

NCA LHD ATTENDANCE ROSTER

JAN. 19 2000

NAME	ORGANIZATION
Barry Bass	Nain Co HD
Susan Smith-Wharton	
Bob Wood	Waywood Co HD
Ken Rung	Madison Co HD
Jim Morrow	Pitt Co. H.D.
Kenland	Rover
Max Kolman	Person HD
John Rouse	Sampson H.D.
Shannon Kahn	Forsyth County
Maude Habel	Guilford County
Danny Staley	App. District
LOREY White	Wayne Co.
Glen Martin	Rockingham County
KEVIN RYAN	NC DHHS, DPH
George O'Daniel	Onslow Co. HD
Doug Urland	Caldwell Co. H.D.
Daw Tousey	BRUNSWICK CO. HD
Gay Reed	DHHS / DPH / LHS
W. Dandini	Craven HD
Joyce Brown	Yaskee HD
Jay Pierce	Transylvania HD
Samuel Pitt	Catawba H.D.
Marianne Duncan	Columbia HD

NAME	ORGANIZATION
Tenny Gull	Richmond County
BRUCE PARSONS	GASTON CO.
Shelley Caraway	ALEXANDER Co
Maggie Dolph	Lenoir Co.
Jim Smith	Pamlico Co.
Dr. McCall	DHHS
R Summers	Orange Co.
Ray Lake	Tredwell Co
Louis Lateur	Wilson Co.
Eugene Hines	Cumberland Co
Eleanor R	Cumberland Co
McGinnis	Cumberland Co
Wayne Raynor	Harnett
Peter Safir	Meck Co.
MIMI C.	Randolph
Lou Brewer	Wake
DAVID RICE	NEW HAMPSHIRE
Peter Safir	Mecklenburg
Thomas	Dare Co.
Crouse	Davidson Co.
Curtis DICKSON	Hertford-Gates
Bill Smith	Robeson

North Carolina Association of Local Health Directors

Treasurer's Report January 19, 2000

	<u>CHECKING</u>	<u>SAVINGS</u>	<u>MONEY MKT.</u>	<u>CD</u>
Account Balance Brought Forward	\$ 23,660.96	\$ 33.57	\$ 317.57	\$40,000.00
Receipts:				
Interest Payments:				
December 1999 Statement	\$ 68.93	\$ 0.11	\$ 1.37	\$ -
Federal Back-up Withholding:				
December 1999 Statement	\$ (21.80)	\$ (0.03)	\$ -	\$ -
Maintenance/Service Fee:				
December 1999 Statement	\$ (1.00)	\$ -	\$ -	\$ -
Deposits:				
Transfer from Checking	\$ -	\$ -	\$ -	\$ -
Transfer from Money Market	\$ -	\$ -	\$ -	\$ -
Transfer to Checking (Interest from Cert.)	\$ 172.60	\$ -	\$ -	\$ -
Total	\$ 23,879.69	\$ 33.65	\$ 318.94	\$40,000.00
Expenses:				
# 0805 Anna's Tasty Treats - Acct. #114	96.30			
# 0806 Russell Jones - Acct. #112	750.00			
# 0807 Gregory's Jewelers - Acct #116	11.00			
# 0808 Harnett Co. Health Dept. - Acct #113	88.92			
N/A Check Orders	96.00			
Total Expenses	\$ 1,042.22			
Account Balance as of 01/19/00	\$ 22,837.47	\$ 33.65	\$ 318.94	\$40,000.00

(2)

NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS
2000 BUDGET
 January 19, 2000

REVENUE

DESCRIPTION	2000 ADOPTED	2000 PROPOSED
Carry Forward Checking	23,564	23,564
NCAPHA	41,360	41,360
Dues	31,132	31,132
Checking Interest	694	694
Savings Interest	0	0
CD Interest	2,500	2,500
Transfers	10,000	10,000
TOTAL	109,250	109,250

EXPENSES

DESCRIPTION	2000 ADOPTED	2000 PROPOSED
103 Executive Director	45,000	45,000
104 Benefits	13,500	13,500
105 Computer Lease	2,500	2,500
106 Travel	5,000	5,000
107 Rent	4,970	4,970
108 Utilities	4,800	4,800
109 Telephone/Fax/E-Mail	3,600	3,600
110 Office Supplies	3,000	3,000
111 Awards	300	300
112 Contractual Services	3,000	3,000
113 Printing/Postage/Copier	8,300	8,300
114 Meeting Expenses	2,500	2,500
115 President's Expenses	2,000	2,000
116 Miscellaneous	3,280	3,280
117 Contributions	4,000	4,000
118 Legislative Expenses	0	0
119 NACCHO Scholarship	1,500	1,500
120 NACCHOB Bd. Member	2,000	2,000
121 Memorial Fund	0	0
TOTAL	109,250	109,250

SUSAN SMITH-WHARTON

4323 Pleasant Green Road • Durham, North Carolina 27705

Executive with 12+ years of experience and proven expertise in operations, marketing, and financial management who recently increased new business contracts 120% in only 1 year.

