



# NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

# NEWSLETTER

JULY, 1994

1009 DRESSER COURT, RALEIGH, NC 27609

PHONE 919/872-6274

## "SERVICE EXCELLENCE - GETTING TO THE CORE"

1994 Annual Educational Conference  
to be held in Asheville, NC  
September 21-23, 1994

"The Sky's the Limit" is the theme the City of Asheville uses to describe the picturesque beauty of the area. NCPHA can also use that same theme for the 83rd Annual Educational Conference.

The excitement begins bright and early on Wednesday morning with an entertaining presentation by Avery Henderson, Ph.D., M.P.H. Health, Humor and Creativity Consultant. We guarantee he will bring the dead employee back to life with

his humor and message. The afternoon will be full of opportunities of an educational, informational, and social nature. NCPHA will honor our members at a reception Wednesday evening, followed later that night with a Dance.

Are the magnificent mountains beckoning you? Well give in, and join the Epidemiology and Statistics Section for a hike Wednesday afternoon. While you're hiking, you will be given clues to solve the

puzzle of the mysterious disease.

**NOTE:** If you want to participate in this event, you must complete the tear off registration form in this newsletter and send it in prior to the meeting!

We acknowledge our exhibitors with a complimentary Exhibitor Continental Breakfast on Thursday morning. Section meetings and workshops will be held throughout the day on Thursday. UNC School of Public Health Alumni Association

will once again host a wine and cheese reception that afternoon, followed by our Annual Awards Banquet. Then get ready for a treat! THE FANTASTIC SHAKERS will be our entertainment to round out a truly memorable evening.

Dr. Charles A. Sanders, Chairman of Glaxo Inc., will be our Keynote Speaker on Friday morning. Dr. Sanders will share with us the importance of private/public partnerships. Glaxo will present the Child Health Awards for Individual Recognition, Local Health Department Recognition and Public Health Staff Recognition. These awards recognize the efforts in improving immunization rates among very young children. Glaxo is also sponsoring a complimentary luncheon for all NCPHA registrants in honor of the award recipients.

Don't be left behind. Come join us for three full days of education, fun and excitement. Hotel accommodations must be made by **August 26, 1994** directly with the following hotels:

Radisson (host facility):

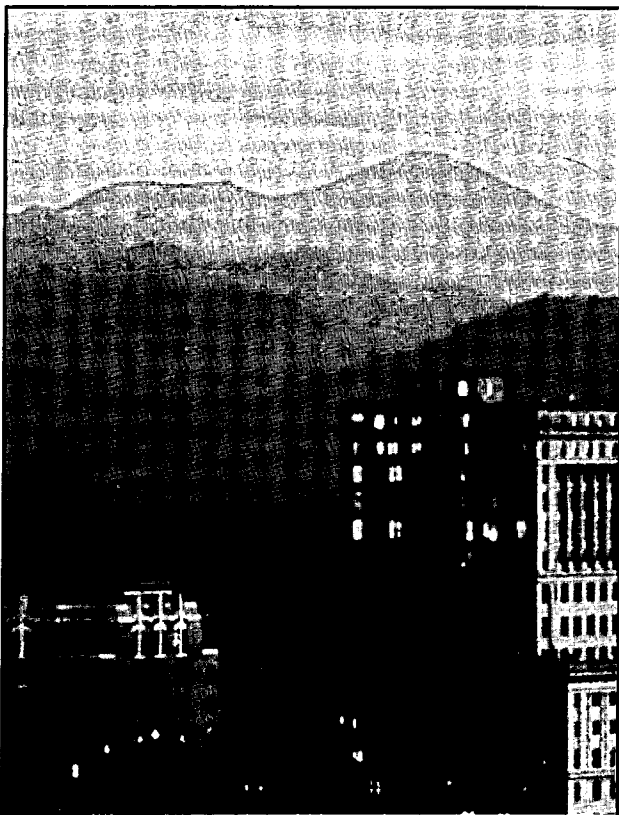
(704) 252-8211

Rates: \$60.00/night - Single or double

Best Western (across the street from the Radisson):

(704) 253-1851

Rates: \$60.00/night - Single or double



## PROPOSED BY-LAWS CHANGES

The Governing Council of the North Carolina Public Health Association has passed motions that will require by-laws change. These changes will be presented to the membership for approval at the Annual Business Meeting on September 21, 1994 in Asheville, NC.

The Governing Councils recommendations are:

1. To delete the requirement that NCPHA's officers be members of the American Public Health Association.
2. To require that the Affiliate Representative to the American Public Health Association be a member of APHA, that the Southern Health Affiliate Representative be a member of Southern Health and that the Alternate representative to the American Public Health Association and the Southern Health Association be a member of APHA and Southern Health.
3. To require NCPHA to pay the dues of the Affiliate Representatives and the Alternate to the respective Affiliate organizations.

## THE ROLE OF PUBLIC HEALTH UNDER HEALTH CARE REFORM

In the April Edition of the Newsletter, we printed an article explaining the purpose and execution of the North Carolina Public Health Consensus Development Conference. Consensus development conferences are designed to resolve complex issues of public importance or concerns, providing a public forum to reach general agreement and facilitate effective planning for the future. The conference was structured around a series of questions posed to a multi-disciplinary conference panel. Recognized experts made formal presentations to the panel with members of the conference audience having the opportunity for public input.

The conference panel considered the formal presentations and public comments and integrated the fundamental points into a consensus conference statement. The following Executive Summary was presented as the Final Report from this conference:

### THE ROLE OF PUBLIC HEALTH UNDER HEALTH CARE REFORM Executive Summary

**I. The Unique Functions and Responsibilities of Public Health in North Carolina** Public health is unique in its emphasis on prevention and its regard for the community as the "Patient." The functions of public health in North Carolina that need to be preserved under health care reform include:

- **Monitoring of Community Health Status**
- **Coordinating and Convening of Planning and Evaluation Activities**
- **Assurance of Health Care System Accountability**
- **Public Information on Community Health Status**
- **Assurance of Services to Special Populations**
- **Assessment of Environmental Risks to Health and Assurance of Protection from These Risks**
- **Assurance of Preventive Services**

**II. The Role of Public Health in the Delivery of High Quality Clinical Services** Increased access to health care services will strain the existing health care system. Funds that support the unique functions of public health should not be diverted to provide primary care. A "trade-off" between clinical services and core public health functions can be inefficient, costly, and detrimental to the health status of North Carolina's communities. With regard to the provision of clinical services:

- **All people must be served under health care reform, including those who have traditionally been disenfranchised.**
- **Some personal health services may always need to be provided in local health departments (e.g., communicable disease treatment).**

- **The extent and nature of public health clinical services should be determined by community consensus of local needs and balanced against the availability of service resources in the community.**
- **In the transition to full implementation of health care reform, the extent to which any local health department provides direct care will vary widely by community.**
- **For the immediate future, the public health system may need to provide direct health care for special populations when they do not have access to other providers.**

### III. The Financing of Population-Based Services:

Population-based services are under-recognized and under-funded despite their critical contribution to the health of North Carolina's citizens. Full funding of population-based services is necessary even if the primary care and clinical services currently provided by health departments are subsumed in the private sector.

- **Public health in North Carolina should be funded as a proportion of the state's aggregate health care expenditures.**
  - Full funding of core public health functions (assessment, policy development, assurance) and population-based services from public funds in the range of 6% of total health care expenditures
  - Full funding of wrap-around services for special populations (e.g. case management)
  - Variable funding for components of personal health services
- **Formal education for public health practitioners needs to be supported by an additional set aside.**
- **Creative training approaches will be necessary to ensure that public health personnel remain adequately trained.**
- **The cost containment objectives of health care reform can only be achieved through a strengthened public health system.**
- **The cost effectiveness objectives of health care reform can only be achieved through healthy lifestyles, behavioral change and primary prevention.**

### IV. Local Health Department Preparation for Health Care Reform:

The changes in North Carolina's health

care delivery system will be felt acutely at the local level, where health departments/districts will be responsible for ensuring the continuity of quality health care services to an expanded service population. Public health officials must demonstrate leadership.

- Local public health officials and personnel must understand and embrace the inherently political nature of health care reform.
- There will be a continued need to emphasize the role of prevention as basic to health.
- There is a continued and expanding need to project a positive public health image.
- Local public health officials should make every effort to become well informed about all aspects of health care reform.
- Local public health officials need to assess the current capacity of their communities to deliver needed services.
- Local public health officials need to participate actively in the identification of human resources within their local communities that can be brought to bear on existing and anticipated health care needs.
- State and local public health officials need to actively assess training and professional development needs as health care reform is implemented.
- Local public health departments should take a leadership role in working with their local communities to facilitate consensus on issues related to health care.
- Local public health officials should increase their focus on *health outcomes* as service and program assessment indicators.
- Local public health officials should focus on developing and maintaining organizational flexibility for an uncertain and exciting future.

The UNC School of Public Health has produced and distributed copies of the Final Report of this Conference as well as the 1994-95 Legislative Agenda as Recommendations to the NC General Assembly. If you would like copies of either of these two documents, please contact Christopher Cooke, Office of Continuing Education, CB #8165, Chapel Hill, NC 27599-8165. Telephone: (919) 966-1104.

## DISPATCHES FROM THE FRONT

**PLEASE RECRUIT ONE NEW MEMBER FOR US!!** Your Association is working for all public health "folks" in our state on a daily basis and we need your support. This year, we are placing a great deal of emphasis on membership. We appreciate the fact that about eleven hundred public health "folks" have sent us their membership. But there are about nine thousand we have not heard from!!! Where are these public healthers? What do we have to do to convince them to join us?

Since January 3rd, it has been my good fortune to visit in twenty-seven health departments. Your gracious reception of me is very gratifying and the risk of sounding like a "broken record" on occasion, I have tried to voice the need for unity and family among public healthers across our state. We have a "big dog" in the fight over any health care reform and the way for us to support our "dog" is together. In addition to health department visits, I have been able to speak to a number of Boards of Health and to conduct several workshops for health department staffs. I am deeply grateful to NCPHA for its support of these activities. I greatly enjoyed speaking at Eastern and at Western and had "fun" at both meetings. Thanks to the leadership of both affiliates for a job well done.

We have formally created an Endowment Fund called the Wood Endowment in memory of Dr. Thomas Fanning Wood (the father of public health work in North Carolina) and his son, Dr. Edward Jenner Wood (an outstanding State Board of Health member and pioneer researcher on pellagra). Our friend, Bob Parker, will be chairing an Endowment Board and he will lead a fund raising campaign for the Endowment. Please contribute to the fund - our contributions will create a permanent method for support of the Wood Lectures at our annual meetings. It will enable us to bring world class "public healthers" to North Carolina and our NCPHA meeting. Dr. Wood's family is excited about these efforts and surely will support us in this endeavor.

The Summer Edition of the North Carolina Public Health Forum should go to press shortly. It has some very interesting articles. For example, Dr. Hugh Tilson has written an interest piece of public health efforts in North Carolina to address health care reform; two articles of great interest to environmental health specialists will appear - one addresses public health and lead and the other addresses the problem of tire disposal and mosquitoes; and Dr. Lee Hunter has prepared an article about the spread of rabies in our state. Publishing a journal is a time consuming and expensive process and we need your support.

Folks, there is no reason why we can't have half the public health workers in our state as members of NCPHA! If this happened, we would have five thousand members! If you read this, please make a personal commitment to recruit one new member for us. If not now, when?

E. Daniel Shingleton

## MEMBER-AT-LARGE

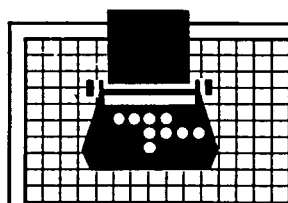
As a Member-At-Large I was elected by you, the members, to represent YOU. I, along with five other members-at-large, represent you all year long. I attend and vote for you at the Governing Council meetings. During the year I have reported to Governing Council and/or the NCPHA leadership a few items/concerns that were brought to me.

I am your representative and, as such, I want to bring your ideas, concerns, praises, and suggestions to the leadership of your association. If you need more information about NCPHA, have a suggestion that you think might help, or just want to talk about the association, please contact me by calling me at work (704/669-3388) or writing to:

Georgena Chandler  
115 Shadowbrook Drive  
Asheville, NC 28805-1161

The list below includes all your members-at-large and the year that their term ends.

1994	Chris Hoke	Richard Clayton
1995	Mike Rhodes	Georgena Chandler
1996	Deborah Warren	Barry Bass



# ASSOCIATION REPORTS

## EASTERN DISTRICT NCPHA

Where do 300 public health practitioners in Eastern North Carolina come to have three days of workshops, fun, and peer exchange? Fayetteville! Fayetteville? Yep! And boy was it great! From the moment the 82nd Airborne All American Chorus marched in to open the meeting to the time we dried the final tear of laughter from our eyes at the Closing Session with Dr. Wayne Ates, we were treated to education, peer recognition, and downeast fun (western style). Our theme of "Public Health Challenges: A New Frontier" was carried throughout the conference beginning with Dr. Levine's insightful look into the future of health care reform.

Our congratulations to the recipients of our 1994 Awards:

**Outstanding Individual Achievement Award:** Joanie Hoggard, Bertie County Health Department

**Outstanding Career Achievement Award:** Richard Clayton, NC Dept. of Environment, Health & Natural Resources, Washington Regional Office

**Outstanding Public Health Department:** Wilson County Health Department



*1995 Officers (left to right)  
Mike Rhodes, Treasurer  
Rosemary Pike, Secretary  
Margaret Lile, President-Elect  
Susan O'Brien, President  
Debra Harris, Vice President  
Delance Ellis, Past President*

The Local Arrangements Committee of the Cumberland County Health Department received the Special Recognition Award for their outstanding contribution to the success of this meeting.

Four members were awarded Life Memberships: Rebecca Sauls, Rebecca Edwards, Lottie Daw and Eddie Pierce.

Make your plans to join us at the beautiful Sheraton New Bern Hotel and Marina on May 3-5, 1995. We promise another great conference!

Susan O'Brien, President

## WNCPHA

The 48th annual meeting of WNCPHA was held May 18-20, 1994 in Winston-Salem. Our theme of *Public Health: THE ANCHOR - Assuring North Carolina Hope Out of Reform* was evident throughout the meeting, beginning with presentations by Dr Arden Miller and Kathie Patterson who addressed "Health Care Reform and the County Health Departments."

At our Thursday business luncheon, the Forsyth High School Jazz Band performed a routine of rock 'n' roll music. These talented musicians and singers, directed by Tommy Gardner (Catalinas) gave a tremendous show of old and current songs. During the business meeting we presented five members with scholarships to further their education as a health care professional. This year's recipients were Patricia E. Hutchins of Lincoln County Health Department, Sebrina D. Mains of Watauga County Health Department, Donnice M. Phillips of Lincoln County Health Department, Josette D. Ross of Catawba County Health Department, and Maureen A. Tener of Buncombe County Health Department. Dr. Ronald Levine presented the E. Stanley Hunter Award for outstanding leadership to Dennis Harrington, Health Director of Davie County Health Department.

Dr. Levine continued presenting awards in the evening at the banquet. The honorees were: Ronnie Ledford, Environmental Health Coordinator at Madison County Health Department received the Special Achievement Award; John Hutchins, Environmental Health Specialist at Buncombe County Health Department received the Bill Broadway Award; and Loutrelle Brown, Public Health Nurse at Wilkes County Health Department received the Exemplary Service Award. Mike Reavis installed our new officers for 1994-95.

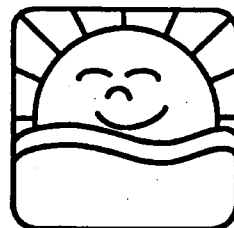
### WNCPHA OFFICERS FOR 1994-1995

President	Sheila Nichols DEHNR Regional Office Mooresville
President-Elect	Debbie Edwards Watauga Co. Health Dept.
Vice-President	Debbie Dyer Cleveland Co. Health Dept.
Secretary	Gary Cole DEHNR Regional Office Winston-Salem
Treasurer	Wayne Cooper Surry Co. Health Dept.

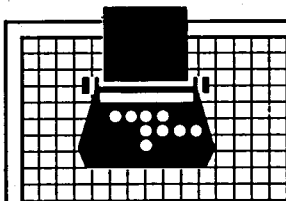
The banquet was followed by DJ entertainment provided by Sid the Surf assisted by our own Mike Reavis on a few numbers.

May Craven, a speaker and trainer, provided us with some inspiring words Friday morning and left us with a good feeling about ourselves and our work in public health. It was a wonderful ending to a great annual meeting.

Georgena Chandler,  
President







# NEWS FROM THE SECTIONS

## COMMUNITY HEALTH ASSISTANTS/TECHNICIANS SECTION

The CHAT Executive Board held another planning meeting for its annual workshop at Camp Caraway. The workshop was held July 15, 1994. All section members attending will be recognized specially.

Our speaker was Mr. William Duke of Fayetteville, N.C. of The Care Center on "The Effect of Domestic Violence on the Family." The afternoon speaker was Dr. Mary Lou Moore, RN, Bowman-Gray School of Medicine, Winston-Salem on "Ethical Dilemma and Public Health."

Our section membership has grown to 30 members now. If you know anyone who has not joined this year please encourage them to do so.

Our CHAT of the Year award applications were mailed out and were due in by July 1, 1994. The award recipient was announced at Camp Caraway and the formal presentation will be due done at NCPHA in Asheville on September 22.

If you are a paid member of our section and would like to serve on the executive board as an officer please notify Roella Williams at the Durham County Health Department (910-560-7600) by July 15th.

Our speaker for NCPHA in Asheville on September 21, 1994 will be Donna Roulic, RN, TB Nurse Consultant of the North Carolina Department of Environment, Health and Natural Resources. The topic will be "TB: The Epidemic or Not?" All sections are welcome to attend.

If we have any CHAT members retiring this year please contact Minnie Edwards at Pitt County Health Department (919-413-1345)

Our section now has a scholarship for members of NCPHA. The recipient will be awarded \$300.<sup>00</sup>. All interested persons should submit an application form. Forms are available from the Scholarship Chair Gwen Robinson

at Mecklenburg County Health Dept. (704-336-4650). Applications are due by August 1, 1994.

## MANAGEMENT SUPPORT SECTION

The Management Support Section has held two Executive Committee meetings this year, with another meeting to be scheduled for July. Our various committees have been busily working on membership, our educational conference and planning the program for the NCPHA Annual Conference in Asheville.

Our Membership Committee, chaired by Karen Foster, has done an enormous amount of work to increase the membership of our section. Karen's committee sent flyers to all Health Departments encouraging management support personnel to join NCPHA and the Management Support Section. They also sent reminder letters to those members who had not yet paid their dues and thank-you letters to those members who had paid their dues. It appears their efforts are paying off as our membership numbers are a little ahead of last year's numbers.

Our Education Committee, chaired by Pattie Smith, has planned an exciting workshop for management support personnel to be held in Charlotte on July 25th and Greenville on July 26th. Dr. Dudley Flood will present a workshop at each of these sites on Managing Change, Assertiveness and Conflict Resolutions. Dr. Flood is an excellent presenter, and we look forward to his presentation.

Our Program Committee Chairman, Betty Bisette, has been working diligently with the Health Education and Social Work Sections to plan workshops for the Annual Meeting in Asheville. On Wednesday, September 21, we will co-sponsor a workshop entitled "Living Safely in a Dangerous World" presented by a member of Citizens Against Crime. On Thursday, September 22, Ken Gibson with the Guilford County Health Department, will present a program on "Dealing with the Angry Citizen."

I invite all management support personnel to come join us in Asheville. Not only will

you gain some valuable information that will help you in your job, but you will also gain some valuable friendships and connections that can also be helpful.

Judy Simmons, Chair

## NUTRITION SECTION PLANNING COMMITTEE

The Nutrition Section of NCPHA is co-sponsoring a workshop on **Health Care Reform and the Public Health Nutritionist** with NC Association of Local Nutrition Directors. This workshop is to be held in Raleigh on Friday, July 29 and is intended to encourage public health nutritionist to be thinking about their role under Health Care Reform, and to help prepare a position paper to present to state legislators.

The Nutrition Section is co sponsoring an education session at NCPHA Annual meeting with the Children with Special Needs Section. This will be in Asheville on September 21, 1994 at 1:30 pm. The topic of this session is: **Health Care Reform: Its Impact on Children.**

On Thursday, September 22 at the annual meeting the Nutrition Section will be joining with several other sections for the workshop on **Coalition Building.**

The Program Chair is serving on the WIC Annual Meeting planning committee.

Beryl L. Rehn, Program Chair

## CHILDREN WITH SPECIAL NEEDS SECTION

The Children with Special Needs Section's Executive Committee has met twice in Raleigh. Efforts are underway to increase section membership and to develop a strong program for the Annual Meeting in Asheville on September 21-23.

*continued on page 6*

from page 5

Joyce Greene, Vice Chairperson of the Children with Special Needs Section, has worked hard on arrangements for our Section Business Meeting and Workshop. We plan to have the Business Meeting and awards presentation in conjunction with lunch at Magnolias Restaurant. (The restaurant is within walking distance of the Radisson Hotel which is the location of the Annual Meeting.)

Dr. Jim Jones, Executive Director of the NC Health Planning Commission, has been invited to be the guest speaker for our Section's Workshop. He will address health care reform and its implication for children, particularly children with special needs. We are very excited about the meeting and having Dr. Jones to speak on this very timely topic.

Please note on your calendar that both our Business Meeting/Luncheon/Award Presentation and Workshop are scheduled for the first day of the Annual Meeting, Wednesday, September 21, 1994. We hope you will plan to attend.

At our most recent Executive Committee Meeting, we discussed nominations for Children with Special Needs Section awards. There are many deserving individuals that should be recognized for their contributions to children with special needs and their families. This year, we hope you will take time to submit names for Section awards. The notification letter will be sent out soon regarding 1994 award nominations.

Remember to join or renew your membership in the Children with Special Needs Section, NCPHA. We need your support and participation. Have a great summer!

Kaye Holder  
Chair

## STATISTICS & EPIDEMIOLOGY SECTION

**Climbing to the Top in Public Health:** The Epidemiology and Statistics Section will sponsor a scenic hike as part of their Section meeting, Wednesday, September 21, at the NCPHA meeting in Asheville. The 1.4 mile excursion (roundtrip) begins at a trail-head of the Blue Ridge Parkway and leads to the summit of Craggy Pinnacle (elevation 5892 ft.). It features a 360° panoramic view of the Blue Ridge Mountains. The keynote speaker, Dr. Charles Hamilton, Chairman of the Department of Health, Leisure and Safety of the

University of Tennessee will speak briefly at the summit. All interested members of NCPHA are invited to participate. Assemble in the main lobby of the Radisson at 12:00 p.m. on Wednesday to car pool to the trail (a 30-minute drive). **Hiking shoes and clothes for 10° cooler and windy temperatures are recommended (e.g., jackets).** A *Heavenly Hambox* lunch can be provided for \$6; please make reservations with Laura Uberbacher by September 1 (see response form in newsletter).

**"Solve the Mystery Disease."** Can you relate to this... "You have had a course in epidemiology, what do we do?" Well for the joy of two free tickets to the Biltmore Estate the Epidemiology and Statistics Section is organizing a mystery epidemic challenge. The first clue will be revealed on Wednesday (September 21) at the summit of the Section's hike. This same clue information will be made available on the message board for the Conference. The second clue will be provided overnight and the final clue will be announced on Thursday morning. Submissions to identify the illness and the appropriate control measures must be submitted on Thursday by the close of the afternoon break. Be sure to bring along your copy of *Control of Communicable Diseases in Man*. The winner(s) will be announced after Thursday's workshop.

**Contamination, Confusion, Communication:** Some public health episodes test the boundaries of "system" by impinging on local, regional and state level jurisdictions. The incident involving possible environmental contamination from gasoline storage tanks in the Paw Creek community of Mecklenburg County was such an affair. The Environmental Health and Epidemiology and Statistics Section will present an in depth look at the Paw Creek event as an object lesson in Contamination, Confusion, and Communication. Representatives of the various agencies that played out this drama will be on-hand to present the circumstances and the responses they experienced. A simulated community meeting will provide attendees a perspective of "what it was like to be there!" All of this program is aimed to help in future occasions where several levels of public health authority converge. Thursday, Sept. 22, 8:30 - 11:30 a.m.

**"Gimme a 'T'!. Gimme an 'E'!. Gimme an 'A'!. Gimme a 'M'!.** (as in team building for meeting local public health aims). Yes, you heard right. This is a workshop on grassroots team building for accomplishing local health initiatives. But, it is no game.

Dr. Shoshanna Sofaer will be on hand to lead this program. Dr. Sofaer is internationally known for her expertise with coalition building and has previously captivated several North Carolina audiences on this topic. Please plan to attend this exciting collaborative session of the Adult Health, Dental Health, Epidemiology/Statistics, Maternal and Child Health, Nursing, and Nutrition Sections. Attendance is limited to 200; Thursday, September 22, 1:30 - 4:30 p.m.

### Box Lunch for Hike on Wednesday, September 21

NAME \_\_\_\_\_

AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE WORK/HOME \_\_\_\_\_

Please send along with a check for \$6 made payable to NCPHA/Epi Section to:  
Laura Uberbacher  
NCDEHNR  
Black Mountain Office  
Moore Wing, 3rd Floor  
Black Mountain, NC 28711

## FIFTY YEARS - 1944 - 1994: THE LABORATORY SECTION CELEBRATES

In Wilmington at the Annual Education Conference, September 23, 1993, The Laboratory Section had an exciting meeting at Roy's Riverboat Landing. The business meeting culminated with the Laboratorian of the Year award. The 1993 recipient was Ann Grush, Branch Head - PKU/Galatosenia Branch, NC State Laboratory of Public Health. The officers for the 1993-4 year were selected: Dr. Lou Turner, Chair (State Lab); Pat Vick, Vice Chair (Northampton Co.); Rebecca Morrow, Secretary (Person Co.); Beverly Bibb, Treasurer (Forsyth Co.); David Stone, Member-At-Large - 2nd year (State Lab -

continued on page 7

from page 6

Winston-Salem Reg. Office); Mary Alice Watkins, Member-At-Large - 1st year (Guilford Co. - High Point). Other committee chairs/representatives include: Randi Ostalk, Historian (State Lab); Susan O'Brien, Legislative Committee (New Hanover); Cherry Horn, Nominating Committee (State Lab - Washington Reg. Office); Ann Grush, Membership Committee (State Lab). The workshop was an excellent review of "Flow Cytometry and CD<sub>4</sub> Lymphocyte Counts" by Linwood Carleton, Supervisor, Flow Cytometry Lab, Pitt County Memorial Hospital. At the end of the meeting, plans were begun for this year's program.

This year, the Laboratory Section of NCPHA will celebrate its 50th year of existence at the Annual Educational Conference in Asheville on September 22, 1994. The Executive Committee has been hard at work developing an excellent program and some memorable keepsakes which are designed to commemorate our 50th Anniversary. Cherry Horn is creating a banner honoring all 100 counties, as well as our 50th anniversary. We have a new logo which is now part of a poster being sent to all local health departments.

We are actively recruiting "50 Members for the 50th." As of May 28, 1994 we have 47 members! Hurry and join!! This will enable you to receive a pin specially designed for this occasion at no cost. An anonymous donor has given the Laboratory Section \$500.00 in honor of this golden anniversary to order these pins. Anyone joining after July 1st will have to purchase a pin. These pins incorporate our new logo and a suitable inscription. It is a limited edition and only 100 were ordered. There will also be mugs with the logo and our new mascot "George" - come to the annual meeting to meet him!

The Executive Committee has planned a luncheon/celebration program which will be held at Reems Creek Country Club, Weaverville, NC, 11:30 - 5:00, September 22, 1994. There will be a display and contest to name antique/relic pieces of laboratory equipment. There will be a catered luncheon, cost approximately \$12.00. Although the speakers are in the last stages of being lined up - we hope to have a program which delivers an interesting historical perspective of public health laboratory services from the state, federal, and local points of view, as well as, a look at the future of public health laboratory services. Please plan to attend, surprises should abound!!

I would like to recap the excellent programs conducted at EDNCPHA and WNCPHA

Laboratory Section meetings in May. EDNCPHA met in Fayetteville. Pat Vick, Northampton Co., was named Laboratorian of the Year. Two Educational Programs featured Todd McPherson, Chief, Virology/Serology Section, State Laboratory, discussing "Tick Borne Diseases." Kristy Osterhout, Consultant, State Lab., delivered a program on the "Aspects of Laboratory Management." Winston-Salem was the site of WNCPHA. The Laboratory Section meeting featured Chris Hoke, Asst. State Health Director, discussing "Health Care Reform: It's Impact On Public Health Lab Services." The recipient of the Alexander-Sayers Award for Laboratorian of the Year was Beth Fletcher, Wilkes Co.

The highlight of this exciting year will occur in Asheville. We hope to see you in the Great Smokies this September.

Lou Turner, Chair

## NURSING SECTION

The Nursing Section of NCPHA is alive and growing!! Our membership is up 10% from this time last year. On behalf of the entire Nursing Section a big welcome to the twenty two new members who joined our section for the first time this year and a hearty welcome back to the twenty five members who rejoined our section this year. (Thanks most of all to the members who have and continue to support our section - we wouldn't be what we are without you!!!)

Your Executive Committee has been hard at work this year. The Program and Arrangement Committee have a jammed packed day planned for all nurses at the Annual Meeting. On Thursday, September 22, 1994, we will start the day with a workshop cosponsored by the Physician Extender Section concerned with CHILD ABUSE; followed by the Nursing Section's Margaret B. Dolan Awards Luncheon and Business Meeting; and ending the day with a program on COALITION BUILDING given by Dr. Shoshanna Sofaer from George Washington University. This program will be a multi-section sponsored program which will give us an opportunity to start practicing what we learn. Look for more information in your July "NURSE'S Notes."

The Executive Committee is proud to announce three Nursing Section members are on the NCPHA 1994-95 Slate of Officers. We encourage you to support Eunice Inman (Vice President of Education), Carolyn Haynie (Member-At-Large), and Polly Baker (Mem-

ber-At-Large). Good Luck to each of you.

The Nursing Section was saddened by the announcement of the resignation of Judith Britt, State Director of Public Health Nursing. We will miss Judy and we wish her well in the future.

Betsy Pierce, RN, Chair

## NORTH CAROLINA ENVIRONMENTAL HEALTH SECTION

Our Business and Awards Meeting will be Wednesday afternoon. September 21 from 1:30 - 4:30. Ends with door prizes.

Section Educational Sessions will be offered all day Thursday. That morning we are co-sponsoring a workshop with the Statistic and Epidemiology Section. This three hour workshop will show how local and state agencies must work together to assess, correct, and communicate during a real life crisis. The workshop is titled "Contamination, Confusion, and Communication." During our luncheon Thursday, Teme Riece will provide an exciting program on quality assurance in the work place. That afternoon, sessions include an update from the On-site Wastewater Section, three vector topics: Ecology of California Encephalitis in North Carolina, Blackflies as Pests in North Carolina, and Human Ehrlichiosis. Mr. William Hebert, FDA, will provide a lively discussion of current and future microbiology problems.

Mike Reavis,  
Vice President



# NORTH CAROLINA PUBLIC HEALTH ASSOCIATION

## 1994 ANNUAL EDUCATIONAL CONFERENCE

### SERVICE EXCELLENCE: GETTING TO THE CORE

#### Tuesday, September 20, 1994

10:00 am - 3:00 pm     NCPHA Governing Council

1:00 pm - 5:00 pm     NC Association of Local Health Directors

3:00 pm - 5:00 pm     Joint Leadership Conference

3:00 pm - 5:00 pm     Registration Opens

#### Wednesday, September 21, 1994

8:00 am - 5:00 pm     Registration

12:00 noon - 5:30 pm     Exhibit Area Open

8:30 am - 10:30 am     First General Session

Presiding:             Jim Jones, President  
NC Public Health Association

Invocation:             Dan Shingleton, Past President

Program Introduction:     Dicie Alston, VP of Education

Keynote Speaker:         Avery Henderson, Ph.D., M.P.H.

Topic:                     "Helping the Dead Come Back to Life"

10:30 am - 11:30 am     NCPHA Business Meeting

11:30 am - 1:30 pm     Nutrition Section  
Business Meeting/Awards Luncheon  
Magnolia Restaurant

11:30 am - 1:30 pm     Health Education Section  
Business Meeting/Awards Luncheon  
T.K. Tripps  
311 College St.

