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Alabama works to provide smallpox immunizations in the safest possible manner

Dr. Donald Williamson and numerous members of the Alabama Department of Public Health team have worked in concert with Alabama hospitals and physicians to ensure that smallpox immunizations are provided in the safest possible manner. The Centers for Disease Control and Prevention have approved Alabama's pre-event and post-event smallpox vaccination plans.

On Jan. 24 Health and Human Services Secretary Tommy Thompson made a declaration under the authority of the Homeland Security Act that voluntary smallpox immunizations could begin at any subsequent time. Two smallpox immunization training classes were held for county/area and central office nurses during the week of Jan. 13 on the medical assessment of risk and outlining the step-by-step procedure for the vaccinators. A set of instructional materials from the CDC was received, which included a standardized medical history form and an informed consent statement. It is likely the smallpox vaccine also will be shipped Feb. 10 and the first immunizations given Feb. 18.

The first phase will include vaccination of health department personnel and hospital response teams to ensure a core group of trained, protected professionals. Issues affecting the implementation of this program include the likelihood of a smallpox release and questions concerning liability and compensation.

The state health officer has met with Secretary Thompson in Washington, D.C., and the Secretary understands the need for a vaccine compensation fund. Medical institutions are supportive and are willing to



Nurses learn smallpox vaccination techniques

The following nurses in the Central Office and the Montgomery area volunteered for training in smallpox immunization. Shown are, left to right, Carolyn Thomas, Health Provider Standards; Carol Wilson, Autauga County Health Department; Pat Schloeder, Montgomery County Health Department; Arthur Rene Wright, STD; Mary Smith, STD; and Tammy Barganier, Immunization. Debbie Thomasson, State Nursing Director, was course instructor.

participate in smallpox vaccinations, but the lack of a vaccine compensation fund poses a major barrier. Additional federal appropriations are needed if this is to be a reality. As a result of upcoming smallpox vaccinations, it is hoped that Alabama will have a cadre of vaccinated staff available to enhance Alabama's capability to respond.

The second phase is expected to include vaccination of

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first responders such as law enforcement officers, firefighters, emergency medical crews and other health care professionals. Eventually depending on a reassessment of the risk of smallpox, the general public may be offered voluntary vaccination.

Clinic employees learn conversational Spanish

In the past several years, visits to the Bullock County Health Department by Spanish-speaking clients have increased significantly. To meet the need to communicate, clinic employees began learning conversational Spanish during their lunch hours on Fridays.

Abraham Caldadilli, a local minister for the Spanish population, volunteers his time to teach these classes. The only expense for the staff was a small workbook.

Clinic supervisor Marcy R. Gilder, CRNP, said that the

total unduplicated Hispanic visits to the Bullock County Health Department in 1999 were 99. In 2002 this number had increased to 241.

Those employees participating in the class are as follows: Dollie Caldwell, nutritionist; Amelia Coleman, local Medicaid employee; Alice Freeman, intake clerk; Lisa Scott, intake clerk; and Dajuna Tatom, registered nurse.

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

Courageous actions result in award for tuberculosis nurse

Alabama Gov. Don Siegelman honored Selina Simmons with the Good Samaritan Award for her fearless actions last March when she assisted a motorist following a calamitous automobile crash.

A tuberculosis control program nurse, Ms. Simmons often travels the two-lane rural roads of Public Health Area 10, and one day she saw several county vehicles on the roadside and noticed the people there seemed to be in distress. She parked her car to inquire what had happened. A woman had been thrown from her car, and the car had overturned several times. No one was with the woman.

Immediately Ms. Simmons ran to the crash victim on the ground, pushed away the brush and mud around her, felt for a pulse and found none, and then called for help from the onlookers. Some of the bystanders told her not to move the body, but she persuaded a couple of them to help her turn the heavy woman's body face up.

Despite the large volume of blood everywhere, she began administering cardiopulmonary resuscitation. She continued CPR until paramedics arrived to transport the victim to the hospital. Her efforts revived the woman, but sadly the victim died several hours later.

Later she learned that the deceased woman's daughter, was a school classmate of her own daughter's. She was told the woman had been sick that day and was going to the doctor's office when the crash occurred.

