

# NCALHD Attendance Roster

July 16, 1998

(M) = 1998 Dues Paying Member

(E) = Executive Committee Member

County/Health Director

- 1 \_\_\_\_\_ Alamance/Tim Green (E) (M)
- 2 SR Alexander/Shelly Carraway (M)
- 3 MRK Anson/Marc Kolman (M)
- 4 AS Appalachian Dist/Daniel Staley (M)
- 5 \_\_\_\_\_ Beaufort/Tamera Hower
- 6 \_\_\_\_\_ Bertie/Joann Jordan (M)
- 7 \_\_\_\_\_ Bladen/Myra Johnson, RN, Interim (M)
- 8 DR Brunswick/Don Younsey (E) (M)
- 9 GB Buncombe/George Bond (E) (M)
- 10 \_\_\_\_\_ Burke/Jenny Kirksey (M)
- 11 \_\_\_\_\_ Cabarrus/Dr. William Pilkington
- 12 \_\_\_\_\_ Caldwell/Vacant (M)
- 13 JTG Carteret/Dr. J.T. Garrett (M)
- 14 AS Caswell/Anne Scott (M) fax 694 7030
- 15 \_\_\_\_\_ Catawba/Barry A. Blick (M)
- 16 WJ Chatham/Wayne Sherman (E) (M)
- 17 \_\_\_\_\_ Cherokee/Elaine Russell (M)
- 18 \_\_\_\_\_ Clay/Janice Patterson (M)
- 19 \_\_\_\_\_ Cleveland/Denese Stallings (M)
- 20 MD Columbus/Marian Duncan (M)
- 21 WS Craven/Wanda Sandele (M)
- 22 JW 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 BB Davie/Barry Bass (E) (M)
- 27 HD Duplin/Dr. Harriette Duncan (M)
- 28 \_\_\_\_\_ Durham/Brian Letourneau (M)
- 29 \_\_\_\_\_ Edgecombe/James Baluss (M)
- 30 SK Forsyth/Sherman Kahn (M)
- 31 \_\_\_\_\_ Franklin/Keith Patton (M)
- 32 \_\_\_\_\_ Gaston/Bruce Parsons (M)
- 33 \_\_\_\_\_ Graham-Swain Dist/Emma Waldroup (M)
- 34 \_\_\_\_\_ Granville-Vance Dist/Dr. Roddy Drake (M)
- 35 \_\_\_\_\_ Greene/Doug Umland (M)
- 36 HOG Guilford/Dr. Harold Gabel (M)
- 37 CS Halifax/Dr. Chris Szwagiel (M)
- 38 WR Harnett/Wayne Raynor (M)
- 39 BW Haywood/Bob Wood (E) (M)
- 40 Tom Henderson/Tom Bridges (E) (M)
- 41 \_\_\_\_\_ Herford-Gates Dist/James Boehm (M)
- 42 \_\_\_\_\_ Hoke/Donald Womble (M)
- 43 \_\_\_\_\_ Hyde/Linda Mayo (M)

County/Health Director

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



# North Carolina Association of Local Health Directors

## Treasurer's Report July 16, 1998

	<u>CHECKING (\$)</u>	<u>SAVINGS (\$)</u>	<u>MONEY MKT. (\$)</u>	<u>CD (\$)</u>
Account Balance brought forward 6/18/98	\$21,600.94	\$32.28	\$11,033.19	\$40,000.00
<b>Receipts:</b>				
Interest Payments:				
July Statement	53.60	0.10	45.61	
Federal Back-up Withholding:				
July Statement	20.52	0.03		
Maintenance/Service Fee:				
July Statement	1.00			
Deposits:				
Transfer from checking				
Transfer from money market				
Dues	710.53			
	<u>\$22,343.55</u>	<u>\$32.35</u>	<u>\$11,078.80</u>	<u>\$40,000.00</u>
<b>Expenses:</b>				
# 0749 Health Quest Consulting - Acct #112	8,697.98			
Account Balance per Bank Statement 7/1/98	\$13,645.57	\$32.35	\$11,078.80	\$40,000.00

**NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS**  
**1998 Budget**  
**July 16, 1998**

REVENUE	(\$) 1998 REVISED ADOPTED	(\$) 1998 ACTUAL
Dues	30,305	26,640.09
Checking Interest	1,200	391.34
Savings Interest	900	350.47
Transfers	19,300	15,000.00
<b>Total</b>	<b>\$51,705</b>	<b>\$42,381.90</b>

EXPENSES		
110 - Office Supplies	150	146.85
111 - Awards	300	139.71
112 - Contractual Services	33,000	16,633.48
113 - Printing/Postage	6,555	1,893.47
114 - Meeting Expenses	1,400	4,499.12
115 - President's Expenses	3,000	500.00
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	
<b>Total</b>	<b>\$51,705</b>	<b>\$25,562.63</b>