11:45 am - 1:15 pm     Children with Special Needs  
Business Meeting/Awards Luncheon  
Magnolia Restaurant

12:00 noon - 1:00 pm     NCPHA Past Presidents/Life Members Luncheon

12:00 noon - 5:00 pm     Statistics & Epidemiology Section  
Business Meeting/Luncheon/  
Workshop/Hike  
(meet at Front Lobby)

1:00 pm - 2:30 pm     Management Support Section  
Business Meeting/Awards

1:00 pm - 2:30 pm     Social Work Section  
Business Meeting/Awards

1:30 pm - 5:00 pm     Environmental Health Section  
Business Meeting

1:30 pm - 4:30 pm     CHAT/Nursing Sections  
Workshop  
"Tuberculosis: The Epidemic or Not"  
Donna Roulic, RN, Speaker

1:30 pm - 3:00 pm     Children with Special Needs and  
Nutrition Sections  
Workshop  
"Health Care Reform: Implications  
for Children"  
Jim Jones or Pam Silberman,  
Speaker

1:30 pm - 3:15 pm     Physicians Extenders/MCH Sections  
Workshop  
"Infants of Mothers with Substance  
Abuse"  
Nancy White, RN, PNP, Speaker

2:00 pm - 4:00 pm     STD Control Section  
Workshop/Business Meeting/Awards  
"The Relationship Between Infectious  
Disease Doctors, Primary Care  
Physicians and Persons Living with  
AIDS"  
Dr. Suzanne Landis

2:30 pm - 4:30 pm     Management Support/Health  
Education/Social Work Sections  
Workshop  
"Living Safely in a Dangerous  
World"  
Linda Hackney, Speaker

3:00 pm - 4:30 pm     Children with Special Needs  
Business Meeting

3:30 - 4:30 pm     Physician Extenders Section  
Business Meeting/Awards

6:00 pm - 7:30 pm    **Membership Reception**

9:00 pm - 1:00 am    **Dance**

**Thursday, September 22, 1994**

7:30 am - 8:30 am    **Continental Breakfast**  
**Exhibit Area**

7:30 am - 1:00 pm    **Exhibits open**

8:00 am - 1:00 pm    **Registration Opens**

8:30 am - 11:30 am    **Management Support/Health**  
**Education/Social Work Sections**  
**Workshop**  
"Dealing with the Angry Citizen"  
Ken Gibson, Speaker

8:30 - 11:50 am    **Environmental Health and**  
**Statistics and Epidemiology**  
**Sections**  
**Workshop**  
"Contamination, Confusion &  
Communication: the Paw Creek  
Incident"  
Panel Participants:  
Tim Alridge, Lynda Rimer, Brenda  
Smith, Debbie Crane, Dan Williams,  
Preston Howard, Lou Anne Williams,  
Jim Gullick

9:00 - 10:30 am    **Physician Extenders/Nursing Sections**  
**Workshop**  
"Child Abuse: Prevention,  
Identification & Response"  
Dr. Andrea Gravatt &  
Brenda Youngblood, Speakers

9:00 - 11:00 am    **STD Control Section**  
**Workshop**  
"How Does the Setting in Which You  
Work Impact HIV/STD Services to  
Your Patients?"  
Panel

11:30 am - 1:00 pm    **Laboratory Section**  
**Luncheon/Contest**  
Reems Creek Country Club  
Weaverville, NC  
"Members will review long forgotten  
pieces of instrumentation and guess  
at what it is"

11:30 am - 1:00 pm    **Nursing Section**  
**Business Meeting/Awards Luncheon**

12:00 noon - 1:15 pm    **Environmental Health Section**  
**Luncheon**  
**Best Western**

1:00 pm - 3:00 pm    **Laboratory Section**  
**Workshop**  
Reems Creek Country Club  
Weaverville, NC  
"Past, Present and Future  
Perspectives: Public Health  
Laboratory Medicine"

1:30 pm - 3:00 pm    **Environmental Health Section**  
**Workshop**  
"Current and Future Microbiology  
Problems"  
William Hebert, Speaker

1:30 pm - 4:30 pm    **Management Support/Health**  
**Education/Social Work Sections**  
**Workshop**  
"Dealing with the Angry Citizen"  
(Repeat)  
Ken Gibson, Speaker

1:30 pm - 4:30 pm    **Statistics & Epidemiology/MCH/**  
**Nursing/Dental Health, Nutrition**  
**and Adult Health Sections**  
**Workshop**  
"Coalition Building"  
Shoshanna Sofer, Dr. P.H.

1:30 pm - 4:30 pm    **Public Health Management Section**  
**Workshop**  
"Continuous Quality Improvement:  
Institutional Effectiveness Initiatives"  
George Baker, Speaker

3:00 pm - 4:30 pm    **Vector Control Section**  
**Workshop**

3:00 pm    "Human Ehrlichiosis-The Cause of  
Spotless Fever?"  
Dr. Bruce Harrison

3:30 pm    "Ecology of California Encephalitis  
in North Carolina"  
Dr. Charles Apperson

4:00 pm    "Blackflies as Pests in North  
Carolina"  
Dr. Barry Engber

3:00 pm - 4:30 pm    **Environmental Health Workshop**  
**"On-Site Wastewater Issues"**

3:00 pm - 5:00 pm     **Laboratory Section**  
Business Meeting/Award Ceremony  
Reems Country Club  
Weaverville, NC

4:30 pm - 5:00 pm     **Adult Health Section**  
Business meeting/Awards

4:30 pm - 5:15 pm     **MCH Section**  
Business Meeting

5:30 pm - 6:30 pm     **Wine & Cheese Reception**  
(Sponsored by the UNC School of  
Public Health Alumni Association)

7:00 pm - 9:00 pm     Awards Banquet

9:00 pm - 12:30 am    Dance: **The Fantastic Shakers**

#### **Friday, September 23, 1994**

7:15 am - 8:30 am     Orientation Breakfast for New 1995  
Governing Council Members

9:00 am - 10:00 am    NCPHA Business Session  
  
1995 Presidential Address:  
Newsom Williams

10:00 am - 12:00 noon Closing Session  
  
Program Introduction  
Dr. Ronald Levine, State Health Director  
  
Program Speaker  
Dr. Charles A. Sanders,  
Chairman, Glaxo, Inc.  
"The Importance of Private/Public  
Partnerships"

Glaxo Child Health Recognition  
Awards

12:00 pm             Luncheon  
(Compliments of Glaxo in  
Recognition of Child Health Award  
Recipients)

1:00 PM             Door Prizes

## **SUBMIT A POSTER FOR THE ANNUAL CONFERENCE**

The Annual Education Conference of the North Carolina Public Health Association will be held at the Radisson Hotel in Asheville September 21-23, 1994.

The conference theme is "Service Excellence Getting to the Core." As a part of the conference agenda, we will have a poster session. We invite you or your county to submit a poster display highlighting service excellence in your county or section area. Over the past years, I'm sure there have been exciting ideas that you would like to share with us at this year's conference.

Each submission must be in the form of a poster. We will have no access to electrical outlets. The posters will be displayed on the walls in the exhibit area. Each county will be recognized at the meeting.

If you are interested in submitting a 2'x3' poster, please contact:

Dicie Alston  
Appalachian District Health Dept.  
Route 5, Box 199  
Boone, NC 28607  
(704) 264-4995 fax (704) 264-4997

We are eagerly looking forward to a very successful poster session at this year's conference. This is the first time that NCPHA will be exhibiting posters. What better way to get involved with NCPHA than to share your ideas?

Should you have any questions or need additional information please contact either Deborah Rowe (919) 872-6274 or Dicie Alston.

As a way to become more involved in NCPHA, members can volunteer to serve on a committee of the Association. To be considered for a committee for FY 1994-95, please complete this form and return it to the NCPHA office, 1009 Dresser Court, Raleigh, NC 27609, or call Deborah Rowe at (919) 872-6274

Name

Address

City/State/Zip

Phone

Committee or area of interest

## NEW TRAINING PROGRAM A SUCCESS FOR ENVIRONMENTAL HEALTH INTERNS

Sixteen new environmental health interns completed the first eight week training program on North Carolina environmental health laws and rules. The program sponsored by the Division of Environmental Health, DEHNR enlisted the cooperation of over ninety speakers from thirty organizations to prepare the interns for their new roles in educating the public and enforcing the state rules. Staff from area universities lent their expertise including, East Carolina University, North Carolina State University and UNC-Chapel Hill.

The interns are employed by local health departments to enforce the state rules which govern sanitation of food, lodging and institutional establishments as well as rules which govern the sanitary disposal of sewage, the protection of drinking water, and other equally important rules which are designed to protect the public's health.

The interns are college graduates with various backgrounds in science including environmental health, environmental science, food science, biology and soil science.

The training program held classes daily in Raleigh from January 31-March 25th, 1994. In an effort to create better communication and co-operation amongst other "permitting" or "enforcing agencies", speakers came from Solid and Hazardous Waste, Air Quality, Environmental Radiation, Epidemiology, Child Development, Facility Services and the Department of Labor.

The interns, have been applying the knowledge and skills gained in the training program and are now being authorized by regional specialists to carry out the laws of the state. Though exhausted by the concentrated effort in training, the interns were jubilant about returning home to begin work.

*That's off to a new generation of environmental health specialists* who will be inspecting our restaurants, child daycare centers, schools, nursing homes, hotels, swimming pools and prisons; evaluating property for soil suitable to treat wastewater, designing septic tank systems; responding to community complaints about insects, pests, noise

and educating others to apply principles of public health. *The public health community welcomes you!*



### COUNTY

Alexander  
Appalachian District  
Brunswick  
Caswell  
Craven  
Cumberland  
Davidson  
Durham  
Haywood  
Lee  
Martin-Tyrell-Washington  
Nash  
Pamlico  
Robeson  
Richmond  
Rockingham  
Rutherford-Polk-McDowell

### INTERNS

Kim Goodman  
Andrew Blethan  
Alan Saunders  
Becky Morris  
Laura Gammons  
Mark Darnell  
Darren Cecil  
Marc Meyer  
Jim Webb  
Keith Rowland  
Ronnie Cooper  
Mac Shingleton  
Steven Lane  
Percell Locklear  
Rhonda Locklear  
Alice Moore  
Roger Beeman

For further information contact Bibby Moore, (919/715-3205) who is preparing for the Fall training program, August 1-September 31 for 24 interns.

Bibby Moore

Education & Training Coordinator  
Division of Environmental Health



*Dr. Terrence Smith gives presentation on  
Partials and Dentures to  
Cumberland County senior citizens.*

## ACCREDITATION COMMISSION FOR HEALTH CARE

The Board of Commissioners, for the Accreditation Commission for Home Care, agreed to expand the agency's scope of services to better meet the needs of North Carolina home care agencies. Four new services will be added to the accrediting program by fall. They are physical therapy, occupational therapy, speech pathology and medical social work. In addition to these disciplines, three more will be added late this year or early 1995. A special task force is working on standards for respiratory therapy, medical equipment and pharmacy services to meet this goal.

The Commission has also decided to step up efforts with its consumer education program. In the past year 35,000 "Home Sweet Home" consumer guides were distributed, a television public announcement produced and a directory of accredited agencies published. New ways of reaching the public will be explored over the next few months. For more information regarding the accreditation program call the Commission at 919-872-8609.

Tom Cesar  
Executive Director

## CUMBERLAND COUNTY DENTAL DAY

On May 25, 1994, the Cumberland County Dental Department hosted a Senior Smile Open House for senior citizens. Mayor J.L. Dawkins brought greetings from his office, and Dr. Terrance Smith, a local prosthodontist, discussed partials and dentures.

Other activities included exhibits, dental bingo, door prizes, and free dental screenings. The staff members involved were: Susie E. Davis, Receptionist and School Health Fund Clerk, Kay W. Williams, Public Health Dental Hygienist, Robin L. Fennell, Public Health Dental Assistant, Dr. Sharon Nicholson-Harrell, Director of Dental Services, and Karen Brady, Special Activities Supervisor. Closing remarks were given by Dr. Odell Dalton, Chairperson of the Board of Health.



## NCPHA PATRONS

Twenty NCPHA members have contributed an additional \$25.00 to become a NCPHA Patron Member. We deeply appreciate the generosity of these members:

Leonard Wood  
Health Director, Catawba County Health Dept.  
Susan O'Brien  
Laboratory Director, New Hanover County Health Dept.  
Michael Rhodes  
Health Director, Brunswick County Health Department  
Evelyn Schaffer  
Nursing Director, Rowan County Health Department  
Richard Clayton  
Regional Env. Health Specialist, Washington Reg. Office  
Dr. James Tenney  
Health Director, Buncombe County Health Dept.  
Dr. Jean Spratt  
Director, NC Division of Dental Health  
Jo Williams  
Nursing Consultant, NC DEHNR - TB Branch  
Hoyt Ponder  
Director, Western Carolina Developmental Evaluation Center  
Newsom Williams  
Director, New-Bern Developmental Evaluation Center  
Daniel Shingleton  
North Carolina Public Health Association

Edna Hensey  
Chief, Office of Dental Health Education - NC DEHNR  
Steve Martin  
TB Control Branch, NC DEHNR  
Victor Schoenbach  
Associate Professor, Department of Epidemiology,  
UNC Chapel Hill  
Charles Hawkins  
Retired  
Dr. Georjean Stoodt  
Adult Health Promotion, NC DEHNR  
Margaret Horton  
Public Health Nurse, New Hanover County Health Dept.  
Emily Tyler  
Health Education Consultant, NC DEHNR, Winston-Salem  
Regional Office  
Maryann Kick  
Program Manager, Wake County Health Department  
Rebecca Meriwether - Communicable Disease Section,  
NC DEHNR

## WELCOME MAT

We are fortunate to have 52 new members to join us for the period of March 15, 1994 to June 1, 1994. We appreciate their support and encourage them to become active participants in our Association. Please take the opportunity to welcome our new members into our organization:

Wayne County Health Department - Joyce Kelly  
Hoke County Health Department - Janice Leonard  
Brunswick County Health Department - Martha Eaddy  
Guilford County Health Department - Anthony Young,  
Sandra Gleason  
Cumberland County Health Department - Dianne Pankey  
Columbus County Health Department - Eva Cooper  
Robeson County Health Department - Debi Campbell,  
Patsy Pipkin, Percell Locklear  
Person County Health Department - Mesina Richmond,  
Sally Howe, Elaine Solomon, Sara Ofosu-Benefo  
Carteret County Health Department - Minnie Taylor,  
Deborah Smith, Virginia Golden, Jennifer Oppenheim,  
Jane Jones, Ada Taylor, Laura Wade, Doris Rohloff,  
Pamela Monaghan, Linda Sadler  
Wilkes County Health Department - Hope Combs  
Union County Health Department - Robin Vanderburg,  
Yvonne Burr

Franklin County Health Department - Wendy Blackburn,  
Sue Smith, Becky Leonard, Willa Robinson, Renee' Perry  
Richmond County Health Department - Sarah Caudle,  
Julie Cagle, Sherrie McCormick  
Forsyth County Health Department - Lynne Mitchell  
Buncombe County Health Department - Kimberly Pruett  
Caswell County Health Department - Myra Loftis,  
Sandra Tate, Della Brown, Benton Thompson, Denise Wilkins  
Randolph County Health Department -  
Sandi Heckman-Fries, Sylvia Stainback  
Chatham County Health Department - Audrey Karski  
Durham County Health Department - Van Tanner,  
Theresa Bennett  
Bladen County Health Department - Rebecca Wright  
DEHNR: Inanunization Branch - Annette Byrd  
NC Dept. of Labor - Dr. Linda Attarian  
UNC-Greensboro - Soon Ki Woo, Sara Fujimura

**NORTH CAROLINA PUBLIC HEALTH ASSOCIATION  
ANNUAL MEETING PRE-REGISTRATION  
SEPTEMBER 21 - 23, 1994  
RADISSON HOTEL  
ASHEVILLE, N.C.**

**PRE-REGISTRATION MUST BE POSTMARKED BY SEPTEMBER 13, 1994 TO:**

**NCPHA  
1009 Dresser Court  
Raleigh, NC 27609**

**NO PRE-REGISTRATION OR REFUNDS AFTER THIS DATE**

NAME (PLEASE PRINT) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_

SECTION AFFILIATION \_\_\_\_\_

**FULL CONFERENCE:**

PRE-REGISTRATION: (MEMBER)	\$60.00	\$ _____
PRE-REGISTRATION: (NON-MEMBER)	\$105.00	\$ _____
ON-SITE REGISTRATION: (MEMBER)	\$70.00	\$ _____
ON-SITE REGISTRATION: (NON-MEMBER)	\$115.00	\$ _____

**ONE DAY:**

PRE-REGISTRATION: (MEMBER)	\$30.00	\$ _____
PRE-REGISTRATION: (NON-MEMBER)	\$75.00	\$ _____
ON-SITE REGISTRATION: (MEMBER)	\$35.00	\$ _____
ON-SITE REGISTRATION: (NON-MEMBER)	\$80.00	\$ _____

**DAY MUST BE DESIGNATED:** \_\_\_\_\_

**STUDENT AND RETIREE:** ½ OF APPROPRIATE REGISTRATION FEE \$ \_\_\_\_\_

**BANQUET:** \$25.00 \$ \_\_\_\_\_

**TOTAL REGISTRATION:** \$ \_\_\_\_\_

**NCPHA ANNUAL DUES: (OCTOBER - SEPTEMBER)** \$ \_\_\_\_\_

If Salary is less than \$20,000 =	\$25.00
If Salary is \$20,000 - \$35,000 =	\$35.00
If Salary is greater than \$35,000 =	\$45.00

**SECTION DUES:** \$ \_\_\_\_\_

Public Health Management (1)	\$3.00	Health Education (7)	\$5.00	Statistics/Epidemiology (S)	\$2.00
STD (8)	\$4.00	Adult Health Promotion (A)	\$5.00	Nursing (2)	\$4.00
Physician Extenders (PE)	\$5.00	Laboratory (6)	\$4.00	Children w/Special Needs (D)	\$5.00
Nutrition (5)	\$5.00	Community Health Asst. (2A)	\$3.00	Social Work (SW)	\$3.00
Environmental Health (3)	\$7.00	Vector Control (V)	\$3.00	Maternal & Child Health (MC)	\$2.00
Dental Health (Y)	\$5.00	Management Support (4)	\$3.00		

**TOTAL AMOUNT RECEIVED** \$ \_\_\_\_\_

Please indicate if you plan to attend the complimentary luncheon provided by Glaxo on Friday, September 23rd, from 12:00 noon - 1:00 pm.

\_\_\_\_\_ I plan to attend luncheon \_\_\_\_\_ I do not plan to attend luncheon

NORTH CAROLINA PUBLIC HEALTH ASSOCIATION  
CANVASS FOR SERVICE AWARD ELIGIBILITY

The North Carolina Public Health Association awards those who have worked in public health over twenty-five years at the Annual Awards Banquet each year. If you, or someone in your area, deserve this recognition, please complete this form and return as indicated on the bottom of this form.

YEARS OF FULL-TIME SERVICE IN NORTH CAROLINA AS OF DECEMBER 31, 1993

<u>NAME</u>	<u>CLASSIFICATION</u>	<u>DATES OF SERVICE</u>	<u>EMPLOYER</u>
-------------	-----------------------	-------------------------	-----------------

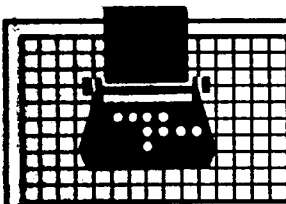
Twenty-Five Years


Thirty Years


Thirty-Five Years


Forty Years


RETURN BY AUGUST 20TH TO: Delton Atkinson  
NC Dept. of Environment, Health & Natural Resources  
PO Box 27687  
Raleigh, NC 27611-7687



# EDUCATIONAL OPPORTUNITIES

## **CONTINUING EDUCATION PROGRAMS SCHOOL OF PUBLIC HEALTH, THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL**

Many of the following continuing education programs are jointly sponsored or cosponsored by the NC Department of Environment, Health and Natural Resources: NC Area Health Education Centers: NC Environmental Health State of Practice Committee; NC Public Health Nursing Continuing Education Advisory Committee; and Office of Public Health Nursing. For specific information on program sponsorship, please refer to the program brochure.

**1994 North Carolina Local Public Health Management  
Support Supervisors' Association Conference**  
August 18                      Asheboro

**11th Annual School Nurse Conference**  
**School Nursing: into the Future**  
September 15-16              Chapel Hill

**ISEE/ISEA Joint Conference 1994**  
September 18-21, 1994      Research Triangle Park

**Enrichment Series for Nutrition Professionals: HIV and the  
Immune System**  
September 22                      Chapel Hill

**Seafood Quality and Safety, A Practical Workshop for  
Environmental Health Specialists**  
October 26-28                      Morehead City

**Tobacco-Free Youth: Empowering A Generation for  
Healthier Communities**  
November 11- 12                  Research Triangle Park

**Third Annual Healthy Carolinians 2000 Conference**  
November 14-15                  Raleigh

**Registration.** For further information and/or to register please contact Phyliss Woody, registrar, Office of Continuing Education, UNC School of Public Health, CB# 8165, Miller Hall, Chapel Hill. NC 27599-8165: phone 919/966-4032 or fax 919/966-5692.

## **1994 DIVISION OF ADULT HEALTH PROMOTION SYMPOSIUM EXCELLENCE IN A CHANGING ENVIRONMENT**

August 11-12, 1994  
Howard Johnson Plaza Hotel  
Fayetteville North Carolina

This Symposium is designed for multidisciplines from local health departments and other agencies that provide health promotion/disease prevention and health care programs to North Carolina adults.

The purpose of the Adult Health Promotion Symposium is to present strategies for nurturing and achieving excellence in health promotion and health care programs in the changing public health environment.

### **Highlights:**

**Opening Session** will focus on the current status of health care reform from the national, state and local perspective.

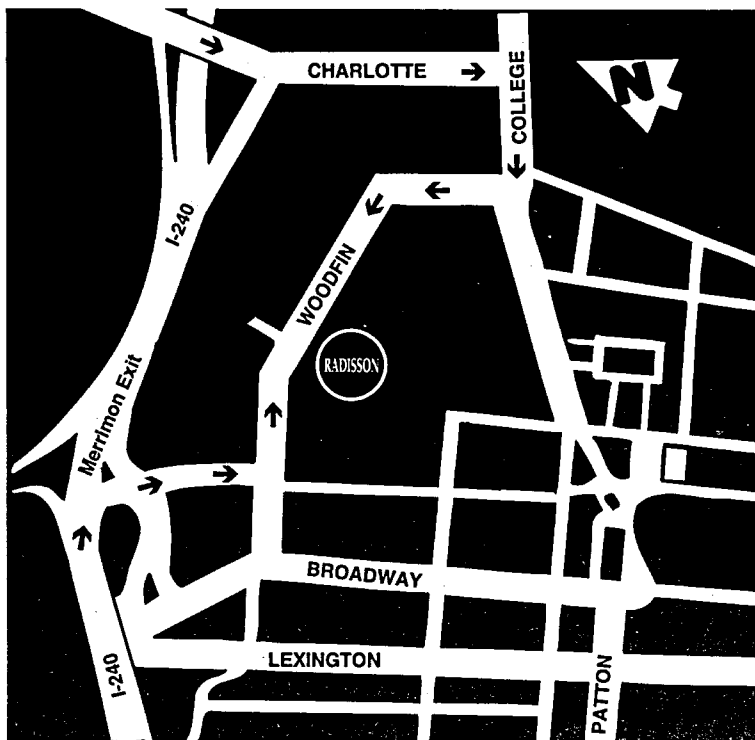
**Skill-building Workshops** will teach practical skills to enable you to provide excellent health programs in a changing public health environment. The workshops will offer you strategies to nurture excellence through communication, through cardiovascular disease prevention, through partnerships and through community policies programs.

**Resource Festival** will help you identify resources in your community and in the state which will enable you to plan public health programs that respond to needs and challenges in a changing environment. Representatives have been invited from health supply companies, voluntary agencies and health promotion programs offered by various state agencies.

**Poster Session** will display innovative interventions developed by local health departments throughout the state that promote health, prevent disease and provide care.

**Celebrating Excellence** will provide a time for networking during dinner (included in the registration), along with some entertainment and recognition of counties that have demonstrated excellence.

**To obtain a registration form and/or further information** please contact Ann Daniel at (919) 715-3162.



## RADISSON

One Thomas Wolfe Plaza • Asheville, North Carolina 28801  
Telephone (704) 252-8211 • Fax 254-1374

**NORTH CAROLINA  
PUBLIC HEALTH ASSOCIATION, INC.**  
1009 DRESSER COURT  
RALEIGH, NORTH CAROLINA 27609  
(919)872-6274  
FAX (919)878-8427

*The Newsletter is a publication of the North Carolina Public Health Association. The next edition will be in December, 1994. Articles should be submitted by November 1, 1994.*

Deborah Rowe, Administrative Assistant  
Dan Shingleton, Program Development Specialist

Jim Jones, President  
(919) 733-3419

Libby Stephens, Newsletter Editor  
Vice President of Communication  
(919) 761-2390

Authors are responsible for views  
expressed in signed articles.



This Newsletter was printed on Recycled Paper.



**NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.**  
**NEWSLETTER**

Non-profit  
Organization  
U.S. Postage  
PAID  
Raleigh, N.C.  
Permit No. 1499

JULY 1994

1009 Dresser Court, Raleigh, NC 27609



# NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

# NEWSLETTER

APRIL, 1994 1009 DRESSER COURT, RALEIGH, NC 27609

PHONE 919/872-6274

## NCPHA PRESIDENT'S MESSAGE

### WE CANNOT AFFORD COMPLACENCY!!!

In my address to the membership at the Annual Educational Conference, I gave some suggestions as to how we as an organization can make a difference in health care reform. Since September, we have worked closely with other public health organizations to influence public health legislation.

The Jeralds-Ezzell-Fletcher Health Care Reform Act of 1993 established the NC Health Planning Commission. This Commission's membership was determined by the Legislature; however, I have had the honor to represent NCPHA and have appointed Mr. Carl Tuttle to serve as an additional NCPHA representative to Dr. Levine's committee to develop recommendations for how public health should be represented in health care reform. Mr. Bill Smith is NCPHA's representative to the NC Alliance for the Advancement of Public Health which has also been involved in developing recommendations for this committee.

The NCPHA Legislative Committee, chaired by Dr. Leah Devlin, has adopted the Legislative Agenda of the NC Association of the Local Health Directors and will work closely with this organization and other organizations such as the Association of Boards of Health for the passage of these bills and secure public health related funding. I have written a letter to all of the members of the NCPHA Governing Council and Executive Committee and have given them sugges-



*Jim Jones, NCPHA President*

tions for writing their Congressmen to support the inclusion of funding for public health in the Health Security Act in Congress.

Together with the UNC School of Public Health, NC Association for Home Care, the NC Association of Local Health Directors, SOPHE, Citizens for Public Health, and the Association of NC Boards of Health, we will sponsor a two-day conference on Health Care Reform in June that will include legislative leadership and representatives from the NC Health Planning Commission and NC Department of Environment, Health and Natural Resources.

Though NCPHA no longer employs a lobbyist, we are fortunate to be able to keep abreast of what is happening through our

joint efforts with other associations which do employ a lobbyist. We believe a more cost effective approach for an organization with limited resources is for our members to contact policy makers; therefore, we are directing our efforts in personal legislative contacts by our membership.

We are fortunate to be in a position that can greatly influence the health status of each North Carolinian; however, we all must make an effort to be actively involved. Don't hesitate to pick up pen and paper to contact you legislators. Attend public hearings and be a voice for public health issues **AND SUPPORT YOUR ASSOCIATION!**

It is very important to be involved in the legislative, membership, nominating, and program planning aspects of our organization by attending the committee meetings when requested. The leadership of this organization needs continuous input from section representatives. We need to hear your voice at these meetings.

We can no longer write a check and sit back and assume that someone else will carry the torch. We all must be involved in every aspect of this organization in order for NCPHA to be a vital and important Association and to stand as an unified voice for public health.

**Information concerning NCPHA legislative initiatives  
are found on pages 2, 3, and 4 of this Newsletter**

## DISPATCHES FROM THE FRONT

It has been a great privilege for me to begin my work as a Program Development Specialist for NCPHA. On January 3 your president, Jim Jones, and I signed a contract and I started work the same day. The months of January and February have brought good times and many surprises.

During January and February I visited Columbus, Robeson, New Hanover, Pender, Duplin, and Onslow counties conducting membership recruitment. In addition, I visited the New Bern DEC and the Washington regional office for the same purpose. I am pleased to report that a number of folks in these agencies have rejoined or joined NCPHA as new members. Having new people join our Association is especially gratifying!

During this same time frame we had the opportunity to meet with the Membership Committee and, with the Committee's guidance, we have begun preparing a new membership brochure and a recruitment poster. We are also considering a recruitment video. It is imperative that we increase our membership in 1994 - our future is too important and our Association too vital for us to be compromised by a lack of support. There are about ten thousand "public healthers" in North Carolina and each one of these individuals should be a member of NCPHA!

I met with an Ad Hoc Grants Committee and with their guidance have worked on marketing the Friends of Forum program. The Friends program is designed to give those especially interested in our public health journal the opportunity to contribute financially to this unique publication. Also we have started offering subscriptions to the Forum.

One of the most exciting enterprises we have proposed is the creation of an endowment for the Association. Thanks to Bob Parker of the New Hanover County Health Department and former president of our Association, we have proposed the creation of the Wood Lectures. If our plans are successful (They will be!) we will create an endowed lecture series which will be deliv-

ered at our annual education conference. This offers us the opportunity to create a permanent mechanism for funding outstanding speakers for our annual conference. Bob has agreed to chair the Endowment Committee - you will be hearing more about this exciting program in the future.

Please remember the words of the song sung by Fred Astaire in Finian's Rainbow - "Look, look to the rainbow. Follow the fellow who follows the dream"

Dan Shingleton

## FUNDING FOR PUBLIC HEALTH ON NATIONAL LEVEL NEEDS TO BE SECURED

At the State Health Directors Annual Meeting in Raleigh, Dr. J. Michael McGinnis, Deputy Assistant Secretary for Health, talked about Health Care Reform under the Health Security Act as proposed by President Clinton. We have read the strong support for public health and population based services in the Health Security Act; and, we are thrilled with the language in the Bill. The Bill recognizes that the public health role is crucial to the prevention of disease, illness and to reduction in health care cost. Unfortunately, after all the beautiful language concerning core public health functions, there is no provision made to ensure funding of public health in the Health Security Act.

Dr. McGinnis shared with us plans from other Congressmen on Health Care Reform. In those plans, core public health services are not even mentioned, much less funded. We are at a serious crossroads in Health Care Reform. Unless Congress decides to fund public health services, the health of the people of the United States will not improve to the extent it could improve with funding of services we know will make people healthier.

Health Security Act funding for Public Health will be a competitive process in which states bid against each other to be funded to carry out core public health functions. The funds are not set aside or guaranteed in any

way. The funds must be authorized by Congress each year during the budget process. If public health grants become a budget item; we will see little funding for core public health services. Even then the language in the bill is permissive; i.e., the Secretary may make grants," not shall.

The funding language in the Health Security Act is unacceptable. It is a must that we write our Congressmen and Senators and tell them in no way will Health Care Reform improve the health status of the citizens of our state, unless core public health services are funded. There must be set aside (secure) funding for public health, and it must be identified "up front."

Our National Associations in Washington are working to ensure funding for core public health services in Health Care Reform. The American Public Health Association, National Association of County Health Officials and the Association of State and Territorial Health Officers (ASTHO) are all lobbying leaders in Washington to provide "set aside" funding for core public health services. In conjunction with those efforts in Washington, they need people like us to write and "hammer the same message home" to our representatives.

I request that you write your Congressman and our two Senators and state the following:

1. A large increase in core public health services (population based services) must be included in Health Care Reform.
2. President Clinton's Health Security Act is the only bill which includes these services to a great extent.
3. Public health must have a designated, dedicated source of funding not tied to annual appropriations, e.g. a "set aside".
4. Core public health functions should be funded in every state by a formula approach, factoring in population and risk factors, not competitive grants.

This great opportunity to improve the health status of our citizens will only come once in our lifetimes. If we are not able to gain the resources needed to fund public health, it will not come again for a long time. Please write your letters. Please make your



phone calls.

Please write and call your Senators and Representatives today! To phone, call the U.S. Capitol Switchboard at (202) 224-3121 and ask for your Senators and Representatives. To write, please address your members of Congress as:

#### SENATORS

The Honorable \_\_\_\_\_  
U.S. Senate  
Washington, DC 20510

#### REPRESENTATIVES

The Honorable \_\_\_\_\_  
U.S. House of Representatives  
Washington, DC 20515

Robert S. Parker, President  
NC Association of  
Local Health Directors

## MOVING PUBLIC HEALTH FROM THE BACK BURNER

The media has been innudated with national health reform during 1993-94. Councils have been formed, forums have been held, reports have been compiled. Thankfully, public health is included in this reform movement, but that has not always been the case.

