

# NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

# NEWSLETTER

DECEMBER, 1995

1009 DRESSER COURT, RALEIGH, NC 27609

PHONE 919/872-6274

## NCPHA'S PRESIDENT'S ADDRESS

I want to express my appreciation to all of you, our public health family for electing me as your president. I need your help during the next year to assure that we in public health do all that we can to advance the cause of public health for all North Carolinians. As your president, I will do all I can to represent you and promote the interest of public health in our great state.

As we look at public health today, we hear all kinds of predictions as to what is going to happen next. Some say that we won't be needed or that we won't have a viable role after health care reform. I say they are wrong. We have always seen changes in public health.

As I look at where we were in 1976 when I began my public health career in North Carolina, we are far different in our mission and our activities from where we were in 1976.

The following programs were not available for a majority of the state in 1976. There was no State and Federal Funding for: Breast and Cervical Cancer Screening, Primary care for Local Health Departments, Communicable Disease Programs, Environmental Health, Food and Lodging Programs, Rural Obstetrical Incentive Programs, Project ASSIST, Injury Prevention Mini Grants, Cancer Control, Immunizations, Health Promotion, and Hospice. I am sure there are others. We have always seen change in the role of public health, and we will continue to see change.

As we look at the future we probably will not look the same as we do now. But we will still be here; we will survive. We will still have a vital role of protecting and improving the health care of our people.

Under health care reform heart disease, cancer, and other chronic diseases are not going to disappear. Communicable diseases do not discriminate among those who are either covered by private insurance, Medicaid or are not covered at all. Major health problems will still be here no matter what kind of health care system we have.

There is also no doubt that we will see more activity in managed care programs. If we want to be an active player in the delivery of personal health services, we will have to participate in managed care programs. We will see an increased emphasis on controlling the cost of health services. We need to examine all that we do and look for ways to reduce the costs of services we provide. There is way too much paper work required for most of the services we provide.

We have always been able to respond to change and the needs of our people. I am confident that we will do that in the years to come.

Some of the priorities for the 1995-96 year will be, but not limited to:

- Increase membership to 1500 or higher
- Establish a handbook for new members to promote involvement with NCPHA
- Continue to educate our legislators on public health issues
- Continue to print the Legislative Alert
- Enhance the positive image of public health through the promotion and support of the *Pride in Public Health* Media Relations Program

- Celebrate NCPHA Month during the month of November
- Increase the active role of the Member-At-Large in NCPHA.

I would like to say thank you very much and remember Public Health is *everywhere, everyday, everybody.*

Your President,  
Dicie Alston



1995-96 President, Dicie Alston

**LOOK INSIDE  
HIGHLIGHTS OF THE  
1995 ANNUAL  
EDUCATIONAL  
CONFERENCE!!**

## Times Are Changing

As a result of Budget issues and discussions within Executive Committee, the format of the Newsletter will be changing. Layout, printing and mailing costs have steadily risen over the past several years. This year, it is estimated to cost over \$10,000 to print this newsletter in its current format three times. Therefore, to better serve the membership, we will be experimenting with a new format. The December issue will remain the

"traditional" formal format with highlights of the annual meeting and upcoming events. The remaining issues will not necessarily go to a printer in order to cut down on costs. It may be printed in a more "informal" manner and possibly more frequently (i.e. in the format like the Legislative Alert). Therefore, we can include information that is "time specific" like current job vacancies or upcoming workshops. We also want to focus

more on issues/articles that highlight public health endeavors on the state and local level - not necessarily items that are "Section" specific. This is a time of change, so your feedback and comments are important.

Tamara Dempsey-Tanner  
1995-96 Vice-Chair for  
Communications

## 1995 Annual NCPHA Education Meeting

### Opening General Session Speakers



*Dr. Caswell Evans, President  
American Public Health  
Association*

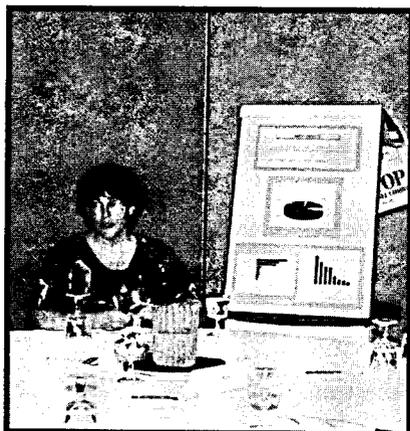


*Representative "Dub" Dickson*



*1995-96 Executive Committee  
front row (l to r): Tamara Dempsey-Tanner, Dicie Alston,  
Patti Smith back row (l to r): Leah Devlin, Newsom  
Williams, Malcolm Blalock, Rick Rowe. not pictured: Susan  
O'Brien, Barbara Chavious, Chris Hoke*

### "New Program Concepts"



*Susan Albright, Genetic Counselor at  
UNC discusses folic acid and the  
prevention of birth defects during the  
"NCPHA Showcase"*



*"New Directions in Automation" - a  
hands-on workshop that highlighted the  
latest computer technology available  
via DEHNR.*



*Dr. Ronald Levine presents a Public  
Health Month Award to Craven  
County representatives*

Photographs taken at the annual meeting are available to the membership.  
Please call the NCPHA office (919) 872-6274 for information on ordering and reproduction costs.

# GLAXO WELLCOME INC

## 1995 CHILD HEALTH RECOGNITION AWARDS PRESENTATION

**Individual Recognition Award**

Dr. Frank Reynolds  
Wilmington, NC

**Local Health Department Recognition Awards**

Caldwell County Health Department  
Catawba County Health Department  
Randolph County Health Department

**Public Health Staff Recognition Awards**

Kelly Feimster, Public Health Nurse  
Iredell County Health Department  
Diane Cavanagh, Lead Nurse  
Brunswick County Health Department

**Honorable Mentions**

**Individual Recognition**

Ms. Ann T. Catlett,  
Watagua Medical Center  
Dr. Peter Morris,  
Wake County Department of Health  
Ms. Kathy Johnson,  
Wilkes County Health Department

**Local Health Department Recognition**

Guilford County Health Department  
Harnett County Health Department  
Cabarrus County Health Department  
Columbus County Health Department  
Appalachian District Health Department

**Public Health Staff Recognition**

Ms. Eunice Inman,  
Robeson County Health Department  
Ms. Kim Sykes,  
New Hanover County Health Department

**Mr. Robert A. Ingram, President and Chief Executive Officer  
for Glaxo Wellcome Inc presents the 1995 Child Health  
Recognition Awards**



*Dr. Frank Reynolds*



*Margo Carroll, RN accepts on behalf  
of the Caldwell County Health  
Department*



*Kelly Isenhour, MCH Nursing  
Supervisor accepts for the Catawba  
County Health Department*



*Mimi Cooper, Health Director for the  
Randolph County Health Department  
accepts award.*



*Dr. Bob Arnot, CBS EVENING NEWS  
Health and Medical Correspondent  
emphasizes the role of public health*



*Public Health Nurse Kelly Feimster  
accepts award.*



*Mr. Ingram congratulates Diane  
Cavanagh.*

## 1995 NCPHA Awards

**Rankin Award** - Given to an individual in recognition of the outstanding contributions to public health in North Carolina over a period of several years.

**Dr. Leah Devlin, Health Director,  
Wake County Health Department**

**Mr. Carl Tuttle, Health Director,  
Appalachian District Health  
Department**

**Citation of Merit** - 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 North Carolina.

**Elizabeth Sumney,  
New Hanover County Health Department**

**Norton Group Award** - Given to a group for outstanding cooperation and service to public health in North Carolina during the past year.

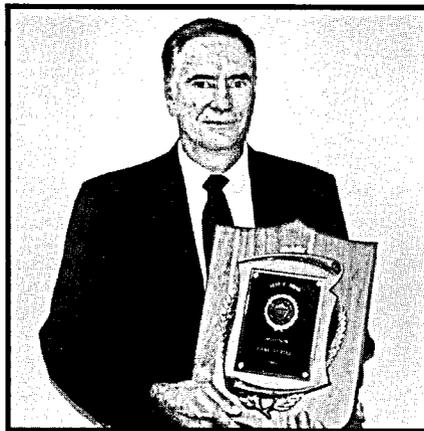
**NC Carolina National Guard**

**Distinguished Service Award** - Recognizes individuals in other organizations or professions who have made significant contributions to public health in North Carolina.

**Dr. Tom Vaughn, Surry County**



*Dr. Leah Devlin - Rankin Award*



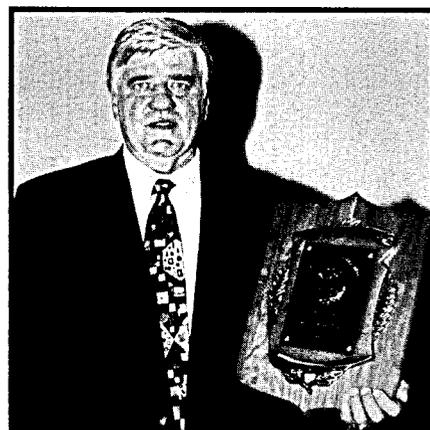
*Mr. Carl Tuttle - Rankin Award*



*Ms. Elizabeth Sumney -  
Citation of Merit Award*



*NC Carolina National Guard -  
Norton Group Award*



*Dr. Tom Vaughn -  
Distinguished Service Award*

**Thanks to all of the members of the Local Arrangements Committee for all of their hard work during the 1995 Annual Educational Conference!!**

*Kathy Gurley and Brenda Johnson, Co-Chairs  
1995 NCPHA Local Arrangements Committee*

# 1995 SECTION AWARD RECIPIENTS

## Adult Health

William Burgess,  
Carteret County Health Department

## Children With Special Needs

*Leo Croghan Award:*  
Sue McLaurin,  
DEHNR - Children & Youth

*Outstanding Achievement Award:*  
Duncan Munn, DHR

## Community Health Assistants and Technicians

Gloria Brooks,  
Orange County Health Department

## Dental Health

*Becky S. Bowden Outstanding Dental Hygienist Award:*  
Carol Reid,  
Rockingham County Health Department

*Ernest A. Branch Award:*  
Angela Ellison,  
Guilford County Health Department

*Environmental Health Rookie Environmental Health Specialist of the Year:*

Alicia Pickett,  
Brunswick County Health Department

*Environmental Health Specialist of the Year:*

Crystal Smith-Copper,  
Burke County Health Dept.

*W.A. "Bill" Broadway Award:*  
William E. "Eddie" Peirce, Jr.,  
Retired, PPCC District Health Dept.

*J.M. Jarrett Award:*  
E.D. "Darrell" Herndon

## Health Education

*Health Education Excel Award:*  
Melissa Shue,  
Rowan County Health Department

*Health Education Golden Project Award:*  
Karan Smith,  
Buncombe County Health Department

*Health Education Sparkle Award:*  
Grace Warren,  
Caldwell County Health Department

*Honorable Mention:*  
Barbara Carraway,  
Cumberland County Health Department

## HIV/STD

*Outstanding Service in the Physician/Clinician Field:*  
Dr. Eugene Hembree,  
Gaston County Health Department

*Outstanding Service in the Laboratory Field:*  
Gary Potter,  
Union County Health Department

*Outstanding Service in the Secretarial/Clerical Field:*  
Sandy White,  
HIV/STD Control Section, Raleigh

*The Carlton S. Chandler Supportive Service Award:*  
Pat Vernon,  
Anson County Health Department

*James R. Fowler, Jr Award for Outstanding Performance in Epidemiology:*  
Patricia Jones,  
HIV/STD Control Section, Charlotte

*James M. Mcdiamid Award:*  
Edna Robbins,  
Beaufort County Health Department

**Laboratory**  
*Outstanding Laboratorian of the Year:*  
Lisa Ballence,  
Cumberland County Health Department

**Management Support**  
*Achiever of the Year:*  
Betty Bissette,  
Nash County Health Department

**Maternal and Child Health**  
*Direct Service Award:*  
Peggy Tate,  
Surry County Health Department

*Community Award:*  
New Hanover County Health Department

*SIDS Certificates:*  
Wanda Robinson,  
Sampson County  
Penny Cowan, NCDEHNR  
Judy Elliotte,  
Union County Health Department  
Debbie Hyatt,  
Haywood County Health Department  
Betsy Hyde,  
Moore County Health Department  
Margaret Horton,  
New Hanover County Health Department  
Avery Rollinson,  
New Hanover County Health Department  
Betty Sue Rose, Mt. Olive

## Nursing

*Margaret B. Dolan Award:*  
Beth Jones,  
New Hanover County Health Department  
*Direct Service Award:*  
Betsy Sumney,  
New Hanover County Health Department

## Nutrition

*Bertlyn Bosley Award:*  
Rebecca Freeman,  
Durham County Health Department

## Social Work

*Outstanding Contribution to Public Health Social Work:*  
Dorothy Cilenti,  
Wake County Health Department

*Outstanding Achievement in Public Health Social Work:*  
Kay Brandon,  
Guilford County Health Department

## Statistics/Epidemiology

*Samuel L. Katz Award:*  
Margaret Carroll,  
Caldwell County Health Department

*Epidemiology Distinguished Service:*  
Dr. Carl Shy, UNC

## 1995 NCPHA SCHOLARSHIP RECIPIENTS

*Cynthia Herndon,*  
Robeson Co. Health Dept.;  
BSN - Pembroke State Univ.

*Juanita Britt,*  
Wayne Co Health Dept.;  
BSN - UNC-Chapel Hill

*Cindy Clayton,*  
Halifax Co. Health Dept.;  
MSN with FNP certificate -  
East Carolina Univ.

*A. Terrell Jones, III,*  
NC Shellfish Sanitation;  
MPH - UNC-Chapel Hill

*Shelley Carraway,*  
Appalachian District Health Dept.;  
MS in Public Administration -  
Appalachian State Univ.

*Alisa Weber,*  
Mecklenburg Co. Health Dept.;  
MSN - UNC-Charlotte

*Ann Catino,*  
Onslow Co. Health Dept.;  
BSN - East Carolina Univ.

*Beth Gibson,*  
Graham-Swain District Health Dept.;  
AAS Nursing - Southwestern  
Community College

## 1995 SERVICE AWARDS

### 25 YEARS:

*Katie Biggers,*  
Wayne County Health Department

*Malcolm Blalock*  
NCDEHNR - Division of Env. Health

*Peggy Britton,*  
Burke County Health Department

*Gloria Dixon,*  
Guilford County Health Department

*Angela Ellison,*  
Guilford County Health Department

*Barbara Hill,*  
Wayne County Health Department

*Inola Jones,*  
Guilford County Health Department

*Wilbur Lucas,*  
NCDEHNR - Dental Health

*James Lynch,*  
NCDEHNR - Fayetteville

*Peggy Montalbano,*  
Wake County Health Department

*Leon Powell,*  
Johnston County Health Department

*Judith Preddy,*  
Granville-Vance District Health Department

*Libby Ray,*  
Yadkin County Health Department

*Barbara Smith,*  
Guilford County Health Department

*Dr. Robert Snoderly,*  
NCDEHNR - Dental Health

*Charles Snyder*  
Wayne County Health Department

*Frances Taylor,*  
Cabarrus County Health Department

*Henry S. Thompson,*  
Harnett County Health Department

*William V. Thompson,*  
Rockingham County Health Department

*Carolyn Wagoner,*  
Surry County Health Department

*Thomas R. Ward,*  
Union County Health Department

*Lorey H. White,*  
Union County Health Department

### 30 YEARS

*Camille Bishop,*  
Guilford County Health Department  
*Mary Ann Etheridge,*  
Edgecombe County Health Department

*Harold Hines,*  
Richmond County Health Department

*Mike James,*  
Forsyth County Health Department

*Patricia Keeter,*  
Halifax County Health Department

*Martha Faye Martin,*  
Davidson County Health Department

*Beverly Overcash,*  
Guilford County Health Department

### 35 YEARS

*Bea Barrow,*  
Guilford County Health Department

*Betty Bissette,*  
Nash County Health Department

*Juanita Haga,*  
Guilford County Health Department

*Ruth Perry,* Granville-Vance District  
Health Department

### 40 YEARS

*Claudia Bryant,*  
Surry County Health Department

*Doris Oliver,*  
Jones County Health Department

## UPCOMING CONTINUING EDUCATION OPPORTUNITIES

*"Epidemiology and Prevention of Vaccine-Preventable Diseases,"* a live satellite videoconference, will be broadcast to sites nationwide February 9, 16, 23, and March 1, 1996, over the Public Health Training Network. The four-module interactive videoconference will provide up-to-date information on vaccine-preventable diseases, vaccine management and safety, and standard immunization practices. Physicians, nurses, physicians' assistants,

nurse practitioners, and their colleagues who work in immunization, communicable diseases, and infection control programs will benefit from this educational offering. Medical Epidemiologist Dr. William Atkinson, from the National Immunizations Program at the Centers for Disease Control and Prevention (CDC) will lead the videoconference. Participants will be awarded CMEs, CEUs, and nursing contact hours (CME--14 credit hours in category 1

of the Physician's Recognition Ward of the American Medical Association, CEU--1.4 under the International Association for Continuing Education and Training criteria and guidelines, and 16.6 nursing contact hours [available in states which accept reciprocity]). For registration information, contact Pam Reese at:

(919) 966-1104,

E-mail: [immunization@sophia.sph.unc.edu](mailto:immunization@sophia.sph.unc.edu)  
or contact your state immunization coordinator.

## RESOLUTIONS

A Resolution supporting the establishment and funding of a Heart Disease and Stroke Prevention Task Force in North Carolina was presented at the Business Meeting during the Annual Educational Conference. Our President, Newsom Williams, had endorsed this proposal in April, 1995. The Legislature did establish and fund this Task Force effective July 1, 1995 for a two year period; therefore we felt that it was not necessary to put this Resolution to a vote by the general membership in October 1995. This was the only Resolution presented to the membership for this year.

### CORONARY HEART DISEASE AND STROKE PREVENTION

WHEREAS, approximately 25,000 North Carolinians die each year from cardiovascular and cerebrovascular diseases, more commonly known as heart attacks and strokes;

WHEREAS, these diseases are responsible for 40% of all deaths in the state;

WHEREAS, these diseases are not only major causes of death, but also are leading

causes of disease, disabilities, and health care costs;

WHEREAS, health promotion and disease prevention strategies can prevent or control many of the risk factors for cardiovascular diseases;

WHEREAS, in one of the world's largest community-based heart health programs, important reductions of serum cholesterol, blood pressure, and smoking were demonstrated in a ten year period in their population of 180,000. There was a reduction in coronary heart disease mortality of 22% when compared to 12% in the reference area; and in a five year period, cost for treatment of heart attacks and strokes was reduced by 2 million U.S. dollars, and savings for disability pensions awards was 4 million U.S. dollars;

WHEREAS, these substantial health benefits and cost savings underscore the need and potential for prevention of heart disease and strokes in North Carolina.

BE IT THEREFORE RESOLVED,  
THAT THE NORTH CAROLINA PUBLIC HEALTH ASSOCIATION supports

legislation to establish and fund a Heart Disease and Stroke Prevention Task Force in North Carolina to:

- Examine the problem of heart disease and stroke in North Carolina;
- Raise the public awareness of heart disease and stroke and its preventability;
- Identify priority strategies to prevent and control risks for heart disease and stroke;
- Review and recommend changes to laws, regulations, programs, services, and policies to enhance heart disease and stroke prevention;
- Adopt a statewide comprehensive heart disease and stroke prevention plan;
- Facilitate coordination, communication, and commitment across State and local, public and private agencies and organizations to achieve the aims of the plan; and gather testimony from concerned organizations and individuals.

Newsom Williams, Ph.D.

April 10, 1995

## WANTED!!!

Dan Shingleton has assembled a wonderful permanent collection of programs from our Annual Educational Conferences since 1912!! We are missing the 1989 Program from the Conference held in Charlotte. Please look in your private collection. The Association would greatly appreciate the donation towards our historical records!!! Please mail to the Association office. Thank you in advance!!

## WOOD ENDOWMENT APPROACHES HALFWAY POINT

On September 30, 1995, pledges and contributions to the North Carolina Public Health Association (NCPHA) Wood Endowment exceeded \$48,000. It is anticipated that the Wood Endowment will surpass \$50,000 by the end of the calendar year.

Found in this newsletter is the *Honor Roll of Contributors*. Please note that the names in the *Giving Clubs* represent the people who have given a contribution from the Endowment's inception in 1994 to September 30, 1995. Pledges are not listed in the honor roll. If you contributed after

September 30, 1995, your name will appear in future NCPHA newsletters.

The goal of the Wood Endowment is to sponsor the Wood Lectures at each Annual Educational Conference. The lectures will bring in outstanding national speakers to discuss current, exciting and meaningful issues on public health and health care.

Contributions can be sent to: Wood Endowment

c/o NC Community Foundation  
333 Fayetteville St. Mall,  
Suite 1410  
Raleigh, NC 27601

or

Robert Parker,  
Chair, Wood Endowment  
New Hanover Co. Health Dept.  
2029 S 17th St  
Wilmington, NC 28401

Public Health Leadership, NCPHA, the Public Health Industry, and the Wood Family are deeply grateful for the following record of support from NCPHA Members, Friends of NCPHA, and the Wood Family.

## WOOD ENDOWMENT HONOR ROLL OF DONORS

### "WOOD CLUB"

those individuals, businesses, and organizations who have given \$5,000 or more to the endowment.

No patrons to date

### "FOUNDERS CLUB"

members who have given from \$1,000 to \$4,999.

NC Association of Local Health Directors  
Parker, Robert S. (Bob)  
Shingleton, Dan  
Smith's Addressing Machine

### "PATRONS CLUB"

members who have given from \$500 to \$999.

Barr, Mr. & Mrs. Frank  
Hensey, Edna L.  
Morrow, MD, Sarah T.  
Spratt, DDS, Jean  
Tenney, MD, James B.  
Martin, Stephen S.

### "LEADERSHIP CLUB"

members who have given from \$250 to \$499.

Devlin, DDS, Leah M.  
Fitts, Jr., Howard M.  
Horn, Cherry C.  
Jones, James  
North Carolina Medical Society  
O'Brien, Susan Merritt  
Wester, MD, Thad B.

### "SUSTAINERS CLUB"

members who have given from \$100 to \$249.

Bell, Michael P.  
Bowden, Becky S.  
Carson, Joanne P.  
Chavious, Barbara O.  
Clayton, III, Richard H.  
Com Health Assist/Tech Section /NCPHA  
Covil, Stacy H.  
Dental Health Section/NCPHA  
Drake, Jr., MD, W. Rodwell  
Hoke, Chris  
Jacobs, Mr. & Mrs. David K.  
Leddy, DDS, Robert T.  
Levine, MD, Ronald H.  
Nursing Services Section/NCPHA  
Parham, Regina  
Pierce, Terry L.  
Simmons, MD, J. Dale  
Tuttle, Carl D.  
Tyler, Emily  
Warren, Deborah J.  
White, Jr., Lorey H.  
Williams, PhD, Newsom  
Womble, Donald  
Wood, E. Jenner  
Wood, John D.  
Wood, Leonard

### "CONTRIBUTORS"

members who have given up to \$99.

Barefoot, MD, Verna Y  
Blair, Pauline M.  
Blum, Mr. & Mrs. Thomas N.  
Branch, Debbie H.  
Brewster, Denise L.  
Brown, Gayle R.

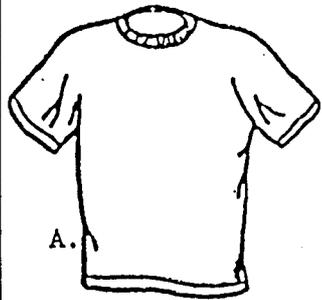
Bryant, Claudia M.

Callaway, Nellie J.  
Caras, Elaine  
Cole, Marjorie C.  
Coulter, Elizabeth J.  
Davis, Mary  
Deal, Cheryl F.  
Dempsey-Tanner, Tamara  
Dundon, Maida O.  
Goldstein, Barry L.  
Granville-Vance Health Department  
Highriter, Marion E.  
Holder, Kay House  
Inman, Eunice B.  
Jackson, Charlie  
Johnson, Thomas L.  
Kotch, MD, Jonathan B.  
Lassiter, Jean T.  
Martin, Sharon  
McBrayer, David Y.  
Melvin, Judy P.  
Moore, Jack L.  
Morton, Carolyn M.  
Nicholson-Harrell, DDS, Sharon  
O'Brien, Estelle  
Pfohl, Shellie Y.  
Rhodes, Michael U.  
Rowe, Mr. & Mrs. Richard  
Salmen, Dennis A  
Sprunt, Jr., James L.  
Stephens, Tim  
Stich, Thomas J.  
Strand, PA-C, Justine  
Thomas, Erma N.  
Tynes, MD., V. H.  
Venable, C. Scott  
West, Sam  
Whitehead, Allen

# ORDER BLANK

PRIDE IN PUBLIC HEALTH STORE

Price List



A.



B.



C.

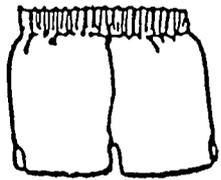


D.

- A. T-shirt \$10.00
- B. Sweatshirt \$15.00
- C. Golf Shirt \$15.00
- D. Coaches Jacket \$25.00
- E. Shorts \$10.00
- F. Hat \$ 5.00
- G. Tote Bag \$10.00

Not Illustrated:

- H. Chef's Apron \$10.00
- I. Oxford Jacket \$45.00



E.



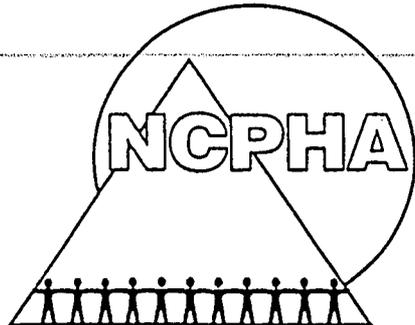
F.



G.

Items A, B and C are available only in white with a two-color logo. Item D is royal blue with a gold logo. Item E is available in blue or yellow with a contrasting logo. Items F and H are white with a two-color logo. Item G is natural with a two-color logo. Item I is yellow/white/royal with a gold logo.

All shirts and jackets are available in Large, X-Large and XX-Large. Shorts are available in Medium, Large and X-Large. Please inquire if you need smaller or larger sizes for availability.



**PRIDE IN PUBLIC HEALTH**

RETURN TO:

NCPHA  
1009 Dresser Court  
Raleigh, N. C. 27609

\_\_\_\_\_  
First Name      Initial      Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

(      )  
Area Code and Phone Number

| Item(s) Ordered | Shirt Size | Pant Size | How Many | Price Each | Amount |
|-----------------|------------|-----------|----------|------------|--------|
|                 |            |           |          |            |        |
|                 |            |           |          |            |        |
|                 |            |           |          |            |        |
|                 |            |           |          |            |        |

Sub-total

Shipping

2.00

Total Enclosed

# WESTERN NORTH CAROLINA PUBLIC HEALTH ASSOCIATION

As Time Goes By...The First Fifty Years!!!

Come to Asheville May 22-24, 1996 and Celebrate an Important Birthday!

Our Fiftieth meeting is scheduled for May 22-24, 1996 at the Grove Park Inn in Asheville. This is a beautiful time of the year to visit Asheville. The Grove Park Inn will reserve a block of rooms for our Association until **April 11, 1996**. Call 1-800-439-5800 to make your reservations.

A video with the title of our theme "As Time Goes By...the First Fifty Years" is being professionally produced and will be available for purchase by all local health departments or any agency affiliated with public health. The debut of this production will be at the our annual meeting in May.

Brian Crisp from Fairview, NC won the Bahama Cruise and the \$100 gift certificate. The winning ticket was drawn during the

Closing General Session at the Annual NCPHA Conference. Thanks to everyone who supported this project be selling and purchasing tickets. The proceeds will be used to offset the expenses at the Annual meeting at the Grove Park Inn. See you in Asheville!!

Debbie Edwards  
WNCPHA President

## NEWS FROM THE EAST

The 36th Annual Educational Conference of Eastern District NCPHA promises to be a "Beach Blast" you won't soon forget! Set your sails towards Atlantic Beach and join us April 24-26, 1996 for educational opportunities, networking, and lots of Public Health enthusiasm.

Our theme, "Public Health - Sailing into New Horizons," promises to motivate even

the most wavering member of your health care team. Our opening session, "Winds of Change," will focus on Managed Care as it may affect Public Health. Other topics include Environmental Health's continued involvement in the Public Health arena and how political change affects Public health.

Three days and two nights, as only Eastern District can do it, are being designed by

Section and Committee members to recharge all participants. Our closing session "Setting Your Sails" will be uplifting and send all attendees home with smoother sailing as they promote Public Health.

Margaret Allsbrook  
EDNCPHA President

## NCPHA QUESTION & ANSWER...

As a response to inquiries and comments from the memberships, we will begin a column that seeks to enlighten our members about the various functions and activities provided by NCPHA.

The following questions are in response to comments made on the 1995 Annual Education Conference Evaluation form.

**Q:** Why can't the Annual Education Conference be held in more convenient locations throughout the state?

**A:** NCPHA is unique in that we have 17 separate Sections that require separate meeting space and we may have from 20-30 difference events occurring daily!! There are few conference facilities that can provide that type of space accommodation.

**Q:** Why should I stay at the conference hotel when there are cheaper hotels in the area?

**A:** Contracts for meeting sites are made three years in advance. We reserve a block a rooms to accommodate our participants (average 200 rooms per night). The room reservation costs are generally less that what the current reservation fee. In addition, meeting room space rental is tied to rooms reserved. The more rooms that are booked, the less likely NCPHA will have to pay for meeting rooms. For example, at the 1995 Conference held at the Sheraton Imperial in Research Triangle Park, all meeting room rental costs were waived because we maintained 80% room occupancy of our reserved rooms. Meeting room rentals would have cost the Association well over \$5,000 per day!!

**Q:** Why does NCPHA purchase alcohol for the Annual Education Conference? I thought we were supposed to be encouraging healthy lifestyles!!

**A:** NCPHA does not purchase any alcohol. It is purchased individually by the patrons. It is provided as an option for those who are interested.

**Q:** Why do we have so many education Sessions that overlap in time? You attend one fully but miss half of another of interest!

**A:** The Annual Education Conference is designed to meet the needs of the membership. Sections determine the time frames needed for their business meetings and educational sessions. There are 17 sections conducting individual business meetings and sponsoring education sessions - overlap is inevitable.

If you have a questions, please send it to:  
Tamara Dempsey-Tanner  
NCPHA Vice-Chair for Communications  
9900 Leslie Drive  
Chapel, NC 27516

The video "Do You Know What Public Health Does For You" can be purchased for \$6.99 from: Superior Duplication Services, 703 Riggsbee Ave., Durham, NC 27701; phone (919) 956-5566.

## QUESTIONNAIRE RESULTS

The last issue of the Newsletter included a questionnaire in which each member of the Association was requested to respond to issues that will assist the Governing Council in setting the goal and objectives of the Association for this year. Of the 1100 questionnaires that were forwarded to all members, less than 100 were returned. We will address some of these comments in subsequent Newsletters. Your response to the following questions were as follows:

**1. Which membership benefits appeal to you?**

1 - not interested, 2 - Neutral, 3 - very important

|                          | <u>1</u> | <u>2</u> | <u>3</u> |
|--------------------------|----------|----------|----------|
| Awards                   | 6        | 30       | 22       |
| Scholarship Eligibility  | 8        | 30       | 19       |
| Newsletter               | 0        | 12       | 45       |
| Journal                  | 2        | 12       | 31       |
| <u>Legislative Alert</u> | 1        | 6        | 46       |
| Annual Ed. Conference    | 0        | 12       | 45       |
| Legislative Advocacy     | 0        | 13       | 45       |
| Section Participation    | 0        | 17       | 40       |

**2. What additional member services would be important to you?**

1 - not interested, 2 - Neutral, 3 - very important

|   | <u>1</u> | <u>2</u> | <u>3</u> |
|---|----------|----------|----------|
| Membership pins for 5 year recognition            | 22       | 22       | 13       |
| Certificate to recognize 10 or 15 year membership | 15       | 26       | 16       |
| Plaque to recognize 20 year membership            | 11       | 23       | 21       |
| Promotional items for each year of membership     | 17       | 23       | 17       |

**Comments/Suggestions Received:**

A copy of the Bylaws/Manual of Procedures should be provided to each members at joining. Updates and changes would be the member's responsibility.

**Response:**

Great idea, but not practical. Our Manual of Procedures is 83 letter-size pages. It is expensive to reproduce and too detailed for a member who is not responsible for a Standing Committee, Section or officer. The Membership Committee proposed and the Governing Council approved, however; that we design a MemberHandbook which will include Bylaws and a brief description of activities and committees of the Association. These handbooks will be produced in the upcoming year and provided to new members upon joining. *Super Suggestion and Thanks!!*

*Look for additional questions and responses in the next newsletter!!*

## PRIDE IN PUBLIC HEALTH

NCPHA highlighted "Pride in Public Health" at the Annual Educational Conference with a video production entitled "What Does Public Health Do For You" and the sale of our promotional sportswear. It was clear from this video that the general population no longer understands the concept and value of public health. The "Pride in Public Health" program is designed to

promote public health awareness throughout the local community, to train someone from each county to respond to the media and to develop promotional information for the media.

The State Health Director's Office is committed to locate funding to contract with UNC's School of Public Health for a position to coordinate "Pride in Public" activities,

which will include coordinating the local training sessions, hopefully in late spring. The proceeds from the sale of our sportswear go back into the "NCPHA Pride in Public Health" fund for future funding of public service announcements, etc. You can do your part by purchasing the sportswear utilizing the order form located elsewhere in this Newsletter.

## PUBLIC HEALTH MONTH T-SHIRT DEADLINE

Remember--order Public Health Month (PHM)T-shirts by **February 14, 1996**. The 1996 shirts will be four colors on ash gray shirts and 100% pre-shrunk cotton. Sample Shirts are available if you need to see one. Shirts will be \$10.00 (M-XL) and \$11.50

(XXL), and shipping. Shirts can be ordered only through your local health department. A large, colorful slogan on the front of the shirt will read: *"EveryWhere. EveryDay. EveryBody...North Carolina Public Health"* and will include the PHM logo and public

health logo. Order forms will be mailed with PHM packets by January 1996 to local PHM coordinators in local health departments. Questions? Call Vicki Hill, PHM Chairperson at (919)733-1537 or FAX (919) 733-2497 in DEHNR Public Health Communication.

## REQUEST FOR NOMINEES FOR FDA ADVISORY COMMITTEES

The U.S. Food and Drug Administration (FDA) is seeking consumer representative nominees for several committees. FDA has a special interest that women, minority groups, and persons with disabilities are adequately represented on Advisory Committees. Self nominations is accepted. Candidates should submit a curriculum vitae (including current address and telephone number). Members of FDA Advisory Committees serve a term of four years. A list of the 1996 vacancies for consumer representatives are as follows:

- *Office of Commissioner - National Task Force on AIDS Drug Development*
- *Science Board to the FDA*

- *Center for Biologic Evaluation and Research - Blood Products*
- *Center for Devices and Radiological Health - Dental Products*
- *Hematology and pathology*
- *Mammography Quality Assurance*
- *Neurological Devices Panel*
- *Radiologic Devices Panel*
- *Center for Drug Evaluation and Research*
- *Anti-Infective Drugs*
- *Arthritis Drugs*

- *Fertility and Maternal health Drugs*
- *Non-Prescription Drugs*  
*Center for Food Safety and Applied Nutrition - Food Advisory Committee*
- *National Center for Toxicological Research - Science Advisory Board.*

If you are interested in serving on any of these committees or have additional questions, contact:

Annette Funn at the USFDA  
(301) 443-5006

FAX - (301)443-9767

or

Dicie Alston, NCPHA President  
(704) 264-4995

FAX (704) 264-4997.

**Dear NCPHA,**

Thank you so much for the Scholarship. It will help as I continue towards completion of my BSN. It means a lot personally to be recognized by the North Carolina Public Health Association. Again, my heartfelt thanks, for this assistance.

Sincerely,

Ann Catino, RN  
Child Health Coordinator  
Onslow County Health Department

# SECTION & COMMITTEE

# REPORTS

## SOCIAL WORK

At the annual meeting, the Section celebrated its Tenth Anniversary. During the luncheon, charter members and charter officers were recognized. State Social Work Chief, Dot Bon was also recognized. An anniversary cake, scrapbook and pictures were enjoyed by the group. A group picture was taken to commemorate the occasion.

We would like to encourage other Social Workers who are a vital part of the public health team to join!! The Social Work Section offers a forum for sharing ideas, peer support, guidance, and greater involvement in social work issues.

Karen Carraway  
1994-95 Chair

## LABORATORY SECTION

As of September 8, 1995, there were 58 Laboratory Section members - a fraction of our potential. I encourage each member to recruit one new members with whom we can share our enthusiasm, creativity and expertise.

Pamela Sharpe, 1995-96 Chair

## ENVIRONMENTAL HEALTH

During our Annual Business Meeting, the Environmental Health Section had the privilege to honor Mr. Stacy Covil by establishing our third scholarship to be known as the "Stacy Covil Interstate Scholarship." The scholarship is to be awarded to a student Western Carolina University majoring in Environmental Health.

Our primary goal this year is to print the updated "Environmental Health Field Reference Guide" for environmental health specialists. Much effort has gone into updating the field guide by the Educational Committee. Thank you for all of your work on this project.

Our second goal is to increase membership. We ended 1994-95 with 203 members, approximately 1/4 of our potential.

Connie Pixley, 1995-96 Chair

## NURSING SECTION

If you were unable to attend the 1995 Annual meeting, then you know what a fabulous meeting it was!! We displayed our new banner "Public Health Nursing... Catch the Spirit." We were also very pleased to have our new State Director of Public Health Nursing, Dr. Joy Reed join us.

During our New Member Reception, we viewed a slide presentation on a day in the life of a PHN and their patients. During this time, Anita Chesney of the Adult Health Section, presented the Adult Health Recognition Awards. This occasion turned out to be a special time of networking and sharing.

Time is bringing change for some us in public health. We need the support of each one of you. A decision to get involved has a profound effect on the outcome of the whole; likewise, a decision not to get involved has just as much impact. Join NCPHA and "Catch the Spirit!"

Pat McCall, 1994-95 Chair

## NUTRITION SECTION

Challenging!! Electrifying!! Inspiring!! These words can only begin to describe the 1994-95 year for NCPHA nutritionists and dieticians. We have united to face obstacles that affect the role of nutrition in our society. Together, letters of concern regarding nutrition block grants were sent to members of the US Congress to demonstrate our opposition to the proposed regulations. Nutrition is a vital component to each human being. We need to persist with our momentum in the upcoming year and continue the educational process to protect and increase public awareness. Congratulations and thanks goes out to each of you for your hard work and dedication.

Phyllis Smith, 1995-96 Chair

## CHILDREN WITH SPECIAL NEEDS

During our Business meeting, we had a special recognition to our 16 new members. These members were presented with an official NCPHA ballcap. Our membership

is up to 50 and would like to challenge those members to invite new participants in our Section. Thanks goes to those who worked on planning our education Sessions. Both were very applicable and thought provoking.

Liz Reeser, 1995-96 chair

## MEMBERSHIP COMMITTEE REPORT

We are pleased to announce that a "Contact Representative" has been established for the local health departments, DEC's, state and regional offices, and district health department. The contact representatives will be utilized as our "communication network" for the recruitment and retention of members, the distribution of information and our all around contact for Association purposes.

