North Carolina 2/10

PHOTOCOPY
PRESERVATION

PAUL G. SEBO
MANAGER, PLAN SERVICES

STATE OF NORTH CAROLINA
COMPREHENSIVE MAJOR MEDICAL PLAN

4509 CREEDMOOR ROAD
SUITE 102
RALEIGH, N. C. 27612

(919) 733-9623
FAX: (919) 787-5549

VIP

STATE OF NORTH CAROLINA
THE TEACHERS' AND STATE EMPLOYEES'
COMPREHENSIVE MAJOR MEDICAL PLAN

A- This is from Melanne — Call me when you get a chance LT

January 24, 1994

Honorable Hillary R. Clinton
First Lady of the United States
The White House
Washington, DC 20500

Dear Ms. Clinton,

Along with many others, I was pleased to find out that you would be able to be with us in Raleigh, Thursday afternoon, February 10 for Governor Hunt's "Emerging Issues Forum, 1994." Working daily as I do with the major issues involved in health benefits problem resolution, I look forward to your Keynote Address on your Health Care Reform Plan.

I am enclosing information on our State Health Plan, which I help to manage, in the hope that you might find some of the figures helpful in the development of your speech. As you can see, we cover nearly half a million State employees, teachers and retirees under our self-funded indemnity Plan and six (6) HMO's. We have not had an increase in rates for three (3) years, and do not contemplate one for the period July 1, 1994 - June 30, 1995. We embrace managed care concepts under our base plan, as well as through our HMO's. I don't relate well to the term "model," but do think a further examination of our Plan's success would be helpful as you explore state systems with one "alliance" (like you, I'll stop short of using "single payer").

Please find my card enclosed. I hope your schedule will permit you to stay for the reception following your address, giving us the chance to shake your hand.

Respectfully,

Paul G. Sebo

Paul G. Sebo
Manager, Plan Services

enclosures

P.S. I wouldn't be surprised if "Big Ed" Watkins tried to smuggle a ham biscuit into that fancy reception.

4509 CREEDMOOR ROAD. SUITE 102. RALEIGH, N.C. 27612 (919) 733-9623 FACSIMILE: (919) 787-5549

BENEFIT OPTIONS: Self funded Comprehensive Major Medical Plan
(Blue Cross/Blue Shield of NC Claims Processing Contractor)
Carolina Physicians' Health Plan (HMO), Kaiser Permanente (HMO)
Maxicare NC (HMO), PARTNERS National Health Plan (HMO)
Physicians Health Plan (HMO), PruCare of Charlotte (HMO)
Flexible Benefit Program (IRC Section 125)

MEMBERSHIP

Membership by Benefit Option as of 06-30-93:

	Self Funded	CPHP	Kaiser	Maxicare	PARTNERS	PHP	PruCare	Total
Active Employees	200,368	3,031	15,122	466	3,080	9,225	3,811	235,103
Retired Employees	73,397	104	1,164	25	235	308	574	75,807
Continuation	1,584	8	71	1	13	38	37	1,752
Total Employees	275,349	3,143	16,357	492	3,328	9,571	4,422	312,662
Dependents of								
Active Employees	119,611	2,853	10,266	445	2,566	7,357	3,139	146,237
Retired Employees	13,817	20	267	2	71	78	139	14,394
Continuation	525	3	48	2	3	19	14	614
Total Dependents	133,953	2,876	10,581	449	2,640	7,454	3,292	161,245
Total Members	409,302	6,019	26,938	941	5,968	17,025	7,714	473,907
% of Total Members	86.4%	1.3%	5.7%	0.2%	1.3%	3.6%	1.6%	100.0%

Self Funded Plan Membership by Employing Unit as of 06-30-93:

	# of Employing Units	Employees	Dependents	Total
Agencies & Hospitals	77	56,119	34,130	90,249
Universities	16	23,600	16,707	40,307
Community Colleges	58	8,643	5,770	14,413
School Systems	130	112,006	63,004	175,010
Retirement System	-	73,397	13,817	87,214
Continuation	-	1,584	525	2,109
Total	281	275,349	133,953	409,302

FINANCIAL STATUS

	Actual Year Ended 6-30-93	Actual Year Ended 6-30-92	Projected Year Ended 6-30-94
Contributions	$590,304,954	$561,354,106	$590,838,162
HMO Risk Adjustment (note 2)	$4,658,986	$3,398,768	$5,059,932
Investment Earnings	$10,971,519	$5,349,978	$12,077,232
Total Income	$605,935,459	$570,102,852	$607,975,326
Claim Payments	$493,705,151	$505,452,082	$573,613,887
Administration (note 3)	$14,738,247	$11,644,891	$15,816,566
Total Expenses	$508,443,398	$517,096,973	$589,430,453
Plan Gain (Loss)	$97,492,061	$53,005,879	$18,544,873
Beginning Cash Balance	$95,713,209	$42,707,330	$193,205,270
Ending Cash Balance	$193,205,270	$95,713,209	$211,750,143
Estimated Incurred but Unpaid Claims Reserve (note 4)	$90,000,000	$90,000,000	$90,000,000

Note 1: Not included in the above financial data are contributions paid to HMOs and the cost of benefits provided by HMOs. Employer contributions to HMOs for the year ending 6-30-93 were approximately $60,000,000.

Note 2: HMO Risk Adjustment is a recovery of losses due to the relative better risk of the Plan members who have joined HMOs.

Note 3: Administrative expenses are roughly 2.9% of claim payments.

Note 4: Estimated Incurred but Unpaid Claims represents total outstanding claims; the Plan normally operates on a "pay as you go" basis which requires available cash to pay ongoing expenses plus an operating reserve of 7.5% of claim payments.

SELF FUNDED CLAIMS ANALYSIS

	Year Ended 6-30-93	Percentage of Total Claims	Year Ended 6-30-92	Percentage of Total Claims	Percentage Inc./(Dec.) Yr End 6/92 to 6/93	Claims per Capita Year Ended 6-30-93	Claims per Capita Year Ended 6-30-92	Percentage Inc./(Dec.) Yr End 6/92 to 6/93
Hospital Inpatient								
Hospital Care	$182,912,883	37%	$194,934,698	39%	-6%	$445	$463	-4%
Physicians & Other Professional Care	52,106,852	11%	55,789,156	11%	-7%	127	133	-5%
Skilled Nursing Facility	8,600,567	2%	7,099,386	1%	21%	21	17	24%
Total Hospital Inpatient	$243,620,302	49%	$257,823,240	51%	-6%	$593	$613	-3%
Hospital Outpatient								
Facility Fees	$74,972,504	15%	$67,036,116	13%	12%	$182	$159	14%
Surgeon	18,250,617	4%	17,261,777	3%	6%	44	41	7%
Physicians Fees	11,528,235	2%	10,649,395	2%	8%	28	25	12%
Radiology	5,219,797	1%	5,120,418	1%	2%	13	12	8%
Total Hospital Outpatient	$109,971,153	22%	$100,067,706	20%	10%	$268	$238	13%
Physicians Office/Home Care								
Drugs	$48,929,737	10%	$57,856,380	11%	-15%	$119	$137	-13%
Office Visits	29,450,286	6%	29,582,570	6%	0%	72	70	3%
Office Surgery	8,496,278	2%	8,681,724	2%	-2%	21	21	0%
Laboratory	12,004,800	2%	11,729,857	2%	2%	29	28	4%
Radiology	7,632,231	2%	7,906,912	2%	-3%	19	19	0%
Chiropractic	4,324,932	1%	4,123,405	1%	5%	11	10	10%
Home Health Care	7,474,276	2%	6,514,705	1%	15%	18	15	20%
Private Duty Nursing	2,923,075	1%	4,104,356	1%	-29%	7	10	-30%
Chemical Dependency	243,036	0%	255,382	0%	-5%	1	1	0%
Physical Therapy	(2,331)	0%	261,643	0%	-101%	0	1	-100%
Hospice	0	0%	66,205	0%	-100%	0	0	ERR
Miscellaneous	18,637,376	4%	16,477,996	3%	13%	45	39	15%
Total Physicians Office/ Home Care	$140,113,696	28%	$147,561,136	29%	-5%	$341	$351	-3%
Total Claims	$493,705,151	100%	$505,452,082	100%	-2%	$1,202	$1,201	0%

EXECUTIVE ASSISTANT
Navy Recruiting Command

9 February 199;

Pls pass to Amanda Crumley.
2 pages follow

Amanda -

I hope this fits your needs. Please call me if I can be of further assistance.