Colleagues including Ashley Smith, Stacie Hayes, Claire J. Payne and John Parks joined in the Good

Samaritan award presentation Jan. 7 in the Governor's Office at the State Capitol.

In praising Ms. Simmons, the governor quoted one of his favorite sayings from Theodore Roosevelt. It is as follows: "Far better it is to dare mighty things, to win glorious triumphs, even though checkered by failure, than to take rank with those poor spirits who neither enjoy much nor suffer much, because they live in the gray twilight that knows not victory nor defeat."

Gov. Siegelman said the courage Ms. Simmons displayed reminds him of the movie "The Right Stuff," and she is very deserving of recognition.



Selina Simmons is recognized by outgoing Gov. Don Siegelman with the Good Samaritan Award for her efforts to save an injured motorist.

Montgomery City Council decides partial smoking ban, but mayor vetoes it

Tensions were high as members of both sides filled Montgomery's City Hall on Jan. 21 to share their opinions on the proposed smoking ban that would eliminate smoking in public places in the city. In the end the City Council decided to vote for an ordinance that would bar smoking until 9 p.m. From 9 p.m. until 5 a.m., however, smoking would be allowed. The only exception to the ordinance would be private offices, tobacco shops and halls or rooms used for private functions.

But on Jan. 30 Mayor Bobby Bright vetoed the City Council's decision stating that he would like to have a total ban of smoking in restaurants and bars in Montgomery. On Feb. 4 the City Council met again and decided not to override the mayor's veto.

If the council had decided to override the mayor's veto

by a majority vote the partial ban would have gone into effect May 1, 2003, allowing the council time to revise or repeal the ban if they came up with a more acceptable ordinance. This latest ban proposal comes as a result of action taken on Nov. 19, 2002, when the City Council voted to have a total smoking ban that would bar smoking in all public places in Montgomery except bars, private offices, tobacco shops and private clubs. During the hours of midnight to 5 a.m., however, smoking would be allowed. When restaurant owners heard of the ordinance they were immediately distressed about the effects that such a ban would have on their businesses, and angry that there did not seem to be a level playing field.

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Johnny Sullivan, owner of Sinclair's restaurants, felt that restaurant owners in Montgomery were not given a chance to offer their opinions before the Nov. 19 ban was voted on. "I'm speaking for restaurant owners not backed by the tobacco industry. I'm willing to build barriers from the floor to the ceiling or do proper ventilation. I just think that restaurant owners were not given a chance when this smoking ban was decided," said Sullivan.

Partly as a result of restaurant owners' uproar, the City Council created a committee after the Nov. 19 ban to look at data and study secondhand smoke effects. After a couple of months of deliberation the committee, headed by Councilman Ben McNeill, decided two to one for a total ban of smoking in all public places in the city. But at the Jan. 21 City Council meeting when McNeill put a total smoking ban on the table for a vote, the City Council, after hearing from citizens on both sides of the debate, found that the vote was a difficult one to make.

Proponents of the ban such as State Health Officer Dr. Donald Williamson explained to the City Council what the benefits would be for employees in imposing the smoking ban. "For individuals who work in a smoking environment there is a 50 percent increase of lung cancer." Councilman Terance Dawson questioned Dr. Williamson on whether ventilation would be enough. "Ventilation will not remove all the carcinogens that are in the air from smoking," stated Dr. Williamson.

Currently, there is a 1989 ordinance that requires all restaurants in the city to have separate ventilation systems to help with secondhand smoke, although many restaurants in the city do not comply with it. But according to research done by the Campaign for Tobacco-Free Kids, while ventilation may rid the air of the smell of cigarette smoke, even the newest ventilation technologies under ideal conditions would not be capable of removing all secondhand smoke and its toxic constituents from the air.

District Attorney Ellen Brooks also addressed the City Council on behalf of the smoking ban. "Tonight I am not here as a DA, but as a citizen of Montgomery. Many have told me that it is not politically savvy for me to be here tonight, but I needed to only think of my mother who suffers from chronic obstructive pulmonary disease as a result of smoking and cannot go most places now because of public smoking, to make my decision." Brooks went on to state that the smoking ban would allow her mother and others in Montgomery to enjoy a better life in the city.

