabilities and its accomplishments.
3. Organizational Visibility! NCPHA is a proud professional association; this fact should not be our secret. We must actively promote our association and the potential of its worth to public health in North Carolina.
4. Political Effectiveness! Recent events in our Legislature should make it crystal clear to everyone; being politically ineffective is not an option. Our combined efforts to communicate the value of public health to our elected representatives are essential. No matter one's political leanings, public health is WIN-WIN. It is both the right thing to do, and is the best way to save money for an increasingly burdened health care delivery system.

I will be in touch frequently with the public health family and look forward to listening to your ideas for making NCPHA the leading professional association for public health concerns in North Carolina.

### President-Elect: Debra Harris, Home Health Director, Wilson Co Health Department—Wilson



Over the next three years, I envision that NCPHA will make a committed effort to become one of Public Health's most vocal and active supporter. The leadership of NCPHA will work with the membership to become that voice. Nothing can be gained or saved in Public Health just because we have always done things or provided services to the citizens of North Carolina. It will take all of us working together to ensure that public health in North Carolina remains on the cutting edge and NCPHA must be Public Health's most ardent supporter.

It has been said many times, "If you don't hear from Public Health, that's because public health is working", I disagree. When we are working, the public and those who fund public health must hear what we are doing and there must be accountability. We must let the public know what we have accomplished with immunizations, preventive health, safe food establishments, improved nutrition outcomes, healthier babies and moms, promotion of good health, combating rabies and teaching responsible pet ownership, successful planned families and drops in Sexually Transmitted Disease. Each success story means a healthier North Carolina and less money needed for chronic illness. There is a lot to be done and it will take all of us to make Public Health shine and to enhance NCPHA to become the voice of PUBLIC HEALTH.

Serving as VP of NCPHA this year has been an honor. Seeing the Strategic Plan come together has been a highlight of this year. As President-Elect, I would continue the work that has been done this year. I do not see the Strategic Plan as just a wonderful plan, but see it as a blueprint for the viability of NCPHA and Public Health in North Carolina. It is now time for us to develop the committees to work on implementing our outcomes. We need to set timelines for these goals to be obtained. Some are short-range and there are some that will be a work in progress. The bottom line is to continue to support the plan, give the committees the support they need, be accountable to the membership and, most of all, to continue to encourage new members to join and old members to stay. Members are what make NCPHA so strong and that is what we need to be about. It would be a great honor to be President-Elect and to be able to see this year's work by the Executive Committee and Governing Council become a reality. We cannot do this alone, we can do it as an unified voice.

## Letter to the Editor

When I opened and read the April edition of the North Carolina Public Health Association Newsletter, I was favorably impressed with the overall newsletter. However, there was one omission that troubles me greatly—Environmental Health was not present!

I am not upset with any specific person for this omission. Debra Harris and Deborah Rowe do a great job of soliciting articles and making sure information presented is published. I am upset with environmental health for not submitting something. My upset is aimed at the profession, including myself, for not being proactive in seeing that something about our profession is published. I believe apathy has set in.

I'm not suggesting articles just for the sake of being present; that's inappropriate. However, there are things going on in environmental health that are important and need to be told. Actually, there are plenty of things going on that others would be interested in knowing about.

Some specific topics that I believe could be discussed include:

- Status of on-line environmental health computer system
- Status of numerical grading project
- What's going on in the legislature that may impact the profession
- RS Board's thoughts concerning statutory and rule changes
- SOP and other Courses scheduled
- Status of Centralized Intern Training (CIT) under the new format
- Makeup and charge of the CIT Advisory Committee (CITAC)
- What's going on with the Food Service Advisory Committee (FSAC)
- An update on the Innovative and Alternative Sewage review committee
- An article on West Nile Virus
- Local programs doing innovative things

Some of the above topics could/should be developed by DEH folks like myself. I used to do some articles, but have gotten complacent and have not submitted any articles in some time. However, I can do differently in the future. When I read the notice from the Newsletter folks, I can take thirty minutes and beat out a short article on some topic that I think needs some attention. I will do that.