Thank you,
Mary Jayne Meyer

COMNAVCRUITCOM
☎703 696 8597

COMMANDER, NAVY RECRUITING COMMAND
RECRUITERS OF THE YEAR

NCCM WALSH/SUSAN MARIE	CHIEF RECRUITER, SAN DIEGO
NCC MARZELLA/MARIJO	ZONE SUPERVISOR, BUFFALO
LT PHIL JORDAN	OFFICER ROY, PHILLY
BM2 BURROUGHS	ROTC RECRUITER, NEW ORLEANS
MM1 STELLPFLUG/VICKIE	NUC RECRUITER, KANSAS CITY
CDR JOHN WEBB/RUTH MARIE	RECRUIT. DIST ASST COUNCIL, NEW ENGLAND
LCDR FRANKLIN CARVER	CAMPUS LIAISON OFFICER, LITTLE ROCK
PNC ADELL	CLASSIFIER, L.ROCK
SK2 HARRIS/DARLENE	SUPPORT, CLEVELAND
FCC DAVIDSON/ELIZABETH	LEADS TRACKING CENTER SUPE, DENVER
EVELYN RITZ	EDUCATIONAL SPECIALIST, SAN DIEGO
CDR MONTE WILLIS/LINDA	NAVY RECRUITING DIST (NRD), MONTGOMERY
CDR BRAD HINES	NRD (RUNNER UP), SAN DIEGO
ABE2 MOODY	AREA ONE ENLISTED RECRUITER
OS1 MERRITT/SHANNON	AREA THREE ENLISTED RECRUITER
SH1 ALEXANDER/CAMILLA	AREA FIVE ENLISTED RECRUITER
OS2 STARR/ANTIONETTE	AREA SEVEN ENLISTED RECRUITER
LN1 SCHEFFER/JENNIFER	LARGE STATION OF YEAR
BT1 EHRHART/CATHY	
ABE1 JOSEPH	
MM1 ROGERS/MARY JANE	
AO2 LEEDY	
MM2 JOHN/JULIE	MEMORIAL CITY, TX
EMCS ABRAHAM/HELEN	OVERALL AND MEDIUM STATION OF YEAR
ABE2 MANANSALA	
STS1 CAIN	NATIONAL CITY, CA
ET2 MUELLER	SMALL STATION OF YEAR/KALISPELL, MT
BT1 EVANGELISTA/ELAINE	ENLISTED ROY, SAN DIEGO

TO: Amanda Crumley
(202) 456-6527
FROM: Alexandra

Changes to Stump Speech for North Carolina Health Forum

page one:

INSERT (Before "The president and I"): It is my great pleasure to be here today. It is wonderful to be back in North Carolina and I am honored to be allowed to speak at this distinguished forum. I am also a bit daunted, given the great number of impressive and erudite people (including my husband) who have spoken at the Emerging Issues Forum in the past. I promise to do my best to live up to the fine example set by these men and women.

paragraph 4 eliminate 'right here'

paragraph five eliminate everything from "just this morning" to treatment of childhood diseases".

page two
eliminate paragraph six thru eight "and while...And it has to change"

INSERT: Where I come from we call facts like these a crisis. We call them a very big a potentially debilitating problem. But the truth is, it doesn't matter what we call our health care situation-- it matters that we fix it. And that we fix it now.

Things have got to change...(lead-in to page three)

page three

paragraph four: eliminate "I know many of you are particullarly concerned...premiums."

paragraph five: get rid of you and your:
so **they** will be able to choose what plans to join and **their** patients will have a choice of
will make **all our lives** simpler etc etc

paragraph six: change pediatricians to doctors

page four

paragraphs 3-5: eliminate "Nearly 46 years ago" thru "But he also did not succeed"

INSERT: Our commitment to achieving the kind of health care reform that I have been talking about today must be stronger and stronger still. Because however optimistic I am, I cannot help but remember that our nation's past is filled with promises of health care reform that could not be fulfilled. When President Roosevelt introduced social security he tried to pass health security as well. He could not. Neither could President Truman or President Eisenhower. Twenty years ago, President Richard Nixon proposed employer-based private insurance for every American with shared responsibility among employers and employees. It was a proposal that closely resembles ours. But he also did not succeed.
Every President since the 1930s has tried. Health care reform has been introduced in every Congress.

Remarks for the Health Care Forum with Dr. Koop
Hillary Rodham Clinton
Philadelphia, PA
February 5, 1994

[Acknowledgments]

The President and I have now been in Washington for just over a year, and I cannot help but think about how far we have all come. During this past year, we have worked to move our economy in the right direction, restore our sense of security and renew America's spirit. And thanks to the dedication of millions of Americans, we have made real progress over these last 12 months.

Passing the Family and Medical Leave Act so good workers can be good parents. Expanding the earned income tax credit to reward work over welfare. Launching a new national service initiative that helps more young people go to college. Reducing the deficit. Expanding trade with NAFTA. These measures -- which the President submitted and Congress approved during the past year -- all reflect a fundamental change that has taken place in our nation. The days of drift and gridlock are over. We have all taken responsibility for the future of this country. We have shown that when the American people set their minds and their hearts to doing something, it gets done.

And I know that our resolve will grow stronger still as we move forward in this new year -- a year that holds the hope and promise of achieving the most important legislation of a generation: health security for every American.

A year ago, as I began working on this problem, I met a doctor at St. Agnes Hospital, ~~right here~~ in Philadelphia, who summed up the problem so simply. He said: "You know, there's an old saying: If it ain't broke, don't fix it. Well, Mrs Clinton, our health care system is 'broke' and I'm begging you to make sure that it gets fixed."

In the past year, I have learned we have the best health care professionals and research institutions in the world. I have seen doctors in inner city emergency rooms battling to save lives hour after hour, day after day. I have seen talented young doctors donate their services to people in rural areas who cannot afford to pay for them. Just this morning I took a tour of the Children's Hospital of Philadelphia. I was so proud to see the first--and still one of the best -- pediatric hospitals in our nation. Proud to see the terrific work that goes on in their Oncology Unit and their Primary Care Center. Proud of the incredible advances the Joseph Stokes Jr Research Center has made in the prevention, diagnosis and treatment of childhood diseases.

But in speaking to and reading letters from people all across America -- farm families, small business owners, older Americans, and, yes, medical professionals, I have heard one

message loud and clear: our health care system is broken and it needs to be fixed.

And to those in Washington who still deny that we have a crisis in our health care system today, I say: Tell that to the single mother who wants to work but has to stay on welfare to get health benefits for her child. Tell it to the older American who has to choose each month between food and medicine. Tell it to the family that hit the 'lifetime limit' on their insurance coverage and was forced into bankruptcy. Tell it to the nurse who is forced to spend more of her time on paperwork than on patient care.

Tell them there's no crisis. Because I won't -- and neither will the President. We're going to take on this challenge, we're not going to just tinker at the edges, and we're going to bring about real reform for the American people.

This crisis didn't happen overnight. And it didn't happen by accident. It is the direct result of the insurance company control over the system.

Let's face it -- today's health care system is rigged against families and small businesses, and the insurance companies are in charge. They pick and choose whom they cover -- and they've decided that 81 million Americans under the age of 65 have medical problems for which they should pay higher premiums or be denied coverage. They use "lifetime limits" to cut off your benefits -- and although people may not know it, three out of four insurance policies have these things hidden in the fine print. And they drop you when you get sick -- leading to 58 million Americans without insurance at some point during the year.

If someone with a lifetime limit or worse yet, no coverage at all, becomes seriously ill, their entire family's savings could be wiped out. In fact, every year over 100,000 middle-class families declare bankruptcy because of a serious illness or injury.

eliminate + INSERT

And while the insurance companies compete to cover only the healthiest Americans, you struggle to heal the sick. And you've learned the results of a system where the insurance companies call the shots.

Because you have to tell the parent that you can't do anything about the fact that her employer switched insurance plans, and the new plan won't reimburse you if you treat her child. You have to explain to the parent of a sick child that yes, there is such a thing as a lifetime limit that can deny you benefits when you need them most. And you have to create your own mini-bureaucracy in your office to deal with the insurance company red tape.