The younger citizens of Montgomery were also represented. Justin Jones, a 13-year-old student, eloquently informed the council that it is the government's



A capacity crowd of supporters and opponents of a smoking ban wore tee shirts expressing their views at a recent Montgomery City Council meeting.

responsibility to make rules and regulations when it comes to people's health. "This is not a business issue, this is a health issue," Jones said. He also rebutted restaurant owners' suggestions of barriers stating that the idea is not foolproof because barriers are susceptible to leaks and holes.

Although Councilman McNeill fought for a total smoking ban, the City Council members tried to offer more compromising solutions throughout the night. But parties on both sides continued to disagree. Although restaurant and bar owners stated that a no-smoking ban would cause them to lose their businesses and possibly their livelihoods, supporters of the smoking ban introduced evidence of two surveys commissioned by the Alabama Department of Public Health that stated otherwise.

One survey found that 69 percent of people in the state when asked if they would support a smoking ban in restaurants said they would, according to a University of Alabama at Birmingham poll. And while restaurant owners complained that this was the government overreaching, 76 percent of Alabamians believe that government is justified in restricting smoking as found by a 1999 Capstone Poll. But in the end the City Council voted for the no smoking ban that would eliminate smoking until 9 p.m. and the mayor later vetoed that ban.

Health advocates were distressed that the City Council disregarded the committee's proposal of a total ban, having studied the issue for two months. Members of the health department and the Allegiance Counteracting Alcohol and Tobacco Advertising Targeting Youth will continue to fight to ensure the health of all employees and patrons in the state. Councilman McNeill will be introducing a total smoking ban in the next scheduled City Council meeting.

By TAKENYA STOKES

Violence Against Women Training offers new insight into an old problem

Domestic violence is not just a social issue, it's a health care issue too," stated Alysia Armstrong, a lecturer from Emory University School of Medicine specializing in human relations who held a training titled "Violence Against Women" at the Alabama Department of Public Health. The Jan. 24 training focused on the violence that women experience from domestic abuse and sexual assault.

For the 1.5 to 3 million women who are victims of domestic violence, the health care system is often their first resource after their abuse. Armstrong, a survivor of sexual and physical abuse herself, says that her goal with these trainings is to make health care workers more aware so that when a victim is presented to them they can be prepared and ask questions they might not normally have asked.

The training employed various techniques to get participants to both empathize with the victims and gain the tools essential to aid victims more effectively. One of the exercises was identifying the myths that many people have about victims and perpetrators.

"One of the biggest myths that many have about women that have been raped is that they were wearing skimpy attire that somehow 'invited' the violence. The truth is that the number one article of clothing that a rape victim is wearing is jeans, and the number two article is pajamas, because many women are raped in the home," said Armstrong. In Alabama 75 percent of women who were victims of sexual assault in 2001 were offended at home.

Other myths disputed in the training were that all victims are women, all abusers are black males and domestic violence happens mostly in poorer families. "Unfortunately, domestic violence crosses all gender, racial and socioeconomic barriers," said Armstrong.

Participants were led in role playing activities interviewing clients of abusive relationships and retrieving the information they would need to get victims the appropriate care.

"Most hospital and clinic staff refer battered women to detox centers and do not address the domestic violence issue. Most of these women are just self-medicating themselves as a result of the domestic violence that they have experienced," said Armstrong.

The training introduced methods of questioning that hospital and clinic staff could use to elicit the necessary information from victims. Participants were instructed to take clients into a private space and start out with "frame questions" that health care workers can use routinely to help ease the conversation into the issue of domestic violence or sexual assault. Participants were also given examples of abuse assessment forms with body charts so that the clients

can mark where exact abuse has occurred.

"It's also important to have a list of resources where victims can go to receive help or therapy. It is advised that there be no couple counseling in domestic violence cases initially. Victims may be afraid to speak freely with their abusers in the room with them. Once the battery behavior has ended then couple's counseling may be done," said Armstrong.

