Alabama House Resolution Commends CCHD Screening Efforts

The Alabama House of Representatives adopted a resolution commending the Alabama Department of Public Health for implementing a policy for birthing hospitals to perform pulse oximetry testing of newborns to detect critical congenital heart disease (CCHD) prior to hospital discharge.

The U.S. Department of Health and Human Services has recommended that screening for CCHD be added to the panel of newborn screening tests for infants. Screening by measuring blood oxygen saturation with pulse oximetry technology in the first days of life can identify seven specific structural heart defects and prevent delayed diagnosis and treatment.

Each birthing facility in the state has been requested to voluntarily implement screening for CCHD and to report failed screening results to the department’s Newborn Screening Program. The screening targets seven specific anomalies classified as CCHD to be detected in the hospital’s nursery setting. The test is painless and noninvasive.

The guidelines were developed through the collaboration of many stakeholders whose expertise was crucial to the process. The program met its goal of creating a protocol for pulse oximetry screening on well infants in Alabama’s 53 birthing facilities by April 2012. Hospital Guidelines for Implementing Pulse Oximetry Screening for CCHD were mailed in March to all birthing facilities in the state in order to assist hospitals with implementation. The guidelines may be viewed at adph.org/newbornscreening/. The Alabama Hospital Association, the Medical Association of the State of Alabama, the Alabama Chapter of the American Academy of Pediatrics, and the American Heart Association were also commended for their collaborative efforts working in conjunction with the department to achieve this very important policy in the health care of newborns in Alabama.

“This has been an unbelievably positive experience,” said Dianne Sims, director of Children’s Health, Bureau of Family Health Services. “The work of pulling it all together involved a lot of cooperation with many people. While it’s still a pilot project, every birthing hospital in the state is involved.”

Work groups which convened in November and December 2011 accomplished their tasks ahead of schedule. Ms. Sims thanked Dr. Wally Carlo of UAB Hospital and parent advocate Susan Colburn of Children’s Rehabilitation Services for their valuable contributions. (The pair will present a workshop at the Alabama Public Health Association conference May 10.)

According to the referral network protocol, newborns whose screening results are positive for CCHD must be evaluated by a pediatric cardiologist and/or a neonatologist. Guidelines were adapted from the Children’s National Medical Center Congenital Heart Disease Screening Program Toolkit. The Newborn Screening Program has conducted a follow-up survey of hospitals and received many positive comments.

Pictured are (seated, left to right) Newborn Screening Program Director Cindy Ashley, Assistant State Health Officer for Family Health Services Dr. Grace Thomas (standing) Children’s Health Division Director Dianne Sims, Bureau of Family Health Services Deputy Director Chris Haag, and Administrative Support Assistant Cassandra Hawthorne.
Alabama municipalities are protecting more residents from secondhand smoke than ever before because of the passage of additional local smokefree air ordinances. Alabama tied with California as a smokefree leader in the Americans for Nonsmokers’ Rights (ANR) selection of the annual ANR Smokefree Indoor Air Challenge Award recipients. This award recognizes the states that achieve the greatest number of strong local smokefree laws each year—either by passing new ordinances or strengthening existing laws.

Alabama will be receiving the ANR crystal award for significant accomplishment in leading the U.S. local smokefree movement in 2011. The 2011 winners are based on the analysis of all new laws enacted during the year that meet the ANR Foundation’s criteria for 100 percent smokefree bars, restaurants and non-hospitality workplaces.

According to ANR, a national nonprofit organization, “This is a landmark achievement for public health in the state. This progress is thanks to the hard work of many advocates, champions and networks. This is Alabama’s first time winning the First Place Award.”

Working with local coalitions and the Coalition for a Tobacco Free Alabama, area tobacco control coordinators reported 6 new city smokefree ordinances in 2011. In addition, 5 new tobacco/smoke-free hospital policies, 3 new tobacco-free college/university policies, and 19 new smoke/tobacco-free worksite policies were adopted in the year.

Nationwide, there are now at least 507 cities and counties with strong local laws to ensure smokefree air in at least nonhospitality workplaces, restaurants and bars. Ten years ago, there were less than 50. Thanks in large part to the success of local smokefree laws, many states now have strong smokefree laws as well.

A chart showing the dramatic increase in strong local smokefree ordinances over the years can be found at this website: http://no-smoke.org/pdf/current_smokefree_ordinances_by_year.pdf.

**MMWR Features Alabama Reporting of Severe Hand, Foot and Mouth Disease**

The March 30 issue of the Morbidity and Mortality Weekly Report titled “Notes from the Field: Severe Hand, Foot, and Mouth Disease Associated with Coxsackievirus A6 — Alabama, Connecticut, California, and Nevada, November 2011–February 2012” included a report by Assistant State Health Officer for Disease Control and Prevention Dr. Mary McIntyre and others.

