

NAME	Representing
Tom Bowers	Henderson
J.T. GARRETT	CARTER Co.
DENNIS HARRINGTON	DHHS-DPH
Chris Swajiel	Halifax DPH
LUREY White	Union Co.
George O'Daniel	Onslow Co.
John Monon	Pitt Co.
Steve Cline	Div. of Public Health - Epi
Kevin D. Watkins	Wayne County HD
Don Yousey	Brunswick Co. HD
JUD RIFE	New Hanover
Mimi Cooper	Randolph Co.
Barry Bass	DAVIE COUNTY
Bill Smith	Robeson County
Louis Latour	Wilson Co.
Nanda Sandit	Craven Co
Jo Neame	Anson Co.
Myra H. Johnson	Bladen Co.
Arlene Rocco	ALBEMARLE
Doug HARR	GREENE
Denny Lassiter	Randolph County
Aline Russell	Cherokee County
Glenn Martin	Rockingham County
Tim Green	'ALAMANCE Co. HD
Wayne Rynard	Wayne Rynard + Harnett
Jim Bawss	Edge Co HD

+(Bob Abatte & Fred Michael)

North Carolina Association of Local Health Directors
Treasurer's Report
May 1, 2000

	Checking	Savings	Money Market	CD
Account Balance Brought Forward	\$ 44,316.98	\$ 33.79	\$ 321.41	\$ 40,000.00
Receipts:				
Interest Payments:				
March 2000	\$ 109.93	\$ 0.12	\$ 1.42	\$ 0.00
Federal Back-up Withholding:				
March 2000	\$ (20.08)	\$ (0.03)	\$ 0.00	\$ 0.00
Maintenance/Service Fee:				
March 2000 & Copy Fee for January Statement (\$.50)	\$ (1.50)	\$ 0.00	\$ 0.00	\$ 0.00
Deposits:				
Transfer from Checking	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Transfer from Money Market	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Transfer to Checking (interest from Certificate) March 2000	\$ 182.24	\$ 0.00	\$ 0.00	\$ 0.00
Dues	\$ 1,011.84	\$ 0.00	\$ 0.00	\$ 0.00
Hugh G. Young Memorial	\$ 20.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	\$ 45,619.41	\$ 33.88	\$ 322.83	\$ 40,000.00

Expenses:				
#0818 NC Hospital Association (Rent Feb.-March)	\$ 1,242.99			
#089 Bruce Parson (Mileage Expenses DMA Dental)	\$ 228.50			
Total Expenses	\$ 1,471.49			
Account Balance as of 04/06/00	\$ 44,147.92	\$ 33.88	\$ 322.83	\$ 40,000.00

RESOLUTION

Whereas, the State of North Carolina recognizes only confined pork production activities as intensive livestock operations (ILOs); and,

Whereas, many localities recognize other animals in confined production as intensive livestock operations (ILOs); and,

Whereas, many animals being raised in confined production do not meet the traditional definition of livestock; and,

Whereas, the more common expression for these type activities is Concentrated Animal Feedlot Operations (CAFOs); and,

Whereas, G.S. 106-701 states that local governments cannot adopt ordinances that infringe upon agricultural operation and the commercial production of livestock is explicitly listed as one such activity; and,

Whereas, CAFOs have the potential for tremendous health and environmental impacts on specific communities and these factors should be considered prior to the establishing of such operations; and,

Whereas, CAFOs are business operations and should not receive the immunity intended for traditional agricultural operations,

Therefore, be it resolved, that the North Carolina Association of Local Health Directors petitions the North Carolina Association of County Commissioners and the General Assembly to have Concentrated Animal Feedlot Operations recognized as a business rather than an agricultural operation. With the removal of the protection accorded by G.S. 106-701, local governments could then regulate as they would any other business entity. A CAFO would be defined as 100 animal units being penned or housed for 30 continuous days. As an additional requirement, at the time of any local hearing regarding the siting of a CAFO, the Local Health Director shall provide the governing body a defined community health impact statement for their consideration.

Tom Bridges, President
North Carolina Association of Local Health Directors

Date

NCALED COMMITTEE MINUTES

NCALED COMMITTEE: Women's and Children's Health

CHAIR: Wanda Sandele

DATE SUBMITTED: May 16, 2000

DATE OF COMMITTEE MEETING: April 28, 2000

COMMITTEE MEMBERS PRESENT: Conference Call, got on late - don't want to offend those who were quiet.

GUESTS/OTHERS: None

I. ACTION ITEMS:

1. The committee recommends that the Association endorse DMA's expansion budget proposal which would extend Medicaid eligibility for family planning to the same levels allowed for Maternity.
2. The committee recommends that the Association send a letter to school superintendents urging them to participate in the Youth Behavior Risk Survey since the survey results are used to plan programs that reduce behaviors that impact on learning.