Because victims often come to clinics and hospitals with their perpetrators, Armstrong suggested having tear sheets in bathroom stalls or handing out small slips of information of where they can receive help that women can stuff into their shoes or bras.

Domestic violence and rape are two of the most underreported crimes, because victims are uncomfortable talking about the event and can often feel victimized again in the court system.

"If a person has a gun held to their head and are kidnapped the case is simple. The crime is kidnapping and the weapon is a gun. With rape the crime is rape and the weapon is sex, and people are still not comfortable discussing sex," said Armstrong.

For more information on domestic violence and rape please visit the Alabama Department of Public Health's Web site for a list of shelters across the state compiled by the Alabama Coalition Against Domestic Violence, and to find out information about sexual assault from the Alabama Coalition Against Rape. For immediate help please call the ACADV toll-free, 24-hour crisis line at 1-800-650-6522.

By TAKENYA STOKES

Alabama Public Health Association to feature bioterrorism speakers at annual education conference April 24-25

Are we planning for the unthinkable? Until Sept. 11, 2001, bioterrorism only seemed a remote possibility in this country. Even now fewer than 10 percent of county health departments are fully prepared to handle a biological terrorist attack, according to a statement by the American Public Health Association.

The Alabama Public Health Association annual educational conference will offer attendees the latest from nationally recognized experts on bioterrorism and other speakers of interest to public health professionals. The theme for the April 24-25 meeting at the Mobile Convention Center is "Public Health: It's Everybody's Business."

Dr. Kenneth Alibek, executive director of George Mason University Center for Biodefense, will be among the excellent speakers. A defector to the U.S. from the Soviet Union, he has served as a consultant to numerous U.S. government agencies, has worked with the National Institutes of Health, and has testified before Congress on biological weapons. He is the author of *Biohazard*, published by Random House.

Also addressing the session will be Dr. David R. Franz who served as chief inspector on three United Nations Special Commission biological warfare inspection missions to Iraq and as technical advisor on long-term monitoring. He served in the U.S. Army Medical Research and Materiel command for 23 years. He has served as both deputy commander and then commander of the U.S. Army Medical Research Institute of Infectious Diseases (ASAMRIID) and as deputy commander of the Medical Research and Material Command.

Dr. Vincent Covello will address the issues of leadership and risk communications. Not to be missed is a very moving address by David Handschuh, award-winning staff photographer at the *New York Daily News* for the past 15 years. Handschuh was a 1999 recipient of a DART fellowship to study the effects of trauma on visual journalists. He continues that work with Dart Center Ground Zero, an initiative in New York City established to assist journalists affected by the Sept. 11 attacks.

The agenda kicks off at 8:15 a.m. with addresses by Dr. Jim McVay, ALPHA president; Mobile Mayor Mike Dow and the presidents of the Southern Health Association and the American Public Health Association. A speech by Dr. Donald Williamson, state health officer, will be followed by a motivational speaker, Mary

Maxwell. A buffet lunch will be served in the exhibit area.

The tracks include bioterrorism, conducted by Dr. Alibek and Dr. Franz. Knoxye Williams will provide a CHIP update titled "ALL Kids: Children's Health Insurance Program and a Parable of Partnership." A Mobile health update, conducted by John Tyson, will cover the topic "Secret Safe Place for Newborns: Safe for newborns, safe for mothers." A popular speaker from previous ALPHA conferences, Pete Land, will cover the subject of communication skills. His topic is "Making Communications Effective and Fun." Fern Shinbaum will speak on effective grant writing. The noted Dr. Vincent Covello will speak on risk communications. Sally Palmer,

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Employee opinion survey results being analyzed

Sixty-three percent of Alabama Department of Public Health employees returned an anonymous Employee Opinion Survey distributed in August to agency employees. Twenty-nine percent of those who returned the survey form submitted additional comments.

As an example of the results, the two statements with which employees most agreed were, "*I have a personal feeling of responsibility for the quality of my work,*" and "*I understand my role and its impact on public health.*"

The two statements with which employees agreed the least were, "*I have a chance to contribute my ideas before changes are made that affect my job,*" and "*My pay and benefits compare favorably with those provided by the private sector.*" Complete survey results will be summarized in a future issue after the analysis is finished.

