

**NCALHD ATTENDANCE ROSTER  
FEBRUARY 18, 2000**

<u>Initial</u>	<u>County/Health Director</u>
<u>TWG</u>	Alamance/Tim Green
<u>SK</u>	Alexander/Shelley Carraway
<u>JGR</u>	Anson/James Roosen
<u>RS</u>	Appalachain Dist/Danny Staley
<u>THW</u>	Beaufort/Tamara Hower Williams
	Bertie/John Shaw
<u>MAJ</u>	Bladen/Myra Johnson
<u>Dly</u>	Brunswick/Don Yousey
	Buncombe/George Bond
<u>DLR</u>	Burke/David L. Rust
	Cabarrus/Dr. William Pilkington
<u>Dun</u>	Caldwell/Douglas W. Urland
	Carteret/Dr. J.T. Garrett
	Caswell/Vacant
<u>BBB</u>	Catawba/Barry Blick
	Chatham/Wayne Sherman
<u>JR</u>	Cherokee/Elaine Russell
	Clay/Janice Patterson
	Cleveland/Denese Stallings
	Columbus/Marian Duncan
<u>ND</u>	Craven/Wanda Sandele
	Cumberland/Jesse Williams
	Currituck/John B. Sledge
<u>AT</u>	Dare/Anne B. Thomas
	Davidson/Diane Crouse
<u>BB</u>	Davie/Barry Bass
	Duplin/Dr. Harriette Duncan
<u>BT</u>	Durham/Brian Letourneau
<u>JD</u>	Edgecombe/James Baluss
	Forsyth/Sherman Kahn, MD
<u>T</u>	Franklin/Keith Patton
	Gaston/Bruce Parsons
	Graham/Marlene Orr
	Granville-Vance Dist/Rodwell Drake, MD
<u>DB</u>	Greene/Douglas Harr, PhD
<u>HSG</u>	Guilford/Harold Gabel, MD
<u>CSW</u>	Halifax/Chris Szwagiel, PhD
<u>AWR</u>	Harnett/Wayne Raynor
<u>RW</u>	Haywood/Robert Wood
<u>JM</u>	Henderson/Tom Bridges
	Hertford-Gates Dist/Curtis Dickson
	Hoke/Donald Womble
	Hyde/Linda Mayo
<u>RR</u>	Iredell/Raymond Rabe
	Jackson/Randall Turpin
	Johnston/L.S. Woodall, MD
<u>RL</u>	Jones/Ruth Little
	Lee/Mike Hanes

<u>Initial</u>	<u>County/Health Director</u>
	Lenoir/Joel Huff
<u>MD</u>	Lincoln/Margaret Dollar
	Macon/Ann Hyder
	Madison/Ken Ring
	Martin-Tyrrell-Wash Dist/ <del>Bill Burgess</del> <b>Russ Childers</b>
<u>DS</u>	Mecklenburg/Peter Safir
	Montgomery/Vacant
	Moore/Robert Wittman
	Nash/William Hill, Jr.
<u>MR</u>	New Hanover/David Rice
	Northhampton/Sue Gay, Acting
<u>JGD</u>	Onslow/George O'Daniel
	Orange/Dr. Rosemary Summers
<u>JPS</u>	Pamlico/Jenny Lassiter
	PPCC Dist/Howard Campbell
	Pender/Jack Griffin, PhD
	Person/Marc Kolman
<u>HY</u>	Pitt/John Morrow, MD
<u>MUMC</u>	Randolph/Mimi Cooper
<u>TJ</u>	Richmond/Tommy Jarrell
<u>LS</u>	Robeson/Bill Smith
	Rockingham/Glenn Martin
	Rowan/Leonard Wood
	Rutherford-Polk-McDowell Dist/Joyce Sluder
<u>QY</u>	Sampson/John Rouse
	Scotland/Curtis Holloman
	Stanly/Jim Jones
	Stokes/Colleen Bridger
	Surry/Walter Linz, MD
	Swain/Emma Waldroup
	Toe River Dist/Tommy Singleton, Acting
	Transylvania/Terry Price
	Union/Lorey White, Jr.
<u>LR</u>	Wake/Lou Brewer
<u>KOW</u>	Wayne/ <del>Vacant</del> Kevin D. Watkins, MD
	Warren/Vacant
<u>BL</u>	Wilkes/Beth Lovette
<u>LD</u>	Wilson/Dr. Louis Latour
	Yadkin/Gayle Brown
<u>LL</u>	<b>LEE K. ALLEN, AMCBH</b>
<u>SW</u>	Susan Smith-Wharton, ED



North Carolina Association of Local Health Directors  
Treasurer's Report  
February 18, 2000

	Checking	Savings	Money Market	CD
<b>Account Balance Brought Forward</b>	\$ 22,837.47	\$ 33.65	\$ 318.94	\$ 40,000.00
<b>Receipts:</b>				
Interest Payments:	\$ -	\$ -	\$ -	\$ -
January 2000 (not available)				
Federal Back-up Withholding:				
January 2000 n/a	\$ -	\$ -	\$ -	\$ -
Maintenance/Service Fee:				
January 2000 n/a	\$ -	\$ -	\$ -	\$ -
<b>Deposits:</b>				
Transfer from Checking	\$ -	\$ -	\$ -	\$ -
Transfer from Money Market	\$ -	\$ -	\$ -	\$ -
Transfer to Checking (interest from Certificate) n/a	\$ -	\$ -	\$ -	\$ -
Dues	\$ 3,442.04	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 26,279.51</b>	<b>\$ 33.65</b>	<b>\$ 318.94</b>	<b>\$ 40,000.00</b>