Versatile pacesetter who designs and implements profitable business solutions in competitive markets.

- ▶ \$21 million in departmental revenue accomplished. Exceeded targeted objective by \$11 million.
- ▶ 33% decline in expenses obtained through reduction in overhead and company reorganization.
- ▶ 20% improvement in expense-to-revenue ratio achieved in 1 year as a result of improved management processes.

Dynamic problem solver who synthesizes and utilizes information to effect positive change.

- ▶ \$2 million in additional revenue generated from 1 product line due to creation of innovative pricing techniques.
- ▶ 92% of new contracts captured as a result of successful marketing techniques.
- ▶ 66% increase in new recruits accomplished within 1 year despite tight labor market conditions. Zero turnover realized.

Member, Board of Directors, Vanderbilt University School of Nursing (TN) and Duke School for Children (NC).

EDUCATION

MBA, GPA: 3.5 on 4.0 scale, University of San Francisco, San Francisco, CA, 1981.

BS, Nursing, Vanderbilt University, Nashville, TN, 1978. **Registered Nurse** - currently licensed in North Carolina.

PROFESSIONAL EXPERIENCE

MONARCH/PRIMAHEALTH IPA (NC) 1998 - 1999

Director of Operations 1998 - 1999

- ▶ 20 employees supervised in Duke University-affiliated startup company. Managed budgets and strategic planning.

Associate Director of Operations 1998

- ▶ 30,000 covered lives added, resulting in doubled revenue; negotiated/implemented contracts; recruited/trained staff.

SELF-EMPLOYED (NC) 1995 - 1998

Management Consultant

- ▶ Strategized/provided budget analyses, business plans, and clinical operations analyses for several healthcare companies.

PROFESSIONAL SABBATICAL (family responsibilities and community/civic duties) 1990 - 1995

NORTHERN TELECOM (NC) 1984 - 1990

Business Planning and Market Research Manager 1990

- ▶ Designed global operating plans/strategies for launch of new products. Defined targets/objectives for success.

Budget Manager, Marketing Division 1989

- ▶ 26 budgets consolidated into 1 division budget for improved fiscal efficiency. Tracked/reported financial activities.

Communications Manager 1988 - 1989

- ▶ Identified new market segments/used computer-based tracking techniques. Provided internal/external communications.

International Marketing Manager 1986 - 1987

- ▶ 1st entry into new foreign market pioneered for company. Explored and developed emerging market segments/regions.

Strategic Pricing Analyst 1984 - 1985

- ▶ \$11 million in additional revenue catalyzed due to effective marketing analyses. Developed multivariate algorithms.

PACIFIC BELL (CA) 1982 - 1983

Marketing Manager

- ▶ 60 representatives directed in highest performing sales office in the Northern CA district. Administered on-site training.

PRIOR EXPERIENCE: Registered Nurse - Seton Medical Center (CA), Vanderbilt Hospital (TN), and Baptist Hospital (TN), 1978 - 1982.

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**NCALHD COMMITTEE MINUTES
TEMPLATE**

NCALHD COMMITTEE: _____

CHAIR: _____

DATE SUBMITTED: _____

DATE OF COMMITTEE MEETING: _____

COMMITTEE MEMBERS PRESENT: _____

GUESTS/OTHERS: _____

I. ACTION ITEMS:

II. INFORMATION ITEMS:

III. NEXT MEETING: _____
Date Time Place

**Eliminating
Racial/Ethnic Health
Inequalities: A
Challenge in the New
Millennium**

**Monday, February 7, 2000
5:00-9:00 p.m.**

**Tuesday, February 8, 2000
8:30 a.m.-3:30 p.m.**

**Hilton Charlotte University Place
8629 J. M. Keynes Drive
Charlotte, N. C.**

Jointly Sponsored by: Carolinas
HealthCare System and Bioethics Resource
Group, Charlotte Medical Society,
Community Building Task Force, Johnson C.
Smith University, Mecklenburg County
Department of Health, Mecklenburg County
Department of Social Services, Mecklenburg
County Medical Society, University of North
Carolina at Charlotte.

Cosponsored by: Presbyterian
HealthCare/Novant Health

Charlotte AHEC
Attn: Registrar/CME
PO Box 32861
Charlotte, NC 28232

CME CREDIT

Accreditation: This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Carolinas HealthCare System and The University of North Carolina at Charlotte. The Carolinas HealthCare System is accredited by the ACCME to sponsor continuing education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity.

Credit: The Carolinas HealthCare System designates this educational activity for up to 7.0 hours of Category 1 credit. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

Disclosure: The Carolinas HealthCare System adheres to the ACCME Standards regarding industry support of continuing education. Disclosure of faculty and commercial support relationships will be made at the Conference.

CETUs

The Charlotte Area Health Education Center has approved this medical activity for 0.7 Continuing Education Units.

ADA Assistance

If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to participate in this course, call Reginald Raymer at (704) 547-3376.