**COUNTIES THAT HAVE NOT PAID THEIR DUES:**

Beaufort  
Cabarrus  
Cumberland

**North Carolina Association of Local Health Directors  
Environmental Health Committee  
July 15, 1998**

1. **Call to Order:** Mimi Cooper, Committee Chairperson (and Health Director of the Year) called the monthly meeting of the Environmental Committee to order at 1:00 p.m.
2. **Announcements and Introductions:** None.
3. **Attendance:** See attached Attendance Roster.
4. **Old Business:** None, covered under Division Report.
5. **New Business:**
  - A. **Electronic Transfer of Inspection Data:** Mr. Rhodes reviewed a letter he had received from George Bonds of Buncombe County dated June 30, 1998. In the letter, Mr. Bond discussed frustration he had with not being able to transfer EHS data to the State EHS Division electronically. Mr. Rhodes shared an earlier letter from the Division to Buncombe relating that Mr. Bond's program had been studied. This letter pointed out the problems between Buncombe's program and HSIS. Mr. Rhodes shared that since the mismatch items had been identified that the division had assumed that Mr. Bond's people were working on sorting out the problem. Additionally, the division does not have staffing to allow them to be responsible to work out the areas where the two programs do not match up. Mr. Yousey noted that Buncombe had developed its own program and that it seemed unfair of them to expect the State to work out the mismatches since the State did not initiate them. Some division staff present seemed to agree with this position. The EHS staff also voiced some concerns on where the Technology Committee was going with developing software for health departments separate from HSIS. There was much discussion on the appropriateness of this versus supporting upgrading HSIS. The committee seemed to agree that this issue would better be discussed with the Technology Committee rather than in this forum. However, the committee did agree that health departments who develop their own program should not expect the State to work out the disconnects between their systems and HSIS. The group felt that since the division had already sent out a letter identifying where the mismatches were, it was up to the county developing their own system to work out the mismatches. (Closed)
  - B. **Memorandum of Understanding - Safe Serve:** Ms. Grayson reported that the Department of Public Instruction (DPI) has agreed to be responsible for providing Safe Serve education classes to managers of school cafeterias. As part of this agreement, they will also be providing manuals. DPI is interested in identifying local health department personnel to serve as instructors for this program. Ms. Grayson stressed that this idea is in its "infancy" and its structure is just being

formulated. She noted that the division had let DPI know that not all health departments would be able to provide such support and that a district or zone approach may be necessary. Some present voiced that offering the Safe Serve Class in that way might undermine local classes that were already ongoing. The question of non-cafeteria managers attending was discussed. But since manuals were being provided by DPI, the division staff felt others attending would probably not be possible. Ms. Grayson did say that DPI was looking into identifying a local health director who would be interested in participating in designing this program. Ms. Cooper asked if anyone on the committee was interested in serving in this capacity and offered that if not, she was interested. Mr. Pierce suggested and the committee agree to let Ms. Cooper serve since she was interested (No wonder she is Health Director of the Year!).

- C. **Certain Devices for On-Site Wastewater Systems:** Mr. Jeter discussed the most recent drafts (Committee Substitutes) of a bill to require effluent filters and risers on all new septic tanks. In his presentation, he noted that the division is not against these ideas, but is against "forced feeding" them to the public. The committee had agreed to the idea of filters and risers last month, but these latest drafts of the bill raised four areas of concern. They included the requirement for the division to establish standards for the devices in a two month time span (something the industry has been trying to do for two years), problems with defining some parts of the bill (i.e., What is a "qualified expert?"), additional costs from additional inspections by local BHS staff, and the need to establish temporary rules by November 1, 1998 (a task that EHHS feels is impossible). Mr. Jeter also discussed unhappiness the division had with producers being able to mandate what type of filters and risers would be used without the public having a say. Mr. Yousey noted that this is a common occurrence in mandated environmental protection devices and used the analogy of exhaust control devices on automobiles as an example. Mr. Yousey noted that he did not feel this argument should be included as it would just make everyone concerned look like obstructionists. Ms. Sewall remarked that the division was trying to set up a meeting with representatives of the septic tank producers but that they (the producers) had not shown any interest in such a meeting. Ms. Cooper noted that a representative from the septic tank manufacturers had asked to meet with committee members and that would probably occur later that night. Mr. Pierce and Mr. Yousey agreed to meet with her and the representative if the meeting could be arranged. Since no one could predict what such a meeting might produce, Mr. Yousey offered the following motion.

**Motion:** That the association supports the concept of effluent filters and risers on septic tanks as described in House Bill 1462 and Senate Bill 1303 (Committee Substitutes), but opposes the specific language and time constraints with adopting Temporary Commission Rules and the potential increase in cost to local health departments and recommend that all interested parties be brought together to discuss the issues and develop mutually acceptable substitute language."

The motion was seconded by Mr. Pierce and carried unanimously. (Open, All)

**6. Environmental Health Division Report:** Ms. Linda Sewall and staff as specified offered the following report:

- A. Latest Version of Budget:** Ms. Sewall briefed the committee regarding the latest version of the upcoming budget. She noted there was a great reduction in EHS funding between the Governor's Expansion Budget and those proposed by the Senate and House. While there is no great hope, she said there is a slight chance that some of the items might be put back in if the "Big Chairs" so direct. If this doesn't happen, there is no chance that the conferees will do anything with these items. Lastly, she noted that the centralized training money (\$100,000) that is not recurring funding was left in the legislative budget proposals. (Info)
- B. Septic Tank Devices:** Discussed above. (Info)
- C. Lead Bill:** Not discussed by Legislative Committee even though there appeared to be time. (Info)
- D. Alternative Technologies to Lagoons (HB1479):** Mr. Yousey noted that he had distributed a copy of this bill via email and wondered if the committee could take a few minutes to discuss it. Mr. Yousey said that he did not know how far this bill would go, but did ask that we be aware of it and support it if it ever looked like it might survive. Mr. Blalock then described a trip Dr. McBride made with numerous staff members to Duplin County. The group visited an ILO, an adjacent house, a rendering plant, etc., so Dr. McBride could get a feel for what ILOs were doing to people in the eastern part of the state. Ms. Cooper noted that recent interest by the hog industry in more western counties made it apparent that this will not just be an eastern problem for very long. All and all, the group voiced its pleasure with Dr. McBride taking such a proactive posture in this matter. Some worried about the political safety of such actions. Some members stated they would be thanking Dr. McBride for his support and cautioning him about the dangers involved. (Info)
- E. Request from Mr. Ring:** Ms. Cooper reported that Mr. Ken Ring, Health Director from Madison County, had written to her asking that the committee and Directors' Association look into urging the State to set guidelines allowing that at least 8% of Clean Water Management Trust Fund (CWMTF) Grant Funds be used for administration of the grants. The group discussed this at length and Mr. Yousey said that he had worked on such a grant and it was his understanding that those applying for such grants are advised that the money cannot be used for this purpose. Mr. Garrett said that he felt that accepting such funds was based on this understanding and that this committee had no part in changing the grant

requirements. Those in attendance were in agreement and no motion for action was put forth by the committee. (Closed)