**Expenses:**

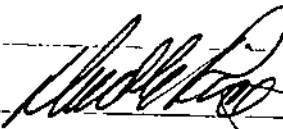
#0809 Johnson Lambert Acct #111	\$ 159.64
#0810 Void	
#0811 NC Hth. Care Inf. Sys. Acct #115	250.00
#8012 Barry Bass Acct #115	<u>36.85</u>
<b>Total Expenses</b>	<b>\$ 446.49</b>

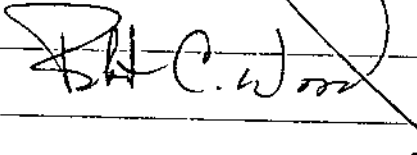
<b>Account Balance as of 02/17/00</b>	<b>\$ 25,833.02</b>	<b>\$ 33.65</b>	<b>\$ 318.94</b>	<b>\$ 40,000.00</b>
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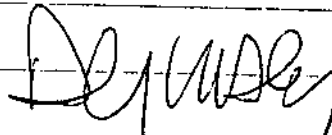
**REPORT FROM THE 1999  
AUDIT COMMITTEE**

The undersigned Health Directors comprised the Audit Committee for the NCALHD fiscal records for the year 1999. The Committee conducted an audit by selecting checks from the checkbook for the NCALHD account and reconciling those to invoices and the bank statements. NCALHD 20000 Treasurer, Jim Baluss, certified that each beginning and ending balance in all accounts reconciled to monthly treasurer reports. Balance forward and ending balances reconciled to bank statements. 1999 Secretary/Treasurer, Wayne Raynor, is to be commended for his excellent record keeping. The Committee recommends a policy in the future of including copies of minutes in any expenditure specifically authorized by the members from the meetings.

**AUDIT COMMITTEE:**

 (DAVID RICE)

 (ROBERT C. WOOD)

 (DAN YAUSEY)

JR BALUSS (JIM BALUSS)

Contact Deborah Rowe:  
919-789-8004

*Everywhere, Everyday, Everybody*

# Public Health Luncheon & Celebration

**Sheraton Imperial Hotel, Research Triangle Park**

*Date: 04/04/2000*

*Time: 11:00 am*

In every crisis or emergency situation, the public health family of North Carolina is the first to respond and volunteer their time, knowledge and expertise.

Whether the crisis is a result of a natural disaster, man-made disaster or medical emergency, the public can depend on public health professionals to respond. Join us in celebrating the volunteer spirit of public health at this luncheon during National Public Health Week.

*Registration Fee: \$20.00*

*Registration Deadline: March 27, 2000*

*Mail to: NCPHA*

*4208 Six Forks Road, Suite 2-338B*

*Raleigh, NC 27609*



**Sponsored by Pride in  
Public Health Committee  
of the North Carolina  
Public Health  
Association**

**NC Public Health Association**

North Carolina Public Health Association  
4208 Six Forks Rd, Suite 2-338B  
Raleigh, NC 27609

Phone: 919-789-8004  
Fax: 919-789-8005  
Email: ncpha@interpath.com

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

Sign up for:

- Luncheon  
 Registered for Local Health Directors  
Spring Educational Conference  
(Luncheon included in Conference  
Registration Fee)

Vegetarian Lunch Preferred

**Registration**

Price

\$20.00

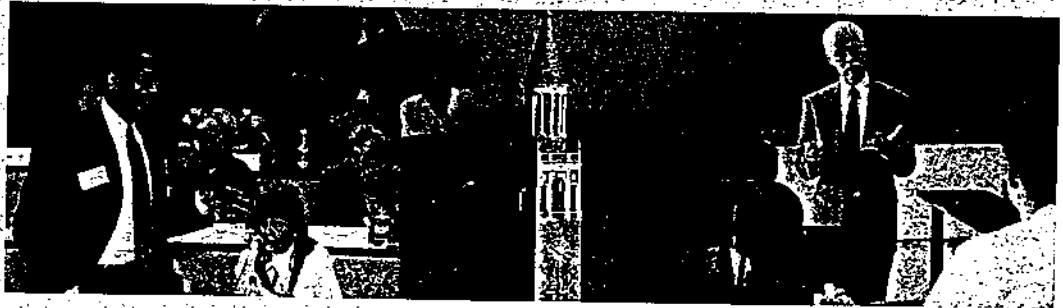
\$00.00

Signature \_\_\_\_\_

Total: \_\_\_\_\_

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*The School of Public Health and Kenan-Flagler Business School, The University of North Carolina at Chapel Hill; Robert Wood Johnson Foundation; W.K. Kellogg Foundation; Health Resources and Services Administration, U.S. Department of Health and Human Services; Centers for Disease Control and Prevention; and the CDC Foundation invite you to participate in the*



# MANAGEMENT ACADEMY FOR PUBLIC HEALTH

**Begins July 30, 2000**  
Chapel Hill, North Carolina

Register online at [www.maph.unc.edu](http://www.maph.unc.edu)

*For public health managers in Georgia, North Carolina, South Carolina and Virginia*

## Sponsors

The Management Academy for Public Health is conducted by the UNC School of Public Health and the Kenan-Flagler Business School through a contract administered by the CDC Foundation. Funding is provided by:

**Robert Wood Johnson Foundation**

**W.K. Kellogg Foundation**

**Health Resources and Services Administration  
U.S. Department of Health and Human Services**

**Centers for Disease Control and Prevention**

These sponsors began working together in 1996 to design programs that would improve the public health infrastructure. The Academy is the product of years of planning to design a program that would strengthen the management capacity of state and local health departments.

In October 1998, the CDC Foundation published a Request for Application asking schools of public health and business to submit proposals to offer the Management Academy. In February 1999, the University of North Carolina was awarded a \$2.8 million grant to conduct the Academy.

## Overview of the Academy

The UNC Management Academy for Public Health is an innovative ten-month management training program designed to improve the effectiveness of local and state health departments in Georgia, North Carolina, South Carolina and Virginia. The School of Public Health and the Kenan-Flagler Business School jointly conduct this program for public health managers.

