

Alabama's health

A publication of the Alabama Department of Public Health

Disease Intervention Specialists Often Overcome Obstacles to Treat Patients

Whether it's walking across a plank to get into a home, knocking on the window of a residence, encountering drug dealers in action or being greeted by and retreating from vicious dogs, Disease Intervention Director Vurlie Dexter of North Alabama advises Alabama's dedicated and determined disease intervention specialists, "You can't be afraid of anything." She describes their duties as "a cross between a counselor and a detective" in reaching their goal of stopping the spread of disease.

"I always wear a name badge because you don't know what you'll find," she said.



Vurlie Dexter

"Sometimes you will drive 30 miles to pick up a patient to drive to the health department and then there's a delay in getting him in to treatment so he walks out. Most of us work as allies with nurses because they are the ones that will take care of your patients."

Disease Intervention Specialist Shawn Ousley of Public Health Area 2 estimates he is "cussed out" twice a month on his job, but that doesn't bother him.

"Once I spent two weeks looking for a prostitute, and when I found her she cussed me all the way back to the health department," Ousley said. "But now she is helpful and lets others know 'Mr. Shawn is trying to help you.'"

"I like talking to people," he said, and he has worked to get a wide variety of people in for treatment, even a partially paralyzed man who walked with a cane. He has entered isolation hospital rooms, and has worked



Shawn Ousley

with infected teens beginning as young as age 14. He has informed patients they have HIV and directed them to the Davis Clinic. He has spoken with alcoholics, small children and plenty of others.

A lot of effort culminated in a patient finally coming to the health department clinic, but the man slipped away when Shawn's back was turned. Ousley said the patient came back, was apologetic and went through treatment.

Outreach is another aspect of his job that he enjoys. He travels to health fairs, makes

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Geneva County Clerks Pilot Test Patient Tracking Program

Clerks at the Geneva County Health Department were trailblazers in working with Computer Systems Center on an experimental "Patient Tracking" program earlier this year.

Cindy Deal, county office manager who was administrator of the system, said the three employees enjoyed learning and using the system which documents the amount of time patients and clients spent at the health department and they could track their progress, which is especially important if they were receiving services at more than one clinic.

Programmer/Analyst Michael Carnley stated, "This will have some very productive benefits of tracking clinic participants in real time and preparing daily reports on clinic participation, as well as area and state participation. In addition, we will be able to track services performed by clinic/area/statewide in real time. This program shows a lot of promise in streamlining participant processing, in addition to tracking services."



Shown, left to right, are Ann Miller, Lisa Mixon and seated is Ginger Vann. They worked with Office Manager Cindy Deal in Geneva County.

Peer Counselors Promote Breastfeeding at Prenatal Classes

The Lee County Health Department is excited to announce the beginning of The Loving Support through Peer Counseling Program. Three breastfeeding peer counselors have been hired, and Registered Dietitian Alexis Thompson is coordinating their activities.

Since completing training on Feb. 22 they have begun contacting prenatal mothers to encourage breastfeeding. The peer counselors have also attended local prenatal classes to promote the program and to share the benefits provided by WIC for breastfeeding moms. Currently, they are working with the lactation consultant of East Alabama Prenatal Clinic to provide awareness about the Peer Counseling Program. They share the hope that by providing this service and outreach, breastfeeding rates in Lee County will continue to rise.



Peer counselors shown are Brandy Klapp, Michelle Kloeti and Tracey Jordan (pictured from left to right).

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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Gratis - Remembering Why I Became a Nurse and Why I Work for ADPH

Connie Lard, MSN, CRNP, with the Lauderdale County Health Department, put her recent experience into an e-mail account she shared with Public Health Nursing Director John Hankins. She wrote, "Wanted to share this with you. Not because it describes something unusual, but because it doesn't. Moments like this happen in health departments all across our state every day. We aren't always aware of their significance, but, on this day, I was." This is her touching story.

It was the end of a very busy day within a very busy week. The nurse practitioner student and I were reviewing the charts, thinking we'd seen our last patient. In the back of my mind I was thinking of all I needed to do at home, with my family coming in for Easter weekend. About that time, the nursing assistant appeared at our door to inform us that there remained one more patient to be seen. The woman was late for her appointment. And there was a language barrier. I sighed, realizing that we'd be lucky if we finished in time to leave by 5 p.m.

