

NCALHD ATTENDANCE ROSTER

September 14, 1999

36

(M) = 1999 Dues Paying Member
(E) = Executive Committee Member

	<u>Initial</u>	<u>County/Health Director</u>
1	TG	Alamance/Tim Green (E) (M)
2	SR	Alexander/Shelley Carraway (M)
3		Anson/James Roosen (M)
4	AS	Appalachain Dist/Danny Staley (M)
5		Beaufort/Tamara Hower Williams (M)
6		Bertie/John Shaw (M)
7		Bladen/Myra Johnson (M)
8		Brunswick/Don Yousey (E) (M)
9	GR	Buncombe/George Bond (E) (M)
10		Burke/Mr. David L. Rust (M)
11		Cabarrus/Dr. William Pilkington (M)
12	DM	Caldwell/Douglas W. Urland (M)
13		Carteret/Dr. J. T. Garrett (M)
14		Caswell/Vacant (M)
15	AB	Catawba/Barry A. Blick (M)
16		Chatham/Wayne Sherman (M)
17	ER	Cherokee/Elaine Russell (M)
18	JP	Clay/Janice Patterson (M)
19		Cleveland/Denese Stallings (M)
20		Columbus/Marian Duncan (M)
21		Craven/Wanda Sandele (M)
22	AW	Cumberland/Jesse Williams, MD (M)
23		Currituck/John B. Sledge (M)
24		Dare/Anne B. Thomas (E) (M)
25	DB	Davidson/Diane Crouse (M)
26	BB	Davie/Barry Bass (E) (M)
27		Duplin/Dr. Harriette Duncan (M)
28		Durham/Brian Letourneau (M)
29		Edgecombe/James Baluss (E) (M)
30	SK	Forsyth/Sherman Kahn, MD (M)
31		Franklin/Keith Patton (M)
32		Gaston/Bruce Parsons (M) (E)
33		Graham/Mariene Orr (M)
34		Granville-VanceDist/W. Rodwell Drake, MD (M)
35	GH	Greene/Douglas Harr, Ph.D. (M)
36	HG	Guilford/Harold Gabel, MD (E) (M)
37		Halifax/Chris Szwagiel, PhD (M)
38	AW	Harnett/Wayne Raynor (E) (M)
39	RW	Haywood/Robert Wood (E) (M)
40	TM	Henderson/Tom Bridges (E) (M)
41	CD	Hertford-Gates Dist/Curtis Dickson (M)
42		Hoke/Donald Womble (M)
43		Hyde/Linda Mayo (M)
44	RR	Iredell/Raymond Rabe (M)

	<u>Initial</u>	<u>County/Health Director</u>
45		Jackson/Randall Turpin (M)
46		Johnston/L.S. Woodall, MD (M)
47		Jones/Ruth Little (M)
48		Lee/Mike Hanes (E) (M)
49		Lenoir/Joel Huff (M)
50	MD	Lincoln/Margaret Dollar (E) (M)
51	AH	Macon/Ann Hyder (M)
52	BR	Madison/Ken Ring (M)
53		Martin-Tyrrell-Washington Dist/Bill Burgess (M)
54	PS	Mecklenburg/Peter Safir (M)
55		Montgomery/Vacant (M)
56		Moore/Robert Wittmann (M)
57		Nash/William Hill, Jr. (M)
58	LR	New Hanover/David Rice (M)
59		Northampton/Sue Gay, Acting (M)
60	GD	Onslow/George O'Daniel (M)
61	RS	Orange/Dr. Rosemary Summers (M)
62		Pamlico/Jenny Lassiter (M)
63		PPCC Dist/Howard Campbell (M)
64		Pender/Jack Griffith, PhD (M)
65	MR	Person/Marc Kolman (M)
66	HM	Pitt/John Morrow, MD (E) (M)
67	MC	Randolph/Mimi Cooper (M)
68		Richmond/Tommy Jarrell (M)
69	BS	Robeson/Bill Smith (E) (M)
70	GM	Rockingham/Glenn Martin (M)
71		Rowan/Leonard Wood (E) (M)
72		Rutherford-Polk-McDowell Dist/Joyce Sluder, Interim (M)
73		Sampson/Wanda Robinson, Interim (M)
74	CH	Scotland/Curtis Holloman (M)
75		Stanly/Jim Jones (M)
76		Stokes/Colleen Bridger (M)
77		Surry/Walter Linz, MD (M)
78		Swain/Emma Waldroup (M)
79		Toe River Dist/Tommy Singleton, Acting (M)
80	TP	Transylvania/Terry Pierce (M)
81		Union/Lorey White, Jr. (M)
82		Wake/Lou Brewer (M)
83		Wayne/Vacant (M)
84		Warren/Vacant (M)
85	✓	Wilkes/Vacant (M) Larry Kilby, M.D., Interim Director
86		Wilson/Dr. Louis Latour (M)
87	GB	Yadkin/Gayle Brown (M)

OTHER ATTENDEES/GUESTS

<u>NAME</u>	<u>REPRESENTING</u>
Eugene Himes	Cumberland Co
Joy Reed	DHHS - LHS
Rick Stevens	Moore County
Steve Clize	DHHS - Epi
Leah Dartin	DHHS - Chronic Disease
Stephen R. Keener	Mecklenburg Co,
Barbara Fuller-Smith	DHHS, OMH
Leann Spratt	DHHS, DHS

North Carolina Association of Local Health Directors

**Treasurer's Report
September 14, 1999**

	<u>CHECKING</u>	<u>SAVINGS</u>	<u>MONEY MKT.</u>	<u>CD</u>
Account Balance Brought Forward	\$ 27,854.67	\$ 33.27	\$ 312.67	\$40,000.00
Receipts:				
Interest Payments:				
* Aug 1999 Statement	\$ -	\$ -	\$ -	\$ -
Federal Back-up Withholding:				
* Aug 1999 Statement	\$ -	\$ -	\$ -	\$ -
Maintenance/Service Fee:				
* Aug 1999 Statement	\$ -	\$ -	\$ -	\$ -
Deposits:				
Transfer from Checking	\$ -	\$ -	\$ -	\$ -
Transfer from Money Market	\$ -	\$ -	\$ -	\$ -
Transfer to Checking (CD Interest)	\$ 991.78	\$ -	\$ -	\$ -
Luncheon (Retired Health Dir.)	\$ 138.88	\$ -	\$ -	\$ -
Memorial Fund (B.Johnson)	\$ 50.00	\$ -	\$ -	\$ -
Total	\$ 29,035.33	\$ 33.27	\$ 312.67	\$40,000.00
Expenses:				
# 0789 NCPHA - Acct #115	125.00			
# 0790 NCPHA - Acct #117	750.00			
# 0791 Harnett Co Health Dept - Acct #113	279.07			
Total Expenses	<u>\$ 1,154.07</u>			

* August Bank Statement Not Received by Report Date

Account Balance as of 9/14/99	\$27,881.26	\$ 33.27	\$ 312.67	\$40,000.00
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E&A

North Carolina Association of Local Health Directors

Education and Awards Committee Meeting Agenda

Buncombe County Health Department Conference Room 182

September 14, 1999, 10:30 AM

1. Call the meeting to order: Curtis E. Hollomon, Chair
2. Introductions & Announcements
3. Public Education Standards: Boil Water Situation - Elaine Russell, Cherokee County Health Director
4. General Discussion of Awards and Criteria - Committee Members
5. The Ham Stevens Award Announcement

9-14-99

ENV

Motion: That the Association ^{encourage} ~~inform~~ the secretaries of both
Dept. (DENR + DITHS) ~~that while~~ the make the Stakeholders
process one of concensus building as was originally
intended by the ERC.