I know that no one here went to medical school and through internships and residency requirements so that you could spend your time filling out forms or hiring people to negotiate with insurance companies. You went so that you could practice medicine. So that you could care for people. And when insurance companies keep you from doing that, something is horribly wrong. And it has to change.

We must return our health care system to the people who should be in the driver's seat -- patients and their doctors. And our approach does that by outlawing the insurance company discrimination that is so common today. It makes it illegal for the insurance companies to decide who gets coverage. Illegal to charge people more if they're older or sick. Illegal to put lifetime limits on coverage.

We want to phase in reform over a few years to make sure it's done right. But when we're done, insurance ought to mean what it used to mean. You pay a fair price for security, and when you get sick, health care's always there, no matter what.

The President's goal is this: guaranteed private insurance to every American. And I want to be clear about what that means because there's a lot of misinformation out there. Most people will get insurance the same way they do today, through their employer. Each consumer -- not their employer, not a bureaucrat -- will have a choice of health plans and doctors --and plans will enroll everyone who applies. Once someone's picked a plan, if they need to go to the doctor for a check-up or get sick, they'll simply take their Health Security card, show it at the doctor's office or the hospital, and get the care they need. Then they'll fill out one standard form, and they're done. That way, we can go back to using doctor's offices as places of healing, not monuments to paperwork and bureaucracy.

The President's approach would guarantee a comprehensive benefits package that includes coverage for preventive care and prescription drugs. Immunizations, well-baby care, and check-ups for children -- all covered free of charge. I know many of you are particularly concerned about how the proposal will affect children with disabilities, and I want to point out that under the President's approach, families of children with disabilities will no longer be denied health coverage or charged outrageous premiums.

And the President's approach will be good for physicians. It puts power and choice back in the hands of individuals and physicians -- so you will be able to choose what plans to join, and your patients will have their choice of plan and provider. A single claims form and standard, comprehensive benefit package will make your life simpler. And guaranteed private insurance will mean that you won't have to worry about whether the insurance company will decide to reimburse you or whether your patients have insurance at all.

We also agree that local community care networks must be the centerpiece of a reformed system -- groups of providers who see their mission as keeping people well and have the right incentives to do exactly that. With our approach, pediatricians will play an especially vital role in providing the primary and preventive care needed to keep children healthy.

The President's approach also protects older Americans -- something that's very important personally to the President and myself -- by preserving Medicare and by adding new coverage for prescription drugs and some long-term care.

As this debate on reform moves forward, you will start to hear a lot about other approaches. I ask you to think carefully about those alternatives. And ask their proponents the same tough questions you're about to ask me.

Because there are some key differences between our approach and the alternatives. We use savings in the growth of Medicare for better health coverage for older Americans; others use it to pay other bills unrelated to health care. Our approach provides a comprehensive benefits package with low deductibles that is spelled out in law; others provide just a basic package with high deductibles, or leave it to a government board to decide after the law is passed. We outlaw insurance company discrimination completely; others may say they prevent insurance companies from dropping people, but they still let them double or triple your premiums when you get sick.

We believe that the proposal we put forth best achieves the goal of guaranteed private insurance for every American that can never be taken away. However, as we've said from the beginning, we are ready to listen to serious proponents of health reform who think they have a better way of achieving that goal.

Nearly 46 years ago [July 1948], Harry Truman accepted the Democratic nomination for President here in Philadelphia in this very convention center. And in his acceptance speech, Truman did not mince words about the problems facing the country, chief among them health care.

"The nation suffers from lack of medical care," he said. [But] "that situation can be remedied any time the Congress wants to act upon it."

Harry Truman never got the health care reform he fought for. Neither did FDR before him or President Carter after. Twenty years ago, President Richard Nixon proposed employer-based, private insurance for every American with shared responsibility among employers and employees. It was a proposal that closely resembles ours. But he also did not succeed.

So why hasn't it happened? Why has the history of health care reform in this country been a history of missed opportunities? Because special interest groups have been just too powerful to overcome. But this time, if we work together, I am convinced things will be different.

This time, we will make history and guarantee private insurance to every American. I ask you to join with me and do what is right for America. Thank you.

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STUMP

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This crisis didn't happen overnight. And it didn't happen by accident. It is the direct result of the insurance company control over the system.

Let's face it -- today's health care system is rigged against families and small businesses, and the insurance companies are in charge. They pick and choose whom they cover -- and they've decided that 81 million Americans under the age of 65 have medical problems for which they should pay higher premiums or be denied coverage. They use "lifetime limits" to cut off your benefits -- and although people may not know it, three out of four insurance policies have these things hidden in the fine print.

The President's approach would guarantee a comprehensive benefits package that includes coverage for preventive care and prescription drugs. Immunizations, well-baby care, and check-ups for children -- all covered free of charge. I know many of you are particularly concerned about how the proposal will affect children with disabilities, and I want to point out that under the President's approach, families of children with disabilities will no longer be denied health coverage or charged outrageous premiums.

And the President's approach will be good for physicians. It puts power and choice back in the hands of individuals and physicians -- so you will be able to choose what plans to join, and your patients will have their choice of plan and provider. A single claims form and standard, comprehensive benefit package will make your life simpler. And guaranteed private insurance will mean that you won't have to worry about whether the insurance company will decide to reimburse you, or whether your patients have insurance at all.

We also agree that local community care networks must be the centerpiece of a reformed system -- groups of providers who see their mission as keeping people well and have the right incentives to do exactly that. With our approach, pediatricians will play an especially vital role in providing the primary and preventive care needed to keep children healthy.

The President's approach also protects older Americans -- something that's very important personally to the President and myself -- by preserving Medicare and by adding new coverage

North Carolina Event?

FAX COVER SHEET
OFFICE OF CONGRESSMAN DAVID PRICE

Date: _____

To: Steve Edelstein

_____

_____

Fax #: 456-6754

From:
___ DON DEARMON
X PAUL FELDMAN
___ MELANIE BARBER
___ LYNNE WILLHOIT
___ JOHN MARON
___ MARIA NEWMAN
___ DAVID BECK
___ JEAN-LOUISE BEARD
___ KATHERINE SEAY
___ _____

Fax #: (202) 225-6314
Phone #: (202) 225-1784

Number of pages to follow this sheet: 5

COMMENTS:

Julie
Cong Price's Rec For
Site Visit in N.C.

Steve

Program Guide

Alice [illegible]
Poe Center
For Health Ed[illegible]

1993-94

Get the Message - Grades 9-12

This program, designed especially for the high school student, includes in-depth knowledge on the physical, psychological and social risks of drug use. Legal and illegal substances are compared and contrasted. Unique visuals, such as the computerized driving man, giant drug models, lighted synapse exhibits and Steroid Boy are utilized in this learning theater. The consequences of drug-taking behaviors are discussed as the importance of self-responsibility is emphasized. An interactive laser disc is used to stimulate discussion. (60-75 minutes)

Think First* - Grades 9-12

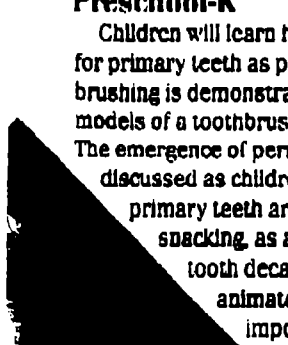
"Think First" is a head and spinal cord injury prevention program. The consequences of risk taking are highlighted as personal responsibility is stressed. A gigantic model of the human brain helps students understand the impact of this type of injury. This program includes a video, "Harms Way," as well as demonstrations by a physical therapist and EMS personnel. The program concludes with a talk from a young individual who has sustained a head or spinal cord injury. This dramatic presentation encourages adolescents to "Think First" before taking life-threatening risks. (90 minutes)

** This program available after January 1, 1994.*

DENTAL HEALTH

Primary Importance Preschool-K

Children will learn how to care for primary teeth as proper toothbrushing is demonstrated using gigantic models of a toothbrush and human teeth. The emergence of permanent teeth is discussed as children learn what to expect as primary teeth are replaced. Healthy snacking, as a means of preventing tooth decay, is emphasized. A short animated video helps reinforce important concepts introduced in this program. (30 minutes)