Contact Information

If you have questions regarding conference content or scholarship information, call Reginald Raymer at (704) 547-3376

OVERALL CONFERENCE GOALS

The goals of the Conference as a whole are:

- ❖ To identify the most glaring disparities in healthcare in the piedmont of North Carolina.
- ❖ To determine which of these disparities conference participants are equipped to address.
- ❖ To establish lines of communication among conference participants with similar interests.
- ❖ To develop a concrete program of action to help eliminate one or more of the local health care disparities identified during the Conference.

CONFERENCE OBJECTIVES

The objectives of the specific panels and keynote speakers are:

- To describe how our history contributes to present realities of racial and ethnic inequalities in health.
- To identify the structural factors that undermine minority health.
- To discuss the challenges and rewards that healthcare professionals experience in serving traditionally-vulnerable populations.
- To discuss a variety of local community perspectives on health care access, quality and cost.

TARGET AUDIENCE

- ✓ Healthcare Professionals
- ✓ Healthcare Educators
- ✓ Healthcare Students

AGENDA

Monday, February 7, 2000

5:00-7:00 p.m. Reception and Poster Session

7:00-7:45 p.m. Keynote I

"Healthy People 2000: The Ultimate Equal Opportunity Program"

Nathan Sinsón Jr., MD, MPH, PhD, Deputy Assistant Secretary for Health, Office of the Surgeon General

7:45-8:30 p.m. Keynote II

"Dealing with Disparities in Healthcare: Whose Responsibility and Why?"

Marian Gray Secundu, PhD, Director of the National Center for Bioethics in Research and Healthcare at Tuskegee University

Tuesday, February 8, 2000

7:45-8:30 a.m. Breakfast

8:30-8:45 a.m. Welcome

William Brandon, PhD, MPH, Metrolina Medical Foundation Distinguished Professor of Public Policy on Health, UNCC

8:45-9:45 a.m. Panel One:

"The Desegregation of the Charlotte-Mecklenburg Healthcare System: How Successful Has It Been?"

Moderator: Melvin Pinn, MD, The Wellness Plan

Speaker: David B. Smith, PhD, Temple University

Respondent: Theresa Eider, RN

9:45-10:00 a.m. Break

10:00-11:00 a.m. Panel Two:

"Closing the Gap in Health Disparities: Identifying Problems and Solutions"

Speaker: Carlos Munaner, MD, National Institute of Mental Health

Respondent: Marcus Plescia, MD, Carolinas HealthCare System

11:00-11:15 a.m. Break

11:15-12:15 p.m. Panel Three:

"Ethical Responsibilities of Healthcare Professionals in a Multicultural Society"

Moderator: Rosemarie Tong, PhD, UNC-Charlotte

Pánelists: Ophelia Garmon-Brown, MD, Nalle Clinic

Michelle Luhr, Choice Translating and Interpreting

Tynet Ngo, Executive Director, Office of International Health Community Services

Carlos Nunez, MD, NorthEast Medical Center

12:15-1:00 p.m. Lunch

1:00-2:00 p.m. Luncheon Speakers

A. Dennis McBride, MD, MPH, N.C. State Health Director

"Into the New Millennium: Healthy North Carolina 2010"

Richard W. Jacobsen, Director of Mecklenburg County Department of Social Services

"Into the New Millennium: Healthy Mecklenburg County 2010"

2:00-2:15 Break

2:15-3:015p.m. Panel Four:

"Healthy People for the Year 2000 and Beyond: The People Speak Their Mind"

Moderators: James R. Dudley, PhD, UNCC-Charlotte and Jane Neese, PhD, UNCC-Charlotte

3:15-3:30 p.m. Conclusion and Future Plans

Rosemarie Tong PhD, Mecklenburg County Medical Society

Distinguished Professor in Health Care Ethics, UNCC

Eliminating Racial/Ethnic Health Inequalities: A Challenge In The New Millennium

February 7 & 8, 2000

Registration Deadline 1-31-00

First Name MI Last Name

Degree /Specialty Social Security Number*

Work Telephone Number Home Telephone

Employer

Mailing Address (PO Box/Street/Rural Route)

City State Zip Code

*I voluntarily provide my Social Security Number to be used only for identification of my continuing medical education records internal to and by the Carolinas HealthCare System. I understand that I am free to decline the request for my Social Security Number be used, in which case a random identification number will be assigned.

Confirmation and directions will be mailed upon receipt.

Registration Fee: \$60.00 Attendees

\$20.00 Students

Scholarships Available

Checks should be made payable to Charlotte AHEC

Payment Options:

Check Enclosed

Charge my Visa or MasterCard

Account Number / Exp. Date

Name as it appears exactly on the card

Cardholder's Signature

Carolinas HealthCare System Employees:

Interfund Transfer

Department / Dept. Number

Department Head's Signature

Mail form and payment to: Charlotte AHEC

Attn: Registrar/CME

PO Box 32861

Charlotte, NC 28232-2861

Or FAX: (704) 355-8630

For Office Use Only: M-SPRING 00/M900207

CA_MC_VISA_PF_CK# AMOUNT \$

North Carolina Association of Local Health Directors

**ACHIEVING A PAPERLESS, PERSON-CENTERED
HEALTH RECORD BY 2010**

WHEREAS, advances in 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 has become increasingly difficult because the health records of individuals are spread across multiple and changing providers and payer sources, and are available in varying formats; and

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

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

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

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

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

WHEREAS, there remain concerns regarding confidentiality of paperless health records; 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 secure, paperless, person-centered health record by 2010, and endorses working with other health professions through NCHICA to achieve this goal.