As described in the February issue of Alabama’s Health, hand, foot and mouth disease is a common viral illness caused by enteroviruses that predominantly affects children aged less than 5 years. This was the first outbreak in the United States associated with enterovirus serotype Coxsackievirus A6. In the United States, outbreaks typically occur during summer and autumn months. As of April 26, 2012, 45 cases have been reported in Alabama.

Departmental reporters credited in the MMWR article were Mary McIntyre, M.D., M.P.H.; Kelly M. Stevens, M.S.; Sherri Davidson, M.P.H.; Tina Pippin and Dagny Magill, M.P.H.
Blount County Coroner John Mark Vaughn has witnessed the results of prescription drug abuse far too many times in his career, and he urges awareness of its dangers. In a review of fatalities in his county, drug overdoses accounted for an alarming number of deaths.

“This problem is completely out of control,” Vaughn said. “We’ve got to do something to stop our citizens from partaking of the ‘Blount County cocktail,’ a mixture of prescribed drugs such as methadone and Xanax.” Vaughn added that he is even more concerned about prescription drug abuse than with use of illegal drugs such as methamphetamines and crack cocaine because of the higher death rates associated with prescription drugs.

Prescription drug abuse occurs not only in small rural counties; it exists throughout the state. The Alabama Department of Public Health joins Vaughn and the Centers for Disease Control and Prevention in warning the public about the deadly epidemic of prescription painkiller abuse and the rise in drug-related injuries and deaths.

According to the CDC, in 2008, most of the deaths in the U.S. that were due to drug overdoses were caused by prescription drugs. Also according to the CDC, Alabama’s rate of prescription painkillers sold per 10,000 people in 2010 was among the highest in the nation. Persons who misuse pain relievers often get them from a friend or relative, sometimes without the knowledge of the person for whom the medication was prescribed.

In the years 2008-2010 in Alabama, 8 percent of deaths in 18- to 25-year-olds and 9 percent of deaths in 26- to 44-year-olds were attributed to unintentional poisoning by certain drugs or biological substances.

Alabama has had the Prescription Drug Monitoring Program in place to monitor prescription drug abuse since April 2006. Goals of the program, which is managed through the Pharmacy Division of the Alabama Department of Public Health, are as follows:

• Provide information for medical practitioners and pharmacists regarding the controlled substance use of their patients.

• Reduce prescription drug abuse by providers and patients.

• Reduce time and effort to explore leads and assess the merits of possible drug diversion legal proceedings.

• Educate medical practitioners, pharmacists, policy makers, law enforcement and the public regarding the diversion, abuse and misuse of controlled substances.

“In 2011 we identified individuals going to more than six medical practitioners’ offices and six pharmacies for controlled substances. Our program notifies each medical practitioner and pharmacy about the individuals each month,” Charles Thomas, division director, said. “Our records provide information on those who shop around for medications. Acquiring drugs under false pretenses is illegal.”

In 2007 in Alabama, according to U.S. Substance Abuse and Mental Health Services Administration estimates, 35,000 adolescents age 12 to 17 used prescription pain relievers for nonmedical reasons and 193,000 residents age 18 and older reported nonmedical prescription pain reliever use.

Dr. Donald Williamson, state health officer, said powerful prescription pain and anxiety drugs are used more frequently and in greater quantities than in the past, so monitoring them is increasingly important. “Medical practitioners, pharmacists, patients and families need to be vigilant against the misuse of prescription drugs,” Williamson said.

He added, “The person who struggles with drug dependence or addiction needs care and support. This program is a tool that can help prevent prescription drug abuse.”

For more information about Alabama’s Prescription Drug Monitoring Program, visit adph.org/pdmp/. Also, the CDC offers information about prescription painkiller overdoses and preventive measures at http://www.cdc.gov/VitalSigns/PainkillerOverdoses/index.html#Risk.
At a time when there is increased public interest in the amount of contaminants in water, the Alabama Department of Public Health’s Bureau of Clinical Laboratories (BCL) has received grant funding to promote environmental data exchange.

The BCL received this prestigious award through the 2011 National Information Exchange Network Grant Program. The BCL and the Bureau of Information Technology (IT) are using this funding to assess, design and implement an electronic file transfer schema to facilitate data transfer from the BCL to the Alabama Department of Environmental Management (ADEM).