Other topics could/should come from locals. Yes, we are all busy. No, we don't get a pay raise for having done something for the profession. However, I have worked in the profession for almost thirty-two years and am embarrassed at the current state of affairs as related to the presence of environmental health in our professional organization's newsletter.

This letter to environmental health professionals in North Carolina is intended as a challenge to all of us to be more prominent and to be more proactive. We can and will do better.

Malcolm Blalock, Deputy Director  
Division of Environmental Health  
NC Department of Environment and Natural Resources

### BALLOT FOR ELECTION OF 2002 OFFICERS

Vote for one individual per office, clip ballot and return in enclosed envelope by August 15, 2001

**President Elect:**

\_\_\_\_ Mike Hanes  
\_\_\_\_ Debra J. Harris

**Vice President:**

\_\_\_\_ Tom Bridges  
\_\_\_\_ David Stone

**Secretary/Treasurer:**

\_\_\_\_ Sandi Baxley  
\_\_\_\_ Kaye Brandon  
\_\_\_\_ Angie Ellison

**Member-At-Large East: (3 yr. Term)**

\_\_\_\_ Janet Clayton  
\_\_\_\_ Dr. Teme Levbarg

**Member-At-Large West ( 3 yr. Term)**

\_\_\_\_ Debbie Edwards  
\_\_\_\_ Karen Foster

**Candidate Information on page 10**

## Bylaw Changes

George O'Daniel, Chair

NCPHA Bylaws require that the membership be notified of pending bylaws changes that will be brought before the membership at the annual business meeting. The following proposed changes are submitted for consideration:

### Article II Mission

**CURRENT:** The Mission of the North Carolina Public Health Association is to protect and promote the public health (personal and Environmental) of the citizens of North Carolina by:

1. Providing public health workers in North Carolina with a medium for continued training, education, and peer exchange as a means of increasing professional identity and performance in public health practice.
2. Supporting legislation favorable to public health and the promotion of public health of the citizens of North Carolina.
3. Promoting programs and/or projects deemed necessary to protect and promote the public health of the citizens of North Carolina

**PROPOSED:** North Carolina Public Health Association is comprised of individuals and organizations working to improve the public's health through prevention, political advocacy, public awareness, professional development, and the interface between academia research and practice.

**PROPOSED:** Remove Mission Statement from Bylaws and place instead in Procedures Manual, General Information

### Article VII EXECUTIVE COMMITTEE

**CURRENT:** The Executive Committee shall be composed of the Immediate Past President, the President, the President-Elect, the Vice-President, Secretary/Treasurer, the elected representatives to APHA and Southern Health Association and the six (6) Members at Large.

**PROPOSED:** Delete "and Southern Health Association"

### Article VIII: RELATIONSHIPS

**CURRENT:** APHA and Southern Health Association: The NCPHA shall maintain affiliation with the American Public Health Association and Southern Health Association and elect an official representative to each organization.

**PROPOSED:** Delete "Southern Health Association".

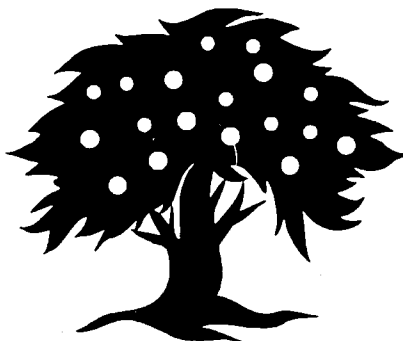
### Article VII, Article IX, and Article X: Quorum

**CURRENT:** A majority of the members of the .....present at any duly called meeting of the .....shall constitute a quorum

**PROPOSED:** Delete reference to quorum in these Articles, since **Article XVI** correctly addresses the definition of "Quorum" for any duly called meeting of NCPHA and committees.

## Pride in Public Health says:

## "Tie One On" at the Annual Meeting



Memory



Honor

Do you know that special person that exemplifies the Public Health Spirit?

Why not show you care by purchasing a Public Health recognition medallion!