7. Other: N/A

8. Adjournment: The meeting was adjourned at 4:30 p.m.

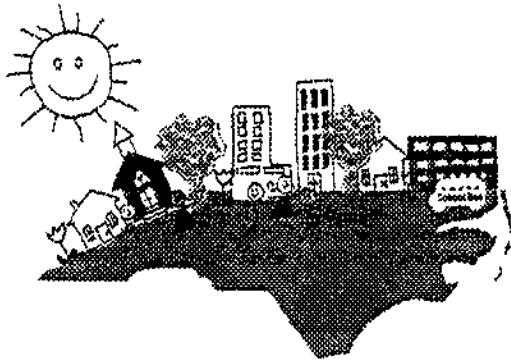
## BAD LAW RESULTS IN BAD RULES

Concept in ORIGINAL language of SB-1303 and HB-1462 could have resulted in reasonable rules and standards if the dates for adoption and effective dates had been changed to 1 January 1999, and 1 July 1999, respectively and the study dropped (required in Section 3).

The committee substitutes for SB-1303 and HB-1462 were not debated as they should have been and their backers spread misinformation, particularly about support for the bills by local and state environmental health specialists, to legislators

Not enough time to have thorough review and debate of any proposed rules and standards by interested parties.

Costly technologies that have not been proven to be effective through extensive, rigorous, independent, scientific testing with results reported in peer reviewed journals. However, some testing has been done by manufacturers and researchers using protocols that are not recognized by national testing organizations and with the results being published in companies' newsletters or brochures.



# North Carolina Community Health Assessment 1998 Survey

Please answer the following questions regarding your health department's most recently-completed community health assessment. This may include the state-mandated biennial Community Diagnosis or any other supplementary assessments (e.g., Healthy Carolinians, independent assessments) in which your health department was involved.

To fill out the survey, read each question and indicate the appropriate answer(s) with a check mark (✓). Sometimes the answer to one question leads you to another question. This is indicated by an arrow. **This survey should take about 10 to 15 minutes to complete.** Please try to answer each question, since this is important for keeping the survey statistically valid. Feel free to ask other people at your health department if you do not have the information for a particular question.

If you have any questions about the survey, please contact Gabrielle Principe, Project Manager of the North Carolina Community Health Assessment Initiative in the State Center for Health Statistics, at 919-715-7472 or [gabrielle\\_principe@mail.ehnr.state.nc.us](mailto:gabrielle_principe@mail.ehnr.state.nc.us). To mail the completed survey, please put it in the enclosed stamped envelope and drop it in the mail.

Thank you for participating in this survey. Your help is much appreciated.

Check here if you would like to receive a summary of the results of this survey and include your name and address below.

---

---

---

---

**NOTE: Please answer the following questions regarding your local health department's most recently-completed community health assessment.**

1. Who was the lead agency in carrying out your county's most recent community health assessment?

- Health Department
- Hospital
- Health Department/Hospital (Equally Shared)
- Health Department/University (Equally Shared)
- Other \_\_\_\_\_
- Healthy Carolinians Task Force
- University
- Health Department/Healthy Carolinians (Equally Shared)

2. Is this typically the agency that takes the lead in health assessment activities in your county?

- Yes
- No

3. Does your health department have formal joint agreements with other local (not state) agencies or organizations to perform community assessment functions?

- Yes
- No → Go to Question 5

4. Indicate the agencies and organizations with which you have such agreements:

**Check all that apply.**

- Health Care Provider (e.g., Hospital, Physician Professional Organization)
- Health Care Payer (HMO, PPO)
- Community/Rural/Migrant Health Center
- Town/City Agency
- Nonprofit/Volunteer Organization
- University/College
- Other \_\_\_\_\_

5. In what year was your county's most recent community health assessment completed?

- 1995
- 1996
- 1997
- 1998

6. Which of the following best describes those who were involved actively in the collection, analysis, and interpretation of data and information to carry out your county's most recent community health assessment?

- One or two health department employees only. → Go to Question 8
- Three or more health department employees only. → Go to Question 8
- Health department employees and representatives from *other public agencies*.
- Health department employees and representatives from *other public agencies AND private organizations*.
- Other \_\_\_\_\_

7. Representatives from which of the following agencies and organizations participated in this community health assessment:

**Check all that apply.**

- |                                                                                                        |                                                                                      |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Local Health Department (LHD)                                                 | <input type="checkbox"/> Healthy Carolinians Task Force                              |
| <input type="checkbox"/> Health Care Provider (e.g., Hospital, Physician Professional Organization)    | <input type="checkbox"/> Smart Start                                                 |
| <input type="checkbox"/> Health Care Payer (HMO, PPO)                                                  | <input type="checkbox"/> United Way                                                  |
| <input type="checkbox"/> Community/Rural/Migrant Health Center                                         | <input type="checkbox"/> March of Dimes                                              |
| <input type="checkbox"/> County/District Board of Health                                               | <input type="checkbox"/> Other Nonprofit Organization                                |
| <input type="checkbox"/> County Commissioner                                                           | <input type="checkbox"/> Church                                                      |
| <input type="checkbox"/> Mental Health Agency/Facility                                                 | <input type="checkbox"/> Business/Industry                                           |
| <input type="checkbox"/> Social Services (e.g., Food Assistance, Housing, Medical Assistance Programs) | <input type="checkbox"/> Law Enforcement Agency                                      |
| <input type="checkbox"/> Dental Health Provider                                                        | <input type="checkbox"/> University/College Students                                 |
| <input type="checkbox"/> School System/School Health Services                                          | <input type="checkbox"/> University/College Faculty                                  |
| <input type="checkbox"/> Other _____                                                                   | <input type="checkbox"/> Community Residents (i.e., Non-Organizational Constituents) |

8. Which of the following community health assessment methods most accurately describes your county's latest assessment?

**Check all that apply.**

- |                                                 |                                              |
|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Community Diagnosis    | <input type="checkbox"/> Healthy Carolinians |
| <input type="checkbox"/> Independent Assessment | <input type="checkbox"/> Other _____         |

