

Thursday

Charlie Goodnight's
7:00 PM Dinner
9:00 Show

NCALHD Attendance Roster for January 14, 1998

(M) = 1998 Dues Paying Member

(E) = Executive Committee Member

1. ✓ Alamance /Tim Green (E)
2. Alexander/ Shelley Carraway
3. MK Anson/Marc Kolman
4. Appalachain Dist/Daniel Staley
5. SH Beaufort/Tamera Hower
6. Bertie/VACANT
7. ~~MA~~ Bladen/VACANT
8. ~~DL~~ Brunswick/Don Yousey
9. ~~GB~~ Buncombe/George Bond (E)
10. Burke/Jenny Kirksey
11. Cabarrus/Dr. William Pilkington
12. Caldwell/VACANT
13. Carteret/Dr. J. T. Garrett
14. ~~AS~~ Caswell/Anne Scott
15. ~~CS~~ Catawba/Barry A. Blick
16. ~~WY~~ Chatham/Wayne Sherman (E)
17. ~~ER~~ Cherokee/Elaine Russell
18. Clay/Janice Patterson
19. Cleveland/Denese Stallings
20. Columbus/Marian Duncan
21. ~~W~~ Craven/Wanda Sandele
22. ~~W~~ Cumberland/Dr. Jesse Williams
23. Currituck/Dr. John Sledge, Jr.
24. Dare/Anne B. Thomas (E)
25. ~~DC~~ Davidson/Diane Crouse
26. ~~DS~~ Davie/Dennis Harrington (E)
27. ~~W~~ Duplin/Dr. Harriette Duncan
28. Durham/Dr. Janice Stratton, Acting
29. ~~JB~~ Edgecombe/James Baluss
30. ~~SL~~ Forsyth/Sherman Kahn (CG)
31. ~~W~~ Franklin/Keith Patton
32. Gaston/Bruce Parsons
33. Graham-Swain Dist/Emma Waldroup
34. ~~NR~~ Granville-Vance Dist/Dr. Roddy Drake
35. ~~DP~~ Greene/Doug Urland
36. ~~HG~~ Guilford/Dr. Harold Gabe (CG)
37. Halifax/Dr. Chris Szwagiel
38. ~~WR~~ Harnett/Wayne Raynor
39. ~~W~~ Haywood/Bob Wood (E)
40. ~~FA~~ Henderson/Thomas Johnson
41. ~~JB~~ Herford-Gates Dist/James Boehm
42. Hoke/Donald Womble

43. ___ Hyde/Linda Mayo
44. ~~AK~~ Redell/Raymond Rabe
45. ___ Jackson/Randall Turpin
46. ___ Johnson/Dr. L.S. Woodall
47. ~~ATB~~ Jones/Arthur T. Jones
48. ~~ML~~ Lee/Phyllis Lowry
49. ___ Lenoir/Joey Huff
50. ~~MD~~ Lincoln/Margaret Dollar (E)
51. ___ Macon/Sam Greenwood, Acting
52. ___ Madison/Ken Ring
53. ___ Martin-Tyrrell-Washington Dist/Bill Burgess
54. ___ Mecklenburg/Stephen Keener/Peter Safir
55. ~~MT~~ Montgomery/Mike Hanes (E)
56. ~~RLW~~ Moore/Robert Wittmann
57. ___ Nash/William Hill, Jr.
58. ~~WR~~ New Hanover/David Rice
59. ___ Northhampton/VACANT
60. ___ Onslow/Danny Jacob
61. ___ Orange/~~Daniel Kemmer~~
62. ~~JK~~ Pamlico/Jenny Lassiter
63. ___ PPCC Dist/Howard Campbell
64. ___ Pender/Jack Griffith
65. ~~TS~~ Person/Tom Bridges (E)
66. ~~AD~~ Pitt/Dr. John Morrow (E)
67. ~~MLK~~ Randolph/Mimi Cooper ~~CC~~
68. ~~TS~~ Richmond/Tommy Jarrell
69. ~~✓~~ Robeson/Bill Smith (E) ~~CC~~
70. ~~GM~~ Rockingham/Glenn Martin
- ~~DD~~ Rowan/John Shaw (E)
72. ~~RM~~ Rutherford-Polk-McDowell Dist/Leonard Wood
73. ~~CEH~~ Sampson/Curtis E. Holloman (E)
74. ___ Scotland/VACANT
75. ~~KE~~ Stanly/Joseph Barry Bass (E) ~~CG~~
76. ___ Stokes/Colleen Bridger
77. ___ Surry/Dr. Walter Linz
78. ___ Toe River Dist/Tommy Singleton, Acting
79. ~~M~~ Transylvania/Terry Pierce ~~CG~~
80. ~~LW~~ Union/Lorey White ~~CG~~
81. ~~LS~~ Wake/Dr. Lou Brewer
82. ___ Wayne/Robert Peck
83. ~~DK~~ Warren/Dennis Retzlaff (E) ~~CG~~
84. ~~SK~~ Wilkes/George O'Daniel
85. ~~W~~ Wilson/Dr. Louis Latour
86. ___ Yadkin/Gayle Brown

Other Attendees/Guests

Name	Representing
Steve Cline	Dental Health - DHHS
CHRIS HOKE	
Jill Moore	IOG
Suzanna Young	Migrant/Refugee Health Programs DHHS
Barbara Fuller-Smith	Office of Minority Health - DHHS
Nancy H. Johnson	Bladen County Health Department
Dyana Register	NC LPHMSSA
Lee DeWitt	DHHS Com. Health
Eugene Hines	Cumberland County Health Depart
Barbara Chavrus	Office of Continuing Ed, UNC-CH
Carmine Rocco	Assoc. of NC Boards of Health
Deborah Rome	NCPHA

**NORTH CAROLINA ASSOCIATION OF
LOCAL HEALTH DIRECTORS**

1998 MEETING SCHEDULE

February 19	Wake County Public Health Center Board Room
March 19	Brownstone Hotel 1707 Hillsborough Street, Raleigh
April 21	TBA North Raleigh Hilton
May 21	Wake County Commons
June 18	Wake County Commons
July 16	Wake County Commons
August 20	Wake County Public Health Center Board Room
September 17	Holiday Inn Bordeaux Fayetteville, NC
October	TBA
November 19	Wake County Commons
December 17	Wake County Public Health Center

All meetings will begin at 9:00 am unless otherwise stated

Wake County Public Health Center
10 Sunnybrook Road
Raleigh, NC

Wake County Commons
4011 Carya Drive (off Poole Road)
Raleigh, NC

NORTH CAROLINA ASSOCIATION of LOCAL HEALTH DIRECTORS

An Affiliate of the North Carolina Association of County Commissioners
EveryWhere. EveryDay. EveryBody.

January 26, 1998

TO: Jim Baluss, Edgecombe CHD
Sherman Kahn, Forsyth CHD
Dennis Retzlaff, Warren CHD
Tom Bridges, Person CHD
Wayne Raynor, Harnett CHD
George Bond, Buncombe CHD
Elaine Russell, Cherokee CHD
John Morrow, Pitt CHD
MiMi Cooper, Randolph CHD
Maggie Dollar, Lincoln CHD

FROM: Bill Smith 

SUBJECT: Committee Assignments

Enclosed you will find committee assignments for this year. Many of these individuals have not been invited formally. I urge you to do so.

As a reminder, please assist Tim Green by having items presented at the monthly meetings written down (and then handing it to him). Additionally, if you will send a copy of your minutes to him when they are prepared, we can have them posted with the association's minutes.

Thanks for your upcoming efforts.