One of the nurses took the lady into a room and patiently attempted to get her history with the help of a friend the woman had brought with her, ostensibly to interpret. Actually, the friend's English wasn't adequate for our purposes, so an interpreter from a neighboring county was called to help by interpreting over the phone. It was discovered that, though this lady had borne five children in her native country, she had never had a pap smear or a breast exam. She had somehow heard about our ABCCED Program, and so, came to us for services.

Once the history had been taken, the nurse practitioner student and I entered the room to perform our part of the visit. The patient was clearly very modest, and uncomfortable about having to disrobe. She had not wanted her friend to be in the room while she was examined, so the friend was waiting outside. Using my very limited Spanish, I greeted her, then made my way through the exam. I had noted from the chart that she was exactly my age, but she appeared at least 10 years older

- evidence of a much harder life than I have had. She was short and obese, but otherwise the exam was unremarkable. I finished the exam, then directed her to "puede vestirse." Once she was dressed, we moved across the hall to my office. Using an interpreter on speaker phone, I explained to the patient that her exam was normal, and that we were now going to schedule an appointment for a mammogram. Having completed that, we were finished - and by 5 p.m.!

As she and her friend stood to go, the patient pulled a crumpled \$5 bill out of her skirt pocket and offered it to me timidly. Tears stung my eyes as I declined the money, stating gently, "No, gratis!" She smiled, then reached up and pulled me down to her, embracing me warmly. For that moment, I felt one with all of humanity. I remembered why I became a nurse.....and why I work for the Alabama Department of Public Health

By Connie Lard, MSN, CRNP

Scale Back Winners



Each member of the winning team, "Three Girls and A Guy" of Hazel Green Elementary School in Madison County, was awarded \$1,000. Shown, left to right, are Laura Vincent, Lisa Sparks and Barbara Haugtvedt. Not pictured is Eric Haugtvedt.

Retirees

The following department employees have retired recently:

March

Patricia Avery - Lee County Health Department

Jamie Boyle - Public Health Area II

Charlotte Goltry - Autauga County Health Department

Stanley Hagan - Lee County Health Department

Carolyn Johnson - Finance

Janice LaFollette - Tallapoosa County Health Department

April

Sarah Carlisle - Marshall County Health Department

Brenda Dees - Conecuh County Health Department

Fred Hanna, Jr. - Computer Systems Center

James Reynolds - Montgomery County Health Department

Donna Walker - Etowah County Health Department

Public Health Social Workers Honored

Four outstanding public health employees were selected as Public Health Social Workers of the Year for 2008. These individuals were recognized March 4 at the 16th Annual Public Health Social Work Seminar held in conjunction with the Association of State and Territorial Public Health Social Workers Annual Conference at the Renaissance Ross Bridge Resort in Birmingham.

The 2008 winners were chosen from a pool of nominees in the categories of clinical, home care, community/outreach and social work manager.

Selected as the Public Health Social Worker of the Year for Clinic was **Suzanne Terrell, LBSW**, social worker with the Clarke County Health Department in Public Health Area 9. Supporters stated, "Whether helping adults or children, Suzanne is always center stage in planning an appropriate response to a need."

Amy Abrams, LBSW, Home and Community Waiver social worker with the Marengo County Health Department in Public Health Area 7, was named 2008 Home and Community Waiver Services Social Worker of the Year. Ms. Abrams "has a reputation for always putting her client's needs first and finding ways to meet her client's needs." A nominator said, "Ms. Abrams is an excellent representation of the social work profession as a whole."

Aleacha F. Manuel of the Bullock County Health Department in Public Health Area 8, was named Community/Outreach Social Worker of the Year. Clients described Ms. Manuel as "honest, fair and very compassionate." Another supporter stated, "She always treats me with respect."