For a \$1 donation, you can purchase a medallion in Honor or memory of that special someone.

The medallion will have a place for their name and a personal message.

The medallions will be tied onto the Pride in Public Health Recognition Tree for all to see

Acknowledgements will be noted in the Pride in Public Health Registry.

For more information contact:

Wanda Tart: [wtart@infi.net](mailto:wtart@infi.net) or Donna King: [dking@co.orange.nc.us](mailto:dking@co.orange.nc.us)

## National News

National Perspectives from American Public Health Association

\*Senator Ted Kennedy has once again become chairman of the Health, Education, Labor and Pensions Committee in the U.S. Senate. It is expected that many pieces of legislation concerning public health should move forward: the Patient's Bill of Rights; Medicare prescription drug benefit; and food safety issues. It is also expected that funding for public health agencies is likely to improve before action is taken on the FY 2002 budget.

\*DHHS continues to have several health-related positions unfilled: the Assistant Secretary for Health; Director of the Food and Drug Administration; Director of the National Institute of Health; etc. These vacancies affect the decision making process in the Federal Government's major health programs.

\*APHA joined in a letter to HHS Secretary Tommy Thompson expressing concern regarding his announced intention to change the medical records privacy regulation so that "parents will have access to information about health and well-being of their children, including information about mental health, substance abuse, or abortion." APHA urged Secretary Thompson not to modify the regulation with respect to minor's privacy rights because groups believe this would put the health of millions of adolescents at risk. Numerous studies have established that access to confidential services is one of the prime determinants of whether an adolescent seeks and obtains timely health care related to sensitive topics such as sexuality, substance abuse, and mental health.

## HIV/AIDS Explosion in the South

Excerpts from Article In New York Times

Black women, who make up 7 percent of the nation's population, accounted for 16 percent of all new AIDS diagnoses in 1999, a percentage that has grown steadily since the syndrome was first identified 20 years ago. By comparison, black men made up 35 percent, white men 27 percent, Latino men 14 percent, and white and Latino women were each 4 percent. While the number of new AIDS cases in the United States began to decline in the mid-1990's, the reversal started later for Southern black women, and the drop has been slower.

From 1981 to 1999, 26,522 black women developed AIDS in 11 Southern states. In Mississippi and North Carolina, statistics show that more black women than white men have contracted H.I.V. over the epidemic's course. Unless a cure is found, the share of AIDS patients who are black and female is likely to rise. The trend is strikingly visible in Southern states with large black populations. Here in Mississippi, 28.5 percent of those reporting new H.I.V. infections in 2000 were black women, up from 13 percent in 1990. In Alabama, the number rose to 31 percent, from 13 percent. In North Carolina, it rose to 27 percent, from 18 percent.

"While the H.I.V. epidemic is also increasingly affecting men in the South and black men, the overall trends for women are distinct," concluded researchers with the Centers for Disease Control and Prevention in a paper published in March in *The Journal of the American Medical Association*. "The H.I.V. epidemic in women initially centered on injection drug-using women in the urban Northeast, but now centers on women with heterosexual risk in the South."

Research has shown that people with sexually transmitted diseases like syphilis, gonorrhea and chlamydia have twice to five times the risk of contracting H.I.V., because the diseases cause ulcerations in protective mucous membranes. The South has consistently had the country's highest rates of sexually transmitted diseases. In 1999, for instance, 9 of the 10 states with the highest rates of gonorrhea and syphilis and 7 of the 10 with the highest rates of chlamydia were in the South, according to C.D.C. figures.

## March of Dimes Annual Perinatal Report

Lexington Dispatch

The March of Dimes recently released its annual perinatal report for each state in the U.S., District of Columbia, and Puerto Rico. Information is based on 1997 data. According to the report, in an average week in North Carolina: 2,058 babies are born; 289 babies are born to teenage mothers ages 15-19; 66 babies are born to mothers who receive late or no prenatal care; 182 babies are born low birth-weight (< 5.5 lbs) and 39 babies are born very low birth-weight (<3.33 lb). Nineteen (19) babies die before their first birthday per week in North Carolina.

