

NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS
1998 Budget
May 21, 1998

REVENUE	(\$) 1998 ADOPTED	(\$) 1998 ACTUAL
Dues	30,305	25,929.56
Checking Interest	1,200	271.54
Savings Interest	900	391.45
Transfers	6,500	15,000.00
Total	\$38,905	\$41,592.55

EXPENSES		
110 - Office Supplies	200	100.63
111 - Awards	300	139.71
112 - Contractual Services	14,905	7,435.50
113 - Printing/Postage	7,000	45.40
114 - Meeting Expenses	4,400	482.30
115 - President's Expenses	4,000	
116 - Miscellaneous	600	250.00
117 - Contributions	1,000	1,500.00
118 - Legislative Expenses	1,000	
119 - NACCHO Scholarship	3,000	
120 - NACCHOB Bd. Mb.	2,500	
Total	\$38,905	\$9,953.54

COUNTIES THAT HAVE NOT PAID THEIR DUES:

Beaufort
Cabarrus
Cumberland
Duplin
Hyde
Jones
Lenoir
Martin-Tyrrell-Washington District
Northhampton
PPCC District
Surry

North Carolina Association of Local Health Directors

Treasurer's Report May 21, 1998

	<u>CHECKING (\$)</u>	<u>SAVINGS (\$)</u>	<u>MONEY MKT. (\$)</u>	<u>CD (\$)</u>
Account Balance brought forward 4/21/98	\$33,956.91	\$32.14	\$10,941.02	\$40,000.00
Receipts:				
Interest Payments:				
May Statement	93.99	0.10	49.77	
Federal Back-up Withholding:				
May Statement	50.51	0.03		
Maintenance/Service Fee:				
May Statement	1.00			
Deposits:				
Transfer from checking				
Transfer from money market				
Dues	1,632.96			
	<u>\$35,632.35</u>	<u>\$32.21</u>	<u>\$10,990.79</u>	<u>\$40,000.00</u>
Expenses:				
# 0739 NC Citizens for Public Health - Acct.#117	500.00			
# 0740 Health Quest Consulting - Acct. #112	6,685.50			
Account Balance as of 5/21/98	<u>\$28,446.85</u>	<u>\$32.21</u>	<u>\$10,990.79</u>	<u>\$40,000.00</u>

**NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS
PROPOSED BUDGET AMENDMENTS**

REVENUE	(\$) 1998 PROPOSED	(\$) 1998 ACTUAL
Dues	30,305	25,929.56
Checking Interest	1,200	271.54
Savings Interest	900	391.45
Transfers	19,300	15,000.00
Total	\$51,705	\$41,592.55

EXPENSES		
110 - Office Supplies	150	100.63
111 - Awards	300	139.71
112 - Contractual Services	33,000	7,435.50
113 - Printing/Postage	6,555	45.40
114 - Meeting Expenses	1,400	482.30
115 - President's Expenses	3,000	
116 - Miscellaneous	300	250.00
117 - Contributions	2,000	1,500.00
118 - Legislative Expenses	1,000	
119 - NACCHO Scholarship	2,500	
120 - NACCHOB Bd. Mb.	1,500	
Total	\$51,705	\$9,953.54

NCALHD Attendance Roster
May 21, 1998

(M) = 1998 Dues Paying Member
(E) = Executive Committee Member

County/Health Director

- 1 ✓ Alamance/Tim Green (E) (M)
- 2 _____ Alexander/Shelly Carraway (M)
- 3 _____ Anson/Marc Koiman (M)
- 4 ~~AS~~ Appalachain Dist/Daniel Staley (M)
- 5 _____ Beaufort/Tamera Hower (M)
- 6 _____ Bertie/Joann Jordon (M)
- 7 _____ Bladen/Myra Johnson, RN, Interim (M)
- 8 _____ Brunswick/Don Younsey (E) (M)
- 9 ~~GD~~ Buncombe/George Bond (E) (M)
- 10 _____ Burke/Jenny Kirksey (M)
- 11 _____ Cabarrus/Dr. William Pilkington
- 12 _____ Caldwell/Vacant (M)
- 13 ~~JK~~ Carteret/Dr. J.T. Garrett (M)
- 14 _____ Caswell/Anne Scott (M)
- 15 _____ Catawba/Barry A. Blick (M)
- 16 ~~WS~~ Chatham/Wayne Sherman (E) (M)
- 17 _____ Cherokee/Elaine Russell (M)
- 18 _____ Clay/Janice Patterson (M)
- 19 ~~DS~~ Cleveland/Denese Stallings (M)
- 20 _____ Columbus/Marian Duncan (M)
- 21 _____ Craven/Wanda Sandele (M)
- 22 _____ Cumberland/Dr. Jesse Williams
- 23 _____ Currituck/Dr. John Sledge, Jr. (M)
- 24 _____ Dare/Anne B. Thomas (E) (M)
- 25 ~~DC~~ Davidson/Diane Crouse (M)
- 26 ~~DS~~ Davie/Dennis Harrington (E) (M)
- 27 _____ Duplin/Dr. Harriette Duncan
- 28 _____ Durham/Brian Letourneau (M)
- 29 _____ Edgecombe/James Balusss (M)
- 30 _____ Forsyth/Sherman Kahn (M)
- 31 _____ Franklin/Keith Patton (M)
- 32 _____ Gaston/Bruce Parsons (M)
- 33 ~~GW~~ Graham-Swain Dist/Emma Waldroup (M)
- 34 _____ Granville-Vance Dist/Dr. Roddy Drake (M)
- 35 _____ Greene/Doug Urland (M)
- 36 _____ Guilford/Dr. Harold Gabel (M)
- 37 _____ Halifax/Dr. Chris Szwagiel (M)
- 38 ~~WR~~ Hamett/Wayne Raynor (M)
- 39 ~~AW~~ Haywood/Bob Wood (E) (M)
- 40 _____ Henderson/Thomas Johnson (M)
- 41 ~~JB~~ Herford-Gates Dist/James Boehm (M)
- 42 _____ Hoke/Donald Womble (M)
- 43 _____ Hyde/Linda Mayo