9. Which of the following types of quantitative data were used in this community health assessment?

**Check all that apply.**

- |                                                                             |                                                                                   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Demographics                                       | <input type="checkbox"/> LHD Outreach Services Data                               |
| <input type="checkbox"/> Vital Statistics (Births, Deaths, etc.)            | <input type="checkbox"/> LHD Health Education Programs                            |
| <input type="checkbox"/> Communicable/Chronic Diseases                      | <input type="checkbox"/> LHD Clinical Services Data                               |
| <input type="checkbox"/> Medical Risk Factors (e.g., Hypertension)          | <input type="checkbox"/> LHD Laboratory Data                                      |
| <input type="checkbox"/> Behavioral Risk Factors (e.g., BRFSS)              | <input type="checkbox"/> Education Data                                           |
| <input type="checkbox"/> Crime/Safety Statistics                            | <input type="checkbox"/> Dental Health Data                                       |
| <input type="checkbox"/> Environmental Data                                 | <input type="checkbox"/> Medical Encounter Data from Hospitals or Other Providers |
| <input type="checkbox"/> Human Service Data (Mental Health/Social Services) | <input type="checkbox"/> Health Insurance Data                                    |
| <input type="checkbox"/> Economic/Business Data                             | <input type="checkbox"/> Health Policy Data                                       |
| <input type="checkbox"/> Other _____                                        |                                                                                   |

10. Which of the following were done to collect data in your community?

**Check all that apply.**

- |                                                              |                                                                |
|--------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Opinion Survey                      | <input type="checkbox"/> Resource Inventory                    |
| <input type="checkbox"/> Local Behavioral Risk Factor Survey | <input type="checkbox"/> Assets Maps                           |
| <input type="checkbox"/> Focus Groups                        | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Key Informant Interviews            | <input type="checkbox"/> None of the above → Go to Question 12 |





11. How were data from your community collected?  
**Check all that apply.**

- Collected by Local Health Department Staff
- Collected by Healthy Carolinians Task Force
- Other \_\_\_\_\_
- Contracted with University
- Contracted with Consulting Firm

12. Did this community health assessment result in a community health action plan? *(A community health action plan is an intervention plan that details the actions and community organizations that will provide and coordinate intervention activities to deal with specific health problems.)*

- Yes
- No → Go to Question 14

13. This community health action plan includes:  
**Check all that apply.**

- Prioritized health problems
- Measurable health objectives/outcome measures
- Time-limited health objectives/outcome measures
- Involvement of other public agencies (e.g., Social Services)
- Involvement of private organizations (e.g., hospitals)
- Involvement of nonprofit organizations, citizens, and/or volunteers
- Community-level indicators (i.e., indicators of community changes, such as the number of new programs and policies)
- Other \_\_\_\_\_
- Planned interventions
- Plans for program evaluation
- Focus on anticipated results and not just on proposed activities
- Public relations plans to keep the community/media informed
- Indicators for behavior change
- Indicators for knowledge/awareness change

14. To what extent have the latest assessment findings influenced program planning and policy decisions in your *health department*?

- Not At All
- Somewhat
- Very Much
- Don't Know

15. To what extent have the latest assessment findings influenced program planning and policy decisions in *other agencies and organizations in your community*?

- Not At All
- Somewhat
- Very Much
- Don't Know

16. Does your county have a Healthy Carolinians Task Force?

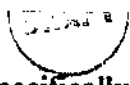
- Yes
- No → Go to Question 21

17. What is the certification status of your county's Healthy Carolinians Task Force?

- Certified/Recertified
- Working Towards Certification
- Certified But Inactive
- Not Certified

18. How active is your Health Department on your county's Healthy Carolinians Task Force?

- Not At All
- Somewhat
- Very
- Don't Know



**NOTE:** The following two questions refer specifically to the Health Department's state-mandated Community Diagnosis.

19. Did your Healthy Carolinians Task Force use the Health Department's state-mandated Community Diagnosis in setting their priorities and developing their action plan?

- Yes       No       Don't Know

20. Would you consider your Healthy Carolinians Task Force's community health assessment an expanded or more detailed assessment than that of the Health Department's state-mandated Community Diagnosis?

- Yes       No       Don't Know

21. Do you feel that your staff have adequate training for conducting comprehensive and collaborative community health assessments?

- Yes       No

22. In which areas do your staff need additional training for conducting comprehensive and collaborative community health assessments?

**Check all that apply.**

- |                                                                                               |                                                                  |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Community Health Assessment Methods                                  | <input type="checkbox"/> Conducting Surveys                      |
| <input type="checkbox"/> Interpreting and Using Secondary Data                                | <input type="checkbox"/> Conducting Focus Groups                 |
| <input type="checkbox"/> Doing Basic Descriptive/Analytical Statistics                        | <input type="checkbox"/> Conducting Informant Interviews         |
| <input type="checkbox"/> Graphics & Presentation of Statistical Information                   | <input type="checkbox"/> Using Epi Info                          |
| <input type="checkbox"/> Setting/Measuring Health Objectives                                  | <input type="checkbox"/> Strategic Action Planning               |
| <input type="checkbox"/> Coalition Building and Maintenance                                   | <input type="checkbox"/> Public Health Program Evaluation        |
| <input type="checkbox"/> Marketing Information to Policy Makers<br>and the Community-At-Large | <input type="checkbox"/> Report Writing                          |
| <input type="checkbox"/> Other _____                                                          | <input type="checkbox"/> Health Policy Development &<br>Analysis |

23. In the last five years, has your Health Department (or other collaborating local organization) contracted with a consultant to perform a community health assessment?

- Yes → Please tell us the name of consultant and organization/business.       No → Go to Question 28

\_\_\_\_\_  
\_\_\_\_\_

24. How satisfied were you with the assistance that you received from the consultant?

- Not At All       A Little       Somewhat       A Lot       Very Much



25. How useful did you find the consultant's product?

- Not At All       A Little       Somewhat       A Lot       Very Much

26. To what extent did the consultant actively engage the community in the assessment process (e.g., carry out interviews or focus groups with community residents, conduct surveys of community residents, engage community residents in the prioritization of health problems, involve community residents in the planning and implementation of interventions)?