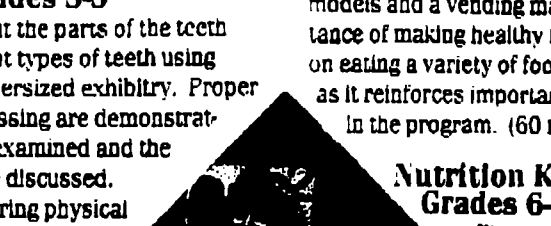


Dental Dynamics Grades 1-2

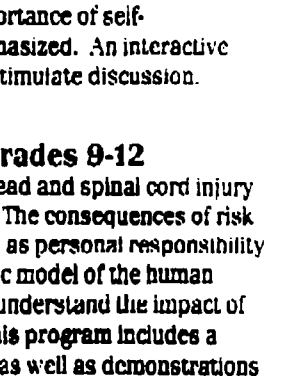
Using lighted exhibits, young children learn about the different parts of the teeth and their important functions. As primary teeth are replaced by permanent ones, information focuses on how to care for teeth. Proper toothbrushing is demonstrated and the importance of regular dental check-ups is discussed. Information on flossing, plaque, sealants and healthy snacking for the prevention of tooth decay is highlighted. An age-appropriate video is used to introduce this important health topic to young children. (30-45 minutes)

Set for Life - Grades 3-5

Children learn about the parts of the teeth and about the different types of teeth using lighted models and oversized exhibitry. Proper toothbrushing and flossing are demonstrated, dental x-rays are examined and the dangers of plaque are discussed. Protection of teeth during physical activity is introduced as well as the use of orthodontics. Examination of plaque samples under a microscope is a highlight of this class. Hand-held models and a live-action video are part of this program. (60 minutes)



Great Whites Grades 6-12



This program, designed for the older student, reinforces preventive lifetime dental health concepts. Proper brushing is reviewed and the importance of regular flossing to prevent periodontal disease is stressed. Information on plaque, fluoride, tooth decay and sound nutrition as it relates to good oral hygiene is also discussed. Topics of interest, such as orthodontics and the use of mouth guards, are highlighted. A phase-contrast microscope allows students to examine a plaque sample on a large video screen. The Mr. Gross Mouth model is used to address oral cancer and its relationship to smokeless tobacco. A video is shown for reinforcement. The sophistication of the material presented will advance with each grade level. (60-75 minutes)

NUTRITION EDUCATION

Good Nutrition Is in the Bag Grades 2-3

This program is an introduction to the basics of good nutrition. Talking food friends highlight the importance of variety in daily eating. Puppets and food models help children identify the types of food one should eat every day. A grab bag activity allows children to participate as information learned in the program is reinforced. A short video and a vending machine educate students on the important concept of healthy snacking. (45 minutes)

Know Your Peas and Cukes Grades 4-5

In this program, children learn basic information on nutrition and digestion. Lighted models help students follow the digestive process through the body. Essential nutrients nee regulate body functions, supply energy an promote growth are discussed. Oversize models and a vending machine stress the tance of making healthy food choices. A v on eating a variety of foods entertains stu as it reinforces important information le in the program. (60 minutes)

Nutrition Know How Grades 6-8

The essentials of good n tion and the body's use are emphasized in th gram. Three-dime exhibits help st visually ab the process of dige and the effects of diet cardiovascular system. A ing machine and computeriz play of nutrient values helps st make healthful choices in planning and snacks. Stan the Shrinking Man vated as students ride an exercycle to d strate the relationship between calorie consumption and physical fitness. Food help stress the importance of eating a var foods daily. (60-75 minutes)

The Winning "Weigh" - Grades

This program is designed to enhance th letic performance of the student athlete. food guide pyramid and an interactive program allow thorough examination of th competition meal and daily eating habits. demonstrate the relationship between we loss and energy expenditure. stu wil remove layers of fat from the shrinking m riding an exercycle. Hand-held models, St Boy and laser images help students the ill effects of anabolic steroid The dangers of fad diets, food supplements an eating disorders are discussed. Miniature els demonstrate the drawbacks of yo-yo d (75-90 minutes)

Pyramid Power - Grades 9-Adu

This program uses the food guide pyra show how eating a variety of foods provid balanced diet. The group will "build a mea examine eating habits by using a compute display of nutrient values. Interactive exh demonstrates the relationship between th sumption of calories and the exertion of p cal energy. Discussion centers a d da intake of fat, sugar, sodium and calcium. Consumer issues, such as weight control, diets and reading labels are explored. The tionship between dietary choices and a he heart is emphasized. (75-90 minutes)

Alice Aycock
Poe Center
For Health Education

224 Sunnybrook Road
Raleigh, North Carolina 27610
(919) 231-4006
Fax: (919) 231-4315

Board of Directors

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S. Leigh Wilson
Marlena S. Yates
Mimi H. Zaytoun, *ex officio*

Judith Hudson Hildebrand, MHDL
Executive Director

January 21, 1994

Mr. Paul Feldman
Office of Congressman David Price
U.S. House of Representatives
Washington, DC 20515

Dear Paul,

I talked with Debby Bryant as you suggested regarding a possible site visit to the Poe Center by a dignitary of the Administration. The attached proposal is what Debby advised me to prepare, and includes the elements she suggested. Debby will get it to the right people.

Thank you for your guidance and assistance on the matter. We will stay in touch as events unfold.

Sincerely,

Joe Whitehead
President-Elect

Enclosure

Alice Aycock
Poe Center
For Health Education

Board of Directors

[illegible] Steven [illegible] DDS, MPH
President

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[illegible] C. Wiggs
S. Leigh Wilson
Marlena S. Yates
[illegible] H. Zayoun, *ex officio*

[illegible] MEd
Executive Director

224 Sunnybrook Road
Raleigh, North Carolina 27610
(919) 231-4006
Fax: (919) 231-4315

PROPOSED SITE VISIT
ALICE AYCOCK POE CENTER FOR HEALTH EDUCATION
RALEIGH, NC

Your choices are an apple, a soda or a bag of chips. Once your selection is entered into the computer, you board a stationery bicycle which is attached to the computerized display of an obese man. The correct answer plus an adequate amount of cycling produces the desired result: the obese man actually shrinks before your very eyes.

If you think you are in an Epcot Center exhibit at Disney World, think again. This is health instruction, nineties style, and you are in the Alice Aycock Poe Center for Health Education in Raleigh, NC.

Background

Opened in November of 1991 after a $3.5 million capital campaign in a public/private collaboration of efforts, the non-profit Poe Center provides innovative health education for pre-school, school age and adult groups in North Carolina. The goal is to empower individuals to choose healthy lifestyles by recognizing how and why these choices determine the quality of their future. A copy of the complete program guide is attached.

It is the goal of the Poe Center to supplement rather than supplant the health education efforts of schools and other community agencies. Each of the five learning theatres is specially designed for teaching either general health, drug education, dental health, family life or nutrition. The curriculum meets the objectives of the NC Standard Course of Study and incorporates the latest information in health research. Programs, presented by professional certified health educators, vary in content and length according to grade level, age or needs of the group.

The Center's exhibits were designed by Richard Rush, who has worked successfully with all the major health education centers in the country, as well as the Epcot Center.

The Poe Center will ultimately serve 70,000 children annually from a targeted area of 49 school districts in 32 counties of North Carolina. In addition, the Center has and/or will serve other special groups including:

> 4-H, Scouts, Indian Guides, YMCA special needs groups, NC Highway Patrol Cadets, Extension Coordinators, Child Nutrition Program Managers and others.

exciting and innovative health education. As our Executive Director has said, "We know if we give accurate information, delivered in a fun way, it is recalled easier, and is more likely to be used."

We have received generous financial support for the creation of the Poe Center from Corporations, Foundations, private citizens, the medical community and local governments.

With the invaluable assistance of Congressman David Price, the Poe Center received in the spring of last year a $260.000 grant from the U.S. Department of Agriculture through the North Carolina Cooperative Extention Service. The grant was used to complete the Nutrition teaching theatre.

Class Schedule

The Poe Center, in order to work effectively with schools, offers our core curriculum in classes beginning at 9:30 a.m., 11:00 a.m. and 12:30 p.m., five days a week during the school year and summer months. Special groups are served at other times of the day, evenings and weekends.