II. INFORMATION ITEMS:

1. DMA has included in proposal for the expansion budget that the Medicaid eligibility waiver that is in effect for Maternity (higher allowable incomes) be extended to Family Planning. There is a 90 -10 Federal match for this category and many states already do this. It has proven effective in reducing unintended pregnancy claims.
2. The Youth Risk Behavior Survey will be done in 2001; but marketing for school system participation has begun. The survey is used to plan programs that impact on behaviors that impede learning such as absences, drug use, etc.
3. There was significant discussion with no bottom line reached over the practice of charging fees for maternity with the bottom line being something other than zero pay. In the past, the Division said this could be done if no Healthy Mothers Healthy Children money was used in the program. Thinking now is that Title V would feel the funding was not meant to support family planning, but was intended to support maternity. A work group will be established. Aside from this particular survival strategy, some felt that the future of these programs are in jeopardy as costs rise but grants do not. Some of these programs earn no Medicaid dollars, and for everyone the population of zero pay Hispanic clients continues to grow.
4. The issue of Smart Start funding for Health Check coordination has a temporary fix. DMA has agreed to give technical support to Health Check positions funded by Smart

Start even though they can only address children 0-5. Programs will have one year to seek and another year to implement alternate funding for the time needed for the 6-21 age group. In the meantime, DMA is looking at combining the managed care consultant function with the Health Check function as a way of extending the program to all counties.

Health Check compliance was 72.4% in Counties with Health Check coordinators and 62.7% in those without the position(s). (Bill Smith has HOW MANY?????)

5. Implementation of Dental unbundling is still set for October 1, 2000.

6. Training for tooth varnish will take place in September/October.

III NEXT MEETING June 26 at 3:00 at St. Mary's Street



NCALHD COMMITTEE MINUTES
TEMPLATE

NCALHD COMMITTEE: Environmental Health

CHAIR: M.M. Cooper

DATE SUBMITTED: 5-2-00

DATE OF COMMITTEE MEETING: 5-2-00

COMMITTEE MEMBERS PRESENT: J.T. Garrett, Don Yousey,
M.M. Cooper, John Morrow

GUESTS/OTHERS: Malcolm Blalock, Michael Rhodes, Bob Odette
Fred Michael

I. ACTION ITEMS:

Motion: Because of the advantages of economy of scale and ability to insure current information, we move that the DEH continue to print copies of the program rules and provide to LHD's, charging at their actual printing cost to be reconciled at the end of the year from the \$6,000.00 Environ. Aid to County funding.

II. INFORMATION ITEMS: Discussed:

Concentrated Feedlots Resolution Animal Waste from kennels
Report on Proper Maint. of Septic Systems

III. NEXT MEETING: June 27 ; 9:00am ; Parker-Lincoln Blding
Date Time Place Raleigh
Rm: 1A224

NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS
EPIDEMIOLOGY COMMITTEE MINUTES
TUESDAY, APRIL 25, 2000
CONFERENCE CALL

The regular meeting of the Epidemiology Committee was held on Tuesday, April 25, 2000, at 2:00 p.m. via telephone conference call. Attendees included: George Bond, Lou Brewer, Joey Huff, Sherman Kahn, Steve Keener, Newt MacCormack, Steve Cline, Judy Owen-ODowd, Kathleen Buckheit, Luanne Williams, as well as several Medical Directors from around the state.

Items discussed and actions taken included:

- 1) **Dr. Bill Tynan** – Steve Cline introduced Dr. Bill Tynan, Director, New Occupational and Environmental Epidemiology Branch Head. We welcome him and look forward to working together in the future.
- 2) **Pfiesteria** - Kathleen Buckheit hit the highlights of a multi-year, CDC sponsored study, to try to get to the bottom of the Pfiesteria issue in North Carolina. She also pointed out that Delaware, Maryland, Virginia, South Carolina and Florida were involved in this coordinated effort. Since the multi-state effort began in June, 1998, there have been no confirmed surveillance cases that have met the description of “Possible Estuary Associated Syndrome (PEAS)”. Kathleen described the “hotline” which has been established, discussed on-going educational programs with local health departments and other local providers, described a research project which will compare and contrast estuary fisherman who are potentially exposed to PEAS with a group of open ocean fisherman who are not associated with PEAS. The Chair asked whether we had experienced Pfiesteria or hysteria in North Carolina given the fact that there had been no confirmed surveillance cases in over 18 months but Kathleen pointed out that it is really too soon to know.
- 3) **Ozone Risk Reduction** – Luanne Williams of the Occupational and Environmental Epidemiology Branch of DHHS described efforts of her group to address the ozone problem in North Carolina. Clearly, ozone is causing an elevated number of emergency room visits and hospitalizations and overall, one in three days last summer were considered unhealthy to breathe for a great number of people in North Carolina particularly affecting the children, the elderly, people with respiratory problems, and even healthy adults who work or exercise outdoors. Luanne concluded by saying the OEE concurs with the justification of EPA to establish a new and more stringent standard for ozone. Further, she said her workgroup had provided input to the North Carolina division of air quality on the health risks and epidemiology associated with ozone and are collaborating with DAQ to communicate the information to the public.
- 4) **Syphilis Elimination Update** – Judy Owen O’Dowd brought the committee up-to-date on the Syphilis Elimination project illustrating the numbers of people infected with primary and secondary syphilis had been declining but North Carolina continues to experience among the highest prevalence rate of any state in the United States. CDC has officially kicked off its national campaign and North Carolina is conducting its efforts simultaneously. Ms. O’Dowd pointed out that even communities who had not previously had problems with syphilis often were sitting on “ticking time bombs” and that frequently the syphilis rate was related to increased use of crack cocaine.