The Association awarded seven Life Memberships to the following at the Annual Conference in September:

- Dr. Verna Barefoot, 25 years
- Thornton B. Haynes, 25 years
- Dr. Marjorie Strawn, 25 years
- Harriet Barr, 28 years
- Marjorie Cole, 28 years
- Charles Powell, 30 years
- Charles Buckner, 33 years

A mini handbook for new members will be developed in the upcoming year. This handbook will have information about the functions, activities, and Committees provided by NCPHA. The handbook will be available to renewal members on a request basis.

Each year, the month of November will be proclaimed as "NCPHA Month." During this month, all public health departments and agencies may choose a particular week or day for NCPHA promotional activities and membership recruitment. Contact Representatives are an excellent resource for this event. Suggested ideas may include staff meeting, posters or fliers to promote staff interest in supporting their Public Health Association.

Karen Foster  
1994-95 Chair

## Welcome Mat

We are fortunate to have 80 new members to join us for the period of June 1, 1995 - October 31, 1995. We appreciate their support and encourage them to become active participants in our Association. Please take the opportunity to welcome our new members!!

*Orange County Health Department:* Mary Beth Faulk-Moore  
*Gaston County Health Department:* Traci Colson  
*Hoke County Health Department:* Jean Brewer, Agnes Baker, Brenda Lathen, Christian McDuffie, Cynthia Oxendine, Vivian Segarra

*Rowan County Health Department:* Timothy Smith  
*Anson County Health Department:* Pamela Vernon  
*Onslow County Health Department:* Karne Furey  
*Buncombe County Health Department:* Mary Wynes, Diana Rothweiler, Brenda Davis, Judy Cuellar

*Alexander County Health Department:* David Kerley  
*Chatham County Health Department:* Jackie Griffin  
*New Hanover County Health Department:* Cyndi Meredith  
*Stanly County Health Department:* Katrina Edwards  
*Guilford County Health Department:* Sylvia Hightower, Chinita Howard

*Macon County Health Department:* Linda Harrison  
*Cumberland County Health Department:* Mary D. Penick  
*PPCC District Health Department:* Kathleen Kaminski  
*Robeson County Health Department:* Linda Rae Hughes, Linda McManus

*Carteret County Health Department:* Bridget Glover  
*Franklin County Health Department:* Wendy Fortner, Donna Haynes, Robyn Perkerson

*Forsyth County Health Department:* Rita Briscoe, Dr. Sherman Kohn

*Burke County Health Department:* Beverly Johnson, Leslie Arnold, Rita Stephens

*Rockingham County Health Department:* Judy Trent, Lynn Conner, Diane Holland, Linda Walker, Sandra Rakestraw, Johnetta Finnerty

*MTW District Health Department:* Bert Zellmer  
*Cabarrus County Health Department:* Amy Wiles, Joan Wheeler

*Surry County Health Department:* Walter Linz, MD  
*Union County Health Department:* Claire Bradley, Linda Tyler, Patricia Tomberlin

*Caldwell County Health Department:* Margaret Carroll  
*Macon County Health Department:* Ellen Shope, Linda Tyler, Nancy Rathbone, Sandra Deke

*Green County Health Department:* Betty Laughinghouse, Douglas Urland, Dorothy Voss

*Johnston County Health Department:* Leah Thorndyke  
*DEHNR - Fayetteville Regional Office:* Hussain Baseer, Wayne Williams

*DEHNR - Wilmington Regional Office:* Marti Eisenberg

### CONGRATULATIONS TO THE FOLLOWING MEMBERS WHO RECEIVED THEIR 1996 DUES FREE FOR RECRUITING 5 OR MORE NEW MEMBERS

**KATHY OXENDINE  
JANE O'NEAL  
BRENDA TRUITT**

**YOUR NAME COULD BE ON THIS LIST TOO.  
SEE YOUR CONTACT REPRESENTATIVE FOR DETAILS!!**

### ATTENTION TO ALL SECTIONS

**PLEASE BEGIN SENDING COPIES OF YOUR SECTION NEWSLETTERS TO THE NCPHA OFFICE. INFORMATION FROM YOUR NEWSLETTERS MAY BE OF GREAT INTEREST TO OTHER MEMBERS AND INCLUDED IN FUTURE ISSUES OF THE NCPHA NEWSLETTERS.**

**MAIL TO:  
NCPHA VICE-PRESIDENT FOR COMMUNICATION  
1009 DRESSER COURT  
RALEIGH, NC 27609**



# RENEWAL NOTICE

## N.C. PUBLIC HEALTH ASSOCIATION

### 1996 MEMBERSHIP RENEWAL APPLICATION

TAKE ADVANCE OF THE \$5.00 DISCOUNT BY RENEWING BEFORE JANUARY 1ST  
MEMBERSHIP YEAR IS OCTOBER 1, 1995 THROUGH SEPTEMBER 30, 1996

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

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

(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 \_\_\_\_\_

(Life Membership requires retirement plus 25 years of membership in NCPHA or 15 years with a sister association and 10 years with NCPHA)

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 ASSISTANT (9) \$3.00 | <input type="checkbox"/> HIV/STD                             |
| <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) \$10.00      | <input type="checkbox"/> VECTOR CONTROL (V) \$3.00           |
| <input type="checkbox"/> PUBLIC HEALTH MANAGEMENT (1) \$3.00   | <input type="checkbox"/> MANAGEMENT SUPPORT (4) \$3.00       |
| <input type="checkbox"/> STATISTICS/EPIDEMIOLOGY (SE) \$2.00   | <input type="checkbox"/> HEALTH EDUCATION (7) \$5.00         |
| <input type="checkbox"/> MATERNAL & CHILD HEALTH (MC) \$2.00   |  |

|                                      |                |   |
|--------------------------------------|----------------|---|
| <b>DO NOT SEND CASH: ANNUAL DUES</b> | <b>\$25.00</b> | (SALARY \$0 - \$20,000)   |
| ANNUAL DUES                          | \$35.00        | (SALARY \$20,001 - \$35,000)  |
| ANNUAL DUES                          | \$45.00        | (SALARY OVER \$35,001 )   |
| LESS DISCOUNT FOR EARLY RENEWAL      | - 5.00         | (DISCOUNT APPLIES <u>ONLY</u> TO RENEWALS & <u>MUST BE RECEIVED BY 12/31/95</u> ) |
| LESS FIRST TIME MEMBER DISCOUNT      | -10.00         |   |
| SECTION DUES                         | _____          |   |
| TOTAL DUES                           | _____          |   |

Mail to:  
NC Public Health Association  
1009 Dresser Court  
Raleigh, NC 27609



# NCPHA CALENDAR

|  |                                  |
|--|----------------------------------|
| Jan. 4, Greensboro                       | Pride in Public Health Committee |
| Jan. 26, Greensboro                      | Nominating Committee             |
| April 23, RTP<br>Atlantic Beach          | Executive Committee Meeting      |
| April 24-26,<br>Atlantic Beach           | EDNCPHA                          |
| May 21<br>Asheville                      | Governing Council                |
| May 22-24<br>Grove Park Inn<br>Asheville | WNCPHA                           |

**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 March, 1996. Articles should be submitted by February 1, 1996.*

Dan Shingleton, Program Development Specialist

Deborah Rowe, Administrative Assistant

Dicie Alston, President  
(704) 264-4995

Tamara Dempsey-Tanner, Vice President of Communication  
(919) 918-4086

Authors are responsible for views  
expressed in signed articles.



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**NEWSLETTER**

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DECEMBER 1995

1009 Dresser Court, Raleigh, NC 27609

# LEGISLATIVE ALERT

A CALL TO ACTION  
Vol. 2 No. 1  
NOVEMBER, 1995

## TIMES ARE A-CHANGING

### WHAT WILL PUBLIC HEALTH LOOK LIKE IN YEAR 2000

Some people working in public health share the first memory of a county health department as the place where you went to get your immunizations and birth certificate in order to start school. We remember our parents going to get a piece of paper that allowed our family to build our new home. Some may even remember a member of the family going to receive medication for Tuberculosis. We all recognized our Public Health Nurse as she walked down the street in her uniform as a revered member of the community.

Such was the perception of the health department in the 40's and 50's. Communities took pride in this institution and public health workers were viewed favorably by the local citizenry.

Today's general perception is quite different. Public health is too often viewed by the general public as another "welfare agency". People are distrustful of governmental agencies and some consider governmental employees as lazy and incompetent. Most people do not realize the impact of public health on their personal lives. They feel if they never visit the health department, they do not utilize public health services.

These misperceptions contribute to the current political wave of reducing

government. And though most of us will agree that some changes may need to be made, we struggle to protect the gains that have been made in the last few decades in the prevention of disease and the promotion of healthy lifestyles.

It is our responsibility, as public health professionals, to educate the general public and the legislators as to the importance of public health in the mission of providing adequate health care to the citizens of this state. We need to remind them that public health is for everyone!

Please take the time and the lead in speaking to local civic clubs, community circles, politicians, anyone who will listen as to the contribution that public health has made to your community. Perhaps through education and community support, we will not have to face the dreaded budget-cut dragon every year to justify our existence.

Public Health advocacy is everyone's responsibility. Be proactive in helping to shape the face of public health in Year 2000. Become knowledgeable of state and national legislation that affects public health. Acquaint yourself with your local legislators and public policy makers so that they value your input on public health issues. Be a face and a voice for public health in your community and help us regain the "Pride in Public Health" in our state.

### NCPHA LEGISLATIVE COMMITTEE AND LOCAL NETWORK

The NCPHA Legislative Committee is comprised of twenty members, one from each of the seventeen sections, a representative from DEHNR, a representative from the School of Public Health, and the Chair, who this year is William (Bill) Smith, Health Director, Robeson County Health Department. It is this committee's responsibility to formulate NCPHA's Legislative Agenda, form coalitions with other organizations to increase support for the agenda, identify legislators that are essential to endorsing the agenda, keep the public health family informed as to the status of the legislation, and request assistance from local personnel in contacting key legislators dependent upon the issue.

This year, we will be attempting to expand our local network by utilizing our Members-At-Large and our local agency representatives so that late-breaking events will be announced to those at the local level more expeditiously. Legislation can move at a turtle's pace for weeks and then move like lightning in a matter of hours. The NCPHA's Executive Committee is committed to developing a local network from NCPHA's headquarters to keep you informed and involved. We plan to subscribe to a service that provides daily information on the status of

legislation. We will then fax any "Alerts" to the Legislative Committee members as well as to the Members-At-Large. They will be responsible for contacting the Agency Representatives, who will get the information to you. We hope this network will provide you with more timely information and will allow us the ability to be more responsive to issues.

If you have any suggestions for this network, please call the NCPHA Headquarters. We also welcome any input in the development of the Legislative Agenda and appreciate being kept apprised of local issues affecting public health. Never assume that we know all the issues that affect public health. Call us; we need you!

## STATUS OF LEGISLATION FROM 1995 GENERAL SESSION

We wish to thank Chris Hoke and Dr. Janet Ramstack of the State Health Director's Office and Dr. Mary Christiaanse, NCPHA's Liaison to the NC Medical Society, for providing updates on the following legislation:

### HEART DISEASE AND STROKE PREVENTION TASK FORCE

The Legislature included \$100,000 for each of the next two years to fund this task force which will develop a comprehensive statewide plan to promote community prevention activities to reduce heart disease and stroke.

### HEALTH PLANNING COMMISSION

Re-established as the Health Care Reform Committee. Studies will include role of existing county health care systems in health care reform efforts; impact on health care cost and

efficiency of rule changes; may develop own health care proposals.

### PUBLIC STUDY COMMISSION

Permanently repealed sunset on the Commission. Commission to study capacity of small counties to meet the core public health function and the feasibility of multi-county districts.

### SB 345

Ratified. Requires that state regulated health benefit plans which provide maternity coverage must cover inpatient care for a mother & her newly-born child for a minimum of 48 hours after a vaginal delivery and a minimum of 96 hours after delivery by C-section. Although short hospital stays are expected to continue, termination of benefits will no longer affect those covered by state-regulated plans.

### FOOD SANITATION FUNDS

\$100,000 was appropriated to conduct continuing education/training of Environmental Health Specialists. Includes provision that rules for restaurant grades promote consistency; defines "limited food services establishment" and allows Commission for Health Services to adopt rules.

### TOBACCO SALES TO MINORS

Ratified. Anyone engaged in the sale of tobacco products must demand proof of age from a prospective buyer if he has reasonable grounds to believe that the prospective buyer is under eighteen years of age. Persons under age attempting to purchase tobacco products with the use of false identification are guilty of an infraction. No county or town may enact ordinances, rules or regulations concerning the sale and distribution of tobacco products after 9-1-95.

### SANITATION EDUCATION REQUIREMENTS

Postponed indefinitely. This bill sought to lower the minimum standards for registered sanitarians to include an associate degree from an accredited institution, appropriate field experience and a registration examination.

### DIRECT CONTROL OF COUNTY BOARDS - SB 468

Dead; however, this issue is at the top of the Legislative Agenda for the Association of County Commissioners for the coming year. We need to continue our efforts in defeating any legislation that will allow any county with a manager to assume control of the functions of any of the county's boards, including the board of health, social services, and mental health.

### REMOVAL OF HEALTH BOARD MEMBER

Ratified. This bill amends and clarifies the prior statute by defining "cause for removal of local board of health members". This bill attempts to prevent removal of members for political reasons only.

### MOSQUITO CONTROL FUNDS SB 623/HB 766

Alive for Short Session. This bill seeks to appropriate \$1,000,000 in FY 95-96 to DEHNR to support local mosquito control districts and other units of local government engaged in mosquito control.

### LEAD ABATEMENT CERTIFICATION - SB 595

Alive for Short Session. This bill would establish certification for persons performing public funded or state-mandated lead abatements as per HUD requirements.

**IMPROVE ACCESS/DENTAL  
MEDICAID FUNDS - SB 823**

Alive for Short Session. This bill seeks to appropriate \$1,200,000 to increase Medicaid dental fees, thereby increasing access to dental care for Medicaid recipients.

**HOME HEALTH AREA CLARIFIED**

Ratified. Home health agencies are restricted under this bill to serve clients within their designated areas on their licenses or certificates of need.

**PARENTAL CONSENT FOR  
ABORTION - HB 481**

Ratified. This bill requires the written consent of an unemancipated minor and her custodial parent/legal guardian or other statutory responsible adult or judicial consent in order for the minor to receive an abortion.

**AIDS PREVENTION FUNDS - HB  
597**

Alive for the Short Session. This bill seeks to appropriate \$1,000,000 in FY 95-96 and FY 96-97 to DEHNR for community-based intervention efforts to combat the AIDS/HIV epidemic.

**OB/GYN ACCESS - HB 733/SB 566**

Ratified. Health care plan benefits shall allow women direct access to an obstetrician/gynecologist without prior referral with the provisions of the benefit plan.

**HEPATITIS B FUNDS - HB 795**

Alive for the Short Session. This bill seeks to appropriate \$1,394,000 in FY 95-96 and \$1,434,000 in FY 96-97 to DEHNR to provide Hepatitis B vaccine for high school entrants.

**CHILDREN'S VACCINE FUNDS -  
HB 796**

Alive for Short Session. This bill would appropriate \$987,525 in FY 95-96 and \$1,017,219 in FY 96-97 to DEHNR to immunize children against chicken pox.

**LICENSING OF SOIL SCIENTISTS  
HB 826/SB 837**

Ratified. This Act establishes the minimum standards for the licensing and practice of soil scientists.

**TEACH ABSTINENCE UNTIL  
MARRIAGE - HB 834/SB 788**

Ratified. This bill requires teaching abstinence until marriage in our public schools as the only certain means to avoid pregnancy and STD's. Stringent material and curriculum review requirements may establish barriers to teaching a comprehensive health and sexual education curriculum in our public schools.

**VITAL RECORDS CHANGES - HB  
844**

Ratified. The timing requirement for filing birth certificates is reduced from ten to five days. GS 130A-12 was amended to make confidential all "records containing privileged patient medical information" in the possession of DEHNR or local health departments. These confidential records are not public record.

**VITAL RECORDS CHANGES - SB  
632**

Ratified. This bill modifies the Vital Records Law. Serious violations of vital records requirements will now be considered felony offenses rather than misdemeanors. The need for physician signatures on birth certificates is eliminated.

**SCHOOL HEALTH SERVICES  
LIMITED - HB 878/SB 1029**

Alive for the Short Session. This bill would severely restrict the provision of school health services in our public schools as well as referrals to appropriate services for school aged children. Parental consent would be required for services provided at school-based health clinics. This bill would limit the scope of services provided in school health services to specifically exclude prenatal or contraceptive services.

**CHILD BICYCLE SAFETY ACT - HB  
910**

Alive for Short Session. This bill would require that all persons under the age of 18 wear bicycle helmets while riding bicycles on public roads, public bike paths or public right of ways. Passengers under 40 pounds and 40 inches must be properly restrained and able to sit upright.

**AMEND WASTEWATER SYSTEMS  
LAW - HB 912**

Ratified. This bill eliminates expiration dates for improvement permits that currently expire after five years. If an improvement permit has not been used within five years, however, the permit holder will be required to obtain an authorization for construction. There is concern over the potential passing of permits from one sited mobile home to another without any inspection or control for change.

**SCHOOL-BASED HEALTH FUNDS  
HB 288/SB 106**

Alive for Short Session. This bill would appropriate to DEHNR \$1,125,000 in FY 95-96 and \$1,875,000 in FY 96-97 for additional comprehensive school-based adolescent health centers.

HEALTH WORKER LIABILITY - SB 449

Ratified. This bill will give limited liability protection for expert panels and others who assist DEHNR in implementing the rules adopted by the Commission on Health Services. It specifically refers to the prevention of transmission of HIV and Hepatitis B from health care workers to patients.

1995 BLOCK GRANT APPROPRIATIONS - HB 228

Ratified. For the MCH Services and Prevention Health Services federal block grants:

If federal funds are reduced less than 10%, then every program funded shall be proportionately reduced. If federal funds are cut 10% or more, the Department shall allocate the difference in funds after considering program effectiveness.

For the MCH Block Grant: if federal funds are increased by 10% or more, then the Department shall allocate the increase in funds after considering program effectiveness. If federal funds are increased by less than 10%, then 30% of the additional funds shall be allocated to services for children with special health care needs and 70% to local health departments to assist in the reduction of infant mortality.

For the Preventive Health Block Grants: if federal funds are increased by 10% or more, the Department shall allocate the increase in funds after considering program effectiveness. If federal funds are increased by less than 10%, then these additional funds may be budgeted with the approval of the Office of State Budget and Management.

LEGISLATIVE STUDY BILL - HB 898

These issues are included in the Study bill for the Legislative Research Commission to "study" and are potentially "alive" for the Short Session:

Study Costs/Drinking Water Tests - HB 930

This bill would restrict the authority of the Commission on Health Services to adopt public drinking water rules that are more stringent than Federal EPA standards.

Property Right Act - HB 597

This bill would require the Department to compensate a land owner when any land use regulation causes an economic impact resulting in any diminution in the total value of the owner's property.

GOVERNOR'S TASK FORCE ON DWI - HB 353

Ratified. This bill implements the recommendation of the Governor's Task Force on Driving While Impaired which amends the current statute as follows: (1) makes it unlawful for a person under the age of 21 (used to be 18) to drive a motor vehicle after consuming ANY alcohol or drugs; (2) creates a new misdemeanor that prohibits a person from driving while there is an open container of alcohol in the passenger area; and (3) increased from ten to thirty days the length of the immediate license revocation for alcohol concentration of 0.08 or more or if the person refuses to submit to a breathalyzer test.

*The Legislative Alert is a publication of the North Carolina Public Health Association. Any questions or comments concerning this publication should be address to Deborah Rowe at NCPHA Headquarters (919/872-6274).*

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# LEGISLATIVE ALERT

A CALL TO ACTION

Vol. 1 No. 3

JUNE, 1995

## 1995 LEGISLATIVE SESSION DRAWS CLOSE TO END

As the 1995 session draws to a close, we have witnessed many changes in Raleigh. The emphasis has moved from funding social service programs to that of cutting the budget and lowering taxes. Legislation can move so quickly that news is old news by the time this publication is received, especially at this point in the session. We are attempting to inform you of issues that may still be relevant, especially at the national level, to update you on legislation that we have been following. It is our intent to publish a final issue next month providing a synopsis of activity during this legislative session.

We need your feedback as to the value you place on receiving this publication. Please call our office at (919) 872-6274 or respond to a survey in the July Newsletter to let us know if this is a service you wish your association to continue.

### Yes Senate BILL 920 AND HOUSE BILL 1040 SCHOOL HEALTH NURSES

These companion bills are currently in the House and Senate Appropriations Committees. These bills will appropriate \$7.8

million for the employment of school health nurses at the rate of one nurse per every 3000 students with a minimum of one school nurse per county. This is critically important!!! It is a tragedy that children do not have this support in school of help them stay healthy so they can be successful in school. Early identification and treatment of illness and injuries can reduce health related absences and prevent illnesses from becoming complex, resulting in expensive complications and hospitalization.

Please contact members of the Senate and House Appropriations Committees immediately asking for their support of these bills. We need this money for children!

Members of the House Appropriations Committee to contact are Representatives Creech, Esposito, Brubaker, and Holmes. Members of the Senate Appropriations Committee to contact are Senators Perdue, Odom and Plyer. It is important to contact any member of the House or Senate Appropriations Committees.

### HOUSE BILL 766 - TOBACCO SALES TO MINORS RATIFIED

Despite the efforts of the public health community, this bill was ratified. This bill weakens the local governments from enacting their own youth access laws, allows retailers to claim that they miscalculated the age of tobacco purchasers, and does not make a clerk liable for selling tobacco products to a minor if the youth states the products are for the use of a parent or other family member. We instead supported Senate Bill 1037 which was a much stronger effort to reduce the access of tobacco products to minors. This preferred bill is dead for this legislative session.

### HOUSE BILL 229 - CONTINUATION BUDGET - REGIONAL PERSONNEL OFFICE

The Regional Personnel Office has been maintained in the Department of Human Resources' Continuation Budget. However, we need to keep up our guard for this essential service to local health department employees in the event of federal funding cuts.

## MCH BLOCK GRANT AND PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT 50% REDUCTION

The U.S. House and Senate will be in recess from June 30 - July 10. This will be an opportune time for visits and meetings to educate our federal lawmakers about what this funding is doing in this state and their congressional district. You may want to suggest that they visit your health department to get an understanding of how this funding is used to benefit their constituents. It has also been suggested that we enlist the support of our Governor.

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

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## HOUSE BUDGET ABOLISHES THE N.C. HEALTH PLANNING COMMISSION

Our association has been committed to saving the Public Health Study Commission which is a part of the N.C. Health Planning Commission. This agency was created two years ago to help the state deal with changes in the health care system, develop strategies to improve the health status of our citizens and to deal with the uninsured population. The budget that has been adopted by the House has eliminated this commission. Rep. Robin Hayes, (R) Cabarrus County, has been quoted as saying the need is not as great as it was last session. We, in public health, know that health care will always be a critical need and that prevention and health promotion save dollars as well as lives.

## APPROPRIATIONS ARE DOUBTFUL

Legislation that we are supporting that are threatened include

- House Bill 506 which would appropriate in excess of \$600,000 to the Division of Environmental Health for centralized training of new Environmental Health Specialist, and
- Senate Bill 595 which would appropriate in excess of \$4 million to match federal dollars for the Lead Abatement Certification Program.

House Bill 506 is being held in the House Appropriations Committee and Senate Bill 595 is being held in the Senate Finance Committee.

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# LEGISLATIVE ALERT

A CALL TO ACTION

Vol. 1 No. 2

MAY, 1995

## **DON'T QUIT YET! LEGISLATION STILL PENDING**

### **RESPONSE TO FIRST LEGISLATIVE ALERT**

The public health community reacted swiftly and diligently to our call for action in the first *Legislative Alert*. Many members wrote letters, called and visited their legislators in response to issues that were identified by the NCPHA Legislative Committee. Members sought the support of local civic organizations, County Boards of Health, and County Commissioners in this process. NCPHA staff and members testified at Legislative Public Hearings and Committee Hearings. Section members rallied in opposition to legislation that would impact on their profession and were successful in getting this legislation defeated.

Public health needs your continued influence and help. There are issues that still need addressing. Now is not the time to relax. Now is the time to pull together in support of or in opposition to legislation that is noted in this issue of the *Legislative Alert*. We need everyone's help. Pass this publication on to those in your county who are not members of NCPHA. Continue soliciting support from interested organizations. Together, we can make a difference. As a unified voice, we can be heard.

### **SENATE BILL 468 HOUSE BILL 875 DIRECT CONTROL OF COUNTY BOARDS**

Neither of these bills made the cross over deadline and are therefore dead.. This issue was NCPHA's primary emphasis and we are pleased with your response to our call for action, especially those public health practitioners who were in Raleigh at the Senate Judiciary II Committee Hearing to voice opposition to the bill.

However, we cannot become complacent on this issue, for it may become a real problem once again. We, the public health family, must continue to educate the general public of the importance of public health practices and the significance of the local Board of Health in this practice while our leadership collaborates with other human services agencies in addressing some issues that are attractive to legislators and county commissioners. We must make every effort to stay abreast of what is happening legislatively and locally so that we are prepared to protect the public health system in this state. We must become personal advocates.

### **50% CUT IN PREVENTIVE HEALTH AND HEALTH SERVICE BLOCK GRANT and MCH BLOCK GRANT RECOMMENDED BY CONGRESS**

Every member is urged to contact the North Carolina Congressional Delegation to voice opposition to the funding cuts proposed by the House Budget Committee.. If this proposal is acted upon, North Carolina stands to lose more than \$2 million in federal funding for health promotion and disease prevention programs. This loss of funding would be devastating to our state and local efforts to combat and prevent chronic diseases such as heart disease, stroke, cancer and diabetes. North Carolina stands to lose \$8.35 million in federal funding for MCH programs. Since only 1% of MCH Block Grant allocation is used for administration, direct services would feel the brunt of any reduction in funding. It is imperative that we respond immediately to this matter by addressing the following issues:

## A 50% Cut in Preventive Health Block Grant would:

- Cut in half the community-based health promotion efforts to reduce death, disease, and disability;
- deny hypertension services to 50,000 individuals;
- deny dental public health services to 10,000 children;
- deny rape crises/sexual assault services to 10,000 women
- deny minority health advocacy and services to 1.6 million individuals.

In FY 95, the Preventive Health and Health Services Block Grant funded 94% of health promotion and disease prevention programs in North Carolina. All 100 counties have health promotion/disease prevention activities such as high blood pressure screening, community-based health education, improving physical fitness and nutrition, dental public health, worksite health promotion, youth tobacco use prevention, heart disease and cancer screening; and rape crisis/sexual assault reduction.

## A 50% Cut in MCH Block Grant would:

- deny prenatal care to 2,400 low-income women;
- deny well child treatment services to 7,600 children;
- deny preventive health services to 9,900 women;
- deny diagnostic and treatment services to 4,200 children with chronic disabilities and illnesses.

Local health departments would have to make significant cuts in services to persons who are not Medicaid eligible and who are without private medical insurance. North Carolina would have to curtail or discontinue services such as Lead-

based paint poisoning prevention, injury prevention, AIDS Grief Counseling, Genetic Counseling, Newborn Screening for Metabolic Diseases, and public information and education activities.

The House approved this Budget Resolution on May 17, 1995. This budget will now go to the House Subcommittee on Labor, Health and Human Services and Education, then to the House Appropriations Committee before a full vote by the US House of Representatives. We still have time to stop the train, but we must act now.

Members are encouraged to visit their delegates in their home district during the Congressional break of May 26 - June 4, 1995.

Congressional delegates are Senators Jesse Helms and Senator Lauch Faircloth; Representatives Eva Clayton, David Funderburk, Walter Jones, Fred Heineman, Richard Burr, Howard Coble, Charlie Rose, Bill Hefner, Sue Myrick, Cass Ballenger, Charles Taylor and Melvin Watts.

## YES TO SENATE BILL 1037 - NO TOBACCO SALES TO MINORS

## NO TO HOUSE BILL 766 - TOBACCO SALES TO MINORS

Senator Wib Gulley has introduced the long awaited "TRUE YOUTH PROTECTION" access bill. This is the bill that public health practitioners must support. This bill

*Removes the term "knowingly" from the present law making it an offence for any retailer to sell tobacco*

*products to a minor;*

*Requires the retailer to request a photo ID depicting purchaser's age;*

*Requires tobacco retailers to post a sign stating that the sale of tobacco products to minors is unlawful;*

*Requires tobacco retailers to be licensed; and*

*Imposes penalties on retailers who sell tobacco products to minors.*

We must voice our opposition to House Bill 766 which

*Sets up a weak statewide law and prevents local governments from enacting their own youth access laws;*

*Does not remove the word "knowingly" from current state law which will allow retailers to claim they miscalculated the age;*

*Does not make a clerk liable for selling tobacco products to a minor if the youth says he is buying products for parent or other family member.*

Senate Bill 1037 is currently in the Senate Judiciary II Subcommittee. Members of this committee include Senator Gulley, Chair; Senators Ballance, Kerr, Hartsell, Carpenter, Davis, Horton, Hoyle, Jordan, Kincaid, Lucas, Parnell, Plexico, Rand, Sawyer, and Webster. Contact these legislators and encourage them to support this bill.

House Bill 766 is currently being considered in the Senate Judiciary I Subcommittee. Members of this committee include Senator Cooper, Chair; Senators Albertson, Allran, Ballantine, Blackmon, Dannelly, W. Martin, McDaniel, McKoy, Odom, Perdue, Shaw, Simpson, Soles, Speed, and Winner. Contact these Senators to oppose this bill.

## **NO TO HOUSE BILL 5 WELFARE REFORM**

Please contact members of the House Appropriations Committee to let them know of our strong opposition to denying Medicaid and WIC benefits to pregnant minors who have never been married or do not live with an adult. The key point you should make is that it will be detrimental to the health of infants and their mothers to deny them health care, food and education. The bill does not deny these benefits to others. We propose changing the wording to read "No assistance or any services excluding Medicaid and WIC" rather than "including Medicaid and WIC". Legislators need to be reminded that WIC saves public health care dollars. In North Carolina, every WIC dollar spent on a pregnant woman saves \$3.13 in Medicaid costs during the first 60 days of the infant's life.

Members of the House Appropriations Committee include Representatives Creech, Esposito, Holmes, Gardner, Hayes, Nye, Adams, Aldridge, Alexander, Dickson, Earle, Hurley, Watson and G. Wilson.

## **YES TO SENATE BILL 784 HEALTH CARE REFORM/HPC**

This bill is the companion bill of House Bill 288 that we are supporting for the creation of a permanent Public Health Study Commission. (Please see first issue of *Legislative Alert* for details of this bill) House Bill 288 is being held in committee and is

unlikely to pass if the current situation remains the same; however, we still have an opportunity to influence the passage of this legislation. SB 784 is currently in a subcommittee of the Senate Judiciary II Committee (see article on Senate Bill 1037 for listing of members of this committee). House leadership should be contacted and urged to hold the line on questions regarding the appropriations for the Health Planning Commission. We must insist that the Legislature keep the Health Planning Commission for the purpose of developing strategies to improve the health status of the citizens of North Carolina.

## **YES TO SENATE BILL 920 AND HOUSE BILL 1040 - FUND/SCHOOL NURSES**

This bill appropriates funds for the employment of School Nurses. The State Board of Education shall allocate these funds on the basis of one position for each 3,000 students in a local school administrative unit, with a minimum of one position per county. In 1992, state education dollars provided school nurses at a ration of 1 nurse to 17,189 students. Even with all the educational funding including federal, state, local, and special education funds considered, the ratio is 1 nurse to 7755 students.

Many children are uninsured; therefore, the first and only health provider they see is the school nurse. A school nurse can identify and respond to untreated illnesses, assure that children receive required immunizations and provide case management for children with

exceptional health problems.

This bill is currently in the Senate Appropriations Committee. Members include Senators Perdue, Plyler, Blackmon, Conder, Kincaid, Rand, Simpson, Webster, Albertson, Ballance, Ballantine, Carpenter, Clark, Cochrane, Dannelly, Davis, East, Edwards, Forrester, Gulley, Hobbs, Horton, Hoyle, Jordan, Ledbetter, Little, Lucas, R. Martin, W. Martin, McKoy, Odom, Parnell, Plexico, Smith, Speed, Warren, and Winner.

## **YES TO SENATE BILL 390 AND HOUSE BILL 460 HEART DISEASE STROKE PREVENTION TASK FORCE**

Public health needs to support these bills which appropriate funds to implement this task force to focus on the problem of heart disease and stroke. The task force will be appointed by the legislature and will involve professionals from multiple disciplines and sectors of society. The task force will work for two years and make recommendations to the legislature.

## **YES TO SENATE BILL 1021 HOME HEALTH AREA CLARIFICATION**

This bill which restricts Home Health Agencies to serve patients within their service area has passed

the Senate and has been forwarded to the House for consideration. We need to support this legislation to prevent large, private Home Health Agencies from displacing the smaller, public Home Health Agencies. This bill is currently in the House Health and Environment Committee which consists of Representatives Nichols, Snowden, Warner, Allred, Culp, Dickson, Earle, Edwards, Esposito, Gamble, Gardner, Hackney, Hayes, Locke, Luebke, McComas, Preston, Richardson, Shubert, Tolson, Watson, Weatherly, and Wright.

## **YES TO SENATE BILL 595 - LEAD ABATEMENT CERTIFICATION**

We need to support lead abatement certification legislation which will ensure that contractors

performing lead abatements are qualified. It will meet the federal requirements, allowing the Department of Commerce to spend \$8 million in available funds. The bill provides

- *certification of contractors performing lead abatement in North Carolina;*
- *accredited lead abatement training courses;*
- *tracking system for permits to assure all lead abatements are conducted correctly;*
- *fee structure to support certification, accreditation and permitting activities;*
- *exemption from a permitting fee for lead abatement of owner-occupied residences;*
- *exemption from accreditation fees for public and non-profit lead abatement training course providers;*
- and
- *Assessment of administrative penalties of \$1,000 per day for violating provisions of the lead abatement certification program.*

This bill is currently in the Senate Finance Committee which is comprised of Senators Kerr, Sherron, Cooper, Shaw, Soles, Allran, Albertson, Blackmon, Carrington, Conder, Edwards, Foxx, Hartsell, Hobbs, Hoyle, Lucas, McDaniel, Parnell, Rand, Sawyer, Smith, Speed, and Webster.

## **YES TO REGIONAL PERSONNEL OFFICE**

The Senate Appropriations Committee is considering the Department of Human Resources' continuation budget which includes the elimination of the Regional Personnel Offices. We need to contact Legislators requesting that they maintain these offices. Regional Personnel Offices provide essential functions in the areas of position management, recruitment and selection, disciplinary action review and counseling, personnel policy and review, and training activities.

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# LEGISLATIVE ALERT

A CALL TO ACTION

Vol. I No. 1

April, 1995

## PUBLIC HEALTH NEEDS YOU!

These are critical times for public health in North Carolina. We face budget restraints, budget cuts, reorganizations, challenges to the existence of Boards of Health, recommendations of study commissions, etc. If there has ever been a time when we need to stick together, it is now! Many of the gains that have been made in the last 118 years can be easily lost without our diligence and willingness to stand up for the public's health.

In the present political environment, attitudes of passivity and "let someone else do it" are prescriptions for disaster. If medical issues are too important to be left to the doctors alone, political issues are certainly too important to be left to the politicians. There are new leaders sitting in the control towers of our state and nation. How they direct the "flights" should be of critical concern to every citizen in our state and are of particular interest to all of us.

What happens today is extremely important - we cannot stand by and watch one of the finest public health systems in our nation be destroyed. The pioneers of this work fought for that which we have and we should be willing to fight to keep it.

Never let it be said, in the words of Thomas Paine, that we are "summer soldiers and sunshine patriots"... The public health system in North Carolina needs your active involvement in the political process. Please stay informed as to legislation affecting public health and respond accordingly to your legislator. We are including, in this first publication, some

of the legislative issues that NCPHA has determined to be priority and to inform you as to what has been done and how we need your assistance.

Legislators invite responses from their constituents. They do not proclaim to know every issue and rely on information provided to them. Phone calls, letters and visits do count! Call Deborah Rowe at NCPHA Headquarters (919) 872-6274 if you need the name, address or phone number of your legislator. Please help us to protect public health through your personal advocacy.

### SENATE BILL 468 - DIRECT CONTROL OF COUNTY BOARDS

A bill allowing the Board of Commissioners of any county having a County Manager to assume the direct control of any activities conducted by or through any Commission, Board or Agency appointed by the County Commissioners or acting under and pursuant to authority of the Board of County Commissioners was introduced by Senator Teena Smith Little. It was subsequently sent to the Senate Judiciary II/Election Law Subcommittee for review. This bill will reduce the population requirements in present legislation so that any county may choose to abolish their local Board of Health. This issue has been NCPHA's primary focus because our system of public health is threatened by passage

of this bill.

Under the present G.S. 153A-77, only those counties with a population of 425,000 will be allowed to abolish the local human service boards. Mecklenburg County has chosen to do so and Wake County is considering to do the same. Eliminating the local boards will reduce the involvement of concerned citizens who serve on the boards. State and local rules protecting environmental health and communicable diseases often require enforcement actions that may be controversial and politically sensitive. The local boards of health were designed to serve as a buffer for elected officials and gave the responsibility of formulating public health policies to professionals with the necessary expertise in the field of preventive medicine, engineering, dentistry, etc.

NCPHA President, Dr. Newsom Williams, wrote every Legislator to voice NCPHA's opposition to any legislation that would transfer the power of local Human Services Boards to county commissioners. Members of the NCPHA Legislative Committee "adopted" Legislators serving on the Senate Judiciary II Election Law Subcommittee and will work with the legislator's public health constituents. NCPHA forwarded correspondence to 1,100 present and former NCPHA members residing in the respective Senatorial districts requesting that they contact their Senator opposing the passage of this bill in hope that the bill will not get out of committee onto

the Senate floor for voting. Those Senators include Senator Gully, Chair; Senators Ballance, Kerr, Hartsell, Carpenter, Davis, Horton, Hoyle, Jordan, Kincaid, Lucas, Parnell, Plexico, Rand, Sawyer, and Webster.

We have received favorable response to our call for action. However, we cannot afford to be complacent in allowing a few of our members to do all the work. We need each member of NCPHA to contact his/her Senator opposing this bill in the event it does make it to the Senate floor. Call or write your Senator today to oppose this Bill.

## HOUSE BILL 875 Direct Control of County Boards

An identical bill to Senate Bill 468 has been introduced in the House. House Bill 875 has been referred to the House Rules Committee. Representatives serving on this committee are: Representative Morgan, Chair; Representatives Pulley, Crawford, Black, Bowie, Dockham, Esposito, McMahan, Neely and Robinson. Please contact your Representative expressing opposition to this bill.

## HOUSE BILL 288 HEALTH CARE REFORM

One of the Health Care Reform bills, HB 288, has been sent to a subcommittee of the House Health and Environment Committee for further study. This action was taken to avoid the bill being killed shortly after being introduced.

