

ALABAMA'S

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HEALTH

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Laboratory training for CLIA enters 21st century

Laboratory training of health department nurse practitioners and nurses is significantly improved thanks to the purchase of a new Olympus camera/microscope and the addition of a state-of-the art teaching lab at the Bureau of Clinical Laboratories.

The lab's Quality Management Division helps ensure quality laboratory testing under the Clinical Laboratory Improvement Amendments. Congress passed the Clinical Laboratory Improvement Amendments (known as CLIA) in 1988 to establish quality standards for all laboratory testing to ensure the accuracy, reliability and timeliness of patient test results regardless of where the test was performed.

Quality management staff members work with 142 nurses and nurse practitioners in 10 public health areas to conduct training and proficiency testing, and the improvements have shown positive results so far.

Charlene Thomas, technical consultant, said, "The foresight of Jodi Jackson in working with Maxie Fleming (the director of the STD Division) made this all possible. When Maxie asked Jodi what we needed, funding went to purchase the new camera and microscope. Jodi said, "We'll never know if we don't ask," and STD paid for them and the lab purchased the computer connections."

In the past, for example, Ms. Thomas would ask a clinician to identify an epithelial cell versus a clue cell by directing them to 11 o'clock direction on a slide. Now with the graphics program, she can show them easily with an arrow pointing to the cell in question.

These innovations followed a time when the Quality Management Division assumed responsibilities for safety

management and other management functions in addition to the direction of the Alabama County Health Department Laboratory System. The Quality Management Division monitors CLIA compliance at county health departments and at the state laboratories. The division makes competency evaluations, conducts training, and provides on-site reviews and consultation.

After Ms. Jackson had requested the advanced microscope, the staff entered an overwhelmingly difficult and sad time. Ms. Jackson, a valued 14-year employee of the bureau, had been very ill during the year and ultimately succumbed to illness in August. Within a few months Rick Moody, longtime division director, had to



Charlene Thomas is shown at new camera/microscope.

CLIA.....Continued on page 2

undergo three surgeries and Ms. Thomas lost her mother. The formerly five-member staff was reduced to just two people.

Even though the new equipment had been purchased, the microscope needed to have boards installed in the camera. David Rozear of Computer Systems Center assisted, and from there the learning process was trial and error for Ms. Thomas.

An important laboratory test done at the department's STD and family planning clinics is the wet prep test. The nurses and nurse practitioners need to properly identify cells to direct patients to the right medications. All nurse practitioners and some nurses have microscopes and make slides with secretions.

CLIA categorizes lab tests to be performed in three categories based on impact to public health: waived tests, moderately complex tests and highly complex tests. Professionals must take an examination to show continued competency. With the new camera microscope and live generated pictures, the three dimensionality is maintained unlike the formerly used photocopies.

"Yeast buds sometimes got missed. We can actually generate the same picture you see on the microscope," Ms. Thomas said. "We can connect the camera to a computer

with a graphics program."

Beginning in October 2005, classes have been held in the new teaching lab where there are 12 microscopes. The lab itself was provided through bioterrorism funds. Students can easily view cells on a large screen instead of having numerous students gathering around the microscope and trying to view it individually.

Ms. Thomas said that of all the instructions given in the past 12 to 13 years of CLIA, the best class ever was Oct. 17-19, "because of the new facility and the new toy. So often we suffered because of the room environment, and we're glad that future classes will be held here."

Holding classes at the Montgomery lab also means less setup is involved to instruct the classes. January is a major testing month, and the instructors are excited that the progress will result in improved laboratory testing competency in all public health facilities.

For more information contact Charlene A. Thomas, BS, MT (ASCP), (334) 260-3400, e-mail cathomas@adph.state.al.us.

Alabama Department of Public Health

Mission

To serve the people of Alabama by assuring conditions in which they can be healthy.

Value Statement

The purpose of the Alabama Department of Public Health is to provide caring, high quality and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

The Department of Public Health works closely with the community to preserve and protect the public's health and to provide caring quality services.

ALABAMA'S HEALTH

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Donald E. Williamson, M.D. State Health Officer
Jim McVay, Dr. P.A. Director, Bureau of Health Promotion and Chronic Disease
Arrol Sheehan, M.A. Editor
Takenya Stokes, J.D. Contributing Editor
Toni Prater Graphic Designer

Informational materials in alternative formats will be made available upon request.