Schools can schedule classes on an elective basis @ $1.75 per student per class or they can contract by grade level for the year @ $1.50 per student per class.

Agenda and Media Exposure

We are certain the proposed visit will give the Alice Aycock Poe Center for Health Education extensive and needed positive exposure in our service area. In addition it will provide a unique, highly appropriate and visible platform for the Administration to advance certain key messages in their efforts in the healthcare arena.

The agenda will include:

An opportunity for our visitor to view a class in session. This can be accommodated in a special viewing booth in the Family Life Classroom, or by physically entering a class in session in any of the other classrooms. Media would have to be limited.

An opportunity, with media coverage, to interact with school children as class is concluded and dismissed.

An opportunity to briefly visit each of the classrooms not in use to get an overview of instruction given there.

A full press conference to conclude the visit and for our visitor to make any comments they wish. The atrium of the Center can be secured and is of ample size to accommodate a press conference. A drawing of the Center is attached.

The Alice Aycock Poe Center for health Education has received very positive publicity from local print and electronic media over the years, including local affiliates of major networks.

Governor James Hunt was the keynote speaker at ceremonies officially dedicating the Poe Center on April 29, 1993.

The visit can be tailored to accommodate the schedule of our visitor. We can have virtually any class in session at any time. The length of the visit can be 30 minutes to an over an hour. The optimum would seem to be an hour.

Logistics

All aspects of the visit, including interaction with the advance team and secret service will be coordinated by Ms. Hildebrand. As needed, our President, Dr. Steven Cline, and Mr. Joe Whitehead, President-Elect, will be available. The official host for our visitor will be Dr. Cline.

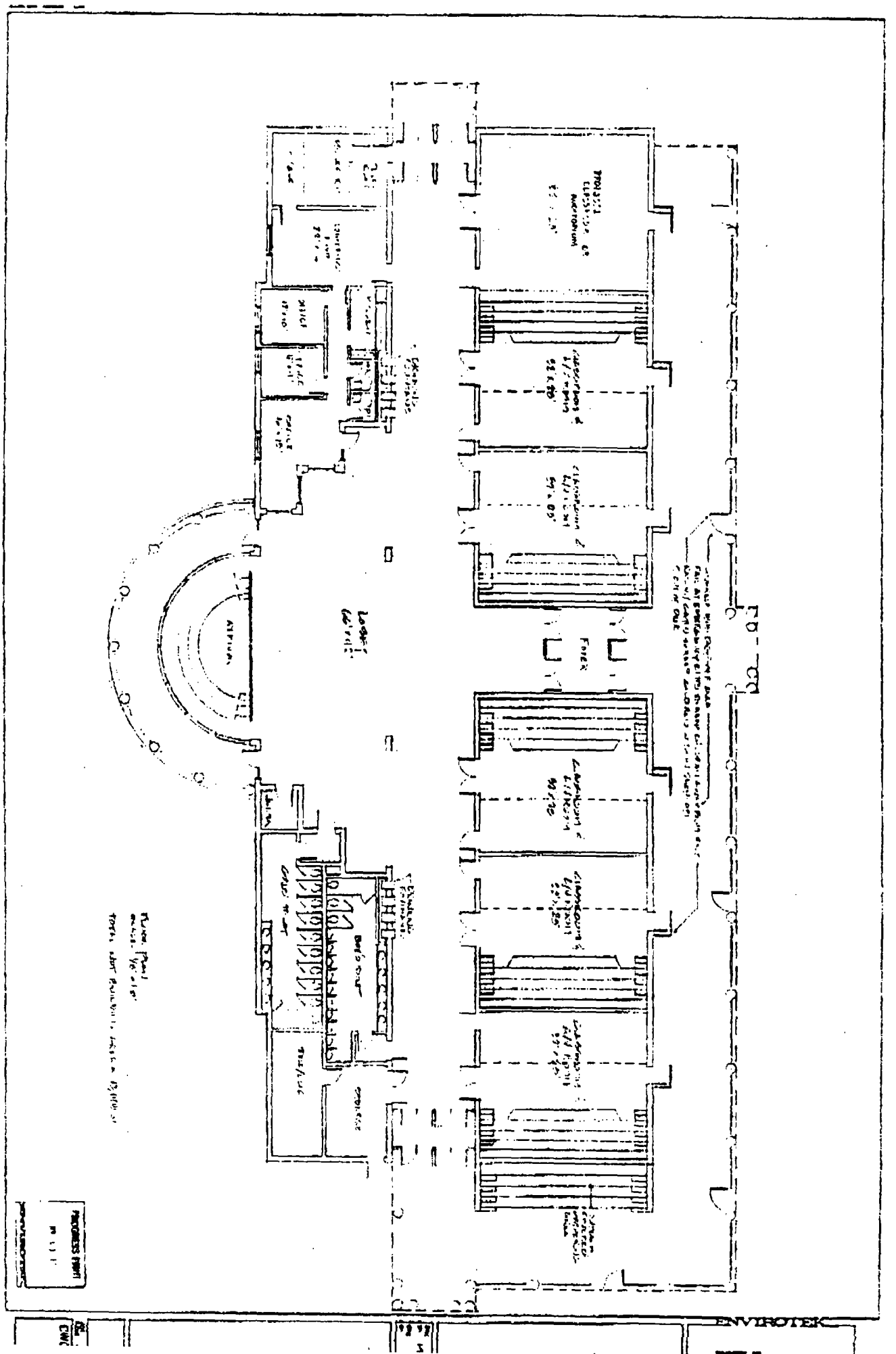
Other state and local officials will likely want to be involved. These may include Governor Hunt, Congressman Price, Raleigh Mayor Tom Fetzer, members of the county commission and school officials. We want to keep the spotlight on our visitor and the Poe Center. Accordingly we will be guided by the Administration as to whom, if any other dignitaries, to invite.

The Alice Aycock Poe Center for Health Education is located off the Raleigh Beltline (I-440) near the New Bern Avenue interchange. It is at the corner of Sunnybrook and Kidd Roads, less than one half mile from Wake Medical Center. The site could easily be made secure.

If we can provide any additional information or assistance, please contact any of us.

Ms. Paula Hildebrand	(O) 919 231 4006
Executive Director	(H) 919 266 7623
Poe Center	(FAX) 919 231 4315
Dr. Steven Cline	(O) 919 250 4600
President	(H) 919 834 2210
Poe Center	(FAX) 919 250 3984
J. R. Whitehead	(H & O) 919 876 3914
President-Elect	(FAX) 919 231 4315
Poe Center	

C: Congressman David Price


ENVIROTEK

MEMORANDUM

TO: PATTI SOLIS
FR: JOHN HART
DT: JANUARY 4, 1994
RE: NORTH CAROLINA EVENT

FYI
Feb 10

The contact person for the health care event that Governor Hunt is requesting the First Lady speak at is Betty Owen at North Carolina State University. She can be reached at (919) 515-7741. Please call if you have further questions.

?

3rd party support

HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515

DAVID PRICE
FOURTH DISTRICT
NORTH CAROLINA

File Feb. 10

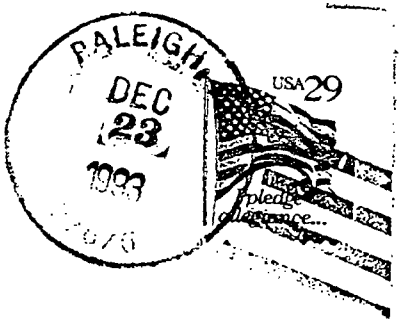
December 22, 1993

Dear Hillary,

I hope you're going to be able to accept Jim Hunt's invitation to keynote this year's Emerging Issues forum at NC State Univ. on February 10 or 11. I would be introducing you, and several from our congressional delegation would be present. As you probably know, this has become a large and prestigious annual event, by far the best forum of this kind in the state. Well over a thousand business and community leaders from across the state will be present, and it will be carried on public TV statewide. It would be a big help to all of us working on health care to have you here under these auspices at this critical juncture. Please let me know of any further information you might need to persuade you to accept!