P.S. If you will let me know when people change committees, we can keep the list up to date.

cc: Tim Green

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Fax: 704-982-8554
NC Courier #05-94-09

**NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS
COMMITTEE ASSIGNMENTS**

Hospital/County Commissioners Association Network Committee

Jim Baluss, Chair, Edgecombe County Health Department

Marian Duncan, Columbus CHD	Bill Hill, Nash CHD
Danny Jacob, Onslow CHD	Stephen Keener, Mecklenburg CHD
L.S. Woodall, Johnston CHD	J.T. Garrett, Carteret CHD
Louis Latour, Wilson CHD	Ed Regan, NC Assn. of County Comm.
Jeff Spade, NC Rural Health Center	Barry Blick, Catawba CHD
Randall Turpin, Jackson CHD	

Epidemiology Committee

Sherman Kahn, Chair, Forsyth County Health Department

Jenny Lassiter, Pamlico CHD	Glenn Martin, Rockingham CHD
Raymond Rabe, Iredell CHD	David Rice, New Hanover CHD
Joey Huff, Lenoir CHD	Walter Lintz, Surry CHD
Tommy Singleton, Toe River HD	Bill Burgess, MTW HD
Robert Peck, Wayne CHD	Robert Wittmann, Moore CHD
Peter Safir, Mecklenburg County	Jack Griffith, Pender CHD

Managed Care and Reimbursement Committee

Dennis Retzlaff, Chair, Warren County Health Department

Phyllis Lowry, Lee CHD	Bruce Parsons, Gaston CHD
Mike Hanes, Montgomery CHD	Colleen Bridger, Stokes CHD
Dennis Harrington, Davie CHD	Tommy Jarrell, Richmond CHD
Barry Blick, Catawba CHD	Wanda Sandale, Craven CHD
Harold Gabel, Guilford CHD	Jim Boehm, HG HD
Linda Mayo, Hyde CHD	Sampson CHD

State and Local Relations Committee

Tom Bridges, Chair, Person County Health Department

Jim Baluss, Edgecombe CHD	Dennis Harrington, Davie CHD
Louis Latour, Wilson CHD	Maggie Dollar, Lincoln CHD
Peter Morris, Wake County	Danny Jacob, Onslow CHD
Tim Green, Alamance CHD	John Shaw, Rowan CHD
Barry Blick, Catawba CHD	Bill Hill, Nash CHD

**NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS
COMMITTEE ASSIGNMENTS (continued)**

Education and Awards Committee

Wayne Raynor, Chair, Harnett County Health Department

Curtis Holloman, Scotland CHD
, Caldwell CHD

Phyllis Lowry, Lee CHD
Eugene Hines, Cumberland CHD

Technology Committee

George Bond, Chair, Buncombe County Health Department

Leonard Wood, RPM HD
Tommy Jarrell, Richmond CHD
Barry Blick, Catawba CHD
Lorey White, Union CHD
Marc Kolman, Anson CHD

Ray Rabe, Iredell CHD
Robert Wittmann, Moore CHD
Tom Bridges, Person CHD
Chris Szwagiel, Halifax CHD
Terrell Jones, Jones CHD

Community Health Committee

Elaine Russell, Chair, Cherokee County Health Department

Jenny Lassiter, Pamlico CHD
Lou Brewer, Wake County
Wayne Sherman, Chatham CHD
Keith Patton, Franklin CHD
Shelley Carraway, Alexander CHD
, Orange CHD

Tamara Hower, Beaufort CHD
Janice Patterson, Clay CHD
Marian Duncan, Columbus CHD
Ken Ring, Madison CHD
, Durham CHD
Emma Waldroup, GS HD

Women's and Children's Health Committee

John Morrow, Chair, Pitt County Health Department

Glen Martin, Rockingham CHD
Peter Morris, Wake County
Tamara Hower, Beaufort CHD
Harold Gabel, Guilford CHD
Myra Johnson, Bladen CHD

Bob Wood, Haywood CHD
Danny Staley, Appalachian HD
Diane Crouse, Davidson CHD
Denese Stallings, Cleveland CHD
Harriette Duncan, Duplin CHD

NCALHD Executive Director Feasibility Study Committee

Leonard Wood, Chair, Rutherford-Polk-McDowell District

Barry Bass, Stanly CHD

Dennis Harrington, Davie CHD

**NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS
COMMITTEE ASSIGNMENTS (continued)**

Nomination and By-Laws

Barry Bass, Chair, Stanly County Health Department

Harriette Duncan, Duplin CHD

Leonard Wood, RPM HD

Mike Hanes, Montgomery CHD

Environmental Committee

MiMi Cooper, Chair, Randolph County Health Department

Gayle Brown, Yadkin CHD

Wayne Sherman, Chatham CHD

Terry Pierce, Transylvania CHD

Donald Yousey, Brunswick CHD

Ann Scott, Caswell CHD

Doug Urland, Greene CHD

Don Wombie, Hoke CHD

Terrell Jones, Jones CHD

Jenny Kirksey, Burke CHD

J.T. Garrett, Carteret CHD

Policy and Planning Committee

Maggie Dollar, Chair, Lincoln County Health Department

Anne Thomas, Dare CHD

George Bond, Buncombe CHD

George O'Daniel, Wilkes CHD

Bob Wood, Haywood CHD

Mike Hanes, Montgomery CHD

Howard Campbell, PPCC District

Louis Latour, Wilson CHD

Barry Bass, Stanly CHD

Tom Bridges, Person CHD

Roddy Drake, Granville-Vance District

Leonard Wood, RPM District

Dennis Harrington, Davie CHD

NCALHD LIAISONS FOR 1998

Association of Local Boards of Health	Jenny Kirksey
Association of PHN Administrators	awaiting request from assn.
Board of Sanitarian Examiners & EH State of Practice	Terry Pierce
Citizens for Public Health	John Morrow
Child Health & Medical Society	awaiting request from group
Coalition for Human Services	Tom Bridges
Commission for Health Services	John Shaw
Local Forms Committee	awaiting request from comm.
Local Govt. Environmental Advisory Committee	" " " "
EH Centralized Training	MiMi Cooper
EH Supervisors Assn/NCPHA	awaiting request from assn.
Farmworkers Health Alliance	Harriette Duncan
Governor's Council on Sickle Cell	Jesse Williams
Governor's Council on Physical Fitness for Older Adults	awaiting request from council
HSIS Council	awaiting request from council
Human Services Automation Committee	awaiting request from comm.
Legislative Committee for Health & Social Policy	awaiting request from comm.

NCALHD Liaisons for 1998 (continued)

Legislative Committee for Heart & Stroke Prevention	awaiting request from comm.
Management Support Supervisors' Assn.	awaiting request from assn.
NC Academy of Family Physicians	awaiting request from org.
NC and Old North State Dental Society	awaiting request from society
NC and Old North State Medical Society	awaiting request from society
NC Association for Home Care	Dennis Harrington
NC Association of Local Nutrition Directors	Louis Latour
NC Association of Public Home Health Agencies	Louis Latour
NC Board of Registry for Health Education, Inc.	awaiting request from board
NC Diabetes Council	awaiting request from council
NCPHA Legislative Committee	Maggie Dollar
NC Nurses Association	awaiting request from assn.
NC Office of Prevention	awaiting request from office
NC Prevention Partners	Jenny Lassiter
NC Restaurant Association	awaiting request from assn.
NC SOPHE	awaiting request from society
Public Health Study Commission	
Public Health Nursing Continuing Education	
Social Work CETAC	Bill Smith
Steering Committee on Human Resources NCACC	Tom Bridges

NACALHD EXECUTIVE COMMITTEE FOR 1998

- President** William J. Smith IV, MPH, (Robeson County) 910 671-3404
- President-Elect** Margaret B. Dollar, MEd, (Lincoln County) 704 736-8634
- Vice-President** Thomas D. Bridges, MPH (Person County) 336 597-2204
- Secretary-Treasurer** Tim Green, MPA (Alamance County) 336 513-5514
- Past President** Joseph B. Bass, Jr., MSW (Stanly County) 704 982-9171

REGIONAL REPRESENTATIVES

- I. Robert Wood (Haywood)
- II. George Bond (Buncombe)
- III. Dennis Harrington (Davie)
- IV. John Shaw (Rowan)
- V. Wayne Sherman (Chatham)
- VI. Mike Hanes (Montgomery)
- VII. Dennis Retzlaff (Warren)
- VIII.
- IX. Anne Thomas (Dare)
- X. John Morrow (Pitt)

NORTH CAROLINA ASSOCIATION of LOCAL HEALTH DIRECTORS

An Affiliate of the North Carolina Association of County Commissioners

December 30, 1997

H. David Bruton, MD, Secretary
N.C. Department of Health and Human Services
101 Blair Drive, Adams Building
Raleigh, N.C. 27603

Dear Dr. Bruton:

The N.C. Association of Local Health Directors has been working on the development of a collective vision for the delivery of public health services for the past several months. We began with a work group in June, 1997 that gave rise to a "Vision Forum" which was held in Raleigh on October 30. As the result of the Forum, another work group has been established to develop a model for consideration by our membership. Our goal was to have a model(s) to present by the January meeting of the NCLHD that is held in conjunction with the State and Local Health Director's Annual meeting since there is a sense of urgency regarding this issue.