Our American Public Health Association (APHA) Representative, Maida Dundon, attended APHA's Annual Conference in Atlanta in the fall of 1991. One of the forums she attended presented the idea of health care reform and the fact that local public health practitioners needed to be proactive in pursuing public health's role in the reform movement.

Upon Mrs. Dundon's return to North Carolina, she attended a town meeting in Winston-Salem on this issue that was sponsored by Congressman Steve Neal. Discussion centered around hospital bills, lack of primary physicians, difficulty in accessing the system. No one mentioned public health.

Recognizing the lack of public health visibility in the community, Mrs. Dundon presented the issue to the NCPHA Execu-

tive Committee in December, 1991. Alarmed that public health was on the back burner of this movement, the Executive Committee voted to explore the feasibility of sponsoring an open forum to shift emphasis toward public health involvement. Our President, Randall Turpin, requested that Barbara Chavious, our new APHA Representative, investigate the interest of the School of Public Health in co-sponsoring this event. Thus, the idea of *The Role of Public Health Under Health Care Reform Consensus Conference* was born!

Over a period of fifteen months, a Planning Committee was formed, grant proposals were written, financial sponsors were secured, panelists and experts were identified, and a two day forum materialized in May 1993. In addition to NCPHA and the UNC School of Public Health, the NC Department of Environment, Health, and Natural Resources and the NC Association of Local Health Directors sponsored this event. Co-sponsors included the NC Association of Public Health Nurse Administrators, Western NCPHA, Eastern District NCPHA, UNC School of Public Health Alumni Association, NCPHA Environmental Health Section, NCPHA MCH Section, NCPHA Nutrition Section, NCPHA Laboratory Section, NCPHA Physician Extender Section, NCPHA Children with Special Needs Section, the NC Optometric Society and the NC Society of Public Health Education.

The select panel of professionals experienced in public health service and delivery heard formal presentations from a variety of experts in health care reform and public health. Members of the conference audience had the opportunity to address the panel directly and comment on the formal presentations. The panel integrated the fundamental points that were made into a consensus conference statement, which we will feature in our July edition of this Newsletter.

Advocacy is not limited to a lobbyist walking the halls of the Legislature. It does not require an experienced political specialist. It is a personal act of a dedicated public health professional. It's vision and promotion. It's commitment and tenacity.

We wish to thank those who had the vision and passion to actively pursue this venture. Our members are our true advocates.

## LEGISLATIVE CONFERENCE TO FOCUS ON HEALTH SYSTEM REFORM

The impact of health system reform on public health will be the focus of the "1994 Public Health and Community Health Day at the Legislature" conference to be held June 1-2, 1994, at Raleigh Radisson Plaza Hotel.

Public health and community health professionals from across the state are invited to attend this important conference to be informed about and discuss reform legislation to be decided by the NC General Assembly during this year's short session. This conference will provide a forum for discussing specific issues with your legislators.

Jim Jones, NCPHA president, will serve as moderator for the opening day's session, which will begin at 2:45 p.m. on June 1. Other speakers will include Dr. Thad Wester, Deputy State Health Director, a public health consensus development conference representative, and Tim Rogers, Regulatory Affairs Director, NC Association for Home Care.

Day two of the conference will begin at 7:30 a.m. with "Eggs and Issues", an informal opportunity to meet with legislators on a one-to-one basis. The conference will follow with brief presentations by legislators on major issues and funding priorities for the 1994 session, a report on the NC Health Planning Commission's progress and future plans, recommendations regarding state health system reform, and updates on federal health care reform and the NC Public Health Study Commission.

The conference is sponsored by the NC Public Health Association; UNC School of Public Health, Division of External Affairs and Community Health Service and Alumni Association; NC Health Director's Association; NC Association for Home Care; NC Primary Care Association; Association of NC Boards of Health; and Society for Public Health Education, Inc.

To register, contact the Office of Continuing Education, UNC School of Public Health, CB#8165, Miller Hall, Chapel Hill, NC 27599-8165; phone 919/966-4032 or fax 919/966-5692.

# NCPHA'S LEGISLATIVE AGENDA

NCPHA's Legislative Agenda is as follows. We solicit involvement from each member in contacting your legislator for his/her support in the passage of these bills.

## **HB 203 Tattooing Regulated**

Sponsor: Representative Ives  
Status: Senate Finance - alive  
for 94 Short Session

This legislation would establish statewide regulation of tattoo parlors. Rules would be adopted by the Commission for Health Services and permitting and enforcement would be by the local health department acting as agents of the state.

## **HB 613 Patient Records/DEHNR Investigation**

Sponsor: Representative Kuczmarski  
Status: Passed House and Senate, House has not yet concurred with changes made in the Senate - Alive for 94 Short Session

This bill would give the Department increased access to private patient records when necessary for investigating a disease or health hazard that may present a clear danger to the public health. The bill also incorporates provisions from Senate Bill 639. These provisions would provide qualified immunity to expert panels and others who assist the State Health Director in in-

vestigations for the purpose of evaluating the risk of transmission of HIV or Hepatitis B from an infected health care worker to patients.

## **HB 650 Asbestos Program Penalties**

Sponsor: Representative Gottovi  
Status: Senate Judiciary II - Alive  
for 94 Short Session

This bill will transfer rulemaking authority from the Environmental Management Commission to the Commission for Health Services to implement the National Emission Standards for Hazardous Air Pollutants that pertain to demolitions and renovations. The bill will also establish administrative penalties for violations of asbestos hazard management provisions.

## **HB 1319 The Studies Act of 1993**

Sponsor: Representative Ramsey  
Status: Passed 2nd & 3rd Reading

Most importantly, this bill establishes a permanent Public Health Study Commission. The bill also lists 101 topics that may be studied by the Legislative Research Commission. Unfortunately, the bill was not signed and therefore not ratified. At the time of this writing, it appeared that the bill would not be ratified until the General Assembly reconvenes in May 1994.

## **Lead Abatement Contractor Certification Legislation**

Status: This matter has been referred to the Public Health Study

Commission who will introduce a bill in the short session.

North Carolina has received a four million dollar HUD grant for lead abatement of residential housing which will be matched by four million dollars by the North Carolina Department of Commerce. The grant is conditional upon the passage of the Lead Abatement Contractor Certification Legislation.

Please remember the following when corresponding with your legislator:

*Do not use letterhead stationery or metered mail postage. Correspondence should be written on your own time, using your personal stationery or plain paper.*

*Be brief-write about one bill or issue at a time. A one page letter is usually most effective.*

*Be legible-make sure your handwriting is legible and spelling is correct.*

*Be timely-write when the issue is current and before the bill comes to the floor for a vote.*

*Be sure you use the bill title in your correspondence.*

## **YOU DON'T HAVE TO BE AN EXPERT TO WRITE YOUR LEGISLATOR. IT IS YOUR CONCERN AND INTEREST THAT ARE MOST IMPORTANT. HERE ARE SOME TIPS TO MAKE IT EASIER**

### **Address it properly**

During the legislative session, send mail to:  
The Honorable (name of Senator or Representative)  
North Carolina General Assembly  
State Legislative Building  
Raleigh, North Carolina 27611

It is customary to write: Dear Senator \_\_\_\_ or Dear Representative \_\_\_\_

### **Identify yourself**

Tell where you are from and, if you are a constituent, always identify yourself as one. Also, state other affiliations you have, for example, that you are a member of NCPHA or other associations.

### **Be specific**

When writing about particular legislation, use the bill number or title if you know it. If not, briefly describe the issue to show you are familiar with the subject.

### **State your reasons for writing**

Say up front that you want him/her to support or oppose the bill and why. Tell how you believe the bill will affect you or those whom you know. Specify how it will affect the legislator's district. Focus on two or three main points. If you have them, attach newspaper and journal clippings to support your position. Supportive editorials from local newspapers carry weight.

### **Personalize your letter**

Write your own views in your own words. Personal letters are much more effective than form letters that look like the product of a mail campaign.

### **Ask for specific action**

Urge your legislator to take action to support (or oppose) the bill. Request (don't demand) a reply to your letter stating his/her position.

## **SAMPLE**

123 Main St.  
Millsville, N.C. 12345  
April 1, 1994

The Honorable John Doe  
North Carolina General Assembly  
State Legislative Building  
Raleigh, NC 27611

Dear Senator Doe,

I am a registered voter from Millsville, in your district, and a member of the North Carolina Public Health Association. I am writing to ask your support for Senate Bill 111, which would require the establishment of a state policy for solid waste management.

Mills County, like many North Carolina counties, is facing a crisis in solid waste management. A comprehensive statewide policy is needed to address these problems and to provide guidelines and assistance to local governments for developing their own waste management programs. This is needed to protect the health of our citizens, the quality of our water and air; and the long-term economic well-being of our state.

I hope that you will vote yes to support SB 111. I would appreciate hearing from you about your position on this much needed legislation.

Thank you for your consideration of this issue.

Sincerely,

Mary E. Smith

## PROJECT SAFE RIDE RECEIVES GRANT

The Health Education Division of the Cumberland County Health Department has been awarded a \$5,000 grant from the University of Alabama Injury Control Research Center. Project Safe Ride is a Bicycle Helmet Safety Program that will highlight an elementary school based safety curriculum, PTA and pediatrician office involvement and a large bicycle safety inspection rodeo.

Karen Blanford, Project Safe Ride Coordinator will work very closely with the Fayetteville Police Department to make sure the grant project is a big success.

## CUMBERLAND COUNTY DENTAL DEPARTMENT SPONSORS POSTER CONTEST

"A Healthy Smile is a Treasure" was the theme for the 1994 Children's Dental Health Month Poster Contest sponsored by the Cumberland County Health Department and the Healthful Living Program of the Cumberland County Schools. Hundreds of 3rd grade students in 44 public and private schools in Cumberland County submitted poster entries. One winner was selected from each of the 44 participating schools and awarded a trophy. Each school winner then advanced to the district contest; the 9 district winners were awarded \$50.00 savings bonds.

The grand prize winner, Heather B.



Williams of District Seven Elementary, won a \$100.00 savings bond. The county winner and 9 district winners were honored at a special Awards Ceremony held February 18 at the Cumberland County Health Department. The keynote speaker was Mrs. Sheryl Lewis, Associate Superintendent of Elementary Education. Parents, teachers, principals, health department officials, Board of Health members, and other legislative officials were in attendance.

Area banks donated the savings bonds. Members of the Greater Fayetteville Dental Society, the Greater Fayetteville Dental Hygiene Society, and North Carolina Dental Assistants Association volunteered as judges.

Dental Health Committee members are: Kay W. Williams, RDH; Susie E. Davis, Receptionist; Robin L. Fennell, CDA; Alisa E. Debnam, MPH; and Dr. Sharon Nicholson-Harrell.

## FELLOWSHIP AWARDED

David L. Burke, Jr., R.S., has been awarded the Executive Master's Program 1994 Summer Fellowship in Health Policy and Administration at the School of Public Health, UNC-Chapel Hill. This fellowship provides an opportunity to attend a 3-credit hour graduate-level course, entitled HPAA 107-Theory and Practice of Public Health Policy and Administration. We are pleased to have a member of the public health family in North Carolina receive this honor.

David currently serves as the Environmental Health Supervisor with the Burke County Health Department in Morganton, where he originally joined the staff in 1979. He has been a member of the North Carolina Public Health Association since 1980 and served as Secretary-Treasurer of the Environmental Health Section, NCPHA in 83-84. He has also been active in WNCPHA and in the Western NC Environmental Health Supervisors Association.

David will attend classes in Chapel Hill during the 5 week summer session of the

Executive Master's Program this May/June and plans to transfer the credit earned at UNC toward his Master's program at Appalachian State University. He has long-term career goals in public health and hopes to further his understanding of the practice of public health through participation in this course.

Barbara Chavious  
Associate Director  
Executive Master's Program

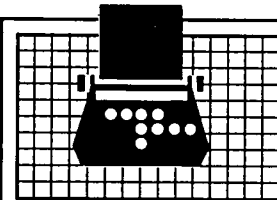
## GLAXO CHILD HEALTH RECOGNITION AWARDS PROGRAM

Finding ways to get more children immunized earlier in life takes much dedication and creativity. Glaxo, Inc., a research-based pharmaceutical company in Research Triangle Park, wants to recognize and reward the public health departments and individuals who have developed the best immunization projects in the state.

The Glaxo Child Health Recognition Awards Program will be launched this spring. Association members soon will receive letters explaining details of the program, and applications for nominating a department and/or individual who has been particularly successful in improving immunization rates. Awards will be presented at the association's annual meeting in September.

Awards will be made to recognize immunization achievements in two categories: to local health departments and to department staff. Also, an individual will be recognized for making an outstanding contribution to improving children's health services in North Carolina. Start thinking now of potential nominees.

The purpose of these awards is not only to recognize and reward outstanding efforts, but also to share successful ideas. The real "winners" will be our state's children. Be checking your mail for more information. Or contact Sandy Moulton at Glaxo, Inc., (919) 248-7025.



# NEWS FROM THE SECTIONS

## A HUNDRED YEARS OF PUBLIC HEALTH NURSING A CENTURY OF CARING *Nursing Section*

The Nursing Section of NCPHA celebrated the 100th year of Public Health Nursing at our educational meeting during the Annual NCPHA Convention; September 23, 1993; in beautiful historic Wilmington. Dr. Rachel Stevens and her daughter presented not only an informative but also enjoyable look back at the history and development of Public Health Nursing. Balloons, cake, punch and a time to visit with old friends, meet new friends and just relax and enjoy our moment was shared by all.

The Nursing Section presents two awards to members annually. The District Service Award is presented to a nurse who spends at least 50% of their time providing direct patient service. The Margaret B. Dolan Award is the highest honor a public health nurse can receive. The recipient is nominated by her peers for their dedication and service in public health nursing.

Cynthia P. Younce, R.N. was named the 1993 recipient of the Direct Service Award. Cindy was honored for her outstanding work as lead maternity care coordinator at Caldwell County Health Department.

Lottie M. Daw, R.N. was the 1993 recipient of the Margaret B. Dolan Award. Lottie was honored for 30 plus years of public health service which started as a public health nurse in Johnston County; progresses to Craven County as the "van nurse" and later as nursing supervisor; and retired as an Adult Health consultant for the Division of Health Services. After retiring Lottie has served as Interim Health Director,

Board of Health member and member of the Public Health Nursing Continuing Education Advisory Committee.

Congratulations to both outstanding winners!!

The 1993-94 executive board of the nursing section is busy again this year. Increasing membership by retention and recruitment is the primary focus of this board's agenda. New and exciting ideas and plans are underway. Be on the look out.

Both the program and arrangement committees are well under way to insure our meetings at the 1994 Annual Convention in Asheville will be the best to date.

If our first century is any indication of things to come-grab your nurses' bag and equipment, your creative and knowledgeable minds, and your dedication and commitment to excellence and join me as well. Welcome the 2nd Century of Public Health Nursing.

Betsy Pierce, R.N., Chair  
Nursing Section

### NURSING SECTION 1994-95 OFFICERS

Betty Pierce .....	President
	Caldwell County
Pat McCall .....	President-Elect
	Hendersonville County
Loucria Redding .....	First Vice President
	of Education
	Wilkes County
Victoria Smith .....	Second Vice President
	of Communication
	Brunswick County
Janet McCumbee .....	Secretary
	New Hanover County
Brenda Truitt .....	Treasurer
	Chatham County
Peggy R. Ellis .....	Past President
	Mecklenburg County

## NCPHA ADULT HEALTH SECTION NEWS

The Executive Committee met at the Division of Health Services in Raleigh on December 10, 1993. Chairman Jon Levin updated the committee on the 1993 NCPHA Governing Council meeting. Chair-Elect Wanda Tart will select a program committee in preparation for this year's conference. Goals for the upcoming year are to increase awareness about the changing role of public health in health care reform and to increase membership. The Adult Health Section is looking forward to a year of growth and partnerships with others sharing public health concerns.

Eleanor McGinnis, RN, Nursing Staff Development Coordinator for Cumberland County Health Department has accepted the position of Adult Health Legislative Representative for the NCPHA Legislative Committee. Cumberland County Health Department will host the second executive meeting in February with an update to follow

Wanda Tart  
Chair-Elect

## NCPHA's 1994 ANNUAL EDUCATIONAL CONFERENCE

September 20-23, 1994  
Radisson Hotel  
Asheville, NC

Room rates: \$60/night  
single/double

(704) 252-8211

## MCH 1993 AWARD RECIPIENT



Jean Matthews, RN, PHN III has performed outstanding service in the position of charge nurse for the maternity clinic at Catawba County Health Department since 1985 which is provided twice per week. She has overseen the growth in the census of this population from 142 patients per year to nearly 1000 per year over the last 8 years. In addition she oversaw the development of the high risk addition to the clinic, keeping up with quarterly audits and other extraordinary ability to note at the drop of a name if a glucola is needed, an iron pill dispensed, or a titer drawn for any particular patient. She moves swiftly and smoothly through the clinic, assuring each part of the process is completed for the patient and giving a warm smile and a touch of the hand to support any request a patient may have. Her ability to perform all these functions for so many people and maintain a calmness and serenity to staff and patients alike is exceptional.

## COMMUNITY HEALTH ASSISTANTS/ TECHNICIANS

The Community Health Assistants/Technicians held its first and second Executive Board Meeting on November 19, 1993 and January 28, 1994 in Raleigh, NC.

After exchange of duties, the board has started planning the agenda for Camp Caraway the Annual Workshop for the CHAT section. It will be held July 15, 1994. A special program is being planned in response to questionnaires our section members filled out last year. Registration letters will be mailed out by May 27, 1994. If you have not received one please call an officer.

The Membership Chairperson Kathy

Oxendine has been working hard to contact persons at local health departments in joining our section. Special incentive are available for members who recruit members for our section.

Plans are also in the work for our NCPHA Annual Meeting Workshop on September 20-23, 1994 in Asheville, NC. If you are interested in attending please contact Mrs. Oxendine (910-738-8091) or the section chair Barbara Faison (910-592-1131).

The following persons were appointed chairs:

Neta T. Worth ..... Historian  
Harnett County  
Minnie Edwards ..... Awards Chairperson  
Pitt County  
Kathy M. Oxendine ..... Membership  
Chairperson  
Robeson County  
Carol Clearman ..... Bylaws & Handbook  
Chairperson  
Pender County  
Mexie Fields ... Legislative Representative  
Cumberland County  
Gwen Robinson . Scholarship Chairperson  
Mecklenburg County

## MANAGEMENT SUPPORT SECTION NAMES SANDRA B. WOOD ACHIEVER OF THE YEAR



Sandra was awarded the "Achiever of the Year" Award from the Management Support Section during the Annual Educational Conference in Wilmington on September 22, 1993.

Sandra is the Administrative Assistant in the Franklin County Health Department.

She has enhanced the management support staff with upgrades and advance technical skills, implemented the Office Manager concept in Home Health, designed and implemented the local EPSDT outreach model, designed and implemented cost allocation and time equivalency spreadsheets, and was Chairperson of the Franklin County Public Health Week Committee and displayed a pictorial showcase of their public health week activities at EDNCPHA. Sandra is a true advocate in Franklin County and other health departments for public health in North Carolina. Sandra has always held the needs of Franklin County foremost, often times above her own needs, and has on at least two occasions served on the Board of Health to fill in as interim health director. Sandra has been a member of the Management Support Section for over ten years.

## STD SECTION

The STD Section held its annual meeting on Wednesday, September 22, 1993, at the Hilton in Wilmington. Keynote speaker was Dr. Jim Thomas from the UNC School of Public Health, Chapel Hill, North Carolina. His topic was "Sexually Transmitted Epidemic Prevention Project in Wilson County."

Annual awards were presented as follows:

Outstanding Service in the Secretarial/Clerical Field - Gloria Bingham, HIV/STD Control Branch, Raleigh

The James R. Fowler, Jr. Award for Outstanding Performance in Epidemiology - Todd Vanhoy, HIV/STD Control Branch, Winston-Salem, DEHNR Reg. Office

Outstanding Physician - Dr. Richard Rumley, ECU School of Medicine, Greenville

Outstanding Supportive Service Tamara Moore, RN, Rowan County

The James M. McDiarmid Award - Dwight McDowell, HIV/STD Control Branch, Fayetteville, DEHNR Reg. Office

Outstanding Laboratory Field - Dr. Beth Conley, Mecklenburg County Health Dept.

A donation of \$50.00 was presented to the STD Section in memory of Carlton S. Chandler. A motion was made and seconded to change the Supportive Service to the Carlton S. Chandler Supportive Award.

On Thursday, 9/23/93, David Taylor who is the Nashville Indian Health Services STD/AIDS Director gave an outstanding presentation.

## ENVIRONMENTAL HEALTH COMPUTER PILOT PROJECT

The Environmental Health Services Section, working in conjunction with the State Center for Health and Environmental Statistics and the Division of Computer Systems, North Carolina Department of Environment, Health, and Natural Resources, has developed the first module of the Environmental Health Computer System.

This module, which will collect data from inspections of food establishments, will soon be piloted by Mecklenburg, New Hanover, Person, Robeson, and Wilson county health departments.

The project began on March 1st in Person County and will be implemented in the other counties over the next few months.

It includes the use of a pen-based notebook computer and a portable ink-jet printer and generates inspection reports inside the establishment at the time of inspection. The data collected from these inspections will be written to floppy disk periodically and downloaded to the State Information Processing Services (SIPS) mainframe. It also includes inspections made on paper (similar to today's manual system) with the data from the inspections sent to the SIPS mainframe on-line through the Health Services Information System (HSIS) connection available to each local health department.

The scoresheets used for making inspections in the pilot counties have been revised for easier data transfer and clarity. The revised scoresheet, after field testing, should be implemented on a statewide basis by January 1995.

The Environmental Health Services Section is providing one notebook computer and printer for each pilot county. Two of the counties are purchasing additional units so more inspections can be done electronically, reducing on-line data entry in the office.

The data collected from inspections includes ID number; date; status code; demographic information about the establishment;

type of water supply; sewage disposal; type of inspection; specific items violated; specific comments about violations and remedies; general comments; start, stop and elapsed time of inspection; environmental health specialist; score and signatures of operator and specialist. All this data will then be available to the local health department and the state for ad-hoc and standardized reporting through the on-line system. The notebook system will also generate permits, notices of intent to suspend/revoke permits and immediate suspension/revocation of permits on-site. A copy of the document will be left with the operator on-site.

After the project is successfully completed, we plan to expand it to include all types of establishments, including child day care centers, lodging and swimming pools. Local health departments will then be welcome to join the environmental computer system, using notebook computers and portable printers or using only the on-line system.

Future environmental health modules are planned for activity reporting, complaint tracking, on-site wastewater and other functions. For more information about this exciting project, contact Malcolm Blalock with the Environmental Health Services Section at (919) 715-0929.

## 1994 INTERSTATE ENVIRONMENTAL HEALTH SEMINAR IN NASHVILLE, TENNESSEE!

The 1994 Interstate Environmental Health Seminar will be held at the Nashville Airport Marriott  
615-889-9300  
Nashville, TN  
July 19-22, 1994

The Seminar is scheduled to begin with registration at 3:00 p.m. on July 19 and the final educational session is scheduled to end at 11:00 a.m. on July 22.

For additional information contact Stacy Covil at 919-715-0930.

## HDA GIVES BAXLEY HIGHEST AWARD

Richard Baxley, Davidson County Health Department director for 19 years, recently was presented the North Carolina Health Directors Association's Hamilton Stevens Award. The award is the highest award given by the Health Directors' Association and is a lifetime achievement award.

Baxley previously received the following honors: 1984, "Boss of the Year" award given by the Chair City Chapter of the American Business Women's Association; 1985, "Certificate of Appreciation" from the West Piedmont Environmental Health Section of the North Carolina Public Health Association (NCPHA); 1985, "Certificate of Appreciation" for meritorious work in the field of environmental health by the State Environmental Health Section of the NCPHA; 1985, "Citation of Merit" award for significant contribution to public health in North Carolina from NCPHA; 1990, W.A. "Bill" Broadway Award by the Environmental Health Section of the NCPHA, recognizing superior achievement and professional excellence in environmental health; and 1992, a second "Certificate of Appreciation" for meritorious work in the field of Environmental Health by the State Environmental Health Section of NCPHA.

Baxley is the only person to receive all three awards-Merit Award, Stevens Award, and Broadway Award.



*Richard Baxley, award recipient*



# 1994 PATRONS

The following NCPHA members have contributed an additional \$25.00 or more to become a NCPHA Patron Member. We deeply appreciate the generosity of these members:

**Victor Schoenbach** - UNC Department of Epidemiology

**Dr. Jean Spratt** - Dental Health, NC DEHNR

**Dr. Charles Hawkins** - Retired

**Richard Clayton** - Regional Environmental Health Specialist-NC DEHNR

**Evelyn Schaffer** - Rowan County Health Department

**Dr. Georjean Stoodt** - Adult Health Promotion, NC DEHNR

**Margaret Horton** - New Hanover County Health Department

**Emily Tyler** - Health Education Consultant, NC DEHNR

**Edna Hensey** - Dental Health, NC DEHNR

**Jo Williams** - TB Control Branch, NC DEHNR

**Susan O'Brien** - New Hanover County Health Department

**Dr. Newsom Williams** - New Bern DEC

**Hoyt Ponder** - Western Carolina University DEC

**Maryann Kick** - Wake County Department of Health

**Dr. Rebecca Meriwether** - Communicable Disease Control, NC DEHNR

**Leonard Wood** - Catawba County Health Department

**Michael Rhodes** - Brunswick County Health Department

**Dan Shingleton** - NCPHA

## WELCOME MAT

We are fortunate to have 120 new members to join us for the period of October 1, 1993 to March 15, 1994. We appreciate their support and encourage them to become active participants in our Association. Please take the opportunity to welcome our new members into our organization:

**Wayne County Health Department** - Danna Kelly, Tracey Fowler, John Williams, Elizabeth Williford, Audrey Williams, Diane Joyce Norman

**Appalachia District Health Department** - Shelly Carraway

**Hoke County Health Department** - Elnora Clark

**Brunswick County Health Department** - Clay Haldeman, Lois Jackson, Alan Saunders, Sharon Smith, Meriam Reid, Mary Reynolds, Jane Desillier

**Onslow County Health Department** - Julia Rickman, Bette Cochran, Sandra Clayton, Jackalyn Mitchell, Patricia Fortney, Lisa Ammon, Judy Willsey

**Guilford County Health Department** - Eileen Colon, Lydia Lyon

**Cumberland County Health Department** - Debra Dyson, Rebecca Bringolf, Eleanor McGinnis

**Craven County Health Department** - Deborah Carawan, Linda Smith, Donna Hair, Doris Mason, Melony Mills, Susan Maher, Teresa Miller

**Northampton County Health Department** - Denise Helms

**New Hanover County Health Department** - Cynthia R. Johnson, Kathleen Benson, Sandra Brooks, Ava Cavanaugh, Ann DeMello, Alfreda Gee, Francine Moore, Martha Wright, Pamela Thomas, Norma Troutman, Deborah Maxwell, Tom Blum

**Duplin County Health Department** - Deborah Linton

**Mecklenburg County Health Department** - Kathy Royer, Milishua Owens, Gwendolyn Robinson, Heather Pitzpatrick, Marquis Eure

**Madison County Health Department** - Billie Roberts, Audry Greenwell

**Columbus County Health Department** - Elizabeth Blakey, Patti Strickland

**Robeson County Health Department** - Joan Bullock, Judy Melvin, Leslie Tukes, Retha Verne McIver, Betty Lois Hunt, Kathy Oxendine, Lula Dinnerson, Beverly Little, Charlotte Troy

**Pender County Health Department** - Pam Fitzpatrick, Ellen Harrison, Winnifred Waters

**Caldwell County Health Department** - Marti Sherman

**Nash County Health Department** - Mac Shingleton, Steven Allen

**Wake County Health Department** - Steven Smith

**Montgomery County Health Department** - Kimberly Harris, Christine Thompson, JoAnn Lemonds, Tracy Lemons, Carleen Goforth

**Person County Health Department** - Jean Mise

**Gaston County Health Department** - J.M. Culp

**Carteret County Health Department** - Bill Arrington, Christine Nitt

**Transylvania County Health Department** -

Barbara Jones, Patricia Hawkins, Jayne Parker, Layton Long

**Wilkes County Health Department** - Elizabeth Fletcher

**Bertie County Health Department** - Rosemary Barnes, Judith Northcott, Don Highsmith

**Union County Health Department** - Traci Colley

**Franklin County Health Department** - Kimberly Campbell

**Richmond County Health Department** - Miki Deese

**Pitt County Health Department** - Emily Robertson

**Granville-Vance District Health Department** - Elisa Rapaport

**Currituck County Health Department** - Timothy Hilton

**Harnett County Health Department** - Tina Blackmon

**Cabarrus County Health Department** - Glenda Keziah

**Wilson County Health Department** - Lisa Tyson, Karen Boyette, Susan Sauls, Linda Barrett

**Development Evaluation Centers:**

**New Bern** - Lynette Wilson, Kathy Pate, Betty Griffin, Dot Powers, JoAnn Garner-McGraw

**Greensboro** - Carol Gillentine, Brenda Baughman

**DEHNR:**

**TB Control Branch** - Dee Foster

**Central Cancer Registry** - Tim Aldrich

**Division of Dental Health** - Denise Brewster

**State Laboratory of Public Health** - Denise Briggs, Bradley Jenkins, Kimberly McCarthy

**Vital Records** - Denise Bumpers

**NC Child Advocacy Institute** - Wilma Case-Starks

**UNC:**

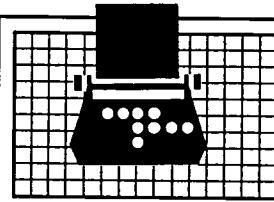
**School of Nursing** - Jean Goeppirger

**School of Public Health** -

Kimberly Maria Mitchell

Congratulations to Kathy Oxendine and Jane O'Neal for recruiting five new members for 1994. They will receive 1995 free membership into North Carolina Public Health Association!





# COMMITTEE REPORTS

## NCPHA SCHOLARSHIP COMMITTEE

The Scholarship Committee has established the following criteria for eligibility:

- A. Scholarships shall be awarded to present or prospective workers in public health in North Carolina for graduate or undergraduate study in a public health discipline or prerequisite to such training for the academic year which begins in the year the scholarship is awarded (Example: An award presented in 1993 would be used during the 1993-94 academic year.)
- B. Awards for public health training shall not be limited to study in a school of public health, but shall be for a regular academic program in an accredited educational institution which should advance the individual's competence in public health work.
- C. The total of the award(s) shall not exceed the amount of funds available in the current Scholarship Fund.
- D. The applicant(s) must agree in writing that it is his/her intent to work in a public health agency for two years in North Carolina following completion of training. The applicant(s) need not be a resident of North Carolina at the time of application. **Applications should be submitted to the Scholarship Committee by June 15th.**
- E. The recipient(s) should be, or become, paid member(s) of NCPHA.
- F. The following factors will be taken in account in selecting a scholarship recipient:
  1. Acceptance at an accredited educational institution.
  2. Potential contribution of service

- to the people of North Carolina.
3. Reasons for seeking additional training and relationship of the program of study to career expectations.
4. Financial need.

Application for scholarships should be submitted to Phyllis Gray, NC DEHNR, PO Box 27687, Raleigh, NC 27611.

## NCPHA RESOLUTIONS COMMITTEE

The Resolutions Committee is requesting that all proposed resolutions be mailed to the NCPHA office by May 31, 1994. Those resolutions recommended by the committee will be published in the July newsletter for NCPHA membership to consider prior to the annual meeting. According to Resolution Committee procedures, resolutions may be submitted not later than ten working days before the annual business meeting. However, this does not allow the total membership time to reflect on these entries.

Thank you for submitting proposed resolutions by the requested deadline.

Carolyn Haynie  
Chair

Results from the Elections of 1993 Resolutions are as follows:

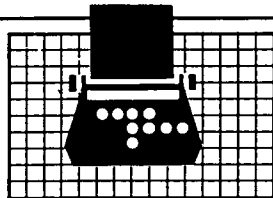
*Appropriation of Funds for Voluntary Sterilization by Men & Women 18-20 year olds*  
**FOR 327 AGAINST 84 PASSED**  
*Public Health & Health Care Reform*  
**FOR 396 AGAINST 13 PASSED**  
*Comprehensive School Health Education*  
**FOR 398 AGAINST 22 PASSED**  
*Diabetes Self Care Education in Local Health Departments*  
**FOR 390 AGAINST 25 PASSED**

## PROJECT ASSIST UPDATE

Project ASSIST is a statewide initiative funded by the National Cancer Institute to promote awareness about the health risks associated with tobacco usage. This is a seven year program which began in October 1991. Presently, Project ASSIST supports ten local coalitions that focus on topics like: promoting clean indoor air, limiting youth access to tobacco, encouraging access to smoking cessation opportunities, and educating the public about the health consequences of tobacco usage. Project ASSIST, in cooperation with the NC Lung Association has submitted a grant to the Robert Wood Foundation. The grant would expand the number of local statewide coalitions, in addition to purchasing and/or designing more educational resources for distribution to the local communities.