Many elderly Montgomery residents in need receive gifts through ‘Angels of Mercy’

Cynthia Foster, public health social worker, conducted her annual “Angel of Mercy” project for the third year with great success helping 165 elderly residents of Montgomery nursing homes and two needy elderly persons who reside in their homes. Last year, Cynthia helped 29 elderly individuals to enjoy the Christmas holiday.

Residents at John Knox Manor, Woodley Manor, Capitol Hill Healthcare, Tyson Manor, Hillview Terrace and the two persons who reside in their homes were given gift bags. With the help and support of Fire Station #3, businesses in the community, Alabama Department of Public Health staff, and generous volunteers who donated their time and gift items, the project was a great success.

Individuals are identified based on need because they otherwise would not receive any gifts for the holiday.

Ms. Foster stated, “It’s a joy to see so many happy faces at this time of year.”



From left to right ADPH staff who participated in the project: Robert Lewis, Cynthia Foster, Henry Brown and Linda Bowen.

Arthritis burden to increase substantially in next quarter century; will have significant implications

An article published in the January 2006 issue of *Arthritis and Rheumatism* reports that by 2030, the number of U.S. adults with arthritis and its associated activity limitation is expected to increase substantially. This will have a great impact on individuals, the health care system, and society in general, the study finds. The growing epidemic of obesity may also significantly contribute to the future burden of arthritis.

The study also finds that improving access and availability of current clinical and public health interventions aimed at improving quality of life among persons with arthritis through lifestyle changes in disease self-management may help lessen the long-term impact.

Arthritis and other rheumatic conditions already represent the leading cause of disability in the U.S. and are among the most common chronic disease problems in the country, with almost 43 million adults affected. The already large clinical burden (36 million ambulatory care visits and 750,000 hospitalizations in 1997) is likely to increase because the prevalence of arthritis is highest in older adults, and the proportion of adults 65 years of age is expected to increase at least 7 percent by 2030, raising the

total to 20 percent of the population. Therefore, predicting the future prevalence and impact of arthritis is important for planning future clinical and public health needs as well as resource allocation.

The projections previously being used were made without use of currently recommended surveillance case definitions for self-reported arthritis, focused only on those ages 65 and older and were obtained using state-based data sources that may not accurately reflect national prevalence. The purpose of this study was to update the projected 2005-2030 prevalence of self reported, doctor-diagnosed arthritis and arthritis attributable activity limitation for all adults ages 18 years and older, using the most recent national-level data source and current validated surveillance definitions.

In 2003, an estimated 45.8 million adults (21.6 percent) reported having doctor-diagnosed arthritis. This number is projected to increase from 47.8 million in 2005 to nearly 67 million (25 percent) by 2030. Women will account for 61 percent of the arthritis cases in 2030.

Arthritis.....Continued on page 4

Arthritis.....continued from page 3

Adults over age 65 years will account for 27.2 percent of arthritis cases in 2005, growing to 51 percent of cases by 2030. By 2030, nearly one-third of adults ages 45-64 years, who are integral contributors to the work force, will have arthritis.

Approximately 16.9 million U.S. adults (7.9 percent) reported arthritis-attributable activity limitation in 2003.

The arthritis-related clinical and health care system burden will increase substantially over the next 30 years. This may require training more specialists in rheumatology and orthopedics, especially to address regional gaps in the availability of services. Because primary care providers treat the majority of outpatients with arthritis and other rheumatic conditions their skills in assessing and treating musculoskeletal conditions may need to be improved. Some of these issues may be addressed by better undergraduate training in basic musculoskeletal medicine skills, competencies, and care knowledge, as well as focused, evidence-based on continuing medical education offerings.

The societal burden of arthritis will increase as well. Since arthritis is associated with chronic pain, functional limitations, disability absenteeism and work-related disability, the large numbers of adults affected in the next 30 years will only add to the already large impact of the disease.

In 2003 an estimated 16.9 million U.S. adults reported arthritis-attributable activity limitation, and 8 million reported that arthritis affected their work. With the aging of the population, experts anticipate that more adults over age 65 years will continue to work, possibly well into their 70s, meaning that two-thirds of the working-age population could potentially have arthritis by 2030, and many of those will have activity limitations. Employers may need to address ergonomic issues, injury prevention, and work place accommodations for these employees. Health insurance costs may also increase for employers as well as individuals.