County/Health Director

- 44 RR Iredell/Raymond Rabe (M)
- 45 _____ Jackson/Randall Turpin (M)
- 46 _____ Johnston/Dr. L.S. Woodall (M)
- 47 _____ Jones/Arthur T. Jones
- 48 _____ Lee/Phyllis M. Lowry (M)
- 49 _____ Lenoir/Joey Huff
- 50 MM Lincoln/Margaret Dollar (E) (M)
- 51 _____ Macon/Ann Hyder (M)
- 52 RR Madison/Ken Ring (M)
- 53 _____ Martin-Tyrrell-Washington Dist/Bill Burgess
- 54 RS Mecklenburg/Peter Safr (M)
- 55 _____ Montgomery/Mike Hanes (E) (M)
- 56 _____ Moore/Robert Wittmann (M)
- 57 _____ Nash/William Hill, Jr. (M)
- 58 LFS^{with} New Hanover/David Rice (M)
- 59 _____ Northampton/Sue Gay, Acting
- 60 _____ Onslow/Danny Jacob (M)
- 61 _____ Orange/Rosemary Summers, Interim (M)
- 62 _____ Pamlico/Jenny Lassiter (M)
- 63 _____ PPCC Dist/Howard Campbell
- 64 _____ Pender/Jack Griffith (M)
- 65 Tom Person/Tom Bridges (E) (M)
- 66 HM Pitt/Dr. John Morrow (E) (M)
- 67 JMC Randolph/Mimi Cooper (M)
- 68 TV Richmond/Tommy Jarrell (M)
- 69 V Robeson/Bill Smith (E) (M)
- 70 _____ Rockingham/Glenn Martin (M)
- 71 DD Rowan/John Shaw (E) (M)
- 72 _____ Rutherford-Polk-McDowell Dist/Leonard Wood (M)
- 73 _____ Sampson/Vacant (M)
- 74 CEH Scotland/Curtis Holloman (M)
- 75 AB Stanly/Joseph Barry Bass (E) (M)
- 76 _____ Stokes/Colleen Bridger (M)
- 77 _____ Surry/Dr. Walter Linz
- 78 _____ Toe River Dist/Tommy Singleton, Acting (M)
- 79 VP Transylvania/Terry Pierce (M)
- 80 JW Union/Lorey White (M)
- 81 _____ Wake/Lou Brewer (M)
- 82 _____ Wayne/Robert Peck (M)
- 83 _____ Warren/Dennis Retzlaff (E) (M)
- 84 JRO Wilkes/George O'Daniel (M)
- 85 _____ Wilson/Dr. Louis Latour (M)
- 86 BB Yadkin/Gayle Brown (M)

OTHER ATTENDEES/GUESTS

NAME

REPRESENTING

Deborah Rowe

NCPHA

Carmine Rocco

ANCBH

Fred Overstreet

Forsyth Co.

Stephen Keenens

Madisonburg Co.

Michael Rhodes

DENR/DEN

NORTH CAROLINA

ASSOCIATION of LOCAL HEALTH DIRECTORS

An Affiliate of the North Carolina Association of County Commissioners

EVERYWHERE. EVERYDAY. EVERYBODY.

June 2, 1998

Honorable James B. Hunt, Jr.,
Governor
State of North Carolina
Raleigh, North Carolina 27603-8001

Dear Governor Hunt:

We appreciate your taking the time to thank us for supporting the children's health insurance plan. It is an idea that has been long discussed and is now almost within reach - two years ago, who would have thought this could be?

Still, the proposed plan differs significantly from your model. While we can live with the change of the plan administrator (as long as we are included in their panel of providers as promised) and reduction in services offered (as compared with Medicaid), we have significant problems with two areas.

As you are aware, at the last moment, a provision was put in that would not allow school-based clinics to be reimbursed for services under this plan. Many clinics are comprehensive in nature (well and sick care) and help reinforce the notion that preventive services and treatment sought early-on are cost effective. Delaying treatment exacerbates costs (emergency room usage) and decreases attendance. Most clinics need additional revenues to survive much less expand to other schools. The notion that services are being rendered without parental involvement stretches a point. For example, in Robeson County, the school-based clinic at Purnell Swett High School, established in 1984, received permission slips from 93% of the children's parents this past year. They have long recognized the value and expect their children to access appropriately.

The second area regards the dental coverage. As it was approved, it does not include sealants and other preventive factors that should be a part of a basic service package.

Bi-partisan support has been found for these issues. We will not be taking the lead on these matters (another public health organization will do this) and certainly do not want this plan to come unraveled, however, these issues are very critical to our community.

If we can assist you in any other way, please let me know. Thank you for tending to our children's needs.

Sincerely,



William J. Smith
President

cc: Andrew McBride, MD, MPH, State Health Director

President
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

President Elect
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Lincoln County Health Department
151 Sigmon Road
Lincolnton, NC 28092
Tel. 704-736-8634
Fax: 704-732-9034
NC Courier #09-02-04

Vice President
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

Secretary Treasurer ✓
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

Past President
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



NCALHD office
Debra Stalling

STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR
RALEIGH 27603-8001

JAMES B. HUNT JR.
GOVERNOR

May 15, 1998

Mr. Joseph B. Bass, Jr.
N.C. Association of Local Health Directors
1000 North First Street
Albemarle, North Carolina 28001

Dear Mr. Bass:

I want to take this opportunity to thank you personally for helping make our children's health insurance plan reality. Together, we have made certain that more than 71,000 children of working North Carolina families will have access to health care. No longer will these children go without eyeglasses or hearing aids. No longer will these children have to come to school with an ear ache or the flu. No longer will they have to suffer until they finally seek medical attention at an emergency room.

This is a very good plan. Our goal was to provide a comprehensive benefits package to the greatest number of children, and we've done that. We've all got a reason to be proud of this plan. We can all take pride in the fact that our children are going to be healthier. They're going to have an easier time in school. And, their future looks much brighter.

You played a major role in making this happen. On behalf of North Carolina's children, I thank you.

My warmest personal regards.

Sincerely,

James B. Hunt Jr.



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May 11 98 10:04 P.02/04

HEALTH INSURANCE PROGRAM FOR CHILDREN AND SCHOOL-BASED HEALTH CENTERS

ACTION ALERT -- May 8, 1998

HEALTH INSURANCE PROGRAM FOR CHILDREN (formerly Child Health Insurance Program - CHIP)

Issue -- The *Health Insurance Program for Children*, recently enacted by the North Carolina General Assembly contains language in Section 8 of the law that prohibits School-Based Health Centers (SBHCs) from being reimbursed for medical services provided to children who will be enrolled under this new insurance plan. The only exception to the restrictive language is reimbursement for immunization service which is allowed.

Section 8 needs to be removed so that centers can be accessible partners in providing health services to all students.

The language in the law does not affect funding that the centers receive from other sources.

WHAT DOES THIS MEAN FOR SCHOOL-BASED HEALTH CENTERS? Currently, Medicaid covers students 6-18 years of age whose family income is below 100% of the federal poverty level (FPL) (\$16,050 for a family of four in 1997). Centers can be reimbursed for serving students who are eligible for Medicaid. The new insurance program will provide insurance for students not eligible for Medicaid and whose family income does not exceed 200% of the FPL (\$32,100 for a family of four in 1997).

If Section 8 is **REMOVED**, this new *Health Insurance Program for Children* could do the following for children served by school-based health centers:

- * Provide more equitable access to services to students who live in areas that are medically underserved. Many of the students receiving health care through the centers would otherwise not be receiving care.
- * Provide more access to services for students of working parents who are unable to take time off work without loss of wages.
- * Provide students an opportunity to obtain health care in a timely manner.
- * Facilitate centers being reimbursed for a greater number of students served and ease the current financial burden faced by many health centers.
- * Ease the current financial burden faced by many centers that are trying to serve all students regardless of ability to pay.

WHAT CAN ADVOCATES DO?

- * Alert and inform all individuals who are interested in the well-being of the center about the law and its impact on the center -- parents, center's advisory council members, medical/administrative sponsor, school administrators/teachers.
- * Urge these individuals to contact (write, e-mail, or call) their local legislators (see legislative sheet)
- * Provide these individuals with an outline of a sample letter and request that they send a copy to Brubaker and Basnight
- * Identify a spokesperson who has local credibility, understands the issues, is familiar with the center, and has polished media skills. (consider using parents/students)
- * Contact your local health department to see if a specially trained media facilitator is on its staff to assist you and/or contact your medical sponsor to see if you can use their public relations resources.
- * Contact the media and provide background information about your center, services offered, and this legislation. **Emphasize the impact this legislation will have on students.**

Facts about School-Based Health Centers

Students do not get the health care they need because they:

- Live in an area with few health care providers;
- Cannot take time off from school or because their parents cannot take time off from work;
- Lack money and/or transportation;
- Do not know how to get to health care services

Services* provided by centers include:

- Prevention and treatment of acute illness and injury;
- Management of chronic illness;
- Immunizations;
- Sports physicals;
- Vision and dental screening;
- Drug and alcohol counseling;
- Nutrition education

Centers comply with North Carolina law because they:

- Require parental consent for health services.
- Do not distribute contraceptives or condoms.
- Do not perform abortions or refer students for them.