Project ASSIST offers several materials for use within the community. These are two 10 minute videos available for loan focusing on second hand smoke. The titles are: "A Witches Brew . . . Secondhand Smoke in the Workplace" and "Firsthand Lesson in Secondhand Smoke." Project ASSIST also distributes two booklets: "I Mind Very Much if You Smoke" and "The Health Consequences of Tobacco Use in North Carolina." In December, Project ASSIST distributed to local health directors a packet that provided information about how to positively promote smoke-free public places in your community. To find out more about these resources, or other available materials, please contact the Project ASSIST office at (919) 733-1881.

Tamara Dempsey-Tanner  
NCPHA Liaison to Project ASSIST



# ASSOCIATION REPORTS

## EASTERN DISTRICT NORTH CAROLINA PUBLIC HEALTH ASSOCIATION

The 34th Annual Meeting of the Eastern District North Carolina Public Health Association will be held May 4-6, 1994, at the Howard Johnson Plaza in Fayetteville, Look Out Cumberland County - Here we come!

I hope all of you will join us for three fully-packed days of educational sessions, exhibits, peernetworking, and "foot-stomping" fun. The Program Committee and Section Chairpersons have worked very hard to plan educational and informative workshops as you will note on the program format included in this newsletter.

Dr. Ron Levine, State Health Director, has agreed to be the keynote speaker at the Opening General Session addressing the needs of public health as we approach a new frontier. Mr. Wayne Ates, a motivational as well as entertaining speaker, will present the program at the Closing General Session on Friday morning.

An "old-fashioned pig picking" has been planned for Wednesday night replacing the traditional President's reception. Come dressed in "Frontier Garb" as you will be judged on your attire at the dance later in the evening. The Awards Banquet will be held Thursday night; and dances will be held both nights with some surprise events.

We all have the responsibility to meet the many challenges facing public health as the "New Frontier" approaches in health care reform, and we can do it successfully together.

"Others won't care how much we know until they know how much we care."

Delanee Ellis  
EDNCPHA President

## HOTEL RESERVATIONS FOR EDNCPHA ANNUAL MEETING MAY 4-6, 1994

**Howard Johnson Plaza Hotel - Host Hotel**

\$52/night - single, double, triple, quad

**Comfort Inn - Across the Parking Lot from Host Hotel**

\$38/night - single, double, triple, quad

Reservations for either facility should be made by calling Howard Johnson Plaza 1-800-253-7808.

## WESTERN NORTH CAROLINA PUBLIC HEALTH ASSOCIATION

May is just around the corner and the WNCPHA Executive Committee has planned its annual conference around the theme PUBLIC HEALTH: THE ANCHOR -- Assuring North Carolina Hope Out of Reform. The meeting will be held May 18-20, 1994 at the Marque of Winston-Salem. At the opening session keynote speakers Dr. C. Arden Miller and Dr. Thomas Ricketts will address our concerns about public health's role in health care reform. On Thursday ten sections will offer educational workshops (for CEUs), exploring subjects pertinent to today's public health issues. At

our annual business luncheon we will be presenting scholarships to five members who are furthering their public health education. We look forward to recognition of our fellow public health workers for their outstanding service at the awards banquet on Thursday evening. On Friday morning we will conclude with a humorous, inspirational speaker, May Cravan.

Exhibitors will provide up-to-date information. WNCPHA t-shirts and new NCPHA pins will be for sale. Yadkin County is hosting this year's meeting and they are hard at work ensuring that each person has a stay which is both memorable and exciting. Hospitality suites are planned for Wednesday and Thursday evenings. Evening entertainment includes Rolling Thunder II on Wednesday and Sid-the-Surf on Thursday.

We are looking forward to seeing you at the meeting. For further information contact Georgena Chandler (704/669-3388) or Mike Reavis (910/679-4244).

Georgena Chandler  
WNCPHA President

## HOTEL RESERVATIONS FOR WNCPHA ANNUAL MEETING MAY 18-20, 1994

**Marque of Winston-Salem**

\$58/night - single, double, triple, quad

Reservations should be made by calling Marque at 1-800-527-2341 by 4-23-94.

# NCPHA 1994-95 SLATE OF OFFICERS

## President-Elect Candidates



**Dicie Alston**

I am currently serving as the Vice President of Education for NCPHA. I am the WIC Administrative Coordinator for Appalachian District Health Department where I have been employed for fifteen years. Prior to that time I worked with the WIC Program at Region D Council of Governments for four years.

My experience in NCPHA has been as follows:

Vice President of Education January 1993 to present

Infra-Structure Committee for two years

Awards Committee for one year

Newsletter Reporter for NCPHA Management Support Section for two years

I was the President of WNCPHA (91-92) and President-Elect of WNCPHA (90-91)

If elected as President-Elect of NCPHA I will continue to work towards the objectives of NCPHA, increase membership of NCPHA and to address the many concerns of Health Care Reform as it relates to public health and the citizens of North Carolina. I will continue to assist NCPHA in working with the North Carolina General Assembly to assure the public health priorities are addressed.

I am personally gratified and honored to be a part of the North Carolina Public Health Association (family) and look forward to working with each section of NCPHA.



**Karen A. Foster**

I am honored by the Nomination Committee's recommendation to consider me for the office of President-Elect for NCPHA. I have worked in public health in North Carolina as an Administrative Assistant in the area of Environmental Health for twenty years, and three years in Family Planning and Maternal Health. I have actively served the Association for over twenty years in various roles within the Governing Council, the Management Support Section, and Executive Committee.

As your President-Elect, I would reinforce the goal for NCPHA as being the most positive voice for public health in our State. As public health professionals, it is our responsibility to put forth every effort through strengthening membership; involvement in building a partnership for our health care programs; and in serving our citizens in a conscientious endeavor to ensure quality health care. We are greatly challenged with the health care reform issue and we must continuously be visible in addressing this issue as well as other legislative matters. At the same time, we must make the strongest commitment to meet the objectives of the year 2000. No one individual can meet these great challenges alone--it is our membership that is the strongest vessel to keep us on course. Encouraging our colleagues to become members and being involved will make us the greatest public health association with a respected voice to achieve the best possible outcomes.

**BE A VOICE FOR PUBLIC HEALTH  
IN NORTH CAROLINA  
VOTE!!!**

*Please review each nominee and exercise your right as a NCPHA member to choose your new leaders. Remember: You must be a 1994 member by July 15, 1994, in order to receive a ballot.*

## Vice President of Communications



**Belinda Allison**

I am seeking your support as Vice President for Communications of NCPHA. I am currently serving as your NCPHA Secretary. Prior to this year, my tenure on the Governing Council was in the capacity of Membership Chairperson for a period of two years, and one year while serving as the President of the Western North Carolina Public Health Association. I am employed as the Environmental Health Secretary at the Jackson County Health Department.

I have deeply appreciated the opportunity to represent and serve you on the Executive Committee and Governing Council of NCPHA. I feel my experience can enhance my abilities to serve you as your Vice President for Communications. Therefore, once again I am asking for your support in this election process.

I feel that NCPHA is the foremost association for public health professionals in North Carolina. This association plays a major role in developing public health policies, addressing public health issues/concerns. The major role of the Vice President for Communications is to assure that NCPHA members are made aware of these matters and communicate to members the various activities of the organization.

This communication is done via the NCPHA Newsletter. Communication with members is critical to our future success. NCPHA has made several positive steps to improve the association's publications. Several changes have been made to enhance the Newsletter and make it more informative. I am also very supportive of the NCPHA Forum which lends professional credentials to our organization.

If elected, I will serve you to the best of my abilities. I would also welcome any ideas/thoughts you may have that will make NCPHA a stronger and better organization.



**William J. Smith**

I have been in public health for 18 years. Never have the times been more uncertain. With or without reform, public health as we now know it will be drastically changed. Some states are looking at placing all day care matters under public health, for instance.

It is critical that professional organizations remain reflective of the population that they represent. If factions no longer join, the association cannot state that they are representative of that sector. This negatively impacts on allied disciplines who feel that the circle has been broken.

As Vice-President of Communication, I will work closely with staff and each of the sections to ensure that items such as the Newsletter impart educational items as well as general information. Only through open communication channels can the membership be kept knowledgeable about the Association's positions.

I have been a member of NCPHA for seven years and was a member of the South Carolina Public Health Association for twelve years. I served as Treasurer for the latter association and am currently on the Governing Council for NCPHA. I am the Treasurer for the North Carolina Home Care Association, serve on several boards and am active with the National Association of County Health Officials. I have been the Health Director in Robeson County since 1988.

I would appreciate any consideration given to me during the election process.



**Celia Witt**

Current Position:

Nutrition Program Director  
Pitt County Health Department

Previous Public Health Experience:

1985-1991 Public Health Dietitian

Eastern Regional Office

Maternal & Child Health

Division of Health Services

NCPHA Offices:

Historian

Nutrition Section Treasurer

Nutrition Section Awards Chairperson

Eastern District NCPHA Offices:

Local Arrangements Committee

Program Committee

Scholarship Committee

Section Chairman

I would like to serve as an officer in NCPHA because I believe there are two critical issues facing NCPHA in the upcoming year. The first is the relationship of the affiliates to NCPHA and the second is what role will public health play in health care reform.

The next year is going to be one where we must look critically and objectively at the role NCPHA will plan in promoting public health in North Carolina. Time and resources are valuable commodities and I believe we need to look at ways organizations and groups with common goals can come together. Public health has diluted its strength by subdividing into very specialized, small groups and I believe we need to reassess the effectiveness of these groups.

I believe, very strongly, in public health and that it will play a significant role in the future health of North Carolina citizens.

## Vice President of Education



**Tamara Dempsey-Tanner**

As a member of the NCPHA Executive Committee, I would have an opportunity to actively support the interests and goals of the NCPHA membership, in addition to supporting the overall mission of NCPHA. Having served for two years as Secretary to NCPHA, I am familiar with the expectations and responsibilities of the NCPHA Executive Committee officers. I have also been actively involved in the Health Education Sections of both WNCPHA and NCPHA and therefore can bring the perspective of a discipline and affiliate organization to the Executive Committee.

I have served the following offices:

1993-94 NCPHA Liaison to Project ASSIST

1992-93 NCPHA Secretary

1991-92 NCPHA Secretary

1990-91 Vice Chair NCPHA Health Education Section

1990-91 Secretary WNCPHA Health Education Section

1989-90 Parliamentarian WNCPHA Health Education Section

1988-89 Parliamentarian WNCPHA Health Education Section



**Eunice Inman**

I would like to thank you for the opportunity to serve as Treasurer of NCPHA for the past two years. This experience provided personal growth and additional understanding of the progress and challenges this association can provide.

As a candidate for the office of Vice President of Education I am again soliciting your support. In the midst of health reform the status and mission of public health must be examined and affirmed by each of us. As Vice President of Education I would seek to provide a forum for this endeavor.

I have been employed as a nurse with Robeson County Health Department since 1981 and a member of NCPHA since 1982.

During this time I have been a member of the Nursing Section and have actively worked for its growth and development having served as Treasurer for two years, Chairman of the Membership Committee and as a member of various other committees. I am also active in EDNCPHA and have served as Chairperson and Vice Chairperson of the Nursing Section and as a member of the Scholarship Committee for four years. Through these responsibilities I have also served as a member of the Executive Committee for seven years.

I continue to believe that NCPHA is a vital link that provides public health services to the citizens of North Carolina. It is the mechanism by which vision and enthusiasm can be transformed into concrete ideas that launch action. I take pride in the growth and impact of this organization which chooses to be in the forefront of progress in preserving quality of life. It will be an honor to serve as Vice President of Education of this progressive association and if elected I will continue to dedicate myself to serving you to the best of my ability.

## Secretary



**Pattie Smith**

I am honored to have been nominated for the office of Secretary of the North Carolina Public Health Association. I am presently employed by the Guilford County Department of Public Health, Child Health Division as an Administrative Assistant. I have been employed by this agency since 1979.

Since my employment, I have been active in the North Carolina Local Public Health Supervisors Association and NCPHA. As a member of NCPHA Management Support Section, I have held all offices as well as chairing numerous committees within this section. As a member of the NCLPHMSSA I have held all offices as well. If elected for the office of Secretary, I will put forth every effort to continue serving NCPHA with the same support and perseverance. With my past experience, I feel that I would represent the Organization well.

As public health workers, we face many challenges today. We must strive to find ways to become a stronger, more visible organization. I would appreciate the opportunity to serve on the Executive Committee of NCPHA.

## Secretary



**Debra Springer**

I have been a member of NCPHA for eleven years. During this time, I have served NCPHA and EDNCPHA in many capacities.

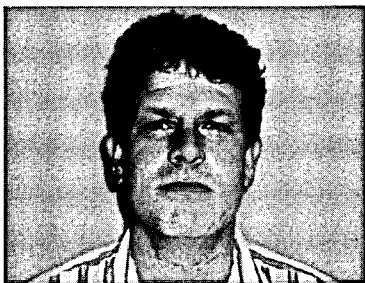
1989-90 NCPHA Governing Council  
1990-91 Laboratory Section Nominating Committee  
1990-91 NCPHA Local Arrangements Committee,  
Physical Arrangements  
1992-93 NCPHA Local Arrangements Committee,  
Exhibits Committee, Co-chair  
1992-93 NCPHA Awards Committee  
1992-93 NCPHA Infrastructure Committee  
1992-93 Laboratory Section Secretary

Among my accomplishments is the organization of a Laboratory Section for EDNCPHA. I served as an officer of this section and was named as Outstanding Laboratorian for EDNCPHA in 1992. Because of my involvement with EDNCPHA I had the honor of serving the association as its President in 1989-90. I have continued to serve both associations in many capacities. My continuous involvement shows that I am committed to public health.

I am currently employed in the Laboratory of the Wake County Department of Health.

If I am allowed to serve NCPHA in any form, I think I can prove myself worthy of the challenge.

## Treasurer



**Dennis Salmen**

I am presently employed with the Mecklenburg County Health Department as the Program Chief of the Vector Control Program. I have spent almost 15 years in the field of Environmental Health and have been actively involved with a variety of professional associa-

tions including NCPHA, the NC Mosquito and Vector Control Association where I currently serve as president, the National Environmental Health Association, and numerous others. I have served NCPHA as physical arrangements chairman at the 1980 conference; as exhibit chairman at the 1989 conference; on the NCPHA legislative committee in 1992-92; and presently am a member of the Governing Council representing the Vector Control Section. I have also been involved in the operation of a small association management and meeting planning company owned by my wife.

I have been a member of NCPHA for over 13 years and I look forward to serving the association to assure sound fiscal health. In order for our association to both successfully represent our membership and promote those principles which they espouse, we must effectively support and manage our resources.

I believe my past experiences as a member, volunteer and an officer of a diverse group of professional associations would serve the association well.



**Malcolm Blalock**

My public health roots go back to 1969, when I first became a member of the public health family. I was originally employed as a Sanitarian at the Guilford County Health Department from August 1969 through January 1973. In February 1973, I transferred to the Alamance County Health Department where I remained until November 1983. After 14 years of local health department service, I went to work with the Division of Health Services (now DEHNR) as the Assistant Chief of the Environmental Health Services Section, Division of Environmental Health. I am currently serving in the same capacity.

I have been a member of NCPHA since joining the public health family and have served on several committees.

As current Treasurer of EDNCPHA, I am responsible for an annual budget in excess of \$22,000 for the operation of EDNCPHA. This experience has made me aware of budgeting and administrative issues for a large organization such as NCPHA. My goal as Treasurer is to continue to assure the financial health of NCPHA for the next operational year.

I consider it a great honor to be considered for the office of Treasurer. I pledge to be responsible in handling your dues and other sources of monies. I appreciate your support and your vote when your ballot arrives in the mail.



## APHA Affiliate Representative



**Barbara Chavious**

For the past three years I have served as your Representative to the American Public Health Association and I am seeking your support to continue in that capacity for another term of office. I have greatly appreciated the opportunity to represent NCPHA on the Governing Council of APHA and to be able to bring the issues and activities of the national organization to our own Governing Council for debate and consideration.

I believe that in order for an individual to serve most effectively on the APHA Governing Council, there must be some continuity in the representation. It takes time to acclimate to the large and complex organization and to begin to make contacts and build alliances with other state representatives in order to influence the policies of APHA to the maximum benefit of the state Affiliates. I believe that in a second term, I will be better able to serve the interests of NCPHA, with the benefit of experience from the past three years.

As a member of NCPHA since 1976, I have served in a number of elected and appointed positions.

Currently, I am the Associate Director of Executive Master's Programs in the Department of Health Policy and Administration at the School of Public Health at UNC. I believe that my 20 years of public health experience, both on the front lines and in the academic setting, have well prepared me for this office, and I would greatly appreciate the opportunity to continue to serve NCPHA as a member of Governing Council and as its representative to APHA. One of my primary objective will be to increase the number of APHA members within the membership of NCPHA. I would also like to help develop student chapters of NCPHA among the UNC system schools which have public health-related programs. This could encourage young people to enter the field of public health and could stimulate membership in our professional association.

I believe that NCPHA must continue to provide leadership in the development of sound public health policy in North Carolina, especially related to health system reform. We must advocate for the health of our communities, and we must actively educate others about the appropriate role for public health under health care reform. Through our collective commitment to NCPHA, we strengthen the capacity of public health, as a profession, and ourselves, as individuals, to make a positive contribution to the health of the public in North Carolina.



**Michael U. Rhodes**

I have been an active member of the North Carolina Public Health Association since 1974. During the past 20 years public health in North Carolina has changed in many ways. My experience in public health has been through the eyes of a local Environmental Health Specialist, Environmental Health Coordinator, Director of Environmental Health and Local Health Director. My formal education thus far is from Barton College and East Carolina University, where I received a BA and MSAS respectively.

Even though the past 20 years have demonstrated tremendous change in the field of public health, we have only just begun. Health care reform is upon the practitioners of public health now. The North Carolina Public Health Association is one of the few voices North Carolina public health practitioners have in the health care reform debate. If elected to the post of **American Public Health Association Affiliate Representative** I will carry your voice to the national level and it will be heard.

## APHA/SHA Alternate



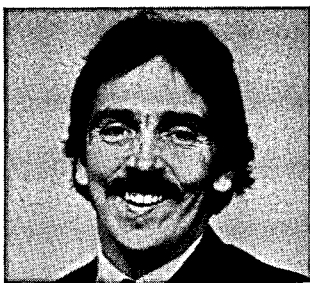
**Gretchen Barnes**

My professional experience as a nurse practitioner at the Durham VA and my experience on the NCPHA Legislative Committee have familiarized me with the public health issues in North Carolina. We have one of the best public health systems in the country but still have a lot of work to do.

As an alternate/delegate to APHA/SHA I would hope to share information about public health issues in North Carolina and affect national policy and shape legislation. I would also relay information to NCPHA of issues in the forefront on the national level. We will need to insure that public health services will continue under health care reform. I would welcome input from all the members of NCPHA to convey concerns at the national level.



## APHA/SHA Alternate



**Chris Hoke**

I am very excited about the future of public health in North Carolina. I believe that our public health system is on the threshold of making significant strides in its capacity to promote and protect the public health of the citizenry. NCPHA should play a critical role in the future of public health. In my vision of the future of NCPHA, I see our association focusing its efforts in the following areas:

1. The provision of quality professional education to its membership should continue to be the top priority of NCPHA.
2. NCPHA should serve as a forum for public health professionals in all fields to share their ideas, commitment, enthusiasm, dreams, and mutual goals. Through participation in NCPHA activities, we are invigorated and stimulated to higher levels of achievement.
3. NCPHA should provide leadership in the developmental of sound public health policy in North Carolina. NCPHA's successful sponsorship of the bill to create a permanent public health study commission is proof of our association's tremendous capacity to positively influence the future of public health.

## SHA Affiliate Representative



**Susan Merritt O'Brien**

NCPHA and public health is looking to the new frontier-Health Care Reform. With this as a major issue nationally and on our state level, NCPHA must continue to take the initiative in the legislative arena. We must all work together to see that public health has a vital part in any health care reform program. Public health is going to change. With our multidisciplinary membership and our wealth of public health expertise, we can see that any change is for the better. We can become an important player in the Legislature and shape North Carolina public health for years to come.

NCPHA has some growth problems. It can only continue as the association who represents all areas of public health by increasing

membership. We must seek ways to get the new associates coming into public health to join NCPHA and we must find answers as to why we are not retaining old members. NCPHA is an outstanding organization whose members are its most vital part and greatest asset. United I believe we can solve these problems. Working together as a team is how public health works in North Carolina and it can work for NCPHA as well.

Finally, NCPHA must increase its exposure if we are to be a leader in public health not only in North Carolina but regionally and nationally. One way we have to increase awareness of North Carolina public health and NCPHA is through our Representative to the Southern Health Association and the American Public Health Association. I have had the wonderful opportunity to serve you as NCPHA's Representative to the Southern Health Association. Working with Southern Health members from all over the south, I have spent the last three years singing NCPHA's praises and working to keep us at the forefront of regional public health. With Southern Health meeting with NCPHA last year in a joint Annual Education Conference, they had a chance to see first hand what public health means to North Carolina and what NCPHA means to public health.

I am honored to be asked to run for another term as the Southern Health representative. If elected, I will continue working toward making NCPHA a major voice in the Southern Health Association and regional public health.



**Fred Overstreet**

I have been a public health professional since 1955 when I started to work as a sanitarian for the Virginia State Health Department. I have been the Environmental Health Director for Forsyth County since 1981. I am a registered Environmental Health Specialist with the National Environmental Health Association as well as the state of North Carolina. I am a long time member of the American Public Health Association, Southern Health Association, North Carolina Public Health Association as well as the Virginia Public Health Association. I received my BA degree from Lynchburg College and MPH from Tulane University School of Public Health and Tropical Medicine.

I feel that the Southern Health Association provides the best mechanism for public health professionals to share ideas and work together to solve problems. I feel that the member states of the Southern Health Association have much more in common with each other than they do with states in other regions such as New England or the West Coast. The shorter distances separating these states also makes educational conferences more economical than meetings of national organizations. I recognize the effect of social problems and ecological problems on public health but feel that our very limited resources should be focused on alleviating problems that have a direct impact on public health.

## Member-At-Large



**Judy Owen-O'Dowd**

As a member-at-large, I will strive to help our association improve communication and cooperation within all levels of the health care delivery system. I have been a member of NCPHA since 1977, served as STD Section Chairperson and Vice Chairperson and as chairperson and member of numerous section committees. As a state employee and former county employee, I know that with communication and cooperation, public health employees can make a difference.

This is a very exciting time for public health. With health care reform will come many changes in public health as we know it today. NCPHA must provide a leadership role in the direction that public health in North Carolina will take. All agencies, community based, private, county, state, and federal, must work toward a common goal of promoting and protecting the public's health. Working together, we can make this a very positive time for public health in North Carolina.



**Annette Furr**

I am honored to have been nominated as a candidate for Member-at-Large of the North Carolina Public Health Association. I have been employed in public health in North Carolina since 1982 and a member of NCPHA for most of those years.

I am presently the Nutrition Program Director in Wayne County, although I have been employed in other counties in North Carolina. Because a recent job changed moved me from Western to Eastern North Carolina, I am currently a member of Western North Carolina Public Health Association and Eastern District Public Health Association. One concern for me is the lack of unity of these three great public health organizations. I believe we must narrow the gap that separates these in order to pull together and be a stronger voice for the needs of public health. Our growth and advancement as a organization is dependent upon a strong membership with common goals. NCPHA is currently a powerful organization, but its potential has not yet been met.

My involvement with NCPHA has increased during the past few years due to my strong belief in this organization and its ability to promote and advance public health in our great state. In the past, I have served as chair of the Nutrition Section of NCPHA, and as a member of the Program, Nominating, and By-laws Committees. I look forward to the possibility of becoming more involved with the North Carolina Public Health Association and its goals. If elected, I will strive to be involved in closing the gap between the three public health organizations in North Carolina and the subsections of each. I will appreciate your support and vote and would consider it an honor to serve you.



**Carolyn H. Haynie**

I am very anxious to serve as a Member-at-Large for the North Carolina Public Health Association. In October, 1982, I joined the staff of the Madison County Health Department as a public health nurse. Since this time, I have become health director for our agency. Past experience in NCPHA in-

cludes: Chair, Nursing section; chair of local arrangements and program chair, Nursing section; nominating committee, NCPHA; currently Chair, Resolutions Committee, NCPHA.

There are several reasons why I am interested in serving NCPHA through this office. My chief purpose is to continue to be an advocate for public health and public health workers, especially during this uncertain time for health care reform. Only through one's involvement in their professional organization can the greatest impact be felt.

It would be an honor to serve in this position and I pledge my commitment to this organization.

(PHOTO NOT AVAILABLE)

**Polly J. Baker, RN, MPH**

I have a BSN and MPH from Chapel Hill. I have 22 years of public health experience working in various areas of public health nursing, supervision and management. I am currently the Division Head of the Parent, Adolescent and Child Division of the Mecklenburg County Health Department.

I have been a member of NCPHA for more than a decade and have been an officer in the MCH Section for the past two years. I would like to be more actively involved in the NCPHA and feel there is no better time than the present as we move into a new era of health care reform and make public health a major player in this.

**Don't Forget To  
Exercise Your  
Right to Elect Your  
Officers  
VOTE !!!**

# NC PUBLIC HEALTH ASSOCIATION

## 1994 MEMBERSHIP OR RENEWAL APPLICATION

Membership Year is **OCTOBER 1, 1993** through **SEPTEMBER 30, 1994**

Name \_\_\_\_\_ Present Position \_\_\_\_\_

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

(Please check if this is a change of address \_\_\_\_\_)

I wish to receive mailings at my residence \_\_\_\_\_ office \_\_\_\_\_

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

Previous name (if applicable) \_\_\_\_\_

Employer and Address \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

Are you eligible for Life Membership \_\_\_\_\_ Date of Retirement \_\_\_\_\_

Are you a 1993-94 member of Eastern District NCPHA \_\_\_\_\_ Western NCPHA \_\_\_\_\_

**THE NCPHA IS PRESENTLY COMPOSED OF SEVENTEEN SECTIONS. BYLAWS: ARTICLE XI: "AN INDIVIDUAL MUST BE A MEMBER OF THE NCPHA TO QUALIFY FOR MEMBERSHIP IN ANY SECTION." ALL SECTIONS ARE PARTICIPATING IN CENTRAL COLLECTION OF DUES. SEND YOUR SECTION DUES WITH YOUR NCPHA DUES. PLEASE MARK EACH SECTION(S) WITH WHICH YOU WISH TO BECOME AFFILIATED. INDICATE YOUR PRIMARY SECTION.**

☐ Adult Health (A) \$5.00  
☐ Community Health Asst. (2A) \$3.00  
☐ Dental Health (Y) \$5.00  
☐ Physician Extenders (PE) \$5.00  
☐ Social Work (SW) \$3.00  
☐ Environmental Health (3) \$7.00  
☐ Public Health Mgmt. (1) \$3.00  
☐ Statistics/Epid. (SE) \$2.00  
☐ Maternal & Child Health (MC) \$2.00

☐ Nutrition (5) \$5.00  
☐ STD (8) \$4.00  
☐ Laboratory (6) \$4.00  
☐ Nursing (2) \$4.00  
☐ Children w/Special Needs (D) \$5.00  
☐ Vector Control (V) \$3.00  
☐ Management Support (4) \$3.00  
☐ Health Education (7) \$5.00

Do Not Send Cash:	Annual Dues	<b>\$25.00</b>	(Salary \$0 - \$20,000)
	Annual Dues	<b>\$35.00</b>	(Salary \$20,001 - \$35,000)
	Annual Dues	<b>\$45.00</b>	(Salary over \$35,001)
Less discount for early Renewal		<b>-5.00</b>	<b>(This discount applies to Renewals only &amp; must be received by 12/31/93)</b>
Less first time member discount		<b>-10.00</b>	
	Section Dues	_____	
	Total Dues	_____	

Sponsored by: \_\_\_\_\_ Date: \_\_\_\_\_  
(individual's name)

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO NCPHA AND SENT TO:  
1009 Dresser Court  
Raleigh, NC 27609

\*\*\*\*\*

Patron Membership: Additional \$25.00 or more \$ \_\_\_\_\_

Patron members shall be recognized in NCPHA Newsletter and Annual Educational Conference Program.

**THANK YOU FOR YOUR CONTINUED SUPPORT OF OUR ASSOCIATION!!**

**MEMBERSHIP APPLICATION****AMERICAN PUBLIC HEALTH ASSOCIATION**

Department 5037 ■ Washington, DC 20061-5037 ■ (202)789-5600

**P**lease follow these directions for completing this application:

- Type or print all required information.
- Do not use periods or commas, but abbreviate when possible.

- Enclose the dues payment with your application and return it to APHA at the address above.
- Contact the Membership Department if you have any questions about this application or membership with APHA.

LAST NAME	FIRST NAME AND MIDDLE INITIAL	DEGREES
POSITION/TITLE	ORGANIZATION	
<input type="checkbox"/> home <input type="checkbox"/> business		
PREFERRED MAILING ADDRESS		
CITY	STATE	ZIP CODE
COUNTRY (IF NOT USA)		PHONE

**1993 MEMBERSHIP CATEGORIES AND DUES**

**P**lease put a check beside your membership category.

- ☐ **Regular** – \$100/year Includes all member benefits.
- ☐ **Contributing** – \$150/year Includes all member benefits and copies of all Section newsletters.

**Special Memberships** – \$50/year Includes all member benefits. Please see qualifications listed below for each category.

- ☐ **Student/Trainee** – For anyone enrolled full-time in a college or university or occupied in a formal training program in preparation for entry into a health career.
- ☐ **Retired** – For members retired from active public health practice and not deriving significant income from professional health-related activities.
- ☐ **Special Health Worker** – For anyone employed in community health whose annual salary is less than \$20,000 or the equivalent in foreign nations.
- ☐ **Consumer** – For anyone who does not derive income from health-related activities.

All members receive the *American Journal of Public Health* and *The Nation's Health* (\$40 and \$6 of dues, respectively, included in all dues).

- ☐ Please send me additional information about my state public health association.

APHA policy provides that all individual members have equal eligibility and responsibility for full participation in the program of the Association. Dues are nonrefundable.

**SECTION AFFILIATION**

☐ Your dues entitle you to membership in one APHA Section or Special Primary Interest Group. Please write in the box at the left the code number of the Section or Special Primary Interest Group you would like to join. (Codes are shown below.)

☐ Non-voting secondary membership in additional Sections or Special Primary Interest Groups costs \$5 each per year and provides you with the newsletter published by that group. Indicate in the box at the left the code number(s) of any additional Section(s) or SPIG(s).

BASIC DUES (includes membership in one Section/SPIG)	
Additional Section(s)/ SPIG(s) – \$5 each	
Tax Deductible Contribution to APHA	
<b>TOTAL AMOUNT ENCLOSED</b>	

**METHOD OF PAYMENT**

- ☐ Check to APHA      ☐ Visa      ☐ MasterCard

CARD NO.	EXP. DATE
YOUR SIGNATURE	DATE

**SECTION AND SPECIAL PRIMARY INTEREST GROUP CODES**

Alcohol, Tobacco and Other Drugs – 27	Health Administration – 07	Oral Health – 02	Statistics – 22
Community Hlth Planning & Policy Development – 01	Inj Ctrl & Emer Hlth Svcs – 14	Podiatric Health – 18	Vision Care – 26
Environment – 03	International Health – 04	Pop. & Family Planning – 12	Unaffiliated – 24
Epidemiology – 05	Laboratory – 09	Pub Hlth Educ & Hlth Promo – 16	Forum on Bioethics – 24-04
Food and Nutrition – 06	Maternal and Child Hlth – 10	Pub Hlth Nursing – 17	Chiropractic Forum – 24-06
Gerontological Health – 25	Medical Care – 11	Radiological Health – 19	Health Law Forum – 24-03
	Mental Health – 13	School Hlth Ed. & Serv. – 20	New Professionals – 24-07
	Occupat'l Hlth & Safety – 15	Social Work – 21	Veterinary Pub. Hlth. – 24-08

Referred to APHA by _____	Mbr # _____
MEMBER'S NAME	

**North Carolina Public Health Association  
Application For Scholarship Award**

Please type or print in black. You may also word-process an exact copy.