Tom Bridges, President
North Carolina Association of Local Health Directors

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NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS
EPIDEMIOLOGY COMMITTEE MINUTES
TUESDAY, JANUARY 11, 2000
CONFERENCE CALL

In attendance: Sherman Kahn, Ray Rabe, Steve Keener, George Bond, Glenn Martin, David Rust, Lou Brewer, Eunice Inman, John Morrow, Steve Cline, Newt MacCormack, Steve Martin, Evelyn Foust.

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

1. FLU

Dr. MacCormack reported that flu levels have been smoldering across North Carolina since the fall but have really taken off in the past couple of weeks. Last winter at this time, our surveillance reporting system showed that 6% of patients presenting for treatment in a clinical situation had flu-like symptoms. This year during that same time period 11% have flu-like symptoms. There was discussion about the e-mail report currently going out of the state office every other week and the entire group agreed that a weekly rather than every other week reporting cycle would be helpful at least during the peak of the flu season.

2. STD/TB DRUG DISTRIBUTION

Steve Martin described the present system where local staff places an order with the state who then gets the supplies from the wholesaler who ships them to Raleigh. The state staff then fills the local orders from Raleigh coming out to the counties by courier. This is a cumbersome process and one that involves more steps than are necessary and often involves wastage of drugs due to their being off of refrigeration for extended periods of time due to problems with shippers and couriers. Steve Martin proposed a pilot program with 20 counties that essentially cuts out the middle man. Local health departments would still place their orders with the state as always but the state would then have those supplies "drop shipped" directly to the local health departments cutting out the stop in Raleigh. This approach was developed in Minnesota and thus is often called the "Minnesota Plan". Several health departments have already signed forms indicating their willingness to participate. The group expressed their universal appreciation to Steve Martin for this proposed improvement in delivery. Initially 20 pilot counties would go onto the new system and, if all goes well, the program will be expanded statewide by July 1.

3. CONTRACT ADDENDA CHANGES

The Health Director's Association has already approved the general Contract Addenda for all programs but individual programs are in the process of negotiating and adopting specific Contract Addenda changes for their programs to be effective with the upcoming fiscal year.

The first item discussed was a change in Tuberculosis Contract Addenda, Item 6, containing the state goal for patients placed on directly observed therapy. In exchange for federal dollars received from CDC, North Carolina has negotiated with the federal government to set that target at 80%. Many counties in North Carolina are now achieving 75 to 80% and indeed in FY98 the statewide average was 68% with that number being even higher in FY99. It makes no sense to state a goal when almost everyone is meeting or exceeding it and particularly in light of the fact that CDC expects a higher level of performance from the state of North Carolina. Therefore, a proposed increase of the expected level of compliance for directly observed therapy contained in Item 6 of the Contract Addenda is proposed to be increased to 80%. The Epidemiology Committee by consensus agreed to support the raising of this benchmark recognizing that it is a goal and not a threat and also recognizing that our statewide performance is getting better in tuberculosis with '99 having 10 fewer cases than we reported in '98.

After discussion on all the proposed Contract Addenda changes, the Epidemiology Committee agreed by consensus to support the changes and ask the Health Director's Association for an affirmative vote.

4. ABSTINENCE ONLY COUNTY RESOLUTIONS

Evelyn Foust led a discussion regarding the current flurry of activity across North Carolina to get County Commissioners to adopt Resolutions regarding abstinence only education. The Health Directors present did not indicate that they felt strong local pressure to do anything and indeed thought we might be better off to "let a sleeping dog lie" and therefore there was no further discussion regarding abstinence only.

5. CONTROL MEASURE VIOLATION

Steve and Evelyn led a discussion following up on earlier meetings of the Epidemiology Committee where Control Measure Violations were discussed. It had been agreed at that time that we needed to put together an educational effort around control measures but the Institute of Government conference agenda unexpectedly was taken over by Hurricane Floyd. Some thought that health department's staff needed training around Control Measures while others thought what we needed were effective measures. Evelyn pointed out that not only do public health officials need training but that need extends to the judicial system with Judges and District Attorneys being quite uninformed regarding statues and rules. It was decided that we would call a Control Measures Summit as a stand alone meeting this spring to bring together staff from local health departments, state programs, and outside experts and spend a day studying our current situation, looking for best practices, and making recommendations for the future. Evelyn volunteered to lead the planning effort but asked for volunteers from local health departments. Lou Brewer volunteered and Mr. Bond said he would ask for volunteers at the next Health Director's meeting.