Social Work Manager of the Year honors went to **Natalie Quinney, LGSW**, social work manager of Marengo County Health Department in Public Health Area 7. Supporters praised this manager for establishing rapport with clients in multiple programs and for understanding "that her primary responsibility is to the client, and is very committed to ensuring them the best possible services." Other adjectives used to describe her are "dedicated, flexible and efficient."

The conference also honored Assistant Surgeon General, Rear Admiral **Robert L. Davidson, LCSW**, with the 2008 Outstanding Achievement in the Field of Public Health Social Work Award.

For more than 15 years the Alabama Department of Public Health has recognized public health social workers during March, National Social Work Month.



Natalie Quinney and Amy Abrams of the Marengo County Health Department are pictured with their statewide awards.



Public Health Social Work Director Dollie Hambrick (left) is shown with Suzanne Terrell of the Clarke County Health Department.



Dollie Hambrick, director of the Public Health Social Work Division, presents a plaque to Aleacha Manuel, (right).

Second Scale Back Alabama Competition Motivates and Rewards Weight Loss

Crystal Tidmore and her husband Jimmy admitted to being “very much overweight” and attempting to diet countless times without success. She said, “Every time it seemed that within days we were back on the same track that got us overweight.”

Jimmy has diabetes and was taking two pills a day to keep his condition under control. The couple had learned that most likely by his next visit (in three months) he would have to move to a stronger dosage which would mean insulin injections.

Crystal said, “My husband hates shots and was not looking forward to this, but we had already prepared for it to happen. Then I learned about Scale Back Alabama where I work and to be honest the prize money is what caught my attention.

“Within the 10-week period, my husband lost 42 pounds and I lost 46 pounds. . . and no, these are not keying errors. With a change in diet and going to the gym frequently we have lost that much weight. It has taken commitment and willpower, and some days were better than others. As far as my husband goes, he only takes one-half of a diabetes pill a day.”

In the two months since the competition ended, the couple has continued to lose weight. As of May 12 Jimmy had lost 56 pounds and Crystal had lost 60 pounds. At his next appointment the doctor took him off of his diabetic medication and his doctor told him that by losing 15 more pounds he would be off of his high blood pressure medicine.

Mrs. Tidmore said, “We still have a long way to go, but things are different now. We’re counting down the pounds. Scale Back

Alabama was a motivator. It helped us get on the right track, and now we will never go back. We will continue to keep our Scale Back Alabama lifestyle that we have and to keep striving to reach our goal weight and to be able to simply live. Scale Back Alabama helped us get to a point that we were never able to get to before.”

The Tidmores are just two of the 40,000 persons who embarked on a weight loss journey in January 2008. Participants lost more than 200,000 pounds in the 10-week competition. A total of 11,056 persons completed the contest, and 810 four-member teams lost at least 10 pounds.

Sponsors of the contest gathered to celebrate the campaign’s success and to draw the names of the winning teams on April 1. The names of all teams of four that lost at least 10 pounds per team member were placed into a drawing, with the winning team receiving \$1,000 for each team member (a total of \$4,000).

The winning team was “Three Girls and A Guy” of Hazel Green Elementary School in Madison County.

Individuals who lost at least 10 pounds, even though their team members did not, were entered in a drawing for one of 20 achievement prizes of \$250 each.

One of the winners of the individual achievement drawing, James E. Watts of Regions Financial Corp., Birmingham, participated in Scale Back to help get in shape to participate in a charity bike ride for Camp Smile A Mile. The 150-mile bicycle ride is to raise money for children with cancer. In addition he plans to donate the money he won to the camp.



The Tidmore’s “before” photo



A photo Crystal Tidmore describes as “our now and never going back again picture”

“We were amazed by the response the first year, but even more surprised this year when we doubled in size,” said Donald Jones, chairman of the Scale Back Alabama Task Force and CEO of Marion Regional Medical Center in Hamilton. In 2007 there were 20,000 participants, but the number had doubled to 40,000 in 2008. “We learned a lot from the first Scale Back Alabama and have tried to enhance the contest to reinforce what has always been our primary goal . . . encouraging healthy lifestyles.”

