

NCACHD - August SIGN-IN SHEET

Orange R. Summers
 Dare A. Thomas
 Jackson P. Carden
 Catawba Kellum (for Doug Uland)
 Swain Linda White
 Rowan Kelly Wood
 Hermit Dr. M...
 Brunswick Don Yousey
 Pender Jack Griffith
 New Hanover DAVID RICE
 Scotland Ron Sapp
 Chatham MERLE GREEN
 Columbus Humsmith
 Union Phillip Tarte
 Hertford Niane M. Jackson
 Warren Jen Jones
 MTW Kathleen DeVore Jones
 Chatham Haely Coleman
 Robeson Willie Jones
 Halifax Lynda Smith
 Hoke Cynthia L. Okendine
 Gaston Colleen Bridger
 Wayne Jim Rosen
 Henderson Tom Beasos
 Mecklenburg Kymn Mabry
 Hertford Colleen Dilidto
 Onslow George O' Daniel

Madison - Carol Mover
 CRAVEN Ward Sade
 Beaufort Co. Roxanne Holt
 Rockingham Co. Glen Marts
 Johnston Marilyn Pearson
 Cleveland James H. Hines, Jr
 Davie Caroline Wnebaiger
 Person Jany Clayton
 Alamance Sunny Bass
 Lincoln Maggie Della
 Wilkes Beth Lovette
 FRANKLIN Carl Child
 Sampson Winda Robinson
 DPH Jeff Eyn
 Randolph Mi. Mi. Cooper
 BLADEN Tracy Stewart
 Duplin Lea Davis
 Surry Samantha Bejman
 Lenoir Joey Huff
 DPH Kumi Ryan
 Caswell PE Moore
 Clay Janice Patterson
 Haywood Allen Hooch
 Caldwell Denise Maland
 PITT John Morrow
 WAKE GIBBY HARRIS

(OVER)

ANCBH - Bob Blackburn

NC SOPHE - Mary J. Ridges

NCIPH - Dorothy Cleveland

UNC SOG - Aunee Wall

UNC SPH - Steve Hidas

TPCB - Sally Malek X

Oral Health - Rebecca Oring

DPH - Dennis Harrington

NCPHA - Chris Rolling

App. Dist - Jeff King

DEH, DENR - Jimmy Linn

DPH - HHS Project - Sarah Brooks

Cumberland - Wayne Raynor

North Carolina Association of Local Health Directors
Income & Expense Budget vs. Actual
January through December 2008

	<u>Jan - Dec 08</u>	<u>Budget</u>	<u>\$ Over Budget</u>
Ordinary Income/Expense			
Income			
Interest Income	1,341.80	2,500.00	(1,158.20)
Membership Income			
NACCHO Dues	26,970.00	29,120.00	(2,150.00)
NACCHO Rebate	2,027.20		
NCALHD Dues	58,368.71	58,000.00	368.71
Total Membership Income	<u>87,365.91</u>	<u>87,120.00</u>	<u>245.91</u>
Total Income	88,707.71	89,620.00	(912.29)
Expense			
Administrative Services	34,400.00	51,600.00	(17,200.00)
Awards	571.97	750.00	(178.03)
Bank Charges	7.00	12.00	(5.00)
Gifts	80.06		
Legislative Expense	1,224.20	200.00	1,024.20
Licenses and Permits	825.00		
Meeting Expense	140.00	300.00	(160.00)
Organizational Dues			
NACCHO Dues	26,970.00	26,790.00	180.00
Organizational Dues - Other	0.00	500.00	(500.00)
Total Organizational Dues	<u>26,970.00</u>	<u>27,290.00</u>	<u>(320.00)</u>
Printing and Reproduction	68.29	200.00	(131.71)
Professional Services			
Legal Fees	3,500.00		
Technology	540.00	1,080.00	(540.00)
Total Professional Services	<u>4,040.00</u>	<u>1,080.00</u>	<u>2,960.00</u>
Sponsorships	0.00	1,500.00	(1,500.00)
Tax Expense			
Federal Backup Withholding	20.67	50.00	(29.33)
Total Tax Expense	<u>20.67</u>	<u>50.00</u>	<u>(29.33)</u>
Travel	0.00	3,500.00	(3,500.00)
Website	90.00	180.00	(90.00)
Total Expense	<u>68,437.19</u>	<u>86,662.00</u>	<u>(18,224.81)</u>
Net Ordinary Income	<u>20,270.52</u>	<u>2,958.00</u>	<u>17,312.52</u>
Net Income	<u><u>20,270.52</u></u>	<u><u>2,958.00</u></u>	<u><u>17,312.52</u></u>