Finally, the increasing public health system burden of arthritis will require promotion of and disseminating community-based interventions that complement clinical medical care and can improve or maintain quality of life among people with arthritis. Such interventions include the promotion of lifestyle modifications and self-management education for arthritis, which have been shown to be effective at reducing pain, improving function, and decreasing both disability and health care utilization.

For example, reaching and maintaining a normal body weight may reduce the risk of incident knee osteoarthritis as well as influence disease progression. Engaging in moderate physical activity is known to reduce pain up to 30 percent, improve function, and reduce the risk of disability almost 50 percent without increasing symptoms or disease progression. Currently available community-based physical activity and self-management education programs such as the Arthritis Foundation/YMCA Aquatics Program and People with Arthritis Can Exercise program, have been proven to be effective in pain management, improved mobility, and self-efficacy, and are appropriate for people with most types of arthritis.

The Arthritis Self-Help Course, also offered through the Arthritis Foundation, is a 6-week self-management education program that has been shown to reduce pain and physician visits, while improving mental health. Despite the benefits of these community-based programs, 1 percent of people with arthritis who may benefit from these programs actually access them. The large increase in projected numbers of adults with arthritis represents a challenge to the health care and public health systems. That impact may be lessened by improving training of primary care providers, and increasing access to and availability of current clinical quality of life through lifestyle changes and disease self-management.

This article summarizes the findings published in an article in *Arthritis and Rheumatism*, Vol. 54, No. 1, January 2006, pp. 226-229, by the American College of Rheumatology.

Cervical Cancer Awareness Program promotes screening for all women

The month of January is Cervical Cancer Awareness Month and the department encourages all women to get screened. The Alabama Breast and Cervical Cancer Early Detection Program offers free breast and cervical screenings for women who meet program guidelines.

Early cervical cancer generally produces no signs or symptoms. As the cancer progresses, symptoms may appear, but the best form of detection is regular Pap smears.

The Alabama Breast and Cervical Cancer Early Detection Program offers pelvic exams and pap smears at no charge as well as free clinical breast exams primarily to women ages 40 to 64 who do not have any insurance or who are underinsured and who meet the income eligibility guidelines. Women ages 50 to 64 will receive free mammograms in addition to the services mentioned. For more information, please call toll-free at 1-877-252-3324.

The American Cancer Society estimates that at least 13,000 women in the U.S., including 200 in Alabama, will be diagnosed with cervical cancer and nearly 4,100 will die of this disease this year. Being a middle-aged woman is one risk factor for developing cervical cancer although it can affect younger women as well.

Another risk factor is the human papillomavirus, or HPV, which is a disease transmitted through sexual contact. HPV, which sometimes results in genital warts on the cervix or vagina, is a major risk factor for cervical cancer.

Smoking doubles a woman's risk of cervical cancer. Having sex at an early age, multiple sexual partners or a partner who has had many sexual partners, also increases the risk of cervical cancer.

The following are the American Cancer Society recommendations for cervical cancer screening: Cervical cancer screening should begin about three years after a woman begins having vaginal intercourse, but no later than 21 years of age. Cervical screening should be done every year with regular Pap tests. At or after age 30, women who have had three normal test results in a row may get screened every two to three years.

A doctor may suggest getting the test more often if a woman has certain risk factors such as human immunodeficiency virus (HIV) infection or a weakened immune system. According to the American Cancer Society other risk factors include:

- Multiple sex partners

- Sex at an early age
- Unprotected sex
- Sexually transmitted diseases
- A diet low in fruits and vegetables
- Obesity
- Long-term use of birth control pills (five years or more)
- Use of the drug DES (diethylstilbestrol)
- Family history of cervical cancer

"The most important risk factor for cervical cancer is the failure to have regular gynecological exams and Pap tests," said Dr. Grace Thomas, medical director of Women's Health, Bureau of Family Health Services. "Early detection is key to a successful outcome. I strongly encourage any woman who has not had routine Pap tests to call her health care provider or local county health department today to schedule an appointment."

She added, "Any decision to increase the length of screening intervals for women over 30 years of age should be made in consultation with a health care provider. The same proviso holds for women who are 70 years or older." Women 70 years of age and older who have had three or more normal Pap test results and no abnormal results in the last 10 years may choose to stop cervical cancer screening.

Screening after a total hysterectomy, with removal of the cervix, is usually not necessary unless the surgery was done as a treatment for cervical cancer or pre-cancer. Some other special conditions may require continued screening. Women who have had a hysterectomy without removal of the cervix should continue cervical cancer screening at least until age 70.