Name: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Place of employment: \_\_\_\_\_

Professional discipline: \_\_\_\_\_ Position and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional registrations or licenses held

State

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education: Institution and Address

Degree Earned & Field of Study

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of training planned (degree goal and field of study): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected achievement from training and future professional plans:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been accepted for training by an accredited educational institution?  
When will you know? \_\_\_\_\_

Yes    No  
Uncertain

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Date of enrollment: \_\_\_\_\_ Expected completion date: \_\_\_\_\_ Part-time Full-time

Do you plan to work in North Carolina for at least two years after your training?    Yes    No

Are you a member in good standing of NCPHA?    Yes    No

If not, are you planning to become a member before the next annual meeting?    Yes    No

Why do you need this scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of scholarship funds requested: \_\_\_\_\_

How much financial assistance do you anticipate receiving from other source(s)? \_\_\_\_\_

Along with this application, please include at least one letter of recommendation from someone who has knowledge of your professional development.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this form to: Phyllis Gray  
NC Dept. of Env., Health, & Nat. Res.  
PO Box 27687  
Raleigh, NC 27611

# CONTINUING EDUCATION PROGRAMS

## SCHOOL OF PUBLIC HEALTH

### THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Many of the following continuing education program are jointly sponsored or cosponsored by the NC Department of Environment, Health and Natural Resources; NC Area Health Education Centers; NC Environmental Health State of Practice Committee; NC Public Health Nursing Continuing Education Advisory Committee; and Office of Public Health Nursing. For specific information on program sponsorship, please refer to the program brochure.

#### Lead Investigation and Abatement Authorization for Environmental Health Specialists

June 1-3	Winston-Salem
July 20-22	Fayetteville

#### HIV Basic Level Counseling and Testing Workshop Series

May 2-4	Hickory
May 11-13	Wilmington
May 25-27	Greenville
June 20-22	Greensboro

#### Adult Physical Assessment Eight-Day Course for Public Health Nurses

(eight sessions for each site)

May 5	Chapel Hill
May 25	Wilmington
June 2	Asheville

#### After the Baby is Born (Videoconference)

May 16	Ahoskie, Asheville, Boone, Chapel Hill Charlotte, Greensboro, Greenville, and Winston-Salem
--------	---

#### Wastewater Treatment Plant Operator's School

May 16-20	Chapel Hill
-----------	-------------

#### 1994 NC Environmental Health Law

May 18-20	Hickory
-----------	---------

#### Basic Supervision for Health and Human Service Professionals

May 19-20	Hickory
-----------	---------

#### Adult Physical Assessment Two-Day Course for Public Health Nurses

May 19 and 20	Chapel Hill
June 3 and 14	Elizabeth City
June 9 and 10	Wilmington
June 16 and 17	Asheville

#### 17th Annual Community and Public Health Nursing Conference

#### Transition or Trade-Off: What Do We Teach in Community Health After Health Care Reform?

May 22-24	Chapel Hill
-----------	-------------

#### Nursing Home Administration

May 23	Chapel Hill
--------	-------------

#### Enrichment Series for Nutrition Professionals

#### Eating Disorders

May 25	Chapel Hill
--------	-------------

#### What's Normal? The Facts and Myths of Adolescence (Videoconference)

May 25-26	Asheville, Boone, Chapel Hill, Charlotte, Greensboro, Greenville, Raleigh Research Triangle Park, and Winston-Salem
-----------	---

#### 14th Annual Training Conference for Public Health Nutritionists

#### Nutrition Leadership: Choosing Your Path

May 25-27	Black Mountain
-----------	----------------

#### 1994 Public Health & Community Health Day at the Legislature

June 1-2	Raleigh
----------	---------

#### Preventing Lead Poisoning in Children (Videoconference)

June 13	Ahoskie, Asheville, Boone, Chapel Hill Charlotte, Greensboro, Greenville, Research Triangle Park, and Winston-Salem
---------	---

#### Summer 1994 Teacher Environmental Institute: Developing An Environmental Report Card

June 20-July 15	Research Triangle Park
-----------------	------------------------

#### Getting the Message Across: Communications with the Public for Environmental Health Specialists and Support Staff

June 22-24	Asheville
------------	-----------

#### Motivation, Mission, and Quality Service

July 7-8	Wilmington
----------	------------

#### 1994 Society of Public Health Educators Midyear Scientific Conference

#### Empowerment: Enhancing the Quality of Life for Divorce Populations

July 9-11	Research Triangle Park
-----------	------------------------

#### Registration

For further information and/or to register for programs that do not have an information source, please contact Phyllis Woody, registrar, Office of Continuing Education, UNC School of Public Health, CB# 8165, Miller Hall, Chapel Hill, NC 27599-8165; phone 919/966-4032 or fax 919/966-5692.

## 1994-95 CALENDAR OF MEETING AND OTHER EVENTS

#### North Carolina Public Health Association Eastern District Annual Conference

May 4-6	Fayetteville
---------	--------------

#### North Carolina Public Health Association Western District Annual Conference

May 18-20	Winston-Salem
-----------	---------------

#### North Carolina Social Services Association Annual Meeting

May 18-20	Charlotte
-----------	-----------

#### National Mental Health Association Annual Meeting

May 18-21	Alexandria, VA
-----------	----------------

#### North Carolina Dental Society Annual Meeting

May 19-22	Myrtle Beach, SC
-----------	------------------

#### North Carolina Dietetic Association Annual Meeting

June 7-9	Greensboro
----------	------------

#### North Carolina Primary Care Association Annual Meeting

June 8-10	Charlotte
-----------	-----------

#### American Nurses Association Biennial Convention

June 10-15	San Antonio, TX
------------	-----------------

#### American Medical Association Annual Meeting

June 12-16	Chicago, IL
------------	-------------

#### North Carolina Medical Society Annual Sports Medicine Symposium

July 1-3	Atlantic Beach
----------	----------------

#### 1994 SOPHE Midyear Scientific Conference

#### Empowerment: Enhancing the Quality of Life for Diverse Populations

July 9-11	Research Triangle Park
-----------	------------------------

#### North Carolina Hospital Association Summer Meeting

July 20-22	Hilton Head, SC
------------	-----------------

## UPCOMING NCPHA EVENTS

### Eastern District NCPHA Annual Meeting

Fayetteville ..... May 4-6

### NCPHA Executive Committee

Winston-Salem..... May 16

### NCPHA Governing Council

Winston-Salem..... May 17

### NCPHA Program Planning Committee

Winston-Salem..... May 18

### WNCPHA Annual Meeting

Winston-Salem..... May 18-20

### Public Health Day at the Legislature

Raleigh ..... June 1-2

### NCPHA Governing Council

Asheville ..... September 20

### NCPHA Annual Meeting

Asheville ..... September 21-23

## NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

1009 DRESSER COURT

RALEIGH, NORTH CAROLINA 27609

(919)872-6274

FAX (919)878-8427

*The Newsletter is a publication of the North Carolina Public Health Association. The next edition will be in July, 1994. Articles should be submitted by June 1, 1994.*

Deborah Rowe, Administrative Assistant  
Dan Shingleton, Program Development Specialist

Jim Jones, President

(919) 733-3419

Libby Stephens, Newsletter Editor

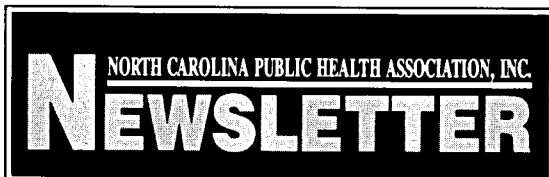
Vice President of Communication

(919) 761-2390

Authors are responsible for views  
expressed in signed articles.



This Newsletter was printed on Recycled Paper.

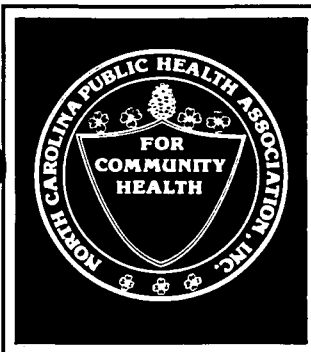


APRIL 1994

1009 Dresser Court, Raleigh, NC 27609

Non-profit  
Organization  
U.S. Postage  
PAID  
Raleigh, N.C.  
Permit No. 1499





# NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

# NEWSLETTER

JANUARY, 1994

1009 DRESSER COURT, RALEIGH, NC 27609

PHONE 919/872-6274

## NCPHA PRESIDENTIAL ADDRESS

JAMES A. JONES, M.P.H.

WILMINGTON, NC

SEPTEMBER 24, 1993

Thank you for selecting me as President of NCPHA. It is an honor to be recognized in this way by you, my fellow public healthers. I will do my best to serve you during these exciting times. This time is certainly the most exciting I've faced during my 27 years in public health.

Why? Because health care reform will happen whether we want it or not. The cost of health care in the U.S. now exceeds fourteen percent of the gross national product and leaders in the country have realized that something has to be done about this. We have been promised bi-partisan support at the national level for a serious attempt at health care reform. President Clinton sounds like a "public healthier." Don't you agree?

The role of the NCPHA in all of this is to make certain that essential public health services continue to be provided under any health care reform. This is going to be a large responsibility of ours during the coming year and I pledge to you to do my best to see that we as an association continually emphasize the need for public health services to the decision makers.

When I consider what I believe will happen in public health over the next year, I'm reminded of the beginning of Charles Dickens novel, *A Tale of Two Cities*. The novel begins, "It was the best of times, it was the worst of times." I believe that this opening sentence succinctly describes problems and opportunities that public health will deal with in NC during 1993. I believe



we in NCPHA can make things better.

### WORST OF TIMES

First let me discuss some of the things going on in NC that illustrate "the worst of times." NC ranks near the bottom for too many health outcome indicators. The infant mortality rate is 10.6 per thousand live births, eighth worst in the nation; eight percent of newborns are too small, seventh worst in the nation; 1,944 children under age six died in 1991, seventh worst in the nation. We are 13th highest in the nation for cancer rate and 19th highest for death from heart disease. We have the highest rate of gonorrhea this year; third highest number of syphilis cases. We have one of the lowest average SAT scores; highest number of privies, life span of 72.96 years (eighth shortest) rank 39th among 50 states in the overall well being of children. Three bus loads of children drop out of public schools each day; child poverty has increased by 33 percent in one decade; child abuse and neglect cases have increased by 55 percent in the past five years; and on any given night, 6,000 North Carolinian

children are homeless.

### BEST OF TIMES

In many respects, these are also the best of times for public health. Similarly, even though many public health indicators are in the basement, some things are happening that suggest "It ain't as bad as it sounds" in our state.

This year North Carolina has the largest public health budget ever--\$322 million--and the most staffing that we have ever had--10,114 employees--2,867 FTE's at the State level for public health activities and 7,242 at the local level. We have the reputation of having one of the best public health systems in the country. We can argue that there is not enough to do the job but, the fact is we have more resources now than we've ever had.

Even without the money and other resources we believe needed, the achievements of local health departments in North Carolina have been remarkable. In a 12-month period: immunized 76,000 children in 321,637 visits; cared for over 40,000 pregnant women in 248,104 prenatal visits; screened over 283,000 children for dental disease and applied 29,500 sealants; 155,000 patients were treated for STD's; 80,000 patients were counseled and tested for HIV infection; cared for over 6,000 TB cases, contacts, and suspects; local health departments environmentalists inspected and gave permits to over 21,000 food and lodging establishments; over 49,000 septic systems were installed; over 250,000 vital registra-

from page 1

tion events were processed by local health departments; a Breast and Cervical Cancer Control Program was initiated in North Carolina; and smoking cessation efforts are going on through Project Assist and other programs. There are other successes--big and small--accomplished at the community and local levels that are too numerous to count.

### **WE CAN MAKE THINGS BETTER**

When I look at these things, I know that we can make things better. Look at all we have been able to accomplish with staffing shortages, old buildings, outdated equipment and information systems. What could we accomplish if we had adequate dollars to hire the staff and procure other resources needed? These dollars could become available if the health care reform legislation is passed at the federal or state level. The public's attention has been focused on the 37 million people in the nation including the one million people in North Carolina who are uninsured. We all know that a lot of these people have been getting their care in local health departments for years. We call them medically underserved and poor or indigent, rather than uninsured. We all know--first hand--that we have served many of them as best we can.

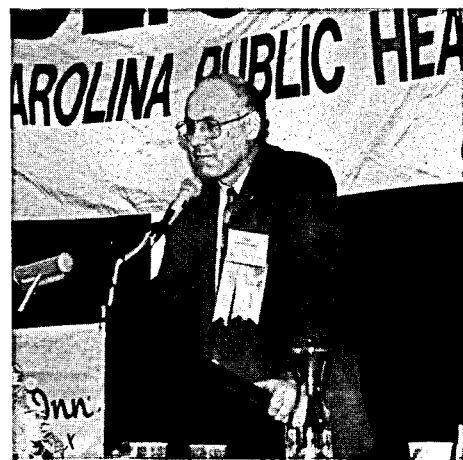
However, our complacency, or timidity, has led to the loss of status and clout for health departments in our communities. We are no longer the only spokesperson for public health and for serving these medically underserved persons. Grassroots organizations and established health care agencies are not providing traditional public health services that we have not been aggressive enough to continue providing. This is not a malicious takeover but it has lessened the clout of our traditional public health agencies. Most of these agencies or organizations are doing a decent job and are certainly meeting unmet needs, but the role of public health departments is diminished and we have lost critical resources and attention. At times we grow a little weary, and we at the health departments have willingly relinquished our responsibility to these other newcomers on the block. If we don't conduct the four essential functions--assess community needs, assure resources needed, evaluate services provided, and keep the public and policy makers informed--then our role will be taken over by others!

I believe we can make a difference. Here are some suggestions made by several public health leaders concerning what we can do: we need to rally as public health leaders in the State, toot our own horn and let people know what we are doing; remind our legislators that we are already out there in every county, we know people, health care providers, hospitals, nursing homes, and the resources available in our community; remind our legislators of all the things we do in prevention and primary care and prove the cost effectiveness of resources applied before sickness occurs; assess the health needs in our communities and offer a variety of ways to meet these needs; increase our outreach efforts and not be content just to serve persons who walk through our doors; need to obtain resources and staff to provide community based care for patients; we need waivers from State Personnel regulations to pay competitive salaries; must be able to retain money we make from self pay and third party reimbursement; need to decide whether we should expand our role in primary care or be case managers of patients; some or all local health departments should be an administrative unit of the state--to assure that resources are evenly distributed and that quality of services is uniform; and we need to communicate better, pool our resources and ideas, and place the community's health at the top of our priorities.

We in NCPHA have the expertise and experience to help our communities work together to effectively solve the complex issues of infant mortality, environmental pollution, violence, substance abuse, lack of preventive care, and issues related to human sexuality. The future for Public Health in North Carolina has never been more promising. I believe we can make a difference. I believe we have vital services to offer in health care. I believe in you. Let's honorably walk together toward "The Best of Times."

## **SHINGLETON CONTRACTS WITH NCPHA**

For months, we have recognized the need to promote the North Carolina Public Health Association statewide. There are an estimated 10,000 public health workers across North Carolina. We have a member-



*Dan Shingleton*

ship of approximately 1200. Employees entering public health for the first time need to be exposed to our Association. Too many times, we have heard people say that they have never heard of NCPHA!

In addition to promoting membership, we are striving to identify financial resources, such as grants, sponsorships, etc., to help defray expenses. This measure helps to stabilize the dues structure and registration fees.

The Governing Council approved a line item in the 1994 Budget which would allow the Executive Committee to contract with a Program Development Specialists, to promote the Association through professional development, resource generation, and membership augmentation. Such a contract has been signed with Dan Shingleton, former President and present Historian of our Association, and a friend to public health in North Carolina. He was most recently honored as the 1993 recipient of the NCPHA's Reynolds Award for his many contributions to this Association.

Dan began his affiliation with NCPHA on January 1, 1994. He will be visiting health departments, workshops, and meetings to "get personal" with public health people statewide. He plans to conduct inservice training courses regionally. Soliciting funding through grant proposals is high on his agenda as is developing public media campaigns and informational literature on NCPHA.

Dan may be reached through the NCPHA Headquarters in Raleigh either by mail or telephone.

# 1993 NCPHA AWARD RECIPIENTS

## REYNOLDS AWARD



*Dan Shingleton*

For noteworthy efforts in promoting service excellence in public health which recognizes the worth and dignity of every human being;

For outstanding contributions in helping public health professionals redefine their work so as to promote personal enrichment and job satisfaction;

For extraordinary dedication and commitment in serving as a spiritual leader and motivator for public health workers in North Carolina;

For outstanding research and documentation of the history of public health in North Carolina;

For untiring efforts in promoting our public health legacy through written articles and public presentations;

For visionary leadership and personal commitment in establishing the North Carolina Public Health Journal and in serving as its first editor;

For these and other significant contributions to public health, the North Carolina Public Health Association proudly presents the 1993 Carl V. Reynolds Award to Edward Daniel Shingleton.

## RANKIN AWARD

For exhibiting integrity and commitment to the public health profession in over twenty-two years of exemplary service;

For applying innovative approaches in the delivery of disease prevention strategies that utilize multi-disciplinary perspectives in a holistic approach to public health;

For invaluable contributions to the field of public health through development and



*Don Stephens*

enhancement of public health and environmental laws, rules, and programs;

For being instrumental in creating and developing the Environmental Health State of Practice Committee into the premier environmental health continuing education program in the nation;

For demonstrating superior leadership and inspiring the accomplishment of numerous public health goals and objectives in Davidson County;

For these and other significant contributions to public health, the North Carolina Public Health Association proudly presents the 1993 Watson S. Rankin Award to Donald W. Stephens.

## CITATION OF MERIT



*T.B. Haynes*

For serving Public Health in North Carolina with distinction for some twenty-three years;

For helping develop the North Carolina Sickle Cell Syndrome Program, long recognized as a model for the Nation;

For giving invaluable and always timely assistance to all eighty-seven local health departments, directors, and boards of health on administrative and management issues;

For giving generously of his time and talent to further his professional association, serving on and chairing numerous NCPHA committees as well as serving as President of Western NCPHA;

For constantly promoting the personal and professional good of those around him;

For his down-to-earth style, his "can do" attitude, his personal warmth and his willingness to go the extra mile which have endeared him to public health professionals across North Carolina;

For these and other significant contributions to public health, the North Carolina Public Health Association proudly presents the 1993 Citation of Merit to Thornton B. Haynes.

## DISTINGUISHED SERVICE AWARD



*Milton S. Heath, Jr.*

For more than thirty-five years of public health service to the citizens of North Carolina, including service on many state and national boards and commissions dealing with public health issues;

For untiring work on drafting much of the environmental and natural resource legislation considered by the General Assembly for twenty-five years;

For teaching environmental and natural resource law to the soil scientists, engineers, soil and water conservationists, and graduate students;

For dedication and perseverance in designing and teaching environmental health law to environmental health specialists and local health directors for more than ten years as a contribution to the North Carolina Environmental Health State of Practice Committee;

For these and other significant contributions to public health, the North Carolina Public Health Association proudly presents the 1993 Distinguished Service Award to Milton S. Heath, Jr.

## NORTON GROUP AWARD

For promoting a philosophy that empowers and involves all of the staff in the creation and development of programs, and in the effective delivery of services;

For refusing to accept the status quo, and for creating and implementing innovative solutions to public health challenges currently faced by local communities;

For pioneering programs to create a cooperative coordinated effort by environmental agencies in the mutual protection of the environment and of the public health;

For extraordinary efforts in teamwork, serving as a model for modern environmental health programs;

For these and other significant contributions to Public Health, the North Carolina Public Health Association presents the 1993 Norton Group Award to the Wastewater/Water Quality Section of the Wake County Department of Health.



*Wake County Department of Health  
Wastewater/Water Quality Section*

## NEW HANOVER COUNTY AWARD RECIPIENTS

Three New Hanover County residents who work in public health received awards at the annual meeting of the North Carolina Public Health Association (NCPHA) held September 22 through September 24, 1993. The Statistics and Epidemiology Section of NCPHA awarded The Samuel L. Katz Award to Beth Day, Nursing Director, and to Janet McCumbee, Public Health Nurse. Both Beth and Janet are employees of the New

Hanover County Health Department. The Katz Award is given to someone who has made the most significant contribution in the field of immunizations. This is the thirteenth year The Katz Award has been given and it is the first year the award has been awarded to two individuals. Both Beth and Janet have contributed tremendously to getting those children under the age of two immunized and they have done this through a campaign called "Winning Shots." They envisioned and organized the campaign and



*Janet McCumbee & Beth Day, recipients  
of the Samuel L. Katz Award*

have included the entire health department staff in their efforts.

During the same meeting The Southern Health Association also held its annual meeting in conjunction with NCPHA. The Southern Health Association awarded the "Special Meritorious Award" to Robert (Bob) S. Parker, Health Director of New Hanover County. This award is given for outstanding service to public health. It was awarded for Bob's public health efforts which truly have proven to be a benefit to the growth and progress of public health. In all his efforts Bob reflects the true professional dignity of the association.

Bob was recognized for his ability to look beyond "what is" and to envision "what can be". He was recognized for his success with the Executive Development Fund which was used solely for the employment of an Executive Director of NCPHA. He was successful in raising \$37,100 for the fund.



*Bob Parker, recipient of Southern Health  
Association's Special Meritorious Award*

## 1993 NCPHA SCHOLARSHIP RECIPIENTS

Craig B. Gillikin, DDS  
Mecklenburg County Health Dept.  
MPH

University of North Carolina

John Wilson Sigmon  
Open House, Inc.  
MPH

University of North Carolina

Theresa Highsmith-Raynor  
Cumberland County Health Dept.  
MPH and Physical Therapy  
Fayetteville State University

Nita Britt  
Wayne County Health Dept.  
BSN  
Johnston Community College

Amy Quesinberry  
Surry County Health Dept.  
BSN  
Winston-Salem State University

Brenda Truitt  
Chatham County Health Dept.  
MPH  
University of North Carolina

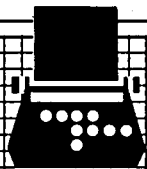
Randi Ostack  
NC DEHNR  
BS, Health Occupation Education  
NCSU

Joan Hoggard  
Bertie County Health Dept.  
BS, Health Education  
East Carolina University

Candace Davis  
Moore County Health Dept.  
ARA Healthcare Nutrition Services  
Pinehurst

Marilyn Burns  
Onslow County Health Dept.  
BSN  
Coastal Carolina Community College

Deborah W. Warren  
Harnett County Health Dept.  
BSN  
Fayetteville State University



# NEWS FROM THE SECTIONS

## DIDERIKSEN AWARDED THE W.A. "BILL" BROADWAY AWARD



*Richard Dideriksen*

Richard Dideriksen, Continuing Education Specialist with the School of Public Health at the University of North Carolina in Chapel Hill, was awarded the prestigious W.A. "Bill" Broadway Award at the Business Meeting of the NCPHA Environmental Health Section. Since 1981, Richard has devoted most of his work life to enhancing the professional practice of North Carolina's environmental health specialists. His dedication to the work of the Environmental Health State of Practice Committee has helped to create a training program that is recognized for quality and innovation beyond the boundaries of North Carolina.

## COVIL RECEIVES J.M. JARRETT AWARD



*Stacy Covil*

The 1993 recipient of the J.M. Jarrett Award is Stacy H. Covil. Stacy is the Section Chief of Environmental Health Services Section, Division of Environmental Health, NC Department of Environment, Health, & Natural Resources. He started to work in 1967 as a Sanitation Consultant with the NC State Board of Health. Throughout his career in public health, he has continued to exhibit leadership and an attitude as a person who works for improvements in all areas of environmental health. He has served on the NC Board of Sanitarian Examiners, is a Past President of NCPHA, is a past Regional VP with the National Environmental Health Association, and continues to serve in all types of professional organizations. Because of his knowledge and expertise, he is sought out on a national level. He has made an impression on many, an impact on public health policy and a legacy for all to admire.

## NORMAN FRANKS RECEIVES 1993 AWARD FOR OUTSTANDING ACHIEVEMENT IN THE FIELD OF ENVIRONMENTAL HEALTH



*Norman Franks*

Norman began his career in public health the summer of 1964 with the Lenior County

Health Department. After three years, he joined the Rockingham County Health Department and in 1968 he began serving the people of Wake County.

Norman served for over ten years as supervisor in the wastewater/water program before being officially promoted in 1988 to Assistant Environmental Health Director.

Norman's influence countywide and statewide has been significant. He has been instrumental in writing most of the local environmental ordinances currently in place in the county. He led the group that wrote the local sewage rules and local septage rules, and he wrote the Wake County Regulations governing pools by himself.

Norman was recently honored as the north Central Environmental Health District Sanitarian of the Year.

## NCPHA SOCIAL WORK SECTION NEWS



*Social Work Section Awards: Jean Trislap and Dr. Linner Ward Griffin*

The Social Work Section continues to network closely with multiple disciplines and enhance the position of social workers in public health settings. During the NCPHA Annual Conference, the Section participated in and/or cosponsored training meetings along with the Nutrition and the Children with Special Needs Sections where topics



ranged from the empowerment of clients and professionals to stress reduction techniques. The Section met for a business luncheon during the conference where special recognition awards were presented to Jean Hislop, Social Worker with Onslow County Health Department, and to Dr. Linner Ward Griffin, faculty member, ECU School of Social Work. An annual report regarding Section activities was shared and various committee chairs filed current reports.

The Section also participated in the kick-off reception for the newly developed North Carolina Association of Public Health Social Workers (NCAPHSW). This organization is progressing and everyone is invited to participate. Additional information will be forthcoming. NCAPHSW should become another strong advocate for public health social workers and the Section's Executive Committee will continue to meet on a quarterly basis and Janet Thomas, Sickel Cell Counselor, Washington Regional Office, will serve as our chair. Other officers are as follows: Karen Carraway, Vice Chair; Betsy Hyde, Secretary; and Judy Ritter, Treasurer. Building membership, networking with other disciplines and providing training opportunities will continue to be our ongoing focus. The next meeting will be held on February 11, 1994 at the Guilford County Health Department. Please contact Janet Thomas as (919) 946-6481 for further information and/or assistance.

Sylvia Wagoner  
Publicity Chair

## DENTAL SECTION



*Rosemary Pike*

The NCPHA Dental Section held its annual business meeting and workshop at the Wilmington Hilton on September 22, 1993. The speaker for the workshop was Bruce A. Baldwin, Ph.D. The topic was

"Lifestyle Management-Strategies for Busy People". The other sponsors for this workshop were Children with Special Needs and Public Health Management. The business meeting and awards presentation for the Dental Section followed the workshop. The new officers for 1993-94 are:

Chair	Pamela L. Dew, R.D.H. Nash County Health Dept.
Vice-Chair:	Dr. Robert Leddy Mecklenburg Co. Health Dept.
Secretary/	Erma H. Thomas, R.D.H.
Treasurer:	Wayne Co. Health Dept.

The two awards given by the section are the Ernest P. Branch Award and Becky Bowden Outstanding Dental Hygienist Award. The Ernest P. Branch recipient must reside in North Carolina and shall have made outstanding contributions to the progress and standing of public health dentistry. This year's recipient was Ms. Lucretia Montgomery. The Becky Bowden Outstanding Dental Hygienist Award is to recognize a Dental Hygienist in North Carolina who has made significant contributions to the field of public health. This year's recipient was Ms. Rosemary Pike.

## COMMUNITY HEALTH WORKSHOP/BUSINESS MEETING

The Community Health Assistants/Technicians held their Workshop/Business Meeting during the NCPHA Annual Meeting on September 22, 1993 at the Wilmington Hilton in Wilmington, NC.

Speakers were Ms. Barbara Pullen Smith, Director and Wanda Woods, Assistant Director of the Office of Minority Health. Topic: Turning the Vision into Action.

Two members, Hazel Goldston and Mamie Hunt, received recognition by receiving 25 year service awards.

Newly elected officers are:	
Chairman	Barbara Faison
1st Vice Chairman	Deborah Odom
2nd Vice Chairman	Hazel Goldston
Secretary	Nancy Richardson

Treasurer	Mamie Hunt
Financial Secretary	Devota Brooks
Historian	Neta Worth

The section plans to increase membership by using some incentive methods. We welcome your suggestions and certainly look forward to an exciting and progressive year. Contact Barbara Faison, Sampson County Health Department or Deborah Odom (919) 784-0884

## CHILDREN WITH SPECIAL NEEDS SECTION



*Ann Royal*

The Children with Special Needs Section's Workshop and Business Meeting were well attended at the North Carolina Public Health Association Annual Conference in Wilmington. Dr. Bruce Baldwin, a practicing psychologist and author of numerous books, was the featured speaker at the Children with Special Needs Section Workshop. Public Health Management and the Dental Health Section joined us in sponsoring this excellent presentation on professional development and stress management.

Dr. Thad Wester was the featured speaker at our Business meeting. He gave an informative talk on the NC Institute of Medicine's recommended guidelines for health care reform and provided an update on current legislative initiatives in this regard. His knowledgeable presentation and the follow-up discussion were both timely and well received.

Two Section Awards were presented at the Business Meeting. The Outstanding Contribution Award, which is given each year to an individual for their outstanding

continued from page 5

efforts on behalf of services for children with special needs and their families, was presented in memory of Mary Anne Mastrianni. We were fortunate that her parents, Mr. and Mrs. Michael Mastrianni of Charlotte, attended and accepted this award.

The Outstanding Achievement Award was presented to Ann Royal, Director of the Fayetteville DEC. Ann was recognized for her contributions and timeless efforts to improve and enhance services for children with developmental disabilities and their families.

New officers selected to serve this year are as follows:

Chairperson	Kaye Holder Assistant Branch Head Children & Youth Section, DMCH
Vice-Chairperson	Joyce Greene Director Asheville DEC
Secretary	Elizabeth Reeser Regional PT Consultant Fayetteville Regional Office, DMCH
Treasurer	Pat McDonald, RN Rocky Mount DEC
Membership Committee Chair	Alice Brooks, RN Wilmington DEC
Legislative Liaison	Jo O'Keefe Contracts Manager Children & Youth Section, DMCH

Pat McDonald presented the Treasurer's Report. As of September 1993, the Section's account balances were checking-\$310.52; savings-\$845.87; and Leo Crogham Memorial Fund-\$2,989.60.

We look forward to the upcoming year in Public Health, and encourage all of you who work with or have an interest in children with special needs to join our Section. Your support and participation are important and will make a difference.

Kaye Holder, Chairperson  
Children with Special Needs Section

## ARE YOU REGISTERED?

Did you let another year slip by without becoming a new Registered Health Educator or renewing your status as a Registered Health Educator? Well, why don't you get an early start on your New Year's Resolutions by placing NC Board of Registry for Health Education, Inc. at the top of your list.

Becoming registered is easy; here's what you need to do:

- (1) Request an initial packet (if you have never been registered) or a renewal packet (If you are renewing or reinstating your membership) by contacting the Registrar at the NC Board of Registry for Health Education, PO Box 10387 Raleigh, NC 27605
- (2) If you are applying for an initial registration, you will need to contact your college or university for an official transcript to verify your undergraduate and/or graduate degrees in Health Education. You'll also need 3 letters of reference (the application form will tell you who to ask).
- (3) Include a personal check or money order for the appropriate amount (the amounts will be listed in your packet).
- (4) Return the entire packet with all these items to the Registrar.

In order to remain active, and keep your R.H.Ed. status you must complete an annual report of educational activities as outlined in the renewal registration packet and submit yearly dues. Specific instructions are included in the renewal packet.

In 1993, seventeen health educators became registered, increasing the total membership to seventy-three. That's terrific but we would like to see more health educators join, especially you.

Please contact the registrar or any registered health educator for more information.

Make becoming REGISTERED a priority in 1994.

Lynne C. Beck, R.H.Ed.  
Membership and  
Marketing Committee  
NC Board of Registry of  
Health Education, Inc.

## UNC SPONSORS MINORITY HEALTH CONFERENCE

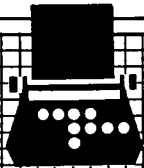
The impact of health care reform on families of color, minority youth and violence, and minority youth and sexuality will be focus issues for the 16th Annual Minority Health Conference to be held Feb. 17-18, 1994, at the School of Public Health, The University of North Carolina at Chapel Hill.

"Youth and Families of Color: What's Going On?" will convene professionals working in public, occupational, rural and community health; human services; and education. University and college students are invited to attend without charge, as are UNC faculty and staff.