Academy participants will come to Chapel Hill in August for a one-week intensive management training program. Managers then graduate to the distance learning phase, taking courses via the web and attending two regional seminars during the next nine months. Finally, Academy managers will return to Chapel Hill for Phase III of the Academy, where they will apply their acquired knowledge and skills.

## Program Philosophy

To improve the efficiency and effectiveness of public health organizations, the Management Academy for Public Health has designed the following plan:

- Provide the knowledge and skills that public health managers need in civic entrepreneurship, human resources, strategic management, finance and communications to strategically position their public health departments for optimal performance in the 21<sup>st</sup> century.
- Teach a project-based curriculum to cohorts of 50, using interactive exercises and case studies tailored to the group.
- Train managers in teams: a critical mass of managers from a health department must be trained if the efficiency and effectiveness of an individual health department is to improve.
- Require teams to design and implement a business plan to address a pressing community health risk using skills learned in the academy.
- Optimize networking opportunities. Managers will sustain skills and continue learning if they strengthen their professional networks.

## Schedule and Accommodations

For 2000-2001, four cohorts will attend the Management Academy. The first and second cohorts will participate in Phase I of the Academy from July 30 through August 5 in Chapel Hill. The third and fourth cohorts will attend Phase I of the Academy from August 13 through August 19 in Chapel Hill.

The distance learning component, Phase II, lasts from August through May. Two two-day seminars will be held in each of the four states in November and February.

Phase III of the Academy will again take place in Chapel Hill. Three-day sessions begin on May 2, May 7, May 9 and May 14.

While in Chapel Hill, Management Academy participants will stay at the Rizzo Conference Center and the Carolina Inn. Classes will be held at the Rizzo Conference Center and the McColl Building at the Kenan-Flagler Business School.

## Application and Cost Information

Applications for the Management Academy for Public Health are due by March 31, 2000. Participants must be part of a three- to five-person team from a state, district or local health department attending the Management Academy together. Enrollment in the Management Academy on full scholarship is limited to public health management teams from Georgia, North Carolina, South Carolina and Virginia. Public health department teams may invite a manager from a key not-for-profit community organization to attend the Management Academy as part of their team.

To apply for the Management Academy, complete and submit the attached application form. Each team member should submit a separate application.

Managers attend the Management Academy on full scholarship, with no charge for tuition or hotel accommodations. Academy members can earn continuing education credits or six hours of course credit (registration fee required).

## Faculty

The UNC Management Academy faculty includes practice professionals and faculty from the School of Public Health and the Kenan-Flagler Business School. William L. Roper, MD, MPH, Professor and Dean of the School of Public Health, serves as Principal Investigator for the Management Academy. Robert S. Sullivan, PhD, Professor and Dean of the Kenan-Flagler Business School, serves as Co-Principal Investigator. The Academy is directed by Janet E. Porter, PhD, and James H. Johnson, PhD, and coordinated by Stephen Orton, PhD.

Robert S. Adler, JD	James H. Johnson, Jr, PhD	Dan Reimer, MPH	C. J. Skender, MBA, CPA
Deborah Bender, PhD	Arnold D. Kaluzny, PhD	Thomas C. Ricketts, III, PhD	William Sollecito, PhD
Paul Bloom, PhD	Kerry E. Kilpatrick, PhD	William L. Roper, MD, MPH	Robert S. Sullivan, PhD
Dan Cable, PhD	Linda S. McDaniel, PhD	Benson Rosen, PhD	Vaughn Upshaw, PhD
Andrew E. Cameron, PhD	Curtis P. McLaughlin, DBA	Lucy Savitz, PhD	William A. Yasnoff, MD, PhD
Bruce J. Fried, PhD	Stephen Orton, PhD	Heidi M. Shultz, PhD	James E. Veney, PhD
Douglas A. Johnston, JD	Janet E. Porter, PhD	Elliot M. Silverstein, JD, PhD	William N. Zelman, PhD

# Management Academy Application Form

**Must be postmarked no later than March 31, 2000**

Please complete the following information.

Select:

- My team can attend the Academy on July 30 - August 5, 2000.
- My team can attend the Academy on August 13-19, 2000.
- I have special needs for overnight accommodations, learning aids, and/or facility accessibility information. Please contact me at my  day or  evening phone
- I have access to the Internet.

Choose one of three ways to register:

- Fax registration form to 919.966.9138
- Register online at [www.maph.unc.edu](http://www.maph.unc.edu)
- Mail your completed registration form to:  
Jackie Keith, Project Assistant  
Management Academy for Public Health  
CB # 8165, 420 Tate-Turner-Kuralt  
The University of North Carolina at Chapel Hill  
Chapel Hill, North Carolina 27599

*We ask that you voluntarily provide your Social Security Number with the understanding that it will be used only as an identification number for internal record keeping and data processing operations at the University of North Carolina at Chapel Hill.*

*Admission to School of Public Health programs is without regard to race, sex, national origin, color, religion, handicap, age or veteran's status.*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Degree, Year \_\_\_\_\_

Job Title/Position \_\_\_\_\_

Agency \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Fax \_\_\_\_\_ Work E-mail \_\_\_\_\_ Home E-mail \_\_\_\_\_

Names of other team members from your organization (each should submit an application) 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Community health project (see curriculum description) \_\_\_\_\_

Immediate supervisor (please submit a letter of support from your immediate supervisor)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Work phone \_\_\_\_\_ E-mail \_\_\_\_\_

Description of your organization

- State
- County
- City
- Multicounty/District

Size of your organization

Total FTEs \_\_\_\_\_

Number of FTEs you manage \_\_\_\_\_

Budget you manage \_\_\_\_\_

Optional information

Date of Birth: \_\_\_\_\_

- Male  Female

Race or Ethnic Origin:

- White (non-Hispanic)
- Native American or Eskimo
- African American
- Latino
- Asian or Pacific/Islander
- Other

Description of primary area served

- Rural
- Urban
- Suburban
- Combination

Length of time in current position: \_\_\_\_\_

## NCALHD 2000 CONTRIBUTIONS/DUES

1. Office of Healthy Carolinians	\$ 1,000.00
2. NC Health Access Coalition	\$ 50.00
3. Covenant with NC's Children	\$ 400.00
4. NC Prevention Partners	\$ 150.00
5. NC Healthcare Information and Communication Alliance	\$ 250.00
6. Legislative Session (as needed)	<u>\$ 1,000.00</u>
	\$ 2,850.00

## RESOLUTION FROM WCH COMMITTEE

Whereas teens at the Governor's Summit to Reduce Teen Tobacco Use composed and passed the following resolution in the form of a petition to Governor Hunt:

"Whereas students have the right to breathe clean air;

Whereas students under 18 are not allowed to buy tobacco products by law;

Whereas second hand smoke is a major health concern for students due to the fact that 3,000 Americans die each year from second hand smoke;

Whereas some county school systems, such as Caldwell County, Carteret County, Hickory City, New Hanover County, Chapel Hill-Carboro, Rowan-Salisbury, and Mecklenburg County have successfully implemented 100% tobacco-free campuses;

Whereas tobacco kills more people than alcohol, illicit drugs, and firearms combined, we respectfully request that tobacco use be prohibited at least as much as the aforementioned hazards;

Whereas students need positive role models in schools, this policy needs to apply to all individuals on school campuses;

Let it be resolved that we implore Governor James B. Hunt and all who hold such authority to mandate a policy requiring all public school buildings, grounds, and events to be 100 percent tobacco free at all times."

Let it therefore be resolved that the North Carolina Association of Local Health Directors hear and support the plea of North Carolina's youth for both a healthy environment and positive role models in and around their school campuses and

Let it further be resolved that the North Carolina Association of Local Health Directors urges all Local School Boards to protect the health and future of North Carolina's youth by making 100% tobacco free school campuses a reality.

**MANAGED CARE AND REIMBURSEMENT COMMITTEE**  
**NCALHD**

Date: February 9, 2000

Attendees: Health Directors – Marc Kolman, Chris Swagiel, Beth Lovette, Bill Smith  
State Representatives – Joy Reed, Chris Hoke  
NCALHD/NCAPHA Executive Director – Susan Smith-Wharton  
Fiscal/Support – Dawn Coleman

**Action:**

NCALHD should develop a plan to meet with as many statewide candidates as possible and that the same message should be delivered to each candidate. This standard message should include only those ideas that are of importance to public health delivery vs. administrative matters. For example, infrastructure issues would be included, but not CPT coding.

**Information:**

**HIPAA** – CPT coding (at a SE US meeting Joy attended, only NC was alert to the fact that non-medical services were in jeopardy if national codes were not generated, other states had failed to recognize this although the wording is clear and they are all delivering similar services; Chris H. will ensure ASTHO remains involved and Bill and George Bond will work with NACCHO. It should be noted that not only are health depts. impacted but also community health centers, hospitals and other providers who deliver case management, outreach, group/individual educational sessions and counseling services – Jim Bernstein will be asked to participate with us). In addition to the coding issues there are concerns surrounding the technology and confidentiality aspects of HIPAA.

**Accreditation** – not a lot of knowledge of current status in the room at the time. We will be one of the states that CDC works with for performance standards. Also, there is an UNC effort with Tier I counties in the East to work on standards (?); Doug Urland is sitting on a national committee looking at these matters and will keep us apprised.

**Maximization** – money has been distributed. There has some concern that some of our maximization efforts may be similar to what got Mental Health into trouble, but Chris H. assures that it is not.

**Differences in mid-level practitioners** – as counties switch between nurse midwives, PAs and NPs it would be good to have an informational sheet that states scope of practice, supervisory/independence of service and reimbursement of services. Joy has this information and will develop a matrix for distribution. The question was asked as to whom the Physician Assistants' have as a state "office." Joy will oversee this profession at least for the time being.

**Accountability** – without accountability it will be very difficult for public health to receive substantial increases in funding. The public schools bit the bullet and showed their shortcomings and have been able to show improvement based upon heightened funding. This may be a good model for us to use. We encourage the development of the tools necessary to meet the accountability standard.

**Next Meeting** – March 8, 2000 1:00 @ NC Hospital Center, Cary

*Bill Smith*  
2/17/00

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# e-Health

From Survival to Success

## **NCHICA's Sixth Annual Conference and Exhibition** **The Grove Park Inn Resort, Asheville N.C.** **September 10-12, 2000**

Come to the Southeast's premier e-Health conference of 2000, designed for the busy healthcare professional interested in improving care and reducing cost. Come for an overview of emerging e-Health companies, technologies, strategies for using the Web to connect with consumers and gather practical advice on implementing HIPAA privacy and security regulations.

The annual conference will focus upon "*e-Health: From Survival to Success.*" e-Health includes the electronic transfer of information—over the Internet or a private Intranet. Convenience, low cost, and ready accessibility of health-related information and communication using Internet and associated technologies presents significant opportunities to the healthcare industry with great benefits to patient care. e-Health activities are widespread, rapidly emerging, and gaining enormous popular attention.

The conference program will offer examples of successful implementations of e-Health technologies and will provide insights on HIPAA and the future directions in e-Health – a chance for ideas to become realities. The conference will equip attendees with tools and resources to better understand and manage the demands placed upon the healthcare community as it pursues improved patient care through technology.