Breastfeeding summit develops strategies to meet Healthy People 2010 goals

The State Perinatal Program planned and coordinated a Breastfeeding Summit sponsored by the March of Dimes and Children's Health System Lactation Center Dec. 2-4 in Orange Beach. Sixteen physicians representing professional associations such as the Alabama Association of Family Practice, Alabama Chapter of the American Academy of Pediatrics, the Alabama Section of the American College of Obstetricians and Gynecologists, and 13 other healthcare professionals attended.

The summit's purpose was to develop plans to meet Healthy People 2010 Goals in Alabama, which are as follows:

- 75 percent breastfeeding initiation rate
- 50 percent continuing breastfeeding through age 6 months
- 25 percent continuing breastfeeding at 1 year of age

Summit activities included identifying barriers that discourage breastfeeding initiation and duration in communities, hospitals, physician offices and health departments. Barriers included the presentation of gift bags with artificial baby milk and formula logos both at physician offices during the prenatal period and later at the hospital. Another frequently mentioned barrier is mixed messages from professionals.

Barriers in the community cited are as follows:

- Public perception that artificial baby milk is the "standard" food for infants
- Workplaces, childcare centers and schools are generally unsupportive of breastfeeding mothers and infants
- Health departments and WIC clinics that give information inconsistent with that from physicians and lactation consultants. Is this routinely so or is this a case by case situation?
- No education in public schools regarding mother's milk as the standard for infant feeding.

Hospital barriers to breastfeeding include the following:

- Newborn is not put to breast immediately after birth and the newborn is frequently separated from the mother during the hospital stay rather than rooming-in with the mother
- Newborn is offered bottle with glucose or artificial baby milk.
- Lack of lactation staff
- Pacifiers offered to newborns

Physician office barriers the participants identified included:

- Lack of patient education during prenatal period regarding the importance of breastfeeding
- Mixed messages given regarding formula and contraception choices while breastfeeding



Shown at the breastfeeding summit are Wally Carlo, M.D., Chair, Neonatology, UAB; Lewis Doggett, M.D., Pediatrician, Anniston; Lisa Carter, R.N., Regional Perinatal Director, Perinatal Region I. The sponsors of the summit were Alabama Chapter March of Dimes, and Children's Hospital Lactation Center.

- Lack of support to continue breastfeeding if problems occur. Examples are poor infant weight gain and maternal illness.
Other recommendations discussed included strategies to remove barriers. These strategies include:
 - Adapt United States Breastfeeding Committee goals to Alabama
 - Provide continuing medical education and continuing education units in breastfeeding research annually
 - Collaborate with the Alabama Hospital Association to collect accurate data and disseminate Baby Friendly Hospital information to administrators
 - Promote broader reimbursement from the Alabama Medicaid Agency and Blue Cross Blue Shield of Alabama for consultants and breast pumps.
 - Educate employers regarding the economic benefits of breastfeeding
 - Implement educational activities for the public, including K-12 schools

Participants proposed that a State Breastfeeding Committee be established to address the strategies identified. The committee will be composed of organizations and individuals who support the goals of the committee. Participants also drafted a resolution to present to the Medical Association of the State of Alabama. The State Breastfeeding Committee will have regular meetings via teleconferencing, and the State Perinatal Program will coordinate the teleconference meetings.

Next month's issue will feature a pilot breastfeeding peer counseling program underway in three counties.

Selma Fire Department helps save young lives

Imagine the scenario: a group of young kids are playing with matches in a home without a smoke detector. The children accidentally start a fire that rages out of control quickly. Once the fire is discovered the two adults in the home work quickly to get the children out of the rapidly burning structure. One adult escapes out the back door with a couple of children. The other adult escapes with some children out the front door. Firefighters have arrived on the scene and the adults and children regroup on the front lawn to discover that one child is still inside; a preschool girl.

A fireman rushes inside to try to save the child, risking his life in the process. He himself is eventually saved from falling through the floor by a single nail that his fire suit catches onto.

After the blaze is extinguished, the little girl is finally found. She is sitting in a young child's recliner, dead from apparent smoke inhalation.

Unfortunately, this scenario is a true incident that occurred in Selma. And one of the firefighters who responded to the scene was Capt. Tim Watson, who has made it his personal mission to try to prevent another child from dying in such a manner.