Dr. Donald Williamson, State Health Officer, echoed Jones’ comments about lifestyle changes, stating that Alabama’s obesity problem is a huge threat to the health of Alabama’s citizens. “We must get Alabamians to think about eating healthier and exercising in order to decrease our high rates of diabetes, high blood pressure, stroke and other diseases proven to have a direct correlation to obesity.”

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Cancer Health Disparities - Obstacles Remain

Health disparities are defined as differences in the incidence, prevalence, mortality and burden of cancer and related adverse health conditions that exist among specific population groups in the United States. These groups may be characterized by gender, age, ethnicity, education, income, social class, disability, geographic location or sexual orientation. The following article on cancer is the second in a series of articles exploring health issues that affect Alabamians.

Cancer is the second leading cause of death in Alabama and the U.S. and is responsible for one in four deaths. According to the Centers for Disease Control and Prevention the number of new cancer cases can be reduced and many cancer deaths can be prevented by adopting healthier lifestyles such as avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure.

According to the Alabama Comprehensive Cancer Plan, 2006-2010, "Substantial progress has led to advanced methods of cancer detection, diagnosis and treatment. Unfortunately, not all populations have reaped benefits from this progress. The incidence and mortality rates of cancer show disparities among rural and minority populations within Alabama."

The plan finds **rural and minority populations** are more likely to have the following experiences:

- Be diagnosed with and die from preventable cancers.
- Be diagnosed with late-stage disease for cancers which are detectable through screening at an early stage.
- Receive either no treatment or treatment that does not meet currently accepted standards of care.
- Die of cancers that are generally curable.
- Suffer from cancer without the benefit of pain control and other palliative care

The plan further finds health disparities are more prominent in rural, underserved areas. Within the 45 Alabama counties classified as rural, health insurance enrollment rates are low and health care facilities and providers are sparse. Location of health care facilities and providers creates a burden for those who seek cancer services. Many of these areas have only one or two primary care physicians within the county.

Major contributing factors to disparities are lack of access to early detection and low quality health care. Minorities, especially African American and Hispanic populations, are less likely than Caucasians

to have private health insurance. The percentage of uninsured African Americans in Alabama in 2003 was 22 percent, compared to 13 percent of Caucasians.

Health experts believe that many obstacles remain to ensure that all population groups benefit equally from advances in cancer prevention, early detection and treatment. Racial and ethnic minorities and the medically underserved are more at risk to suffer the consequences of cancer than the general population because of uninsurance and several other factors.

According to Alabama Cancer Facts & Figures 2007, Alabama's cancer incidence rate is 462.8—lower than the U.S. rate of 471.9—but for both genders combined, Alabama's cancer mortality rate is 208.7—higher than the U.S. rate of 185.7.

Males in Alabama have a higher cancer incidence rate than females (551.2 versus 406.7). Among males, black males have a higher cancer incidence rate than white males with a rate of 589.1 versus 536.2. Among females, white females have a higher cancer incidence rate than black females with a rate of 412.9 versus 372.3.

For both genders combined, Alabama's cancer mortality rate is 208.7—higher than the U.S. rate of 185.7. Males in Alabama have a higher cancer mortality rate than females with a rate of 277.6 versus 164.7. Among males, black males have a higher cancer mortality rate than white males with a rate of 349.1 versus 262.7. Among females, black females have a higher cancer mortality rate than white females with a rate of 178.2 versus 161.3.

To lower the rate of cancer-related death it is important to increase awareness and availability of **cancer screening services**. The Alabama Breast and Cervical Cancer Early Detection Program has helped increase breast cancer screening rates among minority women. Incidence rates are affected by the amount of screening accomplished. The mammography screening rates in Alabama are equivalent between white and African American women, due to aggressive outreach and educational efforts, especially by community women through grassroots efforts.

The Alabama Statewide Cancer Registry provides a good database of cancer incidence in the state. From 1999 to 2004 white females had a higher incidence of breast cancer than black females. The breast cancer incidence rate among white women declined by 7

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Cancer, continued from page 6...

percent, but increased by 4.7 percent among black women.

More importantly, between 1999 and 2004, black women were significantly more likely to be diagnosed with late stage (Stage III or IV) breast cancer than white women. Breast cancer has a worse prognosis for a successful treatment when diagnosed at a late stage.