Topics covered will include:

- HIPAA Regulatory Compliance
- Developments and applications in Telemedicine / Telehealth
- Emerging Ethics Issues in e-Healthcare
- Paperless Healthcare / Electronic Medical Records
- Privacy & Confidentiality
- Technical Solutions for Security
- Model Projects demonstrating healthcare technology applications

For more information about NCHICA and the annual conference "*e-Health: From Survival to Success,*" visit our Web site at <http://www.nchica.org> or call 919-558-9258 or 800-241-4486.

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# NCHICA

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**North Carolina Healthcare Information and Communications Alliance, Inc.**

P.O. Box 13048 • Research Triangle Park, NC 27709 • 919-558-9258

<http://www.nchica.org>

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## cNCALHD COMMITTEE MINUTES

**NCALHD COMMITTEE:** Women's and Children's Health

**CHAIR:** Wanda Sandelé

**DATE SUBMITTED:** February 29, 2000

**DATE OF COMMITTEE MEETING:** February 16, 2000 (conference call)

**COMMITTEE MEMBERS PRESENT:** Wanda Sandelé (Craven), Jenny Lassiter (Pamlico), Diane Crouse (Davidson), Glen Martin, (Rockingham) Harold Gable (Guilford), Kevin Ryan (WCH), Pam Turner (Caswell), Tommy Jarrell (Richmond), Elaine Russell (Cherokee), Shelly Carraway (Alexander), Bill Smith (Robeson), Doroty Cilenti (WCH), Alice Lenihan (WCH), Beth Rowe-West (WCH) and anyone else I missed, for which I am sorry.

**GUESTS/OTHERS:** none

### I. ACTION ITEMS:

In support of the resolution passed by youth at the Governor's Summit to Reduce Teen Tobacco Use, the committee recommends that the Association pass the attached Resolution urging local school boards to make all campuses 100% tobacco free.

Resolution passed by the Association.

### II INFORMATION ITEMS:

1. The Committee was informed that the division had managed to find some funding for administration of the 3<sup>rd</sup> dose of Hep B vaccine. They will be able to fund \$1 per dose.
2. Elimination of mercury preservative in Hep B vaccine will allow reversion back to giving the first dose by 3 months. A letter will be going to the hospitals encouraging them to reinstate the 1<sup>st</sup> dose at birth.
3. WIC funding continues to require that the program meets the standard of 97% of workload, or funding is cut back from the federal government to the state. This is not an option. Many workloads have dropped significantly, and there seem to be some accessibility problems. If workloads get back up to 97% by June, funding will remain constant.
4. A committee is being established to look at the MCC/CSC/MOW service contract. The content of a visit must be better defined, perhaps by looking at critical pathways. Jenny Lassiter, Wayne Sherman, Harold Gable, John Morrow, and Wanda Sandelé offered to serve and/or have staff serve in this capacity. Much of the work can be done over conference call.

**III NEXT MEETING:** March 16, 2000, 3:00 PM, St. Mary's Street

**NCALHD COMMITTEE MINUTES  
TEMPLATE**

NCALHD COMMITTEE: Environmental Health

CHAIR: MiMi Cooper

DATE SUBMITTED: Feb. 21, 2000

DATE OF COMMITTEE MEETING: Feb. 17, 2000

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

GUESTS/OTHERS: Stacy Covil, Linda Sewall, Malcolm  
Blalock, Ed Norman, Jessica Miles

I. ACTION ITEMS:

Support the recommendation from the Children's Environmental Health Branch for priority in funding mini grants. These priorities include

- 1) Purchase of XRF analyzers to increase local capacity for investigation
- 2) WIC lead screening efforts

II. INFORMATION ITEMS:

1. Radon report
2. \$ available for post-Floyd water testing
3. Divisions efforts to decrease printing costs

III. NEXT MEETING: March 16 ; 1:00 ; Rm. 1A201 Parker Lincoln  
Date Time Place Bldg. Raleigh

2. A "mandatory" survey is coming out from the comptrollers office on WIC, which will facilitate electronic benefits payments and voter registration.
3. Hepatitis B funding for dose 3 will be available at \$1.00 per dose in the "6<sup>th</sup> grade" initiative.
4. WIC reimbursement has been clarified in regards to reduced workload. Wanda emphasized that WIC reimbursement is directly to caseload, but that if workload cannot be restored to 97% by June, reductions in Federal fiscal year funding (October) will be seen.
5. A committee is being established to define critical pathways for Care Coordinators to assure accountability and productivity in DMA funded CSC, MCC, and MOW encounters.
6. Wanda then called on Jenny Lassiter who reported on the "Accountability Groupings Committee". These groupings are a "cluster" of redefinitions of accountability measures comparing counties to the state or region. This is an important management tool intended to shape and improve service delivery and priority, and to enable certain counties to share best practices. Counties will not be "ranked" per se, but the data should be useful to address specific needs.

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See Attachment

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**Environmental Health** – Mimi Cooper reported that an RFP has been sent out to Health Departments announcing DEHNR funding within the state flood relief package for private well sampling. See Attachments

**Policy & Planning** – Chair Tim Green reported the following matters:

1. Following up last months NCALHD action item, Maggie Dollar and Tim have been in contact with NCACC to express concerns about the "consent to medical treatment by minors" issue. So far, about 5 County Boards of Commissioners have adopted resolutions seeking repeal of the current laws. NCALHD supports the current statutes on consent by minors to preventive health care in North Carolina.
2. Chris Hoke and Glen Wells (Public Health legislative liaisons in DHHS) came to the last Policy and Planning Committee to report on the upcoming legislative session. In short, no new funding initiatives for Public Health are anticipated. A \$2 million expansion in Smart Start may provide some indirect Public Health funding opportunities on local level. Additionally, the State revenue picture is made even more bleak due to the snowstorm's effect on sales taxes.
3. The primary legislative agenda will be to (1) guard "Health's" 25% share of the Tobacco settlement and "hold the line" against cuts in existing programs.
4. Barry Bass emphasized the value that NCALHD's new Executive Director will have on monitoring legislative matters.
5. Tom Bridges exhorted the NCALHD Regional Reps to participate in the legislative workshops on the Spring.