The critical piece of this bill that we must work to save is the creation of a permanent Public Health Study Commission. We have worked for years to have this Commission established. It is vital that we make every effort to get this provision in HB 288 passed. The Public Health Study Commission shall study the availability and accessibility of public health services to all citizens throughout the State by:

*Determining whether current public health services in each county or district health department conform to essential services;*

*Studying the workforce needs of each county or district health department, including salary levels, credentials and continuing education requirements;*

*Reviewing the status and needs of local health departments facilities;*

*Proposing a long-range plan for funding the public health system; and*

*Studying the capacity of small counties to meet the core public health functions mandated by current state and federal law.*

NCPHA Legislative Committee members have written to members of the House Committee in support of this bill. Those Representatives are: Representative Nichols, Chair; Representatives Snowden, Warner, Allred, Culp, Dickson, Earle, Edwards, Esposito, Gamble, Gardner, Hackney, Hayes, Locke, Luebke, McComas, Preston, Richardson, Shubert, Tolson, Watson, Weatherly, and Wright. Please contact your Representative to encourage him/her to approve this portion of HB 288.

Senator Roy Cooper, Senator Wib Gully and Senator Bill Martin sponsored Senate Bill 231 - An Act to Repeal the Sunset on the Public Health Study Commission. This bill will eliminate the July 30, 1995 repeal date and will appropriate funds for

1995-96 and 1996-97 to the Legislative Services Commission for allocation to the Public Health Study Commission. Please support this bill by writing or calling your Senator.

## PUBLIC HEALTH APPROPRIATIONS

The NCPHA Legislative Committee voted to endorse the North Carolina Department of Environment, Health and Natural Resources proposed budget for public health activities.

Committee members also "adopted" legislators on the House and Senate Appropriations Committees that will be reviewing this budget. They are:

House of Representatives  
Appropriations Subcommittee on Natural and Economic Resources - Representatives Mitchell, Weatherly, Tolson, Hunter, Yongue, Owens, Wilkins, Baker, Miller, Culp, Nichols.

Senate Appropriation  
Subcommittee on Natural and Economic Resources - Senators Bob Martin, Jordan, Cochrane, Hobbs, and McKoy.

We need your help in endorsing this budget to ensure adequate funding is appropriated to public health programs within DEHNR.

## SENATE BILL 390 HOUSE BILL 460 HEART DISEASE STROKE TASK FORCE

NCPHA has joined the North Carolina Affiliate of the American Heart Association and the NC Association of Local Health Directors

in supporting legislation to establish the Heart Disease and Stroke Prevention Task Force and to appropriate funds to implement this act. This effort is intended to focus on the problem of heart disease and stroke. Once enacted, the task force will be appointed by the legislature and will involve professionals from multiple disciplines and sectors of society. It will work for two years and make recommendations to the legislature.

## Senate Bill 603 HOUSE BILL 766 TOBACCO SALES TO MINORS

A tobacco industry bill was introduced into both the House and Senate by Representative Robert Brawley and Senator R.C. Soles. The bill has been referred to the House and Senate Judiciary I Committees. Please contact your representatives and urge them not to support this bill because:

*it is unenforceable; only clerks who "knowingly" sell tobacco products would be subject to penalties;*

*it would take away local control from any municipality that does not adopt stronger youth access laws before July 1, 1995;*

*it would make it impossible to require youth to show proof of age when purchasing tobacco products;*

*It criminalizes the purchase of cigarettes by youth; and*

*It is a fake tobacco control bill designed to draw attention away from the health problems of youth and tobacco.*

Senator Wib Gulley will be introducing a bill that will:

*Remove the term "knowingly" from the present law making it an offense*

*for any retailer who sells a tobacco product to a minor*

*Require the retailer to request an identification card showing the purchaser's age*

*Require tobacco retailers to post a sign stating that the sale of tobacco products to persons under 18 years of age is unlawful*

*Require tobacco retailers to be licensed*

*Impose penalties on retailers who sell tobacco products to minors.*

Ask your representative to support this upcoming bill instead of Senate Bill 603 and House Bill 766.

Members of the Senate Judiciary I Committee are Senator Cooper, Chair; Senators Odom, Soles, Winner, Simpson, Albertson, Allran, Ballantine, Blackmon, Dannelly, W. Martin, McDaniel, McKoy, Perdue, Shaw, and Speed. Members of the House Judiciary I Committee are Representative Daughtry, Chair; Representatives Linney, W. Brown, Alexander, Blue, Capps, Clary, Crawford, Ellis, Esposito, Holmes, Howard, R. Hunter, Justus, Michaux, G. Miller, K. Miller, Morgan, Pulley, Robinson, Wilkins, and Wood.

## PUBLIC HEALTH LEADERSHIP CONFERENCE

The Public Health and Community Health Leadership Conference was held March 27-28, 1995, in Raleigh, N.C. Participants were addressed by public health officials and legislators on such topics as how to work with Legislators, the effectiveness of public health prevention, how policy makers and the general public view public health. Reports on the Health Planning Commission, Public Health

Study Commission, pending public health legislation, and an overview of the 1995 General Assembly were provided. Participants were invited to visit his/her Legislator during a breakfast session. This forum has been institutionalized into an annual event in which NCPHA is a major contributor.

## WAKE COUNTY COMMISSIONERS CONSIDER ABOLISHING HUMAN SERVICE BOARDS.

The Wake County Commissioners are entertaining the idea of abolishing the Local Human Service Boards which includes the Local Board of Health. This is part of a movement to reorganize county government. A public hearing was held in March, with over forty opponents speaking in opposition to eliminating these boards. The Wake County Medical Society, the NC Medical Society, the Association of NC Boards of Health and many other organizations, as well as Dr. Ron Levine, State Health Director, affirmed the importance of maintaining the Local Boards of Health.

NCPHA President, Dr. Newsom Williams, wrote in opposition of this action to each county commissioner. Present and past members of NCPHA residing in Wake County received a letter from NCPHA requesting that they contact their commission opposing this elimination of the Board.

To date, no vote has been cast by the Wake County Commissioners on this issue. Wake County members need to oppose this action.

**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

**SAMPLE**

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

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

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

**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.

Dear Senator Doe,

**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.

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.

**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.

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.

**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.

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.

**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.

Thank you for your consideration of this issue.

Sincerely,

Mary E. Smith

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

1009 Dresser Court • Raleigh, North Carolina 27609

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



# NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

# NEWSLETTER

JULY, 1995

1009 DRESSER COURT, RALEIGH, NC 27609

PHONE 919/872-6274

## PRESIDENTIAL RECAP

Last spring I set aside the corner of a table in my office to keep important NCPHA documents for quick reference - minutes of committee meetings, matters pertaining to Governing Council and Executive Committee, various meeting agendas, faxed documents, miscellaneous memos, etc. As the year progressed, the pile of file folders and documents grew - it is now more than a foot high and increases each week.

My point is this -- NCPHA is an active, growing organization. The documents that I acquired this year represent only a fraction of the work in which sections, committees, and individual members are engaged. To see firsthand the planning and enthusiasm of NCPHA members working to strengthen and add value to our organization is inspiring.

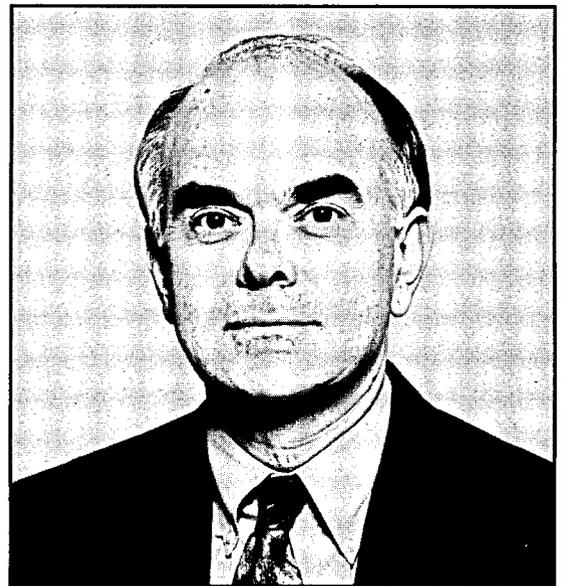
I can best illustrate this involvement and creativity by describing some of the accomplishments of three NCPHA committees -- Legislative, Membership, and Pride in Public Health.

For several months, the NCPHA Legislative Committee, chaired by Dr. Leah Devlin, has been deeply involved in national, state and local legislation. A primary focus was to oppose legislation which would have eliminated local Boards of Health. Hundreds of letters were mailed from NCPHA headquarters to elected officials and to NCPHA members in targeted counties. A new publication, Legislative Alert, was developed to inform members of late breaking legislative is-

ssues relevant to public health. For the moment, our efforts and those of the Association of Boards of Health, the Health Directors Association, and several other groups have been successful. Local boards are intact for another year, with a good deal of credit due to the lobbying efforts of NCPHA's Legislative Committee.

The Membership Committee, chaired by Karen Foster, had several meetings this winter and spring to discuss additional services for members. Pins, certificates, and plaques are being considered by the committee as a way to recognize long-term membership and service to NCPHA. Included in this issue of the Newsletter is a membership survey. Your perception of the organization is important and your responses will be taken seriously -- please take a few minutes to complete this brief questionnaire. If you have not recruited a member for NCPHA this year, it is very important that you do so! We have placed a high priority on membership recruitment, and we need your help.

The Pride in Public Health Committee has two dozen active members and meets every six weeks in Greensboro. In collaboration with a task force composed of "public healthers," a logo and motto have been developed for use in public health promotions throughout the state and on NCPHA products. Items are being ordered for a NCPHA store at the annual meeting, including



sweatshirts, T-shirts, aprons, tote bags, hats, and golf shirts. The committee is planning an orientation/social for new members at the 1995 Annual Conference. Also, a statewide project which could involve all public health agencies is being developed, and public service announcements may be aired as early as this winter.

NCPHA is a dynamic, diversified organization. If you are not actively involved on a committee or in your section, you are missing one of the most tangible and rewarding forms of membership. I encourage you to participate -- share your enthusiasm, creativity, and expertise with public health colleagues in other parts of the state. I am certain that your current section chair or incoming president Dicie Alston would be delighted to have you volunteer to serve NCPHA in this way.

Newsom Williams, Ph.D.

# Annual Meeting Info

## Tamara's Invitation

The Theme for the 1995 Annual North Carolina Public Health Association is **"Partnerships in Promotion and Prevention: Public Health at its Best."** The Annual meeting will be held September 12-15, 1995 at the Sheraton Imperial in Research Triangle Park. Our Program Planning Committee is excited about the variety of presentations offered at this meeting. We've included a new format - the **NCPHA Showcase** - which appears to maximize the number and variety of topics. In addition, it's an informal format to publicize/promote department programs. Following the Annual meeting, our Committee would appreciate your feedback about the format and programs offered this year.

Since we do have a larger and more in-depth program this year, we will have color coded name tags to indicate either full conference or designated day attendance. Therefore, it is imperative that each Section select a member to monitor attendance at each of their sessions. It will also be necessary to wear your name tag to every NCPHA event for admittance. Your cooperation is greatly appreciated.

On Friday, September 15, we are very pleased to have Glaxo Wellcome Inc pre-

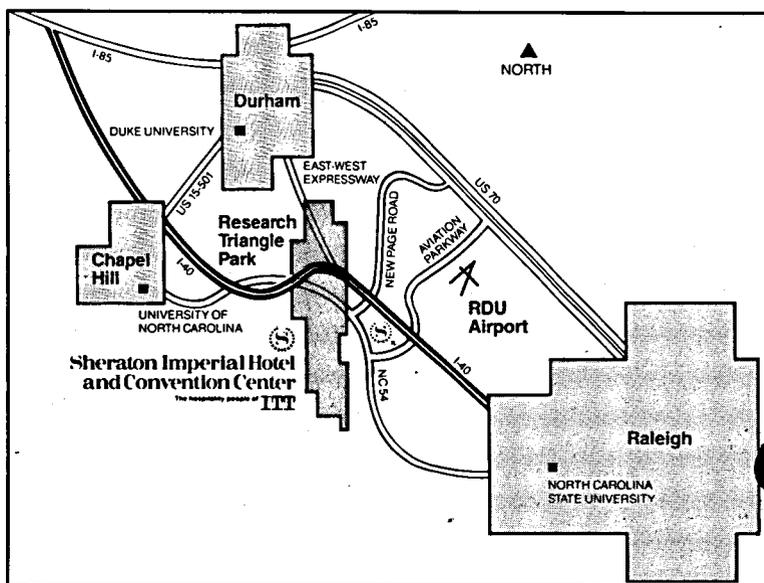
senting its Child Health Recognition Awards again this year. The nominations are in and are currently being reviewed by their selection committee. Award winners will be announced during the ceremony, in addition to recognizing the nominees.

Hotel reservations for the Sheraton Imperial must be made prior to **August 12, 1995**, to receive our conference rate of \$65.00 (not including tax) per night, single or double occupancy. Reservations can be made by calling 1-800-325-3535 and indicate that you will be attending the NCPHA conference. For those members staying at the Sheraton Imperial, the hotel will offer a discount admission to its adjacent ath-

letic facility during the Annual Meeting. The daily cost will be \$8.00. Admission passes must be arranged via the hotel front desk following check-in.

I look forward to seeing you at the Annual Meeting!

Tamara Dempsey-Tanner  
Vice-President for Education



## North Carolina Public Health Association 1995 Annual Conference

**"Partnerships in Promotion and Prevention: Public Health at its Best"**

### TUESDAY, SEPTEMBER 12, 1995

- 10:00 am - 3:00 pm NCPHA Governing Council
- 12:00 pm - 4:00 pm Environmental Health State of Practice Committee
- 1:00 pm - 5:00 pm NC Association of Local Health Directors
- 3:00 pm - 5:00 pm Registration Opens
- 4:30 pm - 6:30 pm Environmental Health Section Executive Committee Meeting
- 7:30 pm - 10:00 pm Social  
Sponsored by Crumpler Plastic Pipe

### WEDNESDAY SEPTEMBER 13, 1995

- 8:00 am - 5:00 pm Registration
- 12 noon - 5:30 pm Exhibit area open
- 8:30 am - 11:00 am Opening General Session
- Presiding: Dr. Newsom Williams, President NCPHA
- Welcome: Dr. Ronald Levine
- Invocation: Dr. Jacob Koomen
- Program Introduction: Tamara Dempsey-Tanner  
Vice President for Education

Wednesday, September 13, 1995 (cont'd)

- Keynote Speakers: Dr. Caswell Evans, D.D.S., MPH  
President, American Public Health Association
- Honorable W. W. Dickson  
Co-Chair  
NC Public Health Study Commission
- 11:00 am - 12:00 pm NCPHA Business Meeting  
-Update on Wood Endowment  
-Pride in Public Health Committee
- 12:00 pm - 1:30 pm Past President's Luncheon
- 12:00 pm - 1:30 pm **Nutrition Section**  
Luncheon & Business Meeting
- 12:00 pm - 1:30 pm **Statistics & Epidemiology Section**  
Luncheon & Business Meeting
- 1:00 pm - 4:00 pm **Community Health Assistants & Technicians**  
Luncheon & Business Meeting
- 1:30 pm - 2:30 pm **Vector Control Section**  
Business Meeting
- 1:30 pm - 5:00 pm **Environmental Health Section**  
Business Meeting
- 3:00 pm - 5:00 pm EDUCATION SESSION  
"Exercise and Activity for Every Body:  
Stepping Out with Adult Health!"  
Sponsored by: **Adult Health Promotion Section**
- 3:30 pm - 4:00 pm **Adult Health Promotion Section**  
Business Meeting
- 1:30 pm - 2:30 pm **STD/HIV Control Section**  
Education Meeting  
"Community Planning and Team Building"
- 1:30 pm - 5:00 pm EDUCATION SESSION  
"The Value & Necessity of Partnership in Working  
with Children Living with AIDS"  
Speakers: Dr. Ross McKinney,  
NCDEHNR, Div. of MCH  
Chris Weedy, Social Worker,  
NCDEHNR, Div. of MCH  
Michele Easterling, RD, Nutritionist,  
Durham Co. Health Dept.  
Dr. Gerald Pyle, UNC Charlotte  
Sponsored by:  
**Children With Special Needs Section**  
**Health Education Section**  
**Maternal and Child Health Section**  
**Nursing Section**  
**Physician Extenders Section**  
**Statistics and Epidemiology Section**

Wednesday, September 13, 1995 (cont'd)

- 2:00 pm - 3:30 pm EDUCATION SESSION  
"Be a Liver of Life, Not a Gall Bladder"  
Paula Hildebrand, Director  
Poe Center for Health Education, Raleigh  
Sponsored by: **Public Health Management Section**
- 2:00 pm - 4:00 pm EDUCATION SESSION  
"Legal Issues in Public Health"  
Jeff Koeze  
NC Institute on Government  
Sponsored by: **Management Support and  
Social Work Section**
- 2:30 pm - 4:00 pm **STD/HIV Control Section**  
Business Meeting
- 3:30 pm - 4:00 pm **Public Health Management Section**  
Business Meeting
- 4:00 pm - 5:30 pm Orientation Social for new NCPHA Members  
Sponsored by:  
**Pride in Public Health Committee**  
**NCPHA Membership Committee**
- 6:00 pm - 7:30 pm Membership Reception  
Sponsored by **NCPHA**
- 9:00 pm - 1:00 am Dance

Thursday, September 14, 1995

- 7:30 am - 8:30 am Continental Breakfast  
Exhibit Area
- 8:30 am - 11:30 am EDUCATION SESSION  
1. Retail Food Inspectors  
Speakers; Bruce Williams, Don Howell, and  
Dr. David Marshall  
NC Dept of Agriculture, Raleigh
2. "Hantavirus"  
Speaker: Bruce Williams  
NCDEHNR, Winston-Salem  
Sponsored by: **Environmental Health Section**
- 8:45 am - 10:00 am Plenary Sessions  
1) "Community Doctor, Heal Thy System!  
Rx: A (BIG) Dose of Advocacy for What  
Ails Us"  
Speaker; Christopher Cooke, MS, MA  
Office of Continuing Education  
UNC School of Public Health  
Sponsored by **NCPHA**
- 2) Computer Technology and Electronic  
Communications for Public Health in NC  
Sponsored by: **Statistics & Epidemiology  
Sections**

**Thursday, September 14, 1995 (cont'd)**

**3) NCPHA Showcase**

Table 1: "Making Folic Acid Work: Preventing Birth Defects in North Carolina"  
Susan Albright, MS Genetic Counselor,  
Clinical Asst. Professor  
UNC-CH, Pediatric Division of Genetics  
and Metabolism

Table 2: "Immunization Outreach: What's New for 1996"  
Stephanie Groot, NC Immunization  
Branch

Table 3: "North Carolina Child Fatality Task Force: Preventing Child Fatality and Child Abuse & Neglect Through Legislation"  
Mary Bobbitt-Cooke,  
Executive Director  
NC Child Fatality Task Force

Table 4: "Cancer Screening Takes a Mobile Approach"  
Denise Leach, RN & Joan Wheeler, RN  
Cabarrus Co. Health Dept.

Table 5: "First Grazer's Gazette"  
Beth Collings, MPH, RD, LDN;  
Wake Co. Health Dept.

Table 6: "Partners in Prevention: Developmental Evaluation Centers"  
John Graham, KA; Developmental  
Disabilities Specialist, Asheville

Table 7: "Controlling a Shigella Outbreak"  
Dr. Jean-Marie Maillar,  
NCDEHNR Div. of Epidemiology

Table 8: "Close to the Home Training"  
Pamela Horne, Director  
Association for NC Boards of Health

10:00 am - 10:15 am Break

**10:15 am - 11:30 am Plenary Sessions**

1) "Feeling Good About Yourself"  
Speaker: Dr. Lindsay B. Reaves, Director  
Heels for Health UNC Employee  
Wellness Program  
**Sponsored by: Dental Health Section**

2) "Computer Technology and Electronic Communications for Public Health in NC"  
**REPEATED**  
**Sponsored by: Statistics & Epidemiology Section**

**3) NCPHA Showcase**

Table 1: "North Carolina National Guard 'Guard Care'"  
Bob Parker, Health Director &  
Denise Houghton, Health Promotions  
Director New Hanover Co. Health Dept.

**Thursday, September 14, 1995 (cont'd)**

Table 2: "Pilot Computer Food & Lodging Restaurant Program"  
Malcolm Blalock & Betsy Clayton  
NCDEHNR - Div. of Env. Health

Table 3: "Community Team Building"  
Todd Vanhoy  
NC HIV/STD Control Branch

Table 4: "FIRST STEP Campaign"  
Janice Freeman, Director  
FIRST STEP Campaign

Table 5: "Management Support Enables Public Health To Be Its Best"  
Nancy Price, Brunswick Co. Health Dept.

Table 6: "UNITY" An Innovative approach towards adolescent pregnancy prevention and reducing infant mortality  
Phyllis McLymore, Health Educator  
Cumberland Co. Health Dept.

Table 7: "School Health: A Model of Collaboration"  
Becky Freeman, Nutritionist  
Durham Co. Health Dept.

Table 8: "Nutrition and Childhood Lead Poisoning"  
Victoria Adelake  
Wake Co. Health Dept.

11:45 pm - 1:30 pm **Health Education Section**  
Business Meeting & Luncheon

12:00 pm - 1:30 pm **Environmental Health Section**  
Luncheon

12:00 pm - 1:30 pm **Social Work Section**  
Luncheon/Business Meeting

12:00 pm - 2:00 pm **Nursing Section**  
Luncheon & Program  
"Building a Successful Team"  
Speaker: Kay Yow, Coach  
NCSU Women's Basketball

12:00 pm - 1:30 pm **Dental Health Section**  
Business meeting

1:30 pm - 4:30 pm **EDUCATION SESSION**  
"Humor in the Workplace"  
Speaker: Rose Hood, MH Coordinator  
Greensboro AHEC  
**Sponsored by: Dental Health Section**

1:30 pm - 2:30 pm **EDUCATION SESSION**  
"Immunization Updates: Varicella & Hepatitis A"  
**Sponsored by: Maternal and Child Health Section**

**Thursday, September 14, 1995 (cont'd)**

- 1:30 pm - 3:30 pm **Children With Special Needs Section**  
Business & Education Session  
"Partnerships for Inclusion"  
Speaker; Farley Barnholz
- 1:30 pm - 5:00 pm **EDUCATION SESSION**  
1. "Air Quality - Health Effects"  
Speaker: Dr. Eugene Cole, RTP, NC
2. "Lead Poisoning Health Effects"  
Speaker: Dr. Eva Hertz-Picciocto  
Dept of Epidemiology, UNC
3. Nontransient Water Supplies  
Speaker: Rick Durham  
NCDEHNR, Raleigh  
Sponsored by: **Environmental Health Section**
- 1:30 pm - 4:00 pm **EDUCATION SESSION**  
"Conflict Management"  
Speaker: John Stewart, Director  
Public Policy Mediation & Training  
One Step Further, INC  
Greensboro, NC  
Sponsored by: **Laboratory Section**
- 2:00 pm - 4:00 pm **FIELD TRIP** to Poe Health Education Center,  
Raleigh  
Sponsored by: **Health Education Section**
- 2:00 pm - 4:00 pm **EDUCATION SESSION**  
"Effective Partnering"  
Speaker: Richard Etheridge  
Director of Public Education  
NWAHEC - Winston-Salem  
Sponsored by: **Nursing Section**  
**Community Health Assistants & Technicians**  
**Section**
- 2:00 pm - 4:00 pm **EDUCATION SESSION**  
"Creative Ways to Healing; Helping Ourselves  
and Others"  
Dr. Richard Lucas  
Sponsored by:  
**Physician Extenders Section**  
**Social Work Section**
- 2:00 pm - 5:00 pm **Management Support Section**  
Business Meeting
- 2:00 pm - 4:00 pm **EDUCATION SESSION**  
"Management of an Integrated, Computerized  
Perinatal Record in a Regional Setting"  
Speakers: Marvin Hague, MD and  
Kay Schlitz, RNC  
Dept of OB-GYN  
Duke Medical Center  
Sponsored by: **Public Health Management**  
**Section**

**Thursday, September 14, 1995 (cont'd)**

- 2:30 pm - 3:00 pm **EDUCATION SESSION**  
"I'm Going To Be Happy When..."  
Speaker: Bobbie Staten  
Sponsored by: **Maternal and Child Health**  
**Section**  
**Statistics and Epidemiology Section**
- 3:00 pm - 4:00 pm **Maternal and Child Health Section**  
Business Meeting & Reception
- 4:00 pm - 5:00 pm **Laboratory Section**  
Business Meeting
- 4:00 pm - 5:00 pm **Physician Extenders Section**  
Business Meeting
- 5:30 pm - 6:30 pm **Social**  
Sponsored by: **UNC School of Public Health**
- 7:00 pm - 9:00 pm **Awards Banquet**
- 9:00 pm - 1:00 am **Dance**

**Friday, September 15, 1995**

- 7:45 am - 9:00 am **Orientation Breakfast** for 1995-96 NCPHA offic-  
ers, Governing Council members and Section Chairs
- 9:30 am - 10:30 am **NCPHA Business Meeting**  
1995-96 NCPHA President's Address
- 10:45 am - 12:30 pm **Closing Session**  
Sponsored by **Glaxo Wellcome Inc**
- Program introduction: Dr. Ronald Levine  
State Health Director
- Program Speaker: To be announced
- Glaxo Wellcome Inc Child Health Recognition Awards Ceremony
- 12:30 pm - 1:30 pm - Luncheon  
Compliments of **Glaxo Wellcome Inc**

**Name Tags Must Be Worn To  
All Events For Admittance.  
Name Tags To Be Color-Coded  
To Indicate Full Conference Or  
Designated Day Attendance**

**NORTH CAROLINA PUBLIC HEALTH ASSOCIATION  
ANNUAL MEETING PRE-REGISTRATION  
SEPTEMBER 13 - 15, 1995  
SHERATON IMPERIAL HOTEL  
RESEARCH TRIANGLE PARK, N.C.**

PRE-REGISTRATION MUST BE POSTMARKED BY August 25, 1995 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)     | \$95.00  | \$ _____ |
| ON-SITE REGISTRATION: (MEMBER)     | \$70.00  | \$ _____ |
| ON-SITE REGISTRATION: (NON-MEMBER) | \$105.00 | \$ _____ |

**ONE DAY:**

|                                   |         |          |
|-----------------------------------|---------|----------|
| PRE-REGISTRATION: (MEMBER)        | \$45.00 | \$ _____ |
| PRE-REGISTRATION: (NON-MEMBER)    | \$80.00 | \$ _____ |
| ON-SITE REGISTRATION: (MEMBER)    | \$55.00 | \$ _____ |
| ON-SITE REGISTRATION:(NON-MEMBER) | \$90.00 | \$ _____ |

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

**STUDENT AND RETIREE:** 1/2 OF APPROPRIATE REGISTRATION FEE \$ \_\_\_\_\_

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

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

**USE THIS PORTION ONLY IF NOT CURRENT MEMBER AND WISHING TO PAY ANNUAL DUES AND SECTION DUES FOR FISCAL YEAR 1995 IN LIEU OF PAYING NON-MEMBER REGISTRATION:**

NCPHA ANNUAL DUES: (OCTOBER, 1994 - SEPTEMBER, 1995) \$ \_\_\_\_\_

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/HIV Control (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 |                              |        |

## NCPHA Membership Questionnaire

In an effort to assist NCPHA leadership in setting the goals and objectives of the Association for next fiscal year, please provide your input on current NCPHA activities by completing this questionnaire and returning it to the NCPHA Office by August 10, 1995. Thank you for your assistance!

1. Which membership benefits appeal to you?

1 - Not Interested    2 - Neutral    3 - Very Important

- Awards
- Scholarship Eligibility
- Newsletter (currently 3 per year)
- Journal (currently 1 per year)
- Legislative Alert (Mailed to members as needed)
- Annual Educational Conference (AEC)
- Legislative Advocacy
- Section Participation

2. What additional member services would be important to you?

1 - Not Interested    2 - Neutral    3 - Very Important

- Membership Pins in Recognition of 5 year Membership
- Certificate in Recognition of 10 or 15 Year Membership
- Plaque in Recognition of 20 Year Membership
- Promotion items to be provided each year of membership
- Other \_\_\_\_\_

3. Do you have any recommendations concerning any NCPHA publication? \_\_\_\_\_

4. Would you prefer:

- Maintaining Newsletter in current format with 3 issues per year with no Journal
- Changing format of Newsletter to that of the Legislative Alert with 5 issues per year plus one Journal

5. Which of the following components of the Annual Educational Conference (AEC) are the most important to you?

1 - Not Interested    2 - Neutral    3 - Very Important

- General Sessions
- Section Business Meetings
- Section Workshops
- Membership Reception
- Awards Banquet
- Exhibitor Breakfast
- Exhibits
- Entertainment

6. Should NCPHA offer a one-day registration at the AEC?     Yes     No

7. Should NCPHA offer CEU credits at the AEC with a small fee assessed to interested members to cover costs?     Yes     No

8. Are there other exhibitors/vendors that we should contact to exhibit at the AEC?  
(If so, please provide name/address)

\_\_\_\_\_

9. Do you have any concerns or recommendations concerning the AEC?

\_\_\_\_\_

10. When NCPHA alerts you to contact your legislator concerning public health issues:

did you make these contacts as requested? Yes No

will you make these contacts in the future? Yes No

11. The current NCPHA budget does not allow for the association to contract with a lobbyist to represent NCPHA in the General Assembly. Would you prefer a dues increase to pay a lobbyist to represent NCPHA in the General Assembly?  
 Yes  No

12. Are you interested in attending the Legislative Day that NCPHA sponsors each year during the Legislative Session?  
 Yes  No

13. Please list the barriers that prevent you from attending the Legislative Day:

- Have to take annual leave to attend
- No travel funds to cover expenses
- Cannot be away from office for two days
- Registration too expensive
- Other (Please provide) \_\_\_\_\_

14. Do you have any suggestions as to ways in which NCPHA can be more responsive to legislative issues?

\_\_\_\_\_

15. Do you have any suggestions or recommendations on ways in which NCPHA may be improved?

\_\_\_\_\_

16. How many years have you been a member of NCPHA? \_\_\_\_\_

17. What is your section affiliation (s) \_\_\_\_\_

18. Are you a member of  EDNCPHA  WNCPHA  APHA  SHA

19. Is there a specific NCPHA committee or project in which you would like to be involved? \_\_\_\_\_

\_\_\_\_\_

Name (optional) \_\_\_\_\_

## Why Join NCPHA?

We, the officers and staff of NCPHA, have heard too many times, "Why should I join NCPHA?" "What does it do for me?". I'm old enough to remember President Kennedy state in his inaugural address, "Ask not what your country can do for you. Ask what you can do for your country." So, I ask you, what can you do for public health?

I began practicing in public health in South Carolina in 1970 and joined the South Carolina Public Health Association in 1975. The friendships, contacts and experiences afforded me through my association with public health professionals have been invaluable to me personally and professionally. Through my active involvement in the South Carolina Public Health Association, I was given opportunities to provide leadership in a section and as an association officer. This led to promotions within my career as my supervisors were witness to my interest in leadership and involvement in my profession. Professional contacts made at the annual educational conference were frequently put to use back home when I needed advice or assistance. When the time came to relocate to the Central office, name recognition and reputation were instrumental in securing a position.

Rick and I made a decision in 1988 to expand our horizons and look beyond South Carolina. How did we get to North Carolina? A friend, working in public health in North Carolina, notified us of a job opening in Raleigh. We, fortunately, became North Carolina

transplants. The first thing we did was to become involved in the North Carolina Public Health Association. In six short years, we have had the privilege of working beside the finest public health practitioners in the nation. We have been welcomed into the public health family and have cultivated lifelong friendships as a result.

What can NCPHA do for you? It depends on what you're willing to invest. If all you do is send a check, you will receive a membership card, association publications and the knowledge that other public healthers are working for you. However, if you are willing to invest your time and energy, you will receive an opportunity to interact with your peers at committee meetings, section workshops, the annual educational conference. You have the power to influence legislation through your active involvement in our Legislative Advocacy Network. You are eligible for scholarships, awards, even cash. More important, you are part of a network that works every day in promoting public health in North Carolina. You have the pride in knowing that you are a real part of the public health family. In addition, you have the satisfaction of knowing that you are a contributing member to the on-going legacy of public health in your home state. There is integrity involved in making such a contribution and it is also personally and professionally very satisfying.

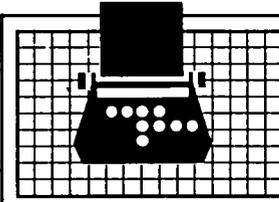
Deborah Rowe  
NCPHA Administrative Assistant

## Welcome Mat

We are fortunate to have 42 new members to join us for the period of March 1, 1995 to May 31, 1995. 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:

**Randolph County Health Department** - Patty Yow  
**Granville-Vance Health District** - Patricia Curl  
**Chatham County Health Department** - Mary Linker, Rhoda Weinbach  
**Bladen County Health Department** - Delinda Cartrette-Smith  
**Brunswick County Health Department** - Robert Odette, Blodwyn Frink  
**Guilford County Health Department** - Dianne Jackson  
**Cumberland County Health Department** - Dr. Cleveland Williams, Susan Self  
**Columbus County Health Department** - Lillian Fowler  
**Robeson County Health Department** - Veronica Thompson, Nancy Wyer, Sandra Gray, Yvonne McKenzie  
**Carteret County Health Department** - Penny Faulkner, Bill Burgess  
**Franklin County Health Department** - Wendy Schwade, Susan Boyd, Ila Yount, Kimberly Edwards

**Forsyth County Health Department** - Judy Southern, Elizabeth Snow  
**Durham County Health Department** - Diane Beth  
**Mecklenburg County Health Department** - Beatrice Clark, Roxie Barkley  
**Richmond County Health Department** - Delores Moody  
**Cabarrus County Health Department** - Melanie Arnold  
**Henderson County Health Department** - Linda Bradburn  
**Beaufort County Health Department** - Nancy Hendershot  
**Caldwell County Health Department** - Ann Holt  
**Edgecombe County Health Department** - Christopher Brantley  
**Jackson County Health Department** - Jason Watson  
**Bertie County Health Department** - Craig Kornegay  
**Wake County Health Department** - Lois Hinton  
**Developmental Evaluation Center: Western Carolina** - Deborah Blethen  
**DEHNR: Raleigh Regional Office** - Mary Beth Montgomery, Edwina Zagami  
**Charlotte AHEC** - Olga Guin  
**VA Medical Center** - Patricia Marley  
**Pembroke State University** - Cherry Beasley  
**UNC School of Public Health** - Sandra Quinn



# ASSOCIATION REPORTS

## EDNCPHA: Paddling Upstream at New Bern

This year's Annual Educational Conference at the Sheraton Grand in New Bern was attended by over 325 Public Health workers. On Wednesday we were serenaded by the "Southern Gentlemen", a barbershop chorus. After this spectacular display of harmonizing our opening session speakers discussed "Community Partnership, History in the Making". Walter Shepherd, serving as moderator, stated that "to accomplish the things we need to, we are going to have to work together as partners." This was echoed in Steve Shore's presentation when he stated, "People work together not agencies."

During the business session, conducted by President Susan O'Brien, a slate of officers for the 1995-1996 year was presented and voted on by the membership present. Our 1995-1996 officers are:

- |                  |                          |
|------------------|--------------------------|
| Margaret Liles   | President                |
| Michael Rhodes   | President-Elect          |
| Rosemary Pike    | Vice President           |
| Deborah Holliday | Secretary                |
| Deborah Rowe     | Treasurer                |
| Susan O'Brien    | Immediate Past President |



Section business meetings and workshops rounded out the day schedule. Our night was filled with an "Hawaiian Luau" and the Band of Oz. Thursday started bright and early with our traditional "Spotlight on Exhibits" with door prizes. All sections provided numerous educational opportunities throughout the day.

Friday morning May Craven entertained us with stress relief and sent us home much energized! As you can see, we had an exciting and rewarding time of learning and networking. Make plans now to join us in Atlantic Beach, April 24-26, 1996 for our 36th Annual Educational Conference.

Margaret Liles, President

## WNCPHA: Hush, Hush, Sweet Charlotte

The Western North Carolina Public Health Association held its 49th annual educational conference on May 31, June 1-2, 1995, in Charlotte at the Hilton at University Place. The theme was "No Fear!! Redefining Public Health." Local Arrangements Chair was Leonard Wood, Health Director, Catawba County Health Department. Two hundred WNCPHA members and nineteen exhibitors attended. This year WNCPHA had 853 members.

Dr. Charles Knapp spoke about "Believing in Public Health" during the first general session. Marketing ideas that do and do not work were discussed by a panel of experts: Fred Pilkington - Cabarrus County Health Director, Bruce Parsons - Gaston County Health Director, and John Shaw - Rowan County Health Director. Bobbie Staten delivered a humorous motivational presenta-

tion, "Batteries Not Included," during the final general session.

Special Awards were given during the Awards Banquet, in the following categories:

E. Stanley Hunter for Excellence in Public Health Administration  
Gayle R. Brown, RN, Health Director, Yadkin County.

Exemplary Service Award  
Verna P. Parton, a home visitor for Graham Swain Health District.

Special Award  
Clark W. Stevens, Jr., OB/GYN, M.D. from Wilkes County.

W.A. Broadway Award  
James "Doc" Thompson, RS  
Gaston County.

The 50th annual educational conference of WNCPHA will be held on May 20-24, 1996, at the Grove Park Inn in Asheville. Local Arrangements Co-chairs will be Randall Turpin, Health Director, Jackson County and Terry Pierce, Health Director, Transylvania County.

The new officers for 1995-96 are: Debbie Edwards, President, Appalachian District; David Stone, President-Elect, Winston-Salem Regional Office; Tracy Paul, Vice-President, Catawba County; Libby Stephens, Secretary, Winston-Salem Regional Office; Gary Cole, Treasurer, Winston-Salem Regional Office.

I would like to thank everyone for making our 49th annual educational meeting a success. Please continue to support WNCPHA, EDNCPHA and NCPHA.

Sheila F. Nichols, President

# 1995 AWARD WINNERS

## EDNCPHA:

**Yvonne McKenzie, R.N., Robeson County Health Dept.**

Outstanding Career Achievement Award In recognition of the determination displayed in working in several management support positions, leaving to go to school for nursing and returning to manage the family planning program she used to support. She serves as an inspiration to all.

**Craven County Health Department- Outstanding Health Department Award** In recognition of their expanded environmental health education programs, heightened services to the community, volunteer efforts by staff members and a renewed commitment to excellence, Craven CHD serves as a model for all health departments.

**Eunice Inman, R.N., Robeson County Health Dept.- Outstanding Individual Achievement Award** In recognition of her significant contributions in developing local communicable disease rules and policies, serving the community through service delivery and education services, and being involved with NCPHA and EDNCPHA.



*Craven County Health Department-  
Excellente!*



*Eunice and Yvonne with their largest  
obstacle to being outstanding!*

## WNCPHA:



*Gayle Brown accepting award from  
Ron Levine, M.D.*



*Dr. Clark Stevens with Ron Levine, M.D.*

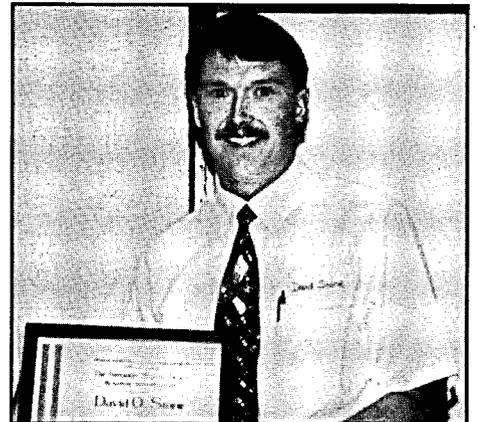


*Dee Thompson racking up some wood  
from Ron Levine, M.D.*

## WNCPHA OFFICERS:



*Debbie Edwards, President, WNCPHA*



*David Stone, President-Elect, WNCPHA*



# NEWS FROM THE SECTIONS

## Social Work Section News

The Social Work Section of NCPHA met Friday, May 12th at the Guilford County Health Department, Greensboro, North Carolina. The section is continuing to prepare for the NCPHA '95 annual conference.