This legislation affects school-based health centers as follows:

- Lack of reimbursement for services because of the location (in schools) threatens centers ability to financially survive.
- Services provided through school-based health centers will be limited.

If you are asked to explain why this legislation hurts students, use the following analogy: "this law is like having a check and no place to cash it."

*All services offered at a center, including those related to reproductive health, are chosen by the local community.

SAMPLE LETTER OUTLINE

Date

Name and
Address of Legislator

The Honorable _____:

As a (parent, concerned citizen, student, health care professional), I am writing to express my concern that Section 8 of the *Insurance Program for Children* legislation restricts reimbursement for medical services performed in school-based health centers.

(Next, talk about the benefits of school-based health centers and include any or all of the following in your letter):

- easier access to health care
- early identification and treatment of disease and injury
- decrease in health-related absences
- reduction in school drop-out rates
- access to counseling on the importance of avoiding risky behaviors

(Next, tell what the school-based center means to you, what has it done for your child or other children in the community. Be sure to name the center and its location.)

Tell what you would like to see happen. Use the following phrase, "Eliminate Section 8 of the *Insurance Program for Children* legislation."

Sincerely,

YOUR NAME

c: Marc Basnight, President Pro Tem
Harold Brubaker, Speaker

*** ACTIVITY REPORT ***

RECEPTION OK

TX/RX NO.	2838
CONNECTION TEL	919 715 3049
CONNECTION ID	
START TIME	05/11 10:03
USAGE TIME	02'17
PAGES	4
RESULT	OK

<u>Legislative Item</u>	<u>Position</u>
• Senate Bill 993 Medical Services Corporation	Support*
• House Bill 3 Children's Health Insurance Program	N.A.
• Senate Bill 383 Reorganization of DHR	Support
• House Bill 131 Extend Heart Disease Prevention Task Force	Support
• House Bill 154 Maternal Outreach Funds	Support
• House Bill 166 Physical Fitness Act	Support
• House Bill 171 Strike Out Stroke Project (Senate Bill 108)	Support
• Senate Bill 311 Smoke Detector Penalties	Support
• House Bill 551 AIDS Prevention Funds	Support*
• House Bill 318 Cancer Control Funds (Senate Bill 255)	Support
• House Bill 827 Healthy Carolinians Funds	Support
• House Bill 344 Motor Vehicle Occupant Protection	Support*
• Senate Bill 228 Child Abuse/No Report Misdemeanor	Support

* See notes

CONCEPTS:

Concepts of Child Death Investigations, Home Visiting Program, KEG Registration, & 19-20 Year Old Alcohol "Loophole" referred to ANCBH Legislative Committee for further consideration when bills are introduced.

Public Health Authorities Act

Support amendment to current legislation to modify wording to include requiring a joint resolution from both Board of Health and County Commissioners to establish a Public Health Authority in a single county.

NOTES:

- Senate Bill 993 will support only if a charitable trust is established.
- House Bill 551 will not support needle exchange program, funds should be used for drug treatment instead.
- House Bill 344 need to clarify bill to include all vehicles (pick-up trucks) for entire state.

1998 PUBLIC HEALTH LEGISLATIVE AGENDA

BILL

BILL	NCPHA	NCALHD	ANCRH	SOPHIE	OTHER SPONSORS
HB 3 - CHIPS Technical Amendment	S	S	N.A.		
Governors Clean Water & Environmental Health Expansion Budget	S	S			
HB 551 - AIDS Prevention Funds	S	S	S*		
HB 827 - Healthy Carolinians	S →	S # 1	S		Child Fatality Task Force
HB 154 - Maternal Outreach Funds	S	S	S		
SB 993 - Medical Service Corporation (Blue Cross/Blue Shield Conversion)	S	S	S*		
SB 383 - Reorganization of DHHR	S	S	S		
HB 131-Extend Heart Disease Prevention Task Force	S	S	S		
HB 166-Physical Fitness Act	S	S	S		
HB 171 - Strike Out Stroke Project	S	S	S		
SB 311 - Smoke Detector Penalties	S	S	S		Child Fatality Task Force
(S) Support	(O) Oppose	(N) No Position			

* See Notes on ANCRH list

1998 PUBLIC HEALTH LEGISLATIVE AGENDA

BILL	NCPIIA	NCALHD	ANCBIH	SOPHIE	OTHER SPONSORS
HIB 318-Cancer Control Funds	S	S	S		
HIB 344-Motor Vehicle Occupant Protection	S	S	S*		Child Fatality Task Force
SB 228-Child Abuse/No Report Misdemeanor	S	S	S		Child Fatality Task Force
Governor's Expansion Budget-Community Health: Chicken Pox/Heb B Vaccination	S	S			
State Games	S				
HB 927 - Dog Owners Administering Rabies Concepts: Vaccine to their own Dogs		0			
Child Death Investigators	S	S			Child Fatality Task Force
Home Visiting Program	S	S			
King Registration & 19-20 yr. old alcohol "loop hole"	S	S			Child Fatality Task Force
Recommendations of Access to Dental Care T.F.	S	S			
Experimentalation w/PH Alternative Models which meet legal/Policy Principles to ensure Success of Model	S	S			
Public Health Authority Act Amendment (to Include Board of Health)	S	S	S		
(S) Support	(O) Oppose	(N) No Position			

> referred to
ANCBIH
Leg. Committee

* See Notes on ANCBIH List

Support

SENATE BILL 993 MEDICAL SERVICE CORPORATION

- As presented originally, this bill would have allowed Blue Cross/Blue Shield to convert to-for-profit status without the establishment of a charitable trust. Subsequent changes to bill allows for the establishment of a charitable trust.

Status: Bill passed Senate/House Conference Committee and will be presented to House/Senate chambers on Monday, May 18, 1998

HOUSE BILL 3 - CHILDREN'S HEALTH INSURANCE PROGRAM

- Provide health insurance coverage to children in families whose income is less than 225% of the FPL, will provide tax credits to families making less than \$100,000 for health insurance premiums on children. Benefits include comprehensive medical coverage, including hearing, vision and limited dental services. Initial enrollment fee of \$50/child or up to \$100 for two or more children. Six month waiting period during the first six months of the program for families dropping private insurance for coverage under CHIP, 60 day waiting period thereafter. Minimum co-payments for doctor/hospital visits, prescriptions, emergency room treatment.

CURRENT STATUS: Ratified during Special Session in Spring, 1998. A technical amendment needs to be made to strike Section 8, line 29-32, eliminating school-based health clinics from participating in CHIP and to add sealants and extractions to the dental coverage as outlined on page 4, lines 20-30.