"It's hard when it's kids," says Watson somberly. "Had this family had a fire escape plan, this death may not have occurred. That's why it's important for me to make sure that children receive fire safety education."

Watson has directed the Selma Fire Department's Fire Prevention program for the past year and along with Capt. James Murphy made presentations at schools all around Selma spreading the words of fire prevention.

The goal of Watson this past year was to make the program more interactive and gear it to younger children, who have short attention spans and sometimes need to "do" something to remember information.



Selma students learn about fire safety through games.

Utilizing the Play Safe, Be Safe[®] kit, Watson used pictures, videos, games such as practicing "stop, drop and roll," and crawling under fake smoke to get out of structures. He also introduced a new character called "Granny" to help him communicate fire prevention messages to the children he visits.

"During my presentation I will ask for volunteers from the audience to help me out and I will have them come on stage and pretend that they have just discovered matches. What I've been telling them in the presentation is that they must get an adult when they see matches lying around. So I will have the children ask for different types of adults and then I will ask them to ask for 'Granny.'" The

Fire safety.....continued on page 8

GRADE LEVEL	
Pre-Kindergarten	770
Kindergarten	620
First	578
Second	607
Third	546
Fourth	40
Fifth	110
Sixth	279
Seventh	300
Eighth	20
Ninth	300
TOTAL	4,470

firefighter here at the station who plays Sparky, our fire dog, comes out dressed in a wig and dress and looking like the ugliest granny you've ever seen and tells them about fire safety.

"It's so effective because the image of this big, strong guy in a dress and wig talking very prissy stays with them. So while they are laughing they are also learning," said Watson.

Watson also has a firefighter dress up in full firefighter gear to help those kids who are often afraid of them in their masks to realize that they are not monsters, but are people who will work to save them in the event of an emergency.

The fire safety program was presented to all elementary schools and day care centers in Selma, and even some seventh, eighth and ninth graders. During the 30 presentations given this year, Watson reached a significant number of children. The chart above illustrates the number of children reached.

For the older kids, Watson takes a different approach, eliminating the games and becoming more serious covering topics such as the illegality of bomb threats, terrorist acts and general fire safety prevention. But Watson worries that the one-hour programs held once a year are not enough to get the message across to young people.

"I wish I had time to go to all the schools three or four times a year to make sure they really get the lessons," said Watson. But as captain of the Selma Fire Department, his free time is limited. The fire department of seven firefighters must not only respond to every structure fire in

Selma, but it is also responsible for other services such as fire and rescue.

Tracey England believes that Watson did a wonderful job. England, a Healthy Child Care Nurse Consultant with the Dallas County Health Department, visited the daycare centers and elementary schools with Watson. This was the first year that the Selma Fire Department partnered with England who is responsible for daycare training in eight counties-Choctaw, Dallas, Greene, Hale, Marengo, Perry, Sumter and Wilcox.

"I think the project was excellent. Seeing how the kids really enjoyed the fire safety presentations and wanted to participate was great. They especially loved 'Granny.' I was really surprised," said England.

But England agrees with Watson that more presentations are needed in the schools. "I think that fire safety should be taught every quarter for the kids to really get the information."

However, England also realizes that there just isn't enough staff and time to get the job done so efforts such as those of Watson are especially appreciated.

"Tim [Watson] went above and beyond this year. He went to every school and every day care center in Dallas County."

Watson also appreciated having England come along with him to the daycare centers and elementary schools. "Tracey helped make sure that I remembered to cover everything and that the kids learned as much as possible. It was a good feeling to know that I wasn't leaving anything out."

This fire safety program was funded by Safe Kids Worldwide as a partnership between the Selma Fire Department and Safe Kids Montgomery Area. For more information on receiving fire safety training in your school or daycare, or for information on fire safety, please visit www.adph.org/injuryprevention. Individuals living in the Dallas County area can contact Capt. Tim Watson at (334) 874-2151 or Tracey England at (334) 874-2250.

By *TAKENYA STOKES*

Injury News

Published By

The Alabama Department of Public Health

Injury Prevention Division

Bureau of Health Promotion and Chronic Disease

Carol F. Mysinger, M.Ed., M.P.A.....Director

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Alabama after school programs to implement ‘We Can!’ program to encourage healthier choices

The Alabama Department of Public Health is kicking off the new year with educational programs in several communities to help children and their parents make healthier food choices, increase physical activity, and reduce time in front of screens, such as television, computer and video games. The programs are part of Ways to Enhance Children’s Activity & Nutrition (*We Can!*), a National Institutes of Health program addressing overweight and obesity in youth ages 8-13 years old. Alabama is one of 14 *We Can!* intensive community sites nationwide selected to pilot the program.