Sincerely, Dave

HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515



DEC 21 1993
WHITE HOUSE MAIL
ROOM 49 OEOB

Mrs. Hillary Clinton
Office of the First Lady
The White House
1600 Pennsylvania Ave. N.W.
Washington, D.C. 20500

EMERGING ISSUES FORUM

FAX COVER SHEET

DATE: 1-10-94

TO: *NAME:* Sarah Grote

COMPANY: Office of the First Lady

ADDRESS:

FAX NUMBER: (202) 456-2317

YOU ARE RECEIVING A TOTAL OF 4 *PAGES INCLUDING THIS COVER SHEET. IF THERE ARE ANY PROBLEMS WITH TRANSMISSION, PLEASE CONTACT THE EMERGING ISSUES FORUM.*

NAME OF SENDER: Betty Owen

Additional information for your review.

NCSU, BOX 7401, RALEIGH, NC 27695-7401 - (919) 515-7741 - FAX (919) 515-5778
E-mail to: Betty_Owen@NCSU.EDU or Martha_OQuinn@NCSU.EDU

Proposed Schedule for Mrs. Hillary Rodham Clinton

1994 EMERGING ISSUES FORUM
CHAIRMAN, GOVERNOR JAMES B. HUNT, JR.

JANE S. MCKIMMON CENTER
NORTH CAROLINA STATE UNIVERSITY CAMPUS
RALEIGH, NORTH CAROLINA

Thursday, February 10, 1994

4:30 PM ***Keynote Session** - Room 1, McKimmon Center, NCSU Campus*

Presiding
Governor James B. Hunt, Jr.

Welcoming Remarks
C. Dixon Spangler, Jr.
President, The University of North Carolina

Welcoming Remarks
The Honorable David E. Price
Member, United States House of Representatives

4:40 PM THE CLINTON HEALTH CARE REFORM PLAN
Keynote Address
Hillary Rodham Clinton
First Lady of the United States

Question & Answer Period for Audience

5:45 PM ***Question & Answer Period for Press** (from stage)*

6:00 PM ***Greet conference attendees** (along roped-off section)*

6:10 PM ***Mrs. Clinton departs McKimmon Center for Cardinal Club***

6:15 PM ***Emerging Issues Forum Dinner** - Cardinal Club/Downtown Raleigh*
Mrs. Clinton meets and greets 100 North Carolina Congressional, business, medical, education and political leaders.

6:45 PM ***Mrs. Clinton departs Cardinal Club for RDU International Airport***

If Mrs. Clinton can stay for dinner, she will depart the Cardinal Club at 8:00 PM.
RDU International Airport is approximately 20 minutes from Raleigh.

IMPORTANT INFORMATION

Emerging Issues Forum
North Carolina State University
Box 7401
Gorman Street at Western Boulevard
Raleigh, NC 27695-7401
(919) 515-7741
(919) 515-5778 fax
Betty Combs Owen, Director

McKimmon Center
North Carolina State University
Box 7401
Gorman Street at Western Boulevard
Raleigh, NC 27695-7401
(919) 515-2277
(919) 515-5778 fax
John Quick, General Manager

James B. Hunt, Jr.
Governor, State of North Carolina
Chairman, Emerging Issues Forum
Office of the Governor
State Capitol
Raleigh, NC 27603-8001
(919) 733-4240
(919) 715-3175 fax

Cardinal Club
First Union Capital Center
150 Fayetteville Street Mall
Raleigh, NC 27601
(919) 834-8829
(919) 834-4686 fax
Sherly Near, General Manager

END

--DRAFT--

FIRST LADY HILLARY CLINTON TO SPEAK AT NCSU EMERGING ISSUES FORUM FEB. 10

FOR IMMEDIATE RELEASE

RALEIGH -- First Lady Hillary Rodham Clinton will make the keynote presentation on the Clinton Administration's health care reform plan during the North Carolina State University Emerging Issues Forum Feb. 10-11.

Mrs. Clinton's address will begin at 4:30 p.m. Thursday, Feb. 10, at the NCSU McKimmon Center. At the forum, she will be joined by many other leading authorities on health care issues who will debate and discuss the various plans for reforming health care delivery in America.

"Investing in Health: An America Agenda" is the title of the two-day Emerging Issues Forum, an annual event at NCSU that brings state and national leaders together to debate pressing issues related to the university's traditional areas of strength. N.C. Gov. James B. Hunt Jr. is founding chairman and host of the forum.

Chancellor Larry K. Monteith said Hunt personally invited Mrs. Clinton to speak several weeks ago, and her appearance was confirmed this week.

"As architect of the Clinton health reform package, the First Lady has been vital in identifying the issues and seeking solutions to the health care challenges facing our nation," Monteith said. "We are honored to have Mrs. Clinton on our campus and excited that she will bring her perspective on the health care debate to North Carolina."

Other speakers during the Emerging Issues Forum will include:

*__Richard Lamm__, a former governor of Colorado and an advocate of restraint and rationing of health care;

*__Joycelyn Elders__, U.S. Surgeon General and an outspoken proponent of preventive medicine;

*__Bill Gradison__, president of the leading trade group representing the nation's commercial health insurance companies;

*__Lawton Chiles__, governor of Florida and a leader in health care reform policy;

*__Paul Gorman__, a retired U.S. Army general and a specialist in internal medicine and infectious disease;

*__Christopher Conover__, associate in research at the Center for Health Policy Research and Education at Duke University;

*__Dr. David Lawrence__, chairman and chief executive officer of Kaiser Foundation Health Plans Inc.

*Dr. David Barry, vice president of research, development and medical affairs for Burroughs Wellcome Co.

*David Broder, a columnist for the Washington Post;

*Dr. Lawrence Cutcheon, first vice-president of the N.C. Medical Society;

*Judith Waxman, director of governmental affairs for Families USA.

These speakers representing government, business and education will provide opinions as well as innovative thinking and informative discussion about health care and the many competing plans for revamping health care delivery. Several other speakers will be added, according to Betty Owen, director of the Emerging Issues Forum.

Those interested in registering for the 1994 Emerging Issues Forum should contact the forum office, Box 7401, NCSU, Raleigh, N.C. 27695-7401, or call Martha O'Quinn at (919) 515-7741. Registration is $100 for the two-day event.

--griffith--

NOTE TO EDITORS: Members of the working media who wish to cover the Emerging Issues Forum should register in advance with the Office of Information Services, (919) 515-3470. The $100 registration fee is waived for the media. A tentative schedule of speakers for the two-day event is enclosed. To register, or for further information, please call Debbie Griffith or Scottee Cantrell at the Office of Information Services, (919) 515-3470.

Office of Information Services
North Carolina State University
Box 7504
Raleigh, NC 27695-7504
(919) 515-8470

Telecopier Transmittal Cover Sheet

Attention Karen Finney / Neil Lathamore

Company Press Office City & State Wash. DC.

Fax# 202-456-7805

From Debbie Griffith Date 1-10-94

Fax# 919/515-2556 Phone 919/515-3470

Total number of pages 4
(including cover sheet)

Comments:

This is the draft media release I discussed with Karen -- Please review and let us know any changes and an estimate release date you feel is appropriate.

Thanks for your help-

Debbie Griffith

Proposed Schedule for Mrs. Hillary Rodham Clinton

1994 EMERGING ISSUES FORUM
CHAIRMAN, GOVERNOR JAMES B. HUNT, JR.

JANE S. MCKIMMON CENTER
NORTH CAROLINA STATE UNIVERSITY CAMPUS
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1500 copies

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(919) 733-4240
(919) 715-3175 fax

Cardinal Club
First Union Capital Center
150 Fayetteville Street Mall
Raleigh, NC 27601
(919) 834-8829
(919) 834-4686 fax
Sherly Near, General Manager

END

MEMORANDUM

TO: PATTI SOLIS
FR: JOHN HART
DT: JANUARY 4, 1994
RE: NORTH CAROLINA EVENT

FLOTUS Feb 10

The contact person for the health care event that Governor Hunt is requesting the First Lady speak at is Betty Owen at North Carolina State University. She can be reached at (919) 515-7741. Please call if you have further questions.

Feb. 10

* Get tobacco industry info. from Liz.