SENATE BILL 383 - REORGANIZATION OF DHR

- Transferred health programs from the Department of Environment, Health and Natural Resources to the Department of Health and Human Services. The Division of Environmental Health was maintained in the Department of Environment and Natural Resources with supervision and direction coming from the State Health Officer in the Department of Health and Human Services.

CURRENT STATUS: The permanent placement of the Division of Environmental Health was referred to the Legislative Environmental Review Commission for review. **Support the inclusion of Environmental Health in the public health agency.**

HOUSE BILL 131 - EXTEND HEART DISEASE PREVENTION TASK FORCE

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

HOUSE BILL 154 - MATERNAL OUTREACH FUNDS

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

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

- appropriate \$300,000 for fiscal years 1997-98 and 1998-99 to DEHNHR for the Local Fitness Council Development Program established under

this act which is charged with the development of local fitness councils in each county in North Carolina where one does not currently exist.

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

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

SENATE BILL 311 - SMOKE DETECTOR PENALTIES

- Acknowledges that both landlord & tenant are responsible for fire safety. Puts enforcement power behind an existing state statute requiring landlords to install a working smoke detector at the beginning of a tenancy; requires landlord assurance that existing smoke detectors are in working order. Failure to comply after 30 day written notice results in an infraction and a fine of not more than \$250. Requires the tenant to pay \$10 if smoke detector is disabled or damaged during tenancy; failure to meet their obligation after 30 day written notice results in an infraction and a fine of not more than \$100. Sets conditions under which the landlord or tenant can temporarily disconnect the smoke detector. Appropriates \$50,000 for public education on smoke detectors and \$20,000 for the purchase of approximately 3,700 smoke detectors

HOUSE BILL 551 - AIDS PREVENTION FUNDS

- To appropriate the sum of \$18.2 million for Aids Drug Assistance Program; \$8.7 million for HIV Prevention Initiatives; \$1 million for case management services; and \$200,000 for needle exchange pilot program.

HOUSE BILL 318 - CANCER CONTROL FUNDS (SENATE BILL 255)

- Appropriates \$1,153,622 for FY 97-98 and \$1,063,602 for FY 98-99 for promoting the prevention, early detection, data collection, coordination, and optimal care in the control of cancer.

HOUSE BILL 827 - FUNDS/HEALTHY CAROLINIANS

- Appropriates \$3.75 Million, \$3.6 million of which is earmarked for local health departments and \$150,000 for state support of technical assistance activities to establish the necessary infrastructure to create or maintain the health promotion partnerships to carry out locally defined initiatives.

HOUSE BILL 344 - MOTOR VEHICLE OCCUPANT PROTECTION

- Requires all occupants in all motor vehicles carrying less than 10 passengers to be secured in age appropriate safety restraints; requires children less than 5 years of age and less than 60 lbs in weight be secured in a car safety seat in the rear seat of the vehicle; allows a child 5 years of age or older weighing 60 lbs. or more to be restrained a seat safety belt; sets a fine of \$50 and 2 driver license points for violation of the safety restraint provisions.

SENATE BILL 228 - CHILD ABUSE/NO REPORT MISDEMEANOR

- Enforces state's current law which says that any person or institution having cause to suspect child abuse/neglect/ to report to the local Director of DSS. Failure to report child abuse/neglect shall be guilty of a Class 3 misdemeanor (up to \$200 fine and 20 days in jail) if:
 - person has *actual knowledge* of physical abuse, or
 - person has custodial, caregiving, or professional relationship with a child and has *actual knowledge or cause to suspect* child abuse/neglect
 Any person *knowingly and willfully* preventing another person from making a required report of child abuse shall be guilty of a Class 3 misdemeanor

GOVERNOR'S EXPANSION BUDGET

CLEAN WATER PACKAGE

- Expands monitoring and research to combat pfiesteria and other water quality problems; continue and expand rapid response efforts on the Neuse and Tar-Pamlico Rivers; strengthen the state sedimentation and erosion control program; support the state's river basin planning efforts; strengthen the fisheries protection.

ENVIRONMENTAL HEALTH INITIATIVES

- \$100,000 to continue centralized training of environmental health specialists; \$557,194 to expand the on-site wastewater program staff to allow quicker response to requests and promote consistency; \$649,262 to expand the recreational water quality monitoring statewide; \$589,934 to expand assistance to local health departments related to child care facility sanitation (includes \$400,000 aid-to-counties); \$1,556,751 to establish a statewide well construction program for non-public water supply wells (includes \$1 million aid-to-counties); and \$2,571,880 to match \$12,859,400 in federal drinking water state revolving loan funds.

COMMUNITY HEALTH INITIATIVES

- \$3,356,120 for Chicken Pox and Hep B vaccination
- \$150,000 for the State Games

CONCEPTS - NO BILL NUMBER YET

CHILD DEATH INVESTIGATORS

- Appropriates \$190,400 to the Office of Child Medical Examiner to hire two child death investigators and provide technical and administrative

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support for their work providing timely support for families experiencing an unexplained child death and conducting more thorough investigations of such death.

KEG REGISTRATION

- Identify and penalize adults & youths who purchase beer kegs and allow underage youth to consume alcohol from keg. Kegs will be marked with unique identification numbers, the number will be recorded at the time of purchase with the purchaser's name, address, telephone number and driver's license number & will be maintained for 6-12 months. When a keg is confiscated by police, the purchaser of the key can be identified through registration process, arrested or fined for supplying alcohol to minors. Keg purchasers will be required to sign a statement promising not to serve alcohol to minors and this statement will be used to inform purchasers about their potential liability.

19-20 YEAR OLD ALCOHOL "LOOPHOLE":

- Requires misdemeanor penalty for 19 and 20 year old who consume alcohol, in lieu of only an infraction, punishable by a \$25 fine.

North Carolina Association of Local Health Directors

State & Local Relations Committee

Report by Tom Bridges, Chair

May 20, 1998

The NCALHD State & Local Relations Committee did not meet since the April 21, 1998 NCALHD meeting, however there were two important meetings that took place which involved State & Local Relations representation.

1. I attended a breakfast meeting on Wednesday, April 22, 1998 with Dennis Harrington, Joy Reed and representatives from the Divisions of Epidemiology, Womens and Children's Health and Community Health. The purpose of the meeting was to discuss results of the Survey on Strategic Consultation which I have enclosed with this report. It was determined that consultation efforts need to target more specifically in the categories:

- a. Cost-effectiveness and efficiency and
- b. Leadership and management issues for local health directors and other members of the local management teams.

I stressed that while it had a lower ranking among local health departments, consultation on integrated computer systems would be vital to improved efficiencies and management for local agencies. My hope is that as the aforementioned consultation is further developed, planning would include how computer systems could be better utilized to this effort.

Once Dennis Harrington takes his new post, it is anticipated that he and the Divisions representatives will be meeting with the State & Local Relations Committee for more local input and strategic development.

2. The Local Public Provider Work Group met on Wednesday, May 13, 1998. This group consists of limited representation of local public health directors, mental health directors, social services directors and county managers. Sec./Dr. David Bruton and select staff from his Department were also in attendance. Highlights of the meeting in regards to public health include:

- a. Dr. Bruton's assurance that the Child Health Insurance Plan will include a mechanism for local health departments to bill (BC/BS) for services. This is being worked out. He said that an important role for local health departments could be in case management, especially for the special needs children. Unfortunately the CHIP did not provide for school based health clinics, but it is hoped this can be worked out at a later date. (Tom Vitaglione recently sent an e-mail update on this matter.) Also, a simplified (2 page) application form has been developed and field tested for CHIP -- perhaps it can also work for Medicaid, too.