EPA

AGENDA

North Carolina Association of Local Health Directors
EPIDEMIOLOGY LIAISON COMMITTEE
Tuesday, September 7, 1999
2:00 p.m.

This is a "meet me" conference call. To participate, at 2:00 p.m. dial (919) 733-2438. If you are the first caller, you will hear a continuous ring until the next party dials in.

1. Welcome and Introductions. Sherman Kahn, Chair
2. Syphilis Elimination Evelyn Foust
3. Lead-based Paint Abatement Grants Pat Curran, Health Hazards Control
4. Pfiesteria Update Paul Webb, Harmful Algal Blooms
5. Bioterrorism Grant Update Lou Turner
6. Influenza Surveillance, 1999-2000 Newt MacCormack
7. Other
8. Next Meeting

6

**NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS
EPIDEMIOLOGY COMMITTEE MINUTES
TUESDAY, SEPTEMBER 7, 1999
CONFERENCE CALL**

In attendance: Sherman Kahn, John Morrow, Joey Huff, Ray Rabe, Peter Safir, David Rust, Steve Cline, Newt MacCormack, Evelyn Foust, Thomas Morris, Daniel Linebach, Eunice Inman, Rick Steeves, Lynn Hale.

The meeting was called to order at 2:00 p.m.

1. Syphilis Elimination:

Evelyn Foust, HIV/STD Prevention and Care Section, provided the Committee with an update on the status of North Carolina's "Syphilis Elimination" Project. Syphilis remains a problem in the Southeastern U.S. In 1998, 28 counties reported 50% of all early syphilis cases in the U.S. Five NC Counties (Wake, Forsyth, Guilford, Mecklenburg, and Robeson) were on this list.

North Carolina received \$423,000 in 1999 from CDC, in addition to the \$177,000 awarded in 1998 for syphilis elimination projects in 8 counties, the five listed above plus Alamance, Durham, and Orange. On October 7th, CDC will launch a National Syphilis Elimination Campaign in Nashville, Tennessee. North Carolina's media "roll out" will follow on October 8th (see Attachment I for details).

2. Lead-based Paint Abatement Grants:

Daniel Linebach, Health Hazards Control Unit, discussed the NC Lead-based Paint Hazard Management Program. Rules adopted in 1997 by the General Assembly (Senate Bill 516), require certification of individuals who conduct inspections, risk assessments, and abatement activities in target housing and child-occupied facilities. During the past year, since the rules went into effect, the only communities in NC doing abatement of known lead-based paint hazards are those receiving HUD funds. The Health Hazards Control Unit has been assisting the Department of Commerce and local grantees in making training courses more readily available to those needing to meet lead certification requirements to do lead-based paint abatement work (see Attachment II for details).

3. Pfiesteria Update:

Dr. Thomas Morris, Harmful Algal Blooms (HAB) Program, gave a report to the Committee covering issues of surveillance, fish kills, training, etc. North Carolina is one of six states doing active surveillance. The program has received reports of 14 fish kills in estuary waters of NC, but they have not implicated *Pfiesteria piscicida* or other harmful algae along the coast this year. To date, there have been no confirmed cases of Possible Estuary Associated Syndrome (PEAS) in North Carolina (see Attachment III for details).

Approximately 80 fishermen to date have volunteered to participate in the PEAS Cohort Study being conducted by the UNC School of Public Health. The goal for enrollment is 150 fishermen from estuary waters and 75 from ocean waters.

4. Bioterrorism Grant Update:

Steve Cline reported for Lou Turner that North Carolina was approved to receive \$124,000 in first-year funding for "Planning and Preparedness Assessment," one of the five focus areas that were part of the original Bioterrorism RFP from CDC. Included in this award will be two staff positions to assist with the development of the state Public Health Plan (see Attachment IV for details).

5. Influenza Surveillance:

Newt MacCormack announced plans for Influenza Surveillance during the 1999-2000 season. There are currently primary care physicians in 10 counties who have agreed to participate in flu surveillance. By October, there should be several additional counties participating, thus assuring better geographic representation than we had last year. He is also planning to devise a system to get information out to local health departments on a weekly basis, to let us know what is going on in our state. Surveillance activities will begin on October 9, 1999 and go through May 20, 2000 (see Attachment V for details).

6. Communication with Local Health Departments:

Steve Cline discussed a recent letter from Bill Smith, Health Director in Robeson County, to Dr. Ann Wolfe requesting more timely communication to local health departments from the state, regarding potential communicable disease outbreaks. All agree that this is a good idea and Dr. Wolfe is responding to that effect. The Epidemiology Section will begin immediately to share with local health directors all relevant information, by e-mail or phone, for communicable disease events.

Next Meeting: The next meeting of the EPI Committee has been set for Monday, October 11, 1999 at 2:00 p.m. This will be a telephone conference call.

Respectfully Submitted,

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

Syphilis Elimination Summary

Despite substantial decreases in syphilis nationwide, syphilis remains a problem in the southeastern United States. In 1998 twenty-eight counties reported 50% of all early syphilis cases in the U.S. North Carolina had 5 counties on that list including Wake, Forsyth, Guilford, Mecklenburg, and Robeson. The Centers for Disease Control received congressional funding for syphilis elimination. In 1999 North Carolina received \$423,000 in addition to the \$177,000 awarded in 1998 for syphilis elimination projects in Alamance, Durham, Forsyth, Guilford, Mecklenburg, Orange, Robeson and Wake Counties. Wake County was awarded one of 3 Demonstration Projects in the nation for syphilis elimination.

On October 7 the Centers for Disease Control and Prevention will officially kick off it's national Syphilis Elimination Campaign. North Carolina's media "roll out" will follow the national event on October 8 1999. This is designed to alert the community to this important endeavor and educate residents about activities that will occur in their communities.

Each health department with a syphilis elimination project will do a RECAP (Rapid Ethnographic Community Assessment Process). Counties are convening community task forces to create syphilis elimination plans unique to their counties. All counties are hiring or have hired outreach educators devoted to syphilis elimination activities. Counselors are expected to spend time in the community and correctional facilities educating the public about the risks of syphilis. A crucial element of syphilis elimination will be the partnerships between community and the health department. Therefore, twenty-five per cent of the grant award will be designated for use in community-based organizations. Another objective of the grant is to increase jail screenings for syphilis to 75% of inmates incarcerated for more than 48 hours.

Ongoing and planned activities include:

Forsyth

- Early Syphilis Cases: YTD 6/99 - 38 YTD 6/98 - 53 %Change: -28.3
- Conducting education sessions (weekly) at the county jail.
- Met with Forsyth County jail personnel, Health Director, County Risk Manager, and representative of jail health services to reach an agreement on screening inmates (current screening at 7 days will be decreased).
- Eighteen condom distribution centers have been established.
- Two community meetings have been held and a date for the RECAP has been set (9/13).
- Bar outreaches are ongoing with Step One, HOPE, and Sickle Cell.
- Non-Traditional HIV Counseling and Test Sites are getting started and will include syphilis screening.