This system will be compatible with data requirements for both the Safe Drinking Water Information System (SDWIS) and eBeaches data exchanges. The goals of this effort are as follows:

- Reducing paperwork
- Automating manual tasks
- Creating easier accessibility to information
- Automating electronic data exchange of comprehensive laboratory data from a new Laboratory Information Management System (LIMS) to public health partners

The BCL is not only responsible for clinical testing to determine disease, but also for bacteriological analyses of drinking water samples and recreational waters for the EPA Beaches Environmental Assessment and Coastal Health (BEACH) Program. In this project ADEM is utilizing an eXtensible Markup Language (XML) schema, the Electronic Drinking Water Report (eDWR), to support data transfer. The XML schema is broad enough to accommodate all types of water data, but also allows states to implement only those pieces that are appropriate for their individual state needs.

“This grant represents the forward thinking of the BCL to address not only standardized electronic data exchange but also the ability to link additional laboratory data to results,” Assistant State Health Officer for Disease Control and Prevention Dr. Mary McIntyre said.

Current EPA reports seek only a small number of data elements from the laboratory. BCL is envisioning the capability to exchange linked quality control data elements, such as the date of the laboratory test, field-generated or laboratory-generated samples, target and nontarget substances, and important batching information.

These technical-sounding elements allow data reviewers to verify and validate results. Nationally, there is growing interest in transparency, accountability and increased

continued page 6
**Dr. Donald Williamson Receives Award for National Leadership in Newborn Screening**

The March of Dimes recognized the Alabama Department of Public Health for its leadership in newborn screening at a news conference on Feb. 27. In 2011, Alabama began screening every baby at birth for 29 treatable metabolic and functional disorders as recommended by the U.S. Secretary of Health and Human Services and endorsed by the March of Dimes and the American Academy of Pediatrics.

“The March of Dimes applauds the leadership of the State Health Officer and the State Committee of Public Health, and the dedication of the Newborn Screening Program (NBS) for making Alabama a national leader in newborn screening. The expertise of the Bureau of Clinical Laboratories is vital in ensuring appropriate testing is available to screen for treatable conditions immediately after birth which can mean the difference between a healthy life, a severe disability, or even death for a newborn. Tragedy can be avoided by quickly identifying a problem and providing the necessary follow-up and medical treatment which brings immeasurable relief to the families of the 60,000 babies born in Alabama every year,” said Melanie Mooney, March of Dimes state director.

As a member of the NBS State Advisory Committee, the March of Dimes volunteers as advocates for Alabama’s children and families. “It is gratifying to participate with the members of this committee and to be part of this collaborative effort. The health of children was and is front and center,” said Mooney.

Dr. Donald Williamson, state health officer, said, “I am honored to accept this award which would not have been possible without the commitment of my staff and our partners. Our combined efforts have resulted in the identification of children at risk for metabolic or genetic diseases so that they can reach their full potential.”

The Bureau of Clinical Laboratories is the sole provider for the blood analysis for the initial newborn screen. In 2011, 209 infants in Alabama were diagnosed with metabolic or other inherited disorders. The program works in partnership with specialists throughout the state to ensure all babies identified with abnormal results receive appropriate follow-up.

**Supporters Work for Heart Health**

On Feb. 14 the Bureau of Professional and Support Services Office of Minority Health partnered with the Healthy Lifestyles Branch to sponsor an event in the RSA Tower as a part of the Million Hearts Campaign to improve heart health. The event featured the ABCS of Heart Attack and a Caregiver’s Perspective, as well as survivors’ stories. Shown left to right are Johnette Adams, Dechelle Merritt, Monique Wilson of the American Heart Association, State Health Officer Dr. Donald Williamson, Julia Sosa and Elana Parker Merriweather, Office of Minority Health.

*Related activities show on page 8.*
efficiency. There is also an evolving interest in lowering concentrations of contaminants, making the availability of supporting quality control data important. Electronic data is also capable of automated data review.

The BCL is working closely with the Association of Public Health Laboratories (APHL) to assure that Alabama’s efforts are also consistent with national interests to improve interoperability between laboratories. Interoperability allows multiple public environmental laboratories to network and support each other. Utilizing standardized data exchange, APHL seeks to build an environmental public health laboratory interoperability project (ePHLIP) to network environmental laboratories, similar to the existing infectious disease laboratories.

This successful application also reflects the importance of a strong partnership between the laboratory leadership, IT leadership and the ADEM’s Division of Drinking Water and Division of Coastal Programs.

BCL employees involved in this project are Dr. Sharon Massingale, project manager and BCL director; Neelima Vundela, programmer analyst; Ron Howard and Darryl Pendergrass, LIMS administrators; and the Environmental Lab team consisting of Carol Dorsey, Tracy Graham, Wayne Hall, Keith Higginbotham, Jamie Hodges, Ann Johnston, Angela Rudolph, Drew Sheehan, Angelica Webb and Marian Woodman.