The section will co-sponsor a Legal Issues Workshop with the Management Section on Wednesday, September 13th from 2-4 p.m. The presenter will be Jeff Koeze. He will speak on issues regarding confidentiality, release of records, etc.

On Thursday, September 14th, we will have our business luncheon and celebration of our Tenth Anniversary at the hotel from 12-1:30 p.m. There will be a special cake to emphasize our 10 years of organization and a scrapbook containing memoirs from the past 10 years will be displayed during the luncheon at 2:00. We will be co-sponsor a workshop with the Physician Extenders with Dick Lucas as speaker. His topic is "How to Deal With Stress in the Workplace, Using Humor."

The section continues to stress the importance of increasing membership to NCPHA. Reasons for membership are: Recognition, Growth, Information and Action. Let's promote the Social Work Profession. Recruit for NCPHA and Social Work Section memberships.

Lois Hinton, Historian/Publicity

**Don't forget to vote  
for officers by  
August 15, 1995  
(see page 18)**

## Maternal and Child Health Section

The Maternal and Child Health Section met on February 20, 1995 and on April 18, 1995 to plan for the section meeting at NCPHA on Thursday, September 14th, 1995 from 1:30-4pm. Our section is planning a reception, two speakers, a door prize and awards. The following are the three awards which will be presented:

1. An individual in Public Health providing direct services; (must be member of MCH section)
2. An individual in Public Health not providing direct services; (must be member of MCH section)
3. An agency/organization/person outside Public Health who contributes to the MCH population. (does not need to be member of MCH section)

The Statistics and Epidemiology Section will join us for part of the meeting.

The SIDS program will also present an award and certificates of appreciation during the MCH section meeting on the 14th. We encourage everyone to consider nominations for all awards. Tamara Hower is chair of the MCH awards committee. Nomination forms have been mailed to all health departments and current members.

We are actively recruiting membership and invite all NCPHA members to join the MCH section and attend our section meeting on September 14th.

For more information about the MCH Section, contact:

Hilda Elliott, Chairperson  
Maternal and Child Health Section  
Mooresville Regional Office (704-663-1699)

## Children With Special Needs Section

Our section's executive committee has met twice and plans for the fall convention are going well. We shall be joining with several other sections for the super session "Children Living With AIDS" to be presented by Dr. Ross McKinney on Thursday, September 14. Our business/educational session will be held from 1:30 - 4:30 pm. Farley Bernholz will be conducting the educational portion of the program.

Our section gives three awards each year. The Outstanding Achievement Award is for an individual in a management support position in a program for children with special needs and families. Membership in our section is required. The Leo Croghan Award is for an individual in a clinical, consultative, or administrative position who has made an outstanding contribution to programs serving children with special needs and their families. Membership in our section is required.

The Outstanding Contribution Award is for an individual or agency in the private or public sector who has made an outstanding contribution to children with special needs and their families. This may include a parent, legislator, business person, community organization, agency, professional, or member of the general public. Membership in our section is not required. If you have a nominee and have not received the form, please call Dr. Jerry Wiley, Awards Chairman, at 919/715-3809 or Joyce Greene, Section Chairperson, at 704/251-6091.

We look forward to a good meeting in the fall and hope to see you there.

Joyce Greene  
Chairperson

## Community Health Assistants and Technicians

The Community Health Assistants and Technicians have been very busy this year preparing for our annual workshop at Camp Caraway and for NCPHA in September.

For our annual workshop we are having two speakers covering two areas of concern voted on by the membership evaluations.

Topic one will be "Alzheimer's Disease Dementia for Families" and the speaker will be Mrs. Edna Bullard, MSW A.C.S.W of Durham, N.C.

Topic two will be "Stress Management Coping in the Work Place" and the speaker will be Mr. Jack Heinemann, Jr. MA Ed. in Counseling from Winston-Salem, N.C.

Our CHAT of the Year Award recipient will be announced at this time by the Awards Committee.

Members of NCPHA seeking our CHAT scholarship are urged to submit an application to our section by August 1.

All CHAT members are urged to attend the business meeting on September 13 at our annual NCPHA meeting. Election of officers will be on the agenda. A mailing will go out to all members for canvassing of officers. Please return the forms by the deadline given.

It has been an honor serving as your president for the last two years. I hope our section remains an active and working part of NCPHA. Thank each and everyone of you for your trust and faith in me.

Barbara Faison

**Let us know what is important to you by returning survey in this newsletter by August 10, 1995**

## APHA Update

### School of Public Health Dean to run for President-elect

I am pleased to announce that Michel A. Ibrahim, MD, MPH, Ph.D., Dean of the School of Public Health at UNC-Chapel Hill is a candidate for President-elect of APHA. Elections will be held during the annual meeting of APHA next October in San Diego. If elected, Dean Ibrahim will be the first North Carolinian in over 20 years to serve as President of the national organization. Dr. C. Arden Miller, professor of Maternal and Child Health at the UNC School of Public Health, was president in 1974.

Michel Ibrahim has been Dean of the UNC School of Public Health since 1982. He has served on the faculty since 1971 and was chair of the department of epidemiology from 1976 to 1982. He holds a master's degree in biostatistics and a Ph.D. in epidemiology, both from the UNC School of Public Health, after having received an MD from the University of Cairo Medical School.

Dean Ibrahim has been a member of NCPHA since 1987 and currently serves on the Board of Directors of the Wood Endowment of NCPHA. He has helped to build a premier Continuing Education Division at the School of Public Health which works extensively with state and local public health agencies to help meet the CE needs of all public health disciplines in North Carolina. His experience as a local health officer in Buffalo, NY has provided him a "practice-perspective" and an understanding of the training and educational needs of practitioners in the field.

During his tenure as Dean, Dr. Ibrahim has directed his priorities to increase the emphasis on public health practice within the school and its curriculum. He has made significant strides in linking the School of Public Health to the community; in elevating the scholarship of public health practice to become a visible and respected area of academic activity; and in changing the appointment and promotion guidelines for faculty to include scholarly practice as an important criterion.

Please join me in support of Dean Ibrahim's candidacy. I believe that Dean Ibrahim's presidency would offer increased visibility for North Carolina and for NCPHA at the national level. We would welcome any input from NCPHA and its membership on issues you believe are important to the national, state and local public health agenda, as well as any other matters that APHA should consider in setting its priorities for advocacy and action.

Barbara Chavious  
APHA Affiliate Representative

## Membership Committee

The Membership Committee has been hard at work to recruit and retain existing members into the association. We have finally established our contact representatives in the health departments, district health departments, DEC's, state and regional offices. The contact representatives will be utilized by canvassing for membership, distribution of NCPHA information within their agency, and we are pleased to say that the representatives are from various sections. Thanks to all who have volunteered to be their agency's representative.

Issues that have had a lot of discussion are to award members incentives every five years of consecutive membership and the establishment of "NCPHA DAY" in November. These items will be presented at the Fall Governing Council for approval.

Six Life Memberships will be awarded at the annual meeting in September.

Reminder of the member sponsorship programs available to you:

1. Recruit 5 NEW members and receive your dues FREE THE FOLLOWING YEAR.
2. \$50 drawing for new member and their sponsor during the annual conference.
3. \$100 drawing for all members during the annual conference.

Congratulations for the outstanding work that has been accomplished through the Membership Committee. Your continued support for our membership and participation from all Sections is what makes NCPHA the outstanding voice of public health in North Carolina.

Karen Foster, Chair

## Statistics and Epidemiology Section

Together with MCH, we will cosponsor a presentation by Dr. William Atkinson on Thursday September 14, from 1:30 - 2:30. Dr. Atkinson will give an update on varicella (new chicken pox vaccine) and Hepatitis A (new vaccine). Dr. Atkinson is the resident epidemiologist for CDC who teaches the "Epidemiology and Prevention of Vaccine Preventable Diseases."

Additionally, this section is cosponsoring the AIDS Session (Wednesday afternoon) and Technology/Telecommunications roundtable (Thursday morning)

Laura Uberbacher

## Call for Memorials

Each year at the NCPHA's Annual Business Meeting, we pay tribute to those friends who have worked in public health who died during the year. Please forward any names of public health officials who have died since September, 1994 to the NCPHA Secretary, Pattie Smith, in care of the Guilford County Health Department, 1100 E. Wendover Avenue, Greensboro, N.C. 27405. Pattie will need this information by September 1, 1995.

## Adult Health Section

The Adult Health Section met again in April and continued planning for our annual meeting in hope of making it the best ever. Wednesday, September 13, 1995, 1:30 -

5:00 pm should be an experience, not just a meeting. Priscilla Laula will take us from fun in our seats to exercise. Before it is over, the country line dance steps we will learn will get us ready for the evening events at the conference.

The Adult Health Section has also focused on creating a section manual on "How to get the Job Done" by clearly explaining to new officers, expectations and previous approach examples. The officers realized this year that Adult Health Membership is more varied than ever and the diversity makes us interesting, but at times a little difficult to understand versus sections of the same discipline. Hopefully, this manual will make it easy to serve as an officer of this unique group. Many thanks to Vicky Cox, Phyllis Rochester, Jon Levin and Eleanor McGinnis for all their hard work.

Nominations for awards are being considered and every nomination is a chance to say "Thank You" on behalf of public health. Good luck to each nominee.

Eleanor McGinnis, our Legislative Representative, reports much activity with legislative efforts to ensure that public health stays current with information. It has been a busy year keeping legislators informed about public health needs and NCPHA membership aware of legislative outcomes. We appreciate the updates and encourage all members to contact their representatives.

A final note is a reminder that membership in the Adult Health Section is important for all professionals interested in the promotion of good health in adult populations. Join us now, and remember to STEP OUT WITH ADULT HEALTH in September at NCPHA Annual Conference.

Wanda Tart, Section Chair

## Laboratory Section

We sincerely hope YOU are making plans to attend the 1995 NCPHA Annual Conference Sept. 13-15 at RTP Sheraton Imperial. Moreover, YOU are invited to the Laboratory Section Program on Thursday, Sept. 14, 1:30-4:00. Mr. John Stewart, with "One

Step Further" in Greensboro, NC will be the featured speaker. We are delighted and honored to have him with us. He will provide us with insights into handling apprehensive or abusive clients and co-workers. We've all been there. We all need HELP! Come join us.

Arrangements have been made for Laboratory Section members to eat lunch together before the program. Our section meeting will come to order after the program. There won't be a program on Wednesday so that our section members will be able to attend the "Pediatric AIDS" session.

Think about joining us at RTP this year. You do realize that the Annual Conference is a great place to network, adjust stress levels, compare notes with peers, meet your product vendors, and be introduced to new or different technologies. It is not just a planned conference, it is also an enlightening and rejuvenating experience.

As of May 1, we had 52 section members. Are you among these?

If we can help you in *any way*, please call me, Pat Vick, at Northampton County Health Department at 919-534-5841.

## Public Health Management Section

The Public Health Management Section will offer two educational programs and a brief business meeting at the annual conference in September. Our Wednesday afternoon educational session will feature Paula Hildebrand, Executive Director of the Poe Center for Health Education, in Raleigh. Her presentation, "Be a Liver of Life and Not A Gallbladder," will actively involve participants in exploring the importance of humor in achieving a healthy lifestyle. On Thursday afternoon, Marvin Haige, M.D., and Kay Schlitz, RNC, both from Duke University Medical Center, will present "Management of an Integrated Computerized Perinatal Record in a Regional Setting." Demonstration of a computerized patient medical record system will also be available.

The monthly meeting for September of the NC Association of Local Health Directors will be September 12th at the RTP Sheraton Imperial. Plan on staying over September 13th-15th and attending the NCPHA annual meeting. The success of the association as a whole and the individual sections is largely dependent on the participation and support of the members.

Finally, if you haven't already done so, please remember to send in your annual NCPHA association dues and your Public Health Management section dues. Association and section dues can be mailed directly to Deborah Rowe at NCPHA headquarters. I look forward to seeing you in September.

George R. O'Daniel, Chairperson

## Environmental Health

To borrow a phrase from that great Marine Gomer Pile . . . "Thank You, Thank You, Thank You!" Thanks to considerable work on the part of the various environmental and public health professional organizations and numerous individuals we have fared very well in the legislature so far this year. I'd especially like to thank our section's legislative committee: Debra Yarbrough (chair), Rick Rowe, Linda Sewall and Jimmy Clayton.

Bills to reduce the minimum educational requirements for environmental health specialists and eliminate local boards of health were killed due, in large part, to the efforts of those mentioned above.

Leah Devlin, Chair of the NCPHA Legislative Committee, and Debra Rowe must be commended for the Legislative Alert to NCPHA members. The form letter for writing our legislators was timely and helpful.

If I had doubts about the need to support several professional organizations, they have been dispensed. The network created by the Environmental Health Section, our educational districts, Environmental Health Supervisors Assoc., the Local Health Directors Assoc., the NCPHA Legislative Committee and the Division of Environmental Health is imperative for coalition building to effectively influence the legislative process.

It takes time and effort to maintain effective professional organizations. Time is a limited resource. If each of us give some time we can spread out the workload and have strong organizations. In other words, give a hoot — contribute! I encourage each of you to get involved at the district and/or state level. Let me know if you are willing to serve on a committee next year.

We are not out of the woods yet as far as legislation goes. The food sanitation funding bill includes provisions to place restaurant owners on the health commission; change the food and lodging grade card to a card similar to the daycare card; and, allow for periods when a card would not even be posted. If a "B" is to be issued the owner operator could ask for a conference to include the regional specialist before hanging the card. In this form, the bill is unacceptable. There are versions in both the House and Senate Appropriations Committees. It has not been assigned to a subcommittee yet. When it is, we must react quickly. If you are requested to contact your Representative or Senator please do so promptly.

Don't forget to pencil our annual meeting into your schedule. We plan to offer at least 5 hours of educational credit on September 14th. Topics include:

NCDA retail food store inspection program and meat inspection procedures

Hantavirus (Dr. Bruce Harrison)

Public Water Supplies (Rick Durham)

Indoor Air Quality (Dr. Eugene Cole)

Health Effects of Lead.

The Awards Luncheon is also planned for the 14th. The following awards will be presented: Environmental Health Specialist of the Year, Rookie of the Year, J.M. Jarret Award and the Bill Broadway Award.

The section is selling raffle tickets for a beautiful hand made quilt (Clay Pennington's mom made it). Tickets are only one dollar. Tickets will be on sale till the drawing September the 15th at the Annual Meeting. Please support this project as the profits will go to offset the cost of our recent newsletter

and awards, meals and other expenses for the Annual Meeting.

See you in September!

Mike Reavis, President

## Editorial

### Thanks for the Memories

What a year for public health! Never has so much energy, resources and credits been used to try to stay where we are. Early on thoughts of bettering the system dissipated like the morning dew as attacks occurred at the fabric of a locally responsible public health system. Energy spent was tantamount to trying not to be knocked over by a wave at the beach, or being swept by a mountain stream or bridging out of a pin in wrestling (the sport spelled without an "a" - not the profession known as rassling). Every time we compromise, another public assurance is chipped away. Discussions continue about restaurants retaining an "A" rating although actually they are a "B" joint. Permits for septic systems will not be retired as presently occurs. Home health looks beyond their county lines to survive and possibly be the vanguard for a managed care environment. STD activities have exacerbated the continuing woefully inadequate funding of these programs (dollars appear to be stuck in a 70's time warp). Hispanics, Laotians and others have made almost all of the Eastern and Central areas tri-racial (and more) - which is not to say that the West has not been impacted significantly also. Please do not expect the counties to shoulder the unregistered alien problems.

Maybe you are somewhat like me (brother, that's not a happy thought). I have been told if you identify a problem, provide a solution too. And, if you are not a part of the solution, you are part of the problem. Perhaps the rank and file have placed too much confidence in the managers, many of whom were adept at providing in the old order, but are actually counting days until they can get out now. Or the newer ones who want to hang in there, but cannot get a feel for what can and must be done (but "something" must be

done soon). When one feels that he has more questions than answers, one then feels he is part of the problem. Hey, but we are not alone. Hospitals and other providers are heading in diverse directions, hoping that it is the right path rather than knowing.

This year as VP for Communication has flown by. To those people who got the information for the newsletters to me timely, I would like to say, what in the world is wrong with you? You must stop such aberrant behavior immediately! For the vast majority of you who were late, later and latest - do not worry unduly, I was even further behind. To the members of the Association family, thank you very much for the opportunity to serve you. And Good Luck To All!

Bill Smith

## Celebrating Nurse's Day at Camp Caraway

In North Carolina, we are fortunate to have many strong public health leaders who have a wealth of wisdom gained from years of experience. Have you ever considered our future, and who will step forward to take their place as these important people move on? What are we actively doing to encourage new people to feel a sense of belonging in the public health family- and to foster development of leadership skills in them?

When the Nursing Section Executive Committee first met in October, this issue was of great priority. We wanted to find a way to recognize PHN's for the work they do each day, and to promote a feeling of unity among our varied roles. We wanted to reach out not only to our membership, but to new PHN's, and others who were not members of NCPHA. Getting people involved is one way of identifying emerging leaders. In our collective mind, a dream developed. We would present a mid-year event that would be at no cost to participants, and would focus on team building. It would be open to every nurse. This would be a first ever event with



*Nurses practicing team shoelace tying*

all the trappings of something special. We worried over details... could we really pull it off. Betsey Pierce of Caldwell Co. agreed to act as chair and she went to work. Things began to come together. April 28 was set for the date and we invited everyone to come see what NCPHA and the Nursing Section is all about!

Seventy-eight individuals attended. The day began with a time of networking, and ended with Dan Shingleton giving us inspiring words with which to return home. In between, we rejoiced in what we do and found some skills and insights we didn't know we had. New colleagues were welcomed. Longtime members, whether present or not, were recognized for as many as 30-37 years of supporting the Section. We recalled legacies such as that of Miss Mary Lock McCorkle, the first public health nurse in Lincoln Co., who passed away in March at the age of 104. (A newspaper columnist wrote of "Miss Mary" that she never married, yet was rich with family and children.) We sustained 6 new members on that day, with several more going away saying, "I'm going to join!"

Thanks are due to many people who made a dream come true for the Nursing Section in this first ever "Celebration of Public Health Nursing". We are especially grateful to Patty O'Leary Cunningham for her support and enthusiasm. And we thank all the nursing supervisors and health departments who made it possible for their staff to attend. It must have been a good day... we hear they are still talking about it!

Perhaps the image most impressive was at

the end of the day, as seventy-eight people stood together, hands joined, encircled in the cause of public health. It occurs to me that this is what we must do in North Carolina... stand together, join hands, and encircle the state in the championing of public health.

## Bylaws Changes for September Meeting

### 1. Article III. Membership

#### Current wording:

Persons admitted to membership shall be engaged in health work or have a serious interest in NCPHA and its objective.

#### Proposed wording:

Persons admitted to membership shall be engaged in health work or have a serious interest in NCPHA and its mission.

#### Rationale:

Article II describes the mission of NCPHA and there is no mention of an objective. This change provides consistency in wording.

### 2. Article IX. Governing Council

#### Current wording:

The Governing Council shall consist of the members of the Executive Committee, representatives and the alternate to APHA and Southern Health Association.

#### Proposed wording:

The governing Council shall consist of the members of the Executive Committee.....

#### Rationale:

The representatives and alternate to APHA and Southern Health Association are members of the Executive Committee making this phrase redundant.

## Play It Again, Sam

"You must remember this..."

Remember what? Many public health workers may not remember what happened fifty years ago. Here's a glimpse:

No North Carolina city, town, rural area had escaped the casualties of World War II. More than 7000 North Carolinians had lost their lives in service to their country. While at home, civilians hoed victory gardens, sold war bonds, rolled bandages, worked as nurses' aides. Gas rationing affected tourism and as a result, the Biltmore House closed to the public, but admitted members of the armed services free of charge. With the arrival of V-J day, Asheville celebrated into the night, with crowds jamming the streets until no cars could pass.

J. Melville Broughton had completed a term of governor. Broughton took the lead in working out plans for a statewide medical care program, whose ultimate purposes, he said, "should be that no person in North Carolina shall lack adequate hospital care or medical treatment by reason of poverty or low income."

Polio raged through the state with little known information about the disease. Public meetings were frequently canceled, theaters and swimming pools closed. People avoided crowds, isolating themselves from others. In 1959, North Carolina became the first state in the nation to require inoculation of all children and played a significant role in distribution of the newly developed Salk vaccine.

On February 20, 1947, "a special committee representing all phases of public health work in western North Carolina" met at the Buncombe County Health Department to organize the Western North Carolina Public Health Association. Officers were elected, dues set at \$1.00 annually, and the first meeting was scheduled for May 23, 1947, at the Lake Lure Inn.

The WNCPHA 50th Celebration Committee is ready to "Play It Again, Sam." Plans are under way for next year's annual meeting and the theme is set: "As Time Goes By... The First Fifty Years." So mark your calendars for:

The Grove Park Inn  
Asheville, North Carolina  
May 22-24, 1996

You are invited to share a part of public health history as we reflect on our past and celebrate our accomplishments.

"Here's looking at you, kid!"  
Carolyn Haynie, Chair  
WNCPHA 50th Celebration Committee

## Win A Bahamas Vacation!

The WNCPHA 50th Celebration Committee is selling raffle tickets to defray expenses for next year's annual meeting. For \$1.00, you are eligible to win a 5 days 4 nights Bahamas Vacation for two plus \$100 cash. You do not have to be present to win. The drawing will be held Friday, September 15, 1995, at the NCPHA Annual meeting. For more information, contact Terry Pierce, Transylvania County Health Department, 704-884-3135.

## Wood Endowment

A Wood Endowment has been created to finance the Wood Lectures to be given at each Annual Educational Conference. One of our Past Presidents (and primary fund raiser), Bob Parker, has accepted the challenge to raise \$100,000 for this effort. To date, he has received over \$25,000 in pledges from members. The Endowment is named for Dr. Thomas Fanning Wood, the founder of public health in North Carolina, and his son, Dr. Edward Jenner Wood. The NC Community Foundation acts as trustee of the Endowment and via various investments will provide resources for funding the lecture series.

## Pride In Public Health Campaign

The North Carolina Public Health Association has initiated a "Pride in Public Health Campaign" which will instill pride within the public health community and provide public awareness of public health activities and accomplishments. This campaign has been divided into two subcommittees: Internal Pride and External Affairs. A logo and slogan has been developed for this two year campaign. Several other organizations and agencies have worked with NCPHA in this effort.

The kick-off for this campaign will be at the NCPHA Annual Educational Conference in September, 1995. Promotional items will be available for purchase with the proceeds being used to finance public awareness initiatives. Public announcements are being planned, media contacts are being made, and other funding opportunities are being investigated.

NCPHA feels that the general public has forgotten the importance of public health and no longer recognizes the steps that have been taken to protect their family against disease. People have forgotten polio and smallpox. They take clean water, food and air for granted. It is our responsibility to educate the public as to the contributions public health has made in improving the quality of life as we, in this country, know it. The "Pride in Public Health Campaign" is our answer in publicizing what we do best protecting the health of the citizens of North Carolina.

**Hotel Reservations Must Be**

**Made By August 12, 1995**

**\$65/night (single/double)**

**1-800-325-3535**

## Recap of 1995-96 NCPHA Slate

### President-Elect



*Dr. Leah Devlin*  
*Director, Wake CHD*



*William Smith*  
*Vice President of Communication, NCPHA*  
*Director, Robeson CHD*

### Treasurer



*Brenda Truitt*  
*Nursing Supervisor, Chatham CHD*



*Malcolm Blalock*  
*Treasurer, NCPHA*  
*Asst. Chief, Env. Hlth., DEHNR*

### Vice-President of Communication



*Belinda Allson*  
*Management Support, Jackson CHD*



*Tamara Dempsey-Tanner*  
*Vice President of Education, NCPHA*

### Secretary



*Ann Grush*  
*Supervisor, State Lab*



*Pattie Smith*  
*NCPHA Secretary*  
*Management Support, Guilford CHD*

### Vice-President of Education



*Rick Rowe*  
*Environmental Health Director, Wake CHD*



*Lorey White, Jr.*  
*Director, Union CHD*

### Member at Large



*Joanne Corson*  
*PHN, Wake CHD*



*Rebecca Freeman*  
*Nutrition Director, Durham CHD*

# 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 co-sponsored by the N.C. Department of Environment, Health, and Natural Resources; N.C. Area Health Education Centers; N.C. Public Health Nursing Continuing Education Advisory Committee; and Office of Public Health Nursing. For further information and/or to register please contact the registrar, Office of Continuing Education, UNC School of Public Health, CB# 8165, Miller Hall, Chapel Hill, N.C. 27599-8165; phone 919/9664032; fax 919/966-5692 or E-mail via the internet to OCE @ SOPHIA.SPH.UNC.EDU.

**Epidemiology and Prevention of Vaccine-Preventable Disease (Video Conference)**

July 20, 27, August 3, 10, 1995  
Asheville, Chapel Hill, Charlotte, Elizabeth City, Fayetteville, Hickory, Kenansville, Lexington, Raleigh, Rocky Mount, Sylva, Troy, Washington, Wilkesboro, and Wilmington  
Audience: Nurses, physicians and other health and human service professionals who work in immunization, communicable disease and/or infection control programs

**12th Annual School Health Nurse Conference**

**School Nurses: So What Do You Do?**  
August 17-18, 1995, Chapel Hill  
Audience: School nurses

**Basic Concepts in Identifying the Health Needs of Adolescents**

July 20-21, Asheville, September 22 and 29, Wilmington, October 12-13, Greensboro, October 20 and 27, Greenville, February 15-16, 1996, Fayetteville, April 29-30, 1996, Raleigh  
Audience: Public health nurses, social workers, nutritionists, health educators, etc.

**On-Site Wastewater: Repairing Small Systems**

November 29-30, Wilmington  
Audience: Environmental health specialists

**Public Health Management Support Supervisors' Association Annual Conference**

August 9-10, 1995, Pine Knoll Shores  
Audience: Management support supervisors

**Motivation, Mission and Quality Service**

August 29, 1995, Charlotte  
Audience: Health and human service professionals  
Register by calling the Charlotte AHEC at 704-355-3696

**Immunization Update (Videoconference)**

September 7, 1995, Numerous sites in North Carolina and across the country  
Audience: Physicians, physicians' assistants, nurse practitioners and their colleagues

**HIV Counseling and Testing Workshop**

October 3-5 and December 5-7, 1995  
Audience: Health educators, nurses, social workers, mental health workers, counselors, physicians

**Nursing Home Administration**

October 9, 1995, Chapel Hill  
Audience: Individuals seeking licensure

**Public Health Social Work Statewide Conference**

November 1-3, 1995, Winston-Salem  
Audience: Public health social workers

**Fifth Annual Healthy Carolinians Conference**

November 6, 1995, Research Triangle Park  
Audience: Public health and human service professionals

**Enrichment Series for Nutrition Professionals**

**Update on Diabetes**  
November 9, Chapel Hill  
Audience: Nutritionists and dietitians

**Member at Large (continued)**



*Barbara Faison*  
CHAT Chair, Smpson CHD



*Kimberly McCarthy*  
DEHNR Div. of Lab Services



*Sheila Nichols*  
Regional Lead Specialist, DEHNR

# NCPHA CALENDAR

|  |                                  |
|--|----------------------------------|
| Aug. 22, Greensboro                      | Pride in Public Health Committee |
| Aug. 23, Greensboro                      | Membership Committee             |
| Sept. 12, RTP                            | Governing Council                |
| Sept. 13-15, RTP                         | NCPHA Annual Meeting             |
| April 24-26, 1996<br>Atlantic Beach      | EDNCPHA                          |
| May 22-24<br>Grove Park Inn<br>Asheville | WNCPHA                           |

**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, 1995. Articles should be submitted by November 1, 1995.*

Dan Shingleton, Program Development Specialist

Deborah Rowe, Administrative Assistant

Newsom Williams, President  
(919) 514-4770

Bill Smith, Vice President of Communication  
(910) 671-3200

Authors are responsible for views  
expressed in signed articles.



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JULY 1995

1009 Dresser Court, Raleigh, NC 27609



# NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

# NEWSLETTER

APRIL, 1995

1009 DRESSER COURT, RALEIGH, NC 27609

PHONE 919/872-6274

## NCPHA PRESIDENT'S MESSAGE SAME AS IT EVER WAS

We are midway into NCPHA's fiscal year and all is going well. The purpose of this article is to provide a brief staff update so that you will know how this important aspect of your organization works.

We were all disappointed to learn in late September that Deborah Rowe was leaving NCPHA to take a full-time position with the Department of Environment, Health, and Natural Resources. Deborah had worked for our association for five years and had provided excellent coordination of activities and support for members, committees, and officers. Her presence also gave the organization a new visibility, with a headquarters in Raleigh that was open for business throughout the week.

Following our 1994 Annual Education Conference, I established a Personnel Committee - Mel Crocker, Susan O'Brien, Eunice Inman, and Dicie Alston - to work with me in recruiting a new Administrative Assistant for NCPHA. This Committee revised the job description in November, advertised in December, screened 75 applications in January, and interviewed eight applicants in early February. I am pleased to report that Deborah Rowe returned to the NCPHA office on March 1 as our Administrative Assistant.

Special thanks go to the Personnel Committee for their good work in the recruitment process. Also, my sincere thanks to Libby Covil who served as the interim Administrative Assistant for NCPHA from October, 1994 through February, 1995.

Libby did a wonderful job of holding the office together -- recording membership information, scheduling committee meetings, answering approximately 20 telephone inquiries daily, and numerous other duties.

I was delighted that Dan Shingleton signed an additional one year contract with NCPHA, to provide developmental services for the organization through December, 1995. Dan did an outstanding job for NCPHA last year. His annual report indicated nearly 40 visits to Health Departments, Regional Offices and DEC's during the 12-month period. Dan's enthusiasm for and "marketing" of NCPHA was a key component in the significant increase in new memberships last year (242 more members than the previous year). Additionally, Dan made presentations on behalf of NCPHA at Eastern and Western District meetings as well as to several Boards of Health. He also worked closely with Bob Parker in establishing the Wood Endowment Fund and with Dr. Trenton Davis in publishing NCPHA's journal, the Forum.

We are very fortunate to have two extremely qualified, caring, knowledgeable, and public health focused individuals working on behalf of the association. When Dan visits in your area this year, please welcome and assist him with NCPHA membership recruitment. When your section or committee needs assistance, give Deborah Rowe a call at our headquarters office in Raleigh at 919/872-6274. Deborah's hours are 8:30 to 12:30, Monday through Friday, unless she is attending a committee

meeting or running an errand for the association. If she is not available when you call, you can leave a message on her voice mail. And please don't overlook your president. If you have concerns or suggestions about NCPHA, I may be reached in New Bern at 919/514-4770 or by voice mail on 919/514-4011.

Thanks for your continued support of your statewide professional association.

Newsom Williams, Ph.D.

### The General Douglas McArthur Award ("I Shall Return")



Deborah Rowe returning  
Parting Plaque

# NCPHA 1995-96 SLATE OF OFFICERS

## President-Elect Candidates

**DR. LEAH DEVLIN**



Dr. Leah Devlin received her dental degree and masters degree in public health administration at the UNC Chapel Hill campus.

Dr. Devlin's professional career has been spent at the Wake County Department of Health where she began work as a dentist in 1979. She has

served as the Department's director since 1986.

Dr. Devlin is a member of the NC Institute of Medicine and is past president of the NC Association of Local Health Directors. She has served on a number of other statewide legislative committees and task forces and has been a member of NCPHA for over fifteen years. She has served as Chair of NCPHA Legislative Committee since 1993.

### Goals for NCPHA:

1. To strengthen the participation and leadership of NCPHA in setting priorities for public health across North Carolina.
2. To improve linkages between NCPHA, the School of Public Health, the state and local systems of public health and related professional associations in order to optimally support all public health workers and their efforts in today's changing environment.
3. To enhance NCPHA's role as advocates for prevention and for community based public health services as the critical components in any health care reform initiatives in North Carolina.

**WILLIAM J. SMITH**



It is an honor to even be nominated for this office within the North Carolina Public Health Association. For too long the Association has been behind when it was time to be in front. Other groups seem to dictate the course because they meet more often and can adjust their stance. The Governing Council and Executive Committee must actively direct the organization and this will take more involvement. The management of many of our counties gives little encouragement to employee participation. Unfortunately, many of these same organizations will have no future in a new order because they have not been able to change or lead in the past. Although we will miss some of the people, they really are not involved in public health direction and their absence has already been taken into account by those willing to make a difference. If there is to be a public health system in our future, we must take active steps to ensure that will come to pass.

I currently am the Vice-President of Education for the North Carolina Public Health Association. I have been a member of NCPHA for 8 years, ever since I moved up here. I was a member of South Carolina's Public Health Association for 12 years and served as Treasurer. I am on the Board of Directors for the North Carolina Association for Home Care (1991-1997, second term as Treasurer) and the N.C. Alliance for Public Home Health Agencies. I have chaired several committees for the North Carolina Association of Local Health Directors and am the current Secretary/Treasurer. Locally, I am on the Communities In Schools Board and am involved with Kids Count, Smart Start, Family Preservation, Partnership for Community Health, etc. I have been the Health Director at the Robeson County Health Department for nearly 7 years - during which time we have been fortunate enough to have our efforts recognized nationally as well as in-state and locally. I am proud of my 20 years in public health and my involvement in NCPHA and EDNCPHA.

### BE A VOICE FOR PUBLIC HEALTH IN NORTH CAROLINA

Please review each nominee's biographical sketch and exercise your right as a NCPHA member to choose your leaders.

Remember: You must be a 1995 member by July 15, 1995 in order to receive a ballot.

## Vice President of Communication

### BELINDA ALLISON



I am seeking your support as Vice President for Communications for NCPHA. I am currently serving NCPHA as Chairperson for the Resolutions Committee. Last year, I served in the capacity of Secretary to the association. Prior to last year, my tenure on the Governing Council was in the capacity of Membership Chairperson for two years and one year while serving as President of the Western

North Carolina Public Health Association.

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 as your Vice President of Communications. Therefore, I am asking for your support in this election process.

NCPHA plays a major role in developing public health policies, and addressing public health issues/concerns. It is the job of the Vice President of Communications to assure that NCPHA members are made aware of these matters and that the various activities of the organization are communicated to its members.

Communication with members is critical to the future success of NCPHA. If elected, I will serve you to the best of my abilities and will solicit any advice/ideas that you may have—toward improving the newsletters and publications of NCPHA.

### TAMARA DEMPSEY-TANNER



I would appreciate the opportunity to continue to serve the Membership as Vice President for Communication. I would look forward to the challenges brought forth by this position. I have served on the NCPHA Executive Committee in the positions of Secretary (1991-93 - two consecutive terms) and presently as the Vice-President for Education. I have also been the NCPHA liaison to Project ASSIST and active in the Health Education Sections of NCPHA and WNCPHA. All of these positions have provided unique opportunities for supporting the mission and goals of NCPHA and public health.

The office of Vice-President for Communication is an integral part of the Association. It facilitates communication among the membership, the elected officers and other public health professionals. Our newsletter demonstrates our continued dedication to addressing and supporting public health issues.

## White-Out Please

The Nursing Section wishes to correct an error in the February 1995 Newsletter listing of our 1994 award recipients. We are very proud of Billie S. Murrell, who was the Margaret B. Dolan recipient and Grace Warren, who received the Direct Service Award.

Pat McCall

I apologize for tainting the award process. Professional highs are dimmed when names are misspelled, award designations are inappropriate, recipients are reversed or photos are misidentified. The system of news collection/reporting was at fault, which means me. Sorry, ladies, we are proud of you!

Bill Smith

## Vice President of Education

**RICK ROWE**



As an officer of the NCPHA I would seek to spread a message about public health to others that do not understand all that we do. There would be an effort on my part to obtain training and educational sessions that would allow for the greatest potential for all NCPHA members.

There has never been a time in the past, as now, when public health has received such a challenge to change with the times. We will change but we all should strive to make it for the betterment of all; citizens, patients or employees; and not just for the sake of change. I would like to be your representative to NCPHA and be in the forefront of such an endeavor.

### Education and Experience

I received my B.S. in Biology and Masters of Science in Environmental Health from East Tennessee State University. My education also included a 3 month Environmental Management course at the University of Southern California. My work experience includes 17 years with the South Carolina Department of Health and Environmental Control. This involved working with the 46 county health departments conducting environmental health program activities. For five and one half years I was an employee of the Department of Environment, Health, and Natural Resources as the Director of the Division of Environmental Health. My current position is serving as the Director of Environmental Health Wake County.

I have served as the President of the National Environmental Health Association and as President of the South Carolina Environmental Health Association. Previous public health positions included committee assignments with the S. C. Public Health Association and Secretary of the S. C. Public Health Association. My activities with the NCPHA have included committee assignments within the Environmental Health Section.

**EXERCISE YOUR RIGHT TO VOTE**

**RETURN YOUR BALLOT**

**By AUGUST 15, 1995**

**LOREY WHITE, JR.**



**Biographical Information:** Public Health Experience-25 years, American Lung Association-7 years, Health Director- 15 years. NCPHA-Public Health Management Section Chairman and Secretary-Treasurer, Governing Council, Citation of Merit Award- 1992.

**Statement:** I am very much interested in serving as your Vice-President of Education. Public Health Professionals need the opportunity to increase their knowledge and to be exposed to the most up to date educational offerings available. As Vice President of Education I will work with the members of the Governing Council and all section chairs in providing an educational program that will meet your educational needs at our annual meeting. North Carolina is a public health leader in this country and we will continue as we educate all of our public health professionals.

### NCPHA RESOLUTIONS COMMITTEE

Belinda Allison, Chairperson

The Resolutions Committee of NCPHA is now accepting resolutions for presentation at the 1995 Annual Meeting. We encourage any individual or NCPHA Section to submit resolutions for consideration by no later than May 31, 1995.

Anyone wishing to prepare a resolution may want to refer to Robert's Rules of Order for guidance in preparing this type of document. Please send your resolution with all supporting information to:

Belinda Allison, Chairperson  
NCPHA Resolutions Committee  
c/o Jackson County Health Dept.  
102 Scotts Creek Road  
Sylva, NC 28779/Courier 08-25-21

The Resolutions Committee will review the proposed resolutions and make recommendations to the NCPHA Governing Council prior to the annual meeting.

## Treasurer

### MALCOLM BLALOCK



I am Malcolm Blalock, your present Treasurer. I have worked in Environmental Health for twenty five years, including fourteen years at local health departments and eleven years at the state office. I have been a member of this association since joining the public health family, and have served on many committees for the Environmental Health Section as well as the Association as a whole. In addition, I have been active with the Eastern District NCPHA serving in each officer's role in the Environmental Health Section and as Treasurer for EDNCPHA.

As your current Treasurer, my primary objective is to continue to serve the Association in the proper handling of the Association's funds, and to continue to upgrade the Association's automation of membership files and financial records. A new computer and new software have recently been purchased by the Association to facilitate this automation. When the new system is fully implemented, it will streamline day-to-day operations, resulting in reduced costs for the Association. Thank you in advance for your continuing confidence and support in allowing me the opportunity to serve you as Treasurer for another year.