### LIAISONS AND OTHER REPORTS

#### **NC Alliance for Public Health Agencies:**

Alliance Chair Dr. Chris Szwagiel reported that Executive Director Susan Smith Wharton has been learning about the history, mission, and organization of the Alliance. He reported on the

**Report of OPHNPD to NCAHHD  
February 18, 2000**

**Crosswalk:**

Copies of the final Crosswalk document and accompanying cover memo are available today for distribution. This will be mailed to all local health directors not present today as well as all nursing directors in local health departments.

**Enhanced Role Courses:**

Enrollment in all of the Enhanced Role courses has declined significantly this past year, resulting in several courses being canceled. Realizing that uncertainty at the local level about continuing reimbursement for these roles is a part of the problem, I re-convened the Core Group which has representatives of all these courses as well as local health department representation to discuss concerns. Those present felt that there is still a fair amount of uncertainty (due to the unknowns related to HIPAA) but that they wanted us to continue to offer the courses until there is a better sense of the long-term picture. In order to do that we are going to try to implement for all courses in FY01 an approach involving:

- ◆ offering each course both as a didactic opportunity (for nurses who wish to hear the content but have not plans to complete the supervised clinical component at this time) and a combined didactic and supervised clinical component resulting in a final check-off and eligibility to perform in one of the enhanced roles; and
- ◆ actively marketing all "didactic only" courses the private sector at a differential price (based on the fact that public health participants costs are subsidized by funding from the Division of Public Health.)

**Comparison Table:**

I had been asked if there was a chart comparing Nurse Practitioners, Certified Nurse Midwives and Physician Assistants for use in deciding what type of provider might best meet the needs of a local health department. With assistance from the NC Board of Nursing and the NC Academy of Physician Assistants, I have put together such a chart. Copies are available for anyone interested.

**Nursing Research:**

A great deal of research is being done about the impact of nursing in the hospital setting, some of which is or could be very relevant to public health. Attached to my report are summaries of two studies - on turnover costs and patient perception of quality of care - that might be of use.

**Education/Training:**

- ◆ There are still plenty of spaces in the CPT/ICD-9 training scheduled for March and April. This is our last round of training targeting clinical staff prior to 7/1/00 implementation.

Work is still underway at UNC-CH to create a web-based course covering this information. The first module being developed focuses on resources.

- ◆ *Local Public Health Finance 101*, as you know, was canceled. It will be rescheduled once all the documents covered in that workshop are revised: the Consolidated Contract, the Intra-Agency Agreement with Medicaid, etc.
- ◆ Other upcoming courses:
  - *Adult Day Health Specialist Training* - April 12, 2000, 1:00 - 4:00 pm
  - *Pediatric Assessment in the Home Setting* - May 11, 2000
- ◆ Save these dates...The 2000 Jail Health Conference will be held October 23-24, 2000 at the Blockade Runner in Wrightsville Beach.

## *Lessons Public Health Can Learn From Research on Nurses in Hospital Settings*

### **1) Research on the cost of turnover, especially replacing an experienced nurse with a new hire:**

A recent study, "A Misplaced Focus: Reexamining the Recruiting/Retention Trade-Off," published in "Nursing Watch" (a publication of The Advisory Board Company), looks at the hidden costs of turnover, specifically replacing an experienced nurse with a new hire. In comparing the "visible" versus "invisible" costs of recruiting and training a new staff person, the authors indicate that what is typically tracked in looking at the cost of turnover is "out-of-pocket" costs such as accrued vacation payout, advertising, interviewing, health screening and orientation. The more significant portion of the costs, which go untracked, are those related to lost productivity, beginning with pre-departure productivity costs for the leaving employee and his/her co-workers. These authors believe that untracked costs account for 79% of the cost of turnover, while what is currently tracked is only 21% of those costs (see attached chart.)