In a cover letter to employees included with the survey, State Health Officer Dr. Donald Williamson said, "We need to learn what is working well within the Alabama Department of Public Health and what could work better. We are a remarkable and diverse community of employees, and I welcome your participation."

The survey instrument was designed to help gain some insight into the circumstances that make a difference in job performance and satisfaction, which in turn makes a difference in service to others.

SMALLPOX: What you need to know

The Disease

Smallpox is a serious, contagious and sometimes fatal infectious disease. There is no specific treatment for smallpox disease, and the only prevention is vaccination. The last case of smallpox in the United States was in 1949. The last naturally occurring case in the world was in Somalia in 1977. After the disease was eliminated from the world, routine vaccination against smallpox among the general public was stopped because it was no longer necessary for prevention.

Transmission

Generally, direct and fairly prolonged face-to-face contact is required to spread smallpox from one person to another. Smallpox also can be spread through direct contact with infected bodily fluids or contaminated objects such as bedding or clothing. Rarely, smallpox has been spread by virus carried in the air in enclosed settings such as buildings, buses and trains. Humans are the only natural hosts of variola.

A person with smallpox is sometimes contagious with onset of fever (prodrome phase), but the person becomes most contagious with the onset of rash. At this stage the infected person is usually very sick and not able to move around in the community. The infected person is contagious until the last smallpox scab falls off.

The Smallpox Vaccine

The smallpox vaccine helps the body develop immunity to smallpox. The vaccine is made from a virus

called vaccinia which is a “pox”-type virus related to smallpox. The smallpox vaccine contains the “live” vaccinia virus. For that reason, the vaccination site must be cared for carefully to prevent the virus from spreading. The vaccine does not contain the smallpox virus and cannot give you smallpox.

Currently, the United States has a big enough stockpile of smallpox vaccine to vaccinate everyone in the country who might need it in the event of an emergency. Production of new vaccine is underway.

Length of Protection

Smallpox vaccination provides high level immunity for three to five years and decreasing immunity thereafter. If a person is vaccinated again later, immunity lasts even longer. Historically, the vaccine has been effective in preventing smallpox infection in 95 percent of those vaccinated. In addition, the vaccine was proven to prevent or substantially lessen infection when given within a few days of exposure.

Receiving the Vaccine

The smallpox vaccine is not given with a hypodermic needle. It is not a shot as most people have experienced. The vaccine is given using a bifurcated (two-pronged) needle that is dipped into the vaccine solution. When removed, the needle retains a droplet of the vaccine. The needle is used to prick the skin a number of times in a few

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Danielle Cole and Julie Miner will discuss social marketing. Speaker Char Jones will speak on tobacco advocacy training.

These breakout sessions will be continued through 5 p.m., and a special cultural expose reception will follow from 5:30-8 p.m.

The Aycok breakfast will begin at 7 a.m. Friday with an address by Dr. Vaughn Millner on regulating body piercing and tattooing. After hearing from the incoming ALPHA president, Dr. Charles Woods will speak on meningococcal disease in the college population, followed by the presentation of the ALPHA awards and business meeting, set to conclude by 1 p.m. Friday.

The Public Health Research track from the UAB School of Public Health includes tracks in leadership

development, environmental and disease control issues, and other timely public health topics.

Vice President Michael Jones said, “The opportunities for professional growth and relevant continuing education are many. The conference always provides an opportunity to learn from the experiences of others, to hear nationally recognized speakers, and challenges to return to the workplace and put new ideas into practice.”

Two other organizations (Leadership and Tobacco Prevention) will hold their meetings in conjunction with ALPHA.

For more information or to register contact the Alabama Public Health Association, P.O. Box 2343, Montgomery, Ala. 36102, (251) 479-8379.

seconds. The pricking is not deep, but it will cause a sore spot and one or two droplets of blood to form. The vaccine usually is given in the upper arm.

If the vaccination is successful, a red and itchy bump develops at the vaccine site in three or four days. In the first week, the bump becomes a large blister, fills with pus, and begins to drain. During the second week, the blister begins to dry up and a scab forms. The scab falls off in the third week, leaving a small scar. People who are being vaccinated for the first time have a stronger reaction than those who are being revaccinated do.