## Secretary

### ANN GRUSH



I am honored by the Nomination Committee's recommendation to consider me for the office of Secretary of NCPHA. A state employee for 15 years, I am currently a supervisor in newborn screening at the State Laboratory of Public Health in Raleigh. For ten of those years I have been a member of NCPHA, serving in the following capacities:

Laboratory Section: Secretary, Vice-Chairperson, Chairperson, Nominating, Membership, and Awards Committees, and 1993 Laboratorian of the Year.

NCPHA: Scholarship Committee, Local Arrangements Committee for 1995, Membership and Nominating Committees.

In addition to NCPHA, I am a member of Eastern District, having served as Laboratory Section Secretary and Vice-Chairperson. This year I am Chairperson for the Section.

In NCPHA and Eastern District, several years of service have been in the capacity of Secretary, so this type of responsibility is a familiar one. I wish to serve the membership by taking the abilities learned with the Sections to the State level. The position of Secretary is not high-profile, but one which requires accurate and timely performance. As NCPHA continues to be a vital part of North Carolina's public health, I want to continue serving NCPHA. If elected, I pledge to serve you in a new capacity but with the same dedication and dependability.

### BRENDA TRUITT



It is an honor for me to be considered for the office of Treasurer of NCPHA. Having served the past four years as Treasurer of NCPHA Nursing Section, and four years previously as Treasurer of N.C Health Occupations Education Teacher's Association, I have the skills to manage this position. A native North Carolinian, I achieved a BSN from UNC School of Nursing in Chapel Hill in 1966. I have eight years experience

in public health and have served as the Nursing Supervisor of General Health Services at the Chatham County Health Department for the past five years.

I am currently enrolled in the Masters Program of the UNC School of Public Health Nursing and expect to earn an MPH in Nursing Administration in 1995. During the past year as a graduate intern tracking health care reform and its impact on public health departments in North Carolina, I have maintained a close affiliation with the Association of North Carolina Boards of Health. From this enlightening experience one reverberating statement rings clear: "Public Health is one of our state's best kept secrets!" Public Health's role in preventive medicine and in improving the health status of all our citizens must be passionately marketed throughout our state to include not only our Legislators, but every member of every community. The Pride in Public Health Task Force has laid the groundwork for some exciting changes in this direction. The past year's emphasis on health reform has clarified for us that regardless of the loss of momentum in Washington, North Carolina leaders in public health are committed to maintaining community-based, population-oriented, cost-effective health services. A united effort of the entire membership towards this end is paramount.

As an active member of NCPHA, and as Treasurer if elected, I look forward to working collectively with the Executive Committee as these major initiatives evolve in the coming year.

### PATTIE SMITH

I would like to thank you for the opportunity of serving as Secretary of NCPHA for the past year. This experience has provided me with a better understanding of the challenges this association faces. As a candidate for the office of Secretary I again solicit your support.

I am presently employed with 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 in Public Health I have been a member of NCPHA and the North Carolina Local Public Health Supervisors Association. I have held all offices in each of these Associations as well as served as chairman of several committees within the Associations.

With this experience, I feel I would be a good candidate for this office.

It would be an honor to serve again as Secretary of this association and if elected I will continue to dedicate myself to serving you to the best of my ability.



## Member at Large (2)

JOANNE CORSON



I am pleased to be nominated for the Governing Board of NCPHA. I earned a BSN and MSN degrees from the School of Nursing at the Univ. of Pennsylvania in Philadelphia. I began working as a Public Health Nurse in Philadelphia 33 years ago. I have taught nursing students in Community Health Nursing at the Univ. of Pa. and

the Univ. of Conn. I was a Public Health Nursing Supervisor for the Conn. State Dept. of Health before moving to North Carolina with my family in 1973. I started working with Wake Co. Dept. of Health as a Supervisor, then Director of Nursing, and Assistant Health Director. I am currently a PHNIII in the MCH Division of Wake Co. Dept. of Health. In 1987, I was selected the Community Health Nurse of the Year by the NC Nurses Assoc. I was honored as one of The Great 100 nurses in NC in 1993.

There are three goals I have for NCPHA if elected to the Governing Board. First, I believe that the association must encourage qualified Public Health providers in our agencies through educational offerings at annual and regional meetings; cosponsoring continuing education with other groups such as AHEC'S, UNC School of Public Health, DEHNR throughout the year; and offering scholarships to students in Public Health. Secondly, I believe that the association must develop linkages with the professional associations for other health providers in the state such as the hospital association, HMO's, voluntary agencies, private sector. In this complex health arena, Public Health providers must carve out a role in conjunction with all the newcomers into the community and make health delivery a joint effort. Thirdly, I believe we need a strong legislative presence to assure adequate funds to continue to protect the PUBLIC's health as no other health provider can do.

### DID YOU KNOW?

If Barbie was real size, she would measure 36-18-33. People in the Middle East and Far East parts of the world think she is a typical American Girl. Huh?



REBECCA FREEMAN



I am honored to have been nominated a Member-at-Large for the North Carolina Public Health Association. I have worked in public health for 19 years, beginning as an environmental health specialist, then as health educator, and for 16 years as Director of Nutrition Services at the Durham County Health Department. In addition to membership with NCPHA,

I have served as president of the NC Association of Local Nutrition Directors and am treasurer of the NC Board of Dietetics/Nutrition. I believe the Association's role of promoting and advancing public health in North Carolina is vital and is increasingly important as health care delivery and funding levels in our counties and state continues to change.

If elected a Member-at-Large, I commit to actively participate in Association meetings, to work diligently on behalf of public health workers and to be an advocate for public health programs and services.

I appreciate your support and vote, and I pledge, if elected, fulfill the responsibilities of this position in service to our members.

BARBARA FAISON



I am honored by the Nomination Committee's recommendation to consider me for the Office of Member at Large. I have worked in public health in North Carolina for ten years at the Sampson County Health Department. I have actively supported and served the Community Health Assistant/Technician Section for ten years and am the current Section Chair. I am a member of EDNCPHA Management Support Section. I was nominated as one of ten County Employees of the Year for 1994.

If elected as a Member at Large, I will work hard in recruiting more members for NCPHA, to address Healthcare Reform as relates to Carolinians, and to support the views of NCPHA. As public health workers, we face many diverse challenges and we must continue to adapt to these challenges. I appreciate your support and your vote of confidence in me.

## Member at Large (2) (continued)

### KIMBERLY McCARTHY



I graduated from UNC-Wilmington in 1992 with a Bachelor of Science in Biology. While in Wilmington, I worked with Crossroads, an after school program tutoring children in math and reading. Since May 1993, I have worked in the Mycobacteriology (TB) Lab of the DEHNR Division of Laboratory Services in Raleigh. At the Laboratory, I represent the Microbiology Section on the Safety Committee and I have been an active member of NCPHA for the past year.

In my field, I interact with TB nurses and other laboratorians across North Carolina, many of whom I was able to meet at the Educational Conference in Asheville (September '94). I was very excited about the Educational Conference I attended and learning about the many different disciplines that impact on public health. The Conference showed me that I belong to a very unique group of people who care about the health and well being of North Carolinians.

I am happy to be a part of this group and would like to be a more active member. If elected as member-at-large, I would enjoy the opportunity to represent members of NCPHA who might not otherwise be heard. My role on Governing Council will ensure that all members will have a voice in the direction that NCPHA takes as it impacts public health policy in North Carolina.

### SHEILA F. NICHOLS



I am a regional lead specialist with the Childhood Lead Poisoning Prevention Branch. I have a Bachelor of Science degree from NC State University in Raleigh and a Masters in Public Health from the University of NC in Chapel Hill. For ten years I worked as an environmental health specialist in Wilkes County. I have worked in the state lead program since June, 1994. Working out of the Mooresville Regional Office, I help local county environmental health specialists do lead investigations in the thirty most western counties of NC.

I have been a member of NCPHA about eight years. During that time, I have served on NCPHA's Registration Committee, the Executive Committee, the Nominating Committee, the Joint Leadership Committee, the Scholarship Committee, and the Environmental Health Section's Program Committee. I am a member of the NCPHA Environmental Health Section.

I have been a member of WNCPHA about eleven years. During that time, I have served on WNCPHA's Auditing Committee, the 50th year Steering Committee, the Program Committee and the Silent Auction Committee. I have served as secretary, vice-president, and president-elect of WNCPHA. Now I am serving as the Association's president. I am a member of the WNCPHA Environmental Health Section.

In 1993 I became a member of the Environmental Health State of Practice Committee. This year, I am the secretary.

If I am elected by the membership of NCPHA to be a Member at Large, I will think and speak as a representative of the Association. Give me the opportunity to

voice your ideas, concerns and suggestions to the leadership of the Association. If elected, it will be an honor to attend, represent and vote your conscience at the Governing Council meetings.

### Annual Meeting Update

The Annual meeting will be held September 12-15, 1995 at the Sheraton Imperial in Research Triangle Park. For those who like to "plan ahead", hotel reservations must be made prior to **August 12, 1995**, to receive our conference rate of \$65.00 (not including tax) per night, single or double occupancy. Reservations can be made by calling 1-800-325-3535 and indicate that you will be attending the NCPHA conference.

#### Other program notes ....

Glaxo, Inc., will once again be presenting the Child Health Awards on Friday with a complimentary lunch to follow the awards ceremony.

On Thursday morning, we are instituting a new program entitled "NCPHA Showcase." A room will be set up to allow participants to circulate among the different table "presentations." Each table will "present" unique and successful programmatic ideas that are implemented throughout the state. It's an informal, yet effective way of networking our numerous resources that exist in public health within North Carolina. Table presenters are not limited to NCPHA members. Contact Tamara Dempsey-Tanner, VP for Education at (919) 918-4086 for more details!!!

**APRIL 28, 1995 is the DEADLINE for submitting the program/room reservations forms.** All forms should be mailed to Tamara Dempsey-Tanner, NCPHA Vice-President for Education, 9900 Leslie Drive, Chapel Hill, NC 27516



## EDITORIAL VIEWPOINT

In the animated version of *Jungle Book* (which lets you know that small children are under my roof), the Bear is being pulled about by the Tiger, who is intent on capturing the Boy. The Bear yells for the Vultures to pick the Boy up and remove him from danger. Upon doing so, the Vultures advise the Bear that he can now let go of the tail, to which he replies, "Are you kidding? There's teeth on the other end." How many of us in public health have felt like we've got a tiger by the tail and don't know if we should/can let go? Last year, many people said that health reform was going to prove exciting for us. I guess running in front of a steamroller is considered exciting, but the dread may overwhelm the thrill. This year's top thrills are abolishing boards of health and regional personnel offices, establishing community health districts, consolidating all human services into one agency, and on and on. As Roseanne Roseanne Danna (excuse the spelling please) used to say . . . "You know, it just goes to show; if it's not one thing it's another."

So who amongst us will pull themselves hand over hand from the tail and perch themselves on the tiger's back? Is the next Bob Parker or Dan Shingleton even a member of NCPHA? Judging by the small percentage of public health people who are members, probably not. It is not realistic to think that everyone in public health would join NCPHA. How many people do we know who are just going through the motions of working in this sector (i.e. once I get enough education and experience, it's Adios, Compost!)? Still others are discouraged by managers who have just gotten by in the past and are in their roles through political means or the infamous longevity merit factor, none of which fosters involvement by the staff.

If we go back to the original tale, who made the permanent difference? The Bear was working on the band-aid approach, the Vultures were involved but not committed and the Boy was evicted from the scene. Yet, it was the Boy who returned with a torch and drove the Tiger permanently from the jungle.

Wanted: Males and Females, who possess the Fire, to lead NCPHA into its next cycle. If you meet this qualification, please respond through membership. Now, more than ever, the cause needs you.

**Honor those who have contributed to public health efforts in North Carolina. Award nominations are due May 1, 1995.**

**Send to Leonard Wood, Catawba County Health Department, 3070 11th Avenue Dr, S.E., Hickory, NC, 28602**

## GLAXO READY TO GIVE AGAIN

*Dedication and Creativity are Pre-requisite for Immunization Projects Across-the-State*

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 is seeking nominations for its second annual presentation. Applications are available for nominating a department and/or individual who has been particularly successful in improving immunization rates. Awards will be presented at the N.C. Public Health Association's annual meeting in September. Nomination forms will be available as of April 17. They will be mailed to all local health department directors and are also available by contacting Glaxo. Nominations are due by 5 p.m. May 31.

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 share successful ideas. The real "winners" will be our state's children. For information and applications, please contact Sandy Moulton at Glaxo Inc., (919) 248-7025.

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 1995-96, please fill out this form and return it to the NCPHA office, 1009 Dresser Court, Raleigh, N.C. 27609, or call Deborah Rowe at (919) 872-6274.

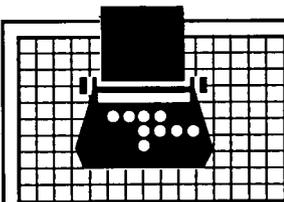
NAME

ADDRESS

CITY/STATE/ZIP

PHONE

COMMITTEE OF INTEREST



# NEWS FROM THE SECTIONS

## Environmental Health Section

This year's officers are Mike Reavis, Yadkin County, President; Connie Pixley, Alamance County, Vice-President; Crystal Smith-Cooper, Burke County, Secretary-Treasurer; and Debra Yarbrough, Craven County, Past-President. Many of you have agreed to work on and chair committees. Thanks in advance for your help, it will take a total team effort to pull off a successful year.

This will be a challenging year with many exciting things going on in environmental health. We are facing a trend to trim public spending and reduce environmental mandates. We need to work together to preserve programs that protect public health.

I encourage each North Carolina environmental health specialist to support their professional organizations. We can improve our knowledge and status by maintaining strong professional organizations. NCPHA is developing a Pride in Public Health Campaign to market/promote public health. Our professional development, public relations, and educational committees are looking at ways to help specialists enhance and promote themselves. The N.C. Environmental Health Supervisors Organizations's top priority is to get salaries raised to a more appropriate level. The Cooperative Environmental Professional Association is dedicated to providing a mid-year educational conference for a cross-section of environmental health professionals. Our section is now open to a broad range of environmental health professionals, who have a professional interest in the field of Environmental Health. SOP provides excellent training opportunities.

The N.C. Legislature will be very busy this year. Immediate past-president, Debra Yarbrough, is chairperson of our legislative committee. This committee will be moni-

toring the legislature. If you have legislative concerns please contact Debra or myself. Each educational district should have a rules review committee in place. Please keep the executive committee aware of suggestions and concerns coming from said committees. Properly timed comments from our organization could be influential. We have already made timely comments on the three tiered improvements permit proposal and the ABC - Pass/Fail issue.

We could be more influential if larger in number. As of September 1994 there were 801 registered North Carolina Environmental Health Specialists and 97 registered interns. Barely 200 belong to this organization. NCPHA and Environmental Health Section dues are less than 1/2 the price of a ticket to an Eagle "When Hell Freezes Over" tour concert! That is a small price to pay to support this important professional organization. A position statement to a legislator from a group of 1000 professionals will carry clout. A lot more clout than a statement from less than 200.

Please help recruit within your agency and district. Send recruitment suggestions to Connie Pixley, Membership Chairperson.

Mike Reavis  
Chair

## Adult Health Section

Looking for something really special this year at the Annual Education Conference? Join the Adult Health Promotion Section for a combined Business and Educational Session on Wednesday, September 13, from 1:30 - 5:00 p.m.

Priscilla Laula, from Mecklenburg County Health Department, will introduce you to fun exercises that can benefit you and your clients. Learn the ABC's of Aging -- Yes, it's

happening to all of us -- and why activity is important.

Wear comfortable clothing and come prepared to do lively, fun, non-threatening activity that gets body parts moving, including our laughing muscles.

As a fun bonus, we will be learning (or practicing) country line dancing so you'll be ready for evening activities.

One final note: take the time this year to nominate someone you know who has contributed to adult public health in North Carolina -- a not-too-painful way to show our respect and appreciation. Flyers soliciting nominations will be sent out soon.

See you Wednesday, September 13!

Phyllis Rochester,  
Program Chair

## Social Work Section

The Social Work Section Executive committee met in February in Asheboro, N.C. Plans are being made for the section meeting and awards luncheon in the fall. This year is a special year of celebration for the section, being that 1995 marks the 10th year of organization. The committee agreed to integrate the 10th anniversary celebration with the annual education meeting. Additionally an intense membership drive will be culminating. Finally, the committee stressed that the NCPHA Social Work Section continues to advocate for social workers in public health settings and you are encouraged to support the section and NCPHA.

Lois Hinton,  
Historian/Publicity

## Management Support Section

The Management Support Section held its first Executive Board meeting on February 27, 1995 in Raleigh. Appropriate committees have been appointed and members have been actively conducting the business of the Section.

The Program Committee is planning workshops for the Annual Educational Conference which is to be held in Raleigh, September 13-15, 1995. Mark your calendars and plan to join us -- we promise to offer stimulating workshops which will enhance your professional growth. You will gain valuable information to take back to your respective workplaces.

The Education Committee is hard at work planning the summer education workshops which will be held in July in Greenville and Charlotte. More information will be forthcoming in regards to dates, locations and workshop topics. Please make plans to take advantage of this educational opportunity.

Watch for information from the Awards Committee and be prepared to submit your nomination for the Achiever of the Year and/or your application for the \$250 Scholarship, both of which will be given at the 1995 Educational Conference in September. Our section is very proud of our awards and, over the years, we have named and honored many worthy recipients.

Again this year, we plan to focus on membership -- recruiting new members as well as looking at creative ways to offer incentives to existing members. We encourage all Management Support employees to get involved and help strengthen our section and help it grow. Together we can make this year our most productive and positive ever.

Betty D. Bisette,  
Chairman



**Vaccinate  
Your Pets  
Against  
Rabies**

## Ham Stevens Award



*Paul Williams, M.D., receiving award from  
Louis Latour*

In a system often described as "in disarray" and still unsure of its future under health care reform, I sometimes feel we're tenuously held together by rubber bands and band-aids. In local public health, there is no manual for getting things done . . . there are no natural alliances and very few public health advocates for the poor or under-served. Increasing community awareness, moderating political suspicions and garnering public support remains the task for health directors and our boards of health leadership. As a relatively new health director, I can't imagine anyone having had a better mentor, ally or leader to follow. Not only did Dr. Williams help me understand my local role in public health, he instilled confidence in our health department and the board of health. His leadership helped the Board develop the courage of its convictions and accept the challenges many of its contemporaries could not face. So the Board of Health adopted rules to control secondary smoke, curtail the breeding and the commercial sale of wolf-hybrids, it took on new services to provide breast and cervical cancer screening, jail health, male family planning alternatives like the vasectomy clinics and multicounty projects like the speech and hearing services and the HIV consortium. Dr. Williams proved his dedication and leadership could move this health department forward and he remains a valuable friend to me and North Carolina Public Health! It is a great opportunity to work with this man because so much has been accomplished over the last few years. Not only has public health reached a new plateau in Onslow County our citizens enjoy the benefits of new programs and the positive attention of our community leadership. Although I miss his leadership and guidance on the Board, I can assure you, in one way or another, Dr. Williams remains a strong, assertive influence on this health

department and Onslow County. It may sound maudlin but he endures as a powerful voice for public health that critics and friends alike clearly understand. Every county in North Carolina should be so lucky to have own unwavering advocate.

Danny Jacob

## Cumberland County Dental Department Sponsors Poster Contest

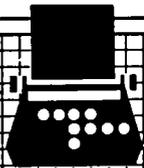


"There's Magic in a Healthy Smile" was the theme for the 1995 Children's Dental Health Month Poster Contest sponsored by the Cumberland County Health Department and the Healthful Living Program of the Cumberland County Schools. Hundreds of 3rd grade students in 42 public and private schools in Cumberland County submitted poster entries. One winner was selected from each of the 42 participating schools and awarded a trophy. Each school winner then advanced to the district contest; the 9 district winners were awarded \$50 savings bonds.

The grand prize winner, Lenny Pabin of College Lakes Elementary, won a \$100 savings bond. Lenny and the other 8 district winners were honored at a special Awards Ceremony held February 17 at the Cumberland County Health Department. The keynote speaker was Dr. Breeden Blackwell, Principal of College Lake Elementary School. 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, Rpt., Robin L. Fennell, CDA, Elizabeth McCaskill, CDA, Alisa E. Debnam, MPH, and Dr. Sharon Nicholson Harrell.



# ASSOCIATION REPORTS

## EDNCPHA

We will be meeting in New Bern at the Sheraton New Bern Hotel and Marina on May 3-5, 1995 for our Annual Education Conference. This is our first trip to New Bern for the Annual Meeting and we have much to look forward to.

The Program Committee and the Sections have planned educational sessions with something for everyone. As we in public health work together with all types of groups to accomplish our goals, it is only fitting that our theme this year be PUBLIC HEALTH — COMMUNITY PARTNERSHIPS, HISTORY IN THE MAKING. Come on Wednesday for the First General Session and listen to four outstanding public health people talk about their unique experiences in public health partnerships. Wednesday afternoon will be devoted to Section business meetings and educational sessions. All day Thursday you will have the opportunity to pick and choose from an outstanding group of workshops. To close our meeting on Friday, Mae Craven, a motivational speaker will give some new ways of handling stress and coping. You will be re-energized to return home and continue the great work you do in public health.

There will also be chances to participate in less formal ways. An "Eastern Luau" is planned for the President's Reception on Wednesday evening with a dance to follow. Live Music is returning to Eastern District after many years in the form of the "Band of Oz" sponsored by Southland Medical Supplies. The Annual Awards Banquet will be on Thursday evening. After the Banquet, a dance with Charlie Byrd, The DJ will be held.

The Officers, Sections and Committees have been hard at work to make this Educational Conference the very best yet. Local arrangements have outdone themselves in preparing for our visit to New Bern. So make your plans, pack your bags and join us for what will be the "HAPPENING OF THE YEAR" at the water's edge in Historic New Bern.

Susan M. O'Brien  
President, Eastern District NCPHA

**Hotel Reservations  
for  
EDNCPHA  
May 3-5, 1995  
Sheraton Grand  
New Bern, NC  
Rate: Hotel - \$70/night - flat  
Inn - \$80/night - flat  
1-800-326-3745**

## WNCPHA UPDATE

The 49th annual educational conference of the Western North Carolina Public Health Association will be held May 31st, June 1st and June 2nd, at the University Place Hilton in Charlotte. Our theme is "No Fear: Redefining Public Health."

Dr. Charles Knapp will speak on Wednesday afternoon, May 31st. He will get us excited about public health again! WNCPHA's business luncheon will be Thursday and the annual awards banquet will be Thursday evening. On Friday morn-

ing, Bobbie Staten, a motivational humorist, will give us a "jump start" with her special presentation, "Batteries Not Included." She will make you fall in love with your job again!

Good exhibits, great speakers, awards, scholarships, informative educational programs, door prizes, a silent auction, and opportunities to network with old public health acquaintances and new friends are all yours at this year's annual WNCPHA educational meeting. Leonard Wood and the staff of the Catawba County Health Department, will be our host. (Rooms are \$59 single or double. For reservations call 704-547-7444. Reservations must be made before April 30, 1995. Mention that you are with WNCPHA.)

Pre-registration forms must be postmarked by May 12, 1995. There will be an opportunity to register on-site. You must be a member of WNCPHA to register for this meeting. If you have any questions, please call me at 704-663-1699. See you in Charlotte!

Sheila Nichols,  
WNCPHA President

**Hotel Reservations  
for  
WNCPHA  
May 31-June 2, 1995  
Hilton at University Place  
Charlotte, NC  
Rate: \$59/night - single/double  
704-547-7444**

## NCPHA SCHOLARSHIP COMMITTEE



The Scholarship committee must follow an established criteria to determine eligibility of scholarship applicants

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 1995 would be used during the 1995-96 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 individuals 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 2 years in North Carolina following completion of training. The applicant(s) need not be a resident(s) 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, a paid member(s) of NCPHA.

F. The following factors will be taken into account in selecting a Scholarship recipient(s):

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.

If you or someone you know qualifies, please send an application for a scholarship to Debra Springer, Wake County Department of Health, P.O. Box 14049, Raleigh, N.C. 27620.

All applications must be received by JUNE 15, 1995. Scholarships will be awarded at the Awards Banquet, September 14, 1995 at the Annual Educational Conference in RTP.

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Note: The Community Health Aides and Technician Section is offering specific scholarships for their members.

Please use the following form but return it to:

Gwen Robinson  
Mecklenburg County Health Dept.  
249 Billingsley Road  
Charlotte, N.C. 28211

Special to CHAT Members only.

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

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

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

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

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

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

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

| <u>Professional registrations or licenses held</u> | <u>State</u> | <u>Date</u> |
|--|--------------|-------------|
|  |              |             |
|  |              |             |
|  |              |             |

| <u>Education: Institution and Address</u> | <u>Degree Earned &amp; Field of Study</u> | <u>Date</u> |
|---|---|-------------|
|   |   |             |
|   |   |             |
|   |   |             |

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?    Yes    No

When will you know? \_\_\_\_\_    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?

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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:    Debra Springer  
Wake County Department of Health  
P.O. Box 14049  
Raleigh, N.C. 27520-4049

## WELCOME MAT

We are fortunate to have 107 new members to join us for the period of October 1, 1994 to February 28, 1995. 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.

**Orange County Health Department** - Dr. Eugene Sandler  
**Currituck County Health Department** - Beverly Lafferty, Roberta O'Hara, Julie Williams  
**Lee County Health Department** - Phyllis Lowry  
**Caldwell County Health Department** - Carol Henkle  
**Rowan County Health Department** - Clarence Fox, Pamela Lockard  
**Onslow County Health Department** - Jennifer Campbell, Patricia Fortney, Patricia Koch, Francine Reeves  
**Graham-Swain Health District** - Laura Clawson  
**Pitt County Health Department** - Dee Bowling  
**Craven County Health Department** - Pete Mac Avery, Sandra Bennett, Jane Bussey, Terri Caton, Shanna Ford, Cathy Gray, Laura Gammons, Mark Murosky, Darlene Tracy, Theresa Taylor, Mary Jo Phillips  
**Lenior County Health Department** - Debra Alphin, David Byrant  
**Montgomery County Health Department** - Angela Alderman, Juliana Clark, Angela Callicutt, Joyce Hunsucker, Patricia Hancock, Mildred Kearns, Rachel McCallum  
**Johnston County Health Department** - Barbara Allen  
**Wayne County Health Department** - Mary Kuula  
**Brunswick County Health Department** - Judi Allen, Walter Marley  
**Guilford County Health Department** - Janet Cook, Michele Jones  
**Cumberland County Health Department** - Brenda Hall, Joanna Horne, Ellen Melnick, Leigh Myers, Alexia Beth Plankers, Debra Tyson, Susan Kear, Lynn Williams  
**Columbus County Health Department** - Angela Hammonds, Barbara Ann Gore, Lisa Cartrette, Linda Kay Jordan  
**Robeson County Health Department** - Vanessa Troy  
**Person County Health Department** - Elizabeth Brooks, Lesley Morris, Harold Brian Phillips  
**Carteret County Health Department** - Kim Beasley, Brenda Moore, Katrina Winters

**Franklin County Health Department** - Anne Matthews  
**Forsyth County Health Department** - Brenda Toone  
**Durham County Health Department** - Michele Easterline  
**Alamance County Health Department** - Andy Adams  
**New Hanover County Health Department** - Maryann Adkins, Anne Lawrence, Julie McIver  
**Moore County Health Department** - Kay Baker, Sonya Moore  
**Mecklenburg County Health Department** - Timothy Bennett, Elizabeth Cook  
**Appalachian District Health Department** - Andrew Blethen, Carrington Peralton  
**Alexander County Health Department** - Ranae Caldwell  
**Henderson County Health Department** - Brenda Fuquay, Nancy Selvey  
**Surry County Health Department** - Dana Hiatt  
**Sampson County Health Department** - Martha Honeycutt, Curtis Holloman  
**Transylvania County Health Department** - Patricia Jenkins  
**Madison County Health Department** - Jamie Lanning, Jane Recktenwald  
**Burke County Health Department** - Rachel Carpenter  
**Warren County Health Department** - Denise Richie  
**PPCC District Health Department** - Teresa Garris  
**Richmond County Health Department** - Sam Yates  
**Developmental Evaluation Center: Wilmington** - Mary Christiaanse, Janice Gordon  
**DEHNR: State Lab** - Gregory Benner, Natalie Boykin, Shu Huey Chaing, Laura Grant, Linda Starr  
**Adult Health Promotion** - Elizabeth Conlisk, Brenda Edwards, Shellie Pfohl  
**State Health Director's Office** - Alberta Adala, Carla Williams  
**Wilmington Regional Office** - Ginny Smith  
**East Carolina University** - Laura Adams  
**UNC School of Public Health** - Moye Freymann, M.D., Tim Stephens  
**UNC -Wilmington** - Ann Allen  
**Britthaven of Edenton** - Carole Hogge  
**Eastern Area Sickle Cell Assoc.** - Jacquelyn Harris  
**Saudi Aramco** - Robert Elliott  
**Retired** - Dr. Louis LaMotte  
**Lincoln Community Health Center** - Barbarann Talbot

## ADVOCACY AT WORK!!!

The NCPHA Legislative Committee is working diligently to advocate for public health in North Carolina. Strength is in numbers and legislators respond more attentively to his/her own constituent. Therefore, each member of the committee has been asked to adopt a legislator serving on committees that will be studying public health bills or appropriations. The NCPHA Legislative Committee member has been given a listing of NCPHA members in the district of the respective legislator to whom they have adopted. The task that has been given to each member of the NCPHA Legislative Committee is to initiate a legislative network within that district composed of NCPHA members.

We intend to keep you informed of what is happening in the halls of the Legislative Building either through Legislative Alerts or through your local NCPHA representative. If you receive a request from NCPHA to contact your legislator, please do so. The life of public health as we know it may depend on your call or letter. Things can happen very quickly and your immediate response to our call for help is essential. REMEMBER, ADVOCACY IS EVERYONE'S RESPONSIBILITY!

## The Wood Endowment - Day One



On January 27, 1995, the Wood Endowment became a reality for NCPHA. It was a Friday afternoon that NCPHA President Newsom Williams and Endowment Committee Chair, Robert Parker, met with Ms. Ann Cathcart of the North Carolina Community Foundation to formally sign the endowment

documents and to present the Community Foundation with our first investment of over \$8,000. This event was a watershed event in NCPHA history. This endowment represents the first such effort of its kind in our eighty four years. It represents an investment in the future of the Association and it signals an important new commitment to education for the public health community of North Carolina. The purpose of the Endowment Fund is to generate investment income to fund the Wood Lectures at the annual educational conferences held each September by the Association. The principle investment will not be utilized and will continue to increase.

The Wood Lectures will honor two of North Carolina's distinguished physicians who were committed to public health work in the state. Dr. Thomas Fanning Wood (1841-1892) is considered the "father" of organized public health activity in the Tarheel State. He served as North Carolina's first State Health Officer from 1877 to 1892. Through his leadership, and the efforts of the North Carolina Medical Society, the State Board of Health was created in February, 1877. His son, Dr. Edward

Jenner Wood, was a public health leader and an exemplary member of the North Carolina State Board of Health.

The members of NCPHA can look with pride at our endowment fund and will enjoy the benefits of this effort by hearing outstanding presentations at our meetings beginning in 1996. In September, 2096 at the annual meeting of the Association, an outstanding speaker will come to the podium and will announce his/her pleasure in delivering the hundredth Wood Lecture. The public health community that began this effort in 1995 will be part of that proud moment.

North Carolina has been a flagship on the public "waters" of the United States for 118 years. The Wood Endowment and the lectures which it will fund represents a continuation of this leadership in excellence for which the state is known. We should be proud of our past; competent and confident in the present; and prayful and hopeful for the future.

Dan Shingleton

## NORTH CAROLINA PUBLIC HEALTH ASSOCIATION CANVASS FOR SERVICE AWARD ELIGIBLTY

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, 1994

| NAME                     | CLASSIFICATION | DATES OF SERVICE | EMPLOYER |
|--------------------------|----------------|------------------|----------|
| <b>Twenty-Five Years</b> |                |                  |          |
|                          |                |                  |          |
| <b>Thirty Years</b>      |                |                  |          |
|                          |                |                  |          |
| <b>Thirty-Five Years</b> |                |                  |          |
|                          |                |                  |          |
| <b>Forty Years</b>       |                |                  |          |
|                          |                |                  |          |

Return by August 20th to: Leonard Wood, Catawba County Health Department, 3070 11th Avenue Drive, SE, Hickory, NC 28602

## What Happened To Our Boards of Health?

If the public health community of North Carolina does not stand up and speak up, we may soon find ourselves in the position of asking the question "What happened to our Boards of Health?" Word has it that the North Carolina General Assembly will be requested to reduce the population requirements in present legislation so that any county may choose to abolish their local Board of Health. If this happens, that which has stood the test of time and produced one of the finest public health systems in our nation may be consigned to the history books and an organizational nightmare. At the same time, we will be witnesses to an organization crime and the rejection of a tradition that began with the pioneers of public health work in our state.

The concept of Boards of Health originated with the North Carolina Medical Society. It is the product of organizational genius. Its creators understood the nature of public health work and the political process. Public health interests and political interests frequently find themselves in disagreement or in conflict. The Board of Health concept offers a logical, reasonable, civil, and just method for resolving these inevitable conflicts of interest. It recognizes the fact that preventive medicine, communicable disease control and health education in the community, to be effective, cannot always be subject to majority opinion and special interests.

The idea of a Board comprised of health professionals and community representa-

tives guiding the work of public health was created in North Carolina through the leadership of the North Carolina Medical Society and the wisdom of the General Assembly in 1877. The State Board of Health became the model for local Boards and except in the "state" of Mecklenburg, the concept has served local communities well for eighty four years. While tradition and "we have always done it this way" are not necessarily proper guides for current action, the system begs for study and contemplation before it is destroyed. I believe a careful and objective study will confirm that it is the best method for guiding public health work in the community. Balancing political interest and public health interests is a sensitive and often contentious process. The community Board of Health offers a forum where civility and scientific reason may prevail.

Organized public health work cannot withstand an organizational insult as grave as abolishment of Boards of Health without being compromised everywhere and in some places it will destroy the ability of the public health community to remain functional. At present, we can reference no identifiable legislation that seeks to reduce population requirements so that any community may abolish the board but the fear remains that such legislation will suddenly appear and it will be passed in a moment of legislative frenzy. Such legislation should not appear at all and we believe that wise and prudent people will recognize its destructive potential if time and process allow for thought and

discussion.

In c. 1908, North Carolina Governor Robert Glenn (1905-1909) in a speech to the high school graduating class in Wilmington said. "A bunch of Yankees are trying to intimidate us Southerners into thinking that we have hookworms. I am telling you, there is no such thing." It is ironic that these words were spoken in a community that created one of the first local Boards of Health in the nation and also provided a home for the State Board of Health from 1877 to 1892. The State Board of Health, utilizing scientific information and motivated by an interest in the public's health, did not accept the Governor's pronouncements about hookworm disease in North Carolina. If the Governor's views had prevailed, thousands of North Carolinians would have remained victims of the "Great Southern Murderer" that sapped their energy and destroyed their will.

We need community minded citizens who can see further than the next election and who are not motivated by popularity polls and the latest political fad to oversee public health activities in our communities. The best and most effective means to maintain a proper and meaningful public health focus is to keep a worthy institution called Boards of Health in place and at the center of community public health work.

Dan Shingleton

### UPDATE

On March 23, 1995 Senate Bill 468 was introduced. The short title of this bill is "Direct Control of County Boards" and it has been referred to the Judiciary II Committee. Basically, it does as we had anticipated: the applicability of G.S. 153A-77 to counties with a population in excess of 425,000 has had all reference to population removed, thus any county that contains a county manager may choose to abolish boards of health, social services and mental health.

Our appreciation goes to the North Carolina Medical Society whose Executive Council unanimously adopted a resolution to preserve local boards of health on March 17, 1995. Dr. Thad Wester, President, challenged Ms. Betty Lou Ward, member of the Wake County Commissioners and President of the N.C. Association of County Commissioners, to set an example that there is no mandate for consolidation as proposed by the county manager or Senate Bill 468. An interesting concept brought up by Dr. Wester is that "the proposed consolidation of human service boards will sacrifice that valuable and necessary ingredient and encourage policies that are biased toward cost efficiency and political expediency. This lets the fox guard the hen house and is not in the best interest of the public you and I have taken an oath to serve."

The question is, is this fox rabid? Members will be called upon to help beat back the lemming-like efforts being espoused by the North Carolina Association of County Commissioners.

Bill Smith

Thanks to the efforts of many public health advocates, President Bill Clinton has signed a proclamation declaring April 3-9, 1995 as National Public Health Week.

Public Health Officials have been told by the White House that very few proclamations are currently being signed, especially if they were not first declared by Congress. Informally we learned that the many letters, meetings with DHHS and White House officials, and other similar efforts made the difference.

Please join us in feeling proud of this accomplishment and in celebrating the first National Public Health Week.

## National Public Health Week, 1995

*By the President of the United States of America*

### A Proclamation

A clean bill of health is one of life's most precious gifts. But for many Americans, and for millions around the world, good health can seem almost a luxury. The AIDS epidemic, the prevalence of poor nutrition, unplanned pregnancies, and environmental degradation—these are just some of the pressing crises facing hardworking public health officials everywhere. While our society's medical technology has advanced to a level unimaginable to the generations before, the crucial job of ensuring basic public health for all remains just beyond our reach.

Now, more than ever, public health programs and services are needed so that we can ensure the best possible health for everyone. Providing safe living and working environments, developing methods to immunize populations against infectious disease, maintaining good nutritional standards, and having good prenatal care for everyone are vital endeavors—and such primary and preventive measures can mean the difference between life and death.

Every day, thousands of individuals across our country are working to build healthy communities, meet the needs of our diverse population, plan appropriate responses to natural disasters, educate individuals about workplace hazards, and encourage responsible behavior in all that we do. Their leadership is helping America to address one of humanity's most essential concerns, and their service is building a safer, healthier future for all of our people.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim the week of April 3 through April 9, 1995, as "National Public Health Week." I call upon all Federal, State, and local public health agencies to join with appropriate private organizations and educational institutions in celebrating this occasion with activities to promote healthy lifestyles and to heighten awareness of the many benefits good health brings.

IN WITNESS WHEREOF, I have hereunto set my hand this thirteenth day of March, in the year of our Lord nineteen hundred and ninety-five, and of the Independence of the United States of America the two hundred and nineteenth.

*William J. Clinton*



## NCPHA CALENDAR

|                          |                        |
|--------------------------|------------------------|
| May 1, New Bern          | Executive Meeting      |
| May 2, New Bern          | Governing Council      |
| May 3-5, New Bern        | EDNCPHA Annual Meeting |
| May 31-June 2, Charlotte | WNCPHA Annual Meeting  |
| Sept. 11, RTP            | Executive Meeting      |
| Sept. 12, RTP            | Governing Council      |
| Sept. 13-15, RTP         | NCPHA Annual Meeting   |

**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, 1995. Articles should be submitted by June 1, 1995.*

Dan Shingleton, Program Development Specialist

Deborah Rowe, Administrative Assistant

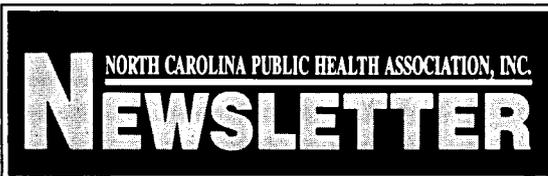
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expressed in signed articles.