Colorectal cancer in 2004 showed an increase compared to 1999. The incidence rate for colorectal cancer was 34.3 percent higher in black males than in white males and 32.1 percent higher in black females than in white females in 2004.

From 1999 through 2004, 40.1 percent of colorectal cancer diagnoses in Alabama were designated late stage, the most serious form, because it has spread beyond the colon or

rectum into surrounding tissues or to other organs. When compared to whites, blacks were significantly more likely to be diagnosed with late stage colorectal cancer (black males, 47.0 percent, versus white males, 40.2 percent, and black females, 46.0 percent, versus white females, 39.4 percent).

The **prostate cancer** death rate for black males was approximately two to three times higher than for white males from 1990 through 2003 in Alabama. Among the younger age groups, ages 40 to 59, white and black males were diagnosed at late stage at about the same rate, but beginning at age group 60-69 years, black males were more likely to be diagnosed at late stage than white males. Black males are also recommended to begin screening for prostate cancer five to 10 years earlier than white males: age 40 (if they have relatives who have been diagnosed) to 45 compared to 50 for other populations.

Dr. Jack Hataway, Chronic Disease Medical Director, Bureau of Health Promotion and Chronic Disease, said, "Many cancers can be treated effectively. There is a need to be focused on strategies to promote healthier lifestyles as well as the benefits of early detection of specific cancers among minority populations where there is proven benefit. Colorectal screening, for example, can improve survival rates from colorectal cancer. Quitting smoking reduces the risk of all smoking-related cancers. Keeping a healthy body weight is an important factor in reducing cancer risk."

"With knowledge obtained through the Alabama Statewide Cancer Registry, it is easier to work within high-risk communities and provide programs that make a difference in the prevention and detection of cancer," Dr. Hataway said. "Now we have better information available to help improve and save lives."

TEAM Academy



MARCH GRADUATES

Bonnie Bradley, Michelle Brooks, Brenda Brugh, Johnny Burell, Denetrius Butler, Phyllis Cleveland, Cindy Crawford, Dena Donovan, Sheila Duncan, Simon Durand, Patience Enyinda, Judy Falkenberry, Katherine Hert, Keith Higginbotham, Gary Hodge, Jamie Hodges, Lynn Jacobs, Dee Jones, Teddy King, Neomia Koins, Terri Lee, David Legett, Tommie Mays, Pamela Melton, Joseph Osenton, LeAndrew Pears, Virginia Pruitt, Patsy Rains, Lesia Roddam, Elaine Shaneyfelt, Judy Stephens, Jennifer Sumner, Ellen Sweeney, Pam Talbot, David Turberville, Maury West, Sterling Wimbish, Remona Winston, Cathy Wright.



APRIL GRADUATES

Izza Afgan, Cheryl Browder, Karen Campbell, Kim Cason, Brenda Causey, Mitzi Chesser, Anita Cowden, Florine Croxton, Debbie Curry, Sherri Davidson, Gracie Davis, Theresa Gasaway, Martha Gray, Ann Griffin, Donna Hall, Terrina Harris, Suzette (Suzy) Harrison, Carol Heier, Connie Irby, Angie James, Wanda Knight, Jim Lewandowski, Steven McDaniel, Ronnie McLendon, Elaine Noles, Dan St. Onge, Sonja Rogers, Victor Rohler, Arrol Sheehan, Hari Siva, Jessica Smith, John Strother, Anna Sun, Kaye Sutton, Suzanne Tate, Charlie Thomas, Doug Turnbull, Elizabeth Turnipseed, Angelica Webb, Guy Woodall.

Weight Watchers At Work Offers Special Rates for State Employees and Teachers

Successful weight loss is a challenge. Many health department employees have found that the best program for them is Weight Watchers at Work Program, especially since state employee health insurance will pay for half of the cost provided one attends 12 of the 15 classes of a 15-week weight management program offered at a PEEHIP or SEIB worksite. It does not include the traditional or on-line Weight Watchers Program.

What does the Weight Watchers At-Work Program include?

Convenient weekly meetings, the new TurnAround® Food Program, with two food plans, the The Flex Plan and The Core Plan®, confidential weigh-in, and support from co-workers and the Weight Watchers staff.