At our December 17 work group meeting, we came to the conclusion that this issue is of such great complexity and our view of ourselves skews our objectivity to the extent that we need an outside perspective to provide us with an honest assessment of our position as health care service providers and to give us recommendations on how to proceed in developing a viable local public health delivery system model(s) for our state. We have identified the areas of governance, structure, funding and services that the model(s) must address. We are very aware of the market forces in health care that are effecting service delivery at the local level. As you know, we are acutely aware of the potentially devastating impact of Carolina Access upon many local health departments, especially our funding infrastructure.

We are now developing a request for proposal to acquire the services of an expert consultant who can objectively assess public health departments as service providers, help us to understand our role in the evolving health care system, especially issues regarding managed care, to advise us on how to effectively participate in this evolving system and what model(s) will provide us with the greatest opportunity for success in this changing environment.

You will receive a copy of the RFP when it is sent out to the perspective

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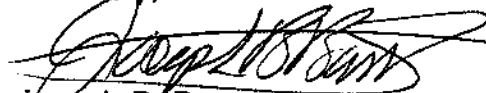
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Tel. 919-291-5470 Ext. 276
Fax: 919-237-2146
NC Courier #01-50-25

We are compelled to go forward with this process since we are not aware of any developing model(s) for the delivery of local public health services at the state level, including any movement towards the consolidation of all human resource departments at the local level into a single agency (Wake County model). We acknowledge that some counties have already taken action to address their public health service delivery needs, such as Wake, Mecklenburg, Cabarrus, Cleveland and Gaston counties however, the majority of counties have yet to act and feel that this action by our association to develop a model(s) is a proactive means to assure a public health service system in our state. We believe that the development of eighty six separate public health entities within North Carolina is not realistic or feasible in this era of health networks and service integration.

Once we develop the model(s), it is our intention to collaborate with the state in the "Turning Point Project" process, which we view as a unique opportunity for public health on both the local and state level. We will continue to inform you as we proceed with this process.

Sincerely,



Joseph B. Bass, Jr., President
N.C. Association of Local Health Directors

cc: Dr. Ron Levine
Bill Smith, President-Elect NCALHD



DEPARTMENT OF HEALTH AND HUMAN SERVICES
H. DAVID BRUTON, M.D., SECRETARY

1-5-97

Joseph,
Thank you for your letter re:
"development of a collective vision".
Please keep me in the loop. Going
forward this is our most important
task. Combining the forces of traditional
Medicine and Public Health is a
major goal of mine. DAVE Bruton

NORTH CAROLINA ASSOCIATION of LOCAL HEALTH DIRECTORS

An Affiliate of the North Carolina Association of County Commissioners

January 7, 1998

Memorandum

To: Prospective Consultants

From: Joseph B. Bass, Jr., Past President
NC Association of Local Health Directors

Subject: Request for Proposals



The North Carolina Association of Local Health Directors and its Visioning Work Group have gone through a process to understand and determine the role of public health in the emerging health care system, especially regarding issues related to managed care. We have reached the conclusion that we are at a point where an outside objective resource can best assess and evaluate the role of public health in several of areas and as related to many critical issues. We have identified that we need an environmental scan which can be completed within ninety (90) days and provide a limited number of options for the delivery of public health services.

Through a recent brain storming process we have identified the following key questions that need to be answered, understood, and defined in order to provide public health services in this new era:

1. What changes will be or should be occurring at the state level that will effect the delivery of public health services?
2. What are the funding issues that will effect the delivery of public health services?
3. What is/should be our relationship with other service providers?
4. What type of structure do we need for the public health system?
5. What is the niche for public health in the provision of health services?
6. What should the service delivery configuration for public health be?
7. How can we best develop integrated information systems?
8. What is the need for a public health system with a standardized service package?

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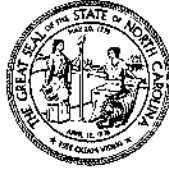
9. How can we achieve economies of scale?
10. Who should assure the provision of indigent care?
11. Should public health service providers become accredited/certified?
12. How should public health services function in integrated community medical networks?
13. What professionals, skills and qualifications are needed to provide public health services?
14. What is the role of environmental health in the public health services?

It is our intent to provide a model or a limited number of service delivery option models to our membership and complete this process within the next 90 days. We are requesting that you forward to us a proposal that would define how you will address the questions listed above and the cost of developing your recommendations to us postmarked or faxed by 5:00 PM on Friday, February 6, 1998 to the following address:

Joseph B. Bass, Jr., Past President, NCALHD
c/o Stanly County Health Department
1000 North First Street, Suite 3
Albemarle, N.C. 28001

Fax: 704-982-8354

We will exercise the option to accept any, and reject all proposals. Should you have any questions or need additional information, I may be reached at 704-982-9171. Thank you for your consideration in assisting us in this endeavor.



North Carolina Department of Health and Human Services
Office of Rural Health and Resource Development
311 Ashe Avenue • Raleigh, NC 27606

James B. Hunt Jr., Governor
H. David Bruton, M.D., Secretary

James D. Bernstein, Director
(919) 733-2040 • (919) 733-8300 Fax

TO: HEALTH DIRECTORS

FROM: NAN RIDEOUT

LOCAL HEALTH DEPARTMENT TECHNICAL ASSISTANCE PROJECT

As Dale Simmons and I have visited health departments over the last year a common thread of interest in technical assistance has emerged: The need for help in motivating and energizing health department employees in a time of change - in coping with change both in the organization and environment as a whole and in responding positively to specific changes in job roles.

In response to this we are arranging for a targeted workshop for **Health Directors and your management teams** which will precede the GOVERNOR'S CONFERENCE ON RURAL HEALTH, March 30 and 31.

It will be presented by Tim Autrey who has dealt with massive organizational change on the front line in another industry: The nuclear power industry. He was the person responsible for turning around employees at the Brunswick Nuclear Power Plant and is now embarked on similar mission at Yankee Nuclear in Vermont. He also conducts workshops on organizational change for employers in many areas and has been highly recommended by AHEC and some eastern North Carolina Hospitals. We hope that his workshop can provide concrete tools which your management team can use for productive change in your organization.

The workshop is entitled "New Rules, New Tools" and will provide a custom designed set of materials - workbook and AV aides to assist your team in implementing change in your organization.

To assist Tim in targeting the workshop directly to your needs, please fill out and return the attached survey by February 1 - note that it can be faxed directly to him or sent to me.

Many Thanks!

The Tim Autrey Group, Ltd.

Relentless Champions of Human Possibility
www.brainware-hpg.com

January 14, 1998

Dear Health Director:

The changes currently being thrust upon public health departments are significant, and show no signs of slowing nor diminishing. It has become clear that old thinking and past ways of doing business must move in new directions. Such an environment provides significant challenges to the status quo; however, it also compels us to become better, thereby enhancing efficiencies, providing better client service, promoting strategic alliances, and re-creating our jobs to be more rewarding and fulfilling.

The Pre-Conference on Organizational Change to be presented on March 30 and 31, 1998 (before the Governor's Conference) is the result of your responses to the "Health Director's Survey: Topics for Technical Assistance" which was recently distributed by the North Carolina Office of Rural Health. The Pre-Conference is set to provide new insights and new attitudes regarding current and anticipated challenges facing public health care. In short, it will provide you as a leader with new tools to deal with the new rules.

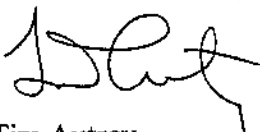
It is our sincere hope that you are planning to attend the Pre-Conference (together with several members of your staff). In order to help us specifically target areas that will provide you greatest benefit, we are asking that you please complete the attached survey as soon as possible. In addition to helping us to best serve you, we will also provide you with the statistical results during the Pre-Conference. Please return the completed survey to:

Nan Rideout, Rural Health Consultant
North Carolina Office of Rural Health
311 Ashe Avenue
Raleigh, NC 27606

If you prefer, you may FAX the completed survey directly to The Tim Autrey Group, Ltd., at 802-387-2058