Guilford

- Early Syphilis Cases: YTD 7/99 - 70 YTD 7/98 - 109 %Change: -35.7
- Working with a community-based organization, TRIAD Health Project, to implement a syphilis education and prevention program for incarcerated youth.
- Three condom distribution centers have been identified in both Greensboro and High Point.
- Street outreach is ongoing in Greensboro and High Point neighborhoods identified from syphilis case reporting.
- The NTS at Triad Health Project has begun screening for syphilis.

Alamance

- Early Syphilis Cases: YTD 7/99 - 32 YTD 7/98 - 25 %Change: +28.0
- Met with SE Advisory Task Force.
- A condom distribution center has been identified in a housing project.
- To date - the outreach educator position remains unfilled.

Orange

- Early Syphilis Cases: YTD 7/99 - 10 YTD 7/98 - 31 %Change: -67.7
- Fact sheet and press release generated a newspaper article (8/13/99 "Syphilis Cases Rise in Orange and Chatham," Chapel Hill Herald) and an interview with the Orange county Health Director on a local television station.
- Agreements to screen for syphilis weekly have been made with Interfaith Shelter and Freedom House for the homeless and substance abusers in crisis.
- An initial meeting to with Orange County Jail Health to discuss syphilis screening was held.

Durham

- Early Syphilis Cases: YTD 7/99 - 27 YTD 7/98 - 54 %Change: -50.0
- Jail education sessions will be conducted with Project StraightTalk beginning in September.
- Held inter-divisional meeting to introduce Durham County SE plan. Discussions were begun with jail health personnel.
- Press packet is complete and a "town meeting" is planned for September.
- Will conduct a RECAP in October/November.

Wake

- Early Syphilis Cases: YTD 7/99 - 69 YTD 7/98 - 50 %Change: +38.0
- The county was awarded a 2001 Syphilis Elimination Demonstration Project.
- The RECAP is tentatively scheduled for November.
- Weekly screenings have begun in high morbidity communities.
- The initial SE meeting has been scheduled for September.
- A meeting with the Wake county jail has been scheduled to coincide with a consultation with a technical expert on correctional health care from the CDC.

Robeson

- Early Syphilis Cases: YTD 7/99 - 63 YTD 7/98 - 36 %Change: +75.0
- Jail screening is now occurring on inmates housed at 48 hours. Four hundred inmates were tested in the month of July
- The outreach educator position will be posted in September.

Mecklenburg

- Early Syphilis Cases: YTD 7/99 - 97 YTD 7/98 - 99 %Change: -2.0
- The RECAP is tentatively scheduled for December.
- The county contact has been identified.

The North Carolina Lead-Based Paint Hazard Management Program

In August 1997, the North Carolina General Assembly ratified Senate Bill 516, entitled, "An Act to Establish a State-Administered Lead-Based Paint Hazard Management Program in Lieu of Having a Federally Administered Program Apply in this State." As a result of this legislation, Rules for the Lead-Based Paint Hazard Management Program (LHMP) were implemented and the North Carolina LHMP is authorized by the Environmental Protection Agency (EPA) to enforce the federal requirements of TSCA X.

The LHMP is a program within the Health Hazards Control Unit, Occupational and Environmental Epidemiology Branch, in the Epidemiology and Communicable Disease Section. The Program will offer consultation on lead-based paint issues and will conduct educational outreach activities, but will also enforce the LHMP Rules through on-site inspections and training course audits. The LHMP Rules require certification of individuals and firms who conduct inspections, risk assessments, and abatement in target housing and child-occupied facilities. All individuals, except workers, must successfully complete a Program administered examination for certification. Training providers and training courses that offer training for individual certification must be accredited by the Program. Additionally, an abatement permit is required for abatement activities conducted in target housing and child-occupied facilities. Target housing means any housing constructed prior to 1978, except housing for the elderly or persons with disabilities. A child-occupied facility is a building constructed prior to 1978, visited regularly by the same child, six years of age or under, on at least two different days within any week, provided that each visit lasts three hours and the combined weekly visit lasts at least six hours. Examples of a child-occupied facility are a day care or pre-school.

The goal of the LHMP is to prevent lead poisoning in children, as well as adults, through education and safe work practices. The Health Hazards Control Unit will continue to work with the regulated community, the public, and other state agencies to reach the goal.

Update

Several communities in North Carolina are receiving HUD grants to abate known lead-based paint hazards in low income, privately-owned houses. The grants total over \$6 million and are either being administered by HUD directly or through the North Carolina Department of Commerce. The communities currently involved are: Durham, Raleigh, Charlotte, Rocky Mount, Kinston, Jacksonville, High Point, and Winston-Salem. The goal of the grants, besides eliminating lead hazards, is to develop local capacity to abate lead-based paint hazards.

The Health Hazards Control Unit within Epidemiology has been assisting both the Department of Commerce and the local grantees with meeting lead certification requirements and establishing abatement work practices.

Surveillance

During this summer, we have responded to calls from the hotline and also recruiting physicians in the coastal counties to participate in our active surveillance of Vibrio and Possible Estuary Associated Syndrome (PEAS). To date, there have been no confirmed cases of PEAS in NC; however, the active surveillance has identified 4 cases of Vibrio this season. We continue to submit bi-weekly surveillance reports to CDC.

Fish Kills

The HAB Program has received reports of approximately 14 fish kills in tributaries along the Neuse, Pamlico, and New rivers. To date, preliminary presumptive cell counts conducted by the DWQ lab in Raleigh have not implicated *Pfiesteria piscicida* (Pp) or other harmful algae. Samples submitted to the NSCU Aquatic Botany Lab have also been negative for Pp.

Occupational Health

We are in the process of conducting heat stress exposure monitoring and field training for donning PPE for the rapid response teams in Washington, New Bern, and Wilmington. Preliminary data substantiates last season's results and demonstrates that workers are not at risk of heat stress while conducting routine water quality sampling activities. The hooded respirators in combination with cooling collars significantly reduce core body temperature.

Health Education

We conducted the majority of our health education and community outreach activities this past spring and early summer. Among the highlights of these activities included HAB Program update training for the staff of the Dare, New Hanover, Craven, Beaufort, and Albemarle (Elizabeth City) Health Departments. We conducted a HAB Program update for the NCSU Environmental Safety Department and for JoAnn Burkholder's lab as well. We provided an overview of the HAB program to organizations such as the NC Coastal Association of Occupational Health Nurses, the Kure Beach Town Council, Outer Banks Rotary Club, Outer Banks Chamber of Commerce, and the Pungo District Hospital in Belhaven.

Research (NCSEARCH)

During the CDC visit in July, we reviewed the testing protocol for participants of this study. CDC was pleased with the progress made to date. The project continues to recruit new volunteers.

Administrative Activities

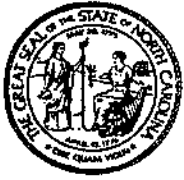
We now have a new medical epidemiologist that joined our program last month. Dr. Thomas Morris has quickly learned about the HAB program and is providing valuable contributions to our program as well as other sections in OEEB. In addition, the epidemiologist position has been reclassified to a computer support specialist and we are in the process of recruiting for this position.

****NOT FOR PUBLIC DISTRIBUTION****

Please do not make any public announcements regarding this until NC receives the official notification letter which is scheduled to be issued in the second week of September.