North Carolina Association of Local Health Directors

Balance Sheet

As of August 15, 2008

Aug 15, 08

ASSETS

Current Assets

Checking/Savings

CD-SECU *4185 40,000.00

Checking-SECU *6586 9,369.83

Money Market-SECU *0321 40,720.57

Savings-SECU *1387 39.09

Total Checking/Savings 90,129.49

Total Current Assets 90,129.49

TOTAL ASSETS 90,129.49

LIABILITIES & EQUITY

Equity

Opening Bal Equity 50,793.88

Retained Earnings 19,531.25

Net Income 19,804.36

Total Equity 90,129.49

TOTAL LIABILITIES & EQUITY 90,129.49

Division of Environmental Health Report

NCALHD Meeting

August 21, 2008

- **BETS Update**
 - Web BETS is working well, programmer is dedicated to fixing any issues that arise
 - Virtual BETS (for using laptops offline) encountering sync problems
 - Plan to provide DVD to LHDs this week to correct this
 - Garry Freeman and Malcolm Blalock continue to field test laptops and report problems to the programmer
 - Private Vendors should submit data as always
 - Failure to get all data will result in less funding for all LHDs (new establishments not reported will not be billed)
- **Private Wells**
 - Address additional sampling via legislation
 - Oversight and Authorization Issues for LHD enforcing "Local Rules"
 - Attempting to assure Local Rule LHDs get the same guidance, support and approval
 - Drafted a "Statement of Completion" letter to notify EHS that requirements for Delegation of Authority have been met
 - Concerns re: documentation for Accreditation
 - Resignation of Regional Staff- Leslie Easter will leave the Private Well Program at the end of August to work for LHD (EH Director)
- **2606/.3606 Rules Changes**
 - Requires responsible person in charge of foodservice operations or resident camps to obtain 6 contact hours of training and pass examination
 - Bonus points are eliminated
 - Presented to CPH on Aug 20; passed unanimously
 - Effective January 1, 2009 for Resident Camps, July 1, 2009 for Foodservice Operations
 - Rules will be sent to Rules Review Commission (RRC) for approval
 - If there are sufficient objection letters, will go to Legislative Long Session
- **TFEs Fees**
 - At the State level, complaints re: the fees have basically stopped
- **Salmonella Recall**
 - Appears to be limited to certain peppers
 - Threat appears to no longer exist with this particular product recall
 - Resulted in proposed technical and procedural changes, such as disinfection of irrigation water and proper cleaning of transport vehicles
- **Potential Legislation for 2009 Long Session**
 - Additional testing parameters (VOC) for Private Wells- remove or qualify testing requirement set forth in SB 845
 - Bed Bugs Control- Restrict the sale of used furniture and provide education on epidemic and control measures
 - Modify Private Well Law to allow all Private Well Programs to receive the same support and credentialing
 - Technical Amendment to 130A-249 to specify that TFEs are not included in the requirement for inspection and grade card posting
 - Patient Privacy for Lead Testing- protect records from public record requests when DENR is the custodian, same as for DHHS

Association of North Carolina Boards of Health
ANCBH

Report to N.C. Association of Local Health Directors, August 21, 2008

Vision and Mission of ANCBH

Vision Excellence in public health in North Carolina.

Mission To provide leadership and support for local Boards of Health in their efforts to protect, promote and advocate for public health.