How much does it cost?

\$85, with insurance paying the remaining \$85 if the member attends at least 12 of the 15 classes. Lifetime members at their goal weight may attend free of charge.

Do I have to pay the full \$85 at the beginning of the session?

You must present \$85 at the beginning of the session, but you may split the \$85 into two \$42.50 checks and postdate the second check for the next month.

Scale Back, continued from page 5....

The Alabama Hospital Association and the Alabama Department of Public Health were the initiators of the competition and were joined by the following cosponsors: Barber's Dairies, Blue Cross Blue Shield of Alabama, and the Alabama Department of Agriculture and Industries.

For additional information, including resources for healthy lifestyles, participant success stories, a fact sheet, list of winners and to view the webcast of the award drawing celebration go to www.scalebackalabama.com or call 877-SCALE-BK (722-5325).

How long do the classes last?

About 45 minutes to one hour.

What time will the classes be held?

Classes are scheduled to be convenient to the site participants so long as an instructor is available at that time.

Who is eligible?

All active, retired and dependent members who are covered by SEIB or PEEHIP and have a BMI of 25 or greater are eligible.

What are the initial requirements to start an at work class?

- 1) You must have at least 15 participants.
- 2) You must obtain permission from your site administration.
- 3) You must reserve a room to hold the regular weekly meetings.
- 4) You must go through the Wellness office to schedule your class.

Can I combine with other schools or agencies?

Yes.

How do I get a class started at my site?

One person should be designated as the site coordinator. This person will be the contact with ADPH and Weight Watchers. They will

be responsible for collecting applications and fees, setting up a room, etc. Please contact us for detailed instructions.

How can I calculate my BMI?

The following Web site allows you to type in your height and weight and have your BMI calculated for you. The site is Partnership for Healthy Weight Management.

What if I am a retiree, a dependent or am located at a site without a class?

If you are willing to travel, the Wellness Program staff will attempt to put you into a Weight Watchers At Work Program located within your county.

Who are my contacts for more information or starting a class?

If you are in area codes 205 or 256, call Cindy Dyer. If you are in area codes 334 or 251, call Jonathan Edwards.

Cindy Dyer

1-800-252-1818 or (334) 206-5613

Jonathan Edwards

1-800-252-1818 or (334) 206-5605



The "Lean on Me" team from the RSA Tower were each successful in losing the 10-pound minimum during Scale Back. Shown, left to right, are Team Captain Barbara Gordon, Erica Phillips, Nikki Jeter-Reese and Quincy Leonard. Quincy lost 18 pounds, Barbara 13 pounds, and both Erica and Nikki lost 11 pounds.

Fatality Management Conferences Help Start Local Dialogues

Local and area leaders attending fatality management conferences held across the state this spring listened to sobering words from state experts on a wide variety of issues relating to planning for the possibilities of mass fatalities over prolonged periods of time (as in a pandemic) at the same time organizations would be experiencing a loss of 40 to 60 percent of the state's workforce.

The conferences series, titled "Fatality Management During a Pandemic and Other Emergency Events," featured day-long conferences held in each public health area.

Cindy Lesinger, pandemic influenza and smallpox coordinator, said, "In the event of an influenza pandemic or a mass casualty event, we cannot plan for everyone's needs. Fatality management is a county/community planning responsibility."

From the outset of each conference Ms. Lesinger issued disclaimers that there may be more questions raised than questions answered, and that the real work needed to ensure comprehensive local preparedness will begin after the conference ends. Most likely local leaders will be told "you're on your own" and they must plan to be self sufficient during a pandemic, including issues of fatality management.

"Mass fatality events can occur any day in any community from natural disasters such as floods, tornadoes, hurricanes, multiple

vehicle crashes, fires, droughts and pandemic influenza," according to Michele Williams, conference coordinator. She added that mass fatalities can also occur as a result of human intervention—such as school, mall and church shootings, or terrorist attacks.

A coroner spoke about logistical issues from search and rescue to documentation over a prolonged period. A funeral director talked frankly about body decomposition and about obtaining permission to allow cremation of a body. A host of religious traditions most likely



Participants in the area conferences had the opportunity to develop partnerships and strengthen their response capabilities.