- Not At All       A Little       Somewhat       A Lot       Very Much

27. To what degree was the consultant involved in designing and implementing strategies to address the health problems that were identified by the assessment?

- Not At All       A Little       Somewhat       A Lot       Very Much

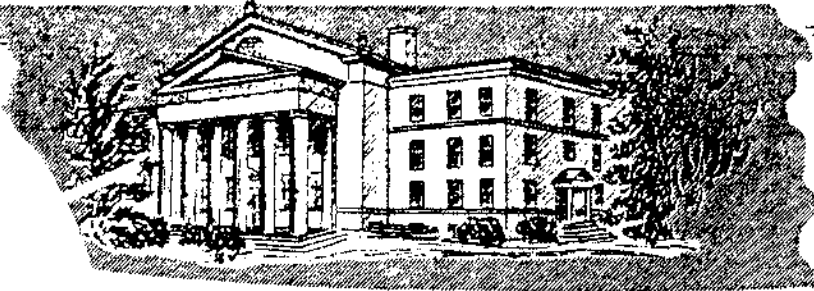
28. Would you consider your health department's last community health assessment to be *collaborative* (i.e., involving representatives from a wide range of both public and private organizations)?

- Yes       No

29. Would you consider your health department's last community health assessment to be *comprehensive* (i.e., summarizing a broad range of data and information that could benefit the planning and evaluation functions of agencies other than your health department)?

- Yes       No

30. Please use this space for any additional comments you would like to make about community health assessment in North Carolina, or about specific problem or situations in your county pertaining to community health assessment.



LINCOLN COUNTY, N. C.

HEALTH DEPARTMENT

Margaret B. Dollar  
Health Director



151 Sigmon Rd.  
LINCOLNTON, NC 28092-8611  
Phone 704/735-3001  
State Courier No. 156216

TO: Policy & Planning Committee & Friends  
FROM: Margaret B. Dollar, M.Ed. *mbd*  
DATE: July 22, 1998  
RE: '98-99 RESOLUTIONS

Thanks again for going to bat for these resolutions last Wednesday. And hat's off to Dennis Retzlaff for "whippin' these out" like we knew he could.

Next Meeting ??? stay tuned!

Thank you.

jba

p.s. Bill Smith will forward you the orig. resolutions for your NCAALHD files.

*Judy*

# NORTH CAROLINA ASSOCIATION of LOCAL HEALTH DIRECTORS

*An Affiliate of the North Carolina Association of County Commissioners*

July 21, 1998

Mr. James B. Blackburn, III  
General Counsel  
North Carolina Association of County Commissioners  
P.O. Box 1488  
Raleigh, NC 27602-1488

Dear Mr. Blackburn:

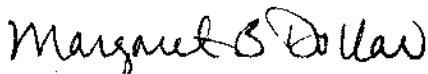
**Subject: 98-99 RESOLUTIONS**

In reference to my conversation with Mr. Ron Aycock last Wednesday; enclosed please find seven Resolutions of the North Carolina Association of Local Health Directors, five of them adopted at its regular monthly meeting on July 16<sup>th</sup>.

As you are aware, Public Health in North Carolina is undergoing immense growth and intense change to meet the needs of the public we serve. It is the intention of the enclosed Resolutions to reflect some of the major issues facing public health today, and to invite constructive assessment, reflection, and meaningful dialogue between NCALHD and its affiliates.

As we move into this new fiscal year, it is our hope that the North Carolina Association of County Commissioners will consider adopting these Resolutions at its Annual Meeting, and will join with us in our commitment not only to review and refine where needed, but also to support the principles and tenets of public health.

Sincerely,



Margaret B. Dollar, M.Ed  
President-Elect

MBD:jba

CC: Mr. Ron Aycock - NCACC Ex. Director  
Dr. A. Dennis McBride - State Health Director  
Mr. William J. Smith- NCALHD President

*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*  
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

*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

16

## THE FUTURE OF PUBLIC HEALTH


**WHEREAS**, the health care system is in an ever evolving state of change, including issues related to the governance, structure, financing, and delivery of public health services; and

**WHEREAS**, the North Carolina Association of Local Health Directors has taken the lead in implementing a study of the existing public health system in North Carolina, as well as emerging public health models across the nation, and shall adopt a set of "Recommendations on the Future of Public Health in North Carolina" for further consideration with and by its affiliates and related organizations; and

**WHEREAS**, it is critical that local support of the public health system and recommended changes be attained;

Now, **THEREFORE BE IT RESOLVED** that the North Carolina Association of County Commissioners work with its affiliate, the North Carolina Association of Local Health Directors, by supporting its efforts, participating in the review process of the Association's recommendations (forthcoming from the "VISION" Consensus Group), and providing input to the North Carolina Association of Local Health Directors regarding the recommendations.

Resolved the 16<sup>th</sup> day of July, 1998, by the North Carolina Association of Local Health Directors.

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

## SUPPORT FOR HEALTHY CAROLINIANS

**WHEREAS**, over half of the deaths of North Carolina citizens under age 65 are due to preventable causes resulting in enormous human and economic burdens for all of us; and

**WHEREAS**, the public health needs of a population can most effectively be met through a comprehensive process of community health assessment, long-range planning for addressing health needs, and development of community supported health promotion programs; and

**WHEREAS**, this process should be facilitated by collaborative leadership with community input from groups such as schools, day cares, churches, non-profits, private industry and business, health providers, government, and human services at the county level, and

**WHEREAS**, the "Healthy Carolinians" program, currently in existence in 70 counties, provides a supportive structure for this process, resulting in effective community action addressing their health needs;

**NOW THEREFORE BE IT RESOLVED**, that the North Carolina Association of County Commissioners strongly supports the expansion of "Healthy Carolinians" into all remaining counties and funding to support such expansion, and

**BE IT FURTHER RESOLVED**, that county commissioners support and encourage this effort in their respective counties.

Resolved the 16<sup>th</sup> day of July, 1998, by the North Carolina Association of Local Health Directors.