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1009 Dresser Court, Raleigh, NC 27609



# NORTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

# NEWSLETTER

FEBRUARY, 1995

1009 DRESSER COURT, RALEIGH, NC 27609

PHONE 919/872-6274

## NCPHA PRESIDENT'S MESSAGE

Each new president of NCPHA brings specific skills, interests, and ideas to this position. My great interest for this Association is organizational development, including membership, visibility, endowment, and involvement in health care reform. The following remarks will address each of these components as they pertain to NCPHA in the 1990's.

**MEMBERSHIP:** At the close of our 1994 Annual Education conference, NCPHA had 1,436 members. Our association is reportedly the largest public health organization of its kind in the country, and we are very proud of that recognition. But the fact is, there are several thousand additional "public healthers" in North Carolina who could join this professional association.

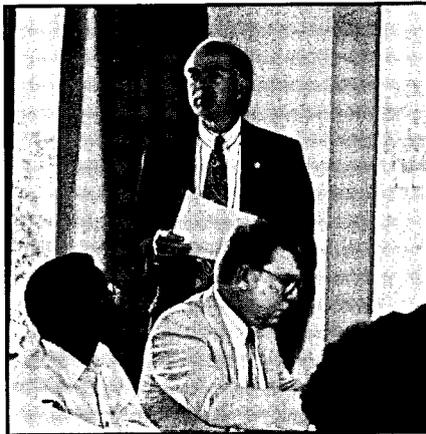
During the past few years, NCPHA experienced a membership decline. From a high of 1,768 members in 1990, we dropped to fewer than 1,200 members in 1993. Recently, thanks to a strong emphasis on recruitment by our Membership Committee and the direct recruitment efforts provided by Dan Shingleton, that trend has been reversed. Dan visited 39 health departments and DEC's and a number of Boards of Health during 1994 to present information about NCPHA, recruit new members, and conduct workshops. He will continue this effort during 1995.

But membership growth is not the exclusive responsibility of staff. Most of us could become more involved in the process. Perhaps the phrase "EVERY MEMBER RECRUIT A MEMBER" should be our motto. It would not be that difficult for you and me to take five minutes to meet

with a colleague, encouraging that individual to join our professional association. Would you be willing to consider doing just this — a five minute investment for NCPHA — during the next month?

Let's think big for a minute. Could NCPHA double its membership — could we become an organization of 3,000 members? With the accompanying strength of numbers, not to mention membership dues, this Association could accomplish a number of things:

(1) We could significantly enhance our lobbying effort with the General Assembly.



*Newsom William*

Senators and Representatives listen more attentively when a large association speaks about an issue — numbers do count! If we had 3,000 members, the General Assembly would view us as a more influential, power group and we could make a stronger impact on public health legislation.

(2) We would have additional funds to employ a full-time staff. Most of us realize now that we are beyond the stage of an all volunteer organization. It is not impossible to service members, coordinate committees,

provide educational information to the public, lobby for public health legislation, and maintain a unified professional image if we do not have a central location (i.e., a headquarters) and staff. To do good things and effect change, we must continue to employ professional staff and pay adequate wages, including retirement and hospitalization benefits.

(3) We would also have additional funds to increase our scholarships for members. There would be funds available to support more committee projects. And there may be funds for a media campaign to promote important public health issues.

I suggest that we consider a goal of 3,000 members for NCPHA by the year 1997, and work hard to accomplish this. I know it is achievable if each individual reading this Newsletter commits to this effort. And if you have some good ideas or suggestions for membership recruitment, please give these to your section representative or to Karen Foster, chair of our Membership Committee.

**ENDOWMENT:** The concept of an endowment for NCPHA was endorsed by the Executive Committee on May 16, 1994 in Winston Salem. This is a visionary for the Association. It represents an opportunity for NCPHA to establish a permanent, growing fund, to help support our education mission. The idea is simple. Members, friends and businesses make a contribution to the NCPHA endowment. These funds are invested with a bank or with a community foundation. The principal remains in a perpetual trust, managed by profession-

continued on page 2

als. Only the interest from the investment is available to be used for a designated project. In our case, the interest earned from an endowment would be used to pay honoraria for speakers at our Annual Education Conference—"world class public healthers" to come to North Carolina and address us at this meeting.

Past NCPHA president Bob Parker, Health Director in New Hanover County, is serving as chairman of this major fund-raising effort. The drive is now underway, with a goal of raising \$50,000 over the next 3 years. The endowment has been designated the Wood Endowment, in memory of Dr. Thomas Fanning Wood, the father of public health in North Carolina, and his son, Dr. Edward Jenner Wood.

This concept has been successfully utilized by other nonprofit organizations in North Carolina and it will work for NCPHA. Here is my second request. Would you consider making a pledge to the Wood Endowment this winter? A contribution of any amount is welcomed, and you will know that your gift will work indefinitely to further the educational goals of NCPHA.

**MARKETING/PUBLIC RELATIONS:** At the spring meeting of our Governing Council, a theme was adopted for NCPHA—**PRIDE IN PUBLIC HEALTH**. A Task Force has been established to explore ways that our association can effectively utilize this theme—including improving public health's community image and visibility, and increasing members' identification with and pride in the organization. Tamara Hower has agreed to chair this project.

Visibility, image, awareness, and promotional concepts will be addressed through the development of a visual campaign theme (logo), the identification of service projects, and the development of a media campaign to promote public health issues and public health organizations throughout North Carolina. The Task Force wants to change the public mindset that "nobody notices when public health is working" to one of "everyone knows when public health works." To get that message out to elected officials and to all citizens will be a real challenge.

The Pride in Public Health Task Force is also planning internal projects to promote pride and unity among members. For example, at the 1994 Annual Education Con-

ference, new members of NCPHA were clearly identified with a white ribbon on their name tags and publicly welcomed at section meetings and general sessions. Next year, at the 1995 Annual Conference, we will have an orientation/social for new members. Membership pins for all members are being considered and promotional items are on the drawing board, including T-shirts, tote bags, visors, and bumper stickers. These and other ideas will be coordinated by the Pride in Public Health Task Force, with assistance from other committees. Watch this newsletter for updates. And if you wish to get involved in the marketing or other aspects of this project, we need to hear from you.

**HEALTH CARE REFORM:** During the past year, most of us were inundated with information about health care reform—television ads, news programs, magazine and newspaper articles, and flyers and letters. However, there is no one in this Association who does not have a major stake in the reform movement. To quote Dr. Hugh Tilson, former State Health Director, "We cannot let the health care reform train leave the station without public health people on board."

During 1994, the North Carolina Health Planning Commission held regional meetings across the State, through 13 appointed and staffed committees. In February 1995, after the General Assembly recovers for its long session, it is anticipated that the Health Planning Commission will have a proposal for the General Assembly to consider. Therefore, 1995 will surely be a watershed year in the history of medical care and public health in North Carolina. Let there be no mistake—public health and prevention must be a hallmark of any worthy health care reform package or program. And such a package must include financial resources—a set aside—for public health work to continue in our state.

Public health cannot be left doing only what no one else wants to do, with unstable financial resources. Diseases are not eradicated by medical treatment—that is done through prevention. And as we know, public health "folks" are and have been for 100 years, prevention specialists. We need to get that message across to elected officials

and to our fellow citizens. Public health must have a proper place in health care reform.

Our collective voice is heard in the General Assembly Building through such groups as the Health Directors Association, the Association of Local Boards of Health, and NCPHA's Legislative Committee, chaired by Dr. Leah Devlin. But your voice is also needed. There is nothing more important or effective in the political process than local people talking to their elected officials regarding an issue. That elected official knows that you can vote for her/him, and that individual will listen to you. Speak with your Senator or Representative about public health needs in North Carolina and please do it quickly.

There are probably members of our General Assembly who have never set foot in a Health Department or a Developmental Evaluation Center. They do not know the staff and are only vaguely familiar with what we do for the citizens in our communities. It is not necessary to be a Philadelphia lawyer to figure out that when Senator Jane Doe votes on public health legislation, knowledge of our agencies and our mission does matter when she registers her vote.

To summarize, I would ask that each of us commit to do 3 very different things for NCPHA, our professional organization: (1) talk with a colleague about joining the Association, (2) think about what you can personally do financially regarding the endowment fund—if not now, then during the next 3 years, and (3) speak up—telephone one of your Representatives or take a Senator to lunch and ask him or her to ensure that public health is a vital part of health care reform in North Carolina. It is an honor to have been elected to serve as president of NCPHA for 1994-95. We have a strong history and much of which to be proud. North Carolina has been a strong leader in public health for over 100 years. We will continue that tradition, working together. When Dicie Alston makes her NCPHA presidential address in the Research Triangle Park next September, I fully expect that she will be able to say that 1995 was a good year for public health and the North Carolina Public Health Association.

Newsom Williams



*Barbara Chavious, Susan O'Brien, Bill Smith, Dicie Alston,  
Newsom Williams, Pattie Smith, Malcolm Blalock,  
Tamara Dempsey-Tanner, Chris Hoke*

**Executive Committee**

**President Elect**  
Dicie Alston

**Vice President of Education**  
Tamara Dempsey-Tanner

**Vice President of Communications**  
Bill Smith

**Secretary**  
Pattie Smith

**Treasurer**  
Malcolm Blalock

**APHA Representative**  
Barbara Chavious

**SHA Representative**  
Susan O'Brien

**APHA/SHA Alternate**  
Chris Hoke

**Past President**  
Jim Jones

**Members -At-Large**  
Georgena Chandler  
Mike Rhodes  
Deborah Warren  
Barry Bass  
Annette Furr  
Carolyn Haynie

**Affiliates**  
**Eastern District NCPHA**  
Susan O'Brien

**Western NCPHA**  
Sheila Nichols

**Sections**  
**Adult Health**  
Wanda Tart

**Children with Special Needs**  
Joyce Green

**Community Health Assistants/  
Technicians**  
Barbara Faison

**Dental Health**  
Robert Leddy

**Environmental Health**  
Mike Reavis

**Health Education**  
Peggie Garner

**Laboratory**  
Pat Vick

**Management Support**  
Betty Bissette

**Maternal and Child Health**  
Hilda Elliott

**Nursing**  
Patricia McCall

**Nutrition**  
Beryl Rehn

**Physician Extenders**  
Gretchen Barnes

**Public Health Management**  
George O' Daniel

**Social Work**  
Karen Carraway

**Statistics and Epidemiology**  
Elaine Thomas

**STD**  
Ronda Ashley

**Vector Control**  
Dennis Salmon

**Standing Committees**  
**Annual Meeting - 1995**  
Tamara Dempsey-Tanner  
Kathy Gurley  
Brenda Johnson

**Auditing**  
Kent Haywood

**Awards**  
Leonard Wood

**ByLaws and Manual of Procedures**  
Carolyn Sparks

**Elections**  
Leonard Wood

**Legislative**  
Dr. Leah Devlin

**Membership**  
Karen Foster

**Nominating**  
Jim Jones

**Public Relations**  
Johanna Reese

**Resolutions**  
Belinda Allison

**Scholarships**  
Debra Springer

**Special Committees**  
**Historian**  
Dan Shingleton

**NC Medical Society**  
Dr. Mary Christianese

**NC Child Advocacy Institute**  
Ira Palmer

**NC Citizens for Public Health**  
Celia Witt

**Parliamentarian**  
Cherry Horn

**Public Health Week**  
Eunice Inman

**Project Assist**  
Karen Haas

**Pride in Public Health**  
Cherry Horn

**Ad Hoc**  
**Publications**  
Trenton Davis

**Personnel**  
Mel Crocker

## NORTON GROUP AWARD



*Robeson County Health Department*

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

For receiving national accreditation of its jail health program in less than two years of operation;

For pioneering an immunization registry and tracking system that links the pediatrician sector, community health centers and the health department;

For extraordinary efforts in maximizing resources and skills to make a better community, serving as a model for health departments and community health agencies;

For these and other significant contributions to public health, the North Carolina Public Health Association presents the 1994 Norton Group Award to the Robeson County Health Department.

## REYNOLDS AWARD



*Annette Byrd*

For noteworthy leadership in planning and implementing the Universal Childhood

Vaccine Distribution Program for which the Legislature provided 7.2 million dollars in funding to provide state-supplied vaccines to all health care providers in North Carolina; For developing North Carolina's first Immunization Action Plan, which resulted in North Carolina receiving an additional 3.5 million dollars in federal funds; For developing and initiating the first State of the State immunization Conference, which brought together over 300 top public health professionals from around the state;

For successfully accomplishing the challenge by CDC to raise North Carolina's DTP #4 goal by 5 percent in one year, making the state eligible to receive thousands of additional federal dollars;

For leadership in developing North Carolina's Immunization Registry and in outreach activities designed to bring children into their health care providers' offices;

For guiding legislation through the General Assembly to ease immunization consent requirements and allow health care providers to immunize children with the consent of a relative or other responsible adult and to share immunization information;

For these and other significant contributions to public health, the North Carolina Public Health Association proudly presents the 1994 Carl V. Reynolds Award to C. Annette Byrd.

## RANKIN AWARD

For exhibiting integrity and commitment to the public health profession for twenty years;

For improving the health status of thousands of North Carolina's citizens and for



*Alice Lenihan*

strengthening programs such as Maternal Health, Child Health, Baby Love, Immunization, Childhood Lead Poisoning Prevention and WIC;

For providing leadership in the development of nutrition services and their integration with other public health services in North Carolina; For instituting an infant formula rebate program that has resulted in millions of additional dollars for the WIC Program and the enrollment of thousands of additional mothers, infants and children who are at nutritional risk;

For being instrumental in bringing computer automation to local health departments and for fostering integration of the WIC Automated Data Processing and the Health Services Information Systems;

For currently serving as President of the National Association of WIC Directors and for serving as North Carolina's representative on numerous other national public health organizations and committees;

For being recognized by associates at the local, state, and national levels as a very caring, compassionate, open minded and good natured individual who works hard to promote the program she directs and to promote broader public health goals and objectives;

For promoting professionalism in the field of public health nutrition and for advocating for greater recognition of nutrition's role in improving the health status of North Carolina's citizens;

For these and other significant contributions to the field of public health, the North Carolina Public Health Association proudly presents the 1994 Watson S. Rankin Award to Alice Lenihan.

## CITATION OF MERIT



*Maida O. Dundon*

For serving local health departments with distinction for some seventeen years; For giving of her time and energy to the advancement of the North Carolina Public Health Association for seventeen years;

For invaluable representation of public health in North Carolina through her roles in the American Public Health Association, the Southern Health Association, and the Western Public Health Association;

For serving as a highly regarded mentor to other regional office staff and consultants;

For serving as a constant source of inspiration to both state and local public health employees;

For being an intrepid champion for the health interest of women and children;

For continuous giving of her time and energy to the underprivileged people of Forsyth County through which she has been recognized by the State March of Dimes and the Winston-Salem Jaycees; For seeing that public health be an integral part of President Clinton's Health Care Reform package; For these and many other significant contributions to public health, the North Carolina Public Health Association proudly presents the 1994 Citation of Merit to Maida O. Dundon.

## DISTINGUISHED SERVICE AWARD

*Dr. Jesse H. Meredith  
(not pictured)*

For more than fifteen years of dedicated service as chairman of the Primary Regulatory and Standard setting Body for Public Health, the Commission for Health Ser-

vices;

For providing sage leadership in the adoption and amendment of thousands of pages of rules on a wide array of public health matters, from AIDS to hazardous waste to teenage pregnancy prevention to onsite sewage disposal;

For establishing and maintaining a public health rule-making process that encourages public participation, that appreciates professional differences on public health policy matters, and that leads to successful resolution of disputes;

For steadfastly resisting political interference as well as special interest group intimidation in the development of scientifically based public health policy; For these and other significant contributions to public health, the North Carolina Public Health Association proudly presents the 1994 Distinguished Service Award to Dr. Jesse H. Meredith.

## SHE SHOT A HOLE IN MY SOUL AWARD



*the "Departing" Deborah Rowe*

## WOOD ENDOWMENT FUND OFF TO SUCCESSFUL START

During the 1994 North Carolina Public Health Association Annual Meeting in Asheville, \$13,000 was pledged to the Wood Endowment Fund by NCPHA members. The Wood Endowment Fund Committee is on a campaign through 1997 to raise \$50,000. Committee members are asking those interested in public health to make a pledge to the Wood Endowment Fund over a three-year

period (1995, 1996 and 1997). Hopefully, the first Wood Lecture at an NCPHA Annual Meeting will be in 1997.

## Members of the Wood Endowment Committee are:

Mr. Robert S. (Bob) Parker,  
Chairman, Health Director  
New Hanover County Health Dept.

Dr. Michel Ibrahim, Dean,  
UNC School of Public Health

Mrs. David C. (Frances) Loughlin,  
Representative, Wood Family

Dr. Sarah Moffow, Medical Director,  
EDS (N.C. Medicaid)

Mr. E. Daniel Shingleton,  
Ex-Officio Member

Dr. Hugh Tilson, Vice- President,  
Burroughs Wellcome Co.

Dr. Thad Wester, Deputy State  
Health Director

Mr. Leonard Wood, Health  
Director, Catawba County  
Health Department, NCPHA  
Representative

Earnings from the Endowment will support the Wood Lecture or Lectures at each NCPHA annual educational conference. The goal of the lectures is to bring in outstanding speakers on public health and health care and to provide current, up-to-date, exciting and meaningful presentations at our meetings.

Dr. Thomas Fanning Wood was the first State Health Director and is considered the Father of Public Health in North Carolina. His son, Dr. Edward Jenner Wood, was a famous physician who served on the State Board of Health. Both of these men gave of themselves and sacrificed for the citizens of North Carolina through their careers in medicine and public health. We are blessed with a wonderful opportunity to honor these two great men through our Association.



# NEWS FROM THE SECTIONS

## STD SECTION

The STD Section recently met at the NCPHA Conference in Asheville, North Carolina, September 21st - 23rd. The North Carolina mountains were beautiful and the conference was most informative. After our workshop on September 21, 1994, we held our annual business meeting and awards presentation for outstanding contributions to STD control in North Carolina. The following awards were presented:

**Outstanding Service in the Secretarial /Clerical Field:**

*Vickie Rackley*

Wayne County Health Department  
Goldsboro, N.C.

**Outstanding Service in the Physicians/Clinician Field:**

*Sue Jenette*

Wayne County Health Department  
Goldsboro, N.C.

**Outstanding Service in the Laboratory Field**

*JoAnne Ransom*

Wake County Health Department  
Raleigh, N.C.

**The Carlton S. Chandler Supportive Service Award**

*Scottie Cone*

DEHNR HIV/STD Control Section  
Raleigh, N.C.

**The James R. Fowler, Jr. Award for Outstanding Performance in Epidemiology**

*Marie Stowasser and Mary La Bouve'*

DEHNR HIV/STD Control Section  
Washington Regional Office



*Marie Stowasser*

**The James M. McDiarmid Award**

*William J. (Bill) Petz*

DEHNR HIV/STD Control Section  
Black Mountain Regional Office



*Bill Petz*

The Section also voted to create an award to recognize individuals who work in the community to help prevent HIV/AIDS and STD's. This award will be named the Jef-

frey D. Joyner Award in memory of deceased co-worker, Jeff Joyner. Jeff worked with our Section from 1985 to 1993. He was an outstanding investigator and truly loved the individuals with whom he worked.

**New Section officers for 1995 are:**

**Chairperson:**

Rhonda Ashby

**Vice-Chairperson:**

Todd VanHoy

**Treasurer/Secretary:**

Mary Ann Curtis

**Section Program Chairperson:**

Todd VanHoy

**Representative to NCPHA Membership Committee:**

Lee Ann Brownlow

**Representative to NCPHA Legislative Committee:**

Margie Henry

**Representative to NCPHA Nominating Committee:**

Paul Esbrandt

**Awards Chairperson:**

Marie Stowasser

We look forward to seeing you at the 1995 NCPHA Conference at the Research Triangle Park! Please remember it is time to renew and/or join our Section membership.

Rhonda Ashby  
HIV/STD Chairperson

## NUTRITION SECTION

The Nutrition Section had a luncheon meeting at Magnolia's in Asheville where we honored individuals serving in the WIC Program for more than fifteen years, this being WIC's twentieth anniversary in North Carolina. The draft of the Public Health Nutrition Position Paper was shared with members. The final draft will soon be ready.

The new Nutrition Section Officers are pictured below.



From left to right are  
Patsy Holley, Nominating Chair;  
Phyllis Smith, Program Chair 94-95;  
Carol Parish, Chair;  
Beryl Rehn, Chair-Elect;  
Jackie Waters, Secretary; and  
Marie Warren, Treasurer.

## BERTHYA BOSLEY AWARD



Carolyn Sparks

## DENTAL SECTION

### BECKY S. BOWDEN "OUTSTANDING DENTAL HYGIENIST" AWARD



Diane Stokes

### CUMBERLAND COUNTY HOSTS 3<sup>RD</sup> ANNUAL DENTAL SEALANT PROMOTION PROJECT



Kay W. Williams and Robin L. Fennell  
place sealants on 2nd grade student

The Cumberland County Health Department, in conjunction with the Cumberland County Schools and the North Carolina Division of Dental Health, sponsored a Dental Sealant Promotion Project at District Seven Elementary School October 24-28. A "Dental Office" was set up at the school to place sealants on eligible children. A dental sealant is a plastic material placed on the chewing surfaces of back teeth to prevent decay.

Health department employees involved were: Kay W. Williams, Robin L. Fennell, Susie E. Davis, and Dr. Sharon Nicholson-Harrell. Dr. Jesse F. Williams is health director.

N.C. Division of Dental Health staff included: Beverly Bizzell, Wendy Hall, Martha Fleming, Dianne Rainey, Martha Taylor, Eleanor Wrenn, Dr. Michael White, and Dr. Rick Mumford.

Alisa E. Debnam represented Cumberland County Schools. Betty Musselwhite is principal.

Robert Leddy,  
Dental Section Chairperson

## SOCIAL WORK SECTION

The Social Work Section held its annual meeting on Wednesday, September 21, 1994, at the Mountain Smokehouse in Asheville. The following officers were elected:

**Chairman:**  
Karen Carraway  
Lenoir County Health Department

**Vice-Chairman:**  
Nina Silverthorne  
Wayne County Health Department

**Secretary**  
Sonia Boyd  
DEC Greensboro

**Treasurer**  
James Rogers, Jr.  
DEHNR

Annual awards presented at the luncheon were as follows:

### OUTSTANDING ACHIEVEMENT FOR PUBLIC HEALTH SOCIAL WORK

Denise Holmes,  
Family Planning Program Manager, DEHNR  
Fayetteville, N.C.

## OUTSTANDING CONTRIBUTION IN PUBLIC HEALTH SOCIAL WORK

Dr. Teme Reice,  
Continuing Education Specialist,  
UNC School of Public Health,  
Office of Continuing Education  
Chapel Hill, N.C.

The Social Work Section sponsored, with the Management Support and Health Education sections two workshops. On September 21, Linda Hackney spoke on "Living Safely in a Dangerous World." Ken Gibson spoke on September 22, 1994 on "Dealing with the Angry Citizen." Both workshops were well attended and informative.

Social workers have chosen a profession that commits us to do what we can to help humanity. In order to advance the interests of our profession and focus on our common goals, we must take a leadership role in critical issues facing society today. This means that social workers must be visible. The Social Work Section of NCPHA is designed as a forum for members to grow professionally as well as having a voice in legislative matters. This section allows social workers to be visible and powerful by capitalizing on our collective unity. Social workers in public health have a chance for the first time a strong voice in public health decision making. NCPHA needs YOU and your membership. If you are new in public health, or have ever been a member, please give NCPHA a chance. If you are old member, please renew your membership. I am honored to serve as your Chairman for the coming year, and am excited about the opportunity to make a positive contribution.

Karen K. Carraway,  
Social Work Chairperson

## Happy Valentine's Day



## NURSING SECTION

### MARGARET VODAN SCHOLARSHIP



*Billie S. Murrell*

## ENVIRONMENTAL HEALTH SECTION

### BROADWAY AWARD RECIPIENT



*Sylvia Daniel*

Sylvia Daniel was awarded the "W.A. "Bill" Broadway" Award at the environmental Health Section business meeting on September 21, 1994. The Broadway Award is given annually to an individual who has consistently improved the practice of environmental health through superior achievements and professional and technical excellence.

Sylvia was cited for accepting the responsibility, in 1985, of Chairing the Steering Committee for the 1990 National Environ-

mental Health Association's Annual Educational conference in Charlotte. This proved to be a time consuming but most rewarding job. Through her efforts, North Carolina was successful in acquiring the most prestigious "Environmental Event." Bill Broadway once said of Sylvia: "By far her crowning achievement, and one that must be recognized by all statewide, was her effort as Chair of the Steering Committee to bring the National Environmental Health Association's Annual Education conference to North Carolina. Her effort allowed a great many North Carolina sanitarians, and regional sanitarians to experience first hand a major environmental event. Additional, bringing this AEC to North Carolina established our State, nationally, as an 'environmentally conscious' State."

Among other things, she was also cited for her assistance to the Mecklenburg County Health Department during the Hurricane Hugo crises. Because of her broad background in environmental health, she was able to provide both professional assistance and technical expertise in the entire environmental health response to the crisis.

In addition to her academic and professional work, Sylvia has devoted much of her personal time to the enhancement of the environmental health profession. First and foremost, she has held every elective office in the North Carolina Environmental Health Section, NCPHA, Inc.. She is a member of the N.C. Environmental Health Supervisor's Association and the National Environmental Health Association where she served on the Board of Directors in 1986 and on the Credentialing Board, Inc.. She has served all the above organizations in varying capacities, from elective office to committee representation, with distinction.

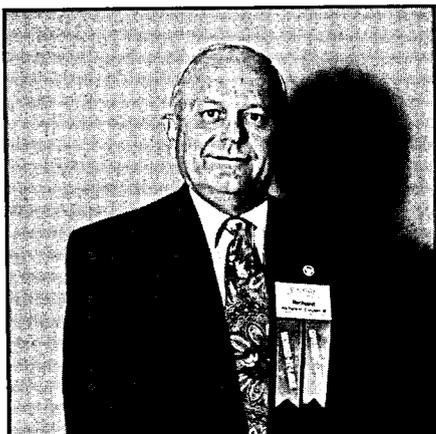
Sylvia has participated as a member of the Advisory Board, East Carolina Department of Environmental Health; the Health Law Update Course offered by UNC-Chapel Hill; the Food Short Course and the On Site Sewage Conference at North Carolina State University; and National Housekeeping Certification.

Sylvia is a graduate of East Carolina University with a Bachelor of Science Degree in Environmental Health. She spends much of

her time studying martial arts and sailing on Lake Norman.

other...

### ENVIRONMENTAL HEALTH SPECIALIST OF THE YEAR AWARD



*Richard Clayton*  
*Washington Regional Office*

### ROOKIE OF THE YEAR AWARD



*Christine Nitt, Carteret County*

### DISTRICT SERVICE AWARD



*Anna Hamilton*

### J.M. JARRETT AWARD

*(not pictured)*

*Daniel A. Okun*

### DEWEY L. PADGETT SCHOLARSHIPS

*(not pictured)*

*ECU - Mitch Phillips*

*WCU - Becky Sizemore*

### N.C. RESTAURANT ASSOCIATION ENDOWMENT

*(not pictured)*

*Robert Owen*

### LAB SECTION

Thirty-one Laboratory Section annual conference attendees celebrated "Fifty Years of Service Excellence" with a fantastic banquet meeting at the secluded Reems Creek Country Club in Weaverville, a 20 minute drive away from downtown Asheville. After a delicious catered luncheon, we attempted to "Name that Antique". Very few of us had ever seen, much less used, much of the antiquated laboratory equipment on display. National, State, Local and Future Perspectives of Laboratory Medicine were presented by Dr. Louie LaMotte, retired, CDC; John C. Sheats, Deputy Director, NC Division of Lab Services; Susan O'Brien, Lab Manager, New Hanover County Health

Department; and Dr. Samuel Merritt, Director, NC Division of Lab Services.

During our business meeting we elected the following slate of Laboratory Section officers for the 199-95 term: Chairperson, Pat Vick, Northampton County Health Department; Vice Chairperson, Pam Shatpe, Wilson County Health Department; Secretary, Pauline Blair, Craven County Health Department; Treasurer, Susan O'Brien, New Hanover County Health Department; and 1994-96 Member-At-Large, Rebecca Moffow, Person County Health Department. Next, the NCPHA Laboratory Section Laboratorian of the Year Award Presentation was made. An emotional Lou Turner was the proud and deserving recipient.

### LABORATORIAN OF THE YEAR



*"Dr. Lou" Turner*

In addition to all this, our section commissioned a 50-year commemorative lapel pin (thanks to anonymous benefactor); Cherry Home quilted us a Laboratory Section Banner, made from 100 squares—each identified with a single North Carolina county (those who contributed a square should be especially proud); we sold commemorative coffee mugs and offered commemorative pencils.

As of September 30, 1994, there were 68 laboratory section members—a gigantic increase from the 41 members at the close of the 1993 year. Our membership committee is to be commended. This writer's hope is that we can keep all our current members and add many more this year. As of this

continued on page 12



# GLAXO

## LOCAL HEALTH DEPARTMENT RECOGNITION

Mr. Charles Sanders,  
M.D.Chairman, Glaxo Inc.

Mr. Robert A. Ingram  
President and CEO, Glaxo Inc.

Dear Dr. Sanders and Mr. Ingram:

On behalf of this department and the community we proudly serve, thank you very much for acknowledging our efforts to better the rate of properly immunized children in Robeson. We take great pride in doing things differently and your feedback only reinforces this concept.

My gratitude comes threefold, I guess. As one of the agency winners, your recognition helps battle a feeling of indifference by staff. Not an indifference as to the benefits derived from their efforts, but one of finding that they receive the same compensation as other county staff who do nothing progressive or preventive. We often talk about our children having self-esteem problems, let's look at where they developed them. Although you cannot spend recognition (as the saying goes), it certainly can be invested. Thank you for investing directly in many Robesonians.

Secondly, as Health Director and Chair of the MCH Liaison Committee, I appreciate your helping take the lead in expanding immunization services. For every agency and individual nominated, there is a multitude of individuals and other agencies involved behind the scenes. This is certainly not an isolated service. Your process of recognition brought this to the forefront.

Lastly, as a public health professional, with public health principles barely noted in most of the discussed health care reform proposal, it is important to know that we are not completely forgotten. If you heard a popping sound during the presentations, it was public health people sitting up a little straighter in their chairs. I hate to use the word "classy", but that was what it was. Unfortunately, we are not used to being treated so well.

My satisfaction peaked when an employee from a neighboring county came to me afterwards and said that the ceremony and the fact that we had won caused her to cry. Imagine having that kind of impact! You did and you do. My hope is that we can share in her celebration next year.

Please thank all of the other people who helped make this a marked event in our lives. Most of them I do not know, but I do want to make sure that Walter Shepherd and Thanta Isenhouer are noted specifically. I will be sending something to Mrs. Hunt to thank her for her involvement.

If I can ever be of assistance to you, please let me know.

Sincerely,

William J. Smith  
Health Director

cc: Ron Levine,  
State Health Director

Ann Wolfe,  
MCH Division Director

Newsom William,  
President, NCPHA

Bob Parker,  
President, NCALHD



*Robeson County Health Department*



*New Hanover County Health Department*



*Cleveland County Health Department*

# GALA



## PUBLIC HEALTH STAFF RECOGNITION

## INDIVIDUAL RECOGNITION AWARDS



*Dorothea Fry, Nursing Supervisor  
Catawba County Health Department*

*Dr. David Tayloe, Jr.; Pediatrician  
(Not Pictured)*



*William Sherwood, President  
Blair, Incorporated*



*Dr. Joanne Barton, Pediatric Nurse  
Practitioner and Coordinator  
Area K Child Health Program*



*Carol P. Tyson, R.N., Communicable  
Disease Program Manager  
Wake County Health Department*



*Thomas Dimmock, Chairman  
Kiwans Immunization Project*

November 4, 1994

William J. Smith, M.P.H.  
Health Director, Robeson County  
Department of Public Health  
460 Country Club Road  
Lumberton, N.C. 28358

Dear Bill:

Thank you for your nice letter about our Child Health Recognition Awards Program. It is rewarding to hear that we have succeeded in gaining such widespread interest in promoting immunization. As we both know, there is much to be gained from a comprehensive immunization program. Glaxo is very pleased to fund this effort and I hope that we will be able maintain momentum for it in the years ahead. I would appreciate any ideas or advice you might have as to how that goal might be accomplished.

Best wishes.

Sincerely,

Charlie

from page 9

writing we have not met to plan our 1995 section program. Your ideas and input are welcome and appreciated.

Please call or fax me if I can be of help to you, or if you have ideas -

Pat Vick  
Northampton County Health Department  
PO Box 635;  
Jackson, NC 27845;  
Courier 10-02-06;  
Phone (919)534-5841;  
Fax (919) 534-1045.

Pat Vick,  
Laboratory Section Chairperson

## SECTIONAL NOTES

### PUBLIC HEALTH MANAGEMENT

Having a successful and productive Public Health Management Section is largely dependent on the enthusiasm, support, and participation of all section members throughout the 100 counties in North Carolina. Efforts have begun toward developing a section program which will pique your interest and enhance your professional growth. I welcome your ideas and input regarding program agenda areas you would like to have presented or speakers you are interested in hearing.

### HEALTH EDUCATION SECTION

The Health Education Section is proud to be growing in numbers! We are now the fifth largest section with 92 members in '93-'94. Our goal for the '94-95 year is to top 100

members. The membership committee is working hard to make contact with all new members as well as keeping in touch with those "old-timers".

The Health Education Section had a very successful meeting in Asheville! We would like to thank the Social Work and Management Support sections for their collaborative efforts with our section in sponsoring the "Living Safely in A Dangerous World" and "Dealing With the Difficult Client" workshops. We are sure everyone benefited from the information provided.

Any section member who would like to sign up for a committee and become more involved can contact Peggie Garner, Section Chair, at (910) 347-2154.

## CHAT SECTION

The CHAT Section held an election at its NCPHA meeting in Asheville on September 21, 1994. Officers are: Chairperson Barbara Faison; 1st Vice-Chair Hazel Goldston; 2nd Vice-Chair Ann Hunt; Secretary, Mary Laverne Williams; Treasurer, Mamie Hunt; Financial Secretary, Shelia J. Reid; Historian, Milishua Owens; Nominating Chairperson, Roella J. Williams; Awards Chairperson, Minnie Edwards; Membership Chairperson, Kathy Oxendine; Bylaws and Handbook Chair, Carol Clearman; Legislative Representative and Pride in Public Health Committee, Mexie Fields; Scholarship Chair, Gwen Robinson.

Our section has grown to 55 members as reported to us this past year. If each member will try to recruit at least one new member, we will have 100 members for 1995. Let's make this our goal. All new members for this year should contact Kathy Oxendine for your section pin.

Our CHAT of the Year award was given to Neta Worth of Harnett County for her 20 years of public health services.

I am asking our members to please have

your 1995 membership paid by January 1995. This will help us remain a section.

Barbara Faison  
CHAT Chairperson

## MANAGEMENT SUPPORT SECTION

The Management Support Section of NCPHA met on Wednesday, September 21, 1994, during the annual Educational Conference of NCPHA, with Judy Simmons presiding over the business meeting. Pattie Smith was presented the Achiever of the Year award. Pattie began her career in public health 21 years ago and has been the Administrative Assistant for the Child Health Division of the Guilford County Department of Public Health since 1986. Pattie has been a member of NCPHA since 1986 and has served as Member-At-Large, Secretary in 1991, Chairman in 1992, as well as serving as chairman for several committees in the Management Support Section. Pattie has also served on the State HSIS Committee and has served as Chairman for the Local Public Health Management Support Supervisors' Association. Pattie, with her dedication, has truly enhanced the image of Management Support throughout the State.

### MANAGEMENT SUPPORT "ACHIEVER OF THE YEAR" AWARD



Pattie Smith

Recipients of service awards were recognized and plaques presented:

25 years  
Barbara Apperwhite,  
Stanly Co. Health Dept.

25 years  
Neda Crites,  
Wayne Co. Health Dept.

30 years  
Mamie Chase,  
Wayne Co. Health Dept.

30 years  
Faye Carter,  
Randolph Co. Health Dept.

35 years  
Judy Ange,  
Surry Co. Health Dept.

Officers for 1995 were elected and installed:

Chairperson  
Betty Bisette  
Nash Co. Health Dept.

Vice Chairperson  
Nancy Pride  
Brunswick Co. Health Dept.

Secretary  
Libby Ray  
Yadkin Co. Health Dept.

Treasurer  
Belinda Allison  
Jackson Co. Health Dept.

The Management Support section co-sponsored workshops with the Health Education and Social Work Sections on Wednesday and Thursday during the Conference. Workshop speakers, Linda Hackney and Ken Gibson, presented very interesting and informative programs "Citizens Against Crime" and "Dealing with the Angry Citizen".

Management Support has the potential of being the largest section of NCPHA. If you are not a member, you are encouraged to join and get involved in the activities of this section. If you are interested, please contact me and I will send you an application.

The Newsletter is a great way to learn about NCPHA and stay informed of the many things it is doing for you. Please share it with all your staff members.

Betty Bisette, Chairperson

### CHILDREN WITH SPECIAL NEEDS

The Children With Special Needs Section met jointly with the Nutrition Section for their educational meeting on September 21, 1994, in Asheville. Maston "Tom" Jacks, legal analyst with the N.C. Health Care Planning Commission, did an informative presentation on "Health Care Reform; implications for Children."

The Awards Luncheon for the section was held on September 21st at Magnolias. The award for Outstanding Contributor was given to Anita Wayne, parent from the Neuse Catchment Area.

The business meeting for the section was held on September 21st at Magnolia's. The following slate of officers were nominated and elected for 1995:

Chairperson  
Joyce Greene

Vice-Chairperson  
Liz Reeser

Secretary  
Vangie Getzen

Treasurer  
Steve Bundy

The section has had an increase in membership for 1995 but wants to encourage continued growth and will welcome new members.

Joyce Green, Chairperson

## "THE EASTERN BEAST BEAT EDNCPHA REPORT"

Coming to New Bern

May 3 - 5, 1995

"Public Health —  
Community  
Partnerships  
History in the  
Making!!!"

## MARK YOUR CALENDARS!!!

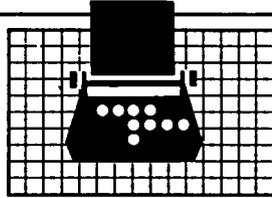
The 1995 NCPHA  
Annual Meeting

will be held

September 13 - 15th  
in Research Triangle

Park. The theme is  
"Papers in Promotion:

Public Health at its  
Best."



# ASSOCIATION REPORTS

## APHA UPDATE

The 122nd Annual Meeting of the American Public Health Association was held in Washington, DC in November. With 13,124 attendees, the 1994 convention was APHA's largest ever held! The theme of this year's meeting was *Public Health and Diversity: Opportunities for Equity*, and the keynote speaker was The Honorable Joycelyn M. Elders, MD, Surgeon General, US Public Health Service.

The incoming officers of APHA are: President-Elect, Richard Brown, Ph.D., from the UCLA School of Public Health; Executive Board members, Michael Bird, MSW, MPH from the Indian Health Service in Albuquerque; Wendy Mariner, JD, LLM, MPH, from the Boston University School of Public Health; and Sarah Kotchian, MEd, MPH, from the Environmental Health Department in Albuquerque.