For business functionality, IT assembled other necessary support such as LIMS vendor support.

**Commendations**

If you would like to praise employees for their accomplishments, send letters of commendation to the State Health Officer or the employee’s supervisor and a copy by e-mail to arrol.sheehan@adph.state.al.us for inclusion in this list. Four items are needed: the employee’s name, work unit, name of the person making the commendation, and his or her city and state.

Glenda Adams  
Center for Health Statistics  
from Mark A. Humphreys  
MacDill Air Force Base, Fla.

Sandra Blakely  
Ron Davis  
Video Communications and Distance Learning  
from Sherry Bradley  
Montgomery, Ala.

Jill Brewer  
Brenda Brugh  
LaTarsha Shine  
Center for Health Statistics  
from Marie Hughes  
PHA 10

Marie Carastro  
Roxanne Isom  
Teresa Latham  
Beverly Morgan  
Jackie Wray  
Bureau of Health Provider Standards from Chris Cockrell, LNHA, MHA  
Mobile, Ala.

Ron Davis  
Nick Moss  
Michael Smith  
Kristie Steyer  
Video Communications and Distance Learning from Tim Hatch  
Montgomery, Ala.

Krista Dyess, L.B.S.W.  
Evone Kilpatrick, L.B.S.W.  
Angela Parker, L.G.S.W.  
Charlyne White, R.N.  
Bureau of Health Provider Standards from Mark Manning  
Brewton, Ala.

Tanya Haynes  
Center for Health Statistics  
from Nina Segars  
Dale County Health Department  
from Tim Hatch  
Montgomery, Ala.

Nicole Henderson and Mable Jordan  
Center for Health Statistics  
from Kathy Rosenow  
Hamilton, Ohio

Gene Hill  
Information Technology  
from Debra Robbins  
Montgomery, Ala.

Atanu Guha  
Jayashree Jagannathan  
Quincy Leonard  
Information Technology from Sherry Bradley  
Montgomery, Ala.

Samille Jackson  
Health Promotion and Chronic Disease from Helen Carroll  
Montgomery, Ala.

Theresa Mulkey  
Center for Health Statistics  
from Helen S. Fouche’  
Nashville, Tenn.

The Alabama Department of Public Health Office of Minority Health supports the efforts of the U.S. Department of Health and Human Services and community partners to address health disparities.

Health disparities are health differences linked with social, economic and environmental obstacles to health and a clean environment. These obstacles are based on individuals’ racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion.

“Underlying issues such as lifestyle behaviors, delayed care, trust between patient and provider, plus other factors such as education and physician shortages can mean shorter life expectancy, decreased quality of life, and loss of economic opportunities,” said Elana Parker Merriweather of the Office of Minority Health.

Multicultural groups in Alabama that are and have been impacted by health disparities include Hispanic/Latino, African American, American Indian/Alaskan Native and Asian/Pacific Islander.

Goals are to reduce or eliminate the health disparities with regard to the following adverse health outcomes:

- Cancer
- Cardiovascular diseases
- Diabetes
- Mental health
- Sexually transmitted diseases
- Infant mortality

“We want to challenge all individuals to adopt lifestyles that encourage physical activity, promote weight loss for those who are obese/overweight, and reduce smoking,” Ms. Merriweather said. “We urge communities to get involved in this effort to reduce health disparities.”

The State Office of Minority Health sponsored minority health month events, including a professional development workshop and ongoing training addressing minority health issues. The office will present a satellite conference and webcast titled “Bullying and Mental Health in Children and Adolescents” for professionals and others on April 27 from 9-10:30 a.m. central time. Among the discussion topics will be the impact of bullying on minority youth.

Have you thought about what you can do in your community? To register for the satellite conference and webcast, go to www.adph.org/alphtn.

MISSION STATEMENT: The mission of the State Office of Minority Health, established in the Alabama Department of Public Health in 1991, is to improve the health status of minority populations, improve access to quality health care services, promote minority presence and participation in health planning and policy formation, and promote public awareness of the health care needs in minority communities. For more information on health disparities, visit adph.org/minorityhealth.

Journal of Pediatrics Article Describes Pediatric Disaster Services after the April 27 Tuscaloosa Tornado

An article titled “The 2011 Tuscaloosa Tornado: Integration of Pediatric Disaster Services into Regional Systems of Care” by Dr. Robert K. Kanter was printed in the Journal of Pediatrics 2012. The journal article describes the integration of pediatric disaster services into regional systems of care.