6. HURRICANE FLOYD

All the flood waters receded long ago and relief efforts are just now beginning to wind down in eastern North Carolina. There are many lessons to be learned in the public health family about what we did right and what we did wrong and what implications we can draw from those experiences for the future. Efforts are underway at the state level to pull together that knowledge base to better prepare us for the next disaster.

7. NEXT MEETING

It was agreed by the group that the Epidemiology Committee would standardize its meeting time and day to the second Tuesday of each month at 2:00 PM. Mr. Bond asked any committee members who had agenda items to forward them to either him or Dr. Cline a week in advance of the proposed call in order they could be included in the agenda.

Respectfully submitted,

George F. Bond, Jr., Director
Buncombe County Health Center
35 Woodfin Street
Asheville, NC 28801-3507

Phone: (828) 250-5214

Fax: (828) 255-5326

e-mail: bondg@co.buncombe.nc.us

The other proposed changes fall under the HIV/STD Contract Addenda and are as follows:

- 1) Modify #7 of the LHD Contract Addendum which reads: "All local health department staff performing HIV pre-and post-test counseling and/or HIV/STD interviews and partner notifications will receive training in accordance with federal guidelines."

New language will read: **"Local health departments will assure that all HIV prevention counseling, testing and referral services are provided according to current CDC, HIV Counseling, Testing, and Referral Standards and Guidelines, as approved by the Branch."**

Rationale: Local health departments will be responsible for determining **and assuring** the competency of their staff providing HIV counseling, testing and referral services. A variety of options are offered to assist the local health department staff in obtaining this competency.

A new requirement will be added to read: **"All staff providing HIV/STD Partner Notification Services will have successfully completed training provided by or approved by the HIV/STD Prevention and Care Branch."**

Rationale: This is a very specialized service. The Branch has developed standards and training to meet the needs of individuals providing Partner Notification Services. Staff providing these services should meet the same minimal requirements as State staff providing these services. (All local staff currently providing partner notification services already meet this requirement.)

- 2) Modify non-negotiable item #8 which reads: "All pregnant women receiving prenatal services in the local health department will receive counseling and be offered HIV testing."

New language will read: "All pregnant women receiving prenatal services in the local health department will receive counseling **and be encouraged to be tested for HIV infection.**"

Rationale: This will contain the same language as the NC Administrative Code.

- 3) Modify non-negotiable item #5, which reads: "All women receiving prenatal care from the local health department will receive a syphilis test as early in the pregnancy as possible and, when possible, a second test in the third trimester."

New language will read: "All women receiving prenatal care from the local health department will receive a **syphilis screen on initial visit and repeat syphilis screen between 30 and 34 weeks.**"

Rationale: This language is consistent with the Women and Children's Health Contract Addendum.

There was good discussion on all proposed changes. The change in Item 7 was felt to be positive in that it transferred competency assurance to the local level and gave local health departments several ways to comply and only one of those ways is physically going to state training giving local health departments more flexibility in meeting the standard. Regarding the modification of Item 8, since this is simply a wording change to bring us in line with the current language of the administrative code, there was no objection. The modification for Item 7 regarding Syphilis testing for pre-natal patients was also seen as a language change that simply brought the Contract Addendum language into consistency with language already being used in the Women's and Children's Health Contract Addendum. Further, epidemiological evidence strongly suggests that Syphilis screens should indeed be performed as early in the pregnancy as possible and then in the 30-34 week window period. The current non-negotiable item probably allows too much latitude in when those tests are performed.

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NCALHD COMMITTEE MINUTES
TEMPLATE

NCALHD COMMITTEE: Environmental Health

CHAIR: MiMi Cooper

DATE SUBMITTED: 1-19-00

DATE OF COMMITTEE MEETING: 1-19-00

COMMITTEE MEMBERS PRESENT: MiMi, Don Yousey, Terry
Pierce, Doug Urland

GUESTS/OTHERS: Michael Rhodes, Linda Sewall, Susan
Austin, Anna (new centralized training coordinator)

I. ACTION ITEMS:

Motion: to support the DEH's plan to more equitably divide the 100% grading funds from FY 99-00 without penalty from Hurricane Floyd.

II. INFORMATION ITEMS:

Letter from 2 members of Soil Science Society
see attached

III. NEXT MEETING: 2-17-00 ; 1:00pm ; Parker Lincoln
Date Time Place
rm: 1A117

11/29/99 21:32

YADKIN CO HEALTH DEPT → 3186234
1 919 728 8577

NO.341 P002/00.

TUE, NOV-16-99 11:04AM

CART. CO. ENV. HEALTH 1 919 728 8577

P.01

Environmental Consultants Group, Inc.