Through *We Can!*, Alabama community organizations have access to three tested curricula for youth which incorporate fun, creative nutrition, physical activity, media literacy, and screen-time lessons. A new parents’ curriculum also encourages healthy lifestyles for the entire family. The health department provides the Alabama *We Can!* sites with free program materials and technical assistance for the youth programs, parent programs, and community events promoting *We Can!*

The department is offering the community-based programs as part of its Healthy Weight Initiative developed in partnership with the Alabama Department of Education. The MiCasita 21st Century Community Learning Center in DeKalb County is currently participating in the *We Can!* program using the Catch Kids Club curriculum in its after-school program. In addition, the following sites are starting programs during January:

- Collinsville 21st Century Community Learning Centers (DeKalb County, Catch Kids Club)

- Opp Middle School - RACE TRAC (Covington County, Media Smart Youth)
- 21st Century Clark Elementary School Learning Center (Dallas County, SMART)
- W. S. Neal Middle School at Project SAFE - Students Aspiring for Excellence (Escambia County, Catch Kids Club)

The department will assess each curriculum’s success in improving nutrition and physical activity habits in youth and parent participants in efforts to decrease their risk for being overweight. The health department will continue working with these as well as other sites interested in the *We Can!* program.

Many factors contribute to overweight and obesity. In addition to healthy eating and physical activity, the amount of screen time among children has been linked to overweight and obesity. Furthermore, a report released by the Institute of Medicine in December, “Food Marketing to Children and Youth: Threat or Opportunity?” shows a strong connection between marketing of foods and beverages and what children ask for and think they want. *We Can!* Media Smart Youth curriculum teaches youth media analysis skills to better understand the connections between media and health.

For more information, please visit the *We Can!* program Web site at <http://wecan.nhlbi.nih.gov>; and the Alabama Healthy Weight Initiative and *We Can!* Web site at <http://www.adph.org/WORKSITEWELLNESS> and then clicking on “Healthy Weight Initiative.”

FACTOIDS

Q. Who is a Limited English Proficient (LEP) individual?

A. Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or “LEP.” These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter.

This definition is found on www.LEP.gov.

FAST FACTS FOR BIRTHS

Oldest Father: 76
Oldest Mother: 54
Largest Live Birth: 12 pounds, 15 ounces
Highest Live Birth Order: 15
Day Most Births Occurred: December 7 (243 births)
Day Fewest Births Occurred: April 11 (61 births)

*From Vital Statistics At A Glance
Alabama 2004*

*Published by Center for Health Statistics, Statistical
Analysis Division*

The Alabama Public Health Association Inc. announces the

Ira L. Myers Scholarship Approximate Value \$6,000.00

In conjunction with the University of Alabama at Birmingham School of Public Health, ALPHA announces the availability of the Ira L. Myers Scholarship. The scholarship is awarded to honor Ira L. Myers, former Alabama State Health Officer, for his 40 years of dedicated service to the citizens of the State of Alabama.

The Ira L. Myers Scholarship, funded by ALPHA and the UAB School of Public Health, supports one master's or doctoral candidate for two years of part-time study at the UAB School of Public Health. The scholarship is not intended to cover all costs related to the graduate experience. It does provide tuition and a monthly stipend to cover related expenses up to \$6,000.00

Eligibility requirements for the Myers Scholarship include membership in the Alabama Public Health Association (www.alphassoc.org) and acceptance by the UAB School of Public Health to an advanced degree program.

Completed applications (the application process takes 2-4 weeks) for either the master's or doctoral program must be received by the UAB School of Public Health by March 15, 2006. To apply for the scholarship, request an application packet from:

Linda Mosley
UAB School of Public Health
Office of Student and Academic Services
RPHB 130
1665 University Boulevard
Birmingham, Ala. 35294-0022
Phone: (205) 934.7179

You can apply for admission on line at www.uab.edu/publichealth and download a tuition assistance application to apply for the scholarship at <http://images.main.uab.edu/isoph/Admissions/20032004finapp.pdf>.