North Carolina was 43rd in the nation in low birth-weight babies by the Kids Count report, a project of the Annie E. Casey Foundation which provide ongoing information to states on how they have advanced or regressed in various areas. Other rankings put the state in the bottom five in the country.

## Legislative Update

(Continued from page 5)

### SPECIAL PROVISIONS

1. Reorganizes DPH:  
**SENATE and HOUSE**
  - a. Creates a Section of Financial Management and Support which consolidates all budgeting, purchasing, contract oversight and computer networking personnel into this section. All positions, funds shall be transferred into this Section. The Dept shall not allow DPH to maintain non-program positions within the other section of the Division  
**SENATE**
  - b. Eliminates the Oral Health Section, effective 7/1/01 and transfers all positions, funds into the WCH Section  
**HOUSE**
  - b. No elimination of the Oral Health Section  
**SENATE**
  - c. Consolidate all nurse consultant positions across DPH into the Local Health Services Section. All funds associated with these positions shall also be transferred. Activities among nurse consultants are to be combined to ensure that positions will function as generalists for the provision of services to local health departments  
**HOUSE**
  - c. Department to evaluate in partnership with local health departments all nurse consultant positions to determine need for generalist or specialty consultation & the best organizational location  
**SENATE and HOUSE**
  - d. Consolidate & transfer all health educator positions in DPH into an existing section. All funds shall also be transferred into that section. DPH shall ensure that these position function as generalists for the provision of educational services for the State & local health departments.
2. State Lab: **SENATE and HOUSE**
  - a. DHHS shall develop a 5-year equipment replacement schedule for the State Lab.
  - b. DHHS shall assess the various services that the State Lab provides & address the feasibility of contracting for additional services.
  - c. DHHS shall assess the current fees & fee methodology for Lab services to determine if fees are set at the appropriate level.
3. State Center for Health Statistics is transferred to the Office of the Secretary & will be renamed "Center for Health and Human Services Statistics and Information" **SENATE and HOUSE**
4. DPH shall conduct an inventory of its activities in the prevention of infant mortality and birth defects & make report to legislature by 3/1/02
5. Intensive Home Visiting: **SENATE and HOUSE**
  - a. DPH shall not contract for evaluation, technical assistance or any other activity for Intensive Home Visitation Program during FY 2001-02.
  - b. DPH shall continue to collect & manage data collected by nurses and visitors on program activities
  - c. DPH shall collect the information on participants to allow future tracking of these participants and facilitate a future longitudinal study for purpose of determining program effectiveness.
  - d. DPH shall require in-home visitors to collect data on program participants as a condition of participation
6. The sum of \$3,024,185 shall be used for FY 2001-02 to fund NC Information Highway sites that received funding the ITS reserves during FY 2000-01. The Joint House of Representatives and Senate Appropriations Subcommittee on Education shall review the use of the NC Information Highway and recommend a mechanism for funding the sites beyond FY 2002-02. (TBA Monday pm)
7. AIDS Drug Assistance Program: **HOUSE**  
DHHS shall develop comprehensive information system on AIDS/HIV clients receiving services - may use up to \$50,000 to implement system. DHHS shall develop plan for promoting patient adherence to physician treatment recommendations. Shall identify ways to obtain information without interfering with physician/patient confidentiality. For FY 2001-02 and 2002-03, HIV positive individuals with incomes at or below 125% of FPL are eligible for participation in ADAP. Eligibility for ADAP participation may be extended to individuals with incomes up to 150% of FPL after Office of State Budget & Mgt. Certifies that DHHS has developed the information management system. After verification of certification, eligibility for participation in ADAP during 2001-02 shall not be extended to individuals with incomes above 125% FPL. Following 6 months if increased eligibility at 150% of FPL, eligibility for participation in ADAP shall be extended to individuals with incomes up to 175% of FPL for the remainder of the 2001-02 FY. Beginning 7-1-2002, eligibility for participation in ADAP shall be extended to 200% FPL.