Next year's annual meeting will be held in San Diego, CA, October 29 - November 2,

and the theme of the meeting will be: *Decision Making in Public Health: Priorities, Power and Ethics*.

If any of our members are interested in being considered for committee assignments or offices in APHA, please make your interests known to me. Likewise, if you or your section want to propose a resolution or policy statement to be considered by next year's APHA Governing Council, I will be glad to provide the information as to the procedures and deadlines involved in the process.

I am honored to have the opportunity to represent our association at APHA and to be able to give the North Carolina perspective in discussions among the other state affiliates and on the governing council. I welcome (and need) input from all members of NCPHA in order to enhance the effectiveness of the role of affiliate representative to the national organization.

Barbara Chavious  
APHA Affiliate Representative

## WNCPHA Report

The Western North Carolina Public Health Association will have their next annual educational conference May 31, June 1 and 2, 1995, at the University Place Hilton in Charlotte. The theme is "No Fear: Redefining Public Health". Make plans to come and enjoy good exhibits and informative meetings that address timely public health issues. The program committee, local arrangements committee, and section officers are planning a program which will combine excellent educational programs and the opportunity to network with old public health acquaintances and new friends. (Rooms are \$59.00 single or double. Call 1-800-HILTONS for reservations).

Sheila F. Nichols  
WNCPHA President

## UPCOMING NCPHA EVENTS

February 10  
Raleigh  
Executive Committee

May 1  
New Bern  
Executive Committee

May 2  
New Bern  
Governing Council

May 3-5  
New Bern  
EDNCPHA Annual Educational Conference

May 31 - June 2  
Charlotte  
WNCPHA Annual Educational Conference

September 11  
RTP  
Executive Committee

September 12  
RTP  
Governing Council

September 13-15  
RTP  
NCPHA Annual  
Educational Meeting

# 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 co-sponsored by the N.C. Department of Environment, Health, and Natural Resources; N.C. Area Health Education Centers; N.C. Public Health Nursing Continuing Education Advisory Committee; and Office of Public Health Nursing. For further information and/or to register please contact the registrar, Office of Continuing Education, UNC School of Public Health, CB# 8165, Miller Hall, Chapel Hill, N.C. 27599-8165; phone 919/9664032, fax 9191966-5692 or E-mail via the internet to OCE @ SOPHIA.SPH.UNC.EDU.

**Groundwater Protection: Private Wells and Public Health**  
**March 15-17, Greensboro**  
**May 10-12, Asheville**  
 Audience: Environmental Health Specialists, supervisors, directors and support staff, local health directors

**Basic Supervision for Health and Human Service Professionals**  
**March 16-17, Greensboro Epidemiology and Prevention of Vaccine-Preventable Diseases (Videoconference)**  
**February 2, February 16 and March 2 Asheville, Charlotte, Winston-Salem, Durham, Elizabeth City, Kenansville, Lumberton, Rocky Mount, Statesville, and Sylva**  
 Audience: Nurses, physicians and other health Professionals who work in immunizations, communicable disease and/or infection control programs

**Disciplinary Action (Videoconference)**  
**January 24, 1995, in Asheville, Boone, Chapel Hill, Charlotte, Greensboro, Greenville, Winston-Salem**  
 Audience: Public Health Nurses

**Getting the Message Across for Environmental Health Specialists**  
**February 1-3, Kure Beach**  
**June 21-23, Charlotte**  
 Audience: Environmental Health Specialists, supervisors, directors and support staff; local health directors

**7th Annual Minority Health conference Healthy People of Color 2000: Are We On Track**  
**February 16-17, Chapel Hill**  
 Audience: Public health and human service professionals, students and the general public

**Managing Priorities Workshop**  
**February 16, Greensboro**  
**April 13, Hickory**  
 Audience: Health and human service professionals

**State Immunization Conference**  
**February 27-March 1 Research Triangle Park**  
 Audience: Nurses, physicians and other health and human service professionals who work in immunizations, communicable disease and/or infection control programs

**Enrichment Series for Nutrition Professionals New Foods Now and For the Future**  
**March 1, Chapel Hill**  
 Audience: Nutritionists and Dieticians

**Strengthening Supervisory Skills (Using Myers-Briggs Type Indicator) for Health and Human Service Professionals**  
**March 1-2, Wilmington**  
 Audience: Health and human service supervisors and directors

**N.C. Public Health and Community Health Leadership Conference**  
**March 27-28, Raleigh**  
 Audience: Community Health and Public Health Professionals

**Principles of Public Health Practice: An Introduction to Public Health Concepts and Review of Current Issues**  
**March 9-10, Chapel Hill**  
 Audience: Public health professionals who are new to the field or need a refresher program

**SOAPing as a Form of Notetaking (Videoconference)**  
**March 28, Asheville, Boone, Chapel Hill, Charlotte, Greensboro, Greenville, Winston Salem**  
 Audience: Public Health Nurses

**Motivation, Mission and Quality Service**  
**March 30-31, Winston Salem**  
 Audience: Supervisors and directors who are new to their responsibilities, experienced professionals, those who are about to become supervisors

**Seafood Quality and Safety for Environmental Health Specialists**  
**April 5-7, Winston-Salem**  
 Audience: Environmental health specialists, supervisors, directors and support staff; local health directors

**Public Health Nutrition Update Conference: The Role of Nutrients in Bone Health and Osteoporosis Prevention**  
**April 12-13, Chapel Hill**  
 Audience: Dieticians, nutritionists and health educators

**Annual School of Public Health Alumni Conference**  
**April 20-21, Chapel Hill**  
 Audience: SPH Alumni, other health and human service professionals

**Child Sexual Abuse (Videoconference)**  
**April 25, Asheville, Boone, Chapel Hill, Charlotte, Greensboro, Greenville, Winston-Salem**  
 Audience: Public health nurses

**22nd Annual Regional Conference on Maternal and Child Health, Family Planning, and Children with Special Health Care Needs**  
**May 7-9, Asheville**  
 Audience: MCH, family planning, and other interested health and human service professionals

**N.C. Environmental Health Law**  
**May 17-19 Winston-Salem**  
 Audience: Environmental health specialists, supervisors, directors and support staff; local health directors

**18th Community and Public Health Nursing Conference Are We Preparing the Community Health Nurse for the Future?**  
**May 21-23, Chapel Hill**  
 Audience: Public health and community health nursing faculty

**15th Annual Statewide Nutrition Training Conference**  
**May 24-25, Browns Summit**  
 Audience: Public Health Nutritionists and Dieticians

**Summer Minority Public Health Institute**  
**June 19-23, Chapel Hill**  
 Audience: Students, researchers

## NCPHA RESOLUTIONS COUNT - MARCH 16, 1994



Carolyn Haynie

**Environmental Health Priorities**  
296 For 10 Against

**Cabinet Level State Dept. of Health**  
285 For 19 Against

**Support the Provision of Home Health  
Services through Public Health  
Departments**  
273 For 29 Against

**School Health Services**  
288 For 17 Against

**Child Passenger Safety Law**  
273 For 33 Against

**Changing Home Health Criteria for  
Certificate of Need**  
271 For 30 Against

**Health Care Reform**  
294 For 9 Against

**North Carolina Women, Infants, and  
Children's Program**  
282 For 23 Against

**Recommend that All Students Enrolled  
in the UNC Constituent Institutions be  
Required to Become Environmentally  
Conscious**  
236 For 69 Against

With the departure of Deborah Rowe, officers of the Association had to cover areas that she previously did. This newsletter is a compilation of material received after two requests to various committees, sections etc. I regret any items not included. Readers should get in touch with chairs or contact people if information has not been included adequately - *Bill Smith*

## 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 Educational Conference in September, 1995 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 a.m. and 12:00 noon, Monday-Friday.

### AWARDED LIFE MEMBERSHIP IN 1994

Elizabeth Coulter  
Norman Franks  
Jencee Hopkins  
Dan McCracken  
Jim Mullins  
Eddie Pierce  
Dr. Jimmie Rhyne

## 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.

### 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 MAY 1, 1995**

Nominations shall be submitted on forms provided by NCPHA and may be obtained from the NCPHA Administrative Assistant or the Chairman of the Awards Committee. They shall be addressed to the Chairman of the Awards Committee and postmarked no later than May 1 of the calendar year for which the award is proposed. Supporting materials may be submitted. Remember that the Awards Committee will probably already know 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:  
Leonard Wood  
Chairman Awards  
Committee  
Catawba County Health Department  
3070 11th Avenue Dr. S.E.  
Hickory, NC 28602

# 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.

# NC PUBLIC HEALTH ASSOCIATION

## 1994 MEMBERSHIP OR RENEWAL APPLICATION

Membership Year is OCTOBER 1, 1994 through SEPTEMBER 30, 1995

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.

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# FROM THE EDITOR

Trenton G. Davis

---

## Emergence of New Diseases and Resurgence of Old Diseases

An excellent article published in the January/February, 1994 issue of American Scientist focused on a topic very much of interest to public health professionals - the emergence of new diseases and the resurgence of old ones. As late as the 1970's, prominent scientists believed that infectious diseases in the western world had been virtually eliminated due to improved hygiene and sanitation, immunizations and antibiotics. In fact, there was a confidence that many diseases would be eradicated within a few years. Except for the eradication of rabies in England in 1896 and the declaration of the eradication of smallpox in 1980, few important infectious diseases have been eradicated.

Beginning with the identification in 1975 of the causative agent of Lyme Disease, a number of important new diseases have been recognized. Legionnaire's disease was identified in 1978, toxic shock syndrome (1978), AIDS (1981), hepatitis C virus (1989), and a new variant of cholera was identified in 1992.

Malaria has re-emerged in regions where it had been eliminated. Dengue and yellow fever are spreading. The incidence of tuberculosis has started to increase in the United States (See article in Winter, 1994 issue of the NCPHA FORUM). Diphtheria has re-emerged in adults in Russia. Since 1944, human plague has spread to states where cases previously had not been reported. E. Coli 0157:H7 was first described as a human pathogen in 1982 following the investigation of two outbreaks of illnesses that were associated with consumption of hamburger from a fast-food restaurant chain. Since then, more than twelve outbreaks have been reported. Hantavirus infection, which caused the death of several people in the Southwestern U.S. in 1993, was recognized in Korea among United Nation's troops in 1951. Rabies outbreaks are increasing (see article in this issue). Sensational media coverage of "flesh eating bacteria" has alerted the public to Streptococcus pyogenes (Group A) which has been known to public health professionals for years. Whether the organism is re-emerging or has developed a new form will be investigated in upcoming months.

The explanations for the emergence or resurgence of diseases is complex and requires that we must accept the reality that infectious diseases will always be part of the human experience and scientists and public health professionals must adopt new approaches to understanding the patterns of disease evolution. The challenge is considerable!

Public health has been instrumental in helping to recognize and control diseases in the past. In fact, public health organizations exist to protect the public against risks from infectious diseases and other preventable diseases. With new emerging diseases, and re-emergence of old diseases, the task has become much more difficult. However, I believe that public health professionals in North Carolina are up to the task.

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# RABIES IN NORTH CAROLINA

Lee Hunter

---

Long absent as a major health threat in the land animals of North Carolina, rabies is making a comeback. The number of cases of rabies diagnosed by the State Laboratory of Public Health has at least doubled each year since 1990. The pace continues during 1994.

The relative absence of rabies from the land-based animals of the State of North Carolina has made many people complacent. That complacency is being shattered as the epidemics continue to spread across the state. Currently, no place in the state is far from an established epidemic of rabies.

The reason for the absence, and thus the complacency, is the extreme effectiveness of the public health programs launched to control the disease during the 1950s. The mid-1950s saw several hundred animals per year diagnosed as rabid. Because the main reservoir of rabies during that time was the dog and cat population, efforts were made at the state and local level to control the spread of the disease to animals and to people through two main programs.

Effective rabies vaccinations became available and widely used during the 1950s. Additionally, mandatory vaccination of all dogs was instituted. Ease of availability to rabies vaccination for dogs was accomplished through county-sponsored rabies vaccination clinics.

However, without reducing the population of animals that are not likely to receive the vaccine, the carrying population (the population that allows for the continuation of disease in that population) would not be reduced enough to eliminate the disease. Therefore, an effort was made by local animal control departments to reduce the population of stray animals.

These two efforts, vaccination and population reduction, acted with a speed to effectively control the problem as it existed as few public health programs can accomplish. For example, while there were 174 rabid animals diagnosed during 1954, by 1960 there were only 11 rabid animals. Because the epidemic existed primarily in dogs and cats, the control of the disease in those populations was able to control the disease as a whole.

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## Reasons for its Return

Now, however, the disease is threatening us once again. It is not a failure of our established public health programs, rather it is a threat from a new direction. The rabies epidemics affecting North Carolina are no longer primarily a problem of dogs and cats. Indeed, now they are only a small fraction of the animals diagnosed as rabid. The epidemic has resurged in the wild animal population. That makes the control of the disease much more difficult if not impossible given the tools we now possess.

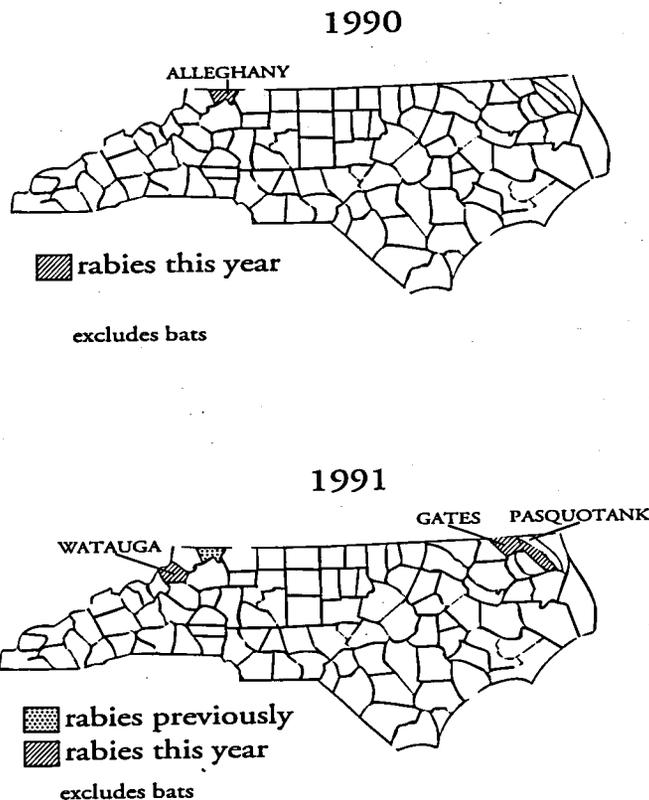
The epidemics occurring in North Carolina are part of a larger regional problem affecting the Southeast, mid-Atlantic, and mid-West. The reasons for the epidemics are varied and complex. While the disease is predominately one in skunks in the northwestern part of the state, raccoons predominate in the northeastern, southeastern, and south-central regions. The difference is due to the origin of the epidemic affecting that area.

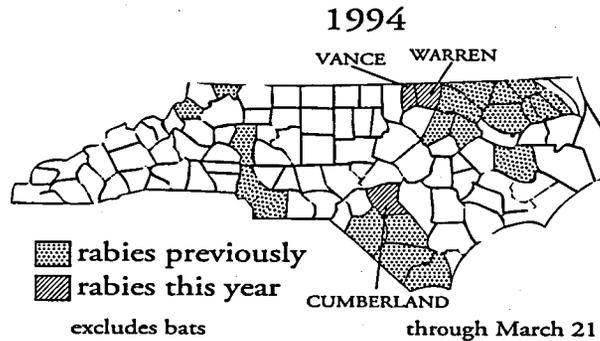
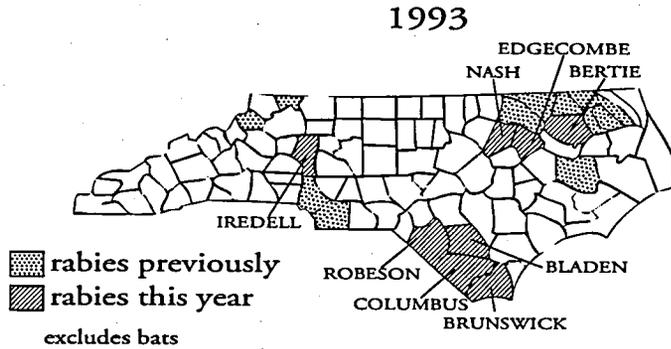
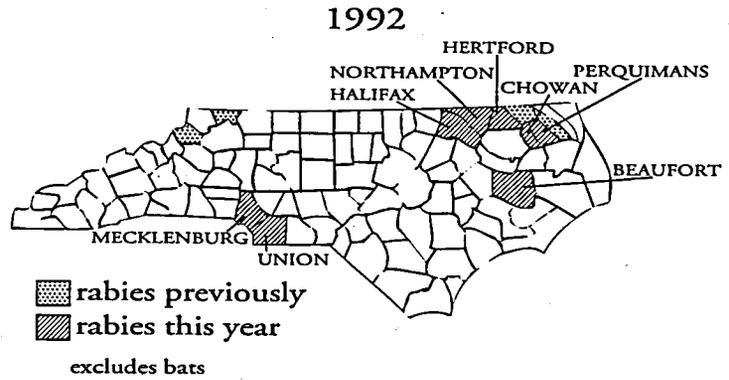
Briefly, there are three epidemics encroaching upon the state. All three have now entered the state and two of them have shown a tendency to spread from their point of entry into the state. The epidemic affecting the southeastern and south-central parts of the state are part of the Southeastern Rabies Epidemic that originated in Florida during the 1950s. While the reasons for its spread are not completely clear, it has spread into Alabama while it has crossed Georgia and South Carolina. It has spread from South Carolina into North Carolina in two regions. Areas affected include Union and Mecklenburg counties as one region, and Robeson, Columbus, Brunswick, Bladen and Cumberland counties. The list of counties affected continues to grow and is current as of mid-March of 1994.

A second epidemic that has entered the state is coming out of Virginia, the mid-Atlantic Epidemic. It originated as a result of human translocation of wild raccoons into the West Virginia-Virginia area during the late 1970s. It has continued to spread west into Ohio, north and east into Pennsylvania, New Jersey, New York, and the Northeast. It has also spread southward into North Carolina and is now found in Vance, Warren, Halifax, Northampton, Gates, Pasquotank, Perquimans, Chowan, Edgecombe, Nash, and Bertie counties. Additionally, isolated cases have been found in Beaufort, Dare, and Durham counties.

Another epidemic of rabies originated in Canada and spread throughout the mid-Western states into Tennessee and southwestern Virginia into the northwestern part of the state. This mid-Western Epidemic is known to affect Watauga and Alleghany counties.

The graphics seen below demonstrate the counties affected and the time sequence





of the spread of the epidemics. The continuing spread of the disease across the state is noticeable. The map demonstrating 1994 will change if the disease continues to progress. Additionally, counties that have experienced an isolated case of rabies which may not be due to a natural extension of the epidemic may be omitted from the maps.

**COSTS OF THE EPIDEMICS TO SOCIETY**

As more counties are brought into the epidemic, the risk to those people will increase. Therefore, the costs of controlling the disease and the cost of treating people exposed to the disease will increase. Costs associated with the epidemic include medical costs for people and their pets exposed to the disease, vaccination of pets to prevent the disease, animal control costs, and many other items. New Jersey estimated that the cost to the community increased approximately 60% in two counties due to the epidemic of rabies with the majority of the cost being borne by the private sector (primarily due to the cost of rabies vaccination for animals).

The question often asked is what can be done to control the spread of this disease. Many things have been tried, few have been successful. One part of the country has tried trapping and vaccinating wildlife across a peninsula to try and stop the advance of the disease. Despite a large investment of time and money, the rabies virus jumped this man-made barrier. Others have suggested trapping and shooting of wildlife to lower population levels. Such methods have been tried and not found to be effective. Additionally, such methods would have to involve the surrounding areas and the areas surrounding those areas to prevent the in-migration of wildlife. Damaging the area's ecology by such decimation of wildlife may have serious and unintended consequences.

One method of controlling the spread of the rabies virus is now on the horizon, oral baiting of wildlife. Long a method of control of the rabies virus in foxes in Europe, oral baiting with a recombinant vaccine holds much promise. Briefly, genetic material coding for an exterior protein of the rabies virus is extracted and placed into the genetic material of the vaccinia virus. This new virus which is alive but altered from its original form, is placed into baits attractive to the raccoon. These baits are then placed throughout the target area for ingestion by raccoons. Because of scarification in the mouths of most carnivores, the virus enters the body of the new host. The virus infects the host producing antibodies to the various components of the new virus including the rabies protein.

The virus, which is incapable of producing rabies in the host, should immunize the host to rabies. Hopefully, the virus will be passed onto other raccoons through horizontal and vertical transmission.

The oral baiting strategy has been tried with success in the laboratory and in several field trials. However, several basic questions remain to be answered:

1. How often do you bait? Is once enough or do you need to bait multiple times?
2. If you bait several times, do you bait multiple times in one year, spread it over multiple years?
3. What density of baits do you need?

Regardless, the procedure should be done with several limitations in mind. The strategy is designed to protect a specific area such as a peninsula or camp. It is too expensive and labor intensive to eradicate rabies in an entire state or even most counties.

No vaccine is 100% effective nor is this one expected to be any different. This vaccine is not intended to protect 100% of the raccoons infected with the virus. It is intended to immunize a population of animals. In that respect, it is intended for a public health purpose, not as an individual veterinary medical procedure.

Many things have been tried to mitigate the rabies risk in areas experiencing an epidemic. First, we must teach our children not to approach unknown animals, even those not showing signs of disease. Many animals are capable of transmitting disease in their saliva despite their normal appearance. Second, we must change certain habits that may tend to attract wild animals into our living space. While the raccoons feeding in your backyard are cute and educational to our children and ourselves, they also pose a threat to our health and the health of our pets. If you are feeding raccoons or other wild carnivores, please stop. You should not leave dog or cat food outside at night since

## METHODS OF CONTROL OF RABIES IN WILDLIFE

## RABIES PREVENTION STRATEGIES

it may attract wildlife. Garbage cans should be fitted with a tightly fitting lid or should have a bungee cord or similar device across the lid to keep it securely fastened. Raccoons quickly learn to push a large rock or brick off the lid of a garbage can.

One of the most important things we can do to protect our families is to have our pets vaccinated against rabies. While it is the law, many people neglect to do so until an epidemic is upon them. It may then be too late. There were 8 rabid cats and 2 rabid dogs during 1993; the most pets in one year since 1959. None of these 10 pets were legally vaccinated. As a rule, each rabid pet will cause 6 people to be forced to undergo antirabies prophylaxis.

The General Assembly has been instrumental in protecting the people of North Carolina against rabies. They have mandated that each county hold at least one rabies vaccination clinic per year. The cost of the rabies vaccine is set by county commissioners according to the general statutes, but the cost is extremely low. The vaccination costs vary between counties but generally are about \$5. There are few things that can be had today that cost \$5 and last for up to 3 years. The price guidelines set by general statute have not changed since the early 1980s despite the terrific amount of inflation that has occurred.

The General Assembly recognized in the early 1980's that mandatory vaccination of cats would be of great assistance in preventing rabies in the citizens of the state, so they were one of the leaders in requiring that cats be vaccinated against rabies. The state rabies laws have since been copied or used as a model for other states. To their credit, on a national basis the number of cats found to be rabid has exceeded the number of dogs found to be rabid since the mid- 1980's.

#### SUMMARY

In review, the paucity of rabies cases has been replaced. There are three epidemics of rabies entering the state and most have spread rather dramatically from their point of entry. There will be a cost to the people of this state due to the epidemics of rabies; part of that cost will involve the time and money of the state and local health departments in trying to prevent human and pet cases of rabies. While there are many things we can do to try to mitigate the impact upon our lives, the history of our surrounding states seems to say that there is little we can do to eradicate the virus from our wildlife on a statewide basis.

1-Uhaa, IJ, Dato, VM, et al. Benefits and Costs of Using an Orally Absorbed Vaccine to Control Rabies in Raccoons, *Journal of the American Veterinary Medical Association* (1992) v201, #12, pp 1873-1882.

# THE ROLE OF PUBLIC HEALTH UNDER HEALTH CARE REFORM . . . A NORTH CAROLINA PUBLIC HEALTH CONSENSUS DEVELOPMENT EFFORT

Hugh H. Tilson

---

Leadership will be vital if public health is to deliver on our promise of better health to the people of North Carolina. We will need to be leaders to continue to make the contributions of the existing public health system as we know it when everything changes under health care reform in North Carolina; and we will need to be leaders to ensure that health care reform itself advances health objectives. Important though the access objectives are, simply helping our citizens gain more and better access to activities and services which are not as good or effective as they need to be will fall far short of this vision. And yet, with the grave concerns about lack of access, underinsurance, or even the incomprehensible and unpardonable truths of exclusion and disenfranchisement among the uninsured and poor, there are real risks that "access" will become the end, not just the means. Public health knows these risks—for time and time again effective community-based, population-oriented, health-directed services and interventions have been given short shrift while more and more money has gone into expensive technology-based, technology-oriented, advanced and specialty care medicine.

North Carolina has long been a leader in public health thought. Thus, when the times call for leadership, it should not surprise you that once again North Carolina has risen to this challenge. In early 1993, a group of concerned North Carolina public health leaders, recognizing the urgency of the situation and the window of opportunity to assert leadership, proposed an ingenious solution... a consensus strategy.

We in North Carolina Public Health know how to collaborate. More to the point, we know that it is critical that we speak with a single voice to give our voice the strength of numbers and the credibility of convergent diversity. A leadership group of sponsors and co-sponsors was assembled and achieved funding and in-kind support from four major sponsors: The School of Public Health of Chapel Hill, the North Carolina Association of Local Health Directors, the North Carolina Department of Environment, Health and Natural Resources, and of course, the North Carolina Public Health Association. Co-sponsors of the effort quickly recognized the value of supporting the development of a common cause and included: North Carolina Association of Public Health Nurse Administrators, Western NCPHA, Eastern District NCPHA and the Environmental Health Section of NCPHA, the Association of North Carolina Boards of Health, and UNC School of Public Health Alumni Association. And as the ball got rolling, contributions were added by the North Carolina Society for Public Health Education, the North Carolina Optometrics Society and five more NCPHA sections—Maternal and Child Health, Nutrition, Laboratory, Children with Special Needs, and Physician Extender Sections. A Steering Committee with leaders from sponsors, co-sponsors and contributors met in early 1993 to carve out the strategy. There are three critical convergent themes. The first theme is that health care reform is already underway; in North Carolina, active debate was already happening at the legislature and it was clear that this was a train which must not leave the station without public health on board. A second converging threat was that the role of public health was not entirely clear in the minds of the public health community—although it is our "sacred trust" to ensure that the health care reform debate not lose sight of our important role,

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and it is our basic experience in prior state, federal and local reform activities that often the medical care concerns swallow up the public health dollars and leave our critical contributions in the dust. Finally, the third threat was that by developing a true consensus we would have multiple, sometimes competing voices all articulating the same agenda to important decision-makers, particularly the state legislature. With this in mind, the concept of "a North Carolina public health consensus" was advanced and funding obtained. Remarkably, as various leaders were contacted to ascertain their interest and their willingness to participate, the interest was so high that busy leaders from around the state were willing to clear their calendars and the conference was assembled in record time, finally convening at the William and Ida Friday Continuing Education Center in Chapel Hill, North Carolina on Monday and Tuesday, May 17-18, 1993.

## HOW DOES A CONSENSUS CONFERENCE WORK?

The process of developing a consensus is incredibly complex and intense. The process we adopted was utterly unique to the North Carolina situation, the time line, the focus and the setting ... but was built upon a time-honored set of precedents, particularly those established by the National Institutes of Health and the National Academy of Sciences at the national level. Fundamental to such a process are several key ingredients: a consensus panel of trusted, senior dispassionate opinion leaders, with a demonstrated track record of being able to hear new ideas and integrate them into a formulated response; a set of knowledgeable, technically superior national experts, brought in to provide their expertise and consultation on the issues at hand; and an audience of real-world, hands-on experienced stakeholding participants to translate the consultation into reality, engage in lively debate, and force common threads to emerge out of dissent and diversity.

This extraordinary drama played out at the Friday Center in May. A conference panel which aspired to diversity in perspective, background, constituency, demographics and experience was assembled. A unifying theme was that the conference panel members were not "direct stakeholders," that is, not currently in the employ of the public health agency, but had wide experience. I had the privilege of chairing this activity—a daunting task at best. In my initial charge to the panel, I advised them that they must "check their prejudices at the door" and come in with an open mind on the consensus issues, hear the expert consultation, hear the lively debate, and tease out as a group the common threads, expressing them as consensus only if all ten of them agreed.

The second ingredient was accomplished by bringing in an extraordinary group of experts from the field, representing federal, state and local practitioners and association heads, a school of public health dean, elected and appointed officials, researchers and academics, and our very own best and brightest. The third essential ingredient was provided by over a hundred delegates representing all of the sponsors and stakeholders in the state.

And so the process unfolded. The Steering Committee had developed four highly-focused questions, the answers to which were vital for health care reform and public health. They were:

1. Under health care reform, which would be the unique responsibilities and functions of the public health system in North Carolina? What is the rationale supporting these conclusions?

2. Under health care reform, what roles and responsibility should public health have in the delivery of high-quality clinical services to the people of North Carolina?
3. How should population-based services be financed under health care reform in North Carolina?
4. What specific steps can state and local health departments in North Carolina now take in order to begin preparation for fulfilling their proper role under health care reform?

Each of these questions received at least a half day intense scrutiny and debate. And, point after point, wonderful telling wisdom converged on a set of suggestions, conclusions and recommendations. Each member of the consensus panel was given the opportunity to interview outside experts and stakeholders alike. After each question was thoroughly answered, the panel retreated to its separate conference room where we sat with a blank screen and a highly talented support staff with online computer word processing projection. And out of whole marble, we carved chip by chip, the images which we had heard, changing words and phrases, approaches and points until the resulting summary statements reflected what all eleven of us had heard. These were then typed in final draft, printed, placed on overheads and projected back to the audience for one pre-final perception check and limited discussion. Written statements for the record were invited, and we even viewed videotapes (the entire session has been captured on videotape and makes for remarkable viewing!).

After all four questions had been similarly reviewed, and consensus struck, the points of consensus were compiled along with limited narrative description, sent to the Steering Committee and the Consensus Panelists for further validation and review and, finally, issued a "formal statement." It is virtually miraculous that all of this process was completed within a month of the completion of the Consensus Conference itself—in good time to have a formal, prepared, polished document in the hands of every state legislator as the state legislature moved to consider its health care reform proposals.

And then finally the "Role of Public Health Under Health Care Reform—a North Carolina Public Health Conference Development Statement" was issued as a "Final Report" in July 1993. This commentary is not about the content of the conference but rather the process and significance of the conference. However, several points about the document and the consensus which it reflects need to be made. In response to the first questions about the uniqueness of our North Carolina approach, two critical points of consensus emerged: first, that North Carolina's public health system is unique and vital and must be preserved and strengthened under health care reform; and second, that the core functions of public health—assessment, assurance and policy development—are critical components of any reformed health care system. In the words of speaker Martin Wasserman, former President of the National Association of County Health Officials, "Under health care reform, there will be no guarantee of a governmental presence to regulate, facilitate or evaluate health services at the local level..." unless we assure that public health receives the attention it must. In response to the second consensus question concerning the delivery of high-quality clinical services through public health, the consensus was especially difficult to hear. The opinions heard by the panel ranged from those convinced that clinical services represent a diversion from the task of public health and are better left to the reformed

## FINAL REPORT

private system. Others felt that public health often provides clinical services at their very best, tailored to the unique needs of public health system clients. But through the debate and divergent views there emerged three strong points of consensus: First, some personal health services may always be needed to be provided in local health departments, particularly those focusing on prevention and outreach: Second, the extent and nature of public health clinical services should be determined by a community consensus of local needs and balanced against the availability of those services in the community. The very strength of public health is its responsiveness to the wide variety of community needs, community priorities and community solutions. Third, in the transition to full implementation of health care reform... "the public health system may need to provide direct health care for special populations when they do not have access to other providers."

Regarding question number three—the financing of population-based services—the consensus was clear and unambiguous: we must have adequate assured funding for "core functions", possible only through a "set aside" from public funds in the range of 6% of total health care expenditures. Secondly, in addition public health will conduct services beyond "core" for which variable funding is also vital. In response to this question, two of my favorite "take-home messages" emerged: "the cost-containment objectives of health care reform can only be achieved by careful system management, which in turn is possible only through a strengthened public health system"; and "the cost effectiveness objectives of health care reform can only be achieved through healthy life styles, behavioral change, and primary prevention."

The answer to the fourth question regarding specific steps which state and local health departments now need to take to prepare was a clarion call to action, most clearly articulated by Wake County Health Director, Dr. Leah Devlin: 'The future is a design problem—we are the architects.'

#### NEXT STEPS:

The report of the Consensus Conference was published and distributed widely to all of the sponsoring groups. If you have not yet read it, copies are available from the NCPHA. It represents the essential agenda for every person concerned about the public's health in the state of North Carolina as we continue to consider health care reform.

Thanks to the energetic and selfless staffing from the Office of Continuing Education of The UNC School of Public Health, the Consensus Conference was "taken on the road" to four regional workshops throughout the state (Greensboro, Asheville, Wilmington and Rocky Mount) in November 1993. Once again, extraordinary wisdom emerged from these unprecedented regional forums. These, too, were summarized in record time in a document: "Public Health and Health System Reform—Recommendations to the NC General Assembly, Public Health Leaders International, Boards of County Commissioners, and Local Boards of Health—February 1994." Like the consensus statement, the recommendation statement continues to have the enormous force of consensus, practical down home experience, and directed vision. But what would you expect emerging from the stakeholders in North Carolina's public health?

And now... a request. "You, the reader, are such a stakeholder." Please read (or re-read) the Consensus Statement (the Green Book) and the Recommendations. Use them to advocate for intelligent inclusion of public health in health care reform at the state level. Also, recognize that the persons going to Washington, D.C. from your district are also considering health care reform, and they need to know of North

Carolina's leadership and your thoughts about the inclusion of public health in whatever health care reform emerges nationally. Please don't just give them the book; instead walk them through it. Finally, the process of developing and capturing the consensus is not finished. Any further suggestions you have, once you have read these documents, need to be captured and distributed to our colleagues, all of whom are working so diligently to ensure a healthy future for public health in our state. And so, for my part, I promise to continue to hear you and the emerging consensus and to do my part to advocate for enlightened reform which emphasizes both health and care. To rephrase the "benediction" from the Consensus Conference, the leadership of public health in North Carolina has succeeded in lighting the torch. But now it is our responsibility to carry that torch forward to ensure an enlightened future for public health and a healthy public. Go to it! And thanks for all you do to deliver on the promises of public health for the people of North Carolina.

# CHILDHOOD LEAD POISONING IN NORTH CAROLINA: ESTIMATED PREVALENCE AND GEOGRAPHICAL ASSESSMENT

Edward H. Norman

Carol Hanchette

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## BACKGROUND

Childhood lead poisoning is one of the most common pediatric health problems today, even though it is entirely preventable. Lead affects virtually every system in the body, and it is particularly harmful to the developing brain and nervous system of young children. Blood lead levels as low as 10 micrograms per decaliter (ug/dL), which do not cause specific symptoms, are associated with decreased intelligence and impaired neurobehavioral development<sup>1</sup>. Cognitive deficits have been reported to persist to school age and beyond<sup>2,3,4</sup>. Other adverse effects beginning at these low levels of exposure include decreased growth and stature, decreased hearing acuity and impaired synthesis of vitamin D<sup>1</sup>. At high levels of exposure lead toxicity can be life threatening.

In response to increasing evidence supporting the toxicity of lead at blood levels less than 25 ug/dL<sup>5,6,7</sup>, the Centers for Disease Control and Prevention (CDC) has lowered the level of blood lead considered to be elevated from 25 ug/dL to 10 ug/dL and recommended universal screening of young children using direct blood lead measures<sup>1</sup>.

Historically in North Carolina, screening for childhood lead poisoning has occurred at local health departments with blood lead analysis provided by the State Laboratory of Public Health<sup>8</sup>. However, in October of 1992, North Carolina implemented new lead screening recommendations calling for the screening of all children seen at local health departments for health maintenance visits and all children receiving Medicaid services through private providers at least once before the age of 6 years. At the same time, direct blood lead measurement replaced the less sensitive and less specific erythrocyte protoporphyrin screening test. In January of 1994, a new lead surveillance initiative was begun; during the next two year period, blood lead analysis will be offered through the State Laboratory for all children less than 6 years old at no cost.

Recommendations from the CDC call for a multi-tier approach to follow-up children with elevated blood lead levels. The degree of intervention is dependent on level of blood lead exposure. Children with blood leads of 10-14 ug/dL should receive periodic rescreening in addition to the anticipatory guidance about lead poisoning recommended for all young children; however, individual case management is not recommended until the blood lead is confirmed to be  $\geq 15$  ug/dL. Children with blood leads  $\geq 15$  ug/dL should receive a complete nutritional assessment and parental education on the sources of lead<sup>9</sup> in addition to periodic retesting. Children with blood leads  $\geq 20$  ug/dL should receive more involved medical and environmental interventions aimed at reducing the child's absorption of lead (e.g. treating calcium and iron deficiency, chelation therapy), and identifying the source of exposure and removing the child from the source (e.g. environmental investigation, lead hazard abatement).

State legislative appropriations and federal block grant funds have enabled North Carolina to gradually develop a program to fully implement the CDC's recommendations<sup>10</sup>. Laboratory capacity and staffing have been increased to provide needed analytic services. Seven regional environmental health positions have been created to respond to the ever growing need for environmental investigation and lead hazard abatement. A program director, an epidemiologist, and clerical staff provide medical surveillance and central office support. However, the largest share of the annual \$1,031,000 legislative appropriation has been earmarked for aid-to-counties to pro-

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vide for training and resource needs of local health department staff who comprise the backbone of the North Carolina Childhood Lead Poisoning Prevention Program.

Since the new recommendations and programmatic changes have gone into effect, screening has more than doubled. This increase in screening activity, and the use of blood lead determinations, offered us the opportunity to assess more accurately the importance of low and moderate level lead poisoning in the state.

During 1992 and 1993, the National Institute of Environmental Health Sciences provided funding to the State Center for an evaluation of lead poisoning databases maintained by the state of North Carolina, and the development of a graphic model to predict lead poisoning risks. The purposes of this study were to assess the prevalence of having a blood lead elevation among children routinely screened for lead poisoning, and to examine geographic patterns of lead poisoning and to compare these with patterns predicted by geographic modelling.