Questions about admission to the UAB School of Public Health and the Ira L. Myers Scholarship should be directed to Linda Mosley.

Facts about Medicare's new prescription drug coverage

If you or a loved one has Medicare, you may have some questions about Medicare's new prescription drug coverage that began on Jan. 1. To help you better understand this coverage and the decisions you need to make, the Centers for Medicare & Medicaid Services, the American Association of Retired Persons, and the Federal Citizen Information Center have put together an informative, free package of publications, which includes **The New Medicare Prescription Drug Coverage: What You Need to Know.**

Everyone with Medicare, regardless of health or level of income, can get coverage for both their brand-name and generic prescription drugs. Extra help is available if you have limited income and resources. However, to begin receiving coverage, you must enroll in one of the Medicare drug plans. Just like other insurance, if you decide not to join when you're first eligible (before May 15, 2006) and later change your mind, you may have to pay more.

You can choose from a variety of different plans, so the new coverage gives you the ability to find one that meets your needs. When deciding you should keep a few things in mind: What kind of medications do I take now? How expensive is the plan? Do I want to get my

prescriptions at a certain pharmacy, or would I like to get my prescriptions through the mail?

Also included in the Medicare package is Your Pharmacy Benefit: Make It Work for You! from the National Pharmaceutical Council. This informative publication has a handy worksheet that you can use as a guide when comparing different benefit plans. And it also features tips on what to do if you're having problems getting your prescriptions filled or your plan won't cover your medication.

Get the answers to your questions about Medicare's new prescription drug coverage by sending for the free Medicare package. There are three easy ways to get your free publications:

- * Send your name and address to Medicare, Pueblo, Colo. 81009.
- * Visit www.pueblo.gsa.gov/rc/n32medicare.htm to place your order online or to read or print out this and hundreds of other federal publications for free.
- * Call (888) 8 PUEBLO. (888) 878-3256, weekdays 7 a.m. to 7 p.m. central time and ask for Medicare.

Commendations

Health department employees who are listed here have received letters of commendation recently. To recognize other employees, please send letters through your supervisors or the state health officer to *Alabama's Health*.

Kelly Alexander
Center for Health Statistics

from Ronna Watts
Gadsden, Ala.

Catrinna Barber
Center for Health Statistics

from Angela D. Ferguson
Indianapolis, Ind.

Linda Bolding
Center for Health Statistics

from Gerald and Mary Thompson
Carlton, Ga.

from Johnnie Redditt
Cumming, Ga.

Linda Bolding, Kathie Peters and Karen Raspberry
Center for Health Statistics

from Waynetta Lynn Pettway
Mobile, Ala.

**Sharon Parker
Martha Pszyk
Sherry Stabler
Carter Sims**
Health Provider Standards
from Gwenevere Davis

Montgomery, Ala.
Kathie Peters
Center for Health Statistics

from John Crabtree
Wilsonville, Ala.

Shae Smith
Phenix City, Ala.

Audrey A. White
Tarrant, Ala.

Georgia Reynolds
Center for Health Statistics

from Wallace Wilson
Chicago, Ill.

Calendar of Events



February 14

When Every Second Counts: Lessons Learned From Hurricane Katrina, 12 noon-1:30 p.m. For more information contact Video Communications, (334) 206-5618.



February 24

Steps to Success in Community-based HIV/AIDS Prevention Programs: Building Evaluation Capacity, 1-3:30 p.m. For more information contact Video Communications (334) 206-5618.



February 28

Emergency Preparedness, 12 noon-1:30 p.m. For more information contact Video Communications, (334) 206-5618.



March 2

Preventing Fetal Alcohol Spectrum Disorders, 2-4 p.m. For more information contact Annie Vosel, (334) 206-2959.



March 7

Diabetes Update: Proactive Steps for Healthy Foot Care, 2-4 p.m. For more information contact Debra Griffin, (334) 206-2066.



March 14

South Central Public Health Training Center, 12 noon-1:30 p.m. For more information contact Video Communications, (334) 206-5618.



March 15

Providing Culturally and Linguistically Appropriate Health Care Services, 2-4 p.m. For more information contact Annie Vosel, (334) 206-2959.

April 3-9

National Public Health Week. This year's theme is "Designing Healthy Communities, Raising Healthy Kids."



April 6

ADPH Statewide Staff Meeting, 3-4 p.m. For more information contact Video Communications, (334) 206-5618.

April 7

World Health Day