New ANCBH phone #: 704-300-1365 (answering machine) or 704-466-8436

New Surface Mailing Address: ANCBH, 3420 Ridge Road Durham, NC 27705-5538

WEB PAGE: <http://www.ancbh.org/>

Work: Focusing on Strategic Plan, Accreditation,
Focusing on how to meet the needs of local board of health members,
and working on advocacy/legislative goals for 2008/9.

The ANCBH dues were mailed out last week. For the third year in a row, there have been no increases. Please renew your membership promptly.

What we are doing

ANCBH continues to work strengthening our partnership with various groups that have concerns with public health. The work with the Council on Aging, the Citizens for Public Health and the Governor's Task Force for Healthy Carolinians has been positive for ANCBH. We have been active in supporting pro-health legislation during the short session of the NC legislature

ANCBH had four Board members attending the Annual NALBOH meeting in Wisconsin: Shirley Stowe, Robert Blackburn, Lorraine Salois-Dean, and Lee Kyle Allen. Blackburn presented a poster session at the meeting, "The Nuts and Bolts of Accreditation in NC: From Application to Approval."

ANCBH is co-sponsoring a Public Health Candidate Forum on Thursday, Sept. 25, in New Bern, N.C. The forum will include candidates for governor and for one seat in the US Senate. Others candidates may be invited. Other co-sponsors are the N.C. Association of Local Health Directors and the N.C. Public Health Association.

ANCBH voted to alternate face-to-face meetings with conference calls this year in light of travel expenses. ANCBH is making a renewed effort to develop positive marketing and promotion materials.

ANCBH is supporting S.625-The Family Smoking Prevention and Tobacco Control Act joining the Alliance for Health in this effort.

We are working with NALBOH on benefits of accreditation . Six more health departments were accredited in July giving us a total of 40 health departments who are accredited in NC.

Next ANCBH MEETING via Conference Call September 12 8-9am

Epidemiology Liaison Committee
NCALHD
August 12, 2008

Attendance:

The committee met via conference call.

Denise Michaud, Roxanne Holloman, Bill Smith, Jerry Parks, John Rouse, Julie Clark, Joey Huff, Glen Martin, Maggie Dollar, Rosie Summers, Jim Roosen, Doug Urland, Wanda Sandele, Marilyn Pearson, Linda Sewell, Pat Dixon, Vanessa Amarocho, Martha Powell, Jan Lounsbury, Trish Blackburn, and John Morrow

State Staff: Lou Turner, Del Williams, Carl Williams, Doug Campbell, Mina Shehee, Romie Herring, Leslie Wolf, Evelyn Foust .

Vector borne Disease:

Dr. Carl Williams reported that the general communicable disease website has been recently updated with new information on Lyme disease. The state is looking at a new case definition for Lyme disease. First they must decide what defines an "endemic" county.

The STARI project is progressing slowly. So far they have recruited 8 patients. They would like to have 20 so are considering further extension of this grant contract until summer 2009.

DENR is trying to start a "Tick control demonstration project". Nolan Newton will be recruiting counties to participate in this project under an MOU. This was actually started last year under a contract.

So far this year NC has reported 13 monocytic ehrlichiosis, 8 lyme, and 128 Rocky Mt. Spotted Fever cases.

Laboratory Information Management System:

Dr. Wolf informed the committee that work is progressing well on the new computer information system (Starlims). They are supposed to "go live" on 8/18 with TB reporting. The website is being reformatted and will have a new URL (website) address. This address will be forwarded to the LHDs later.

NCEDSS:

Del Williams updated the committee on the status of the NCEDSS program. 37 counties are presently on-line with 3-4 additional counties being added every week. This schedule should allow all counties to be up and active by the end of the calendar year.

The website for general communicable disease updates the list of current users every Monday and also has the schedule for training of counties. Visitors to the website should click on "CD manual" and then "NCEDSS".

Chris Hoke recommended that the department use an MOU to clarify the authority of the local health director to designate their specific employees who will be using NCEDSS and entering CD data. This signed MOU will in essence be the equivalent of the health directors signature on the old communicable disease report cards and also outlines requirements for LHDs using the electronic surveillance system.