I look forward to meeting you and toward working with you in March. Until then, I remain

most enthusiastically,



Tim Autrey
Founder

Governor's Pre-Conference on Organizational Change Focus Survey

Name	Title	Health Dept				
1.	I feel _____ regarding the changes that are facing the public health industry	1 Irritated	2	3	4	5 Excited
2.	I feel overwhelmed by the pace of change...	1 Frequently	2	3	4	5 Never
3.	The changes we're seeing will benefit the service recipients in our area	1 Not at All	2	3	4	5 Absolutely
4.	I believe that we have the ability to create a positive future for public health care	1 Not at All	2	3	4	5 Absolutely
5.	Managed care is a positive direction for health care in our area	1 Definitely Not	2	3	4	5 Absolutely
6.	The amount of time per month spent brainstorming new services we might provide is...	0	1 HR	5 HR	10 HR	20 HR+
7.	The concept of developing new services seems...	1 Fruitless	2	3	4	5 Exciting
8.	The idea of developing new relationships with private health care providers seems...	1 Fruitless	2	3	4	5 Exciting
9.	Co-partnering is important to meeting future challenges	1 Not at All	2	3	4	5 Absolutely
10.	The members of our staff propose new ideas...	1 Never	2	3	4	5 All the Time
11.	The percentage of new ideas that get implemented are...	0	10%	25%	50%	75%+
12.	My staff members are flexible in learning new skills	1 Not at All	2	3	4	5 All the Time
13.	Our resource allocation toward developing new staff member skills is...	1 Zero	2	3	4	5 Significant
14.	We review job roles and responsibilities to enhance efficiency...	1 Never	2	3 Annually	4	5 Continuously
15.	Members of our staff are cross-trained to perform more than one function	1 Not at All	2	3	4	5 Across the Board
16.	Our staff members understand how their job roles support our health department's mission	1 Not at All	2	3	4	5 Across the Board
17.	I would rate the general attitude of our staff members as...	1 Very Poor	2	3	4	5 Excellent
18.	I believe the attitude of our staff toward the future is...	1 Very Poor	2	3	4	5 Outstanding

19.	I feel the attitude of our staff toward our clients to be...	1 Very Poor	2	3	4	5 Outstanding
20.	The attitude of our staff members toward private health care in our area is...	1 Very Negative	2	3	4	5 Very Positive
21.	I believe the attitude of our staff members toward management to be...	1 Very Negative	2	3	4	5 Very Positive
22.	I would rate the spirit of teamwork in my organization as...	1 Nonexistent	2	3	4	5 Predominate
23.	I see teamwork as a key factor toward meeting current challenges	1 Not at All	2	3	4	5 Absolutely
24.	Communications across the different levels in our organization are...	1 Nonexistent	2	3	4	5 Completely Open
25.	I would rate the level of gossip amongst our staff as..	1 Predominate	2	3	4	5 Nonexistent
26.	Members of our staff are willing to help one another across organizational boundaries	1 Never	2	3	4	5 Without Question
27.	Our level of compartmentalization is...	1 Significant	2	3	4	5 Minimal
28.	Members of our staff speak of one another...	1 Very Poorly	2	3	4	5 Quite Highly
29.	There is an attitude amongst the staff of, "It's not my job"...	1 Quite Often	2	3	4	5 Never
30.	I consider private health care providers to be co-members of the larger health care team in our area	1 Not at All	2	3	4	5 Absolutely

Specific Comments:

Return to: Nan Rideout • NC Dept. Of Rural Health • 311 Ashe Avenue • Raleigh, NC 27606 •
Phone 919-733-2040

or FAX to: 802-387-2058

GREENSBORO : FOUR SEASONS

cy: MT
etc

NORTH CAROLINA GOVERNOR'S CONFERENCE ON RURAL HEALTH

Beyond Managed Care: Restructuring Rural Health Care

Draft Agenda

MAIN CONFERENCE: "Beyond Managed Care: Restructuring Rural Health Care"

Tuesday, March 31, 1998

1 pm Plenary Sessions:

"Beyond Managed Care: Restructuring Health Care in Rural America"
Tim Size, President, National Rural Health Association

"The Forces at Work: Who is driving change in rural North Carolina?"
Tom Ricketts, PhD, Director, North Carolina Rural Health Research and
Policy Analysis Program, Cecil Sheps Center for Health Services
Research, University of North Carolina at Chapel Hill

3 pm Break

3:30 pm Breakout sessions

1. Medicare and Managed Care's Future in Rural North Carolina
2. Future Directions in Medicaid and Health Care Coverage for Children
3. ~~An Overview of Health Care for the Uninsured and Indigent~~ (Case studies)
4. Lead, Follow or Get Pushed Out of the Way: Hospital Mergers and Consolidation
5. New Faces in Rural North Carolina: The Arrival of Immigrants, Changing Demographics, and What it means for Rural Health Systems
6. Reaping the Quality Improvement Benefits of Managed Care Competition for Rural Health Care

"What about."

5 pm Break

6 pm Reception

7 pm Dinner and Presentations

Governor James B. Hunt Jr. presiding, with Keynote Address
Donna Shalala, Secretary, U.S. Department of Health and Human Services (invited)

Wednesday, April 1, 1998

8:30 am Plenary session: Panel Discussion, "The Future of Rural Health in North Carolina"

10:00 am Break

10:30
~~10:30~~

Breakout sessions

7. Integrated Community Alternatives to HMOs: Carolina Access II's Public/Private Partnerships
8. What's in it for the Community?—Nonprofit Sales, Restructurings, and For-Profit Conversions
9. New Models for Delivering Expanded Dental Services for Rural North Carolina
10. Long-term Care—Models for the Rural Aged
11. What About the Customer?—Rural Health, Managed Care, and Consumer Issues
12. Making Mergers Work for Community Practices

Noon Adjourn

SPEAKERS WILL INCLUDE:

Keynote Speakers:

The Honorable Donna Shalala, Secretary, U.S. Department of Health and Human Services
The Honorable James B. Hunt Jr., Governor of North Carolina
Tim Size, President, National Rural Health Association
Tom Ricketts, PhD, Director, North Carolina Rural Health Research and Policy Analysis Program, Cecil Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

Kerry Anderson, Administrator, Montgomery Memorial Hospital
Joe Berry, M.D., National Medical Director, United Health Care Corporation
David Bruton, M.D., Secretary, Department of Health and Human Services
Alan Dobson, M.D., Northeast Medical Center Family Practice Residency
Charles Frock, FirstHealth, Moore County Regional Hospital
Jane McCaleb, M.D., Roanoke Amaranth Health Group, Inc.
Linda Miller, President, Volunteer Trustees Foundation for Research and Education
Harry Nurkin, President, Carolinas Medical Center
Paul Peruzzi, Director, Division of Medical Assistance
Bill Remmes, Administrator, Roanoke Amaranth Health Group, Inc.
Hal Scott, Board Member, Montgomery Memorial Hospital
Pam Silberman, North Carolina Rural Health Research and Policy Analysis Program, Cecil Sheps Center for Health Services Research, University of North Carolina at Chapel Hill
Bruce Wolff, attorney, Hogan and Hartson, Washington, D.C.

SPECIAL SESSIONS

Local Health Departments and the Future: Reengineering for Managed Care
Speaker and Facilitator: Tim Autrey, The Human Performance Group

Monday, March 30, 1998

6 pm to 9 pm Dinner and Session

Tuesday, March 31, 1998

7:30 am Breakfast

8:30 am to noon "Organizational Change: New Rules, New Tools"

NORTH CAROLINA ASSOCIATION of LOCAL HEALTH DIRECTORS

An Affiliate of the North Carolina Association of County Commissioners
EVERYWHERE. EVERYDAY. EVERYBODY.

January 28, 1998

H. David Bruton, MD, Secretary
N.C. Department of Health and Human Services
101 Blair Drive, Adams Building
Raleigh, North Carolina 27603

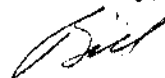
Dear Dr. Bruton:

Enclosed are two resolutions adopted by the North Carolina Association of Local Health Directors on January 14, 1998. A news medium has picked-up on this story so you may be contacted.

I referenced this matter to you last week. One of the key factors to note is that there is no fiscal matters mentioned. Simply, we placed the acknowledgement of human rights and expectations above the issues of reimbursement and the financing of the recommendations. It may mean more of a cultural and attitudinal shift of government rather than a massive infusion of funds. This can be accomplished over time.

I am very proud of the lead role our association has taken in this matter and hope that other county, health, social and service agencies acknowledge their obligations also. If you have any questions surrounding this, please let me know.