Jim Bernstein reported that his office has been awarded funding from RWJ to fund various projects across the state in doing some novel outreach activities. These activities will build upon

Health Check, Carolina ACCESS, Baby Love, etc. Five counties where funding will be going are: Buncombe, Edgecombe, Guilford, Forsyth and Cabarrus.

b. DHHS will involve Associations proactively regarding policy and fiscal issues. Thus, input from local health directors will be asked for by DHHS folks and DHHS will request for representatives via the NCALHD. This should allow for greater communications and coordination of the various activities taking place.

c. DHHS is working vigorously on consolidating funding streams as much as possible. It is believed that consolidation of the various funds could eliminate unnecessary administrative duplication. A copy of the Funding Streams and Financial Reporting Committee is also included with this report.

d. Dr. Bruton shared copies of the DHHS Supplemental Expansion Budget SFY 98-99 as well as Recommended Reductions for DHHS April 21, 1998. I shall defer details of these recommendations to the other Committees reporting today.

Results of the Survey on Strategic Consultation

Overall Rank	Mean Score	Total # 1 Rankings	Category
1	1.67	32	Cost-effectiveness and efficiency
2	3.39	9	Leadership and management issues for local health directors and other members of the local management teams
3	3.61	5	Integrated computer systems
4	3.87	6	Programmatic issues
5	4.42	0	Quality assurance/improvement system
6	4.87	2	Social marketing
7	5.75	0	Community mobilization

Specific Activities in Rank Order

- development of a plan for an integrated information system at the local level which will appropriately interface with state systems (46)
- consultation by the Administrative Consultants on establishing systems for billing insurance, Medicaid, Accounts Receivable, rates and collection of fees (36)
- implementation of new service lines (34)
- compliance with programmatic requirements, contract addenda, etc. (33)
- a systematic community assessment process linked to Accountability Indicators developed by the state (33)
- educating Boards of Health and County Commissioners about the need for marketing of public health (32)
- media advocacy (27)
- implementation of changes in federal guidelines (25)
- personnel issues including hiring, classification, performance evaluation, etc. (23)
- assistance with computerization of financial functions (22)
- team building (22)
- intra-community communication (22)
- policy development (21)
- consultation on effectiveness in community-based health promotion initiatives (20)
- analysis of computer needs (19)
- staff development plans (18)
- full implementation of PFA system (17)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Funding Streams and Financial Reporting Committee

GOAL:

To streamline local government reimbursement reporting requirements and build reimbursement systems/methods which provide for consistency and simplification of financial and programmatic data.

APPROACH:

- A committee was established to focus on the following business processes with local governmental agencies.
 - ✦ Funding Streams Consolidation
 - ✦ How Payments Are Made
 - ✦ Financial Reporting Requirements
 - ✦ Rate Setting Processes and Methodologies
- The first action of the committee was to agree on "Common Ground" principles to provide a framework for the committee's deliberations.
- Next the committee reviewed current business practices (1) to provide a common understanding among committee members and (2) to determine the basis of the current practice, e.g., is it required by law or regulation or is it nice to know?
- Committee members were then divided into two subcommittees. One subcommittee entitled, *Financial Reporting* is addressing rate setting, timekeeping and documentation requirements, federal cost allocation requirements, cash flow to local governmental entities, payment process and allowable costs. The other committee, *Funding Streams* is addressing outcome measures, programmatic reporting, budget issues and allocation formulas.

COMMITTEE STATUS

Financial Reporting:

The subcommittee has developed a draft documentation policy to be used as a foundation to (1) standardized the financial documentation and reporting of the local governmental entities, (2) provide them tools and methods to streamline financial management and (3) minimize the financial reporting from the local to the state level so that only that which is necessary for documentation of costs and determination of federal and state funding sources is required. The draft policy has been shared with all county finance officers by committee member, Rebecca Troutman. Next steps for Financial Reporting are:

- Begin detail assessment of current practices as they relate to the documentation policy.
- Continue meeting of the Financial Reporting subcommittee on regularly scheduled intervals to assess progress of implementing revisions consistent with the documentation policy, provide guidance for additional areas of financial reporting improvement and monitor progress on current initiatives.
- Work with DSS to investigate Random Moment Sampling as an alternative to 100% time reporting.
- Implement DMG software for county DSS's to provide financial information on allocations and reimbursement.
- Address cash flow for the DSS and Day Care.
- Replace DMH/DD/SAS Cost Finding software for the area programs.
- Conduct analysis of employee time reporting/grant accounting process in Public Health Depts.
- Consider implications of Rate Study for all of DHHS.

Funding Stream:

- First tackled the issue of how to budget funds for local entities in the DHHS budget. It reviewed funding streams and recommended simplification to the extent possible.
- The Division of Women's and Children's Health proposes to combine six funding streams into one block grant.
- The Division of Community Health proposes to combine three funding streams to a single one.
- The Division of Social Services is in the beginning stages of developing a proposal to combine 47 categories on the County Budget Estimates into 27 categories.
- The health divisions have eliminated line item budgeting for the county contracts. While this was not a focus of the funding streams subcommittee the impetus for the decision was generated by the subcommittee discussion.
- The next steps will involve a review of reporting requirements - outcome and programmatic, including exploring the use of unit of service to report activity independent of reimbursement.

LONG RANGE APPROACH:

To develop standard service definitions and units of measure for all DHHS programs. Obtaining standard service definitions and units of measure will facilitate gathering of program information and will ultimately lend itself to a standard reimbursement process. Target date for completion of this phase is the 1999 regular session of the General Assembly so any legislative or budgetary changes needed for implementation can be made.

**Department of Health and Human Services
Funding Streams and Financial Reporting Committee Members**

Jim Edgerton, Committee Chair

Financial Reporting Subcommittee

**Joyce Johnson, Chair
Allen Gambill, DMA
Bill Cox, DIRM
Frank Bobbitt, DHHS
Alice Taylor, DFS
Mike Watson, Sandhills Area Program
Rebecca Troutman, Co. Commissioner's
Carol Gaddy, Health Services
Tom Washburn, Controllers' Office
Margaret Guess, DCD
Gary Fuquay, Controller's Office**

Funding Streams Subcommittee

**Lee Kittredge, Chair
Leza Aycock, DSS
Barry Goldstein, DWCH
Lynda McDaniel, DFS
Nina Yeager, OSBM
Camille Schaffer, Wake County
Peggy Ball, DCD
Karen Gottovi, Aging
Chris Szwagiel, Halifax Co. Health
Ken Foster, DYS
Renee Dickson, Chatham Co. Assist. Manager
Donn Gunderson, Vance Co. DSS
Phillip Hoffman, DMH/DD/SAS
Anna Wasdell, DHHS-BP&A
Steve Martin, Division of Epidemiology
Peter Anderson, DCH**

Department of Health and Human Services
Funding Streams and Current Reimbursement Methodologies Committee
Common Ground

1. No recommendations or changes should duplicate the single audit requirement
2. Any recommendations or changes should hold counties harmless with regards to funding amounts or reporting requirements.
3. Select one cost finding methodology that is acceptable to all funders.
4. Select one reimbursement methodology, where possible.
5. Analyze the value added to client and/or community outcomes by any reporting requirements.
6. Consider the administrative costs associated with any requirement. Does this justify the benefit?
7. Consider the usefulness of any information that is gathered compared to the cost of reporting it.
8. Within each county, no one agency should have to compete with other agencies serving that county over funding if that agency provides a distinct service to a specific target population, unique to that agency. Funding should be based on the level of need, # of clients, etc. Where two or more agencies provide similar services to overlapping target populations, a local agreement should be reached on service delivery and funding allocation between the agencies.
9. Funding streams and reimbursement methodologies should be designed to facilitate services to clients; services should not have to be designed to "fit" funding streams.
10. Reimbursement methodologies should ensure that the use of federal funds are maximized.
11. Reimbursement methodologies should be designed to provide accountability for the use of funds.
12. Whenever possible, duplication should be eliminated. This includes duplication in funding, programs and reporting requirements.
13. Reimbursement methodologies should be made as administratively simple as possible, while ensuring compliance with all applicable regulations. The goal should be to reduce administrative cost whenever possible and appropriate to ensure that the maximum amount of funding is available for services.