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

**LOCAL HEALTH DEPARTMENT COMPUTER TECHNOLOGY  
ENHANCEMENT**

**WHEREAS**, it is generally recognized that computer technology is one of the crucial foundations for efficient and effective operation of any large system of human service delivery programs; and

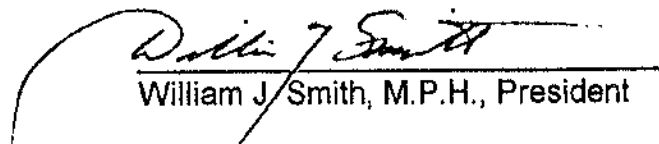
**WHEREAS**, the current state of computer technology in local health departments is fragmented and varies greatly from county to county; and

**WHEREAS**, the investment needed to bring local departments and statewide systems to a reasonable state will demand resources from every level possible;

**NOW THEREFORE BE IT RESOLVED**, that the NCACC supports and encourages efforts by state authorities and the N C Association of Local Health Directors to develop a comprehensive and integrated computer system which meets current and foreseeable future public health needs; and

**BE IT FURTHER RESOLVED**, that the NCACC encourages its membership to provide resources where needed so as to enable each local unit to obtain the hardware needed to promote a uniform system of computer technology.

Resolved the 16<sup>th</sup> day of July, 1998, by the North Carolina Association of Local Health Directors.

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

**CONTINUING REVIEW OF ENVIRONMENTAL REGULATIONS AND  
ENFORCEMENT STRUCTURE**

**WHEREAS**, the problems of inconsistent, confusing and ineffective environmental regulations has received much attention during recent years, and

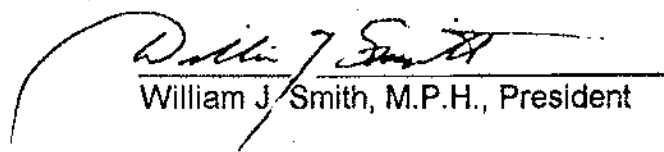
**WHEREAS**, there has been general agreement that major revisions in environmental rules and regulations, significant restructuring of regulatory agencies, and increased investment in environmental protection is greatly needed; and

**WHEREAS**, the potential removal of environmental health programs from public health jurisdiction threatens an important and effective system of citizen protection;

**NOW THEREFORE BE IT RESOLVED**, that the NCACC renew its support for maintaining traditional public health jurisdiction over environmental health programs in North Carolina; and

**BE IT FURTHER RESOLVED**, that the NCACC support continued study of the state environmental programs to further enhance the effectiveness and efficiency of such programs.

Resolved the 16<sup>th</sup> day of July, 1998, by the North Carolina Association of Local Health Directors.

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

## STATEWIDE WELL STANDARDS PROGRAM

**WHEREAS**, pollution of individual wells is a significant public health threat for all families served by individual wells; and

**WHEREAS**, the number of improperly constructed wells is at an unacceptable level in many counties, yet more than 70 counties do not have local rules regulating private wells; and

**WHEREAS**, this inconsistent public health well protection system provides adequate health protection to some citizens while others have no protection from this significant potential source of ill health; and

**WHEREAS**, the only method for providing uniform protection from the health threats posed by contaminated drinking water from individual wells is through a uniform statewide system of well regulation; and

**WHEREAS**, local government units are the appropriate agents to enforce such laws;

**NOW THEREFORE BE IT RESOLVED**, that the North Carolina Association of County Commissioners support continued efforts to develop a statewide well regulation and monitoring system, and

**BE IT FURTHER RESOLVED**, that the Association support placing regulatory responsibility for the well program in local environmental health programs with full funding from the state for the costs of implementing such a program, and

**BE IT FINALLY RESOLVED**, that the Association support actions by the Environmental Health Committee of the North Carolina Association of Local Health Directors and appropriate state staff to develop a proposal for the implementation of a uniform, statewide well standards program.

Resolved the 16<sup>th</sup> day of July, 1998, by the North Carolina Association of Local Health Directors.

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

# NORTH CAROLINA ASSOCIATION of LOCAL HEALTH DIRECTORS

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

COPY

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

*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*

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

*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

22

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:

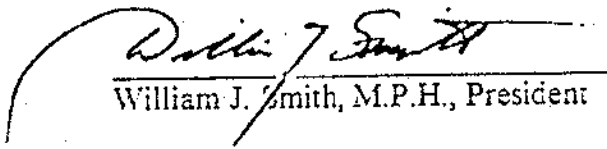
1. By the terms of the state contract, local health departments must continue to provide to individuals, without respect to alien status, those public health services that are specifically excepted from the restrictions of the Welfare Reform Act. Specifically, local health departments must continue to 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 14<sup>th</sup> day of January, 1998, by the North Carolina Association of Local Health Directors.

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

**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,

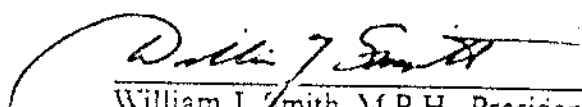
**WHEREAS** one objective of Healthy People 2000 is to increase to at least 50% the proportion of counties that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic populations,

**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 14<sup>th</sup> day of January, 1998, by the North Carolina Association of Local Health Directors.