Sincerely,



William J. Smith
President

cc: Ron Levine, State Health Director
Jim Berstein, Director, Research and Development
Ann Wolfe, Director, Div. of Women's and Children's Health
Leah Devlin, Director, Div. of Community Health
Chris Hoke, Acting Director, Div. of Epidemiology
Ron Aycock, Exec. Director, NCACC

<i>President</i> William J. Smith, MPH Robeson County Health Department 460 Country Club Road Lumberton, NC 28358 Tel. 910-671-3200 Fax: 910-671-3484 NC Courier #14-92-02	<i>President Elect</i> Margaret B. Dollar Lincoln County Health Department 151 Sigmon Road Lincolnton, NC 28092 Tel. 704-736-8634 Fax: 704-732-9034 NC Courier #09-02-04	<i>Vice President</i> Thomas D. Bridges Person County Health Department 325 South Morgan Street Roxboro, NC 27573 Tel. 336-597-2204 Fax: 336-597-4804 NC Courier #02-33-15	<i>Secretary Treasurer</i> Tim Green, MPA Alamance County Health Department 319 B Graham-Hopedale Road Burlington, NC 27217 Tel. 336-513-5514 Fax: 336-570-6746 NC Courier #17-42-02	<i>Past President</i> Joseph B. Bass, Jr., MSW Stanly County Health Department 1000 North First Street Albemarle, NC 28001 Tel. 704-982-9171 Fax: 704-982-8354 NC Courier #05-94-09
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January, 1998

**North Carolina Association of Local Health Directors
Policy and Planning Liaison Committee**

RESOLUTION ON LANGUAGE SERVICES IN PUBLIC HEALTH

WHEREAS the linguistic and ethnic diversity of our communities, especially evident in the fast-growing Hispanic population, creates a critical need for interpreter services in local health departments serving these populations,

WHEREAS the right to equal access to public health services should not be contingent upon an individual's ability to communicate in the English language,

WHEREAS failure to provide equal access to services based on language places public health agencies receiving federal funds at risk of violating Title VI of the Civil Rights Act which states that *"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."*

WHEREAS failure to provide qualified interpreter services places agencies at serious risk for civil litigation should the quality of health care services be compromised by miscommunications due to language barriers,

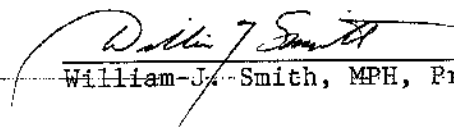
WHEREAS one objective of Healthy People 2000 is to increase to at least 50% the proportion of counties that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic populations,

AND WHEREAS health departments must be able to communicate with clients and members of the community if they are to fulfill their mission of protecting the public's health,

THEREFORE, the North Carolina Association of Local Health Directors resolves that the following issues be supported:

- a. Public health agencies will accept responsibility for the communication needs of clients making reasonable efforts to ensure that non English-speaking and limited English proficiency individuals can receive an equal benefit of public health services.
- b. The size of North Carolina's Hispanic population makes it important that health departments address the communication needs of their Spanish-speaking clients.
- c. Local public health agencies should take a lead role in communicating to other county public service agencies the importance of adopting interpreter policies in keeping with Title VI of the Civil Rights Act, and should work with the community to develop local support and resources to provide language-appropriate services.

Resolved the 14th day of January, 1998, by the North Carolina Association of Local Health Directors.



William J. Smith, MPH, President

A RESOLUTION TO STATE THE POSITION OF THE NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS THAT PUBLIC HEALTH SERVICES SHOULD CONTINUE TO BE AVAILABLE TO ALIENS SEEKING SERVICES IN NORTH CAROLINA.

WHEREAS,

1. The Personal Responsibility and Work Opportunities Reconciliation Act of 1996 (the Welfare Reform Act) distinguishes between "qualified" and "not-qualified" aliens and prohibits state and local government agencies from providing "federal public benefits" and "state and local public benefits" to not-qualified aliens.
2. The Act defines "federal public benefit," in pertinent part, as "any retirement, welfare, health, disability, public or assisted housing, postsecondary education, food assistance, employment assistance, unemployment benefit, or any other similar benefit for which payments or assistance are provided to an individual, household, or family eligibility unit by an agency of the United States or by appropriated funds of the United States." "State and local public benefits" is defined identically, except that "state or local government" is substituted for "United States."
3. The Act creates several exceptions, providing that, among others, the following federal, state, and local public benefits may be provided to not-qualified aliens: Medicaid benefits for emergency services, if the individual otherwise meets Medicaid eligibility criteria; immunizations; testing and treatment of symptoms of communicable diseases; and programs and services specified by the U.S. Attorney General which deliver in-kind services at the community level, do not condition assistance on the recipient's income or resources, and are necessary for the protection of life and safety.
4. U.S. Attorney General Janet Reno has issued a provisional specification identifying which public benefits fall under the last exception named above. Among other things, the Attorney General's specification includes the following programs and services: medical and public health services (including treatment and prevention of diseases and injuries) and mental health, disability or substance abuse assistance necessary to protect life and safety; activities designed to protect the life and safety of workers, children and youths, or community residents; and any other programs, services, or assistance necessary for the protection of life and safety.
5. The U.S. Department of Justice has released a notice of interim guidance on verification of citizenship, qualified alien status, and eligibility for federally funded benefits under the Welfare Reform Act. The guidance document advises agencies to determine first whether a program provides a "federal public benefit" under the Welfare Reform Act. The guidance document states further, "*If the federal program does not provide a 'federal public benefit' covered by the Act . . . , the benefit provider is not required to, and should not attempt to, verify an applicant's status, unless otherwise*

required or authorized to do so by law, because all aliens, regardless of their immigration status, are eligible for such benefits."

6. Officials with the U.S. Department of Health and Human Services are currently working on statements that would address (a) whether public health services constitute "public benefits" within the meaning of the Act; and (b) if so, which public health services may still be provided to not-qualified aliens under the exceptions to the Act and the Attorney General's specification. These guidance documents are not yet available.

7. Section 742 of the Welfare Reform Act states, "Nothing in this Act shall prohibit or require a state to provide to an individual who is not a citizen or a qualified alien benefits under . . . the Child Nutrition Act . . ." The Women, Infants, and Children (WIC) nutrition program falls under the Child Nutrition Act. Officials with the U.S. Department of Agriculture interpret this section as giving states the option to decide whether to screen program applicants and deny WIC benefits on the basis of alien status. As of the date of this resolution, the State of North Carolina has not exercised this option.

8. Title VI of the Civil Rights Act states, "No person in the United States shall, on the ground of race, color, . . . or national origin, . . . be denied the benefits of . . . any program or activity receiving Federal financial assistance." The contract that each local health department enters with the State Department of Health and Human Services forbids local health departments from denying services on any of those bases, or on the basis of immigration status.

THEREFORE, IT IS RESOLVED THAT the North Carolina Association of Local Health Directors adopts the following positions:

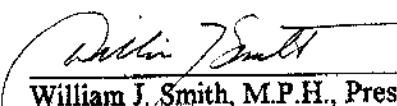
1. By the terms of the state contract, local health departments must continue to provide to individuals, without respect to alien status, those public health services that are specifically excepted from the restrictions of the Welfare Reform Act. Specifically, local health departments must continue to provide the following services without respect to an individual's alien status: Medicaid benefits for emergency services, if the individual otherwise meets Medicaid eligibility criteria; immunizations; testing and treatment of symptoms of communicable diseases; and programs and services specified by the U.S. Attorney General which deliver in-kind services at the community level, do not condition assistance on the recipient's income or resources, and are necessary for the protection of life and safety. It is the opinion of the Association that all local public health services are provided because they are necessary for the protection of the life and safety of the body politic.

2. The State has not yet exercised the option to screen applicants for the WIC program and deny benefits on the basis of alien status. Therefore, local health departments must continue to provide WIC benefits to qualified individuals without respect to their alien status.

3. With respect to all other local health department services, the Association recognizes that the issue of whether public health services constitute a "federal public benefit" or a "state or local public benefit" under the Act is unresolved and is currently being studied by the U.S. Department of Health and Human Services. The Association further recognizes that the Attorney General's guidance document of November 17, 1997 strongly cautioned agencies against attempting to verify a person's alien status if the service being provided is *not* a "federal public benefit," as this could be a violation of Title VI of the Civil Rights Act. It is therefore the position of the Association that no public health service should be withheld from an individual based on alien status unless and until further guidance from the U.S. Department of Health and Human Services or the U.S. Attorney General directs the withholding of the services. Accordingly, all local health departments should continue to provide public health services to individuals, without respect to alien status, unless and until federal guidance directs otherwise.

4. The Association requests the State Department of Health and Human Services to adopt these positions as official policy for public health services provided in North Carolina.

Resolved the 14th day of January, 1998, by the North Carolina Association of Local Health Directors.