Post-Vaccination Care

After vaccination, it is important to follow care instructions for the site of the vaccine. Because the virus is live, it can spread to other parts of the body, or to other people. The vaccinia virus (the live virus in the smallpox vaccine) may cause rash, fever, and head and body aches. In certain groups of people complications from the vaccinia virus can be severe.

Normal, Typically Mild Reactions

These reactions usually go away without treatment:

- o The arm receiving the vaccination may be sore and red where the vaccine was given.
- o The glands in the armpits may become large and sore.
- o The vaccinated person may run a low fever.
- o Up to 1 out of 3 people may feel bad enough to miss work, school, or recreational activity or have trouble sleeping.

Serious Reactions

In the past, about 1,000 people for every 1 million people vaccinated *for the first time* experienced reactions that, while not life-threatening, were serious. These reactions may require medical attention:

- * A vaccinia rash or outbreak of sores limited to one area. This is an accidental spreading of the vaccinia virus caused by touching the vaccination site and then touching another part of the body or another person. It usually occurs on the genitals or face, including the eyes, where it can damage sight or lead to blindness. Washing hands with soap and water after touching the vaccine site will help prevent this (inadvertent inoculation).
- * A widespread vaccinia rash. The virus spreads from the vaccination site through the blood. Sores break

out on parts of the body away from the vaccination site (generalized vaccinia).

- * A toxic or allergic rash in response to the vaccine that can take various forms (erythema multiforme).

Life-Threatening Reactions

Rarely, people have had very bad reactions to the vaccine. In the past, between 14 and 52 per 1 million people vaccinated for the first time experienced potentially life-threatening reactions. These reactions require immediate medical attention:

- * Eczema vaccinatum. Serious skin rashes caused by widespread infection of the skin in people with skin conditions such as eczema or atopic dermatitis.
- * Progressive vaccinia (or vaccinia necrosum). Ongoing infection of skin with tissue destruction frequently leading to death.
- * Postvaccinal encephalitis. Inflammation of the brain.

People with certain medical conditions - including people with weakened immune systems or certain skin conditions - are more likely to have these reactions and should not get the smallpox vaccine unless they have been exposed to smallpox. Based on past experience, it is estimated that between one and two people out of every 1 million people vaccinated may die as a result of life-threatening reactions to the vaccine.

Alabama Department of Health

On Feb. 18, 2003, the Alabama Department of Public Health will begin inoculating volunteer responding personnel against smallpox.

More information can be obtained at the Center for Disease Control and Prevention's website: <http://www.bt.cdc.gov/agent/smallpox/vaccination/infopacket.asp>.

By JAMEY DURHAM

Intervention helps those with arthritis

Arthritis is the leading cause of disability in the United States, and its early diagnosis and appropriate treatment are important.

“In order to keep people in the workforce, we must conduct programs to prevent disability and improve the quality of life for persons with arthritis,” said Linda Austin, director of the Arthritis Branch, Alabama Department of Public Health. “This will help those who experience chronic joint symptoms to take action before they have severe limitations.”

Based on 2001 Behavioral Risk Factor Surveillance System, we know:

- Approximately 1,355,000 Alabamians or 40.5 percent of Alabama’s adult population report they have arthritis.
- Over 438,000 adults in Alabama with arthritis have limitations in their daily activities.
- Greater than 70 percent of Alabama adults over 65 years of age, or 424,000, have arthritis. Over half of Alabamians ages 45 to 64 have arthritis.
- In Alabama, 46 percent of women and 34 percent of men have arthritis.
- An estimated 392,000 obese adults in Alabama have arthritis.
- An estimated 314,000 physically inactive adults in Alabama have arthritis.
- In Alabama, a greater prevalence of arthritis exists in groups with lower educational status.

Because of this, in 2000 the Alabama Department of Public Health Arthritis staff developed a community intervention project in East Wilcox County. Principles of community health education theory and practice, community health models, intervention research, program planning, implementation and evaluation for community-based control interventions are utilized to deliver the Arthritis Self-Help Course and increase arthritis awareness.