Environmental Consultants

Post Office Box 2522

Wilmington, North Carolina 28402

Tel: 910-438-0001

Gayle

*Have you seen
this? MR*

11-24-99

Suite 20

Discovery Branch Office Park

3205 Highville Avenue

Wilmington, NC 28403

*FAX to
Mimi*

*Robert L. Moud
Larry F. Baldwin
W. Stephen Morrison
G. Craig Turner*

DATE: October 30, 1999

SUBJECT: Proposal for Licensed Soil Scientists to become authorized agents to issue Improvement Permits and Construction Authorizations for small subsurface waste treatment systems within the State of North Carolina. Inquiry for comments and/or support of such a proposal at the Soil Science Society of North Carolina January-2000 meeting.

TO: Soil Science Society of NC and NC Licensed Soil Scientists

This is a proposal for Licensed Soil Scientists to become authorized by the State of North Carolina to issue Improvement Permits and Construction Authorizations for small (<3000 gal/day) subsurface waste treatment systems within the State of North Carolina. The intent of this proposal is to provide the citizens of North Carolina with the best professional knowledge for the proper evaluation of land for on-site waste treatment, explore all options & alternatives available for on-site waste treatment, and to promote more efficiency in the permitting process.

Currently, qualified soil professionals are already recognized by NC General Statutes and Administrative Codes to perform the necessary evaluations and recommendations for various on-site land application waste treatment systems:

- NCGS 130-A...[ie] 130A-335-e, 336-c & d, 340;
- NCAC 15A-18A... [ie].1938-c & h-9, .1948-d, .1964; and IWWS-98-1R...[ie] D-2 & E-3-e, I-2 & 3 & 6;
- “Procedures & Information Required For Approval of Large Subsurface Wastewater Systems”...[ie] 1-b, 4-a, 5-a & b & c, 7, 9, 17, 18;
- NCGS 143-215 & NCAC 15A 2H...[ie].0203-38, .0205-d-5-A, 6-B & G & H, 7-B & C, 8-C, 9-C, 10-A & B & C, 11-B & G & H, 12-C-I & D-I;
- NCGS 143-214 & 215, NCAC 15A 2H...[ie].1003-h-3 & 5 & 6 & 7; and 10/28/97 “R.Shiver Memorandum” Items #3 & 5.

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TUE, NOV-16-99 11:04AM

CART. CO. ENV. HEALTH

1 919 728 8577

P. 02

Page 2.

Soil Scientist Permitting Authorization

Professional soil scientists currently perform all of the evaluations required for on-site waste treatment, from preliminary lot suitability necessary for planning & zoning subdivision purposes (which health depts are prohibited from performing), individual qualitative lot evaluations (typically performed by health depts), to detailed soil evaluations (required for 15A-18A-1948-d and quantitative studies). In addition, they perform other evaluations that may effect on-site waste treatment systems such as 404 wetland delineations, CAMA wetland delineations, stormwater infiltration, and comprehensive land/soil subdivision planning.

The principle reasons for Licensed Soil Scientists to become authorized to issue Improvement Permits and Construction Authorizations for small (<3000 gal/day) subsurface waste treatment systems are as follows:

(1)---Soil evaluations are very technical and require individuals with the proper educational credentials, training, and experience in order for these evaluations to be properly and consistently performed. Typically, NCDEHNR sanitarians initially have ~3-4 weeks of technical training in soil evaluations, with little opportunity for continuing education or training. Professional licensed soil scientists have to meet rigid educational, training, and experience standards.

(2)---NCDEHNR and the health department system have a difficult time maintaining highly trained personnel to perform soil evaluations, due to high turn-over rates of personnel leaving or being transferred to perform other health department duties.

(3)---Consistent and competent health department evaluations are suspect due to the excessively high number of reevaluations by the regional state soil scientist, administrative court proceedings filed, and also the necessity of NCDEHNR to establish regional quality review positions due to the high number of formal complaints filed with the NC Secretary of State.

(4)---Lack of prompt reviews and final decisions of Improvement Permit applications through the health department system. Currently, typical turn around time is 3-9 weeks for an initial decision of whether an Improvement Permit can be issued or will be denied. A 2nd and 3rd opinion may take an additional 4-8 weeks. At this point, +2-4 months later, private citizens may consult a professional soils consultant to review health department and/or NCDEHNR findings to determine the validity of their decision, and if all alternatives and options have been considered. This slow health department response time for prompt permit reviews necessitated the NC Legislature to add NCGS 130A-336-d in the mid-1990's, which states NCDEHNR may withhold public funding from health departments that fail to issue or deny improvement permits within a 60 day time period.

(5)---Costs of a permit application, Improvement Permit, and Construction Authorization Permit at various county health departments now exceed \$100 - \$800 to the citizens of North Carolina. These costs are beginning to exceed the public's ability to pay

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Soil Scientist Permitting Authorization

for a minimum standard of health. Typical basic fees for a professional soil consultant's evaluation of a single lot range between -\$150 - \$500. A professional soil consultant's fees are increased further for additional site visits and reviews with health department and/or NCDEHNR personnel for final agreement of findings.