## Legislative Update

EXPANSION	FY 2001-02 SENATE	FY 2002-03 SENATE	FY 2001-02 HOUSE	FY 2002-03 HOUSE
1. Asthma Education Program Provides funding to support asthma management, control, surveillance & education	250,000 NR	\$ 0	250,000 NR	\$ 0
2. Alice Aycock Poe Center for Hlth Ed Provides grant-in-aid to the Alice Aycock Poe Center for Health Education	200,000 R	\$200,000 R	200,000 R	200,000 R
3. Prevention of Birth Defects Provides funding for education and awareness activities on the importance of folic acid consumption preceding pregnancy to effectively prevent neural tube birth defects	200,000 NR	\$ 0	200,000 NR	\$ 0
4. Arthritis Prevention Project Provides grant-in-aid for a private, local project in Mecklenburg County	25,000 NR	\$ 0	NO FUNDING	
5. Medical Day Care Pilot Project Provides funding for a start-up medical daycare center	100,000 R	100,000R	100,000 R	100,000 R
6. Prescription Drug Access Project Provides funding to support a centralized system for accessing free and low cost drugs through pharmaceutical companies	200,000 R	200,000R	200,000R	200,000 R
7. Office of Minority Health Funds Office of Minority Health activities to reduce health disparities	200,000 NR	0	200,000 NR	\$ 0
8. Birth Defects Monitoring Program Provides funding for the continuation of the birth defects registry	200,000 R	200,000R	NO FUNDING	
9. Heart Disease and Stroke Prevention Funds Heart Disease and Stroke Prevention Task Force activities	100,000 NR	0	100,000 NR	\$ 0
10. Health Choice Increase enrollment for NC Health Choice to 82,000 children	8,000,000 R	12,500,000 R	8,000,000 R	12,500,000
11. Breast/Cervical Cancer coverage Provides funding for Medicaid coverage for uninsured women under age 65 with breast or cervical cancer. Includes state costs for administration	622,000 R	1,215,925R	622,000 R	1,215,925 R
12. Dental Rate Increase Provides targeted rate increases for dental services for adults and children	7,500,000 R	7,500,000 R	NO FUNDING	
13. HIPAA Compliance Funds Provides funds for statewide planning & implementation of HIPAA; establishes national standards & requirements for the transmission, storage and handling of certain electronic health care data.	30,000,000 NR	\$ 0	\$10,000,000 NR	\$ 0
14. Env. Hlth Specialist Training Additional funds for training and continued education to local environmental health specialists to improve the consistency of implementation and enforcement of rules.	100,000 R	100,000 R	100,000 R	100,000 R
15. West Nile Virus Monitoring Funds for monitoring of sentinel flock for indication of West Nile Virus	100,000 NR	0	100,000 NR	0
16. Healthy Start Foundation Provides funds for Healthy Start Foundation to improve access to prenatal care & reduce poor birth outcomes for families in NC	NO FUNDING		400,000 NR	\$ 0
17. Varicella Vaccine Provides funding for varicella vaccinations for approximately 20,000 children	NO FUNDING		752,761 R	752,761 R
18. Osteoporosis Task Force Provides funding to continue activities to the Osteoporosis Task Force	NO FUNDING		125,000 NR	\$ 0
19. Healthy Carolinians Provides funding for Healthy Carolinians Task Forces throughout the state.	NO FUNDING		1,000,000 NR	\$ 0
20. AIDS Drug Assistance Program Increases funding for the AIDS Drug assistance Program that pays for prescription drugs for qualified HIV/AIDS patients	NO FUNDING		500,000 R	500,000 R
21. HIV/AIDS Prevention Initiative Creates position in the Office of Secretary to coordinate awareness/education activities of HIV/AIDS Prevention Initiative	NO FUNDING		1 position R	
22. Env. Hlth. Reserve for Position Places funds in a reserve for salary /operating support for a part-time Regional Env. Hlth Specialist. Funding is contingent upon passage of HB365, Body Piercing	NO FUNDING		35,000 R	35,000 R

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## Legislative Update

The Senate and House have differing opinions on which programs should be funded for the next biennium. We have compiled the different versions of the Appropriations Bill for your review. The Conference Committee will be meeting in July in an effort to reach a compromise between the varying budgets. To be kept apprised of legislative alerts, please email Deborah Rowe at [deborah.rowe@ncpha.com](mailto:deborah.rowe@ncpha.com) and ask to be on the listserv.