CDC Bioterrorism Grant – NC Award

Preliminary negotiations with CDC staff were held August 18. At that time, NC was notified it was approved to receive funding for one of the five focus areas that were part of the CDC Bioterrorism RFP. The funded focus area is for "Planning and Preparedness Assessment". This activity will be housed in the State Laboratory, managed by Dr. Lou Turner, State Laboratory Director. The grant award of \$124,000 is guaranteed for one year, with probable funding for 2-5 years total. Included in this award will be two staff positions to assist with the development of the state Public Health Plan and to staff the planning committee. There is modest travel money to be used for training activities. Once the official letter is received we will share additional information.



North Carolina
Department of Health and Human Services
Division of Public Health

1902 Mail Service Center • Raleigh, North Carolina 27699-1902 • Courier 56-32-21 Ann F. Wolfe, M.D., M.P.H., Director

August 12, 1999

MEMORANDUM

TO: Local Health Directors
ATTENTION: Communicable Disease Nurses

FROM: *Jmm*
J. Newton MacCormack, MD, MPH
Head, General Communicable Disease Control Branch

SUBJECT: Influenza Surveillance for 1999-2000 Season

Last year, in collaboration with the Centers for Disease Control and Prevention, we switched to a new system of influenza surveillance in North Carolina. Sentinel physicians were recruited by several local health departments to supplement the four NC physicians already reporting cases of "influenza-like illness" (ILI) to CDC weekly through an arrangement with the American Academy of Family Practice. A total of 15 NC physicians in ten counties agreed to participate at the beginning of the surveillance period last October.

We are requesting your help in identifying physicians in primary care practice in your communities who would be interested in participating in flu surveillance for the 1999-2000 season. The physicians must be willing to report weekly to CDC, either via the internet or by dialing a toll-free number:

- The total number of patient visits each week; and
- The number of patient visits for ILI each week by four age groups:
 - 0-4 year-olds (preschool)
 - 5-24 year-olds (school age through college)
 - 25-64 year-olds (adults)
 - 65+ year-olds (older adults).

For purposes of this surveillance system, the ILI case definition is fever (100° F [37.8° C] or higher, oral or equivalent) AND cough or sore throat (in the absence of a known cause). The surveillance period will run from the week ending October 9, 1999, to the week ending May 20, 2000.

The physicians participating in this surveillance system will have access to the State Laboratory of Public Health for submitting samples for influenza virus isolation. Indeed, this is an important component of the surveillance system, since identification of circulating influenza virus strains (1) help determine whether antiviral drugs might be useful in preventing or treatment of ILIs, and (2) might detect new strains with pandemic potential.

This year we would very much like to get a broader geographic representation in this surveillance system. I will be individually contacting the communicable disease nurses in the ten counties that had participating physicians last season to discuss this year's recruiting effort; these are Ashe, Beaufort, Brunswick, Columbus, Durham, Guilford, Haywood, New Hanover, Swain, and Wilkes Counties. In addition, there have already been volunteers for the upcoming season from a couple of counties (Cabarrus and Moore). For the other 88 counties, we do not really need more than one primary care physician per county. If you have a physician or group of physicians in your county who would be interested in participating, please notify me by e-mail (newt.maccormack@ncmail.net), phone (919-733-3419), fax (919-733-0490), or return "snail mail."

14

EveryWhere, EveryDay, EveryBody



Tech

**North Carolina Association of Local Health Directors
TECHNOLOGY COMMITTEE MINUTES
September 9, 1999**

The Technology Committee of the Health Directors' Association met on Thursday, September 9, 1999, at 1330 St. Mary's Street, Raleigh, North Carolina. A list of attendees is attached for reference. Marc Kolman called the meeting to order at 1:30 p.m.

Mr. Kolman introduced and welcomed Jim Womack as the new DIRM Client's Accounts Representative. He works at the DRIM offices in Raleigh.

Mr. Kolman then presented an update of the Health Services Management System project. The RFP has been available on DOA's Purchase and Contract website since August 19, 1999. At least 16 vendors attended the RFP Pre-proposal conference held earlier that day. Written responses to vendor questions will be posted on the website as an addendum to the RFP in approximately two weeks. Several vendors in attendance requested extension of the Proposal deadline beyond October 4, 1999. The Steering Committee will consider the issue at its next meeting.

Mr. Kolman presented a proposed framework and process evaluation of vendor responses to the RFP. The process will include formation of 10 subcommittees to evaluate and score assigned sections of Proposal submissions. Approximately 3 to 4 individuals, including the Chairperson will comprise each subcommittee. The Clinical 1 Subcommittee will be exceptionally large, however, due to numerous interrelated functional elements requiring evaluation.

Subcommittee work is to be conducted in strict security to protect the integrity of the selection process. David Jones, Division of Purchase and Contract (P&C), along with Kash Basavappa, will conduct an orientation meeting for all subcommittee members to explain the requirements and procedural and documentation guidelines. This will assure that subcommittee work conforms to State purchase and contract regulations. The orientation meeting will be scheduled subsequent to receipt and initial review of proposals.

Mr. Kolman stressed that subcommittee membership qualifications will include both relevant expertise and impartiality. In addition, the Subcommittee Chairperson must be able to attend the vendor finalists presentations.

Presentation by Mr. Kolman of an evaluation framework draft from the Steering Committee led to a general discussion. Dennis Harrington endorsed the framework and stressed the significant time commitment required for subcommittee participation. Kash Basavappa noted that the time required would be a function of the number of Proposal finalists surviving the filtering process. The Steering Committee will issue an evaluation schedule subsequent to the proposal submission deadline.

Steve Womack asked about P&C's role in approving the evaluative scoring system. Mr. Basavappa stated that P&C's role is to assure that the Steering Committee establishes proper documentation of scoring criteria. Another question pertained to the availability of weighting criteria for evaluative scoring. Mr. Basavappa replied that for now this information must remain confidential and within the exclusive purview of the Steering Committee. The scoring criteria will become available to subcommittee members after they have signed confidentiality agreements.

15

Mr. Womack asked how the RFP addresses system life cycle maintenance and knowledge transfer process (from vendor to users) during the initial term of the support agreement. Mr. Basavappa responded that the Management Capabilities section and in the sample contract contained in Chapter 7 provide details on both issues. He added that the vendor would have the opportunity to quote for on going maintenance support if the State elects to outsource it.

John Sink stated that the Steering Committee realizes that despite the listing of each evaluation category as the responsibility of a particular evaluation subcommittee, there will necessarily be some overlap issues. The Steering Committee will consult individually with affected chairpersons for their subcommittee's scoring rationale and position on overlap categories.

In response to a question about extension of the RFP deadline, Mr. Basavappa stated that in conformance to P&C guidelines, all interested parties should periodically access the P&C website to determine if the deadline has been amended. He added that the RFP might be amended to extend the date for vendor questions until September 16, and that the date for responses may be extended until approximately September 23. The Steering Committee will address both date issues at its next meeting.

Kash Basavappa then led a discussion pertaining to the adequacy of the framework evaluation draft. The discussion included final category assignments for evaluation subcommittees and membership selection criteria. No one requested any revisions to the framework.

Subcommittee Representation by Local Health Departments

Frances Taylor opined that each evaluation subcommittee should include representation by at least one person from a local health department. John Sink and Dennis Harrington supported this view.