The purpose of the program is to provide a forum for discussing innovative approaches to meeting minority health needs, said William Small, Jr., assistant dean for student affairs, UNC School of Public Health, and co-chairman of the conference along with Victor Schoenbach, UNC associate professor of epidemiology.

The conference is sponsored by the School of Public Health and Lineberger Comprehensive Cancer Center, The University of North Carolina at Chapel Hill; and State Center for Health and Environmental Statistics, North Carolina Department of Environment, Health and Natural Resources.

To register, contact the Office of Continuing Education, UNC School of Public Health, CB #8165, Miller Hall, Chapel Hill, NC 27599-8165; phone 919/966-4032.



# COMMITTEE REPORTS

## ARE YOU ELIGIBLE FOR LIFE MEMBERSHIP?

Life members shall have the same membership privileges as a regular member except a life member is exempt from paying dues and registration fees. Sounds good? Well, if you are retired or plan to retire prior to the Annual Education Conference in September, 1994 and have been a member of NCPHA for 25 years, you are eligible to become a Life Member. Up to 15 years membership in an out-of-state public health association will be applied provided written proof of this membership is furnished.

If you feel that you are eligible under these guidelines, please complete the section concerning Life Membership on the

Membership Application and return to the NCPHA Headquarters no later than April 15th.

If you have any questions or concerns, please call Deborah Rowe, NCPHA Administrative Assistant, at 919/872-6274, between the hours of 8:00 am - 12:00 noon, Monday-Friday.

**AWARDED LIFE MEMBERSHIP IN 1993**  
Lillie Dewitt  
Howard Fitts  
Estelle Fulp  
Dr. Charles Hawkins  
Thomas Owens

## MEMBERSHIP AWARDS

Each year, the North Carolina Public Health Association awards a member a \$100.00 award in appreciation of their membership. This award is presented at the Annual Educational Conference by a random drawing of a name from a listing of all NCPHA members. We are pleased to announce that Jacqueline Burr of Stanley, NC was the recipient of the \$100.00 for FY'93.

We also present \$50.00 to a lucky new member and his/her sponsor chosen in the same manner. Lynn Mahon was our lucky new member and Claudia Byrant was her sponsor. Each received a check in the amount of \$50.00.

Congratulations and thanks for your membership!

## DESCRIPTION OF NCPHA AWARDS

**REYNOLDS AWARD:** The Reynolds Award is bestowed upon the individual member of NCPHA who has made the greatest contribution to public health in North Carolina during the past year.

**NORTON GROUP AWARD:** The Norton Group Award is given to a group for outstanding cooperation and service to public health in North Carolina during the past year.

**RANKIN AWARD:** The Watson S. Rankin Award is given to an individual in recognition of the outstanding contributions to public health in North Carolina over a period of several years.

**DISTINGUISHED SERVICE AWARD:** This award was established in 1953 to recognize individuals in other organizations or professions who have made significant contributions to public health in North Carolina.

**CITATION OF MERIT:** The Citation of Merit is conferred upon individual members of NCPHA who, by long

years of noteworthy service or by lustrous enterprise within the recent past, have singularly advanced public health in the Tar Heel State.

*A citation and an engraved plaque are given for each of the awards listed above.*

**SERVICE PINS:** Service pins are awarded for completion of twenty-five (25), thirty (30), thirty-five (35) and forty (40) years of full-time work in public health in North Carolina by **December 31** of the **preceding year**. Years taken from health service for educational or military leave are counted if the service is otherwise continuous.

**THE DEADLINE FOR ALL AWARDS AND NOTIFICATION FOR SERVICE PINS SHALL BE APRIL 20, 1994.**

Nominations shall be submitted on forms provided by NCPHA and may be obtained from the NCPHA Administrative Assistant of the Chairman of the Awards Committee. They shall be addressed to the

Chairman of the Awards Committee and postmarked no later than April 20 of the calendar year for which the award is proposed. Supporting materials may be submitted. Remember that the Awards Committee will probably already know much about your nominee.

Nominations need not be lengthy, but must be descriptive in outlining the reasons that the nominee is worthy of the award. We know that there are many deserving individuals out there, but the Committee must choose the recipients based on the nominations received.

**VALID NOMINATIONS IN LARGE NUMBERS ARE ENCOURAGED!!!**

Nominations should be sent to:  
Delton Atkinson  
Chairman Awards Committee  
Department of Environment,  
Health & Natural Resources  
PO Box 27687  
Raleigh, NC 27611-7687



# WE WISH TO THANK THE FOLLOWING COMPANIES FOR EXHIBITING AT OUR 1993 ANNUAL EDUCATIONAL CONFERENCE

## **Crumpler Plastic Pipe, Inc.**

PO Box 68

Roseboro, NC 28382

Tel: (919) 525-4046 or 1-800-334-5071

Fax: (919) 525-5801

**Service/Product:** Provides plastic pipes for septic systems, constructed wetlands and soret filters.

## **Houston Crumpler**

**Service/Product:** A multi-facted drilling and construction services company whose primary concerns include domestic, commercial, and municipal water supply wells; environmental groundwater monitoring wells, remediation systems and underground storage tank removals; water pump services; wastewater treatment system construction and maintenance; distribution of Sanuril and D-Chlor wastewater treatment equipment and supplies.

## **Chem-Nuclear**

5400 Glenwood Avenue, Suite 305

Raleigh, NC 27612

Tel: (919) 787-0732

Fax: (919) 787-1233

**Service/Product:** The State of North Carolin's contractor to site, design, build, and operate a low-level radio-active waste disposal facility.

## **Judy Buskill**

## **Burroughs Wellcome Co.**

3030 Cornwallis Road

Research Triangle Park, NC 27709

Tel: (919) 248-3481

Fax: (919) 248-0421

**Service/Product:** The latest information on ZOVIRAX acyclovir, RETROVIT zidovudine, MEPRON atovaquone and CONDYLOX prodofilox.

## **Grey Mickey**

## **NSF International**

3475 Plymouth Road

Ann Arbor, MI 48105

Tel: (313) 769-8010

Fax: (313) 769-0109

**Service/Product:** Environmental health related educational, informative literature for public health officials and general public.

## **David R. Baxley**

## **CESSCO, Inc.**

PO Box 244

Greensboro, NC 27402

Tel: (919) 274-8173

Fax: (919) 379-7122

**Service/Product:** BAIT-TOX meal and parafin blocks suitable for baiting sewers and outbuilding with 17 different attractants; in addition to CESSCO aerosols for fly and insect control, Fire Ant Control (1% dursban) injected directly into mound with 30" probe which kills the queen and destroys the colony.

## **Charlie Gribble**

## **Pfizer Consumer Health**

PO Box 801905

Dallas, TX 75380

Tel: 1-800-874-0232

Fax: (214) 386-4446

**Service/Product:** Rid, Desitin, and Plax.

## **Ed Whitman**

## **Channing L. Bete Co.**

200 State Road

South Deerfield, MA 01373

Tel: (413) 665-7611

**Service/Product:** Public education pamphlets and materials dealing with a broad range of health topics. The pamphlets are written in an easy to read and graphic style.

## **Brenda Gibbs**

## **PRISM**

8300 Executive Center Drive

Miami, FL 33166

Tel: (305) 592-6312 or 1-800-67-PRISM

**Service/Product:** Provides sanitation services "in the back of the house" to the hotel, health care, and restaurant industries. Our services include Guaranteed Pest Elimination, Hood & Duct Cleaning, Hood Grease Filter Exchange, Soak Tank, and Cleaning Chemicals.

## **Zane Hall**

## **Milex Carolinas, Inc.**

PO Box 23060

Charlotte, NC 28227

Tel: (704) 545-4567 or 1-800-344-6976

Fax: (704) 545-3491

**Service/Product:** Women's health products.

## **Zeb Morris**

## **Ecotrol Sales, Inc.**

560 W. Walker Street, Suite 8

Asheboro, NC 27203

Tel: (919) 626-5334

Fax: (919) 626-6995

**Service/Product:** Ecotrol represents companies specializing in wastewater treatment. Thermaco manufacturers automatic Grease Recovery Units designed for restaurant applications. Ekofinn manufacturers compact packaged wastewater plants which use aerobic "thin-film" technology to dramatically improve effluent quality and prevent premature septic field failure.

## **Charles Hardin**

## **Metro Productions, Inc.**

6005 Chapel Hill Road

Raleigh, NC 27607

Tel: (919) 851-6420

Fax: (919) 851-6418

**Service/Product:** Integrated marketing productions including printing, video production, graphic design, and mulimedia. All services are produced in-house, substantially reducing turnaround time and cost.

## **Chuck Underwood**

Angie Gordon

## **McCall Brothers, Inc.**

PO Box 668710

Charlotte, NC 28266-8710

Tel: (704) 399-1506

Fax: (704) 398-2605

## **Ken Sigmon**

## **Auto-Chlor System**

3500-A Woodpark Blvd.

Charlotte, NC 28206

Tel: 1-800-333-4498

Fax: (704) 596-1448

## **Pedro Westbrook**

**Service/Product:** A recognized leader in the commercial warewashing, laundry and housekeeping industry. Over 55 years of research and development have produced the most efficient chemicals and equipment available. Auto-Chlor has worked closely with NSF, FDA, and Environmental Health to insure the protection of the public health.

**SmithKline Beecham Pharmaceuticals**

**Wand Warner**

106 Cromwell Court

Cary, NC 27513

Tel: (919) 469-5704

**Service/Product:** Hepatitis B vaccine, OSHA Bloodborne Pathogen Compliance Program.

**Smith's Addressing Machine Services, Inc.**

**James Smith**

PO Box 447

Clayton, NC 27520

Tel: (919) 553-5051

Fax: (919) 553-4142

**Service/Product:** We sell and service Phot ID Systems, Embossers, Imprinters, Shredders and all types of labelers and direct impression printers.

**Wyeth-Ayerst Laboratories**

**Jeff Robertson**

1505 Kerner Road

Kenersville, NC 27284

Tel: (919) 996-4565

**Service/Product:** Leader in female health care.

**Merck Vaccine Division**

**Wylene McDonald**

200 Regency Parkway, Suite 300

Cary, NC 27511

Tel: (919) 460-2460

Fax: (919) 460-2474

**Service/Product:** Product information on RECOMBIVAX HB and examples of educational and support materials for hepatitis B vaccination.

**Comstat Datacomm Corporation**

**Keith Bowman**

1720 Spectrum Drive

Lawrenceville, GA 30243

Tel: 1-800-248-9496

Fax: (404) 822-4886

**Service/Product:** Comstat offers the broadest line of Poll-Select products in the marketplace today. Our products include the latest advances in technology and are covered by a 5 year warranty. Our devices include protocol converters, concentrators, multiplexor, and datacomm processors. We also have a very liberal trade-in policy for upgrades.

**American Ultraviolet Company**

**Delmar Rivers**

483 Robert Small Parkway, RR4

Beaufort, SC 29902

Tel: (803) 522-2781

FAX (803) 522-2789

**Services/Products:** Manufacturer of ultraviolet germicidal fixtures that are used in reducing airborne bacteria, especially in TB clinics.

**Aqua Tech Environmental Laboratories, Inc.**

**Pam Moss**

PO Box 488

Sanford, NC 27330

Tel: 1-800-522-2832

Fax: (919) 774-7068

**Service/Products:** Chemical and biological testing-drinking water, wastewater, hazardous wastes-North Carolina DEH & DEM certified.

**Hemo Cue/Auratech**

**Jim Brown**

3106 Solara Trace

Greensboro, NC 27410

Tel: 1-800-662-7712

Fax: (919) 668-9441

**Service/Products:** Hemoglobin and glucose analyzers.

**Tarheel Physicians Supply**

**Jerry Shelton**

1934 Colwell Avenue

Wilmington, NC 28403

Tel: 1-800-672-0441

Fax: (919) 762-6022

**Service/Products:** Miscellaneous medical products with emphasis on laboratory equipment and supplies.

**T&J Panel Systems**

**R.W. Johnson**

PO Box 1835

Statesville, NC 28687

Tel: (704) 872-9566

**Service/Products:** The T&J Panel System, a PPBPS as described in Section 1956 of the NC Sewage Rule, give a 50% reduction in area over a conventional system. A T&J system should be considered when quality of effluent or space is a concern.

**Laboratory Supply Company**

**Calvin E. Nichols**

112 Griffith Plaza Drive

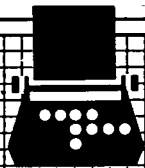
Winston-Salem, NC 27103

Tel: 1-800-888-9004

Fax: (919) 768-3176

**Service/Products:** Clinical laboratory equipment and supplies, medical/surgical supplies, home health supplies.





# ASSOCIATION REPORTS

## APHA UPDATE

The 121st Annual Meeting of the American Public Health Association was held in San Francisco last month, and I appreciate having the opportunity to represent NCPHA in this organization that helps to shape policy and to influence national legislation regarding public health.

The theme of this year's meeting was *Building Healthy Environments: Physical, Economic, Social and Political Challenges*. Over 3000 sessions were held during the four-day meeting, with as many as 70 different presentations to choose from at any given time.

As your affiliate representative from NCPHA to the Governing Council of APHA, my primary involvement is with other state representatives during 1 1/2 days of meetings in which we share information about public health issues and projects at the state level. We also hear the platforms of candidates for office and hold dialogue with them regarding their support for state public health associations and our role in influencing the policy process of APHA. One recurring concern shared by many, if not most, state affiliate reps is the need for improved communication between the leadership of APHA and the leadership of the state affiliates.

Some specific topics covered were:

- 1) the need to increase cross-membership in APHA and state associations. Currently only 9% of APHA members belong to their state affiliate and vice versa. This is the approximate percentage in North Carolina, as well. Some strategies were suggested to improve these statistics:
  - a) Provide an Affiliate's Booth in the exhibit hall at the APHA annual meeting, where membership forms would be avail-

able and individuals could be encouraged to join their state associations.

- b) Consider expanding the Joint Membership Project now being piloted between APHA and the Ohio Public Health Association (OPHA), in which members pay dues to both organizations at the same time. In the past year of the project, the OPHA has gained 50 new members and APHA has gained 25.
- 2) healthcare reform
  - a) affiliates need to carefully analyze the final legislation based on objective criteria, (possible using APHA's 14 points), to develop our position;
  - b) identify our allies and begin building coalitions;
  - c) individually and collectively, contact our congressmen in Washington;
  - d) play an active role in educating our own legislature and establish NCPHA as an "expert" on the subject of healthcare reform.

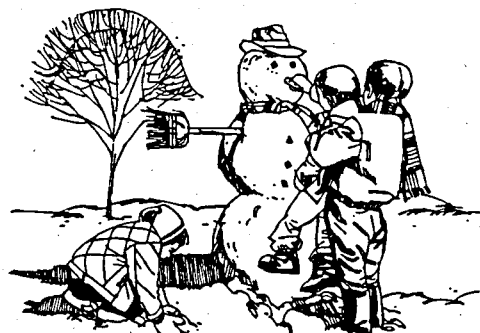
One area where the state affiliates excel is in capturing mini-grants through APHA's Challenge Fund Project. Each year, approximately \$20,000 is given to fund innovative proposals submitted by sections, caucuses, and state affiliates. Last year seven of the nine grants went to state affiliates! The New Mexico PHA was funded to hold workshops on Violence Prevention and to train facilitators for support groups in public schools to teach conflict resolution skills to students. The Illinois PHA used their grant to initiate state-wide Public Health Week activities. These examples are provided to fuel your imagination and to encourage members to take advantage of this opportunity for support of local or state-wide projects. The deadline for proposals is March 1, 1994.

Thanks to all section chairs and members who provided input to me regarding APHA's proposed resolutions and position papers. Your expertise was extremely valuable, especially on those subjects of a highly technical or scientific nature. The complete list of resolutions passed is available through me and will be published shortly in *The Nation's Health*. The Governing Council spent over four hours, alone, on its response to Clinton's Healthcare Reform package. Overall, APHA supports Clinton's efforts but notes that not all of APHA's 14 principles were addressed adequately in the proposal.

The incoming officers of APHA are: President-Elect, Caswell A. Evans, DDS, MPH; Executive Board Members, Carol Easley Allen, RN, Ph.D., Faye Wong, RD, MPH, Carols W. Molina, Ed.D, and Patricia Evans, MPH. Next year's annual meeting will be held in Washington, DC October 30-November 3, 1994.

As always, I welcome input from all members of NCPHA to enhance the effectiveness of the role of affiliate representative to the national association.

Barbara Chavious  
APHA Affiliate Representative



# 1994 GOVERNING COUNCIL

President ..... Jim Jones  
 President-Elect ..... Dr. Newsom Williams  
 Vice President of Communication ..... Libby Stephens  
 Vice President of Education ..... Dicie Alston  
 Secretary ..... Belinda Allison  
 Treasurer ..... Eunice Inman  
 Past President ..... Leonard Wood  
 APHA Representative ..... Barbara Chavious  
 Southern Health Representative ..... Susan O'Brien  
 APHA/SHA Alternate ..... Maida Dundon  
 Eastern District NCPHA Representative ..... Delance Ellis  
 Western NCPHA Representative ..... Georgena Chandler  
 Members-At-Large ..... Chris Hoke  
    Richard Clayton  
    Georgena Chandler  
    Mike Rhodes  
    Deborah J. Warren  
    Barry Bass

## Section Chairs

Adult Health Section ..... John Levin  
 Children w/Special Needs Section ..... Kaye Holder  
 CHAT Section ..... Barbara Faison  
 Dental Health Section ..... Pam Dew  
 Environmental Health Section ..... Debra Yarbrough  
 Health Education Section ..... Peggy Garner  
 Laboratory Section ..... Dr. Lou Turner  
 Management Support Section ..... Judy Simmons  
 MCH Section ..... Tamara Hower  
 Nursing Section ..... Betsy Pierce  
 Nutrition Section ..... Carol Parish  
 Physician Extender Section ..... Kim Hampton  
 Public Health Management Section ..... Vaughan Upshaw  
 Social Work Section ..... Janet Thomas  
 Statistics & Epidemiology Section ..... Elaine Thomas  
 STD Section ..... Paul Esbrandt  
 Vector Control Section ..... Dennis Salmen

## Standing Committee Chairs

Local Arrangements Committee ..... Charlotte Blankenship  
 Program Committee ..... Dicie Alston  
 Auditing Committee ..... T.B. Haynes  
 Awards Committee ..... Delton Atkinson  
 Bylaws/Manual of Procedures Committee ..... Susan O'Brien  
 Elections Committee ..... Randall Turpin  
 Legislative Committee ..... Dr. Leah Devlin  
 Membership Committee ..... Randall Turpin  
 Nominating Committee ..... Leonard Wood  
 Public Relations Committee ..... Karen Foster  
 Resolutions Committee ..... Carolyn Haynie  
 Scholarship Committee ..... Phyllis Gray

## Special Appointments

Representative to the Alliance for the  
 Advancement of Public Health ..... Bill Smith  
 Historian ..... Dan Shingleton  
 Representative to NC Medical Society ..... Dr. Dale Simmons  
 Representative to NC Child  
 Advocacy Institute ..... Peggy Ellis  
 Representative to NC Citizens for  
 Public Health ..... Emily Tyler  
 Parliamentarian ..... Gayle Manthei  
 Representative to Public Health Week ..... Tamara Hower  
 Representative to Project Assist ..... Tamara Dempsey-Tanner  
 Editorial Board Chair ..... Dr. Trenton Davis  
 Personnel Committee Chair ..... Mel Crocker  
 Representative to Advisory Committee  
 on Immunization Initiatives ..... Beth Day  
 Representative on State Health Director's  
 Meeting on Health Care Reform ..... Carl Tuttle



## 1994 Patrons

Dr. Newsom Williams  
 Hoyt Pender  
 Susan O'Brien  
 Richard Clayton  
 Jo Williams  
 Dan Shingleton  
 Edna Hensey  
 Emily Tyler  
 Margaret Harton  
 Dr. Georjean Stoodt  
 Evelyn Schaffer  
 Mary Ann Kick  
 Dr. Rebecca Meriwether  
 Leonard Wood  
 Dr. Jean Spratt  
 Dr. Charles Hawkins

# NC PUBLIC HEALTH ASSOCIATION

## 1994 MEMBERSHIP OR RENEWAL APPLICATION

Membership Year is **OCTOBER 1, 1993** through **SEPTEMBER 30, 1994**

Name \_\_\_\_\_ Present Position \_\_\_\_\_

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

(Please check if this is a change of address \_\_\_\_\_)

I wish to receive mailings at my residence \_\_\_\_\_ office \_\_\_\_\_

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

Previous name (if applicable) \_\_\_\_\_

Employer and Address \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

Are you eligible for Life Membership \_\_\_\_\_ Date of Retirement \_\_\_\_\_

Are you a 1993-94 member of Eastern District NCPHA \_\_\_\_\_ Western NCPHA \_\_\_\_\_

**THE NCPHA IS PRESENTLY COMPOSED OF SEVENTEEN SECTIONS. BYLAWS: ARTICLE XI: "AN INDIVIDUAL MUST BE A MEMBER OF THE NCPHA TO QUALIFY FOR MEMBERSHIP IN ANY SECTION." ALL SECTIONS ARE PARTICIPATING IN CENTRAL COLLECTION OF DUES. SEND YOUR SECTION DUES WITH YOUR NCPHA DUES. PLEASE MARK EACH SECTION(S) WITH WHICH YOU WISH TO BECOME AFFILIATED. INDICATE YOUR PRIMARY SECTION.**

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Health (A) \$5.00             | <input type="checkbox"/> Nutrition (5) \$5.00                |
| <input type="checkbox"/> Community Health Asst. (2A) \$3.00  | <input type="checkbox"/> STD (8) \$4.00                      |
| <input type="checkbox"/> Dental Health (Y) \$5.00            | <input type="checkbox"/> Laboratory (6) \$4.00               |
| <input type="checkbox"/> Physician Extenders (PE) \$5.00     | <input type="checkbox"/> Nursing (2) \$4.00                  |
| <input type="checkbox"/> Social Work (SW) \$3.00             | <input type="checkbox"/> Children w/Special Needs (D) \$5.00 |
| <input type="checkbox"/> Environmental Health (3) \$7.00     | <input type="checkbox"/> Vector Control (V) \$3.00           |
| <input type="checkbox"/> Public Health Mgmt. (1) \$3.00      | <input type="checkbox"/> Management Support (4) \$3.00       |
| <input type="checkbox"/> Statistics/Epid. (SE) \$2.00        | <input type="checkbox"/> Health Education (7) \$5.00         |
| <input type="checkbox"/> Maternal & Child Health (MC) \$2.00 |  |

Do Not Send Cash:	Annual Dues	<u>\$25.00</u>	(Salary \$0 - \$20,000)
	Annual Dues	<u>\$35.00</u>	(Salary \$20,001 - \$35,000)
	Annual Dues	<u>\$45.00</u>	(Salary over \$35,001)
Less first time member discount		<u>-10.00</u>	
	Section Dues	_____	
	Total Dues	_____	

Sponsored by: \_\_\_\_\_ Date: \_\_\_\_\_  
(individual's name)

**PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO NCPHA AND SENT TO:**  
1009 Dresser Court  
Raleigh, NC 27609

\*\*\*\*\*

Patron Membership: Additional \$25.00 or more \$ \_\_\_\_\_

Patron members shall be recognized in NCPHA Newsletter and Annual Educational Conference Program.

**THANK YOU FOR YOUR CONTINUED SUPPORT OF OUR ASSOCIATION!!**



## NCPHA AWARDS NOMINATION

Name of Award

Calendar Year

Name of Nominee

Title

Place of Employment

Business Address

Telephone

Home Address

Telephone

Nominated by

Reason nominee deserves this award

Please attach a resume of not over three pages, including this one. This should include public health experience (with dates, if possible), education, outstanding public health achievements, organizational affiliations, offices held, important boards and appointments and previous awards.

# CONTINUING EDUCATION PROGRAMS

## SCHOOL OF PUBLIC HEALTH

### THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Many of the following continuing education programs are jointly sponsored or cosponsored by the NC Department of Environment, Health and Natural Resources; NC Area Health Education Centers; NC Environmental Health State of Practice Committee; NC Public Health Nursing Continuing Education Advisory Committee; and Office of Public Health Nursing. For specific information on program sponsorship, please refer to the program brochure.

#### **Child Day Care Workshop: Just Loving Little Children**

**Isn't Enough**

February 2-4

Greenville

March 2-4

Greensboro

**Strengthening Supervisory Skills (Using Myers-Briggs Type Indicator) for Health and Human Service Professionals**

March 17-18

Asheville

**Adult Physical Assessment Eight-Day Course for Public Health Nurses**

(eight sessions for each site)

February 9

Chapel Hill

February 9

Charlotte

March 24

Hickory

April 28

Elizabeth City

May 3

Plymouth

May 5

Chapel Hill

May 25

Wilmington

June 2

Asheville

**Adult Physical Assessment Two-Day Workshop for Public Health Nurses**

**Breast and Male/Female Reproductive System Physical Assessment**

February 2-3

Charlotte

March 17-18

Hickory

April 26-27

Plymouth

May 19-20

Wilmington

**Seafood Quality and Safety**

April 20-22

Hickory

**Motivation, Mission and Quality Service**

July 7-8

Wilmington

**Managing Priorities Workshop for Health & Human Service Professionals**

February 4

Greenville

February 17

Fayetteville

March 31

Hickory

**Who's Who in Protecting North Carolina's Environment**

February 9-10

Raleigh

**16th Annual Minority Health Conference**

**Youth and Families of Color: "What's Going On?"**

February 17-18

Chapel Hill

**Epidemiology, Prevention, and Control of Vaccine-Preventable Disease Course**

March 1994

Statewide Teleconference TBA

#### **Nursing Teleclasses**

**Legal Workshop**

**After the Baby is Born**

**Culture: A Dynamic Influence**

**Total Quality Management**

**SOAPing As A Form of Note Taking**

Spring 1994

Statewide Teleclasses TBA

**Lead Investigation and Abatement Authorization for Environmental Health Specialists**

March 16-18

Asheville

April 6-8

Greenville

June 1-3

Winston-Salem

July 20-22

Fayetteville

**1994 Spring Health Director's Workshop**

April 1994

Chapel Hill

**21st Annual Maternal and Child Health Regional Conference**

April 10-12

Chapel Hill

**1993 NC Environmental Health Law**

May 18-20

Hickory

**17th Annual Training Conference for Public Health Nutritionists**

**Nutrition Leadership: Choosing Your Path**

May 25-27

Black Mountain

**Principles of Public Health Practice**

June 1994

Chapel Hill

**1994 Public Health and Community Health Leadership Conference**

June 1994

Raleigh

#### **Registration**

For further information and/or to register for programs that do not have an information source, please contact **Phyllis Woody**, registrar, Office of Continuing Education, UNC School of Public Health, CB# 8165, Miller Hall, Chapel Hill, NC 27599-8165; phone 919/966-4032 or fax 919/966-5692.

## UPCOMING NCPHA EVENTS

January 31

Raleigh

Nominating Committee

February 11

Raleigh

Executive Committee

May 3-5

Fayetteville

EDNCPHA Annual

Educational Conference

May 16

Winston-Salem

Executive Committee

May 17

Winston-Salem

Governing Council

May 18-20

Winston-Salem

Western NCPHA Annual

Educational Conference



## FELLOWSHIP OFFERED

The Department of Health Policy and Administration at the School of Public Health, UNC-Chapel Hill, wishes to provide a fellowship to one member of the public health community to attend a course in Public Health Practice during the 1994 Summer Session in Chapel Hill. This fellowship will cover the tuition for a 3-credit hour graduate-level course, entitled HPAA 107-Theory and Practice of Public Health Policy and Administration, which will be taught on Tuesdays and Thursdays for 5 weeks next summer. The fellow will receive graduate credit for successful completion of the course.

The goal of this course is to consider and chart a course for the development of "future" public health policy, programming, and practice. This goal will be accomplished through examination of the main historical trends in the development of public health at state, national, and global levels; the present "crisis" of public health and the challenges of tomorrow posed by the health situation, in particular, the social situation, in general, and probable changes in the domestic health care system. The seminar format, which facilitates problems-based learning and encourages responsibility for student-centered learning, has been adopted as the learning mode for the course.

Nominations for the summer fellowship are sought from individuals interested in building upon their foundation in public health. You may submit your name or that of a colleague. Please send the name, address, phone number and a brief paragraph describing the applicant's current role in public health and interest in this course to:

Executive Master's Program  
CB#7400, McGavran-Greenberg Hall  
Department of Health Policy and Administration  
School of Public Health, UNC-CH  
Chapel Hill, NC 27599-7400

Applications will be accepted through March 1, 1994.

**NORTH CAROLINA  
PUBLIC HEALTH ASSOCIATION, INC.**  
1009 DRESSER COURT  
RALEIGH, NORTH CAROLINA 27609  
(919)872-6274  
FAX (919)878-8427

*The Newsletter is a publication of the North Carolina Public Health Association. The next edition will be in April, 1994. Articles should be submitted by March 1, 1994.*

Deborah Rowe, Administrative Assistant  
Dan Shingleton, Program Development Specialist

Jim Jones, President  
(919) 733-3419

Libby Stephens, Newsletter Editor  
Vice President of Communication  
(919) 761-2390

Authors are responsible for views  
expressed in signed articles.



This Newsletter was printed on Recycled Paper.



**NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.**  
**NEWSLETTER**

Non-profit  
Organization  
U.S. Postage  
PAID  
Raleigh, N.C.  
Permit No. 1499

JANUARY 1994 1009 Dresser Court, Raleigh, NC 27609

Deborah Rowe  
NC Public Health Association  
1009 Dresser Court  
Raleigh, NC 27609

Published by the North Carolina Public Health Association

☐ North Carolina Public Health ☐

# FORUM

☐ Winter, 1992 ☐

Volume 3, Issue 1

*Dedicated to Improving Public Health in North Carolina*



SMILING THROUGH SEVENTY-FIVE YEARS

Page 5

THE FUTURE OF ENVIRONMENTAL HEALTH

Page 8

TUBERCULOSIS IN NORTH CAROLINA

Page 12

## **CONTENTS**

<b>Jean Spratt, DDS Page 3</b>	<b>Smiling Through Seventy-Five Years</b>
<b>Larry Gordon Page 8</b>	<b>The Future of Environmental Health</b>
<b>Jo L. Williams Page 12</b>	<b>Tuberculosis in North Carolina -- Yesterday, Today, Tomorrow</b>
<b>Elizabeth K. Byars Pamela Swan Horne Page 15</b>	<b>Boards of Health Consider Health Care Reform</b>
<b>J. Dale Simmons, M.D. Page 18</b>	<b>What Is In A Name?</b>
<b>Deborah Sawyer Page 23</b>	<b>Environmental Problems in the North Carolina Coastal Region</b>

Cover: The redheaded young man pictured on the cover was named Little Jack. Little Jack and his friends Dr. Carson, Judy, and "Mean" Joe traveled thousands of miles and visited hundreds of schools in North Carolina from 1935-1968. The Little Jack Puppet Show, which took the message of oral health to school children throughout the "Tar Heel" state, was a creation of the Division of Oral Hygiene of the State Board of Health. This exemplary story of health education is but one example of the great seventy-five year tradition of the Division of Dental Health of the Department of Environment, Health, and Natural Resources. (Editor) (Photo courtesy of the Division of Dental Health, Department of Environment, Health, and Natural Resources)

# FROM THE EDITOR

E. Daniel Shingleton

---

## A TRIBUTE TO THE NURSES

The beginning of public health nursing has been traced to the work of Lillian Wald. The work of Nurse Wald and the emergence of public health nursing has been described by Phillip and Beatrice Kalisch in The Advance of American Nursing as follows:

One morning in March, 1893, Miss Wald was showing a group of mothers how to make a bed when a child came in asking for help. He led her to a foul tenement, where nine pitifully undernourished people - most of them sleeping on the floor and obviously in no need of lessons in bedmaking - were living in two rooms. On a bed lay a helpless woman who, although seriously ill, had not received care for two days. No one had ever told 26 year old Lillian Wald that such suffering existed. A self-respecting scrub woman might have fled, nauseated, but as a nurse with a special conscience Miss Wald went to work . . . (Kalisch, Advance of American Nursing, pg. 230)

That was how the story began. It continues today in the hearts and minds of real public health nurses everywhere! It is an incredible story for which we can all be proud.

My favorite nurse is Colleen McMurphy of **China Beach** fame. The character of Nurse McMurphy stands in the great tradition of knowledgeable, skilled, and caring human beings who proudly call themselves nurses. Among these distinguished professionals stand a special group called public health nurses who have remembered and celebrated their hundred year tradition in 1993. I feel sure that real public health nurses have a special place reserved for them among the heavenly host. For a hundred years now these public health stalwarts have carried the spirit and truth of prevention work into virtually every mountain hollow and to the end of every dirt path that one would find in our great state.