BUDGET HIGHLIGHTS	FY 2001-02	FY 2002-03	FY 2001-02	FY 2002-03
REDUCTIONS:	SENATE	SENATE	HOUSE	HOUSE
1. Sickle Cell Program Education Counselors Reduces state appropriations in anticipation of increased Medicaid receipts	(\$54,633) R	(\$54,633) R	(54,633) R	(54,644) R
2. Newborn Screening Program Reduces state appropriations in anticipation of increased Medicaid Receipts	(2,050,000) R	(2,050,000) R	(2,050,000)R	(2,050,000) R
3. Nurse Midwifery Program Eliminates funding for the Nurse Midwifery Program which funds start-up midwifery practices	(340,000) R	(340,000) R	(340,000) R	(340,000) R
4. AIDS Drug Assistant Program Reduces state appropriations on a non-recurring basis due to excess ADAP funds	(1,500,000) NR	\$0 NR	No Cut	No Cut
5. Rural Obstetrics Incentive Program Eliminates Rural Obstetrics Incentive Program which pays a portion of the malpractice insurance for doctors in rural areas to encourage them to treat Medicaid patients	(1,255,000) R	(1,255,000) R	(1,255,000) R	(1,255,000)
6. Health Promotion Activities Reduces state appropriations for Health Promotion activities	No Cut	No Cut	(1,000,000) R	(1,000,000)
7. Vital Record Receipts Adjusts the budget to accurately reflect the amount of receipts to be collected for sale of vital records	(60,000)	(60,000)	(60,000)	(60,000)
8. Reduces Hlthy Start Foundation Contract (over \$550,000 still remains in Contract)	(150,000)		(150,000)	
9. Eliminates Association of NCABH Contract	(100,000)		(100,000)	
10. Eliminates Mecklenburg County Mental Health Authority contract	(86,144)		(86,144)	
11. Eliminates NC Fair Share Contract	(10,000)		(10,000)	
12. Hypertension Data Analysis	10,000)		(10,000)	
13. Pennsylvania State University	(53,355)		(53,355)	
14. UNC Family Services Network	(223,561)		(223,561)	
15. UNC SPH (IHV Evaluation)	(225,000)		(225,000)	
16. UNC SPH—Local Health Services	(127,494)		(127,494)	
17. Eliminates the DPH positions:				
	Deputy Director		No Cut	
	Asst Section Chief for Human Ecology/Epi		SAME	
	Section Chief for Oral Health		No Cut	
	Oral Health Epidemiologist		SAME	
	Special Assistant to Health Director		SAME	
	Scientific Advisor Health Director		SAME	
	Public Health Legislative Liaison		SAME	
	Physician Epidemiologist - Mental Health		SAME	
	Architect/Local Health Services		SAME	
	Assistant Health Officer		SAME	
	Regional Personnel Staff (18)		SAME	
18. Eliminates DEH positions:				
	Environmental Engineer II		SAME	
	Word Processor III		SAME	
	Operating Support		SAME	
19. Transfers positions to DPH from DEC's	NOT INCLUDED			
			Audiologists	
			Speech/Language Path.	
			Language/Communication Specialist	
			Social Workers	

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## Health Directors Corner

### Budget

The State is in a budget crisis and counties across the state are feeling the financial strain as well. Lay-offs, decreased travel funds, delay of capital improvements—all are being realized during this difficult time. The North Carolina Association of Local Health Directors has been diligent in keeping apprised of what is happening in the General Assembly while responding to public health needs at home.