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NORTH CAROLINA ASSOCIATION of LOCAL HEALTH DIRECTORS

An Affiliate of the North Carolina Association of County Commissioners

May 1, 1998

Memorandum

To: Local Health Directors

From: Joseph B. Bass, Jr., Past President, NCALHD 

Subject: Participation on Turning Point Project Work Groups

As you are aware, North Carolina is one of fourteen states awarded the Robert Wood Johnson/Kellogg grant to look at public health in our state and develop a system that is prepared to meet the health care challenges of the 21st century. We will be working closely with this project, especially in light of our visioning activity and implementation of any models for services.

The Executive Committee of the Turning Point Initiative met on Tuesday, April 28 and decided to have a consensus conference in November, 1998. Between now and the consensus conference, six work groups will be exploring various areas of study for the project. If you have an interest in participating on one of the work groups listed below or would like additional information regarding the work groups, please contact Mary Bobbitt-Cooke at 919-715-0416.

The work groups for the areas of study for the Turning Point initiative are:

- Assurance, Regulatory Responsibilities, Structure and Financing
- Public Health Services
- Assessment, Surveillance and Data Collection
- Policy Development and Leadership
- Public Health Communication and Education
- Public Health Work Force Preparedness

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**NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS
EPIDEMIOLOGY COMMITTEE MINUTES
FRIDAY, MAY 15, 1998
CONFERENCE CALL**

In attendance: Sherman Kahn, Jenny Lassiter, Raymond Rabe, Joey Huff, Tommy Singleton, Robert Wittmann, Chris Hoke, Newt MacCormack, Jim Jones, Steve Sherman, Stan Music, John Booker, Gene Williams, David Jolly.

The Epidemiology Committee Conference Call was called to order at 9:17 a.m.

The Committee was convened by telephone, at the request of Steve Sherman, to discuss:

- 1) A pilot project that the HIV/STD Prevention and Care Section and the AIDS Hot Line of the American Social Health Association (ASHA) have been working on;
- 2) An update/status report on the HIV/AIDS Drug Assistance Program;
- 3) New guidelines for lab testing and use of antiretroviral drugs after an accidental exposure to possibly HIV positive blood.

1. PILOT PROJECT:

Background: The North Carolina HIV/STD Prevention and Care Section and the American Social Health Association (ASHA) are proposing to launch a pilot project in six to eight local health departments to supplement the HIV counseling and testing services available at those sites. Health department staff would encourage clients seeking HIV counseling and testing services to call the National AIDS Hotline (which ASHA operates on contract for CDC) at various points in the testing process. Hotline staff will provide these callers with basic information and referrals on AIDS and HIV testing, leaving health department counselors more time for individualized counseling (See Attachment I. for a detailed description of project goals, rationale, etc).

David Jolly, Director of CDC's Hotlines Project Office at ASHA, was in attendance to assist Steve Sherman in summarizing the proposed project and in responding to questions from the group. They have been working on this concept for the past year, and hope to be able to initiate a six month pilot in the following counties, to evaluate the program's impact and to determine whether this model should be expanded to all North Carolina counties: Alamance, Buncombe, Forsyth, Gaston, Pitt, Wake, and Wayne. Additionally, the committee was informed that CDC is interested in this project, and that if it is successful in North Carolina, they may want to expand it to other states as well. Local health department HIV counselors would need to receive training prior to launching the pilot project on or about October 1, 1998. No additional resources are being sought for this project.

Recommendation from Committee: After considerable discussion, a motion was made and seconded that: The pilot project (as proposed) appears to be worth pursuing and as a result, a letter will be drafted by the HIV/STD Control Section, to be signed jointly by ASHA, HIV/STD Control, and the Chairman of this Committee, inviting participation by the seven county health

departments listed above. In about six months from the actual starting date, ASHA and the HIV/STD Control Section agreed to report their findings and recommendations back to the Epidemiology Committee.

2. HIV/AIDS DRUG ASSISTANCE PROGRAM:

Eligibility for the 1,052 persons currently authorized is scheduled to end on July 31, 1998. Without additional state funding, all of these individuals would be cut off the Program on or shortly after that date. It is also estimated that there are an additional 400 – 600 individuals who would immediately qualify for the Program if it were available to them, and probably an additional 200 – 400 who would qualify during the remainder of the fiscal year. The Governor's expansion budget request to the Legislature includes \$16+ million, which when added to the \$5.8 million available beginning April 1, 1998, plus \$2 million in rebates (thanks to the support from the drug industry), could result in as much as \$24 million – enough funds needed to serve all 1,052 persons for a full year, while reopening the Program once again for new applicants.

3. NEW CDC GUIDELINES :

Dr. Newt MacCormack discussed new guidelines (ref: June 7, 1996 MMWR) for the rapid lab testing of a source, and for access to antiretroviral drugs within two hours after accidental occupational exposures (i.e. needle stick exposures) to possibly HIV positive blood. Due to the expense of the commercially available rapid test and of the need to offer retroviral drugs in a hurry, he asked the committee to begin thinking about resource needs at the local level, especially in smaller county health departments which are geographically remote from the large academic medical centers.

There being no further business to come before the Committee, the meeting was adjourned at 10:10 a.m.

The next meeting of the Epidemiology Committee will be scheduled during the month of June. Date and time to be announced.

Respectfully submitted,

Sherman E. Kahn, M.D.
Forsyth County Department of Public Health
P.O. Box 686
Winston-Salem, NC 27102-0686

Supplementing HIV Counseling and Testing Services in North Carolina Local Health Departments: A Pilot Project

Summary Description

The North Carolina HIV/STD Prevention and Care Section and the American Social Health Association (ASHA) are proposing to launch a pilot project in six to eight local health departments to supplement the HIV counseling and testing services available at those health departments. Health department staff will encourage clients seeking HIV counseling and testing services to call the National AIDS Hotline (which ASHA operates on contract for the Centers for Disease Control and Prevention) at various points in the testing process. Hotline staff will provide these callers with basic information and referrals on HIV and HIV testing, leaving health department test counselors more time for individualized counseling.