*

• Need NC state info (not a lot)
• NC specific to work into remarks

February 10, 1994

"EMERGING ISSUES FORUM" ON HEALTH CARE AT THE NORTH CAROLINA STATE UNIVERSITY UNION

DRAFT MEMORANDUM:

DATE: February 10
LOCATION: North Carolina State University Union
TIME: 4:30pm-5:45pm approximately

I PURPOSE

To address political, business, health care industry leaders and students at a town meeting on the Administrations health care approach.

II BACKGROUND

The "Emerging Issues Forum" on Health Care I believe is one event in a series organized by North Carolina State University and supported by Congressman David Price. The event is catered to HRC's presentation and remarks on the new health care approach and her response to the questions that will follow. The format is expected to be arranged like a town meeting. HRC may speak for as long as she like to and a Q & A period is planned to follow. There will be 1,500 audience members in the hall where the meeting is being held, and they also plan to televise it live onto the campus at NC State, where a sizable amount of students are expected to have gathered. They mentioned the possibility of interactive video with the students gathered in order to entertain questions from them. This has not yet been confirmed. The event will be broadcast on a public television channel statewide, and a video of it will be sent to C-Span.(Apparently they send videos of all their forums to cable.)

III PARTICIPANTS

HRC
Congressman David Price
Governor Hunt
C.D. Spangler, President of NC State
1,500 Audience members including: Members of NC General Assembly,large and small business leaders, education and local political leaders, public health directors, and representatives from pharmaceutical and insurance companies.

IV SEQUENCE OF EVENTS

- Governor Hunt will be presiding

- Brief Welcoming given by President C.D. Spangler
- Brief Welcoming given by Congressman David Price
- Governor Hunt to introduce HRC
- HRC remarks (at @ 4:40, length ???)
- Questions and Answers to follow (may involve the interactive video with NC State students)
- Entire event should last about an hour and twenty minutes.

V PRESS PLAN
Will be broadcast on local public television.
Unsure about other press information

VI REMARKS
Not yet addressed, however contact said questions will be in line will overall national policy. We need more on this.

Contact at Elders office: Carol Roddy - 690-6467

Elders speaking before HRC in N.C.

↳ reg. Health Reform, Public Health, Health prevention, (light on tobacco)

HC event (visual)

Many journalistic-types - not writers

255998

VIP

3rd party support

HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515

DAVID PRICE
FOURTH DISTRICT
NORTH CAROLINA

File Feb. 10

December 22, 1993

Dear Hillary,

I hope you're going to be able to accept Jim Hunt's invitation to keynote this year's Emerging Issues forum at NC State Univ. on February 10 or 11. I would be introducing you, and several from our Congressional delegation would be present. As you probably know, this has become a large & prestigious annual event, by far the best forum of this kind in the state. Well over a thousand business and community leaders from across the state will be present, and it will be carried on public TV statewide. It would be a big help to all of us working on health care to have you here under these auspices at this critical juncture. Please let me know if any further information you might need to persuade you to accept!

Let's find out what time their tour ends somewhere.

If it is around 9:00 am Shill do a quick photo.

8:45 am

Where will HRC will be?

let's do

[illegible]

Where should they go

1.24.

PRESIDENT'S
COMMISSION ON WHITE HOUSE FELLOWSHIPS
THE WHITE HOUSE

Patti -
Could you let me know if HRC cannot do this photo op.
Thanks & best,
PMooke
= 5 X4522

905-696-4181 ← OTHER COMM. MAY WANT TO CONTACT JANE REYES

U.S. Department of Transportation
Office of the Secretary of Transportation

file: North Carolina

February 8, 1994

Dear Liz:

As we discussed yesterday, enclosed is information on the "Click It or Ticket" program in North Carolina.

As you can see from the enclosed information, the program is credited with saving lives, preventing injuries, and cutting health care costs.

It is very possible that Governor Hunt will discuss this program when the First Lady is in North Carolina later this week. Therefore, I wanted to be sure she had some background information.

The Department of Transportation is very supportive of this program. Secretary Pena travelled to North Carolina in December to present an award to the Governor on attaining the 80% seat belt useage rate.

Feel free to call me if you need any additional information. I can be reached at 202-366-5037.

Ellen Berlin

Ellen Berlin

+ 62599

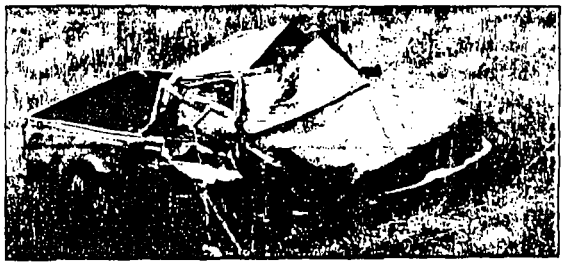
THE NEWS & OBSERVER

TUESDAY, DECEMBER 21, 1993

Buckling up: Gov. Jim Hunt declares the "Click It or Ticket" seat-belt campaign a big success

North Carolina — Page 3A

N.C. drivers buckling down



Ledford's truck rolled three times after a head-on collision at 55 mph on N.C. 19.

Woman in crash is living proof that seat belt campaign makes a difference

BY STEVE HOAR
STAFF WRITER

RALEIGH — Amber Ledford, 19, neglected to fasten her seat belt before she set out from Burnsville to Western Carolina University on Oct. 8.

But when she spotted a Highway Patrol cruiser, she remembered the statewide "Click It or Ticket" campaign and the $25 fine for failure to wear a belt. So she buckled up.

Three minutes later, as she tried to pass a tractor-trailer on N.C. 19 at 55 mph, her light pickup truck collided head-on with a Buick. The 1992 Toyota rolled over three times and was demolished.

She walked away from the wreck, though, with only a few scratches and bruises. The Western Carolina sophomore says her seat belt saved her.

"Thanks to 'Click It or Ticket,' I'm able to be here," Ledford told Gov. Jim Hunt and U.S. Transportation Secretary Federico Pena at a news conference Monday.

Ledford's story and a giant-sized photo of her crumpled Toyota dramatized what seat belts can do: Save lives, prevent serious injuries and cut health-care costs.

In contrast, Hunt pointed to an example of what can happen to drivers who forget to buckle up: He referred to the Dec. 11 wreck that seriously injured former Duke basketball star Bobby Hurley.

Hurley has said he's sorry he wasn't wearing his seat belt when he was thrown 75 feet after his truck was broadsided by a car. Physicians who performed eight hours of surgery on his damaged lungs and windpipe said that Hurley was lucky to survive.

The governor declared the three-month seat-belt campaign a big success. In September, he said, only 65 percent of North Carolina drivers used their belts. Now, according to the University of North Carolina Highway Safety Research Center, 80 percent do.

Hunt said that if it were sustained, this 15-point increase would save 100 lives, prevent 1,700 serious injuries and cut health-care costs by $150 million in North Carolina every year.

"We ought to be teaching our young people to do it [use seat belts]," the governor said, "just as young people have been taught to take care of the environment."

Pena, President Clinton's transportation chief, said North Carolina's "Click It" effort is a model for the nation. Only two other states, California and Hawaii, have 80 percent seat-belt use.

"Take responsibility for your own safety," Pena pleaded. "Take two seconds and buckle up."

The "Click It or Ticket" campaign of stepped up enforcement and publicity was aimed at improving compliance with North Carolina's seat belt law, which requires all drivers and front seat passengers 6 years old or older to wear seat belts. Younger children must wear seat belts no matter where in the car they are sitting, while children under 3 must be placed in child safety seats.

Stopping hundreds of thousands of motorists to check for seat-belt use had significant side effects, Hunt said. Four stolen vehicles were recovered, he said, and 22 fugitives were arrested — including one wanted for murder, another for armed robbery and a third with 22 outstanding warrants.

During seat-belt checks, 533 people were charged with driving with revoked licenses, 265 with driving while impaired, nine with felony drug violations and nine with firearms violations.

After the success of North Carolina's campaign, Pena said similar efforts will begin soon in South Carolina, Tennessee, Vermont, New Mexico, Washington state and Oregon.

Hunt credited law enforcement officers and Insurance Commissioner Jim Long with making the seat-belt project successful. Private sources, including the Insurance Institute for Highway Safety and 18 insurance companies, contributed $2 million of the $3 million cost.