Health has taken a big hit in the State budget. Many of our friends' positions have been targeted for elimination. Popular programs are being cut. State funding for the Association of North Carolina Boards of Health is being eliminated. Our hope for funding for Uncompensated Prenatal Care and Core/Essential Services and Interpreter Services will probably not be realized this year.

The State budget does include funding for HIPAA Compliance. Those of us working in the health arena know that we have no time to waste in preparation for HIPAA, the federal Health Insurance Portability and Accountability Act. Agencies providing health care services are legally subject to the federal requirements of this Act, which establishes national standards for the transmission, storage and handling of certain electronic health care data. HIPAA will require significant changes in information technology systems, administrative policies and training. The most comprehensive changes will include moving from paper-based transactions to electronic transactions, establish national identifiers for providers, payers and employers and upgrading the security and privacy of health care information. Failure to implement these requirements may result in denied or delayed reimbursements and several civil and criminal penalties.

Currently, the North Carolina Department of Health and Human Services and Local Health Departments have been relying upon a twenty year-old data system that has been used beyond its original design. The outdated system could result in long-term problems for the state in receiving more limited data and communication without additional interface modifications. Additionally, HIPAA preparedness will vary from county to county, as many local health departments will find it difficult to have the resources needed to understand and implement HIPAA requirements without state technical assistance.

Our future is tenuous if our technology infrastructure and the mandates of HIPAA are not addressed. The North Carolina Association of Local Health Directors strongly believes that it is right and appropriate that the State and Local public health agencies fully collaborate in addressing HIPAA requirements and in expanding and enhancing its technology infrastructure.

### Partnerships:

Our Association had the honor of being invited to be a part of the Public Health Orientation for DHHS Secretary Hooker-Buell and Assistant Secretary Bernstein. We addressed the issues that are included in this report as well as our continued support for the unification of public health and environmental health at the state level, and the different models of public health delivery at the local level. We appreciate the interest and support shown by Secretary Hooker-Buell and Assistant Secretary Bernstein, as well as Dr. Leah Devlin, Interim State Health Director and Dennis Harrington, Director, Office of Local Health Services.

The NC Association of Local Health Directors continues its support and participation in the N.C. Hispanic Health Task Force and the Minority Health Advisory Council. We cannot speak of public health without recognizing that minority populations in our state do not enjoy the same health status as the white population. The diversity in health indicators may be attributable to income, accessibility to care, cultural differences, and/or education. Regardless of the reason, as public health practitioners, we must make every effort to eliminate those health disparities through partnerships with our sister agencies, schools, faith communities, civic organizations, and our elected officials.

The Association participated in the Association of NC Boards of Health Summer Academy. Approximately 90 people attended this session, hearing from Lt. Governor Perdue, Secretary Hooker-Buell and several presenters who provided valuable training on protecting the public's health through advocacy. We also participated in the Public Health Legislative Day which educated public health practitioners on legislative issues and provided the opportunity to meet with legislators.

### Health Director's Legal Conference

We will hold our Annual Legal Conference in conjunction with NCPHA's Annual Educational Conference in Winston-Salem in September. Many thanks to Jill Moore, NC Institute of Government, for her assistance in pulling the program together. It will be informative and should be a must for all health directors. We look forward to seeing you there.

## President's Message

Carolyn Moser

In a couple of months, my tenure as President of NCPHA will end and I can not begin to thank everyone for their support; not only to me but also to our Association. Maybe the philosophy of Charles Schulz will help you better understand the gratitude I feel at this time.

Schultz asks you to: 1-Name the five wealthiest people in the world; 2-Name the last five Heismann trophy winners; 3-Name ten people who have won the Nobel or Pulitzer prize; 4-Name the last decade's World Series winners. How did you do??

Now, 1-List three friends who have helped you through a difficult time; 2-List a few teachers who aided your journey through school; 3-Name five people who have taught you something worthwhile; Think of five people you enjoy spending time with. Easier??

The people who make a difference in your life are NOT the ones with the most credentials, the most money, or the most awards. Applause dies, awards tarnish, achievements are forgotten. The people who make a difference in your life are the ones who really care!