Assistant Social Work Director Maury West pointed out that cultural and religious considerations deal with human emotions.



Michele Williams addresses the conference for Public Health Area 8 in Millbrook. Photo by Mary A. Conway, RN

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presentations at a detention center for juveniles, to Greek organizations at colleges, at foster parents' associations, in Boys and Girls Clubs, and at social workers' association meetings. He and co-worker Kevyn Currier also addressed 1,300 students at Bob Jones High School.

At the past two Sexually Transmitted Disease conferences, Ousley has closed out the meetings with an STD comedy routine. He said, "STD is 100 percent serious, but we can't talk about our work all the time."

Disease Intervention Specialist Kay Sutton of Public Health Area 3 believes the most important aspect of her specialty is helping people. "We are great convincers and motivators in getting people in for treatment—whether it's the lowest of the low or the highest of the high. We think outside the box in what we do."

DISEs don't have a traditional 8 to 5 office job, she said, just like environmentalists and some others in the department. "We run into some interesting situations that require the gift of dealing with people from all walks of life, because anyone can get a STD."

Before beginning her work in public health nearly 20 years ago, Ms. Sutton worked in a bank, and just as in the bank setting, a required skill involves listening to individuals. "They have other issues in their lives besides the one we're dealing with. It's a listening thing. While most of us like to talk, sometimes it takes a lot to listen."

Finding someone at home at the right time is important to get clients in for treatment, and she always keeps the fact that she represents the health department in mind. Fear of people hasn't been a problem for her, but dogs are a different story. "Maybe I've had a guardian angel looking over me," she said. Her nine-year-old vehicle is well known and recognized in her area and she has heard children say, "Mama, the health department lady is here." Others in crime-ridden neighborhoods have assured her "I kept an eye on you the whole time you were there."

Occasionally Ms. Sutton gets feedback from clients who come by her office to tell her they're going to drug rehabilitation. "We try to encourage them no matter how many times they try. Sadly, too many clients

seemingly have no one else to share their news with."

To help boost morale for disease intervention specialists, Shawn Powell, administrative support assistant for Public Health Area III, Ms. Sutton and others established a DIS Day to complement such observances as Administrative Assistants and National Nurses Day. At first the DISes themselves brought covered dishes to celebrate, but now those outside the discipline host the department-wide celebration.

She encourages other DISes in the state to celebrate their work themselves, regardless of whether anyone else does. "What we do is very important."



Kay Sutton

Marketing Division Graphic Designers Receive Addy Awards

The Montgomery Advertising Federation honored the department's Marketing Division with recognition in the 2007 Addy Awards Competition.

Noelle Ahmann was presented a gold award for a "haul ad" truck wrap ad to promote an HIV/AIDS toll-free number and a silver award for the Get 10 campaign prepared for the Center for Emergency Preparedness. Get 10 is an emergency preparedness educational program funded federally through the Department of Homeland Security. The statewide campaign is designed to have a broad appeal with simple, eye-catching graphics and an easy-to-accomplish list of 10 things people can do to be prepared for emergencies. Two popular characters have been developed to engage both child and adult audiences. A large chain discount store and a large Midwestern airport have requested to use the campaign in its stores and waiting areas. The comprehensive Get 10 campaign will be judged in the 2008 Addys.



Danny Doyle

Danny Doyle received three silver awards for two different immunization billboards (immunization and influenza) and an immunization advertisement that was printed in the Alabama Pediatrician, the Scope of Family Medicine, and the MASA Directory.

will be involved, he said. For example, when selecting emergency burial grounds, community leaders must select gravesites carefully. An old landfill can serve as a temporary burial site because it is publicly owned land and equipment is available there. Other considerations include a multitude of factors such as the area's water tables and the fact that Muslims must be buried facing east.

"All is under the control of the incident commander. All resources are available to you, such as making digital photos of the deceased. Funerals and public viewings may be suspended, but the photos give closure."

Law enforcement agencies will need to develop and implement a plan because they must maintain an acceptable level of service to the community.