(6)---Issues of legal liability have come into question when a property has been permitted for a waste treatment system, it expires solely due to time limits, and then upon reapplication is denied permit reissuance, even though the rules & regulations are the same. The only variable was the particular health department personnel performing the site evaluation. This denial drastically lowers the expected usage and economic value of the property, leaving the property owner with few choices except legal remedies. Professional soil scientists would provide consistent professional evaluations using the current standards in force, and in addition they are personally liable, or carry general and/or professional errors & omissions liability insurance.

(7)---Other States have already seen this need and implemented the policies necessary to allow professional soil consultants to perform these evaluations, and issue the required permits when site conditions warrant. Some of these States are Virginia, Delaware, Maine, and Georgia.

A check & balance system to insure complete integrity of this proposal can be implemented through mandatory notification and submittal to the local health department, with discretionary reviews for compliance by the health department. All professional licensed soil scientists performing these evaluations and issuing permits should be registered by the State of North Carolina, with loss of permitting privileges for any deliberate or repeated nonconformance, and also subject to review by the NC Board of Licensing of Soil Scientists. Any properties where a consultant has any personal or vested interests, must be permitted by another impartial registered/licensed soil scientist, or by a mandatory review by the health department.

The public of North Carolina deserve fair, competent, and consistent evaluations for on-site waste treatment permitting in order to fully protect a minimum standard of health, and at the same time fully insure the public's due usage of their properties in a time efficient manner. Authorization by the State of North Carolina to allow licensed professional soil scientist to perform these evaluations and issue the required permits when site conditions warrant, would greatly improve the current permitting process and protect North Carolina's public interests. Your inputs and/or support of this proposal would be greatly appreciated.

Larry F. Baldwin, CAP/SC
Larry F. Baldwin, CPSS/SC
NCLSS #1040; ARCPACS #2183

G. Craig Turner
G. Craig Turner, CPSS/SC
NCLSS #1091

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NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS

RESOLUTION

ACCESS TO PREVENTIVE HEALTH CARE FOR MINORS

WHEREAS minors in the state of North Carolina have had the legal right to seek preventive health care services without parental consent since the passage of GS 90-21.5 in 1971, and this right appears to have contributed significantly to improvements in the health status of young people-- particularly in the reduction of North Carolina's teen pregnancy rates; and

WHEREAS the North Carolina Association of Local Health Directors urges its members who serve minors to counsel minors to involve their parents in decisions about their health care rather than requiring such involvement.

WHEREAS many minors do not have either the support or advice of their parents on seeking preventive services and are thus at high-risk of poor health outcomes including pregnancy and sexually transmitted diseases; and

WHEREAS statistics on teen sexual behavior indicate that teens typically are sexually active for approximately one year before seeking reproductive health care thus disproving the assumption that providing such care encourages teens to become sexually active; and

WHEREAS statistics also indicate that the recent reductions in teen pregnancy rates are largely the result of teens utilizing effective contraceptive methods which are available only with prescriptions thus requiring a clinical visit; and

WHEREAS teen pregnancies often result in economic and health problems both for the young parents and the babies involved; and

WHEREAS denying minors the right to seek preventive services without parental consent may result in the loss of approximately \$5 million annually in Federal Title X funding for family planning--thus severely limiting access to family planning to low-income adults as well as to minors; now therefore be it

RESOLVED that the North Carolina Association of Local Health Directors urge the North Carolina General Assembly to maintain legislation which protects the ability of minors to seek preventive health care.

Margaret B. Dollar
Margaret B. Dollar
President

Adopted Nov. 18, 1999

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NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS
EPIDEMIOLOGY COMMITTEE MINUTES
TUESDAY, FEBRUARY 8, 2000
CONFERENCE CALL

In attendance: George Bond, Chair, Lou Brewer, Joey Huff, Dr. Sherman Kahn, Jenny Lassiter, Dr. John Morrow, Ray Rabe, Danny Staley, Beth Jones, Lou Turner, Dr. Steve Cline, and Newt MacCormack.

The meeting was called to order at 2:00 PM.

1. WELCOME

George Bond welcomed the committee members and particularly welcomed Beth Jones, PHN Director in New-Hanover County. She is replacing Eunice Inman who has taken a position as a State Consultant.

2. IMMUNIZATION UPDATE

Dr. MacCormack reported that the flu numbers were coming down across North Carolina rather dramatically. The last week in December represented the peak number of patients presenting with flu-like illness at sentinel practices. During that week, 10% of patients exhibited flu-like symptoms and the number has consistently dropped since then until now which is around 4%. Dr. MacCormack intends to keep up e-mail surveillance report to local Health Directors until spring.