William J. Smith, M.P.H., President

WOMEN'S AND CHILD'S HEALTH COMMITTEE
NCALHD
Minutes
January 14, 1998

I. Lead Screening

Presently only 30% of children between 12 - 24 months old are now being screened as recommended. The CDC released new recommendations in November 1997. New recommendations suggest using a questionnaire at 12 and at 24 months. A list of zip codes would identify low risk housing.

A copy of the letter from Tom V. and the questionnaire is included as an attachment. Health directors are to get their comments on these proposed changes to myself or to Tom V. for further discussion at our February 18th meeting.

II. Child Health Insurance Plan (CHIP)

The committee discussed the present proposals for the development of this new program. Lt. Governor Wicker leads a 7 person commission to review the recommendations of the administration on behalf of the G.A. They are holding public hearings over the next two weeks. The committee will take a motion to the Association to draft a letter to the Lt. Governor in support of a comprehensive medical benefits program for children ages 0 through 18 years old including families earning less than or equal to 200% of the Federal Poverty Level. These funds should not supplant present public health dollars which support non-clinical services such as outreach or wrap-around functions.

III. Office of Women's Health

Kevin Ryan updated the committee on the new Office of Women's Health. This office was created in the last session of the General Assembly, however, no funding was allocated. The present plan is for this office to be a facilitating agency. There are 3 projects underway.

- (1) Focus groups to be conducted across the state to identify issues involving women's health.
- (2) A Women's Health Summit to be held in March of this year.
- (3) The development of a Women's Health Report Card.

Sheila Cromer will be the head of this office.

IV. Adolescent Parenting Program

Under the new Department of Health and Human Services, the Adolescent Parenting Program was moved from DSS to the Division of Women's and Children's Health (DWCH). There are 27 programs across the state with a total budget of \$1.7 million. Most of these programs are located with local DSS's. East Carolina University is studying the effectiveness of these programs. It is possible they may be expanded or merged with other adolescent programs.

V. Carolina Access

Presently it looks like school based clinics will be exempted from requiring authorization for treatment from the Primary Care Provider (PCP). Local Health Departments may lose their present exemption. This issue will be discussed in other committees and with the full association.

IV. Contract Addenda

Drafts of proposed changes are included as an attachment. Comments should be referred to me by February 13, 1998 and I will forward them to Dr. Wolfe at the Division. These will be discussed at the next meeting.

Submitted by, 

**NEXT MEETING
FEBRUARY 18TH AT 2:00 PM
ROOM 402
1330 ST. MARY'S
RALEIGH**

Contact:

John H. Morrow, M.D., M.P.H.
Pitt County Health Department
201 Government Circle
Greenville, NC 27834

Phone: 919-413-1443
413-1446

E-Mail: ncs0978@interpath.com

North Carolina Association of Local Health Directors

State and Local Relations Committee Report

January 13, 1998

Chair: Tom Bridges

The State and Local Relations Committee had a two part meeting.

Part 1. Met at 1:00 PM with three local health directors in attendance. Mel Crocker, State Personnel, shared his findings from a year and a half study on local health director classifications. He proposes to change the current Health Director I, Health Director II and Health Director III to a concept of single class local health directors. He also proposes at the same time a single classification for DSS directors. Under the single classification there would be one title, non-graded in the State system in salary. Salaries would be based upon the salary range 20% to 60% above the next level supervised. The next level supervised, however, excludes physicians, dentists, and possibly physician extenders (PE may be optional). Exemptions of this rule would have to be granted by state personnel. Mr. Crocker said that his study in health director pay levels across counties indicates that there are vast differences in pay. He said that when you have a 10 point spread in the same classification level, then the system is failing. In the early 90's, mental health directors were given one classification and it has been largely successful. Mr. Crocker plans to make this recommendation to the State Personnel Commission in either April or June 1998, and would propose the plan be optional to counties in FY 1998-1999 and mandatory in FY 1999-2000. He would like to have input from local health directors about his proposal. The State & Local Relations Committee would like for local health directors to send in their comments to the committee. We will ask Mr. Crocker to attend the February 19, 1998 NCALHD meeting to provide further comments about his proposal.

The State & Local Relations Committee also briefly discussed other items that will be considered at future meetings. At the November 1997 NCALHD meeting, the S&L Committee was charged to work with Dr. Leah Devlin to work on role clarification of state consultants and the consultation needs of local health departments.

Part 2. The State & Local Relations Committee met with Dr. Bruton at 2:00 PM. Three additional local health directors joined the meeting. Represented at the meeting were county managers, DSS directors, mental health directors and various directors and staff of DHHR. There were 53 present for this meeting. Dr. Bruton took recommendations from the committee chairs and proposed for discussion his Child Health Insurance Program and Welfare Reform.

Highlights of CHIP:

1. Uses only State and Federal dollars to fund.
2. Financing level around \$ 81 million over ten year period.
3. Will be a non-entitlement program and includes all children up to 200% poverty level.

4. Benefits package will be comprehensive to take care of poor children -- sick children. Will include such things as eye glasses, hearing aids, dental care, special needs children, etc.
5. Package which will work with Medicaid, so providers can't tell difference in children.

10% funds will go for outreach.

Dr. Bruton asks for support and desires local grassroots effort to promote plan to key legislators.

Welfare Reform

Savings are anticipated to be plowed back into support services, such as child care investments. Work First folks and other families will be coming in.

Dr. Bruton offered final comments to each person present. Patrice Ressler, NC Association of County Commissioners, reported concerns heard by County Commissioners about Medicaid Maximization funds. Dr. Bruton asked Jim Edgerton for an explanation. Jim Edgerton said that he would get the funds released this week.

Stephanie Bass will work with the Committee chairs of the various groups to develop agenda for the monthly meetings.

Meeting adjourned at 5:00 PM.

**MINUTES FROM
COMMUNITY HEALTH COMMITTEE MEETING
WEDNESDAY, JANUARY 14, 1998
1330 ST. MARY'S STREET – ROOM 201**

Attendance: Elaine Russell, Marilyn Henson, Steve Cline, Leah Devlin, Joe Holliday, Betty Wiser, Curtis Holloman

Elaine Russell, Committee Chairman, called the Community Health Committee Meeting to order at 10:00 am.

BCCCP – Due to the Balanced Budget Act of 1997, a new CDC policy is in place. Medicare Part-B Enrolled Women will no longer be eligible for BCCCP clinical services. Women previously receiving BCCCP services and enrolled with Medicare Part-B will need to be referred. BCCCP will not continue to reimburse for additional screening services nor assist with co-payments associated with these services. The policy change will be effective July 1, 1998.

Osteoporosis – A task force was legislated with funding supplied for 1 year. Legislative appointments from the Governor's Office and the House are incomplete. A contractor has been secured and deadlines/projects defined in the legislation will be achieved.

Guilford County Dental Pilot – With funding from K.B. Reynolds and the Duke Endowment, a three-year pilot project to establish kindergarten dental screening exams will begin in Guilford County. The concept is modeled on the kindergarten health assessment. The dental exam will be required, but not used as an exclusionary tool. A screening will consist of an exam, fluoride, x-ray, and sealants if appropriate.

Office of Public Health Nursing – Changes in public health nursing education courses. Changes resulted in a reduction of 12 course days.

1. Physical Assessment of Adults has been reworked to include self-study/exam elements, the daily morning test has been eliminated and the final exam will be for 2 hours on the fifth day.
2. STD Nurse Clinician will be 3 days and will be offered immediately after the PAA course.
3. Fee schedule for FY99

PAA	Course \$400	Challenge \$200
STDNC	Course \$200	Challenge \$100
4. The courses are available on a limited basis to other settings for \$1600.

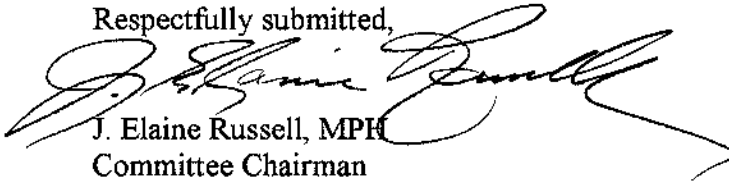
CVD – A reminder to participate in the February 19th downlink of the plenary session from San Francisco. Cost \$10.

Organizational Changes

Dr. Stoodt resigned to work with the California Public Health System. Dr. Holliday is assuming the additional duties of Section Chief of Chronic Disease. Dr. Steve Cline has accepted the duties of Chair of the "Accountability Initiative."

With no further business, the meeting was adjourned. The next meeting date and location will be announced.