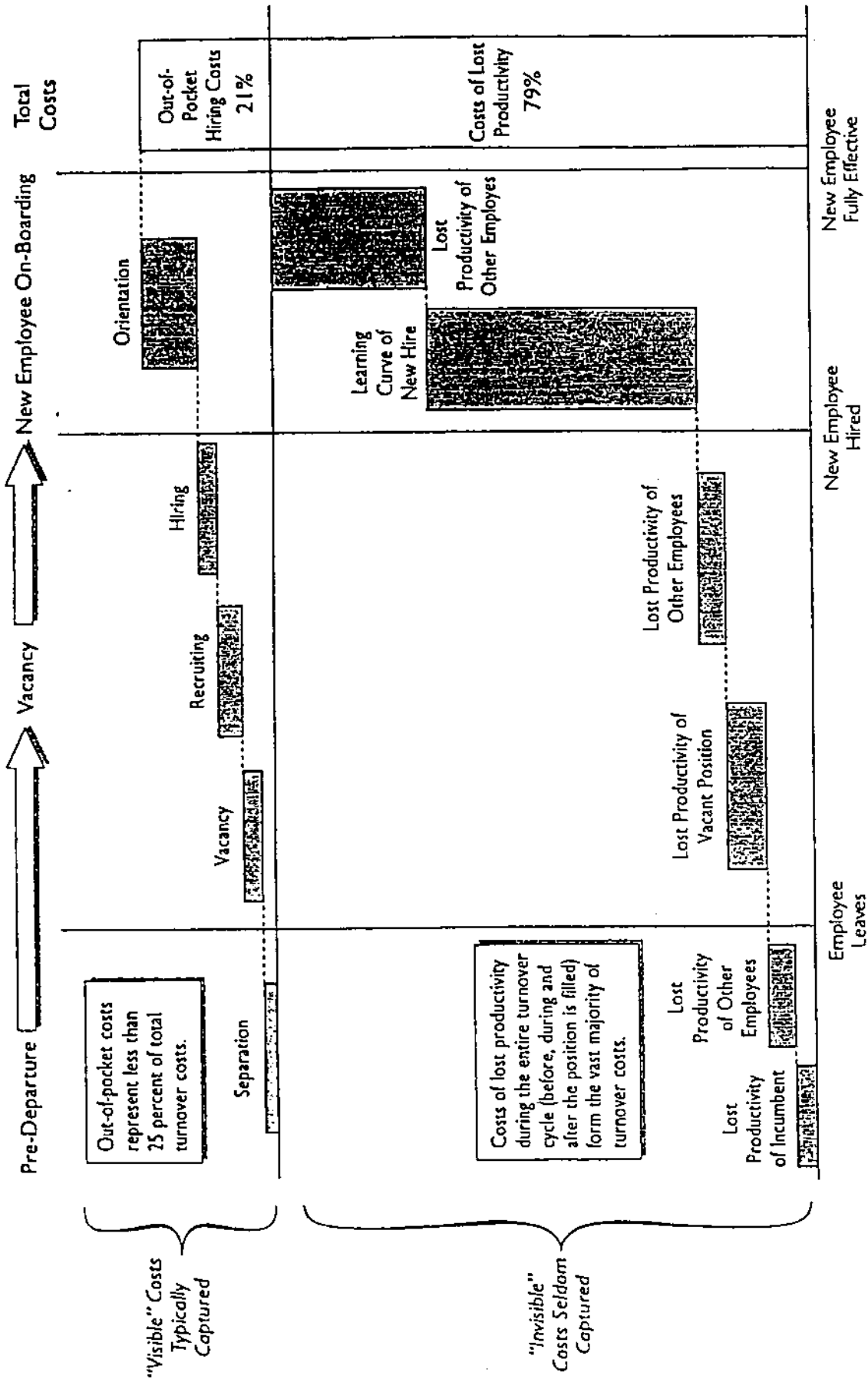
When losing an enhanced role nurse from a local health department, the costs of that additional training, plus the lost revenue to the agency (if no one else is prepared to assume that role in the interval before the new hire has completed appropriate courses) must also be factored in.

### **2) Research on the role of nurses with patient perception of care:**

The data from studies on hospitals, specifically "Reality ✓ II," indicate that "nurses are the public's symbol of quality." Advice to hospitals from that report may also be applicable to public health settings:

- ◆ What do your patients and community know about the skill and experience of your nursing staff?
- ◆ Do you have a strategy for the visibility of your nurses with patients and the community?
- ◆ What role do nurses play in your efforts to measure and improve patient perceptions of care?
- ◆ Do you regularly measure the perception of your nurses about quality of care and how various changes in the organization affect it?

The Dramatic Accumulation of Turnover Costs



Source: Corporate Leadership Council, Nursing Executive Center interviews and analysis.

*Comparison of NP, CNM and PA*

	Nurse Practitioner	Certified Nurse Midwife	Physician Assistant
<i>Regulatory Body</i>	Joint Subcommittee of Board of Nursing and Medical Board with final approval of changes by both Boards	Joint Midwifery Committee	Medical Board
<i>Educational Preparation</i>	RN plus either post-graduate certificate, Master's degree from a NP program or post-master's certificate	RN plus post-graduate certificate or Master's in Midwifery	Graduation from an approved program for Physician or Surgeon Assistants
<i>Certification Required for Practice</i>	No - except that an NP seeking initial approval to practice after 1/1/00 must be certified	Yes	Yes - recertification by examination is every 6 years
<i>License</i>	RN plus "approval to practice" as NP	RN plus "approval to practice" as CNM	Yes
<i>Scope of Practice</i>	Primary care and health promotion for a broad range of acute and chronic health problems, including diagnosing, treating and managing those illnesses <i>for which they have received formal education</i> . Thus, a FNP would have the broadest scope of practice.	Primary care, especially gynecological, for women of all ages, plus care for low-risk pregnant women to include prenatal care, labor and delivery, and postpartum care.	Evaluation of patients, ordering of tests, diagnosis and treatment across the entire spectrum of health problems. Per rules, determined by the medical acts, tasks or functions delegated by supervising physician.
<i>Prescriptive Privileges</i>	Can prescribe drugs and devices as agreed upon with primary supervising physician and identified in protocols. Could include up to 30 day supply of controlled substances with appropriate DEA number.	Can prescribe drugs and devices as agreed upon with primary supervising physician and identified in protocols. Could include up to 30 day supply of controlled substances with appropriate DEA number.	Can prescribe provided the supervising physician gives "written instructions for prescribing, ordering and administering" and there is a written policy for periodic review of these instructions by the physician. Could include up to 30 day supply of controlled substances with appropriate DEA number.

<i>Dispensing</i>	Can dispense any drugs and devices which individual can prescribe, provided there is compliance with relevant Board of Pharmacy rules.	Can dispense any drugs and devices which individual can prescribe, provided there is compliance with relevant Board of Pharmacy rules.	Can dispense any drugs and devices which individual can prescribe, provided there is compliance with relevant Board of Pharmacy rules.
<i>MD Oversight</i>	A written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems with documentation of meetings at least every six months for this purpose to include: problem discussed, progress toward outcomes, recommendations (if any) for change in treatment plans, date and signatures.	Guidelines for clinical practice and communication with MD, plus periodic joint evaluation of care (e.g., chart review, case review, outcome statistics, etc.)	A written process for evaluation signed by both parties and chart review within 7 days.
<i>MD Co-signature Required</i>	No	No	Yes, within 7 days
<i>Reimbursement</i>	Yes - direct if self-employed and to employing agency otherwise NOTE: NC law requires insurers to reimburse NP if activity is within their scope of practice and another provider (such as MD) would be reimbursed for providing the service.	Yes - direct if self-employed and to employing agency otherwise. NOTE: NC law requires insurers to reimburse CNM if activity is within their scope of practice and another provider (such as MD) would be reimbursed for providing the service.	Yes - to employing agency or physician.