The ADPH partners with the Center of Health Promotion (CHP) at the University of Alabama at Birmingham and includes natural helpers or “Community Health Advisors” who identify instructors and participants for the Arthritis Self-Help Course.

The Arthritis Foundation trained 10 instructors from a number of small communities in Wilcox County. These include: Pine Apple, Furman, Snow Hill, McWilliams, Awin, Newberry, Oak Hill, Allenton, Darlington, Rosebud and Sand Hill. These communities have a total combined population of approximately 1,700. Sister Kathleen Stack



Sister Kathleen Stack and Doris Estes conduct the Arthritis Self-help Course at the Greenville Senior Center.

of Greenville and Dora Estes of Furman, whose work is described here, are two of these instructors.

Volunteers teach skills for arthritis self-management

Sister Stack of Greenville is a volunteer instructor for the Arthritis Self-Help Course that has been offered in Selma, Pine Apple and Greenville. She uses skills acquired through decades of teaching school and as a missionary abroad to benefit many people with arthritis in Butler, Dallas and Wilcox counties. She is ably assisted by Ms. Estes, a retired nurse from Furman, who uses her considerable hospital nursing experience to help people deal with their arthritis.

Both instructors completed training in the Arthritis Self-Help course from the Arthritis Foundation. They have trained more than 70 persons at no charge in six different courses in three different counties over the past couple of years. For people with arthritis, the course teaches “living the most active life with the least amount of pain, fatigue and disability.” It also involves participants who want to be active partners in their own arthritis care.

“We teach some exercises, but the course also involves psychological training in ways to develop positive attitudes,” Sister Stack said. “It’s the whole body and whole spirit together helping people with arthritis do what they need to do.”

The participants also learn from one another by sharing their ideas of ways to alleviate their pain. One current class member is attending to find ways to help her mother,

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Adult/Peer Leadership training to be held throughout the state

The Alabama Community-Based Abstinence-Only Education Program, a federally funded program through the Alabama Department of Public Health, will be conducting “Adult/Peer Leadership” training sessions throughout the state during February and March. The training will be conducted by Gary Brown, President of the Education Connection from Covington, Ga., who developed “Power to Students,” a training manual specifically designed for adult and peer mentor leadership training. Brown will utilize principles of the manual as well as provide valuable resource materials and hands-on activities that will equip participants to become mentors.

According to the National Mentoring Partnership, mentored teens are 46 percent less likely to take drugs, 59 percent more likely to earn better grades and 73 percent more likely to raise their goals.

All are welcomed to participate in the training, including teens and college students. Peer mentors can set a positive example, develop their skills as speakers and make a difference in the lives of other youth. They could even influence others to avoid pregnancy before marriage and avoid contracting a sexually transmitted disease.

There is no fee to attend, but participants must register by contacting the project coordinator for the location for which they are interested.

Upcoming training dates, sites and contacts are as follows: **Feb. 25** in Ozark at the Dale County Government

Building, contact Peggy Lawler with Dale County W.A.I.T.S Abstinence Project at 334-774-9919; **Feb. 26** in Troy at the Charles Henderson Health Center, contact Terry Watkins with Edge Regional Medical Center AIM Abstinence Project at 334-670-5261; **March 4** in Birmingham at Vestavia Hills Sav-A-Life, contact Renee’ Williams with S.A.F.E. Abstinence Project at 205-802-7484; **March 5** in Auburn at the Lee County Youth Development Center, contact Lisa Johnson at 334-749-2996; **March 10** in Huntsville at the Huntsville Center for Technology, contact Jan Ward with Huntsville City Schools Abstinence Project at 256-428-6835; **March 11** in Huntsville at University of Alabama at Huntsville, contact Sharon Phelps with Madison County Schools Abstinence Project at 256-852-7073; **March 17** in Tuscaloosa at the Tuscaloosa County Cooperative Extension Office, contact Denise Shirley with Alabama Cooperative Extension System Abstinence Project at 205-349-4630; **March 18** in Butler at the Choctaw County Cooperative Extension Office, contact Elaine Alberson at 205-459-2133; **March 19** in Mobile at the Abby Berg Senior Citizens Center, contact Joy Logan with Crittenton Youth Services at 251-479-8585.