## METHODS

Laboratory test results were reviewed for children receiving a blood lead screening test through the North Carolina State Laboratory of Public Health and the Wake County Health Department from November 1, 1992 through October 31, 1993. Children were tested through routine screening programs and were primarily children receiving health care through their local health departments and Medicaid eligible children seen at private clinics. Thus, the target population consisted of low income

TABLE 1: Characteristics of Children Screened in North Carolina (11/1/92-10/31/93)

| Variable  |              | Screening<br>N | Population<br>Percent | North Carolina<br>Percent* |
|-----------|--------------|----------------|-----------------------|----------------------------|
| Age       | 6-12 months  | 2,562          | 5.2%                  | 9.8%                       |
|           | 1 year       | 14,298         | 29.2                  | 18.8                       |
|           | 2 years      | 8,154          | 16.7                  | 18.3                       |
|           | 3 years      | 7,112          | 14.5                  | 17.7                       |
|           | 4 years      | 8,496          | 17.4                  | 17.9                       |
|           | 5 years      | 8,343          | 17.0                  | 17.4                       |
| Race      | Black        | 24,516         | 50.1%                 | 27.8%                      |
|           | White        | 19,569         | 40.0                  | 69.7                       |
|           | Other        | 3,382          | 6.9                   | 2.6                        |
|           | Missing      | 1,498          | 3.1                   |                            |
| Sex       | Male         | 24,791         | 50.1%                 | 51.0%                      |
|           | Female       | 23,720         | 48.4                  | 49.0                       |
|           | Missing      | 454            | 0.9                   |                            |
| Clinic    | Public       | 38,112         | 77.8%                 | 40%**                      |
|           | Private      | 10,853         | 22.2                  | 60%**                      |
| Residence | Rural county | 36,249         | 74.0%                 | 63.9%                      |
|           | Urban county | 12,716         | 26.0                  | 36.1                       |

\*Percent for children from 6 months up to 6 years old.

\*\*Percent of children that receive well child care in this clinic setting.

children; differences between children screened and the general population are shown in Table 1.

Infants less than six months of age and children six years of age or older were excluded for this analysis. Only the initial screening test was considered for children who were tested more than once during this period. In addition, children identified before November 1, 1992 as having a blood lead  $\geq 10$  ug/dL were excluded, since testing among these children constitutes case follow-up. In total, there were 48,965 children meeting the selection criteria.

The following information was available for each child: date of birth, race, sex, county of residence, date of collection, clinic where the blood specimen was collected, and type of specimen (capillary or venous).

Lead poisoning screening rates and prevalences were mapped at the county level using a geographic information system (GIS). Lead poisoning prevalence patterns were compared with patterns predicted by geographic modelling. A GIS is a computerized mapping and information system in which every item of data is tied to a geographic location. For this reason, data can be displayed in the form of maps. A GIS is ideally suited for the modelling of risk factors for a disease such as lead poisoning because it has the capability to maintain, integrate, and display data of various types from multiple sources.

The GIS lead poisoning model developed by the State Center for Health and Environmental Statistics used readily available census data and a cartographic modelling technique known as suitability analysis<sup>12</sup>. This technique is useful for combining a number of variables, in map form, showing the potential of specific areas for lead poisoning risk.

The decision about which variables to use in the model was based on information provided by a Massachusetts population-based cohort study of 238,275 children aged 0 to 4 who were screened for lead poisoning during the first year of mandatory universal screening (April, 1990 - March, 1991) in that state. The study identified several demographic and socioeconomic variables that were associated with lead poisoning<sup>13</sup>. These were: per capita income, percent of housing built before 1950, percent of population black, and a poverty index composed of percent female-headed households with children under 18 years, percent of homes renter-occupied, and

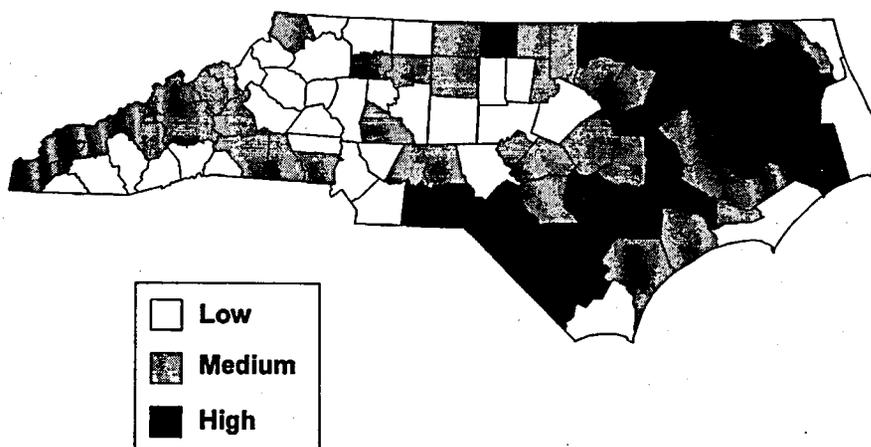


Figure 1: Lead poisoning risk potential, North Carolina counties.

percent of children under 5 years in poverty. These variables are available from the 1990 census and were used in this analysis. Two additional variables were used: percent of population on public assistance and median house value.

Geographic suitability analysis was used to weigh the risk of each census variable and to produce a final map portraying lead poisoning risk "potential." For each geographic area, such as a county or census block group each risk factor was given a weight of 1 to 4, weighted with a 1 for low

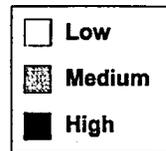
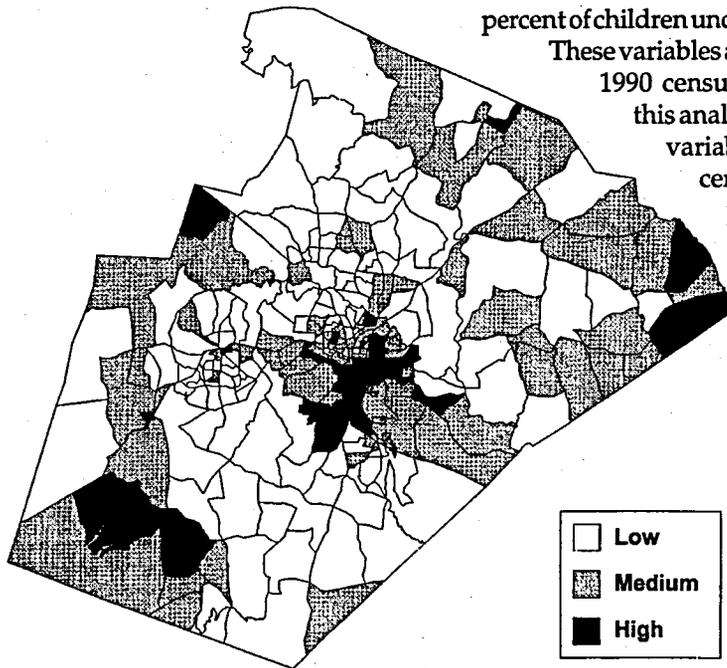


Figure 2: Lead poisoning risk potential, Wake County block groups.

risk and a 4 for high risk for a specific factor. The final map was produced by summing the weights from each risk factor map and classifying the sums into three classes: low, medium, and high risk.

Counties were used as the geographic unit of analysis. These results are displayed in Figure 1. Darker shading indicates higher risk. At the county level, eastern North Carolina shows up as an area with a high number of risk factors.

One of the features of a GIS is that, provided the data are available, the map scale can be enlarged to the census block group level (as reflected in Figure 2). The importance of modelling at this scale is obvious: problem neighborhoods, or localized areas, can be targeted for screening and intervention programs.

The geographic modelling of lead poisoning risk factors has enormous potential to assist public health agencies in making screening and intervention decisions. It should be noted, however, that the risk factors used in this model were identified in a Massachusetts study. North Carolina may have risk factors that have not yet been identified.

Efforts are currently underway to test the validity of this model and to analyze the contribution of various risk factors to North Carolina's lead poisoning problem. This study, however, will focus on county level prevalence mapping and simple comparisons of prevalence patterns and the risk potential predicted by the model.

During the period from November 1, 1992 through October 31, 1993, nearly 10% of all North Carolina children six months to six years of age were screened. County screening rates are highly variable and range from 0.3% (Alexander County) to 68.8% (Tyrrell County). In general, eastern and piedmont counties tended to have higher screening rates than counties in the western part of the state.

## RESULTS

## RESULTS

Demographic characteristics of the study population are described in Table 1. Relevant statistics for the state of North Carolina are also provided for comparison. Children screened were disproportionately 1 year of age, black, screened at public clinics, and residents of rural counties. The mean age was 2 years and 7 months.

The estimated statewide prevalences of having, an elevated blood lead among children tested were: 22.4% ( $\geq 10$  ug/dL), 3.7% ( $\geq 15$  ug/dL), and 1.3% ( $\geq 20$  ug/dL). The mean blood lead level for all children screened was 7.6 ug/dL. A seasonal effect on blood lead was indicated by higher mean blood lead levels during the summer months of June, July, and August.

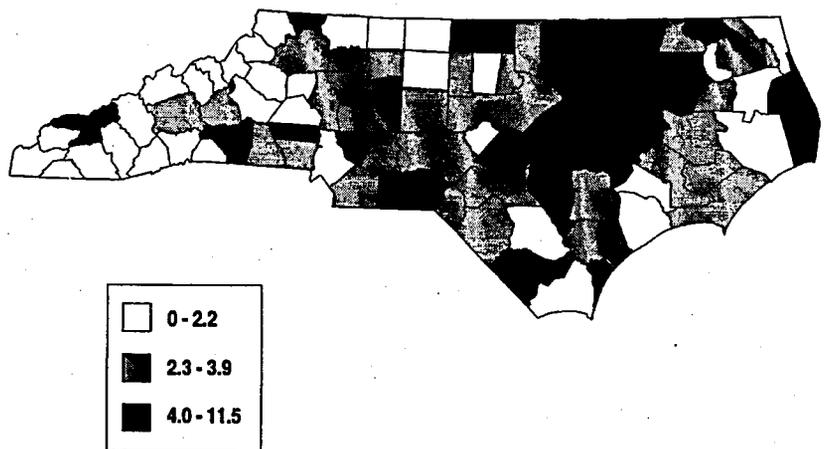
The prevalence of elevated blood leads among those tested appears to peak at age 2; fully 5% of 2 year olds have blood lead levels  $\geq 15$  ug/dL compared to only 2.5% of 5 year olds. Black children are twice as likely as white children to have an elevated blood lead, with prevalence among children of other races intermediate between the prevalences for whites and blacks. The estimated prevalence is higher for children from rural counties at every cutpoint and has been reported elsewhere in detail.<sup>14</sup> The prevalence is also slightly greater among males than among females. The type of clinic (public vs. private) where a child was screened was not associated with blood lead outcome.

Of counties that screened more than 100 children, Anson, Bertie, Edgecombe, Franklin, Greene, Halifax, Lenoir, Nash, Northampton, and Wilson recorded the highest prevalences. In each of these ten counties 30% of children screened had blood leads  $\geq 10$  ug/dL, and 5% had blood leads  $> 15$  ug/dL. Eight of these counties are in the northeastern portion of the state.

The prevalence of having an elevated blood lead  $\geq 10$  ug/dL is widespread. Forty counties had prevalences that were higher than the statewide rate of 22.4%. Twenty seven of these counties are located in the eastern portion of the state.

Figure 3 shows county prevalences for children with blood lead levels of  $\geq 15$  ug/dL. There is a large block of counties in eastern North Carolina with medium to high prevalences. This strengthens previous observations made about the rural nature of North Carolina's lead problem.<sup>14</sup>

A comparison of Figure 1, which shows modelled risk potential, and Figure 3,



Map classes determined by quantiles.

Figure 3: Percent of children screened with blood level  $\geq 15$  ug/dL.

which shows lead poisoning prevalence, indicates that the model correctly predicts a relatively more severe lead poisoning problem in the eastern part of the state. Urban areas in North Carolina were modelled as being low or medium risk and are shown in Figure 3 to have lower lead poisoning prevalences.

A brief analysis of modelled risk versus lead poisoning prevalence was undertaken for those counties that screened at least 100 children and at least 10% of children six months to six years of age ( $n = 47$ ). Counties were classified by predicted risk potential (i.e. low, medium, or high) and by prevalence for the following blood lead levels were calculated for each class:  $\geq 10$  ug/dL,  $\geq 15$  ug/dL, and  $\geq 20$  ug/dL. For all blood lead levels, there was a correspondence between the risk potential predicted by the model and the prevalence of lead poisoning. While statistical significance cannot be assigned to these findings, due to the non-representativeness of the screening population, the geographic model appears to be a good predictor of lead poisoning risk.

Our data show that 22.4% of children screened had blood lead levels  $\geq 10$  ug/dL, the lowest level of concern identified by the CDC. Race (non-white), residence (rural), age (two years old), and gender (male) were all associated with having a blood lead elevation.

Comparisons of the geographic distribution of lead poisoning prevalence and patterns of risk predicted by geographic modelling suggest that, with further refinement, geographic modelling may play an important role in making decisions about the intensity of screening efforts needed in particular geographic areas.

Many physicians, particularly in non-urban areas, feel that the prevalence of elevated blood lead in their community is too low to warrant the effort and expense of screening all children. Local data on the prevalence of elevated blood lead and the CDC questionnaire to assess risk<sup>1</sup> are two aids that can be used to target patients at higher risk. However, local prevalence data are often unavailable, and the sensitivity and specificity of the CDC screening questionnaire are unknown.

Although the data presented in this paper cannot serve as local prevalence data (since they are not population-based), they demonstrate that even children living in rural communities can have a surprisingly high prevalence of elevated blood lead and in some cases, their risk of blood lead elevation may be higher than among urban children. Further work identifying such areas as well as the reasons for the elevations in blood lead is warranted.

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# EDUCATIONAL PROGRAMS FOR NORTH CAROLINA'S LOCAL BOARDS OF HEALTH: A MODEL OF COMMUNITY DEVELOPMENT

Vaughn Mamlin Upshaw

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Involving people in solving their own problems is fundamental to community development. McClusky (1960) writes that the "ultimate test of community development, both as object (what) and process (how), is what it does to the people who make up the membership of the community being developed" (quoted by Dean and Dowling (1989)). Using a community development model proposed by Dean and Dowling (1989), this article outlines both the processes used to develop educational programs for local boards of health in North Carolina and the outcomes of these programs on individuals, boards of health, local health departments, and communities across North Carolina and beyond.

A primary goal for the Association of North Carolina Boards of Health (ANCBH) is to enhance the effectiveness of local boards of health in carrying out their responsibilities to protect the public's health. Stubblefield (1974), writes that citizen participation is concerned with the "development of citizens capable of participating in the management of their larger social concerns in the community and of being responsible members and leaders in the organization in which they hold membership" (p. 228). The educational programs developed by ANCBH foster citizen involvement in promoting public health, identifying community health needs, addressing public health needs through policy-development, and assuring that the public's health is protected.

The discussion that follows illustrates how ANCBH's community development processes positively influenced board of health members' participation in public health. Dean and Dowling (1989) proposed a model of community development characterized by process and outcome variables. The first part of the model considers processes by which people and resources are organized to accomplish their objectives. The second part of the community development model is concerned with outcomes for people, organizations and the physical world.

Developing educational programs for local boards of health required energy and commitment from a broad spectrum of people over a six year period. The first element of the process ANCBH used to develop educational programs for local boards of health, included the participation of board of health members, local health directors, representatives from the Department of Environment, Health and Natural Resources, North Carolina Association of Local Health Directors, University of North Carolina's School of Public Health, Institute of Government, and Area Health Education Centers. By involving these groups from the outset, ANCBH provided a forum for board of health members and health directors to articulate their needs and interests, and offered other stakeholder groups a role in developing an implementation strategy.

ANCBH's program objectives were to educate boards of health able to effectively exercise their authorities, make informed public health decisions, enact community-focused policies, demonstrate visible leadership for public health, and work effectively with local health directors. Local board of health members, health directors and representatives of stakeholder groups used these objectives to guide the content and scope for an orientation for new board of health members. ANCBH's leadership development programs, teleconferences, and publications also responded to these objectives and were developed with input and feedback from local board members, health directors and other state public health representatives.

The process ANCBH used to develop educational programs for boards of health was successful because it included the participation of board of health members, health directors, and other stakeholder groups in program design, implementation

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and evaluation. The support and involvement of these key groups was critical to the implementation of ANCBH's educational effort. Working with board of health members and other stakeholders enabled ANCBH to create educational programs that engaged participants from across North Carolina. Through its orientation, leadership and teleconference programs, and its manual, ANCBH's process provided a structure for North Carolina's public health community to respond to needs voiced by local board members and health directors.

Outcomes of Board of Health Educational Programs Dean and Dowling (1989) describe outcome variables as the "results of the community development process" (P. 81). They categorize outcomes in relation to people, organizations and the physical world. Each of these categories can be viewed from a micro-level and from a macro-level. The following discussion outlines- the outcomes of ANCBH's educational programs using examples from local boards of health, health departments and communities throughout North Carolina and the nation. An overview of the model is presented in Table 1.

Table 1. Community Development Outcomes of ANCBH's Educational Programs (adapted from Dean and Dowling, 1989).

| Level                          | People-related Outcomes | Organizational Outcomes                | Physical Outcomes                |
|--------------------------------|-------------------------|--|----------------------------------|
| Local Community (micro-level)  | Personal growth         | Community Organization and Development | Community Goals                  |
| Larger Community (macro-level) | Civilizing Process      | Political Influence                    | Wide Range and Long-Term Effects |

**BENEFITS FOR BOARD MEMBERS**

The results of ANCBH's educational efforts are evident for people at both micro- and macro-levels. At a micro-level, board members have communicated experiences of personal growth, and at a macro-level, board of health members have more skillfully performed their civic duties. Below are examples of, how board members have benefited from ANCBH's educational programs.

Prior to ANCBH's educational programs, 20 percent of local health directors reported that they oriented their new board members. Health directors' orientation activities ranged from giving new board members the *Guidebook for Local Boards of Health* (Smith, 1983), totaking new board members on facility tours and site visits with public health workers. Many new board members voiced uncertainty about board of health responsibilities and unfamiliarity with public health programs and acronyms. Virtually all new board members reported that they participated hesitantly in board meetings, and spent most of their first three years figuring out what was going on.

With the emergence of ANCBH's educational programs, new and uninformed board members received an overview of their responsibilities and the activities of local health departments. Board members who participated in educational activities began

learning how their problems were similar to and different from problems in other counties. Interaction among board members fostered an exchange of common concerns and ideas, and raised people's awareness of future public health challenges. Through lectures and discussions, new board members learned how to contribute effectively to their local boards.

A single example illustrates individual outcomes at the micro-level of personal growth, and the macro-level where the leadership of a few directly benefit society. Following her experience, a woman described the value of a board of health educational session in which she had participated. During a small group discussion participants told of their best and worst board of health experiences. A board member from another county described his best board experience: developing an incentive program to help people stop smoking. A few months later, her own board considered a smoke-free policy for county buildings that imposed restrictions and fines for violators. She suggested the board consider using incentives to gain compliance. The group liked her ideas so much that they changed the policy to include incentives for good behavior. She indicated that the educational experience increased her confidence and she, by positively influencing the board's actions, improved the acceptance and support for the policy in the broader community.

Board of health educational programs have begun to affect organizations at both a micro-level and macro-level. At the microlevel, board members and health directors have paid greater attention to board of health practice, and have started to re-examine traditional board activities. For example, G. S. 130A, -39 states that boards of health meet quarterly, yet in the past few years, several counties have increased their number of regular health board meetings. In addition, more boards of health have established committees, conducted public forums, and participated in strategic planning retreats. A visible result of board of health education has been an increase in board member involvement in the activities and initiatives carried out by local public health departments.

At a macro-level, the heightened involvement of boards of health has increased their impact on local public health efforts. ANCBH's educational programs encouraged boards to view public health comprehensively and increase collaboration between health departments and community groups. For example, one of ANCBH's teleconferences featured a hypertension education and screening program initiated by a Brunswick County board member for men in his African-American community. Using knowledge of his community's beliefs and values, he worked with health department staff to identify and contact key groups and ultimately gained his community's participation in addressing a critical public health problem.

As boards of health have become more active in local public health activities, they have generated positive results for health departments and communities. On a statewide level, board members have started to attend professional public health educational and legislative conferences, thus improving the dialogue between board members and public health professionals around significant public health issues. A state-wide, public health initiative, *Healthy Carolinians 2000*, promoted local coalitions of board members, community groups, and health professionals to address community problems. By joining with other professionals, policy-makers and community members, boards of health in many counties have expanded their understanding, and strengthened their impact on public health.

Many, if not all, of the physical results from ANCBH's board education effort will be realized through the achievement of community and state-wide public health objectives. Many of these effects will not be apparent for some time, nor will they

## **BENEFITS FOR HEALTH DEPARTMENTS**

## **BENEFITS IN THE PHYSICAL WORLD**

necessarily be attributable to educational efforts for board of health members. In the past year, however, a physical result has been evident as a significant number of North Carolina's boards of health have adopted local smoking rules to protect the public from environmental tobacco smoke. These efforts have met with stiff resistance from tobacco interests at both state and local levels. Despite deadlines imposed by the General Assembly and threats of legal action, many of the state's boards of health have adopted local smoking control rules.

Another wide-ranging outcome resulting directly from ANCBH's educational development effort is the establishment of the National Association of Local Boards of Health. After hearing about North Carolina's grant from the W. K. Kellogg Foundation, local board of health members from six states approached ANCBH and requested a meeting. At the first national meeting of local boards of health in November 1991, local board members discovered enough common concerns, needs, and problems to warrant the formation of a national association which would provide networking, education, and advocacy for local boards of health.

In summary, ANCBH's educational programs for local health boards have resulted in benefits for individuals and organizations at both micro and macro levels, and are beginning to produce physical results in local communities, the state and the nation. Through ANCBH's educational programs, local boards of health are starting to understand that they share in public health's mission to "fulfill society's interest in assuring conditions in which people can be healthy" (Institute of Medicine, 1988, p. 7). ANCBH's programs have provided board members with practical and historical information so that they can participate in identifying local public health needs, making informed policy-decisions, and protecting the public's health.

#### **FUTURE ISSUES FOR BOARD OF HEALTH PROGRAMMING**

Despite the strengths of ANCBH's educational efforts, the future of these programs remains uncertain. A variety of factors influence board of health educational programs: some concerns arise from the way programs are offered; others issues stem from the nature of local boards themselves. The availability of resources and political power also affect the future of board of health educational programming.

Because board of health members voluntarily participate in ANCBH's educational programs, a third of the state's board members have not attended any educational sessions. One of the factors that contributes to partial participation is the conflict between educational sessions and professional schedules: day programs interfere with business practices while evening and weekend programs are preempted by personal plans. Another barrier to participation is that experienced board members do not think that they need "orientation." Despite these obstacles, more than fifty percent of all local board of health members have participated in one of ANCBH's orientation programs in the last four years.

Political pressures remain an ongoing threat to local health boards. The General Assembly had hoped to preserve the objectivity of boards of health by making them appointed bodies. In recent years, however, newly elected county commissioners have removed board of health members and replaced them with people with whom they share political ideologies. Although external politics affect board of health performance, maneuvering by local politicians cannot be held solely responsible for the power struggles on local health boards. Board members, themselves, bring divergent interests, competing agendas, and political clout to the practice of public health. In counties where politicians have historically made decisions without involving stakeholder groups, local boards of health frequently employ similar approaches.

Future funding for board of health educational programs remains in question. The momentum of ANCBH's development efforts cannot be maintained without ongoing financial support. The General Assembly made a special, one-year appropriation of

\$100,000 during fiscal year 1993-1994 for board of health educational programs, but continued funding for board of health education remains in doubt. Even though long-term funding questions remain, the benefits of board of health action are beginning to become an accepted, and *expected* part of board of health service.

The cooperation and collaboration that characterized ANCBH's development efforts are important reminders for what can be done with shared vision and commitment. There are numerous opportunities for ANCBH's future educational programs. For example, ANCBH might address linkages between the board of health and the health department; relationships between the board of health and community groups; the role of boards of health with county commissioners; the role of local public health under health care reform; or advocacy by boards of health for public health priorities. As details of national and state health care reform efforts become clearer, roles for boards of health may change. To remain viable, ANCBH will need to anticipate changes and assist local boards of health and local health directors in assuming new roles and responsibilities.

In conclusion, ANCBH's educational programs for local boards of health have benefited North Carolina's boards of health members, health departments and communities. Using components of the community-development model outlined by Dean and Dowling, this article described the processes ANCBH used to develop and implement educational programs for North Carolina's board of health members, and provided specific examples of how ANCBH's programs positively influenced people, organizations, and public health activities. Board of health participation in public health is an essential component of community-based, public health policy and action. This article concluded with thoughts about current issues facing ANCBH and suggested future opportunities for boards of health to protect and promote the public's health.

## CONCLUSION

**Editors Note:** We are pleased to report that during the recent session of the North Carolina General Assembly the Association of North Carolina Boards of Health received \$100,000 of continuation support for its important activities.

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# SURVEY OF MOSQUITOES AND MOSQUITO-TRANSMITTED VIRUSES ASSOCIATED WITH TIRE DISPOSAL SITES IN NORTH CAROLINA

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Daniel E. Szumlas

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## Introduction and Background

Awareness of the use of discarded tires as breeding sites by mosquitoes was renewed after the discovery that an exotic mosquito, *Aedes albopictus*, had been imported into the United States. *Aedes albopictus*, the "Asian tiger mosquito" was first discovered in Harris County, Texas in 1985.<sup>1</sup> Subsequently, populations of this species have been found in 17 southeastern and/or midwestern states.<sup>2</sup> The introduction and spread of *Ae. albopictus* is thought to have occurred through the importation and transportation of used vehicle tires.<sup>3</sup>

The movement of *Ae. albopictus* in used tires stimulated entomologists to survey discarded tire piles in attempts to monitor the spread of this pestiferous mosquito species. In North Carolina, entomologists of the Public Health Pest Management Section, Dept. of Environment, Health and Natural Resources (DEHNRR) and the Dept. of Entomology, N.C. State University felt that if *Ae. albopictus* had already become established in the state, populations would be found in association with piles of discarded tires. In 1987 a state-wide survey of mosquito species breeding in discarded tires in North Carolina was conducted by entomologists of these agencies to locate any established populations of *Ae. albopictus*. The locations of accumulations of used tires were identified from questionnaires that were filled out and returned by county environmental health personnel. County personnel were asked to report dump sites containing 50 or more tires. From the beginning of May to the end of September, 1987, tires at deposition sites containing from one to an estimated 7 million tires were sampled for mosquitoes. However, approximately one third of the sites sampled were found by environmental health personnel while traveling to or from tire deposition sites. Collections of mosquito larvae were made at tire deposition sites from the mountains (n=12), piedmont (n=24) and coastal plain (n=30) regions of NC. A total

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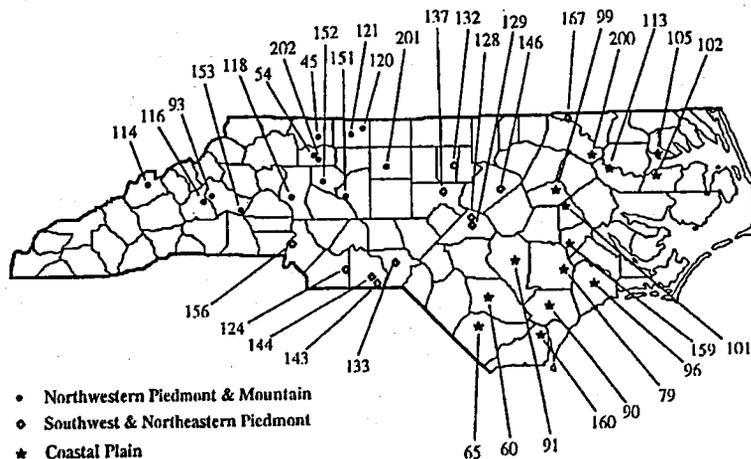


Figure 1. Location of tire disposal sites surveyed for mosquitoes in North Carolina in 1993

of 66 sites in 36 of the 100 counties in NC were visited. Mosquito larvae were collected at every site. Mosquitoes representing five genera and 13 species were identified (Table 1). Populations of *Ae. albopictus* were discovered at one tire deposition site in the coastal plain and three sites in the piedmont region of NC. Additional surveys and investigations of complaints about mosquitoes indicate that *Ae. albopictus* has expanded its distribution considerably since the tire survey was completed in 1987. For example, mosquito egg-trap surveys conducted in New Hanover County in 1988 have documented the occurrence of *Ae. albopictus* throughout much of the lower half of the county. Larvae or adults of *Ae. albopictus* have been collected at approximately 30 other locales in NC by entomologists of the Public Health Pest Management Section, DEHNR.

Previous reports of the transportation of mosquitoes in used vehicle tires have been reviewed by Reiter & Sprenger.<sup>4</sup> It is interesting to note that only larvae have been collected in tires imported in seagoing containers examined since the initial discovery of *Ae. albopictus* in Harris County, Texas<sup>5</sup> No mosquito eggs have been found in tire casings even though *Aedes* mosquitoes lay desiccation-resistant eggs. Reiter & Sprenger<sup>4</sup> also described the history of the used tire trade and provide comprehensive statistics on the importation and exportation of tires into the United States. They concluded that tires provide "...an unprecedented potential for the worldwide dispersal of important vector mosquitoes such as *Aedes albopictus* and *Ae. aegypti*."

#### PUBLIC HEALTH CONSEQUENCES OF TIRE- BREEDING MOSQUITOES

Used tires, whether neatly stacked behind a tire recapping facility or discarded in the woods adjacent to an apartment complex, greatly increased the available breeding habitat for mosquitoes, of which some species are actual or potential vectors of human diseases (Table 2). Several mosquito species that breed in natural containers have successfully adapted to tires as breeding sites. The importation and spread of *Ae. albopictus* via tires has already been described. *Aedes atropalpus*, the eastern rock pool mosquito, is another species that has expanded its geographic distribution through the use of tires as breeding sites.<sup>6</sup>

Until recently, this mosquito was thought to exist at low population levels in rock pools of swiftly flowing rivers. In recent surveys of tire dump sites for *Ae. albopictus*, *Ae. atropalpus* has been found to be a dominant species in many populations of tire-breeding mosquitoes.<sup>7</sup> *Aedes atropalpus* is a competent vector of La Crosse encephalitis virus.<sup>8</sup> The spread of this mosquito through tires has undoubtedly increased its importance as a nuisance and vector species. *Aedes triseriatus* is another common container-breeding mosquito that readily uses tires as breeding sites.<sup>9</sup> *Aedes triseriatus* is the indigenous vector of La Crosse encephalitis virus in North America.<sup>10</sup> Cases of La Crosse encephalitis are commonly reported each year from the mountains of North Carolina, principally the Qualla Boundary.<sup>11</sup> La Crosse virus infected *Ae. triseriatus* have been collected from this area. The occurrence of cases of La Crosse encephalitis have been directly associated with the presence of artificial containers such as automobile tire casings.<sup>12</sup>

Table 1. Mosquitoes produced in discarded tires in North Carolina. Collections were made from 882 tires at 66 disposal sites in 36 of 100 counties from May-September, 1987 (n=number of disposal sites at which tires were examined).

| Species                        | % occurrence of larvae  |                     |                     |                           |
|--------------------------------|-------------------------|---------------------|---------------------|---------------------------|
|                                | Coastal Plain<br>(n=30) | Mountains<br>(n=24) | Piedmont<br>(n= 12) | overall regions<br>(n=66) |
| <i>Anopheles crucians</i>      | 6.7                     | 0.0                 | 8.3                 | 4.6                       |
| <i>An. punctipennis</i>        | 13.3                    | 50.0                | 75.0                | 37.9                      |
| <i>Culex quinquefasciatus</i>  | 76.7                    | 83.3                | 100.0               | 83.3                      |
| <i>Cx. restuans</i>            | 56.7                    | 79.2                | 83.3                | 69.7                      |
| <i>Cx. salinarius</i>          | 30.0                    | 33.3                | 25.0                | 30.3                      |
| <i>Cx. territans</i>           | 46.7                    | 50.0                | 50.0                | 48.5                      |
| <i>Aedes aegypti</i>           | 60.0                    | 33.3                | 33.3                | 45.5                      |
| <i>Ae. albopictus</i>          | 3.3                     | 12.5                | 0.0                 | 6.1                       |
| <i>Ae. atropalpus</i>          | 0.0                     | 33.3                | 16.7                | 15.2                      |
| <i>Ae. cinereus</i>            | 3.3                     | 0.0                 | 0.0                 | 1.5                       |
| <i>Ae. triseriatus</i>         | 66.7                    | 91.7                | 83.3                | 78.9                      |
| <i>Orthopodomyia signifera</i> | 50.0                    | 58.3                | 33.3                | 50.0                      |
| <i>Toxorhynchites rutilus</i>  | 30.0                    | 45.8                | 50.0                | 39.4                      |

Tire dump sites have the potential to produce extremely large populations. For example, in a 0.03 hectare section of a scrap tire yard in northern Indiana that contained approximately 100 tires, Pumpuni & Walker<sup>9</sup> estimated the average population size to range from 1,349 to 4,492 females. On a relative basis, production of mosquitoes in a single tire equals or exceeds production in a single tree hole. However, mosquito populations established at dump sites are usually much greater than in surrounding woodlands because of the larger amount of breeding habitat provided by tires. Not only do tires increase the overall production of mosquitoes in an area, but they alter the seasonal dynamics of the population. The water in tires reaches a higher temperature earlier in the mosquito breeding season relative to tree holes; consequently, adults emerge considerably earlier from tire habitats. Because females are active earlier in the season, there is an increased potential for virus amplification cycles to be initiated sooner than under natural conditions. The vector potential of populations of some mosquito species is affected by breeding in tires. For example, females of *Ae. triseriatus* that emerge from tires tend to be smaller than usual and are more susceptible to La Crosse virus infection from vertebrate hosts.<sup>13</sup>

The introduction of *Ae. albopictus* is viewed as having potentially serious public health consequences.<sup>14</sup> *Aedes albopictus* aggressively pursues a bloodmeal during the day time when people are engaged in outdoor activities. Consequently, at locales where *Ae. albopictus* become established a considerable nuisance problem can develop. *Aedes albopictus* is a potential vector of a variety of viruses, some of which are listed in Table 2. Recently, populations of *Ae. albopictus* breeding in a tire deposition site in Potosi, MO were found to be infected with Potosi virus, a newly recognized *Bunyavirus*.<sup>2</sup>

Of greater significance is the collection of *Ae. albopictus* infected with eastern equine encephalitis (EEE) virus at a tire deposition site in Polk County, Florida.<sup>15</sup> Eastern equine encephalitis is the most deadly arthropod-borne viral disease. It commonly causes a mortality rate of 50-75% and often leaves survivors with severe central nervous system damage.<sup>16</sup>

Table 2. Vector competence of tire-breeding mosquitoes for certain arboviruses.

| Viruses                        | Mosquito Species   |
|--------------------------------|--|
| <i>Flavivirus</i>              |  |
| Dengue 1,2,3,4                 | <i>Ae. aegypti</i> , <i>Ae. albopictus</i>                             |
| St. Louis encephalitis         | <i>Culex pipiens</i>   |
| Yellow Fever                   | <i>Aedes aegypti</i> , <i>Ae. albopictus</i>                           |
| <i>Alphavirus</i>              |  |
| Eastern equine encephalitis    | <i>Ae. albopictus</i>  |
| Venezuelan equine encephalitis | <i>Ae. albopictus</i>  |
| <i>Bunyavirus</i>              |  |
| La Crosse encephalitis         | <i>Ae. albopictus</i> , <i>Ae. triseriatus</i> , <i>Ae. atropalpus</i> |
| Jamestown Canyon               | <i>Ae. albopictus</i> , <i>Ae. triseriatus</i>                         |
| Keystone                       | <i>Ae. albopictus</i>  |
| Trivittatus                    | <i>Ae. albopictus</i>  |
| Potosi                         | <i>Ae. albopictus</i>  |

In summary, it can be stated that tires provide ideal habitat for the production of a diverse array of mosquito species. Some of these mosquitoes are proven or potential vectors of viral diseases of considerable public health significance. The recent isolation of EEE virus from *Ae. albopictus* has received national attention and elicited a strong cry of concern about the potential impact of this mosquito on the public's health. La Crosse encephalitis and EEE viruses are known to be present in North Carolina based on virus isolations from mosquito vectors and confirmed cases of encephalitis reported to the state health department.

Serologic evidence also indicates that other Bunyaviruses, such as Keystone and Jamestown Canyon viruses, may be present in NC as well.

## SUMMARY

A state-wide survey of mosquito species breeding in used tires was conducted in 1993 to determine if tire disposal sites pose a risk to public health through the production of virus-infected mosquitoes or mosquitoes that could potentially carry indigenous viruses. Collections of mosquito larvae, pupae and adults were made at 38 disposal sites located in 36 North Carolina counties. Sampling was restricted to tire disposal sites containing 500 or more tires in three geographic regions - coastal plain (n=14), northeastern and southwestern piedmont (n=11), and northwestern piedmont and mountains (n=13). Disposal sites were sampled on two occasions; once in the spring-early summer and again in the late summer-fall. A total of 80,498 larvae and pupae representing 14 mosquito species and six genera were collected from 2,245 tires. The larval population was predominantly composed of two species, *Aedes albopictus* (37.0%) and *Ae. triseriatus* (24.8%).

A total of 35,802 adults were collected in 440 aspiration samples taken at the 38 tire disposal sites. The aspiration samples largely contained (89.8% of total number of adults collected) two mosquito species, *Ae. albopictus* (68.7%), and *Ae. triseriatus* (21.1%). Adults were separated by species into 620 pools which were analyzed for virus using a standard Vero cell plaque assay. No virus-infected pools of mosquitoes were found.

Although populations of virus-infected mosquitoes were not found at any of the tire disposal sites sampled, there is no question that used tires do pose a potential threat to the public's health. Several species of tire-breeding mosquitoes, namely *Aedes albopictus* and *Aedes triseriatus*, are proven vectors of viruses that cause encephalitis in people. In addition, the massive production of mosquitoes that was documented to occur at some tire disposal sites indicates that the establishment of tire deposition sites near residential areas will significantly increase the potential for the occurrence of mosquito nuisance problems and an outbreak of mosquito-transmitted disease.

The range expansion of *Aedes albopictus* in North Carolina was documented. In a mosquito survey of tire disposal sites completed in 1987, this species was found at only 4 of 66 (6.1%) tire disposal sites sampled. In 1993, 29 of 36 sites (76.31%) were positive for *Ae. albopictus*. Approximately 4.6% of the larvae collected in the 1987 survey were identified to be *Ae. albopictus*, while in 1993, 37% of the larvae were *Ae. albopictus*.

It is recommended that further surveillance of selected tire disposal sites for virus-infected mosquitoes be conducted. Because of the mosquito breeding potential of used tires is high, efforts to eliminate tire disposal sites on a site-by-site basis should be implemented as soon as practical. Highest priority for clean up should be assigned to disposal sites close to residential areas that contain large numbers of tires with a mosquito population predominately composed of *Aedes albopictus*.

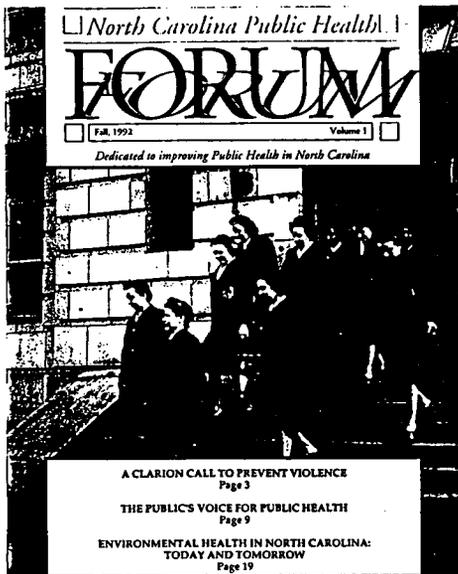
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**Editor's Note:** The article was excerpted from a report prepared for the Solid Waste Section of the NC Department of Environment, Health, and Natural Resources.

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