Respectfully submitted,



J. Elaine Russell, MPH
Committee Chairman
Health Director Cherokee County

**NORTH CAROLINA HEALTH DIRECTOR'S ASSOCIATION
COMMUNITY HEALTH COMMITTEE**

**WEDNESDAY, JANUARY 14, 1998
10:00 AM – 12 NOON
1330 ST. MARY'S : ROOM 201**

- I. Call to order Elaine Russell
- II. Introductions
- III. Osteoporosis
- IV. Coalition update
- V. Medicare changes for BCCCP
- VI. Organizational changes
- VII. Guilford County Dental Pilot
- VIII. Update from CVD/Stroke Task Force
- IX. Next meeting date and adjournment

BCCCP Changes Effective July 1, '98

Medicare's New Benefits:

Medicare's preventive services (Medicare-Part B) were significantly impacted by the passage of H.R. 2015, The Balanced Budget Act of 1997. The Medicare program serves all eligible women ages 65 and older and also provides coverage for women under the age of 65 who are receiving disability benefits. Medicare-Part B is optional and a monthly premium is charged for enrollment. Effective January 1, 1998, the new preventive services coverage will include:

- > Annual mammography coverage for all enrolled women over the age of 39.
- > Coverage, every three years, for a pelvic exam which would include a clinical breast exam during the office visit. The provision specifies that for both Pap tests and pelvic exams, coverage would be authorized on a yearly basis for women at high risk of developing cervical cancer.
- > For women on Medicare who are of childbearing age, annual coverage of pelvic exams and Pap tests would be authorized if they had not had a negative result in each of the preceding three years.
- > Waiver of Medicare deductible for all mammography screening, Pap tests, and pelvic exams.

The Act was silent on co-payments.

Fiscal year 1998 Congressional appropriations of \$145 million will allow the NBCCEDP to reach approximately 12-15% of uninsured women nationally. Given these limited resources, CDC will continue to direct screening services to women where mammography has been demonstrated to have the most benefit.

New CDC Policy

Medicare-Part B Enrolled Women: Women enrolled in Medicare-Part B are not eligible for the BCCCP clinical services. They should be referred for appropriate screening or rescreening procedures to providers that accept Medicare reimbursement. The BCCCP will not continue to reimburse for additional screening services (Pap tests, pelvic exams, clinical breast exams) nor assist with co-payments associated with these services for Medicare-Part B enrolled women.

Effective Date

Programs have until July 1, 1998 for a period of transition related to the Medicare component of the Reimbursement Policies for Screening and Diagnostic Services.

Osteoporosis Coalition of North Carolina

*Co-Chairs: Betty H. Wiser, Ed.D.
(919) 715-0122*

*Ellen Brubeck, M.D.
(919) 731-3610*

*The Osteoporosis Coalition
of North Carolina includes
members representing the
following groups:*

*American Association
of Retired Persons
Association of Executives
in NC
Bowman Gray School of
Medicine
Carolina's Chapter of the
American Association of
Clinical Endocrinologists
Department of Veteran Affairs
Duke University
Medical Center
Eastern Carolina University
School of Medicine
Girl Scouts of America
Hadassah
Medical Review of NC
Merck & Company, Inc.
National Osteoporosis
Foundation
NC Cooperative
Extension Service
NC Council for Women
NC Dental Society
NC Dietetic Association
NC Division of Aging
NC Division of
Community Health
NC Division of Maternal
& Child Health
NC Equity
NC Medical Society
NC Retail Merchants
Association
NC Senior Games
Older Women's League
Margaret R. Pardee Memorial
Hospital
Persons with Osteoporosis
and their families
University of NC - Chapel Hill
Medical Center
Wyeth-Ayerst Laboratories*

Mission

“The Osteoporosis Coalition of North Carolina promotes education and support for the prevention, diagnosis and treatment of osteoporosis; so as to achieve a reduction in its prevalence, severity and costly consequences in North Carolina.”

Objectives

- I. Increase public awareness and knowledge about osteoporosis.
- II. Provide information to people with osteoporosis and to their families, physicians, and to allied health professionals.
- III. Provide information to physicians, allied health professionals and other human service professionals.
- IV. Launch a multi strategy consumer education program to inform, stimulate and enable all age groups to take action against osteoporosis.
- V. Advocate for public and private support for education concerning the prevention, diagnosis and treatment of osteoporosis.

children from ingesting lead such as encouraging children to wash their faces and hands frequently and especially after playing outdoors."

(c) The Commission for Health Services shall adopt rules in accordance with Chapter 150B of the General Statutes to implement subsection (b) of this section.

(d) Subsections (b) and (c) of this section become effective October 1, 1997.

Requested by: Senator Martin of Pitt, Representatives Mitchell, Baker, Carpenter
CANCER CONTROL FUNDS

Section 15.31. Of the funds appropriated in this act to the Department of Environment, Health, and Natural Resources, the sum of two hundred fifty thousand dollars (\$250,000) for the 1997-98 fiscal year and the sum of two hundred fifty thousand dollars (\$250,000) for the 1998-99 fiscal year shall be allocated for promoting the prevention, early detection, data collection, coordination, and optimal care in the control of cancer. Purposes for which funds appropriated under this section may be used include a total of five full-time positions for the Central Cancer Registry, the Division of Health Promotion, and the Advisory Committee on Cancer Coordination and Control. Funds shall be allocated upon the advice of the Advisory Committee on Cancer Coordination and Control. The Department shall report to the Joint Legislative Commission on Governmental Operations and the Fiscal Research Division by February 1, 1998, on the allocation and use of the funds.

Requested by: Senator Martin of Pitt
OSTEOPOROSIS TASK FORCE

Section 15.32. (a) Of the funds appropriated in this act to the Department of Environment, Health, and Natural Resources, Division of Health Promotion, the sum of two hundred thousand dollars (\$200,000) for the 1997-98 fiscal year shall be allocated for the Osteoporosis Prevention Task Force created under this section.

(b) The North Carolina Osteoporosis Prevention Task Force is created in the Division of Health Promotion, Department of Environment, Health, and Natural Resources.

(c) The Task Force shall have 25 members. The Governor shall appoint the Chair, and the Vice-Chair shall be elected by the Task Force. The Director of the Division of Health Promotion in the Department of Environment, Health, and Natural Resources, the Director of the Division of Medical Assistance in the Department of Human Resources, and the Director of the Division of Aging in the Department of Human Resources, or their designees, shall be members of the Task Force. Appointments to the Task Force shall be made as follows:

- (1) By the President Pro Tempore of the Senate, as follows:
 - a. Two members of the Senate;
 - b. A representative of a women's health organization;
 - c. A local health director;
 - d. A certified health educator;
 - e. A representative of the North Carolina Association of Area Agencies on Aging; and
 - f. A person with osteoporosis.
- (2) By the Speaker of the House of Representatives, as follows:
 - a. Two members of the House of Representatives;
 - b. A county commissioner;
 - c. A licensed dietitian/nutritionist;

- d. A pharmacist;
 - e. A registered nurse; and
 - f. A person with osteoporosis.
- (3) By the Governor, as follows:
- a. A practicing family physician, rheumatologist, or endocrinologist;
 - b. A president or chief executive officer of a business upon recommendation of a North Carolina wellness council which is a member of the Wellness Councils of America;
 - c. A news director of a newspaper or television or radio station;
 - d. A representative of a North Carolina affiliate of the National Osteoporosis Foundation;
 - e. A representative from the North Carolina Cooperative Extension Service;
 - f. A representative of the Governor's Council on Physical Fitness and Health; and
 - g. Two members at large.

(d) Each appointing authority shall assure insofar as possible that its appointees to the Task Force reflect the composition of the North Carolina population with regard to ethnic, racial, age, gender, and religious composition.

(e) The General Assembly and the Governor shall make their appointments to the Task Force not later than 30 days after the adjournment of the 1997 General Assembly, Regular Session 1998. A vacancy on the Task Force shall be filled by the original appointing authority, using the criteria set out in this section for the original appointment.

(f) The Task Force shall meet at least quarterly or more frequently at the call of the Chair.

(g) The Task Force Chair may establish committees for the purpose of making special studies pursuant to its duties and may appoint non-Task Force members to serve on each committee as resource persons. Resource persons shall be voting members of the committees and shall receive subsistence and travel expenses in accordance with G.S. 138-5 and G.S. 138-6. Committees may meet with the frequency needed to accomplish the purposes of this section.

(h) Members of the Task Force shall receive per diem and necessary travel and subsistence expenses in accordance with G.S. 120-3.1, 138-5, and 138-6, as applicable.