Marc Kolman stated that state personnel who participated in the Greensboro project should also be sufficiently represented on the subcommittees to assure the meeting of State needs. Dennis Harrington observed that this might result in increasing subcommittee size beyond than the 3 to 4 members originally anticipated.

Frances Taylor stated that the role of the subcommittees is not to further define RFP specifications established at the Guilford County retreat project or during the RFP development process, but to evaluate the ability of each Proposal to meet the specifications defined in the RFP. The mission of each subcommittee should be to determine if each specification has been met, and if so, to what degree. Keeping the subcommittee focussed on the evaluative process, as opposed to the further definition of specifications, will be a critical role for the chairperson.

Provision for Additional Fact Finding During Evaluative Process

Any subcommittees determining the need for additional fact finding during the evaluative process will be empowered to do so by submitting written questions to a particular authority.

Amendment of the RFP

A question arose pertaining to the Environmental Health module configuration. Kash Basavappa responded that the RFP contains the specifications provided by the earlier worker-bee committee project. He stated that if a component of the RFP requires redefinition or clarification, it could be accomplished by posting an amendment to the RFP.

Evaluation Subcommittee Member Profiles

Marc Kolman then began a discussion of each subcommittee to define qualifications for subcommittee membership and to identify potential candidates for the chairperson and member positions. Steering Committee members are not envisioned as candidates for membership on evaluation subcommittees. Attendees of the Guilford County Greensboro retreat project may be good candidates for subcommittee participation.

Dennis Harrington suggested contacting state-level administrators for the availability of staff experts for subcommittee participation. He will contact individuals such as Kevin Ryan (Clinical 1), Joe Holliday (BCCCP), Steve Cline (Dental), and Leah Devlin (Community).

Management Capabilities Subcommittee

John Sink suggested that the chairperson should have high-level management or business experience, have previous experience in the RFP evaluative process, and have a good understanding of vendor operations. Marc Kolman questioned if an attorney might be qualified to fill the chairperson role. Donna Gulas stated that Wake County typically involved their attorneys late in the project process at the initiation of contract negotiations. She considers that previous business management experience is a requisite chairperson qualification. Kash Basavappa opined that a Local Health Director, or a direct report to one, would be ideally qualified to lead the Management Capabilities Subcommittee.

The discussion moved to the importance of Management Capabilities subcommittee assessment of the comprehensiveness of each vendor's training services. Frances Taylor suggested that a clinical group be assigned responsibility to evaluate the Training component on behalf of all "worker bees". A suggestion arose to consider moving Training to the Registration subcommittee. After some discussion, the Committee decided to keep Training within the Management Capabilities subcommittee. Its membership will include clinical representation. John Sink agreed to provide a list of candidate members with clinical training experience.

Importance of Selecting Subcommittee Chairpersons

Kash Basavappa suggested that the discussion should focus on identifying candidates for each subcommittee's chairperson, since they would ideally be able to source and qualify the members to round out their group (subject to Steering Committee approval).

Technical Capabilities Subcommittee

Bill Cox expressed the desire for a member of his staff to serve on the Technical Capabilities Subcommittee. The Technology Committee members requested that Mr. Cox allow Rajesh Virkar to serve in that capacity. Mr. Cox agreed to take this request into consideration. Emily Schmidt would ideally provide someone from her staff at IRMC. Participation by her staff at the vendor finalists presentation would also be highly desirable. Marc Kolman will follow up with Emily Schmidt on this issue.

Billing Subcommittee

Mark Kolman stated the desirability of representation of Carol Gaddy at the State level. Mr. Kolman has an individual on his Person County staff ideally suited to serve as a subcommittee member. Bill Griffith was also suggested as a good candidate.

Registration Subcommittee

Dennis Harrington stated that he would look into having someone on his staff serve as a subcommittee member candidate.

Care Coordination

Dorothy Cilenti, (Women & Children's Health) was suggested as a candidate to chair the subcommittee.

Clinical 1

Donna Gulas agreed to serve as Chairperson for the Clinical 1 Subcommittee.

Clinical 2

Sandi Baxley, Guilford County and a member of the NCALHD Technology Committee, agreed to serve as Chairperson for the Clinical 2 Subcommittee.

Clinical 3

Barbara Smith, member of the NCALHD Technology Committee, agreed to serve as a Member of the Clinical 3 Subcommittee.

Community

No candidates for subcommittee membership were suggested.

Environmental Health

Terry Pierce, LHD Transylvania County, was suggested as a possible Chairperson.

Subcommittee Discussion Wrap Up

Marc Kolman concluded the Subcommittee membership discussion with an appeal for continued suggestions to him via e-mail for additional names of subcommittee members in the days ahead. He will make the same request at the Local Health Directors meeting on Tuesday, September 14.

Paperless Medical Record

Mr. Kolman opened a discussion of the North Carolina Healthcare Information Communications Alliance (NCHICA) Standing Advisory Committee project to achieve a paperless medical record by the year 2010. Based in the Research Triangle Park, NCHICA is comprised of major healthcare providers, telecommunication, and information technology companies. NCHICA's Standing Advisory Committee is comprised of a single representative from the states healthcare professional associations. George Bond has previously served as the health director representative on the Standing Advisory Committee. Marc Kolman presently serves in that capacity.

Mr. Kolman began a discussion of a draft resolution stating the NCALHD's support of the effort to achieve a paperless medical record in North Carolina by the year 2010. A copy of the draft resolution and accompanying documentation presented to the committee is attached.

Ray Rabe stated the need for evidence supporting a paperless medical record system's ability to provide for absolute patient confidentiality. This may require on-site evaluation by representatives of the Technology Committee to observe the system in observation.

Another concern pertained to the potential for data medical entry errors to be made universally available in a paperless environment compared to the restricted availability of an error made in a paper record maintained at an isolated care site. Marc Kolman noted that legislation is under consideration to establish requirements for the sharing of healthcare information among providers. There may need to be separate standards for the sharing of clinical information compared to research information.

Marc Kolman presented the resolution draft proposal for action, beginning with the resolution's concluding paragraph:

"THEREFORE, the Association of North Carolina Local Health Directors endorses the effort to achieve a paperless, person-centered health record by 2010 and endorses working with other health professions through NCHICA to achieve this goal." The committee approved this verbiage.

Mr. Kolman then began presenting each of the "whereas" statements supporting the resolution for discussion:

"WHEREAS; advances information technology are providing new tools and opportunities to improve the health and quality of life for all individuals; and

WHEREAS, presenting a complete health record at the time and point of care is becoming increasingly difficult because the health records of individuals are spread across multiple and changing providers and payer sources _____ [insert appropriate text]; and

WHEREAS, prompt access to (insert more) complete and accurate information will improve the quality of care through the communication of patient wishes and prevention of mishaps related to drug interactions, allergies, and transmissible diseases, etc.; and

WHEREAS, providing more timely access to health information will improve the detection, assessment and early response of (replace of with to) public health incidents, such as epidemics, emerging infectious diseases and bioterrorism; and

WHEREAS, paperless health records will improve access to population-based health information for health policy and clinical research purposes; and

WHEREAS, paperless health records will (replace will with may) reduce costs associated with data retrieval, transmission, and storage through reduced resource utilization; and

WHEREAS, paperless health records will provide a standard means of controlling and monitoring access to sensitive information, thereby protecting the privacy of individuals; and

WHEREAS, cooperation among professionals and their respective associations will be an essential element in achieving a common vision and the adoption of standards for the secure creation, storage, access and transmission of records; and

WHEREAS, NCHICA (North Carolina Healthcare Information and Communications Alliance) provides a forum for inter-association cooperation with the goal of improving health care through the use of information technology and secure communications,

THEREFORE, the North Carolina Association of Local health Directors endorses the effort to achieve a paperless, person-centered health record by 2010, and endorses working with other health professions through NCHICA to achieve this goal."