Project Goals

- To support the North Carolina public health community in general and HIV test counselors in particular in the provision of HIV counseling & testing services by: (1) using the National AIDS Hotline (NAH) to provide clients with basic information on HIV testing, thereby leaving test counselors more time for other components of test counseling (e.g., individualized risk assessment and risk reduction planning) and, (2) making NAH available to test counselors who have questions related to HIV and HIV testing.
- To use the National AIDS Hotline to provide individuals seeking counseling and testing services at local health departments with additional information and referrals related to HIV disease, HIV testing, and HIV-related services.
- To educate the North Carolina public health community about the service capabilities of the National AIDS Hotline.
- To evaluate the pilot to determine program impact and to decide whether to expand the program beyond the pilot.

Project Rationale

Local health departments are hard pressed to provide optimal HIV counseling services. Health departments are often understaffed for the demand placed on them and existing staff are stretched thin. Staff charged with HIV test counseling often remark that they don't have the best time to counsel clients the way they would like to. The National AIDS Hotline (NAH) could assist local health departments by supplementing the HIV counseling services that health departments provide. In doing so, NAH staff would not attempt to replace health department staff as the primary providers of pre- and post-test counseling but rather to support health department staff and clients throughout the counseling and testing process. NAH staff would provide standard information and referrals related to HIV testing and other HIV concerns. Health department staff could then spend less time in pre- and post-test sessions on basic information and more time on individual counseling. Furthermore, because NAH operates seven days a week, 24 hours a day, NAH can be available to clients when health departments are closed.

HIV testing is the most common issue discussed at the National AIDS Hotlines. NAH staff are not formally trained in HIV pre- and post-test counseling, but they have a great deal of information about HIV testing: how the test works, the accuracy of test results, the antibody development period, and the meaning of positive and negative test results. In addition, they have had extensive experience dealing with the varied concerns people can have at different stages of the testing process. Finally, they are well versed in the critical issues of HIV transmission and prevention that should be addressed in pre- and post-test counseling.

This project has the potential to improve the quality of HIV test counseling that individual clients receive, provide much needed support to test counselors at local health departments and increase the volume of calls to the National AIDS Hotline.

Project Description

Pilot Sites. Six to eight North Carolina local health departments will participate in the initial phase of the pilot project. A mix of urban and rural health departments will be selected, though sites will be restricted to health departments that do at least an average of 100 tests per month in order to facilitate evaluation of the project.

Protocol for Pilot Sites. Clients can be referred to the National AIDS Hotlines at various points in the HIV counseling and testing process:

- *When a client makes a test appointment.* The appointments secretary can encourage the client to call the hotline to discuss the basics of HIV transmission, prevention, and testing before the pre-test counseling appointment.
- *During a walk-in visit.* If a local health department has a private space with a telephone for walk-in clients for HIV testing can be encouraged to call the hotline while they wait to see a test counselor.
- *During the waiting period between testing and getting results.* Test counselors can inform clients that if they have questions or concerns during the waiting period and their counselor is not available, they can call the hotline. Because the NAH English service operates seven days a week, 24 hours a day, hotline services are available when local health departments are closed. (The NAH English service operates from 10 AM to 10 PM, seven days a week, and the NAH TTY service for the deaf and hard of hearing operates 10 AM to 10 PM, Monday through Friday.)
- *After post-test counseling.* Frequently people do not hear much of what is said after they are given their test results; the shock or relief drowns out everything else the test counselor tells them. Hotline staff can review, reinforce, and further explain important information provided during post-test counseling. In addition, NAH may be able to offer useful referrals and publications with which test counselors are unfamiliar.

ASHA will provide pilot sites with NAH wallet cards for distribution to clients at any point in the testing process. The cards contain the telephone numbers and hours of operation for each of NAH's services.

When clients are referred to the hotline, they will be encouraged to tell the NAH information specialist that they are at a certain stage of the HIV testing process and were referred to NAH by a North Carolina local health department.

Test counselors at pilot sites will also be encouraged to call NAH themselves when they have questions related to HIV and counseling, particularly when there are developments in HIV testing research or technology that might affect the information they provide or the way they counsel their clients.

Protocol for NAH. NAH information specialists (ISs) are trained to provide information about HIV testing, transmission, prevention, and other HIV-related concerns. Therefore all ISs will answer calls generated by the pilot project and will handle any other calls to the hotline.

The NAH information manuals used by ISs will be updated to include basic information on HIV control measures that may prove useful in discussions with persons recently testing positive and that will ensure NAH information for HIV-positive persons is compatible with North Carolina public health law.

Initiatives. NAH will place more emphasis on case management in providing referrals to HIV-positive callers.

Evaluation. During pre- and post-test counseling sessions, the health department test counselor will ask the client a brief set of questions to assess: (1) whether the client was offered the NAH number prior to that session, (2) whether the client called the hotline, and (3) whether the client found the call helpful.

The answers to these questions will be entered in designated fields reserved for local use on the scannable HIV Counseling and Testing Report Form submitted with the test sample by the health department to the NC State Public Health Laboratory. For those clients indicating that they did call the hotline, the counselor will also note whether s/he (the counselor) thought the pre- or post-test counseling session was better, worse, or the same as other sessions in terms of accomplishing counseling goals.

During the pilot project period, NAH information specialists will, at the end of each call, ask all callers how they heard about the hotline. If they answer that they were referred by a health department or an HIV test counselor, the IS will ask what state they are calling from. If a caller answers North Carolina, after ending the call the IS will fill out a form, noting the caller's gender, the caller's stage of testing (pre-test, waiting period, post-test), and (if post-test) the test result. The IS will also provide a general description of the call.

Finally, at the conclusion of the pilot project, a brief survey will be administered to test counselors to gather their general impressions of the project and its usefulness and their suggestions for improvements if the project is expanded beyond the original pilot sites. Focus groups may be held with test counselors at a few pilot sites to elicit more detailed feedback on their experience with the project. Comparable surveys and focus groups may be conducted with NAH ISs.

Analyses of the regularity collected and special project data will be conducted by staff from the Surveillance Branch in the Section and staff from the Quality Assurance and Research/Evaluation departments at ASHA.

Work To Date

Staff from ASHA and the HIV/STD Prevention and Care Section began meeting last summer to explore and plan this collaboration. Considerable work has been done towards implementing the pilot:

- Two ASHA staff attended an "HIV Prevention Counseling" training conducted by HIV/STD Section staff to give ASHA staff a sense of the training that local health department staff receive on HIV counseling and testing issues and to identify any areas where NAH staff might need additional training related to HIV counseling and testing in NC local health departments. (No areas for additional training were identified).
- Two HIV/STD Section staff attended parts of the NAH core training for information specialists to give Section staff a sense of how ASHA trains on HIV counseling and testing issues.
- ASHA and Section staff compared information offered on the hotline with that offered by North Carolina state or local health departments to identify any substantive contradictions. None were found. This review included not only information about HIV testing (and such issues as the antibody development period and pre-natal testing), but also basic HIV information (e.g., the risks of unprotected oral sex).
- Language has been drafted to update the NAH information manual with basic information on HIV control measures to ensure NAH information for HIV-positive persons is compatible with North Carolina public health law.
- Language has been drafted for referring health department clients to NAH at various points in the counseling and testing process.
- Staff at several local health departments have already expressed interest in the project, and seven local health departments have been identified as potential project sites.
- Key staff at CDC's Center for HIV, STD, YB Prevention have been informed of the pilot and expressed their support for it.
- ASHA and Section staff have begun to plan training for HIV test counselors at pilot health departments.