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

(26)

1998 PUBLIC HEALTH LEGISLATIVE AGENDA  
 Revised June 26, 1998

BILL	NCPHA	NCALHD	ANCBH	OTHER SPONSORS
<i>Governor's Expansion Budget-Community Health: Chicken Pox/Hep. B Vaccination State Games</i>	S S	S S	S S	
<i>SB 1324/ HB 1409 Keg Registration &amp; 19-20 "Loophole"</i>	S	S	S	Child Fatality Task Force
<i>HB 927 Dog Owners Administering Rabies Vaccine</i>	N	O	O	
<i>Smart Start</i>	N	N	O	
<i>Public Health Authorities Act Amendment</i>	S	S	S	
<i>SB 1215 Funds for Cancer Testing</i>	S	S	S	
<b>Concepts (Referred to ANCBH Legislative Committee):</b>				
<i>Child Death Investigators</i>	S	S	N	Child Fatality Task Force
<i>Home Visiting Program</i>	S	S	N	
<i>Recommendations of Access to Dental Care Task Force</i>	S	S	N	
<i>Experimentation with Public Health Alternative Models which meet legal/policy principles to ensure success</i>	S	S	N	

(S) Support      (O) Oppose      (N) No Position at this time

2611

1998 PUBLIC HEALTH LEGISLATIVE AGENDA

Revised June 26, 1998

BILL	NCPHA	NCALHD	ANCBH	OTHER SPONSORS
HB 3 - CHIPS Technical Amendment	S	S	S	
<i>Governors Clean Water &amp; Environmental Health Expansion Budget</i>	S	S	S	
HB 551 - AIDS Prevention Funds	S	S	S	
HB 827 - Healthy Carolinians	S	S	S	
HB 154 - Maternal Outreach Funds	S	S	S	Child Fatality Task Force
SB 993 - Medical Service Corporation (Blue Cross/Blue Shield Conversion)	S	S	S	
SB 383 - Reorganization of DHR	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
HB 318 - Cancer Control Funds	S	S	S	
HB 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

(S) Support ; (O) Oppose (N) No Position at this time

266

**North Carolina Alliance of Health Agencies**

**Report to NCALHD - 7-16 - 98**

**Louis Latour, President of the "Alliance", reported that the Board of the Alliance had meet on July 8<sup>th</sup>. He reminded everyone that the name of the "Alliance" had changed from the "North Carolina Alliance of Home Health Agencies" to the "North Carolina Alliance of Health Agencies". This was in keeping with the Board decision to expand the membership of the "Alliance" to include the clinical component of the health departments.**

**He also reminded everyone that dues for this year (1998 - 1999) are now due. The dues are \$ 2,000 for clinical (alone), \$ 2,500 for Home Health (alone) or \$ 2,500 for both.**

**The newest Newsletter for the "Alliance" was distributed. He also told the group that several Home Health (county) Staff members along with Alliance Staff members were planning to visit several agencies across the State to better explain the operations of the Alliance on a one-on-one basis.**

**He mentioned that the "Alliance" was also looking into the process of accrediting health departments through the Alliance.**

**Nominations are being solicited by a Nomination Committee of the Alliance due to the retirement of Ms. Marion Duncan who has served in that capacity for the Board of the Alliance. Also, that the Board would be expanded to accommodate input from Home Health Directors and Nursing Directors.**

# The **Voice**

## **OF THE PUBLIC HEALTH ALLIANCE**

**AUGUST, 1998**

### **SMITHFIELD FOODS SELECTS ALLIANCE**

Smithfield Food's Inc., a major meat packing and food production corporation, has selected the Alliance to provide disease management services in North Carolina. The Alliance contract with Smithfield Foods, Inc., has yielded over 28 client referrals to eight member agencies. Each client will be seen quarterly for a one year period as part of the Alliance Diabetic Management Program. This is the first of the disease management programs Alliance is building; others to follow include congestive heart failure and chronic obstructive pulmonary disease.

**The Diabetic Management Program information will be forwarded to all Alliance members for use in their home health or clinic programs to serve any client. ANY MEMBER WHO IS UNSURE OF HOW TO ADMIT AND/OR BILL FOR THIS TYPE OF SERVICE CAN GET ASSISTANCE THROUGH THE ALLIANCE.**

The cardinal rule of continued success in providing contract services is this: Every client is accepted – and accepted eagerly. With the “Can-do” attitude of public health, the Alliance members can lead the state in disease management.

### **New Agreements and Contracts**

Mary Delaney has finalized a contract with PMSI, a subsidiary of PharMerica, with a patient-base of 750,000 clients, covering numerous workers comp organizations. PMSI is focused on continuity of care, and authorizes nursing, DME, supplies, infusion and rehabilitation.

Mary recently affirmed the need for member agencies to market locally to companies with whom the Alliance has statewide contracts. This is especially important for Veterans Administration hospitals (in Durham, Fayetteville, Salisbury and Roanoke, Va.) and the N.C. Industrial Commission. Members must speak to case managers and make them aware that the public health agencies have the contracts, and will provide the tops in client services.

**KUDOS TO** Debra Harris, who has pioneered in securing county-wide contracts with both United Healthcare and Cigna Healthcare. She and the Alliance continue to work toward making this a statewide venture.

### **MEMBERSHIP AND DUES – new address**

Members, current and prospective, should forward dues and applications directly to:

Louis E. Latour, Ph.D., President  
North Carolina Alliance of Public Health Agencies  
1801 Glendal Dr. Wilson, NC 27893

28

# **ALLIANCE JOINS NORTH CAROLINA COALITION ON END-OF-LIFE CARE**

A statewide coalition has been formed in response to Robert Wood Johnson Foundation planning and implementation grants to improve care at end-of-life. The four N. C. medical schools, Boards of Medicine and Nursing, Office of Rural Health are among the many participants in the group. The Alliance was represented by a member agency, Albemarle Home Care (AHC), at a June 5 meeting at the Research Triangle Sheraton. AHC has been recipient of a R.W.J. Foundation grant and is concluding a year's participation in a national collaborative on improving end-of-life care. **END-OF-LIFE CARE IS ONE OF THE GREAT FRONTIERS IN HEALTHCARE** - and is currently receiving increased recognition and funding.

## **CHANGES IN ALLIANCE STAFFING**

Alliance executive director, Jody Vogelzang, ended her tenure June 30. Many thanks for a job well done.

Dr. Louis Latour and Debra Harris will serve as the focal point of Alliance operations during 1998. The 800 number will be connected to the Wilson County Health Department for member services.