For more information, please visit the Alabama Department of Public Health’s Web site at www.adph.org/abstinence.

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an arthritis sufferer.

Ms. Estes is especially helpful in the assisting students learn the effects of medications which might make persons with arthritis moody or depressed. She is familiar with side effects of drugs they may take.

“She is very uplifting, and her nursing background helps people find solutions to the anger and frustration they may feel with arthritis,” Sister Stack said.

“We have had good participation in the courses, especially in Selma,” Sister Stack said. “Pine Apple is difficult because of the lack of transportation for many poor and elderly participants. I am learning something new every time I teach a class. We hope to have other classes here in the future.”

Both Sister Stack and Ms. Estes have arthritis themselves. After a career teaching elementary and high school for nine years, Sister Stack spent one year in Hawaii and then 22 years in Japan working as a

missionary to the poor and needy.

Sister Stack then answered a call to minister to the people of Pine Apple. There she founded a nutrition center and an adult day care center for those in need. She retired from this full-time ministry in 1999, but she volunteers part-time in four different area ministries serving the Pine Apple, Greenville and Selma areas.

For more information about course offerings for people with arthritis, contact the Alabama Chapter of the Arthritis Foundation at 1-800-879-7896. For more information about the state arthritis program contact Linda Austin, Director, Arthritis Branch, Alabama Department of Public Health, The RSA Tower, Suite 900, P.O. Box 303017, Montgomery, Ala. 36130-3017, (334) 206-5603, e-mail laustin@adph.state.al.us.

Public health retirees

The following employees retired effective Feb. 1:

Julia Carter - Choctaw County Health Department
Eunice Goodson - Montgomery County Health Department



Department receives gold award

Kathy Vincent presents the 2002 Gold Award of the State Combined Campaign to Chairperson Tracy Klein on behalf of the agency. Public health employees raised a total of \$28,855 with 385 contributors in the statewide campaign.

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*.

Cathleen Burgess

Annette Milton

Carol Williams

Health Provider Standards

from. Tommie B. Strickland
McCalla, Ala.

Charlotte Denton

Dr. John Hayes

Bureau of Communicable Disease

from Dale Kelley
New Brockton, Ala.

Jackie Esty

Center for Health Statistics

from Mason Morris
Kenner, La.

Tamika Lewis

Center for Health Statistics

from Greg Schwab
Steele, N.D.

Wendy Washington

Center for Health Statistics

from Sally Killian
Fort Payne, Ala.



February is American Heart Month and National Children's Dental Health Month

Calendar of Events



February 19

ADPH HIPPA Privacy Training, 2-4 p.m. For more information contact Ashley Hamlett, (334) 206-5209.



March 5

Addressing Diabetes Issues at Work and at School, 2-4 p.m. Public Health Staff Development. For more information contact Debbie Thomasson, (334) 206-5648.

March 6

Public Health Social Work Seminar, RSAActivity Center. For more information contact Dollie Hambrick, (334) 206-5226.



March 13

Family Planning Update: The Mirena IUD, 2-3 p.m. For more information contact Annie Vosel, (334) 206-2959.



March 19

Understanding Alzheimer's Disease, Home Health Aide and Home Attendant Continuing Education, 2-4 p.m. For more information contact Janice McIntosh, (334) 347-2664, extension 400.



April 3

ADPH Statewide Staff Meeting, 3-4 p.m. For more information contact Jim McVay, Dr.P.A., (334) 206-5600.

April 7-13

Getting in Shape for the Future: Healthy Eating and Active Living, National Public Health Week



April 9

Public Health Staff Development, 2-4 p.m. For more information contact Annie Vosel, (334) 206-2959.



April 24

Alabama Public Health Association. For more information contact Jim McVay, (334) 206-5600.



May 8

Anne Smith Seminar, 1-3 p.m., RSAActivity Center. For more information contact Debbie Thomasson, (334) 206-5648.



May 14

Home Health Aide and Home Attendant Continuing Education, 2-4 p.m. For more information contact Janice McIntosh, (334) 347-2664, extension 400.