- 5) **Miscellaneous** - Dr. MacCormack gave an update on surveillance efforts by the state surrounding West Nile Virus.

Steve Cline said that seven counties now were ready to pilot the new TB/STD drug distribution program. If these pilots are successful, Steve hopes to take the program statewide this summer.

The feedback from the Control Measures Workshop was quite good and there have already been requests for it to be repeated. It was decided that perhaps in approximately a year, the workshop would be offered again, this time focusing on Health Directors who missed the first workshop as well as Disease Control Nurses, County Attorneys, and other interested staff.

Flood recovery efforts continue with perceptions of the fallout from the flood are often worse than the reality.

A bioterrorism teleconference is scheduled for May 10, 2000 from 1:00 – 3:00 PM over the Public Health Training Information Network and Steve Cline encouraged participation.

In closing, there was discussion on how successful the plan had been to invite the Medical Directors to join this conference call. Those Medical Directors in attendance felt it was quite useful but there were concerns about the logistics and effort required to prepare an additional 50 or so packets of information for distribution prior to the call for Medical Directors. Steve Cline agreed to put together a survey to be forwarded to the Medical Directors to determine what their needs might be and how we might best address them either through the Epidemiology Committee or a more appropriate mechanism if we can identify same.

The next meeting of the Epidemiology Committee will be held on June 13, 2000 at 2:00 PM.

Respectfully submitted:

George F. Bond, Jr., Chair

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MEMORANDUM

TO: TIM GREEN, CHAIRMAN
NCALED: POLICY AND PLANNING

FROM: ELAINE RUSSELL, CHAIRMAN *Elaine*
NCALED: COMMUNITY HEALTH

RE: RECOMMENDATION FROM COMMITTEE

DATE: APRIL 27, 2000

The Community Health Committee met today and the following recommendation was made from committee:

"The NCALED supports the provision of influenza immunization for residents and employees of nursing homes and adult care homes, and that residents also be provided pneumococcal immunization; with the understanding that manpower for the initiative be determined at the local level."

Discussion Note From Committee:

An important leader in the "Long Term Care Community" is pushing the bill for the short session and believes local public health should provide the manpower to implement the proposal. The committee was supportive of the bill, but felt manpower should be resolved locally.

PREVENTING THE SPREAD OF BLOOD-BORNE DISEASES VIA NEEDLE EXCHANGE

The Epidemiology and Communicable Disease Section requests enabling legislation that would authorize up to three pilot needle exchange projects to be developed and implemented in self-selecting communities/counties in North Carolina according to predetermined standards and with the approval of the local Board of Health and the State Health Director. The funding required for this project would be \$178,559 (including 1.0 FTE)

Total Request: \$178,559 for FY00/01

DISEASE INTERVENTION SPECIALIST (DIS) SALARY INCREASE

North Carolina Administrative Code, 15A:NCAC 19A .0202(13) and .0204(c)(3) requires the Division of Public Health to conduct partner notification programs for both HIV and Syphilis. The existing capacity of the Partner Notification Program is severely hindered by the inability to recruit, hire and retain qualified applicants for the job. The main reason current employees are leaving and potential employees are not accepting the job is salary. Funding requested to meet this legal mandate is \$143,954.

Total Request: \$143,954 annually

PESTICIDE AND OCCUPATIONAL SURVEILLANCE

There is an immediate need to establish a reporting and risk assessment program for pesticide related health effects and occupational health events. A 1997 study of NC hospital discharge data revealed 267 cases of pesticide poisoning from 1990-1993. The North Carolina Pesticide Board recently renewed their unanimous support for establishing this type of program in NC. In addition, North Carolina General Statute 130A-455 to -460 mandates occupational health reporting an evaluation but without state funds to support it. Federal grants initially funded occupational surveillance but they have expired. State funds (\$249,080) and 3.0 FTE are necessary to support this mandate.

Total Request: \$249,080 annually

BIOTERRORISM INCIDENT REPORTING SYSTEM

A dedicated statewide electronic system for identifying and reporting potential bioterrorism events is critical for the state to detect and respond to these public health threats in a timely manner. The need for such a system (funding the system and 1.0 FTE = \$566,082) was demonstrated during three separate Anthrax scares in NC last year. The Division of Public Health is working collaboratively with NC Emergency Management and local health departments to prevent duplication of effort as this multifaceted network is established.

Total Request: \$566,082 annually