I know of no uniform worn by public servants that is more highly respected and recognized than that of our public health nurses. If you did not do something special for the nurses in your health department in 1993 it is not too late to recognize their distinguished past and hopeful future. If nothing else, please seek out one of these special folks and congratulate them and thank them for their contributions to "protecting and improving the health of the community."

E. Daniel Shingleton, M.S.W., is an Associate Professor of Sociology at Barton College. He also serves as a Program Development Specialist and Historian for the North Carolina Public Health Association.

**Correspondence to:**  
**E. Daniel Shingleton**  
**North Carolina Public Health Association**  
**1009 Dresser Court**  
**Raleigh, NC 27609**

Those of us who produce this journal enjoy it so much! It is a demanding process and a tear or two has been shed, but who deserves a high quality journal full of public health "stuff" more than those that labor in the public health vineyard in North Carolina? Please read the articles and learn from them. Please communicate with the authors and express your appreciation. Please learn about the *Friends of the Forum Program* and help us with a few coins. This is an expensive enterprise and a little monetary help will go a long way.

It is ironic that the week of November 8, I was teaching a group of students how to humanize a work setting. The themes are simple. First, organize in such a way that it develops rather than impedes human potential. Second, base opportunities on ability and contributions rather than personal characteristics. Third, equally distribute organizational power and finally less rigid rules and more open decision making become the rule of the day. In summary, more people are involved in making decisions, their contributions are more readily recognized, and individuals feel freer to participate. (Henslin, *Sociology*, pg. 181)

# SMILING THROUGH SEVENTY-FIVE YEARS

Jean Spratt, D.D.S., M.P.H.

Once upon a time, a precipitous cliff claimed many a hapless passerby who stumbled over the edge to certain, serious injury or death far below. The people of this land, concerned for the health of the victims, built a hospital at the cliff's base. Those who survived their falls now received prompt, thorough care for their injuries. One day a child asked: "Why not build a fence along the top of the cliff to keep people from falling at all?"

---

Profound changes are brewing in the health care industry—health care reform is no longer a question of IF, but of WHEN and HOW. As part of the health care industry, public health will be changing as well.

We in public health also know that our patients—the citizens and communities of North Carolina—are changing. The challenge facing all of us working in public health, in the face of these changes, is to improve the health of our citizens.

Dental public health in North Carolina is a collage of resources. The Division of Dental Health in the North Carolina Department of Environment, Health, and Natural Resources is the largest component of dental public health in the state. Six counties—Buncombe, Cumberland, Durham, Guilford, Mecklenburg and Wake—use county-appropriated funding for dental public health programs. They provide educational and preventive services in their schools and communities, as well as variable amounts of direct dental corrective, emergency and preventive services to patients of varying ages. Two developing programs, in Randolph County and the Pasquotank-Perquimans-Camden-Chowan Health District, plan to have similar county-funded programs in the near future. Further, a number of counties provide additional resources in the form of dentists in training, dental assistants and budgets for local purchases of educational, preventive and other materials. Although the locally funded programs are autonomous and function independently of the Division of Dental Health, there is considerable communication and joint cooperative efforts to work toward improving the oral health of all North Carolina citizens. For the purposes of this article, however, references will be primarily to the Division of Dental Health.

**Jean Spratt, D.D.S., M.P.H.**  
**is the Director of the**  
**Division of Dental Health.**

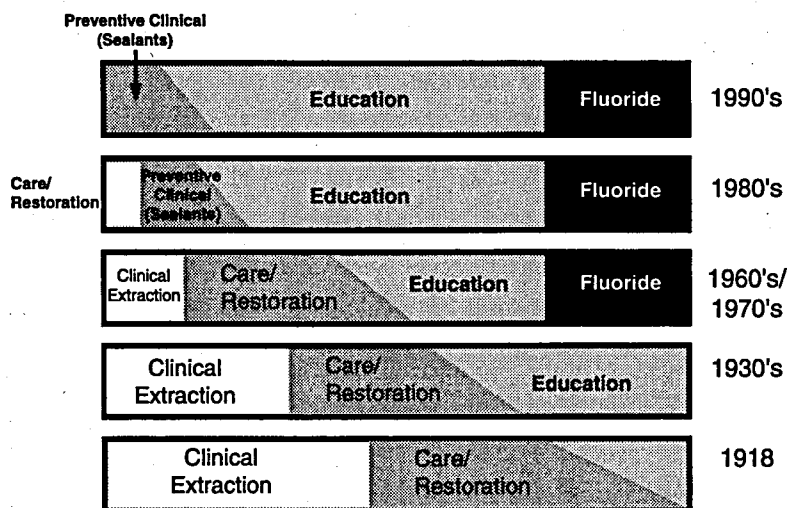
Correspondence to:  
Jean Spratt, D.D.S., M.P.H.  
NC Dept. of Environment,  
Health, & Natural  
Resources  
Division of Dental Health  
PO Box 27687  
Raleigh, NC 27611

The Division's main resource is its people—dedicated staff located throughout the state as well as in the regional offices and in Raleigh. About 90 percent of the Division's \$4 million budget is in personnel costs. The Division has 48 public health dental hygienists and 12 public health dentists assigned to counties and providing direct services, in addition to professional and support staff in the regional offices and in Raleigh. They provide a broad mix of dental public health services directly to the public through local health departments and other agencies. Division staff assist counties in achieving the dental health component of the minimum public health standards. The annual cost to the Division of an average public health dental hygienist working in his or her counties of assignment is approximately \$44,000. In return, these staff depend on their counties of assignment for local support provided to the health departments' other professional staff, such as a workstation, telephone access and support services.

Since 1918, dental public health has been responding to the needs of North Carolina's communities and citizens. A 75-year retrospective reveals a gradual evolution in the approach to dental public health as the state's dental public health practitioners have assessed and responded to changing conditions and have applied new knowledge and technologies. The program can be viewed as a layer cake. The program has evolved from one layer up to the next with each one building on the layer below it.

## Gradual Evolution in the Approach to Dental Public Health

### 75 Years of Service



In 1918, Dr. George Cooper, from the State Board of Health, stirred the North Carolina Dental Society to action on behalf of school children suffering from acute dental needs and the scourge of rampant tooth decay. At the Dental Society's urging, the Legislature approved funds creating the first efforts in the country to provide dental disease control in schools. The program epitomized dentistry as it was then known—predominantly the relief of pain and infection among children through the extraction of hopelessly abscessed teeth. The Division now operates under the statutory authority of G.S. 130A-366.

In about 1930, the program began evolving into an educational and preventive program. The Little Jack Puppet Show went on the road, bringing good dental health messages to school children across the state.

The cake's 1960s and 70s layer saw the addition of program services based on new preventive technology and interventions.

The first scientific survey of dental disease in North Carolina was conducted in 1960-63. This set the precedent for epidemiological data as the basis for all future dental public health planning in North Carolina.

Fluoride became the nation's "silver bullet" to greatly enhance dental public health's commitment to prevention. The first rural school water fluoridators were turned on in 1969. The first school fluoride mouthrinse program was initiated in Robeson County in 1972.

In the early 1970s, the first public health dental hygienists were employed by the Division to teach preventive dental health at the local level.



In 1971-72, research identified plaque—a previously unknown enemy of oral health.

In 1976-77, the second statewide survey was conducted to assess the progress of all these prevention activities and provide guidance for the future.

In the 1980s, the Division's commitment to education and prevention increased. The 1986-87 North Carolina School Oral Health Survey (NCSOHS) of almost 7,000 children in grades kindergarten through twelve showed profound improvements in oral health in this state, demonstrating the effectiveness of prevention and education. North Carolina is at the national average of approximately one-half of children free of decay in permanent teeth. This is true despite the rural nature of the state and a number of low socioeconomic indicators for North Carolina that would lead one to expect decay rates significantly higher than the national average. Patterns of dental decay and treatment have changed dramatically since the original survey done back in the 1960s. Some remarkable findings from the 1987 survey provided the Division with information on its successes and clear guidance on its future path.

1987 North Carolina  
School Oral Health  
Survey

Fifty-three percent of all the children surveyed were free of decay in their permanent teeth. Keep in mind that means 47 percent do have decay, and by age 17, over 83 percent had some decay.

Dental disease is affecting a smaller and smaller segment of the population. Over 80 percent of the decay found in the survey was found in only about 25 percent of the children.

Over 80 percent of decay that still does occur is in the pits and fissures of back teeth.

Only about 12 percent of children had sealants. Although some teeth are resistant to pit and fissure decay because of their shape, 65 percent of the children examined needed sealants.

The 1980s also saw the introduction of a new preventive clinical measure—sealants—to prevent decay in the pits and fissures of back teeth.

In the layer of the 1990s, what is obvious is the commitment of the program to prevention. In this decade's layer, a major proportion of the Division's resources are appropriately spent on prevention and education.

Tracing up through the layers and the years, it can be seen that the entire nature of the program has evolved since its origin in 1918. Every component of the program has been modified in response to changing patterns of dental disease and new technologies. What has been constant is dental public health's dedication to improving the oral health of children.

WHERE ARE  
WE GOING?

The Division's current Long Range Plan is an incremental step along a continuum of efforts to move the Division into the future. The vision for the future is epitomized by its new mission statement: *To promote conditions in which North Carolina citizens can achieve optimal oral health.* This is a refinement of its previous mission statement: *To promote, protect and assure dental health among the citizens of*

## ***Smiling Through Seventy-Five Years***

*North Carolina.* The new mission statement is a clarification of who has responsibility for what activities and how the Division's role is primary prevention—preventing disease from ever occurring in the first place.

There are four sections to the Long Range Plan. *Oral Health Assessment* is an important role for public health. No other disciplines in dentistry examine the oral health of communities or population groups. North Carolina is the only state in the country with a series of three cross-sectional studies examining the oral health status of its citizens. In addition, field staff continue to provide screening and referral services for over 280,000 children annually.

The second section of the Long Range Plan is *Dental Health Promotion and Health Education*. Individuals must have appropriate knowledge so that they can improve their oral health. Field based and health education staff provide 290,000 educational services annually.

*Dental Disease Prevention* is the third section. The prevalence of dental decay has decreased dramatically over the past 20 years. North Carolina is doing very well in decay reduction for children and their permanent teeth. However, we have a long way to go. We have accomplished the easy part in reducing dental decay. The 25 percent of the children examined in the NCSOHS with over 80 percent of the decay will be the most difficult to help. At the same time it is imperative to maintain the successes that have been achieved among many of the children in this state.

The information from the NCSOHS showed that the silver bullet—fluoride—has been fantastically successful. To maintain that level of success in the most cost-effective way has become the new challenge in the use of fluorides. The Division continues to provide statewide technical and financial assistance for water fluoridation and school mouthrinse programs.

The emerging villain causing over 80 percent of the remaining dental decay hides in the pits and fissures of the back teeth. Therefore, the Division can have the most impact on the preponderance of decay that still occurs through the promotion of sealants. The promotions are designed to heighten awareness of and demand for this preventive service.

*Access to Care*, the fourth section of the Long Range Plan, is creating an environment in which everyone is able to see a dentist for their oral care needs. Of all the service components in the Long Range Plan, this area has been and will continue to be the most challenging. At the field level, staff involvement is most commonly in follow-up from screenings, and the referrals from teachers or health care providers. As decay is concentrating in smaller and smaller numbers of children, targeting and providing appropriate interventions becomes increasingly important.

Follow-up from screenings presents challenges that reinforce the importance of the public/private partnership. The assurance function of public health does not necessarily mean that public health should be the provider of comprehensive primary care, but rather to work to assure that the health needs of the community are met. Given its limited resources, the Division's role is primary prevention. The Division will continue to work in public/private partnerships to improve access to care.

**"No Disease Has Ever  
Been Eradicated By  
Treatment - Only By  
Prevention."**

The story of the cliff and fence reflects the Division's basic philosophy of prevention over remedial care. In the words of Dr. George Dudney, the Dental Health Section Chief from 1979 to 1988, no disease has ever been eradicated by treatment—only by prevention. The best restoration is the one that is never placed.

The Division's long-range goal is to have some services of both a public health dentist and a public health dental hygienist available to every county, supported by health educators and dental technicians. The basic county dental health program is provided by the hygienist and selected services are available from the public health dentists. Because of its limited personnel resources, the Division's clinical program is dedicated entirely to preventive services with an emphasis on dental sealants. This programmatic evolution will come closer to ensuring a more equitable level of service throughout the state and that more children have access to clinically proven preventive technologies.

The "Healthy Carolinians 2000" initiative strives to increase the span of healthy life, to reduce the health disparities among the disadvantaged, and to emphasize preventive health services. These objectives parallel what has happened in dental health in North Carolina for the past 75 years. It is an ongoing process, a challenge to strive for further improvements even as new gains are recognized. We are like the pole vaulter. When we clear one level. . . the bar is raised to a higher, more challenging level! The Division plans another statewide epidemiological survey in the year 2000 to see how much that bar has been raised and to point us toward strategies that will help us stretch even further to help our children have happier, healthier smiles.

#### **REFERENCES**

Rozier, G.; Dudney, G.; and Spratt, J. (1991) North Carolina 1986-87 School Oral Health Survey. Raleigh, NC: NC Department of Environment, Health, and Natural Resources, Division of Dental Health.

# THE FUTURE OF ENVIRONMENTAL HEALTH

Larry Gordon

---

Concern for the quality of our environment and related public health implications has never been more intense. Political leaders and ordinary citizens, whether liberal, moderate or conservative, express concern over the quality of our environment, as well as the need for professional environmental health and protection leadership.

The U.S. does not have an environmental health and protection system, but has a confusing patchwork of often overlapping and competing agencies having different and sometimes conflicting missions and divergent priorities. This is also relevant in the design, assignment of authority and implementation of preventative programs, particularly at the state and local levels. Not only is this non-system costly; it also leads to confusion, inefficiency and ineffectiveness. Although it may be the product of a democratic society, the problem of environmental health and protection is sufficiently large and complex to warrant an evaluation of the current non-system to determine what improvements and efficiencies might be appropriate to provide a greater level of protection for the environment and human health.

Large sums are being spent by the public and private sectors to solve environmental problems, but inadequate attention is being given to preventing those problems. There is widespread disagreement and confusion regarding environmental health and protection priorities, goals and resources, as well as difficulty in defining acceptable risk. In addition, it is frequently not clear which agency or level of government has responsibility for designing and implementing programs.

The absence of a comprehensive, coordinated system to provide environmental health and protection services suggests that it might be impossible to properly balance risks with resources allocated to address those risks.

There are many agencies which administer environmental health and protection programs at all levels of government. There is no standard model for environmental health and protection programs. Every level of government has numerous agencies with environmental health and protection responsibilities. Three prominent models are health departments, "little EPAs," and superagencies. Often responsibilities are distributed among these agencies.

Environmental health and protection programs are typically components of local health departments. However, a number of jurisdictions in the western U.S. have established separate environmental health or environmental management departments. Environmental health and protection activities are also located in such local agencies as public works, housing, planning, solid waste management, special purpose districts, regional authorities, etc.

These organization changes occur for a variety of reasons, including political perception of the importance of the environment, demands of environmental advocacy groups, political responsiveness of the agencies, and differences regarding program emphasis and priorities in existing health departments.

The trend to organizationally separate environmental health and protection

**Larry Gordon is a visiting Professor of Public Administration at the University of New Mexico. He was a keynote speaker at the NCPHA meeting held in September 1993.**

Correspondence to:  
Larry Gordon  
University of New Mexico  
Div. of Public Administration  
Social Science Bldg. 3008  
Albuquerque, NM 87131

## Environmental Health Within Health Departments

agencies from health department programs will continue in response to the demands of environmental advocates, and in response to many health departments becoming substantially involved in health care issues. It is unrealistic to develop programmatic relationships between water pollution control, for example, and any one of a number of treatment and rehabilitation programs (health care). Further, the drift of federal, state and local health departments toward more and more health care (as providers of last resort) translates into less and less leadership for environmental health within such health departments. The movement of environmental health and protection programs away from health departments is a part of our evolving governmental system. However, there is a need to evaluate the balance of authority and responsibility between the federal, state and local environmental health and protection agencies. There is further need to unify environmental health and protection programs, if not in the same agency, then through improved interagency coordination. Health department-based environmental health professionals have often exhibited a preference for the traditional programs of food protection, liquid waste disposal, solid waste management and vector control. In spite of public demand for local agency involvement in air, land and water pollution programs there often appears to be a reluctance to acquire the necessary skills and resources to participate in some of what are often referred to as the environmental protection programs.

Considering the organizational changes occurring, we must evaluate whether the public and the environment may be served as well or better by environmental health and protection agencies separate from health care organizations. The changes presage the creation of more EPAs, as environmental constituents, both citizen and political, find it impossible to identify with the health care character of many health departments.

The future of environmental health and protection will, to a significant degree, depend on the ability of environmental health and protection agencies and personnel to:

- 1) Assess, prioritize and communicate environmental problems on the basis of sound epidemiology, toxicology and risk assessment rather than hysteria and reaction to self-serving advocacy groups. Prioritization among myriad complex and competing demands may be the most important responsibility of environmental health and protection professionals.
- 2) Exhibit a high measure of leadership and effectiveness in designing, promoting, gaining approval for, and implementing public policy. This may be the most difficult responsibility for most environmental health and protection practitioners as few have been trained or experienced in the public policy and constituent development process.
- 3) Assure the public that effective environmental health and protection services are provided.

To merely manage the environment in accordance with legislative and executive branch dictates is comparatively easy. Such legislative and executive elected officials, understandably, have their own priorities based on the demands of their constituents. Environmental health and protection may or may not be among these priorities, but the relative priorities of environmental health would be much different if they were based on sound epidemiology, toxicology and risk assessment rather than emotion and political perception. Frequently, it is not a matter of shortage of total budget, but rather how it is being spent, or in some cases, wasted

on relative non-issues.

Leadership on the road to improved environmental quality is not an easy route. There are many potholes in the way of providing effective, priority environmental health and protection services. The journey requires vision and steadfastness of purpose, as it is beset by emotional pressures, tempting comfortable detours, political surprises, and frequently offers no short-term gratification or pay-off. There are few if any rest stops along the way.

The foregoing will require that schools of public health and other programs educating environmental health and protection personnel ensure that all graduates be competent in analytical skills, communication skills, policy development, program planning, cultural skills, basic public health sciences skills, and financial planning and management skills. It is also essential that incumbent personnel be "retreaded" with these skills through effective continuing education mechanisms.

Ensuring a quality environment will require the combined efforts of government, individual citizens and citizen groups, the private sector, professional and trade groups, and academia. Effectively addressing the challenges and recommendations contained in this document will help ensure a quality environment for this and future generations.

## **POLICY RECOMMENDATIONS**

1. Comprehensive and effective environmental health and protection services should be available to every citizen of our nation.
2. Environmental health and protection personnel, agencies, and other groups are urged to base priorities and programs on good epidemiology, health risk assessment, ecological risk assessment and toxicology and agencies must have adequate analytical, data, legal and fiscal resources.
3. All agencies must be encouraged to give priority to the basic concepts and practices of prevention. Pollution prevention must be established as the management tool of first choice. Public policy must reflect the need to establish pollution prevention incentives and rely less on allowing environmental degradation with the response and remedy being the enforcement of command and control regulations directed at cleanup.
4. Agencies must become effectively involved in environmental health planning to be in position to prevent problems created by land use, transportation, energy production, resource development and utilization, and product design and development.
5. Environmental health and protection personnel and agencies must effectively coordinate their activities with those of other public and private agencies and advocacy groups.
6. Programs should provide appropriate balance to issues of human health and ecological degradation.
7. Practitioners must recognize that environmental health and protection programs are organized within a wide variety of agencies at the federal, state and local levels, not just in traditional health departments.
8. The U.S. Public Health Service and/or the Environmental Protection Agency should fund a study to identify the agencies responsible for the various environmental health and protection programs in each state. This study should also determine expenditures, and numbers and types of personnel engaged in such programs.
9. The current confusing non-system of delivering environmental health and protection services should be evaluated and recommendations made regarding the

roles of federal, state and local agencies.

10. All environmental health and protection personnel must learn and practice the art of risk communication.

11. Every agency and educational institution should fulfill their responsibility to ensure that the public understands the complex variety of environmental insults which they may encounter.

12. Agencies should emphasize recruiting and retaining professionals who have the knowledge and skills essential to effectively prevent and solve the complex environmental issues of our society.

13. Educational institutions developing environmental health and protection personnel should review their curricula and ensure that graduates possess the competencies essential for their future responsibilities.

14. Educational accrediting bodies should modernize their criteria and ensure that graduates possess the essential competencies.

15. Inasmuch as most major environmental health and protection programs are federally mandated, the U.S. Congress should enact and fund a *Natural Environmental Health Education and Training Act* to ensure a continuing supply of environmental health and protection professionals to meet the nation's needs.

16. Every environmental health and protection agency and every appropriate environmental educational institution should develop a continuing, coordinated system in order to enhance the quality of professional education and training efforts, develop targeted research, improve operating programs, and enhance recruitment and marketing efforts. This must include a strong component of academic-practice interaction to enhance the transition from the educational system to the work place and enable the academic sector to maintain a current perspective of issues of applied environmental health and protection.

17. Schools of public health and other environmental health science and protection programs should carefully define and target the various issues and design their programs to address all public and private sector needs, rather than just those of "health departments."

18. Emphasis should be placed on educating and training a balance of generalists and specialists. Specialization has moved efforts farther away from the desired integrated approach necessary to focus on human and ecological issues.

19. Efforts to collect information about environmental health and protection activities should be expanded to include complete reporting at all levels of government. The Public Health Foundation should be the lead group to implement this recommendation.

20. Adequate research funding must be available to accurately identify and manage the complex variety of threats to health and the environment and provide the data required to address the legitimate threats to human health and the environment.

21. Environmental health and protection research institutes should be established in a leading university in each state to ensure timely research that addresses local and regional issues.

22. Providing essential funding for preventing and solving the nation's environmental ills will increasingly require the best in creativity. Those charged with such responsibilities must develop competencies in environmental economics. This competency will also aid the practitioner in understanding the impact of the economy on programs and the quality of the environment.



# TUBERCULOSIS IN NORTH CAROLINA-- YESTERDAY, TODAY, TOMORROW

Jo L. Williams

Amid all the headlines and the sudden resurgence of interest in an age-old communicable disease, it seems appropriate to evaluate efforts and their outcomes in our state. Although the decrease in cases of tuberculosis disease has ceased to be dramatic, the good news is that we have not experienced increases noted in other states. Our goal is to eliminate TB by 2010. What are we doing right to accomplish this goal? What do we need to be doing differently or better?

Since 1980 when we had 1066 new cases of TB to 1992 with 604 cases, there has been a profound change in the management of persons with TB disease. Perhaps, a historical perspective is in order. North Carolina was one of the first states to establish a sanatoria system and one of the last states to let it go. In 1907, the North Carolina State Legislature provided funds to establish McCain TB Sanatorium in Montrose, North Carolina. Western Sanatorium in Black Mountain was built in 1935, Eastern Sanatorium in Wilson in 1939, and Gravelly Sanatorium in Chapel Hill in 1953. In 1953, the completion of Gravelly and additions to the other state TB hospitals eliminated the waiting list admission to state sanatoria.

Persons with or suspected of having TB were sent to the sanatoria by their physician or the health department with the hope that they would return after many months, sometimes years, cured of their disease. The following description of sanatorium life is from the NC Department of Human Resources:

"The only hope was to give the patient absolute bedrest for a period of many months, fresh air, and wholesome food. Later, different kinds of surgery were developed. One type was lung collapse, others were lungs removal and the removal of ribs."

Lest the pulmonologists reading this cringes (as I did), remember this was the best scientific knowledge of the day. Amazingly enough many people triumphed over tuberculosis by this positive change in their socioeconomic surroundings. (We should have paid closed attention to this phenomenon, but as a nation, we're slow learners!) The advent of Streptomycin in 1946 and Isoniazid in 1952, followed by Ethambutol in 1961 and Rifampin in 1963, provided us with a definitive drug regimen that could be used to treat and cure this communicable disease. With the armamentarium of medical technology and these drugs, predictions of the late 60's proclaimed that TB would be eradicated within 20 years.

Sanatoria beds became vacant as patients began to be handled in the mainstream of community medicine either by the community physician or by health department chest clinics. The sanatoria system in North Carolina began being dismantled by converting these facilities to other uses. Gravelly Sanatorium was transferred to the UNC Medical Education program in 1974 after a life span of 21 years as a TB Sanatorium. Eastern NC Hospital in Wilson and Western NC Hospital in Black Mountain transferred to the Division of Mental Health in 1979 and 1980, respectively. McCain Hospital, the first to be opened and the last to be closed, was transferred to the Department of Corrections in 1983 after a life span of 76 years as a TB Sanatorium.

**Jo L. Williams is a Nurse  
Consultant with the  
Tuberculosis Control  
Branch of the Division of  
Epidemiology.**

Correspondence to:  
Jo L. Williams  
NC Dept. of Environment,  
Health & Natural Resources  
TB Control Branch  
PO Box 27687  
Raleigh, NC 27611

So here it is thirty years later and we have not eradicated TB. What's the problem? In a nutshell, we are! As an unidentified assistant professor stated, "Opinion is somewhere between ignorance and the truth." Not considered in the predictions of the 60's regarding TB were:

- changes in the nation's patterns of immigration
- the introduction of AIDS/HIV in the nation
- rising homelessness, poverty, substance abuse, and underlying social conditions that allow diseases like TB to persist
- inability to give INH preventive treatment to some individuals because of side effects and other medical contraindications

There was also not enough realism in medical academia of the nature of people and the reservoir of infected persons. These obstacles include but are not limited to:

- delayed diagnosis by providers unfamiliar with TB disease, resulting in infection to others
- inappropriate drug regimens prescribed by providers unfamiliar with the latest recommendations and the potential for drug resistance
- patient failure to complete appropriate treatment because they rapidly symptomatically improve, a cumbersome length of treatment leading to erratic ingestion, population mobility, lack of access to care with a deteriorating health infrastructure, and the effect of other compromising medical risk factors such as the aging of the population and concurrent medical stresses to the individual

Today, North Carolina health departments provide diagnostic and preventive services to those with TB infection and/or disease at no cost to the patient. These services include case management through clinics, x-rays, laboratory services, and provision and monitoring of medication. They also include epidemiological evaluation and measures to interrupt and prevent transmission. This requires communication, coordination, education and promoting awareness among all health care providers in their jurisdiction. However, these services are provided with the less-than-perfect tools of a PPD Mantoux skin test developed in 1931, drugs developed between the 1940's and 1960's, and laboratory tests that take months to confirm the diagnosis and determine drug susceptibilities. We are still trying to dispel the myths and the stigma surrounding TB, not only in those we serve as patients but also, in those providers who believe TB to be a disease of the past. In a high-tech medical world, it seems unbelievable that an immediate diagnosis and immediate cure is not possible. It's no wonder our patients are dismayed!

In an era of health care reform, the old adage "An ounce of prevention is worth a pound of cure" has never been more appropriate. Immediately on the horizon in our health departments is the standardized use of directly observed therapy (DOT) for TB disease treatment. The resurgence of TB nationwide and the emergence of multi-drug resistance has resulted in a contagious, potentially lethal disease, particularly for HIV-positive persons and others who are immunocompromised. Needed immediately is the ability to provide short-term acute inpatient care for medically indigent patients for whom suitable arrangements cannot be made at the local level. The ability to provide voluntary and involuntary short-term intermediate inpatient care is also needed for those individuals who are temporarily unable to be managed on an outpatient basis. We must make those who hold the purse-strings see that adequate resources directed to early diagnosis, appropriate treatment, and prevention are cost-effective measures. Doing the best we can with what we have won't

**TB IS NOT YET  
ERADICATED**

**WE HAVE ALLOWED  
HIGH-TECH MEDICAL  
INGENUITY TO BYPASS  
A DISEASE THAT IS  
TOTALLY CURABLE  
AND TOTALLY  
PREVENTABLE**

eradicate TB. History already tells us that story. We must be pro-active advocates for directing dollars for research to bring TB diagnosis and treatment into current sophisticated medical technology. We must identify creative new ways of dealing with an age-old problem.

The foundation of public health is based on communicable disease and public health must remain the driving force and core of these endeavors. However, the key to success in any effort is not the action of one component, but rather the sum of its parts. New and innovative partnerships and alliances must be formed with all health care providers in our communities and our State to focus the expertise and ability of each component to accomplish a common mission. The TB eradication predicted in the 60's is still within our grasp-if we want it to be!

# BOARDS OF HEALTH CONSIDER HEALTH CARE REFORM

Elizabeth Byars

Pamela Swan Horne

---

Boards of health serve a vital function in assessing, addressing and assuring the health of their communities. In a time of health care reform when universal access to health care is a major goal, local boards of health are a valuable resource. Paul Williams, president of the Association of North Carolina Boards of Health, states, "North Carolina has an excellent system of local boards of health, with representation from the community that can be valuable in the future development of an effective health care system."

Local board of health members are already contributing their perspectives to shape health care reform. As early as May 1993 board of health members gathered with other public health leaders in Chapel Hill to work toward a consensus on *The Role of Public Health Under Health Care Reform*. Listed in the consensus statement developed in the conference are "functions of public health in North Carolina that need to be preserved under health care reform . . .

1. Monitoring of Community Health Status
2. Coordinating and Convening of Planning and Evaluation Activities
3. Assurance of Health Care System Accountability
4. Public Information on Community Health Status
5. Assurance of Services to Special Populations
6. Assessment of Environmental Risks to Health and Assurance of Protections from these Risks
7. Assurance of Preventive Services"<sup>1</sup>

Two months later, the North Carolina General Assembly ratified the "Jeralds-Ezzell-Fletcher Health Care Reform Act of 1993" in the waning hours of the 1993 session. This wide reaching legislation was put together from several pending health bills. Although it seems to focus on the delivery of primary care, it does include some public health issues. This combination bill may be outlined in seven parts.

1. Establishes the North Carolina Health Planning Commission to develop a health reform plan
2. Directs the governor to submit to the General Assembly a plan to consolidate all of the state health functions into a single Department of Health.
3. The new Department of Health will organize the state into Community Health Districts each with a local district board of health appointed by the county boards of commissioners of each county within the district. The District Board of Health shall be responsible for local implementation of disease prevention, local health regulation and community health care delivery.
4. Makes available more affordable and fair health care coverage to small employers through voluntary Health Purchasing Alliances for Small Employers.
5. Department of Insurance to develop Uniform Medical Claim Forms.
6. Removes anti-trust barriers to hospital and provider cooperation and introduces a certificate of public advantage to be issued to applicants that demonstrate benefits in the public interest. Allows hospitals to deliver care outside their territorial boundaries with the agreement of the surrounding hospitals.

Elizabeth K. Byars, M.Ed. is an Education Specialist with the Association of North Carolina Boards of Health.

Pamela Swan Horne, Ph.D. is the Executive Director of the Association of North Carolina Boards of Health.

Correspondence to:  
ANCBH  
PO Box 1009  
Pittsboro, NC 27312

7. Several miscellaneous health bills: Medicaid and area mental health authority managed care arrangements, prescription labels and counseling, and disposal of surplus hospital property.<sup>2</sup>

To gather input on what North Carolina's health care reform legislation means for its public health system leading public health organizations sponsored four regional forums. It is into this arena that four board of health members stepped forward to give their impressions and analysis of what North Carolina's health care reform legislation means for boards of health. In Asheville, Greensboro, Rocky Mount, and Wilmington in November 1993, Association of North Carolina Boards of Health Board of Directors Bill Buchanan, Howard Fitts, Beatrice Matthews, and Paul Williams spoke from the perspective of local health board members.

**LOCAL BOARDS OF  
HEALTH ARE AN  
INTRINSIC PART OF  
THE COMMUNITY  
VOICE**

These four local board representatives from different parts of the state shared the belief that local boards of health are an intrinsic part of the community voice. Each emphasized that the functions of assessing, addressing and assuring the health of the community need to continued at the local level. A common thread shared by the local board presenters was the recognition that the basis of public health is in community diagnosis and treatment and that few issues are handled better regionally than locally. Frequently, unique aspects of our counties and districts require individual approaches.

These local board of health members recognized the historic value of local boards of health and emphasized the need to maintain this community voice insulated from political threat. Since 1911, legislators have empowered local boards of health to adopt rules to protect and promote the public's health. In granting this power, legislators foresaw that many regulations promoting public health would be unpopular and not be enacted by elected officials. Required inoculation, septic tank regulations and glove wearing by food workers were controversial and unwelcomed at the time of enactment. Our present local boards of health should not be asked to relinquish activities handled better locally than regionally.