Linda Sewell expressed concern about the requirement that new staff attend a 2 day classroom training before using the system. This potentially could put an agency short-staffed in a lurch until this training can be arranged. Del suggested that LHDs call the state if this should become an issue and special circumstances could be considered. Maggie Dollar made the motion to approve the drafted MOU for NCEDSS. Motion was seconded by Denise Michaud and approved unanimously by the committee.

Glen Martin asked about the extensive amount of time being required of this system by our nurses and other staff. Del responded that the system is still evolving and changes are being made to streamline the process.

Maggie Dollar asked about why private offices are not entering their own data. The portals for other providers to enter data are not yet developed. Hospital labs will likely be the next users brought online once the health departments are operating.

Lead in artificial turf:

Romie Herring reported on a recent lead concern that was communicated by the CDC earlier this summer. The Consumer Product Safety staff performed a risk assessment and found virtually “no risk” from artificial turf. However, at least one children’s advocacy group has disagreed with their findings and with the help of members of congress has forced the government to issue new guidance for children <6 yrs old. Whether this lead concern also exist for other artificial “grass” products like outdoor carpets has yet to be determined.

ADAP:

Evelyn Foust updated the committee on the recent legislation that allows the State to expand the Aids Drug Assistance Program eligibility to 300% of the Federal Poverty Level. This will put NC in the average range of eligibility compared with other states. Now a rule change is needed to put this new eligibility into effect. A copy of this proposed rule change was reviewed by the committee and is scheduled for public hearing and comment. The State expects this will add ~100 people to the ADAP program and does not expect it to stress the current budget for this program.

Legislative items:

Rosie Summers talked briefly about the prioritization process of legislative items for our health directors association. Dr. Turner listed some of the items that the State Department has. The committee was asked to submit items to the chair for consideration by the policy and planning committee. The final recommendations will then go to the full association for vote.

There being no further business, the meeting adjourned.

Next meeting is scheduled for Tuesday, February 12th at 2:00 PM via conference call.

Respectfully submitted,

John H. Morrow, MD, MPH

Pitt County Health Director

NCALHD Advocacy Timeline

- November no later than Nov 21 – congratulations for winning the election, invite them to come by health dept. – invite to see programs
- December – follow up letter or phone call to Freshman invite them to meet with you either at the health dept or their office – relationship building and educational opportunity
- January – letter drop to legislators that includes 2009 legislative agenda
- January 28 – session begins
- February – establish regional local meetings on a Friday; face to face mtg or phone conversation with approps chairs by local health director with talking pts put together for conversation/letter
- March – If you are planning anything special for public health month, please contact your legislators to share the information or invite him/her to participate.
- April – Legal Conference/Public Health Month – work in partnership with NCPHA to promote public health month to legislators
- May 20 – - Advocacy Day at the NC Leg Bldg.
 - Morning session with speaker
 - Health Director makes appt with member
 - Lunch is on own or invite legislator(s)
 - Galley to be recognized (session normally begins around 2:00)
 - Reception in the evening – registration fee for health director will cover cost
 - ???do we partner with NCPHA on advocacy day??
- June – phone calls and e-mails to legislators advocating for support of NCALHD legislative agenda – budget items
- July – continue phone calls and e-mails to legislators advocating for support of NCALHD legislative agenda – budget items
- August – follow up with thank you letters to legislators for supporting NCALHD legislative agenda

Substantive Policy Priorities

SEEK

Health Promotion

- Make all NC workplaces and public places smokefree
 - Language is in 2007 H259 Version 2
 - Be prepared to make all public places smokefree as an incremental step.
- Increase cigarette tax by \$1.00 as has been recommended by NCIOM and other tobacco products by a comparable amount. Index both to the national average (currently \$1.18 for cigarettes)
- Support the policy recommendations of the NC IOM Preventive Task Force, Obesity Task Force and NC IOM Adolescent Task Force

Chronic Disease Control

- Formalize the Diabetes Advisory Council to be a legislatively mandated task force
- Support the policy recommendations of the NC IOM Kidney Task Force