Among those participating were coroners, medical examiners, funeral home and crematorium directors, first responders and representatives from Forensic Science, the Alabama Emergency Management Agency, businesses, faith-based organizations, law enforcement, hospitals and nursing homes.

Conferences were held in Northport on March 5, Selma on March 12, Talladega on March 18, Millbrook on April 2, Huntsville on April 3, Atmore on April 10, Mobile on April 17, Ozark on April 23, Homewood on April 28, Gadsden on April 30 and Florence on May 6.

Ms. Williams concluded, "With the information provided local organizations and agencies reported on evaluation forms that they will improve their capabilities to prepare and respond to a pandemic influenza outbreak or other mass fatality events."

Commendations

Alabama's Health would like to recognize and praise employees for their accomplishments. To recognize outstanding work, supervisors may send letters of commendation to the State Health Officer, mail copies to *Alabama's Health*, Bureau of Health Promotion and Chronic Disease, RSA Tower, Suite 900, 201 Monroe St., Montgomery, Ala. 36104, or by e-mail to asheehan@adph.state.al.us for inclusion in this list. Four items are needed: the employee's name, work unit, the name of the person making the commendation and his or her city and state.

Laura Ahmann
Health Promotion
from *Tim Hatch*
Montgomery, Ala.

Noelle Ahmann
Health Promotion
from *Takenya Taylor*
Montgomery, Ala.

Linda Ames
Seratia Johnson
Emergency
Preparedness Team
Public Health Area 8
from *Charles Gray*
Wetumpka, Ala.

Shirley Collins
Jesse Gould
Washington County Health
Department
from *Rena Carpenter*,
LCSW, PIP
Grove Hill, Ala.

Bobby Davis
Health Provider Standards
from *Samarria Dunson*
Montgomery, Ala.

John Ellison
Sandra Gallops
Cindy Hayes
Jeff Ward
Health Promotion
from *Tonya Appleyard*
Kevin Hicks
Montgomery, Ala.

Paula A. Hall
Arnita Shepherd
Maury West
Professional and
Support Services
from *Dollie Hambrick*
Montgomery, Ala.

Rick Harris
Health Provider Standards
from *Thomas E. Hamilton*
Baltimore, Mary.

Steve Hill
Jayashree Jagannathan
Jessica Jones
Computer Systems Center
from *Mark Hendrix*
Talladega, Ala.

Cindy Lesinger
Angela Stanley
Lynn Williams
Emergency Preparedness Staff
from *Mark Hendrix*
Talladega, Ala.

**Video Communications &
Distance Learning Division**
Health Promotion
from *Robyn James*
Montgomery, Ala.

Erica McCorvey
Monroe County Health
Department
from *Rena Carpenter*,
LCSW, PIP
Grove Hill, Ala.

Calendar of Events



June 17 • Satellite Conference

Coping Gone Wrong: Inside the World of Adolescent Self-injury, 11 a.m.-1 p.m.

For more information contact Sandy Powell, (334) 206-5050.



July 10 • Satellite Conference

ADPH Statewide Staff Meeting, 3-4 p.m. State Health Officer Dr. Don Williamson will discuss programmatic issues with staff. Submit questions before the conference: fax (334-206-5640) or email (alphnquestions@adph.state.al.us).

For more information contact Video Communications, (334) 206-5618.



August 13 • Satellite Conference

Title X Family Planning, topic to be announced, 2-4 p.m.

For more information contact Annie Vosel, (334) 206-2959.



June 11 • Satellite Conference

Home Health Aides and Attendants, 2-4 p.m.

For more information contact Brenda Elliott, (334) 347-2664, extension 402.



June 19 • Satellite Conference

Alternative and Complementary Therapies in Women's Health Care, 2-4 p.m.

For more information contact Annie Vosel, (334) 206-2959.



July 16 • Satellite Conference

Home Health Aides and Attendants, 2-4 p.m.

For more information contact Brenda Elliott, (334) 347-2664, extension 402.



September 10 • Satellite Conference

Home Health Aides and Attendants, 2-4 p.m.

For more information contact Brenda Elliott, (334) 347-2664, extension 402.