3. HEPATITIS A FROM FOODHANDLERS

The Committee reviewed the letter that Chairman Bond had written Dr. MacCormack and his response to Buncombe County regarding the efficacy of providing Immune globulin to contacts of infected foodhandlers with hepatitis A. Dr. MacCormack recommended, and the Committee agreed, that we are always better to err on the side of caution since there is no reliable way to adequately judge the hygiene of an employee. There was additional discussion about the value of requiring hepatitis A immunization for foodhandlers and the group generally felt it would not be cost effective. Further, the group concurred that it would be an extremely burdensome requirement to be placed upon the food industry and could make it even impossible for many of the restaurants with high employee turnover to keep their doors open. There is a conference telephone call scheduled for Wednesday, February 9th at 2:30 PM which has been called by Michael Rhodes, Chief of the Environmental Health Services Division, to discuss the possibility of hepatitis A vaccination for foodhandlers. There will be representatives on the call from the Health Director's Association, from DPH, the North Carolina Restaurant Association, and from pharmaceutical companies supplying the vaccine. The Committee made it clear to Mr. Bond that the position of the Epidemiology Committee was that any vaccination program would be expensive, burdensome on industry, and protective of only a single disease entity and therefore could not be supported by the Committee. The Committee's consensus was that a strong educational program emphasizing proper hand washing techniques would be far more cost effective and protective of a variety of foodborne illnesses rather than a single focus upon hepatitis A through immunization.

The last discussion under hepatitis A regarding problems of getting adequate notification around the state when a county wished to issue an alert. E-mail has been used with relatively good success in recent years but it certainly is not perfect. There was discussion about using the Emergency Medical Services system to provide notification to the radio rooms in each county who then would contact the appropriate officials in the health department. The group agreed to take the matter under advisement and perhaps at a later date invite EMS officials to join the conference call to discuss alternatives.

4. STATE LABORATORY TURNAROUND TIME

Lou Turner, Director of the State Lab, joined the call to alert the Health Directors that, for a variety of reasons, the State Lab was falling six to eight weeks behind in the reading of pap smears. A new computer system, the new ThinPrep technology, training required for Cytotechnologists, staff turnover, long-term illness for two key staff, and the failure of the usual backup lab to receive all of the state's overload were all sited as contributors to the problem. Add to that the latest Hurricane Floyd crisis and the recent snow event and the result is a six to eight week delay. Lou will be sending out a letter to all Health Directors outlining the problem. However, hope is on the horizon and she told the Committee she had received permission to pay overtime for 12 of her staff to begin catching up on the backlog. She also has received permission for an emergency contract with another backup laboratory to help relieve the backlog. Ray Rabe asked if there was anything the local Health Directors could do to support Lou in her work to speed up the reading of pap smears and she felt that at the present time there was not. Ms. Turner pointed out that if health departments had a "special patient" and they absolutely needed a reading quickly, then they are encouraged to call the laboratory directly and every effort will be made to accommodate the local health departments needs.

5. FOLLOW-UP FROM PREVIOUS MEETING

a) HIV/STD Contract Addendum Changes

Steve Cline reported that the motion adopted by the local Health Director's Association last month was in keeping with the wishes of the Division and those wishes would be converted into contract language for the upcoming Contract Addendum.

b) County Resolutions re: Teen Consent

The group briefly discussed information which had been sent out again by Margaret Woodcock's office as background material to help local Health Directors better inform Boards of Health and Boards of County Commissioners regarding access to service by teenagers.

6. APPOINTMENT TO THE AIDS CARE UNIT ADVISORY COMMITTEE

Chairman Bond asked the group if there was volunteer who wished to serve on the AIDS Care Unit Advisory Committee. Mr. Bond had received a letter from Evelyn Foust asking for a nomination. Dr. John Morrow is already serving on the North Carolina AIDS Advisory Council and he graciously agreed to accept this additional appointment to the AIDS Care Unit Advisory Committee on behalf of local Health Directors.

7. TUBERCULOSIS

Dr. Raoult Ratard outlined to the group a study his division wishes to undertake on tuberculosis patients whose conversion took more than four months. The Raleigh staff will do the work and they will be pulling records from 74 counties to attempt to document whether the conversion could have been achieved earlier thereby cutting down on treatment time and costs. Some counties will have only two or three records reviewed while the larger ones may have 20+. Dr. Ratard said that his staff would be happy to come to the health department to review the records or they would be equally happy to receive copies of the records from the local health department if that was easier for the local staff. The group agreed by consensus that the project was worthwhile and Chairman Bond will inform the Health Director's Association of the project at their next meeting.

8. GENERAL INFORMATION

The state staff informed the Health Director's that a CDC grant application has been submitted for West Nile Virus research around the north/south flyways of migratory birds. Of particular concern in North Carolina are crows. The virus has been identified as far south as Maryland last year and there is no reason to believe that we won't see it in North Carolina in the near future. The grant notification deadline is April 1.

9. NEXT MEETING

The next meeting is set for Tuesday, March 14, 2000 at 2:00 PM. Any committee member with agenda items is encouraged to forward them to either Chairman Bond or Dr. Cline by Monday, March 6 so we can include them on the agenda. Chairman Bond told the group he was inviting Medical Directors across the state to join in the EPI Committee conference call and any clinical items to be discussed will be put at the beginning of the agenda so that Medical Directors will not have to stay for the entire call unless they so choose.

Respectfully submitted:

George F. Bond, Jr., Chair