Injury

- Grant DPH access to the Controlled Substance Reporting System data for the purposes of surveillance, research, and prevention
- Emergency Department medical care providers to enter external cause of injury codes (e-codes) in the hospital discharge database (HDD) and/or emergency department database (NC DETECT) for each emergency department visit or hospital admission for which an injury is one of the diagnoses, and ensure that the first-listed external cause code is related directly to the principal injury diagnosis.
- Hospital emergency departments shall be required to obtain and hold a separate seven ml sample of admission-blood from all patients admitted to the Emergency Department with a diagnosis of suspected or confirmed unintentional drug overdose for a period of at least two weeks in the event the patient dies and a blood sample is needed by the Office of the Chief Medical Examiner to determine the drug(s) involved in the overdose.
- Increase the administrative fee for license restoration to \$125: \$50 to the General Fund; \$50 to the FTA and \$25 to the county

SUPPORT

Health Promotion

- Support the efforts of the NC Alliance for Health, especially those related to giving the local authority to counties to increase taxes to fund alternative modes of transportation

Chronic Disease Control

- Mandate continued diabetes training for school health nurses to support Senate Bill 911, passed in the 2002 Session of the General Assembly
- Support the policy recommendations of the Asthma Alliance of North Carolina and Community Care of North Carolina to develop an asthma action plan for use in school districts across the state
- Support continued training and education on General Statute 115C-375.2 regarding the possession and self administration of asthma medication by students with asthma, students subject to anaphylactic reactions, or both

Fiscal Policy Priorities

SEEK

Health Promotion

- At least \$2 million (original ask was \$12 million) of recurring funding and two positions for Childhood Obesity Prevention Demonstration Projects
 - Establish two state positions to support Demonstration Projects
- Recurring \$403,169 to fulfill Office of State (OSP) Personnel Worksite Wellness Policy requirement that state agencies and universities establish comprehensive worksite wellness programs administered by OSP and the State Health Plan, in collaboration with DPH
 - Establish two state positions to support worksite wellness efforts
- Tobacco Quitline Funding
 - \$1 million recurring request based on initial \$1.5 million request
- Recurring funding for local Healthy Carolinians partnerships

Chronic Disease Control

- BCCCP state appropriation should be restored to the full recurring \$2 million to screen an estimated 2,000 more low income women
- Recurring \$430,000 for public awareness campaigns educating North Carolinians about the signs and symptoms of strokes and heart attacks.
- Recurring \$310,000 (\$50,000 total award amount for each county) to support the Enhancing Local Asthma Efforts Grants

Injury

- Increase the administrative fee for license restoration to \$125: \$50 to the General Fund; \$50 to FTA and \$25 to the county.
- Non recurring \$500,000 to support NC Falls Coalition, led by DPH, Division of Aging and Adult Services, and UNC Institute on Aging for falls prevention awareness and education program, as well as implementation of evidence based falls prevention programs
- Recurring funding for child maltreatment surveillance system

Surveillance

- Recurring \$250,000 funding for the BRFSS survey
- Recurring \$288,600 for the NC Central Cancer Registry
- Recurring \$200,000 to fund CATCH

SUPPORT

Chronic Disease Control

- Recurring \$450,000 for Hypertension Prevention Demonstration Project to be conducted in an IPIP network in a high stroke, low resource area of the state.
- Recurring \$50,000 to support the Stroke Advisory Council's operating expenses
- *Increase cigarette tax by \$1.00 as has been recommended by NCIOM and other tobacco products by a comparable amount. Index both to the national average (currently \$1.18 for cigarettes)*
- *Increase the administrative fee for license restoration to \$125: \$50 to the General Fund; \$50 to the FTA and \$25 to the county*
 - *The resulting increase in receipts from the administrative fee for license restoration based income will be used as follows*
 - *Capital expenses (van replacement, maintenance and purchase of breath alcohol instrumentation)*
 - *Personnel (Support Injury program to provide epidemiology capacity)*
 - *Training of law enforcement personnel*
 - *Social marketing campaign on DWI enforcement*
 - *Expand Injury data/query system*