With change, people and problems may fall between the cracks. During this period of change our first priority should be rendering those services needed by society which public health is best suited to provide. Howard Fitts warns, "In our quest for serving, we need to be cautious that we not contribute to the establishment of a tiered system of health care where public health agencies are the sites for clinical care for just the poor and disenfranchised. That, of course, is not to say that public health should not be expected to apply its outreach, its education and its organizational skills in assuring the care of the "hard to reach".

These local board representatives recognize the value of local boards in health care reform:

- boards of health represent the community
- expertise provided by professional members to the whole board is critical to making responsible health decisions
- boards operate best when composed of a mix of professional and at large members
- boards need to preserve their autonomy by local independence and political insulation
- few issues are handled better regionally than locally
- boards of health should remain intact, regardless of inter-county alliances

Health care reform is well underway in North Carolina and local boards of health are taking a leading role in its development. It is clear that boards of health have a responsibility to address all aspects of health care reform and to continue to protect and promote their communities' health - this goes beyond the provision of medical care. As Paul Williams states: "Boards of health must live up to their responsibility to provide community leadership in health. Community processes need to be developed which can provide local solutions for local problems. Coordination, flexibility and innovative approaches to financing public health programs will be needed on the local level." North Carolina's Boards of Health invite you to join them in this dialogue on the Role of Public Health Under Health Care Reform.

### References

- <sup>1</sup> *The Role of Public Health Under Health Care Reform A North Carolina Public Health Consensus Development Statement* (July 1993) Chapel Hill: School of Public Health, University of North Carolina at Chapel Hill.
- <sup>2</sup> General Assembly of North Carolina. (July 1993) Chapter 529 *The Jeralds-Ezzell-Fletcher Health Care Act of 1993*. Raleigh: State of North Carolina.
- Buchanan, Bill. (November 9, 1993) presentation at Assuring an Appropriate Role for Public Health Under Health Care Reform. Rocky Mount, NC.
- Fitts, Howard. (November 3, 1993) presentation at Assuring an Appropriate Role for Public Health Under Health Care Reform. Asheville, NC.
- Matthews, Beatrice. (November 2, 1993) presentation at Assuring an Appropriate Role for Public Health Under Health Care Reform. Greensboro, NC.
- Williams, Paul. (November 8, 1993) presentation at Assuring an Appropriate Role for Public Health Under Health Care Reform. Wilmington, NC.

# WHAT IS IN A NAME?

J. Dale Simmons, M.D.

Earlier this year the Division of Adult Health became the Division of Adult Health Promotion (DAHP). In this article I will explain why the change in our name and its significance to North Carolina public health.

Several years ago, the National Heart, Lung and Blood Institute (NHLBI) reported that lowering cholesterol would increase life expectancy. It seemed that the right public health thing to do would be to inform people of this discovery and to help them determine their cholesterol so that appropriate interventions could be made if indicated.

In one county the first attempt to meet this concern was to provide a workshop for physicians, inform them of the NHLBI findings, demonstrate equipment available to do cholesterol screening, and inform them of the suggested course of management for those patients with elevated cholesterol. Five percent of the practicing physicians in that county attended the workshop. At that point it fell to public health to educate the people of the community on the risks of elevated cholesterol and what could be done to remedy the situation for those with elevated cholesterol levels. For weeks cholesterol screening was done in shopping malls. Sometimes there were four-hour waiting lines for testing.

At the time of each test, those tested were given a brochure with their "cholesterol number" and a suggestion that if their number was elevated that they should contact their physician. On the Monday following the first weekend of screening, the health department had calls from physicians stating that the screening was done on a peripheral blood sample and therefore was invalid, that the sample was non-fasting blood and therefore was invalid, and that the Reflotron was not a valid testing instrument.

The weekend testing continued and community physicians were provided with the research behind the methods used, and a year later many of the physicians of the county were testing cholesterol regularly with the Reflotron on a peripheral, non-fasting blood sample. At that time, in my opinion, this was public health at its best.

Today we would do this differently. By encouraging collaboration and cooperation by the medical, public health, and secular community, we would bring the community together to effect personal and social change. We would call this health promotion. The first International Conference on Health Promotion in Ottawa defined health promotion as "the process of enabling people to increase control over and to improve their health."

In reviewing concerns related to health promotion, the Division has recognized that new cooperative partnerships that include representatives from government, industry, labor, education, community social organizations, religion, media, public health, and medicine are necessary to realize community goals for the public health. We know that powerful social forces influence an individual's behavior. We know that communities may be mobilized to act as change agents to achieve social and behavioral outcomes. The Division also recognizes that there is an important role which it can play in the Department of Environment, Health and Natural Resources, the primary organization responsible for public health in North Carolina.

In 1987, the General Assembly provided funds to 84 local health departments to be used for health promotion and disease prevention. This past year that amount

**J. Dale Simmons, M. D. is  
the Director of the  
Division of Adult Health  
Promotion.**

Correspondence to:  
J. Dale Simmons, M.D.  
Division of Adult Health  
Promotion  
NC Dept. of Environment,  
Health & Natural Resources  
PO Box 27687  
Raleigh, NC 27611

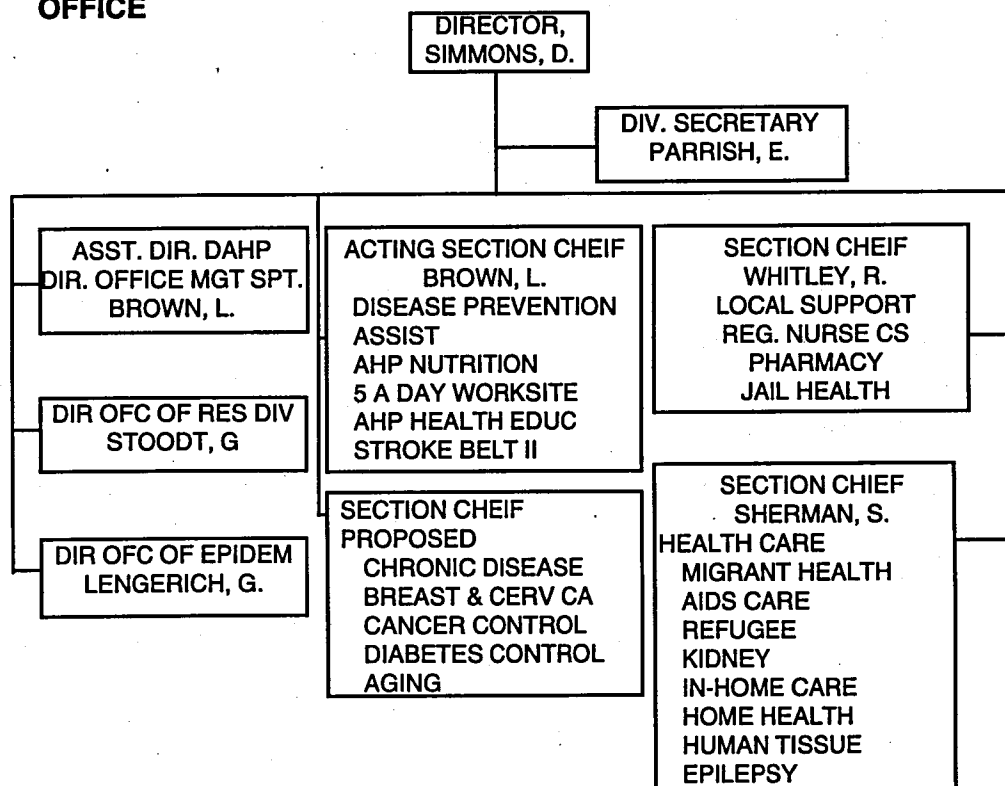
was increased to a total of \$22,000 per year for each county. Counties have now been able to provide for health promotion for the past year and in so doing have helped the Division carry out its mission. When it became necessary to re-define Sections within the Division, it seemed appropriate to retain "health promotion" as we decided the mission of the Division. The Division of Adult Health Promotion, as we defined it, is divided into four programmatic sections and three offices.

The Division of Adult Health had included a Health Promotion Section. The commitment of the Division of Adult Health Promotion to the activities of the Health Promotion Section is sustained in the formation of our Disease Prevention Section and our Local Support Section. These Sections maintain many of the activities implemented through the former Health Promotion Section. The Division's commitment to the statewide health promotion program remains high on our agenda.

Now let us review the organization for our Division (See Table 1). This includes the position of Division Director and his secretary. Leslie Brown is the Assistant Director and the Director of the Office of Management Support. Dr. Georjean Stoodt is the Director of the Office of Resource Development. Dr. Gene Lengerich is the Director of the Office of Epidemiology. The Section Chief position for the Chronic Disease Section is currently open. Leslie Brown is serving as Acting Director of the Disease Prevention Section. Steve Sherman is the Section Chief of the Health Care Section. The Local Support Section Chief is Becky Whitley, a former Local Health Director. These are key members of our Division's management team who work hard with our staff to accomplish our Division's mission.

The Disease Prevention Section (See Table II) houses the Nutrition Branch and the Health Education Branch. These staff will work closely with staff in the Local Support Section to assure that Local Health Departments receive the support that

**TABLE I. DIVISION OF ADULT HEALTH PROMOTION DIVISION OFFICE**





they need.

This Section also contains several new projects supported by Federal funding. Project ASSIST is part of the American Stop Smoking Intervention Study for Cancer Prevention. This project has implemented a smoking cessation program using National Cancer Institute (NCI) funding. This is a cooperative venture which includes NCI, the American Cancer Society, and DAHP. It focuses on children and adolescents in schools, women who are pregnant and persons who have identified themselves as needing smoking cessation services.

This Section includes the new 5 A Day Project funded by NCI. This research project proposes to increase consumption of fruits and vegetables to five a day for those adults attending targeted black churches. The Strike Out Stroke Project is the second phase of a project implemented in 1990. This will provide resources needed to reduce stroke through the reduction of high blood pressure.

**TABLE II. THE DISEASE PREVENTION SECTION**

Prepathogenesis Period		Period of Pathogenesis		
Health Promotion	Specific Protection	Early Diagnosis and Prompt Treatment	Disability Limitation	Rehabilitation
Primary Prevention		Secondary Prevention		Tertiary Prevention
*Disease Prevention Section		*Chronic Disease Section		*Health Care Section

*\*While these classifications are not precise, they relate closely to the mission of the Division of Adult Health Promotion.*

The Chronic Disease Prevention Project within the Disease Prevention Section focuses on building capacity within this Section to reduce cardiovascular disease (CVD) risk factors. This has included the development and implementation of a goal-oriented evaluation methodology for programs in local health departments. The project will continue to develop a public education campaign to reduce the consumption of dietary fat and reduce obesity in the state's population. This project also supports funding for a behavioral risk factor surveillance system used to assess the behavioral or lifestyle risk factors of the adult population of our state.

This Section supports a new project entitled LIFE (Lifestyle Improvement For Employees). This project has provided resources to 13 local health departments to implement worksite programs in community settings. Small work sites employing less than one hundred persons have been targeted.

The Chronic Disease Section provides secondary prevention services to adults in the State. These programs address health problems by detecting chronic diseases or their precursors early and intervening to cure or control the disease or its precursors. This includes screening interventions which identify persons who may have a chronic disease, and provides education, physician referral, and follow-up for those identified.

The Breast and Cervical Cancer Control Program (BCCCP) provides services to reduce breast and cervical morbidity and mortality among North Carolina women.

The Cancer Control Program is mandated to "establish and administer a program for the prevention and detection of cancer and for the care and treatment of persons with cancer" (G.S. 130A, Sec. 205). Following this mandate, there are three

components of the Cancer Control Program: (1) education and prevention; (2) diagnosis and treatment; and (3) the Central Cancer Registry. The Cancer Control Registry is housed in the State Center for Health and Environmental Statistics within the Department of Environment, Health and Natural Resources.

The Diabetes Control Program is a program focused on controlling diabetes and reducing risk factors and complications through individual and group education. The intent of this project is to provide local health departments with appropriate methods for providing care for non-insulin dependent diabetes.

The Aging Program provides consultation and technical assistance to our Division and to local health departments in the development of behavior change, mass media, and other preventive interventions which can be implemented in this State.

The Health Care Section provides tertiary prevention-type programs. The efforts of the Section focus on moderating and controlling these disease processes, and maintaining and/or improving the health status of the individual whenever possible.

The Home Health Program administers State funds which are made available to certified home health agencies that are providing home health services to the indigent population of the state. These services include skilled nursing, home health aide, physical and occupational therapy, and medical social service. In a related area, the In-Home Care Program is attempting to find creative, effective, and efficient ways of caring for those individuals who would like to remain at home despite their illnesses.

The AIDS Care Programs administer policies and funds in order to provide case management, transportation, medication, primary care, housing, and other health and support services to individuals with the HIV/AIDS virus.

The Kidney Program administers limited state funds to support those citizens suffering from end stage renal disease. Closely allied to this program is the Organ and Human Tissue Donation Program which strives to encourage organ and tissue donations in order to provide life-improving and sustaining transplants to persons in need. This is an area of rapid growth nationally.

The purpose of the Epilepsy Program is to help people with epilepsy and neurological disorders to obtain adequate medical care, to provide funds to purchase anti-convulsant medication for low income persons, to provide patient, public and professional education, and to support the Epilepsy Information Service operated by the Bowman Gray School of Medicine.

The Migrant Health Program provides health care to farm workers and their dependents while they are in North Carolina. The Refugee Health Program provides assistance to persons who have resettled in the state.

The Local Support Section is charged with maintaining communication between the Division and the local health departments through the seven Regional Nursing Consultants. The Section is responsible for maintaining annual contracts between the Division and local health departments. This includes management of the statewide Health Promotion Program, the Adult Health Program, and the Hypertension Program. It is also responsible for smaller program resources for arthritis, renal disease prevention, and glaucoma. The Section is responsible, with the Office of Public Health Nursing, for the Adult Health Assessment courses which are devel-

oped through universities and medical centers. Their intent is to build greater nursing skills in local health department health care workers who work with adult health programs.

This Section will continue to support the pharmacist who provides consultation to DAHP and the Division of Maternal and Child Health. The pharmacist will also work with the new Jail Health Program. We hope soon to be providing consultation to local health departments which are providing jail health in their counties.

The Office of Management Support is responsible for providing fiscal management, personnel, and general services, in addition to computer systems development and support to the Division.

The Office of Resource Development is charged with the responsibility of developing communications, advocacy and funding support from available resources such as private foundations, federal programs such as the Communicable Disease Center, and the National Cancer Institute. This office will also maintain liaison and seek support from other health agencies such as the American Cancer Society, the American Heart Association, and the American Lung Association. In addition, this office has the responsibility of providing clinical support to the programmatic sections of the Division.

The Office of Epidemiology has had the support of Dr. Gene Lengerich, a CDC Officer, for the past two years. This year the Division successfully recruited a CDC EIS Officer to assist Dr. Lengerich. This office will have the responsibility of assessing and monitoring the health status and evaluating and making recommendations on ways to improve the effectiveness of all Division programs.

DAHP's budget is \$25 million per year and is funded 50% through state appropriations and the remainder through federal sources and private foundations. The federal funding sources are now requiring a higher degree of fiscal and programmatic responsibility than in years past. Local health departments have responded to this need by providing the data required in the Breast and Cervical Cancer Program, as well as other federally funded programs such as the Diabetes Control Program, AIDS Services, and In-Home Care.

In the past, federal funding sources have often supported the Division through outright grants. On occasion this is still the case, such as in the 5 A Day Program. Most of our programs now are supported through negotiated agreements which are reviewed at the end of each program year, and negotiations determine the subsequent year's support.

I am very proud of a staff who, through their determination and work ethic, has attracted grants worth \$33.3 million over the past three years. Through these efforts the Division of Adult Health Promotion has made major strides in promoting lifestyle changes and providing health care to the adult citizens of this State.

# ENVIRONMENTAL PROBLEMS IN THE NORTH CAROLINA COASTAL REGION

Deborah A. Sawyer

The current trend of increased development in the North Carolina coastal region is leading to increasing environmental problems. Problems in the air, groundwater and surface water increase as urbanization, residential development and industrialization increase. The increasing demand for jobs is causing coastal communities to solicit industries to build facilities in these areas. These industrial facilities bring an increase in residential development which includes single and multi-family dwellings, shopping centers, roadways, etc. Tourism is also an industry which is well established and continuously growing. This lucrative industry brings an increase in residential development. Due to the fragile ecosystems of the coastal region, this trend to urbanization can have detrimental effects if controls aren't administered. Under present laws, various state regulatory agencies have regulations which attempt to protect these fragile ecosystems.

The rivers and estuaries are an important resource to the coastal region. Like many other threatened estuarine systems - Chesapeake Bay, Narragansett Bay, Long Island Sound, Puget Sound, and San Francisco Bay - North Carolina estuarine systems have become threatened as well. Decades of increased population concentrations and industrial development have resulted in contamination of the estuarine system and declines of the living resources (Albemarle-Pamlico Estuarine Study Report 90-01).

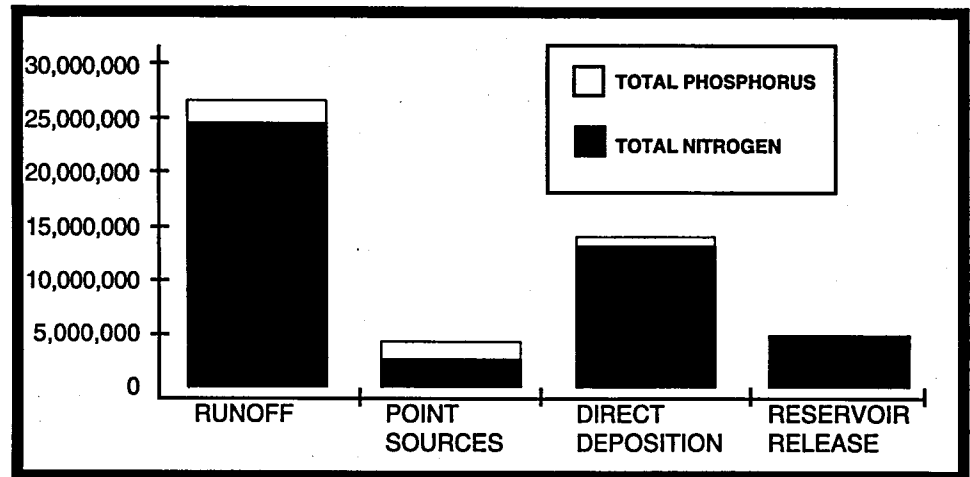
Surface waters in the coastal region are classified by the North Carolina Division of Environmental Management. Classifications and water quality standards are assigned to freshwaters, as well as tidal waters. Class C waters, or SC in tidal areas, are waters which are protected for secondary recreation, fishing, aquatic life (including propagation and survival), and wildlife. This is the least protective classification assignment. Class B waters, or SB in tidal areas, are waters protected for primary recreation which include swimming on a frequent or organized basis and all Class C (SC) uses as well. Class SA waters are assigned to tidal saltwater which is suitable for commercial shellfishing. Classifications WS-I through WS-V waters are assigned in order to protect water supplies. Various restrictions to development and permitted discharges are imposed in watersheds assigned some of these classifications. (15A NCAC 2B .0100)

**Deborah A. Sawyer is an  
Environmental Technician  
with the Water Quality  
Section of the Division of  
Environmental  
Management.**

Correspondence to:  
Deborah A. Sawyer  
NC Dept. of Environment,  
Health, & Natural  
Resources  
1424 Carolina Avenue  
Washington, NC 27889

Special classifications are assigned to waters warranting additional or specific protection. In the coastal region, many of these special classifications are assigned to streams. Nutrient Sensitive Waters (NSW) are waters subject to growths of microscopic or macroscopic vegetation. These waters require limitations on nutrient impacts. Coastal river basins; Neuse, Chowan, and Tar-Pamlico; are assigned this special protective classification. Discharges and development proposals in these river basins are evaluated as to potential nutrient loading prior to permits being issued. Development, agriculture activities, and silviculture activities are the main sources of nutrient loading via runoff (APES Report No. 92-10). A recent study estimates that in the Albemarle-Pamlico area over 43 million kg/yr of nitrogen and over 4 million kg/yr of phosphorus enter surface waters by discharge from point sources, runoff, direct atmospheric deposition, and discharge from upstream reservoirs (APES Report No. 92-10). This is illustrated in Figure 1.

**FIGURE 1**



Outstanding Resources Waters (ORW) are unique and special waters of exceptional state or national recreational or ecological significance which require special protection to maintain existing uses (15A NCAC 2B.0100). In the coastal region this designation is assigned as the waters are outstanding fish and/or shellfish habitat. Development on lands adjacent to ORW areas that are considered for low density option must limit single family development to one acre lots, and other type developments to 12 percent built-upon area. In addition, the built-upon areas must be at least 30 feet from surface water areas. These low density option areas do not have stormwater collection systems. High density option developments will only be allowed if stormwater control systems utilizing wet detention ponds are installed, operational and maintained, controlling the runoff from all built-upon areas. Other restrictions in ORW areas are that no dredge or fill activities will be allowed where significant shellfish or submerged aquatic vegetation bed resources occur, and that no proposed permits to discharge to these waters will be issued without a mandatory public hearing. (15A NCAC 2B.0200).

## HIGH QUALITY WATERS

High Quality Waters (HQW) are waters which are rated as excellent based on biological and physical/chemical characteristics. Primary Nursery Areas (ONA-designated by the Marine Fisheries Commission and the Wildlife Resources Commission) are critical habitat areas for freshwater and saltwater species. Class SA waters, as designated by the Environmental Management Commission, are also included. This special designation is assigned to most coastal waters. All water supply watersheds designated as WS-I and WS-II are protected as High Quality Waters.

These special classifications are assigned to protect surface waters from any losses of use. Fishery resources are important to the coastal region for commercial harvest, as well as an attraction for tourism. Declines in fishery resources in many cases indicate declines in water quality. Eutrophication and toxicants can contribute to declining fishery resources. A study of the number of pounds of finfish, crustaceans, and shellfish between the years of 1986 and 1990 shows decreases in the number of pounds of finfish and shellfish, but increases in the number of pounds of crustaceans (see Figure 2) (APES Report No. 92-10).

**FIGURE 2. COMMERCIAL LANDINGS OF ESTUARINE-DEPENDENT FINFISH, CRUSTACEANS, AND SHELLFISH IN NORTH CAROLINA, 1986-1990, IN THOUSANDS OF POUNDS. (DMF DATA)**

Species	1986	1987	1988	1989	1990
<u>Finfish</u>					
River herring	6,814	3,195	4,191	1,491	1,158
Atlantic croaker	9,425	7,289	8,434	6,824	5,731
Flounder					
(summer, southern)	8,845	7,984	10,265	7,555	5,137
Atlantic Menhaden	66,378	55,499	73,716	66,756	71,647
Mullet	1,932	2,590	3,061	2,062	2,909
Weakfish and					
spotted seatrout	14,501	12,198	15,388	10,568	5,998
Spot	3,354	2,806	3,080	3,254	3,380
Striped bass	189	262	116	101	114
Others	<u>9,888</u>	<u>9,151</u>	<u>11,372</u>	<u>7,957</u>	<u>7,824</u>
Subtotal	121,326	100,974	129,622	106,568	103,898
<u>Crustaceans</u>					
Blue Crab	23,755	32,424	35,604	34,725	38,002
Shrimp (heads on)	<u>6,162</u>	<u>4,416</u>	<u>8,139</u>	<u>8,923</u>	<u>7,802</u>
Subtotal	29,917	36,870	43,743	43,648	45,804
<u>Shellfish (meats)</u>					
Clams	1,356	1,207	940	1,295	1,334
Oysters	745	1,426	913	530	323
Bay scallops	306	155	39	84	62
Others	<u>99</u>	<u>94</u>	<u>106</u>	<u>66</u>	<u>80</u>
Subtotal	2,506	2,882	1,998	1,975	1,799
Total (estuarine-dependent)	153,749	140,726	175,363	152,191	151,501
Total (state-wide)	168,882	157,324	192,693	165,197	173,909
% estuarine-dependent	91.0	89.4	91.0	92.1	87.1

The N.C. Division of Environmental Management (1986) has reported several causes of degradation in the Albemarle-Pamlico Estuarine Area. The cause and extent of degradation are listed as follows:

<u>Causes of Degradation</u>	<u>Extent of Degradation (mi)</u>
Sediment	1,762.6
Fecal Coliform	36.1
Dissolved Oxygen	41.8
Metals	124.0
Multiple	501.9
Unknown	1,155.7

## **WETLANDS**

Wetlands are defined as "those areas that are inundated or saturated by surface or ground water at a frequency and duration sufficient to support, and that under normal circumstances do support, a prevalence of vegetation typically adapted for life in saturated soil conditions (COE Wetlands Delineation Manual). In many coastal zone counties, the majority of the county area meets the criteria as a jurisdictional wetland. Counties such as Hyde and Dare are mapped by the Soil Conservation Service (SCS) as having greater than 90% hydric soils. If hydrophytic vegetation and appropriate hydrology is present, the area is determined to be a wetland.

Wetland losses have been extensive over the past century. A study of the causes of wetland losses in the North Carolina Coastal Plain determined that 51.2% of the original wetlands have been destroyed. These losses have been attributed to the following types of development:

<u>Type of Development</u>	<u>Percent of Total Loss</u>
Forestry	52.8
Agriculture	42.2
Urban	2.2
Military	0.8
Other	2.0

This study revealed that of the 51.2% total loss of wetlands in this state, approximately a third (15.8%) was lost during the period of the 1950's-1980's (Cashin, 1990).

Most of the state's wetlands are located in the coastal region. Salt marshes, freshwater marshes, bottomland hardwood and forested swamps, pocosins, savannas, etc. occupy a large portion of coastal zone acreage. Wetlands serve as a filter which helps to remove pollutants prior to discharges to streams. Destruction and degradation of wetlands results in degradation of water quality. The state is presently developing water quality standards for wetlands to regulate and protect those which have water quality protection functions. Wetlands which have a minor role in protecting the quality of the waters of the state will be allowed to be developed. Higher value wetlands will require avoidance. If the activity is unavoidable, then minimization and mitigation efforts will be imposed. These regulatory efforts will protect the wetlands of the highest functional value while allowing growth and development of coastal counties by permitting development

of the lower functional valued wetlands. (DEM Position Paper, 1992).

Many state and federal regulatory programs have been enacted to help prevent and lessen degrading impacts to coastal waters. Section 208 of the Federal Water Pollution Control Act Amendments emphasizes area-wide waste treatment management of both point source and nonpoint source pollution. States have been directed to develop plans on a statewide basis which would direct their efforts in water pollution control. Water Quality management plans have been developed for agriculture, construction, forestry, mining, on-site wastewater treatment, solid waste, and urban stormwater management.

## MANAGEMENT AND CONTROL

In 1973, the North Carolina General Assembly enacted the Sedimentation Pollution Control Act. The Act's intent is to regulate land disturbance sites of greater than one acre for runoff of sediment. A pre-approved plan is required prior to any construction and/or land disturbance activities. Enforcement is through civil penalties and injunctive relief.

The North Carolina General Assembly enacted the Coastal Area Management Act (CAMA) in 1974. The Act requires the 20 coastal counties to develop land use plans under the supervision of the State. Any development within the Area of Environmental Concern (AEC) requires a permit. A "major" permit is required for any development greater than 20 acres, requiring any drilling or excavation on land or underwater, or proposing a structure greater than 60,000 sq. ft. in size. A "major" permit may also be required for projects of special environmental concern, which is deemed necessary by Division of Coastal Management staff. All other development activities within the AEC require a "minor" permit which is administered by the local government, or a "general" permit which is issued by the state. Permits and Notices of Violation for the years of 1988-1990 are as follows:

	<u>1988</u>	<u>1989</u>	<u>1990</u>
Major	260	252	180
General	1004	1047	1147
Minor	559	699	691
NOVs	127	167	158

Stricter regulation and better control of major development have reduced the number of major permits significantly.

Agriculture and forestry cost share programs evolved in 1984 from the Nutrient Sensitive Waters (NSW) classification. Farmers and foresters can receive partial funding to implement best management practices (BMPs) to control runoff. These efforts should help reduce the amount of pollutants from entering coastal waters.

Section 401 of the Federal Water Pollution Control Act requires states to review all Section 404 of the FWPCA and Section 10 of the Rivers and Harbors Act permit applications to determine if any of the proposed dredging and filling of navigable waters and filling of Section 404 wetlands will violate state Water Quality Standards. Projects such as the dredging of channels, construction of marinas, and shopping centers/parking lots are just a few of the many projects reviewed. A feasible wastewater treatment plan, determinations of shellfish or SAV resources, dissolved oxygen levels in proposed canals and marina basins, and approved stormwater control plans are just some of the issues addressed during this review process.



Coastal Stormwater Management regulations were first adopted in 1986. These rules, when first adopted, were controversial with municipalities and developers. Present rules require developments of greater than one acre to be submitted for review. Special requirements are imposed on developments adjacent to SA waters, as well as ORWs. Considerations are the sizing of stormwater treatment systems, innovative infiltration systems, and low density options. A low density option applies a "built-upon" limit of 25% for SA areas and 30% for other coastal areas. Any development exceeding these levels is required to have an engineered stormwater system.

The coastal region has many environmental concerns specific to the area. High water tables, wetlands, and sensitive watersheds require special controls and protective measures. Normal problems for all regions of the state, such as wastewater treatment, solid waste control, development, industrialization, agriculture, etc., are further aggravated by coastal geomorphology and ecology. The trend over the past century has been toward losses and degradation of natural resources. Present trends, however, are showing improvement to the coastal zone due to increased regulations and controls. Environmental improvement better ensures prosperity and health for the citizens of the coastal region.

#### References

<sup>1</sup> Albemarle-Pamlico Estuarine System, Technical Analysis of Status and Trends. Report 90-01. April 1991.

<sup>2</sup> Cashin, Gordon Edward. Wetland Development in the North Carolina Coastal Plain, Presettlement to 1980's. Master Thesis, Duke University. 1990.

<sup>3</sup> Corps of Engineers Wetland Delineation Manual. Technical Report Y-87-1, January 1987.

<sup>4</sup> Division of Environmental Management, Water Quality Section, Position Paper: Conceptual Wetland Rules, November 24, 1992.

<sup>5</sup> North Carolina Administrative Code Section: 15A NCAC 2B .0100-Procedures for Assignment of Water Quality Standards. Amended Effective February 1, 1993.

<sup>6</sup> North Carolina Administrative Code Section: 15A NCAC 2B.0200-Classifications and Water Quality Standards Applicable to Surface Waters of North Carolina. Amended effective February 1, 1993.

<sup>7</sup> Watershed Planning in the Albemarle-Pamlico Estuarine System. Report 1 - Annual Average Nutrient Budgets. Report No. 92-10. August 1992.

North Carolina  
Public Health Association  
1009 Dresser Court  
Raleigh, North Carolina 27609  
(919) 872-6274

copyright © NCPHA 1994

NORTH CAROLINA PUBLIC HEALTH ASSOCIATION  
EDITORIAL BOARD

Editors:	E. Daniel Shingleton (Winter Edition) Barton College North Carolina Public Health Association
	Trenton G. Davis (Summer Edition) East Carolina University
Managing Editor:	Deborah T. Rowe North Carolina Public Health Association
Technical Editor:	Elizabeth K. Byars Association of North Carolina Boards of Health

Authors alone are responsible for views expressed in signed articles published by the Association. The Association is not to be considered as endorsing the views or opinions advanced by authors of papers published by the Association. Advertisers and their agencies will assume liability for the content of all advertisements printed and also assume responsibility for any claims arising therefrom against the publisher.

*Friends of the Forum* - The following individuals have contributed financially to the publication of this journal in honor of Dan Shingleton: Ms. Gretchen Kemmer, Ms. Karen Haas, Mr. Richard Clayton, Dr. Newsom Williams, Mr. Charles Jackson, Ms. Shane Palmer, Ms. Nellie Callaway, Mr. Kenneth Loud, Ms. Jean Lassiter, Mr. Walter Council, and Ms. Deborah Rowe.

North Carolina Public  
Health *Forum*



North Carolina Public Health Association, Inc.  
1009 Dresser Court  
Raleigh, N.C. 27609

Non-Profit  
Organization  
U.S. Postage  
PAID  
Raleigh, N.C.  
Permit No. 1499

Deborah Rowe  
NC Public Health Association  
1009 Dresser Court  
Raleigh, NC 27609



This Newsletter was printed on Recycled Paper.