# NORTH CAROLINA ASSOCIATION OF LOCAL NUTRITION DIRECTORS

## HIGHLIGHTS

### **November 1999:**

- Granted four scholarships of \$400 each to nutritionists working in local agencies and pursuing dietetic internships or higher degrees

### **December 1999:**

- Provided \$100 checks to ten nutrition staff working in local agencies who were personally affected by Hurricane Floyd to aid in their personal recovery efforts

### **January 2000**

- Finalized committees to work on short term goals for this year

### **February 2000**

- Provided funds for Pam Rock, WIC Director at the Tri-County Community Health Center and Legislative Chair for NCALND, to attend the National Organization of WIC Directors (NAWD) Leadership Conference in Washington, DC
- Voted to provide funds to send a representative to the annual NAWD conference in April

## **FUTURE EVENTS**

- Sponsoring a workshop on April 7, 2000 in High Point called "How Do We Survive in the Middle and Manage Change" with the target audience to be Nutrition Directors and managers
- Sponsoring a state-wide tele-conference in August 2000 on drug and nutrient interactions

Submitted by Nancy Nail  
President of NCALND  
Nutrition Program Director, New Hanover County

# N.C. Public Health Association Year 2000 Membership Application

NAME \_\_\_\_\_ Present Position \_\_\_\_\_

New Member  Renewal  Number of years you have been a member \_\_\_\_\_

Home Address \_\_\_\_\_

Employer & Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E Mail \_\_\_\_\_

Do you wish to receive your correspondence at your residence  Office

The NCPHA is currently composed of eighteen sections. Our Bylaws state "An individual must be a member of NCPHA to qualify for membership in any Section" All Sections participate in central collection of dues. Send your Section dues with your NCPHA dues. Please mark each section with which you wish to become affiliated.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Public Health Leadership \$3.00   | <input type="checkbox"/> Health Education \$5.00   | <input type="checkbox"/> Home Health \$No Fee            |
| <input type="checkbox"/> Nursing \$4.00                    | <input type="checkbox"/> HIV/STD Control \$6.00    | <input type="checkbox"/> Environmental Health \$10.00    |
| <input type="checkbox"/> Comty Hlth Assistant/Tech. \$3.00 | <input type="checkbox"/> Health Promotion \$5.00   | <input type="checkbox"/> Statistics/Epidemiology \$2.00  |
| <input type="checkbox"/> Management Support \$5.00         | <input type="checkbox"/> Dental Health \$5.00      | <input type="checkbox"/> International Health - \$5.00   |
| <input type="checkbox"/> Nutrition \$5.00                  | <input type="checkbox"/> Physician Extender \$5.00 | <input type="checkbox"/> Maternal/Child Health \$2.00    |
| <input type="checkbox"/> Laboratory \$4.00                 | <input type="checkbox"/> Social Work \$3.00        | <input type="checkbox"/> Children w/Special Needs \$5.00 |

### ANNUAL DUES SCHEDULE

- If your salary is \$0 - \$20,000/Yr, Your dues will be \$25.00 \_\_\_\_\_
- If your salary is \$20,001 - \$35,000/Yr, Your dues will be \$35.00 \_\_\_\_\_
- If your salary is over \$35,000/Yr, Your dues will be \$45.00 \_\_\_\_\_
- If you are a member for the first time, deduct \$10.00 \_\_\_\_\_
- If you are retired or a full-time student, deduct 50% \_\_\_\_\_  
(50% discount does not include Section dues)
- If you are **RENEWING** by your anniversary date\*, deduct \$5.00 \_\_\_\_\_
- If you wish to join a section, add Section dues \_\_\_\_\_
- TOTAL DUES** \_\_\_\_\_

Recruited by: \_\_\_\_\_

Please make check or money order payable to NCPHA and send to:  
4208 Six Forks Road, Suite 2-338B  
Raleigh, NC 27609

\*Date in which your dues expire  
Always shown on mailing label

## BEAUFORT COUNTY HEALTH DEPARTMENT

**JOB ANNOUNCEMENT**

**FEBRUARY 10, 2000**

**POSITION: LOCAL HEALTH DIRECTOR**

**STARTING SALARY RANGE: \$42,120 - \$48,000**

**DESCRIPTION OF WORK:**

Organizes and manages a comprehensive county public health program, including personal health, community health education, nutrition, and environmental health. Directs supervisors, professional, technical, and support staff in the delivery of service programs to protect and promote public health. Directs program development and implementation; establishes program standards; monitors and evaluates quality of service delivery systems; supervises budget activities; etc. The Director is appointed by and responsible to the local public health board.

**AGENCY DESCRIPTION:**

The Beaufort County Health Department is located in a modern facility which is approximately 18,512 square feet. The fiscal year 2000 budget is \$1,952,461 and includes 40 positions. The department is in Washington, NC which is a historic and scenic town on the beautiful Pamlico River in rural eastern North Carolina.

**MINIMUM QUALIFICATIONS:**

Master's degree in public health administration and at least one year of experience in health programs or services; or a master's degree in other public health discipline and three years of experience in health programs or health services; or an equivalent combination of education and experience as defined by the State Health Director.

**APPLICATION PROCEDURE:**

Qualified applicants must submit NC State Application (PD 107) and college transcripts to: Beaufort County Manager's Office, Attn: Personnel Director, P.O. Box 1027, Washington, NC 27889.

Applications will be accepted through 3/10/00 or until position is filled.

Pre-employment drug screening will be required as a pre-condition of employment.

**Beaufort County is an Equal Opportunity Employer.**

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