Marc Kolman agreed to revise the resolution draft and to add a WHEREAS section pertaining to persisting concerns about maintaining patient confidentiality.

NCALHD Web Site

Marc Kolman presented an update of the NCALHD web site, including the posting of Health Director photos. Development of the site will continue based on direction from the Committee to program the ability to click appropriately in each county's section to reveal the photo of its Health Director.

There being no further business, the meeting was adjourned at 4:30 p.m.

Respectfully submitted,

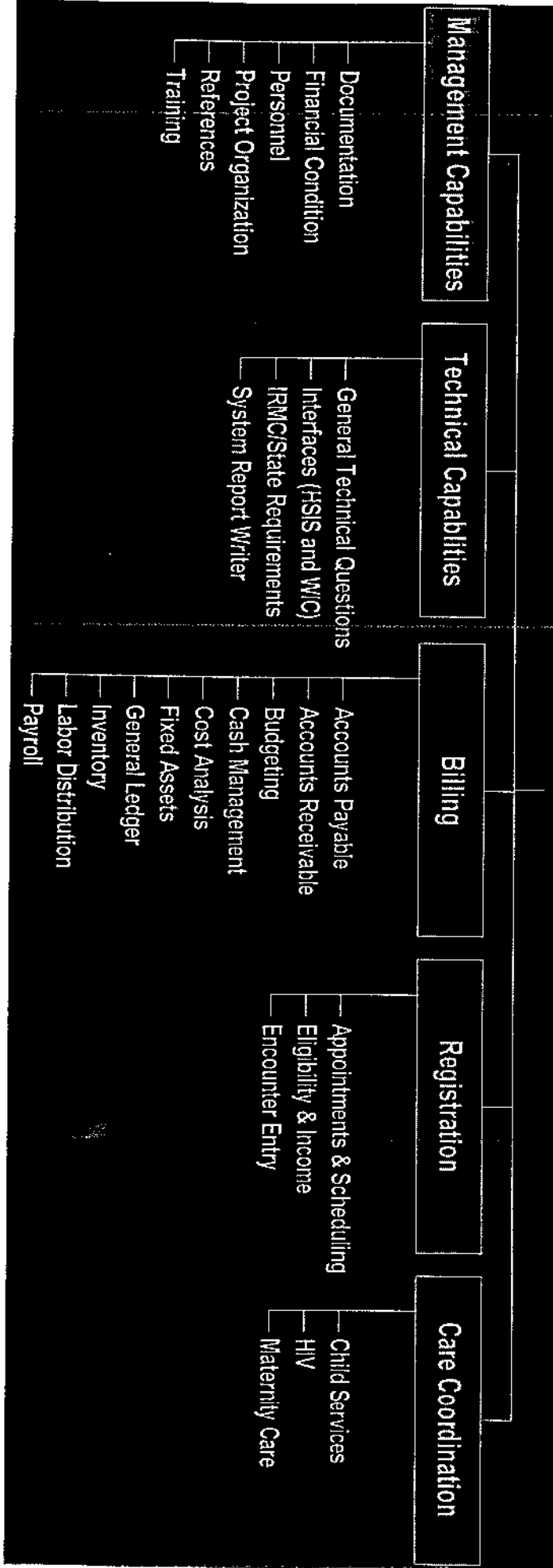
Chris Abernathy, HSMS Project Analyst
(The WellSpring Group)

Approved by:

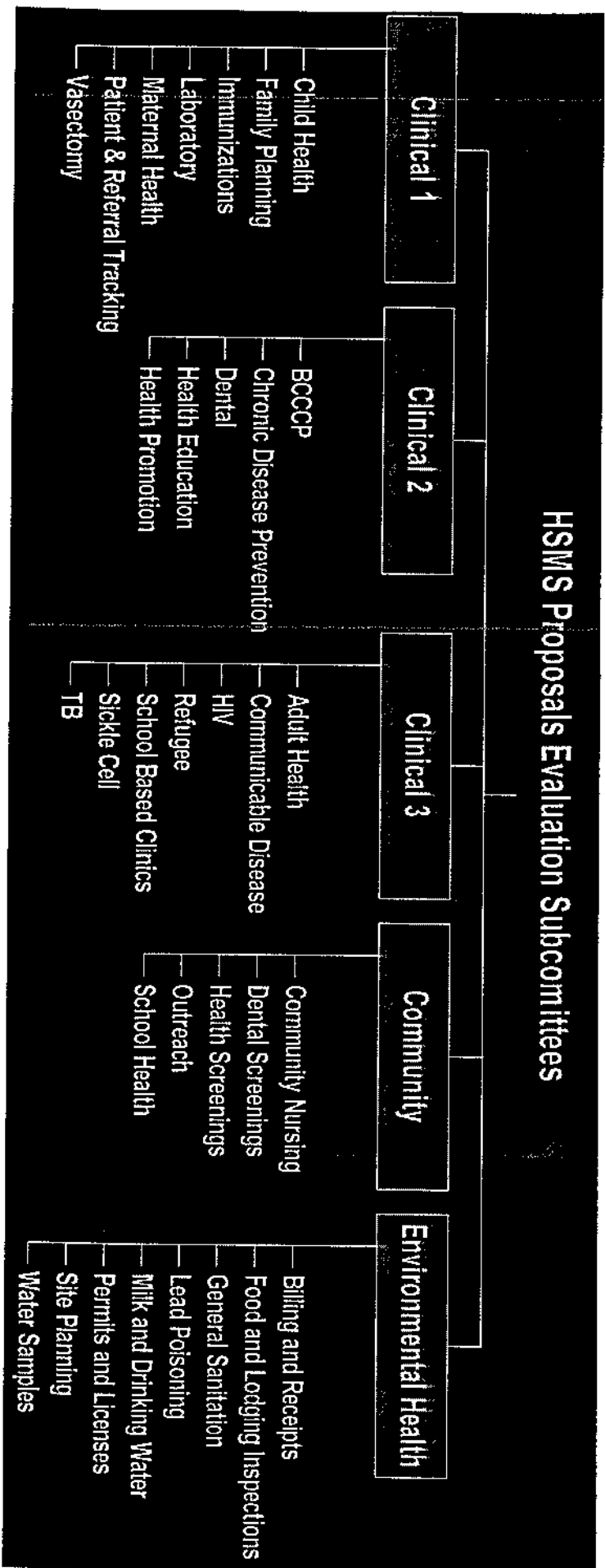
Marc Kolman, Chair

Attachments:
Attendee List

HSMS Proposals Evaluation Subcommittees



HSIMS Proposals Evaluation Subcommittees



"Betsy Clayton" <Betsy.Clayton@ncmail.net>,
"Gene Light" <Gene.Light@SPH.UNC.EDU>, "Alice Lenihan" <Alice.Lenihan@ncmail.net>,
"Rebecca Troutman" <rtroutma@ncacc.org>, "Terry Pierce" <tpierce@citcom.net>,
"Frances Taylor" <ftaylor@co.cabarrus.nc.us>, "Barbara Smith" <bsmith@co.guilford.nc.us>,
"Sandi Baxley" <sbaxley@co.guilford.nc.us>,
"Chris Cowan" <christopher.cowan@ncmail.net>,
"Donna Weisenborn-Gulas" <dgulas@co.wake.nc.us>,
"Herman Geci" <Herman.Geci@ncmail.net>, "Chris Burr" <cburr@ph.co.durham.nc.us>,
"Doug Harr" <dharr@eastlink.net>, "Wayne Raynor" <wraynor@harnett.org>,
"Bill Griffith" <bgriffith@co.iredell.nc.us>, "Ann Wolfe" <Ann.Wolfe@ncmail.net>,
"Kash Basavappa" <kbasavap@aol.com>, "Chris Abernathy" <abernathyc@aol.com>,
"Jim Baluss" <ncs0860@interpath.com>, "Curtis Dickson" <hghealth@coastalnet.com>,
"Leonard Wood" <woodl@co.rowan.nc.us>, "Maggie Dollar" <mdollar@vnet.net>,
"Cindy Hewett" <chewett@co.new-hanover.nc.us>

To: Local Health Directors, NCAHLD Technology Committee

⁹⁰¹⁸⁴⁹
The HSMS RFP (# ~~910849~~) Proposal Due Date has been officially
extended to October 25, 1999. Please view the addendum (2) on
the Division of Purchase and Contract web site
<http://www.ips.state.nc.us/ips/> for additional information.

Regards,

Marc Kolman

OMH



**North Carolina
Department of Health and Human Services
Division of Public Health**

• 1906 Mail Service Center • Raleigh, North Carolina 27699-1906 • (919) 715-0992 • Courier 56-20-11
• H. David Bruton, M.D., Secretary • Ann F. Wolfe, M.D., M.P.H., Director

September 13, 1999

Enclosed is the Office of Minority Health's Eliminating Disparities: Developing Minority Health Strategies in North Carolina Mini-Grants application package. The purpose of this mini-grant program is to provide funding to selected local health departments to encourage new projects or support ongoing activities by these agencies in addressing minority health issues. The Mini-Grants funding is intended for planning, partnership development, or implementation purposes during a 6 to 8 month period.

Please review the entire package carefully. Contact Emmanuel Ngui, MS, Project Manager, at (919) 715-4882 (E-Mail: emmanuel.ngui@ncmail.net) for any assistance, questions or concerns you may have. Please return your completed applications to Emmanuel Ngui at the Office of Minority Health by 5:00 p.m., October 15, 1999.

We look forward to your proposal and working closer with you.

Sincerely,

Barbara Pullen-Smith, MPH
Executive Director
Office of Minority Health

**Eliminating Disparities:
Developing Minority Health Strategies in North Carolina**

**Mini-Grant Application for
Local Health Departments**

North Carolina Department of Health and Human Services
Division of Public Health
Office of Minority Health
1906 Mail Service Center
Raleigh, NC 27699-1906
Courier # 56-20-11

Inside →

Overview/Guidelines	3
Application Cover Page	5
Mini-Grant Application Form	6
Required Attachments	8
Final Check List	8

Eliminating the Disparities: Developing Minority Health Strategies in North Carolina Mini-Grant Criteria for Local Health Departments

Introduction:

The NC Office of Minority Health, Division of Public Health, Department of Health and Human Services is pleased to announce that **ONE-TIME, LIMITED FUNDING** has been made available for the current fiscal year and will be disbursed to local health departments in the form of mini-grants. The initiative entitled "Eliminating the Disparities: Developing Minority Health Strategies in North Carolina."

Purpose:

The initiative seeks to encourage new projects or support ongoing activities that will result in efforts by the applicant to address minority health issues. Funding is intended for planning, partnership development, or implementation purposes during a 6 to 8 month period. Local health departments are encouraged to talk with their local Healthy Carolinians Task Forces to explore opportunities to focus on eliminating health disparities.

Outcomes/Products:

Some examples of possible outcomes/products of the mini-grants may include, but are not limited to:

1. Development and implementation of strategies to mobilize organizations and groups around minority health issues;
2. A detailed initiative for reaching racial/ethnic minority populations and linking individuals/families to existing resources and services (e.g. NC Health Choice, Breast and Cervical Cancer Screening, Immunizations, etc.);
3. A community forum, conference, workshop, activity or program focusing on minority health issues;
4. A detailed planning grant/proposal to be submitted for funding to a state and/or federal agency for implementing an initiative to eliminate health disparities in the area;
5. Development and dissemination of culturally-based and language-appropriate educational materials and other resource.
6. Development of a marketing plan and implementation of strategies that are designed to increase public awareness/education around minority health issues.

The review team will also consider other creative ideas.

Focus Areas of the Initiatives may include:

1. **Specific racial/ethnic minority population(s)**, (i.e., African Americans, Hispanic/Latino, Asian or American Indian);
2. **Disease or Health Area** (i.e. cancer, cardiovascular disease, diabetes, immunizations, infant mortality, HIV/AIDS, lead poisoning, asthma); or
3. **Access Issue** (i.e., lack of information, culturally appropriate care and educational materials, link to care resources, etc.).

Eligible applicants:

Any local health department.

Amount of funding:

Grant awards will range from \$5,000- \$10,000 and will be awarded to 5-10 local health departments. Funding should be used to support the activities of the grant.

Application Requirements:

In order to be considered for the funding, each applying agency must:

- Contact OMH directly during the application process to inform of intent to apply (refer to contact person and information below);
- Complete Grant Application using outlined format (attached) not to exceed 2 pages;
- Include any relevant attachments (see grant application form attached)

Grant Recipient Requirements:

Grant Recipients will be required to:

- Participate in a one-day information session on health status data and other issues related to eliminating the health disparities.
- Assess current activities in the service area to address minority health issues.

Deadline:

The Office of Minority Health must receive Grants by 5 P.M., October 15, 1999.

Mail an original and **5 copies** of the completed application form to:

Emmanuel Ngui, MS, Project Manager
North Carolina Department of Health and Human Services
Division of Public Health, Office of Minority Health
1906 Mail Service Center
Raleigh, NC 27699-1906
Courier # 56-20-11

Or for UPS/Federal Express:

Emmanuel Ngui, MS, Project Manager
North Carolina Department of Health and Human Services
Division of Public Health, Office of Minority Health
225 N. McDowell Street
Cooper Memorial Health Bldg., 6th Floor
Raleigh, NC 27604

Notification and timeline:

Funded sites will be notified by (October 30, 1999). Project timeline should cover the period of November 1, 1999 - June 30, 2000.

**Eliminating the Disparities:
Developing Minority Health Strategies in North Carolina**

Proposal # _____

**Mini-Grant Application Cover Page
(PLEASE TYPE)**

Title of Project

Organization/Agency Name

Contact Person/Title

Address

City

State

Zip Code

County

Telephone Number

Fax Number

E-mail Address

Please provide a brief summary of what you propose to do with your mini-grant funding (50 words or less).

Agreement: It is understood that any funds granted as a result of this request are to be used for the purposes set forth herein. Moreover, the applicant certifies that he/she has read the OMH Mini-Grant Application Guidelines.