The dedication and hard work I have seen clearly place the members of the public health family in the category of the ones who really care. I applaud the efforts this year of Executive Committee and Governing Council, and especially Deborah Rowe, who has worked tirelessly in this extremely tough legislative session!

I encourage everyone to VOTE. We have a great slate of officers willing to give to our Association. ENJOY your summer, then PLAN TO ATTEND the annual education conference in September. See you in Winston Salem.

## NCPHA's Strategic Plan

The Executive Committee and the Governing Council has reviewed and is proposing the following Strategic Plan for NCPHA to position the Association to address the needs and challenges of public health for the next decade.

### MISSION STATEMENT

North Carolina Public Health Association is comprised of individuals and organizations working to improve the public's health through prevention, political advocacy, public awareness, professional development, and the interface between academia research & practice.

### OUR VISION

The North Carolina Public Health Association is the leading professional association for people dedicated to promoting and protecting the health and environment of all North Carolinians.

### GUIDING PRINCIPLES

The *Guiding Principles* of the NCPHA are: integrity, dignity and respect, pride and commitment, inclusion and education for individuals and communities.

### OUTCOMES

Develop the fiscal and human resources necessary to support and achieve the Association's Mission

Increase, sustain and diversify the membership

Assure an organizational structure that is effective and efficient in achieving the Association's Mission

Achieve recognition as the Voice of Public Health in North Carolina

Create alliances with other organizations to support and achieve the Association's mission

# NC Public Health Association Newsletter

## NCPHA's Annual Educational Conference:

### New Partnerships for Building Community

#### Public Health: Diversity in Disciplines

Public health is one of the most diverse fields of work, comprised of professionals in over 75 disciplines. Take a moment and see how many you can think of. . .nutrition, nursing, soil science, epidemiology, entomology. . .and the list goes on. We all bring to our work the various traditions of our own education and training. This can be frustrating at times, as we may have differing professional perspectives on how a particular problem should be approached.

At the same time, however, diversity of opinion strengthens any mission and goal, enhancing opportunities for success. In serving our communities, we must rely on the diverse perspectives and experiences of our colleagues, those working in health departments and those working for other organizations, as well. Public safety professionals, recreation specialists, and hospital workers (to name only a few), enhance our ability to promote and protect the health of the public. The multidisciplinary approach of public health gains importance as our communities become more diverse and complex.

At the NCPHA Annual Scientific Meeting in September, Tyler Norris of Community Initiatives, Inc. will deliver the Thomas F. Wood Lecture. His address will highlight the importance of alliances with new and perhaps non-traditional partners, sharing our knowledge and experience in building our communities.

Michael Bird, MSW, MPH, President of the American Public Health Association, has been invited to deliver the State of the Nation's Health at the Closing Session on Friday, September 14, 2001. We will, once again, enjoy our partnership with Glaxo SmithKline in sponsoring the Annual Child Health Recognition Awards Ceremony and luncheon on Friday. What a wonderful opportunity to cheer our peers in their accomplishments in improving the health status of our state's children.

NCPHA has, this past year, strengthened our partnership with the North Carolina Association of Local Health Directors. This is evident in NCPHA hosting the Annual Health Director's Legal Conference during our Annual Educational Conference. In addition to health directors, county attorneys, Board of health members, other interested health officials attend this popular event.

The Annual Educational Conference also provides the opportunity for public health practitioners throughout the state to come together for three days of education, peer exchange, peer recognition, and so on, and so on. Sections will be hosting workshops and awards luncheons. Exhibitors will be showcasing new products and services. And don't forget the camaraderie and fun.

Look on page 18 for the Annual Educational Conference itinerary. Let's celebrate our diversity in disciplines and our unified goal of protecting the public's health through prevention and the promotion of healthy lifestyles.

**See you in Winston-Salem**

#### Special points of interest:

- AEC Itinerary/Registration Information
- Bylaws Changes
- Slate of Officers
- Health Directors' Corner
- Legislative Update
- NCPHA's Strategic Plan
- Section Reports

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