"The insurance industry was willing to put its money where its mouth is," Long said. The seat-belt campaign was the first phase of a five-year effort called the Governor's Highway Safety Initiative. The second phase, starting next fall, will focus on drunken driving. Phase Three, set for the fall of 1995, will try to cut down on speeding.

Joe Parker, who heads the Governor's Highway Safety Program, said North Carolina's seat-belt rate probably will not hold steady at 80 percent.

"It will recede," he conceded, "but it never goes back to where it was before. Some people will have formed the habit."

As Gov. Jim Hunt looks on, Amber Ledford tells how she survived a frightening crash.
STAFF PHOTO BY ROGER WINSTEAD

'CLICK IT OR TICKET'

- During the three-month "Click It or Ticket" crackdown, law officers across North Carolina issued more than 39,000 citations for violating the state seat-belt and child safety seat laws.
- Traffic crashes are the No. 1 killer of North Carolinians ages 1 to 34.
- In 1992, 64 percent of those who died on the state's highways were not wearing seat belts.

Sources: N.C. Governor's Highway Safety Program, UNC Highway Safety Research Center

'We ought to be teaching our young people to do it [use seat belts] just as young people have been taught to take care of the environment.'

Gov. Jim Hunt

Transportation Secretary Federico Pena says other states will follow North Carolina's lead on seat belts.
STAFF PHOTO BY [illegible]

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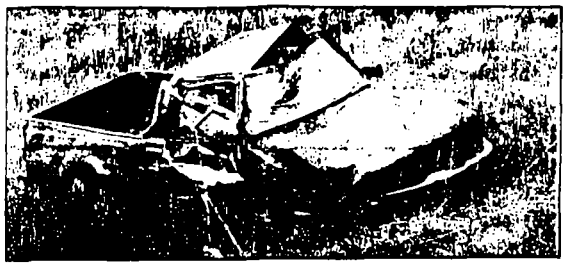

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STAFF PHOTO BY [illegible]

High Point, NC, ENTERPRISE, November 11, 1993, page 7A

SAVED: 100 Lives 1,700 Injuries $150 Million

Click It or Ticket is working. Seatbelt use has jumped to 80%. 8 out of 10. Thanks to law enforcement officers who worked the checkpoints—many of them off-duty—families like the Imhoffs will be together for the holidays.

Just three days after passing through a *Click It or Ticket* checkpoint, seatbelts saved their lives.

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Sponsored by The North Carolina Governor's Highway Safety Initiative and Law Enforcement Agencies Statewide

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Taking a bite out of crime with "Click It or Ticket"

Criminal offenses other than seat belt and child restraint violations that resulted from "Click It or Ticket" checkpoints:

- ***Driving while impaired 265***
- ***Driving while license revoked 583***
- ***Misdemeanor drug violations 32***
- ***Felony drug violations 9***
- ***Stolen vehicles recovered 4***
- ***Firearms violations 9***
- ***Fugitives arrested 22***
  - *1 wanted for murder*
  - *1 wanted for armed robbery*
  - *1 with 32 outstanding warrants*

**Information provided by the N.C. Highway Patrol for all participating agencies.*

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STATUS REPORT
INSURANCE INSTITUTE FOR HIGHWAY SAFETY

Vol. 28, No. 14 r 20, 1993

North Carolina Shows How: Belt Use Surges to 80 Percent With Enforcement, Publicity

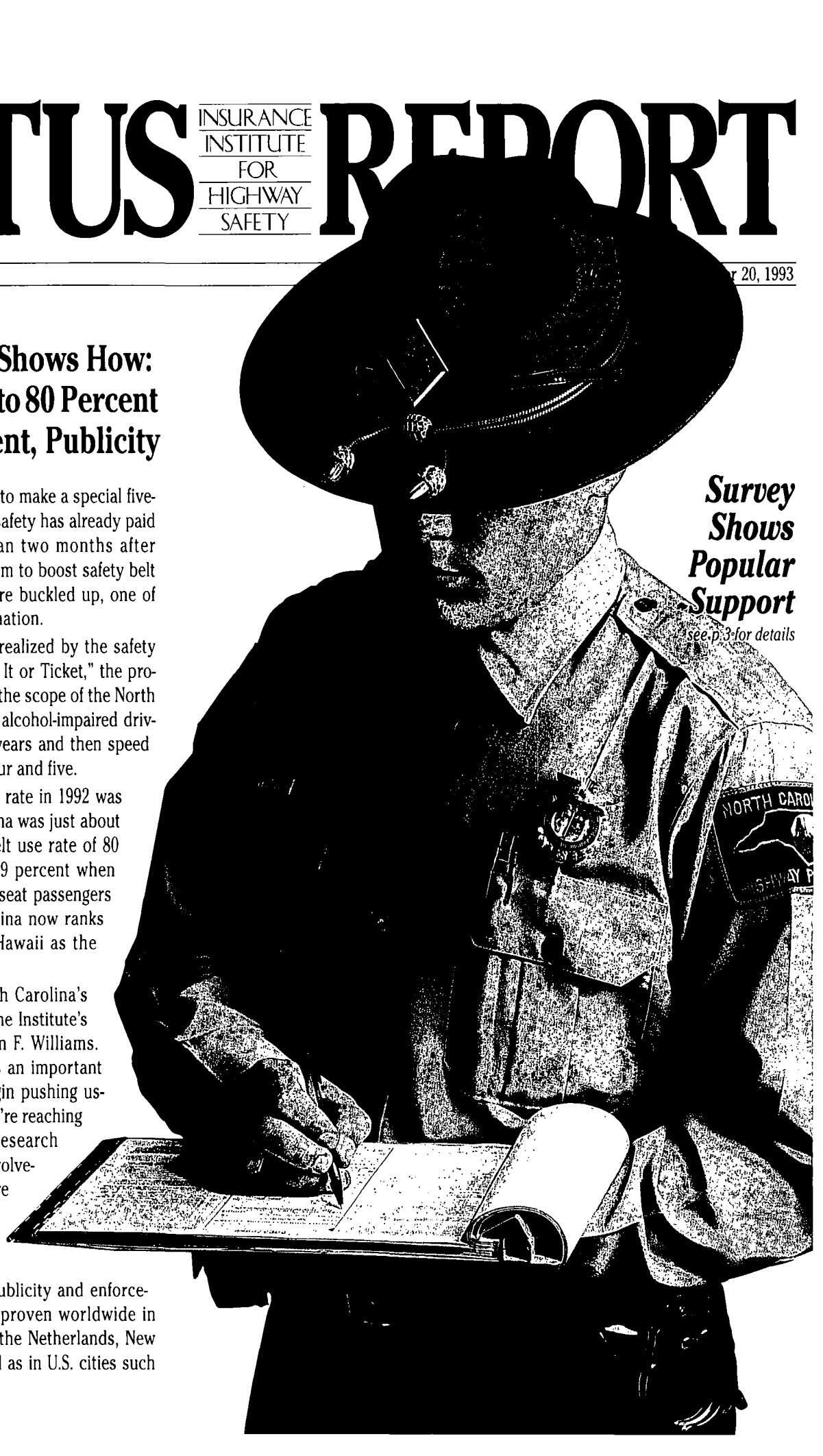
North Carolina's decision to make a special five-year investment in highway safety has already paid its first dividend. Less than two months after launching a statewide program to boost safety belt use, 80 percent of drivers are buckled up, one of the highest use rates in the nation.

After securing the gains realized by the safety belt program, dubbed "Click It or Ticket," the program's directors will expand the scope of the North Carolina initiative to include alcohol-impaired driving in its second and third years and then speed enforcement during years four and five.

The average U.S. belt use rate in 1992 was 62 percent, and North Carolina was just about average. With its current belt use rate of 80 percent among drivers — 79 percent when both drivers and right front-seat passengers are included — North Carolina now ranks along with California and Hawaii as the best in the nation.

The significance of North Carolina's initial success is noted by the Institute's Senior Vice President, Allan F. Williams. "This increase in belt use is an important achievement. When you begin pushing usage up above 60 percent, you're reaching a group of motorists that research shows have higher crash involvement rates than those who are easier to persuade to use their safety belts."

How did North Carolina do it? By implementing a publicity and enforcement model that has been proven worldwide in countries including France, the Netherlands, New Zealand, and Canada, as well as in U.S. cities such



Survey Shows Popular Support

see p. 3 for details

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