Signature

Title

Date

**Eliminating the Disparities:
Developing Minority Health Strategies in North Carolina**

Mini-Grants Application Format for Local Health Departments

(Limit proposal to 2 pages)

(PLEASE TYPE)

- I. Project focus (include target area and target population/s; statement of need; background information on the issues addressed by the project)

- II. Proposed project or activity, including timeline for implementation

III. Agency history of service to minority communities

IV. History of collaboration with minority organizations and new partnerships planned for this project.

V. Describe the resources available and/or needed to accomplish your stated goals and objectives, including personnel dedicated to implement the initiative.



ROBESON COUNTY
DEPARTMENT OF PUBLIC HEALTH



460 Country Club Road
Lumberton, North Carolina 28360
Phone: (910) 671-3200 FAX: (910) 671-3484
Outstanding County Programs (1993 thru 1997) – NC Assn. Of County Commissioners
EveryWhere. EveryDay. EveryBody.
Child Health Recognition Award (1994, 1998) – Glaxo Wellcome
September 22, 1999

Mr. Christopher Cooke, Manager
NC Public Health Awareness Program
Local Health Services
Division of Public Health
1915 Mail Service Center
Raleigh, North Carolina 27699-1915

Dear Christopher:

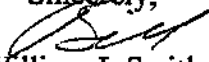
On behalf of the All-Star Team Winners, I would like to let you know how much I appreciate you and Angie Murray coordinating this event. From beginning to end, this has been a meaningful experience. The paperweight will serve as a constant reminder. As someone once said, I have a good memory, it's just short.

George Bond brought this matter up at the last North Carolina Association of Local Health Director's meeting in Asheville. I had several health directors ask me about the process, so some must have been outside the loop. I am sending this and a list of the winners for consideration to be included in the attachments to the minutes. Hopefully, participation will be heightened if this event goes forward – I know some good ones.

Knowing that in order to coordinate you have to have someone to coordinate, please express my appreciation to the review committee and for those counties who allowed them to participate. Everything we do is at the expense of something else, so something was sacrificed in order to be a part of this. And of course, the nominators must be recognized for having the vision and gumption to submit the recommendations.

So for Georganna, Joy, Tom, Lisa, Phyllis, Sharon, Melissa, Janice, Lynn, Susan, Donna, Peggy, Linda, Ada, Sharanda, Pat and me, thank you very much, Christopher and Angie.

Sincerely,


William J. Smith
Health Director

Cc: Dennis McBride
Ann Wolfe
Dennis Harrington
NCALHD

1997 Award for Environmental Excellence – National Assn. Of County and City Health Officials

WILLIAM J. SMITH, M.P.H.

Health Director

Noah Woods

Chairman
Board of Health

Terri Ammons, R.N.

Sam Evans, D.D.S.

Harold Locklear

Robeson County Board of Health

Larry H. McGougan

Flora McLean

John C. Rozier, Jr., M.D.

Leslie Sanderson, R.Ph.

David Sumner, C.H.E.





North Carolina
 Department of Health and Human Services
 James B. Hunt Jr., Governor
 H. David Bruton, M.D., Secretary

North Carolina Public Health Awareness Program
 Local Health Services
 Division of Public Health
 1330 St. Mary's Street
 1915 Mail Service Center
 Raleigh, NC 27699-1915
 Tel: 919.733.4038 Fax: 919.715.3144
 Christopher Cooke, Manager

August 2, 1999

MEMORANDUM

TO: NC Local Health Department Directors

THROUGH: Christopher Cooke, Manager *ck*
 NC Public Health Awareness Program

FROM: Angie Murray
 Administrative Program Officer

RE: Announcement of All-Star Team Winners

The Public Health Month Committee has announced the winners of the North Carolina Public Health Department All-Star Team. The nominees were selected by members of their health department staff in an effort to recognize outstanding public health service and leadership. The Public Health Month Committee then voted on the nominees to assemble the "ideal" health department comprised of the best that North Carolina has to offer.

The following have been chosen as members of this year's All-Star Team:

- Bill Smith - health director - Robeson County
- Georganna Cogburn - nutritionist - Buncombe County
- Joy Southerland - pharmacist - Guilford County
- Tom Konsler - environmental health specialist - Orange County
- Lisa Allen - social worker - Jackson County
- Phyllis Stevens - public health nurse - Guilford County
- Sharon Cole - lab personnel - Guilford County
- Melissa Packer - public health month coordinator - Robeson County
- Janice Tillery Myrick - physician extender - Halifax County
- Dr. Lynn Hale - public health physician - Forsyth County
- Susan T. Adams - board of health - Moore County
- Donna King - health educator - Wilson County
- Peggy Thaggard - x-ray technician - Robeson County
- Linda DeShazo - media facilitator - Guilford County
- Ada Barnes - community volunteer - Robeson County
- Sharanda McNeill - community health assistant - Robeson County
- Pat Keeter - clerical/administrative - Halifax County

As recognition of their outstanding performance, this All-Star Team will be recognized at a luncheon sponsored by the Public Health Month Committee as well as at the annual NCPHA meeting in September.

ROBESON COUNTY

AUG 04 1999

HEALTH DEPT.
Every Where, Every Day, Every Body



**Women's and Children's Health Liaison Committee
NC Association of Local Health Directors**

September 10, 1999

Present: (Conference Call) Wanda Sandelé, Chair (Craven), Daniel Staley (App. District) Beth Rowe-West (Immunization), Tom Vitaglione (DPH), Kevin Ryan (DPH), Dorothy Cilenti (DPH) Teresa Allen (NCAPHNA), John Morrow (Pitt), Tom Jarrell (Richmond), Diane Crouse (Davidson), Shelly Carraway (Alexander) Alice Lenihan, (DHHS), Pam Turner (Caswell)

Hepatitis B Vaccinations in schools:

Funding cuts are making it difficult to come up with the \$2/shot reimbursement that we have been getting for administering Hepatitis B Vaccine in the schools. Reimbursement for this year for doses 1 & 2 is probable, dose 3 possible, but not guaranteed. Health departments need to take advantage of the availability of Medicaid reimbursement for children with Medicaid for the administration fee. The \$2 we have been getting from the state is getting harder and harder to fund.

WIC and Lead Screening

In order to avoid conflict between lead screening in WIC and private MDD offices, the screening in WIC will change from 12 & 24 months to 18 and 30 months. This will allow time for the private MD to have performed the screening. The computer system will be importing lead screening information into the WIC screen. If the field is blank, you will know child has not yet received screening, so it should be done. If they have been screened, data will be there, so you will know it has been done and you will not duplicate.

All are encouraged to develop good communication and cooperative arrangements with private practices.

WIC- Vitamin D supplements

WIC and other Child Health programs will receive a policy for Vitamin D supplements for infants who's only source of nourishment is breast milk - no cereal, etc. There has been some identification of rickets in some of these children. There is no reason for alarm for nursing mothers. All of the children diagnosed with rickets were African American and had less than typical exposure to the sun because they were not being taken outside. Six month supplies of the supplements, along with model standing orders will be provided. WIC money can not be used to purchase the supplements, but WIC and child health programs will be supplied with the supplements for distribution

New Born Hearing Screening

Effective October 1 all hospitals will be participating in the required hearing screening of newborns. Remember that any who miss being screened while in the hospital, or who have abnormal results will automatically be referred to Child Service Coordination.