Preliminary plans for monitoring and evaluating the pilot project have been completed. This includes developing questions to collect data from clients at the local health departments, callers to NAH, test counselors and NAH information specialists.

Work Remaining

- Update NAH information manuals per above.
- Finalize selection of pilot sites and obtain agreements to participate from local health directors.
- Develop training curricula on the pilot project for HIV test counselors and for NAH information specialists.
- Conduct on-site training at local health departments and at NAH.
- Finalize plans for monitoring and evaluating the project, including producing data collection forms, developing a template to be used with the scannable HIV Counseling and Testing Report Form, setting up a system for file transfers from the Section to ASHA, and designing a database at ASHA.

Target Date for Launching the Pilot: October 1, 1998

COMMITTEE NEWS

NCPHA Awards Committee

by Debbie Rowe

Having someone you know and admire receive a professional award in a dignified ceremony, surrounded and recognized by their peers, is almost as rewarding to the person making the nomination as it is for the person receiving the award. Take the time necessary to nominate that special co-worker, supervisor, or others who may qualify for the below listed awards. You have the capability to create an experience for that deserving person they will never forget—and you will never forget, nor regret, the small amount of time it takes to make that nomination.

The deadline for all award nominations shall be June 1, 1998. The deadline for Service Awards is August 1, 1998. Do not miss these important dates.

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 member in recognition of outstanding contributions to public health in North Carolina over a period of several years.

• **Distinguished Service Award:** This award was established in 1953 to recognize individuals in other organizations or professions who have made significant contributions to public health in North Carolina.

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

A citation and an engraved plaque are given for each of the awards listed above.

• **Service Awards:** Service pins and certificates are awarded for completion of 25, 30, 35, and 40 years of full time work in public health in North Carolina by **December 30 of the preceding 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.

New Award to be Presented at Annual Education Conference

In addition to the standard NCPHA awards that are presented annually, NCPHA will be presenting the **Partners in Public Health Distinguished Group Award.** This award will be presented to other organizations or professions who have contributed to public health efforts in North Carolina. Please consider who in your community has been instrumental in providing support to public health. This can be a private company, civic organization, professional association, etc. Use the **Award Nomination Form** and instructions that are included in this issue to make your nomination. Any inquiries should be addressed to the NCPHA office or to Carolyn Haynie, Awards Chair.

Nominations shall be submitted on forms provided by NCPHA and may be obtained from the NCPHA headquarters or the chairperson of the NCPHA awards committee. They shall be addressed 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 renominated by submitting current information on the appropriate forms. Supporting materials may be submitted. Remember that the awards committee may already know much about your nominee. Nominations need not be lengthy, but must be descriptive in outlining the reasons that the nominee is worthy of the award. We know that there are many deserving individuals, but the committee must choose the recipients based on the nominations received.

The deadline for all awards shall be June 1, 1998. The deadline for Service Awards is August 1, 1998.

Please return the nomination to:

Carolyn Haynie, Chairperson,
Awards Committee,
NC Public Health Association,
1009 Dresser Court, Raleigh,
NC 27609.

Elections Committee

by Newsom Williams, Chair

On July 15, the Elections Committee will mail ballots to all current (paid) members of NCPHA. Ballots will contain a dual slate of officers, with a picture and brief biography of each candidate. Ballots should be completed and returned to headquarters by August 15. Election results will be announced at the Business Meeting of the Annual Education Conference in September.

The Nominating Committee has identified strong candidates for each vacant position - five officer positions and two member-at-large positions. When you receive your ballot, please take a few minutes to select those individuals you feel would best provide the leadership for our organization. Historically, we have elected officers with fewer than 500 members voting. We can improve that figure. Please complete your ballot and mail it by August 15.

Resolutions Committee

by Debra Springer, Chair

As most of you know, resolutions are published in the July Newsletter and are considered at the annual business meeting, then voted on through mailed ballots. By this process, resolutions have to be in the NCPHA office by June 1, 1998.

When situations arise, similar to the one at the 1996-97 Business Meeting in Winston-Salem, a motion must be made and approved to suspend policy and procedures. Only then can action be taken. Therefore, the Resolutions Committee is scheduled to meet March 19, 1998 to review this process and to propose a recommendation for handling resolutions in a timely manner. If you have concerns or suggestions regarding the procedure for handling resolutions, please contact me at (919) 250-4459.

Additionally, if you or your section has any resolutions you would like to be considered for the 1997-1998 annual business meeting, please mail them to the NCPHA office.

Last Chance for Glaxo-Wellcome Awards - Don't Forget to Nominate!

This is the last year of a five-year commitment by Glaxo Wellcome to honor outstanding individuals, health departments and staff in North Carolina for their efforts on behalf of children's health. Please take advantage of this opportunity to submit nominations in each of the following award categories: Individual Recognition Award, Local Health Department Award, and Public Health Staff Award. Applications for the Glaxo Wellcome Child Health Recognition Awards will be mailed to the health directors in March. Nominations packets are due on May 29, 1998.

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

**NC ASSOCIATION OF
LOCAL HEALTH DIRECTORS**

**COMMUNITY HEALTH
COMMITTEE MEETING**

**TUESDAY, MAY 19, 1998
CONFERENCE CALL
10:30 AM**

- | | | |
|-------------|---|---|
| I. | Call to order | Elaine Russell |
| II. | Consideration of maintaining
HSIS screen for BCCCP | <i>Dr. Holliday</i>
Larry Jenkins |
| III. | Dental Update
a. Seal the State: A Final Report
b. Health Check Coordinators role
with dental health issues | Steve Cline |
| IV. | Budget/Legislative Update | Leah Devlin |
| V. | Community Health Assessment
Grant | <i>Mary Bobbitt Cook</i>
Leah Devlin |
| VI. | Other | |
| VII. | Next meeting date and adjournment | Elaine Russell |

**COMMUNITY HEALTH COMMITTEE
MEETING MINUTES
TUESDAY, MAY 19, 1998
CONFERENCE CALL**

Participants: Dr. Holliday, Dr. Cline, Jenny Lassiter, Curtis Holliman, Elaine Russell

The meeting was called to order by Elaine Russell at 10:30 am.

BCCCP: Dr. Holliday presented the option of allowing Health Departments to proceed directly to the "pap and pelvic screens" in utilizing HSIS with BCCCP. This would provide data simplification and eliminate administrative duty the program can't reimburse. Dr. Holliday also pointed out the fact that a great deal of the data entered in the screens under question was not usable, thus not an effective use of time. Extensive discussion followed. Public health has a significant role to play in data collection; any means must be utilized to fulfill this obligation. The role of BRFSS was also discussed for collecting the data under consideration.

DENTAL: Seal the State in '98 was a success! Dr. Cline briefly reported: 8,446 volunteers, 113 dentists participated; and 39,387 sealants were provided. Each Health Director will receive a copy of the summary book for the project. A sealant project will be planned for next year. However, the project will originate locally.

A discussion of CHIP dental coverage followed. Weaknesses in the plan: no sealants, fluoride 1 time per year, prophylaxis 2 times per year, no simple extractions, no stainless steel crowns, and no space maintenance. Avenues to address these weaknesses under review by the state.

With no further business, the meeting was adjourned.

Respectfully submitted,


Elaine Russell, MPH
Health Director

**NEXT MEETING DATE
THURSDAY, JUNE 18, 1998
9:00 AM - 11:00 AM
ROOM G1B - 1330 ST. MARY'S**