(i) A majority of the Task Force shall constitute a quorum for the transaction of its business.

(j) The Task Force may use funds allocated to it to establish one full-time limited position and for other expenditures needed to assist the Task Force in carrying out its duties.

(k) The Osteoporosis Prevention Task Force has the following duties:

- (1) To undertake a statistical and qualitative examination of the incidence of and causes of osteoporosis deaths and risks, including identification of subpopulations at highest risk for developing osteoporosis, and establish a profile of the osteoporosis burden in North Carolina.
- (2) To raise public awareness on the causes and nature of osteoporosis, personal risk factors, value of prevention and early detection, and options for diagnosing and treating the disease.

- (3) To identify priority strategies which are effective in preventing and controlling risks for osteoporosis, and in diagnosing and treating osteoporosis.
 - (4) To identify, examine limitations of, and recommend to the Governor and the General Assembly changes to existing laws, regulations, programs, services, and policies to enhance osteoporosis prevention, diagnosis, and treatment for the people of North Carolina.
 - (5) To determine and recommend to the Governor and the General Assembly the funding and strategies needed to enact new or to modify existing laws, regulations, programs, services, and policies to enhance osteoporosis prevention, diagnosis, and treatment for the people of North Carolina.
 - (6) To develop a statewide comprehensive Osteoporosis Prevention Plan, and strategies for Plan implementation and for promoting the Plan to the general public, State and local elected officials, various public and private organizations and associations, businesses and industries, agencies, potential funding sources, and other community resources.
 - (7) To identify strategies to facilitate specific commitments to help implement the Plan from the entities listed in subdivision (6) above.
 - (8) To facilitate coordination of and communication among State and local agencies and organizations regarding current or future involvement in achieving the aims of the Osteoporosis Prevention Plan.
 - (9) To receive and consider reports and testimony from individuals, local health departments, community-based organizations, voluntary health organizations, and other public and private organizations statewide, to learn more about their contributions to osteoporosis diagnosis, prevention, and treatment, and their ideas for improving osteoporosis prevention, diagnosis, and treatment in North Carolina.
- (1) The Task Force shall submit a progress report to the Joint Legislative Commission on Governmental Operations, the Governor, and the Fiscal Research Division not later than April 1, 1998. The progress report shall address:
- (1) Progress being made in fulfilling the duties of the Task Force and in developing the Osteoporosis Prevention Plan,
 - (2) The anticipated time frame for completion of the Prevention Plan, and
 - (3) Recommended strategies or actions to reduce the occurrence of and burdens suffered from osteoporosis by citizens of this State.
- The Task Force shall submit its final report to the 1999 General Assembly, the Governor, and the Fiscal Research Division not later than October 1, 1999.
- (m) Upon submission of its final report to the Governor and the 1999 General Assembly, the Task Force shall expire.

Requested by: Representatives Mitchell, Baker, Carpenter, H. Hunter, Senator Martin of Pitt

PREVENT BLINDNESS, INC./REPORTING

Section 15.33. Prevent Blindness, Inc., shall:

TO: Community Health Liaison Committee

FROM: Joy F. Reed, Director
Office of Public Health Nursing and Professional Development

SUBJECT: Changes in Educational Courses for PHNs

Based on feedback from focus groups conducted throughout the state on the required educational courses for PHNs we have worked diligently to decrease the total time required for mandated educational courses and to offer more of it in the local agency. To date I have reported that a total of 12 days has been cut from these courses.

1. We will make the following changes in the *Physical Assessment of Adults* course beginning in the spring of 1998: a workbook including self-study guidelines and self-test questions for making sure the student has mastered the content will be purchased and given to each student; the tests at the beginning of each class day will be eliminated and there will be one final examination which will result in students have to attend a two-hour session on a fifth day; and we will add content related to how the course content relates to Category II functions as defined by the NC Board of Nursing.
2. The STD Nurse Clinician Course will now be a 3-day (down from 8 days in its current format) course immediately following the PAA course; students who elect to take the PAA course and immediately take the STD Nurse Clinician Course (STDNC) will have one combined clinical practicum for the two courses. This should considerably decrease the time required to get a newly hired nurse adequately prepared to function in STD clinics or to care for patients who present with possible symptoms of an STD within the agency. Participants will still have the option to take either course - PAA or STDNC - as a separate entity; the clinical practicum will remain the same for any student taking only one course.
3. The following fee structure will be implemented for these courses effective FY'99:

PAA	Course - \$400	Challenge - \$200
STDNC	Course - \$200	Challenge - \$100.

These figures represent approximately 25% of the total cost of the course per participant, so it will still be significantly subsidized by the health divisions.
4. The courses will also be made available on a very limited basis to nurses in other settings at the actual cost (\$1600 per person). In order to qualify to take the course, however, the nurses must be employed by a hospital or other entity which is entering into a collaborative venture with the Health Department whereby it is in the Health Department's best interests for those nurses to have the same educational preparation as the public health nurses providing services in the collaborative venture (e.g., nurses from both the hospital and the health department will be jointly staffing a mobile van in the community.)

Author: Libby Puckett at NRDAH01P
Date: 1/13/98 6:11 PM
Priority: Normal
TO: Leah Devlin
CC: Brenda Motsinger
Subject: HD & SPTF update

----- Message Contents -----

Hi Leah - Thanks for giving the update.

We mailed out 2,500 copies of the "Burden" document in December. We have been getting daily calls requesting additional copies.

①
Cornelia put out a press release Dec. 31 which was picked up by the AP. I was interviewed Jan. 2 and the resulting article was carried around the state - we have heard that a version was in papers in; Charlotte, Salisbury, Greenville, Greensboro, Wilmington, Winston-Salem and Norfolk VA.

Sara H. and I will be interviewed Jan. 23 for "NC Now"

I also had a long interview with Cathy Clabby of the N & O on 1/5 for an article she was preparing on Stroke. She has since put that topic on hold - but I hope she will eventually do something in depth.

②
On Feb. 19, the TF, along with the Heart Assocn. and SPH is sponsoring a downlink of the opening plenary of the big national meeting in SF. We are building regional mini-convocations around this broadcast. We have ten sites across NC which can accomodate a total of 350 people. At least one site is already filled and has a waiting list. The day goes from 9:00-3:00 and includes:

A welcome from Sen. Warren, A State of the State for CVD from Dr. Levine, A presentation on the local picture - needs, assets and opportunities, The national broadcast, then a working session on local priorities and what the TF can do to help local efforts succeed.

Reports from the ten sites will come back to the TF for inclusion in the statewide plan that we are developing. In this way, we hope to receive input, raise awareness and develop buy-in from key folks in communities. We have marketed to LHD's, Healthy Carolinians TF's and AHA volunteers, among others.

The public awareness campaign is in its formative stage and we will be sending pre-surveys to video conf. participants. We will also offer people who were wait-listed for the video-conf the opportunity to participate in a focus group.

Exciting times in CVD!

Thanks again - Libby

NCAPHHA
Report for NCALHD
January 14, 1998 Meeting

1. Meetings of North Carolina Alliance of Public Home Health Agencies (NCAPHHA) will normally be held on the 2nd Wednesday of each month.
2. The Board on the Alliance, in consultation with our legal consultant, is investigating the possibility of "widening" the scope of the Alliance. We may be adding different types of home health agencies ... those that are not solely owned and operated by health departments. We are also looking into the possibilities of bringing in health departments under a clinical alliance. About fifteen (15) health departments in the far west and twelve to fifteen (12-15) in the east are interested in coming into an "alliance" structure. In anticipation of health departments coming into the "Alliance" the Staff is looking into the credentialing of health departments with the thought of accreditation in the future.
3. For those health departments that have home health agencies, the Alliance would like to pass on the information that the requirement for a "Surety Bond", in the amount of \$ 50, 000 has been waived by HCFA for public/governmental agencies.
4. The Alliance is presently staffed with an Executive Director, Ms. Jody Vogelzang, a Clinical Director, Ms. Sharon Helsher, and a Marketing Director, Ms. Mary Delsney. The Alliance has a new subsidiary company that can provide contract personnel for home health agencies and health departments.
5. The Alliance is marketing a Corporate Compliance Plan and will hold its first training session on January 20th. The cost is \$ 700.00 for the Plan. If there is a problem getting checks cut by counties before the due date please let me know and we will make alternate arrangements.
6. We encourage all health directors to attend the Alliance's regional meetings to learn more about what is happening in home health.