## **NEWSLETTER CHANGES**

Readers will note that the newsletter has been christened "The Voice". This letter is indeed the Voice of the Alliance, and will bring information to all members concerning the most emergent issues concerning public health in the state. Send articles and information to Kay Cherry, 1-800-4780477, or Debra Harris, 1-800-579-1862.

## **SEPTEMBER PUBLIC HEALTH FORUM FEATURES ALLIANCE ISSUES**

The September 16-18 meeting of the N.C. Public Health Association will feature speakers and topics vital to the continued growth of Alliance members.

Alan Jones will bring special sessions for Health Directors, Clinic Supervisors and Home Health Supervisors on "How to Build Your Infrastructure" and on "Interim Payment System".

The keynote speaker, a physician-educator who addresses audiences nationwide regarding end-of-life care, brings information to all sections of the Association. Joan K. Harrold, M.D., M.P.H., is Assistant Professor of Medicine and Health Care Sciences at the Center to Improve Care of the Dying, The George Washington University, and medical director of the Hospice of Lancaster County, Lancaster, PA. Dr. Harrold is board-certified in internal medicine and palliative care. Upon her graduation from the Medical College of Virginia, Dr. Harrold did her residency training at North Carolina Baptist Hospital in Winston-Salem, after which she completed a three-year fellowship at the National Cancer Institute. Dr. Harrold's MPH is from The George Washington University with emphasis in epidemiology and biostatistics.

# **LOCAL PUBLIC HEALTH – SURVIVAL AND GROWTH...**

An Alliance strategic planning session identified a major challenge facing local health departments.

Public Health departments must have adequate infrastructure in order to meet demands of the current market.

Local departments need assistance to meet competition from other entities that would intercept funding – governmental or otherwise - targeted at wellness and disease management – the core of health department services.

To become the choice of the public as a healthcare provider, North Carolina public health departments need assistance with **billing, customer and community relations**, and many other areas. THIS IS THE “WHY” OF BECOMING AN ALLIANCE MEMBER.

AS MEDICARE AND MEDICAID MOVE TO A MANAGED CARE MODEL, THE ALLIANCE IS IN PLACE TO CAPTURE THE STATEWIDE MARKET FOR PUBLIC HEALTH, ABSOLUTELY THE BEST POSSIBLE VEHICLE TO DO SO.

## **NEW CLINICAL MEMBERS JOIN ALLIANCE**

Eight clinical members have joined the current 38 public home health agencies in Alliance membership. They are:

Catawba County  
Davie County  
Henderson County  
Stanly County

Columbus County  
Halifax County  
PPCC District  
Dare County

Other counties will find membership valuable in obtaining increased market share, gaining knowledge of advanced practice management and participating in state initiatives with a more powerful voice.

V. Fetal Infant Mortality Review - Dr. Ryan informed the committee that the Perinatal Health Committee has been formed as a new committee of the Child Fatality Prevention Task Force at the state level. This new committee is chaired by Dr. Docia Hickey from the North Carolina Memorial Hospital. This committee will perform functions similar to the previous Perinatal Council. There are presently fetal infant mortality review projects in Buncombe County as well as Wake Forest and at UNC Chapel Hill. Plans are also to institute a similar group at East Carolina University.

Dr. Ryan also informed the committee that it is necessary for health departments to establish policies for prenatal testing such as Group B strep testing so that it is clear at what point in the prenatal period these test will be performed and who's responsibility it is to do this. He stressed however that it is not mandatory for this testing to be done by health departments.

**STATE HEALTH DIRECTOR'S OFFICE - Dr. Andrew McBride**

Dr. McBride commented he had visited a number of health departments and was very complimentary. He placed emphasis on strengths each local health department and the association has. Some issues mentioned were formulating a health position; concern for environmental health and hog industry problem. One area of main concern is support for asthma. He also mentioned school nurse presence, school health in every school and partnering at the local level with hospitals, local providers and communities.

**OFFICE OF PUBLIC HEALTH NURSING AND LOCAL SERVICES - Joy Reed**

Ms. Reed reported the Office of Public Health Nursing and Professional Development is now located at 1330 St. Mary's Street. The new mailing address is PO Box 29605, Raleigh, NC 27626-0605; Courier Number is 56-20-11. The Fax number is (919) 715-3144. The telephone numbers did not change.

There will be a one-day "Orientation for New Health Directors" on Friday, August 28, 1998 in G-1 at 1330 St. Mary's Street. Registration information and materials will be sent next week to health directors who are new within the last year. Anyone needing a packet and does not receive one, please call OPHNPD and request one. Registration fees for this course will be handled through NCALHD. OPHNPD will collect the checks and send them all at once to the treasurer along with the two invoices to be paid.

On September 14, 1998, the organization will be offering a FREE teleconference on "The Enhanced Role Nurse: Appropriate Utilization and Training." This teleconference will clarify an increasing number of questions about what the "enhanced role" nurse can legally do as compared with the "non-enhanced role" RN and the Nurse Practitioner. Staff involved in developing policies and protocols and who supervise these enhanced role RNs are encouraged to attend. (See Attachments, p.31)

Report of the Office of Public Health Nursing and Professional Development  
July 16, 1998

- There will be a one-day "Orientation for New Health Directors" on Friday, August 28, 1998 in G-1 at 1330 St. Mary's Street. Registration information and materials will be sent next week to health directors who are new within the last year; if you do not get a packet and wish to attend, please call OPHNPD and request one. As last year, I would like to ask that registration fees for this course be handled through NCALHD. Once again, OPHNPD will collect the checks and send them all at once to the treasurer along with the two bills to be paid.
- On September 14, 1998, we will be offering a FREE teleconference on "The Enhanced Role Nurse: Appropriate Utilization and Training." Over the past year there have been an increasing number of questions about what the "enhanced role" nurse can legally do as compared with the "non-enhanced role" RN and the Nurse Practitioner. This teleconference will clarify those legal issues so that agencies and nurses do not jeopardize their standing with the NC Board of Nursing. Please urge your staff, especially those involved in developing policies and protocols and who supervise these enhanced role RNs, to attend.