Katherine Dixon Hert, EMSC program manager, was a liaison who placed Dr. Kanter in contact with professionals at DCH and UAB hospitals and discussed the response from the pediatric standpoint. She was credited in the printed article as a key informant who contributed to this study.

The study describes the integration of pediatric disaster services into regional systems of care after the April 27, 2011, tornado in Tuscaloosa, a community without a pediatric emergency department of pediatric intensive care unit, and with few pediatric subspecialists.

The journal article stated that DCH Regional Medical Center served 800 patients on the night of the tornado, including more than 100 children—20 with critical injuries. No preventable adverse events were identified in the resuscitation and secondary transport phases of care.
Retirees

January
William Buchanan
Program Integrity

March
Frances Bonner
Madison County Health Department
Michael Weber
Public Health Area II
Judy Williams
Talladega County Health Department
Eileen King
Limestone County Health Department
Jeanie Williams
Etowah County Health Department
Bobby White
Calhoun County Health Department

Mother’s Rooms Available to Breastfeeding Moms

The Bureau of Family Health Services is excited to announce that a second Mother’s Room is now available in the RSA Tower! Mother’s Rooms help mothers continue breastfeeding after they return to work. The rooms are located on the 10th and 13th floors of the RSA Tower.

The rooms include privacy, hospital-grade electric pumps (mothers bring their own attachments that may be provided to them at the hospital) and comfortable chairs. All ADPH employees and others employed in the RSA Tower are welcome to use one of the Mother’s Rooms. If you would like more information or to reserve a designated time, please contact Michell Grainger at (334) 206-2921 or Michell.Grainger@adph.state.al.us.

Owens Receives James H. Baker Exemplar Award

Jason Owens (second from left) of Public Health Area 10 was named the recipient of the James H. Baker Exemplar Award for 2011. He was selected for this award in recognition of his dedication to the protection of Alabama’s health. This dedication is evidenced by his professionalism and personal sacrifice in support of TB control efforts in his area. Presenting the award on behalf of State Health Officer Dr. Donald Williamson is Dr. William Bailey (right), chairman of the Medical Advisory Council for TB. Also pictured are Scott Jones (left) and Jim Baker, the 40-year TB employee for whom the award is named.
In spite of the very difficult economic climate, Alabama Department of Public Health employees once again came through to support worthy charities through the State Combined Campaign (SCC). Contributions were made by 1,611 ADPH merit system employees and 136 non-merit (hourly and contract) employees totaling $75,805.08, which was 105.7 percent of the department’s goal!

“Sincere thanks to all employees who made donations to the many worthy charities,” Lisa Jones, 2011 SCC coordinator said. “Your generosity will make a difference in the lives of so many people.”

Five counties and six central offices reported 100 percent participation among merit system employees (Coosa, Dale, Geneva, Henry and Tallapoosa counties, Administration, Center for Emergency Preparedness, Clinical Laboratories, Environmental Services, Health Statistics and Logistics).

Geneva County was the first county health department to reach 100 percent merit system employee participation and also received contributions from 20 non-merit employees. As the first county to reach 100 percent participation, Geneva County is the winner of the Elaine Grimsley Award. This award was instituted within ADPH in 2007 in honor and memory of Elaine Grimsley of Henry County, who passed away in 2007. Elaine served as the SCC coordinator for Henry County in the 2007 State Combined Campaign. She was determined that Henry County would reach 100 percent participation and be the first county in Area X to do so. Sadly, she passed away without knowing they were not only the first county health department in Area X to achieve 100 percent participation, Geneva was also the first county health department in the state to do so.

“Serving as the department’s coordinator for the 2011 State Combined Campaign was a challenging and rewarding experience,” said Ms. Jones. “I want to express my appreciation to Tim Hatch, the department’s SCC coordinator for 2010, for his guidance and encouragement throughout the campaign. Also, thanks so much to the coordinators and key workers (listed below) in each office --- you did a fabulous job! It would not have been possible to achieve our goal without your hard work in distributing information, collecting contributions, and coming up with fun and innovative fundraising ideas. Some of you were especially enthusiastic and encouraging during the campaign, and I really appreciate it.”

**OFFICE COORDINATORS AND KEY WORKERS**

**Area I**
Darlene Aderholt
Susie Frederick
Theresa Gasaway
Nicole Hallmark
Sonja Rogers
Sheila Woods

**Area II**
Melinda Adams
Patty Alcorn
Treva Clayton
Cindy Daigre
Janice Gohn
Kathie Limbach
Shonda Peeples
Tara Philyaw
Diane West

**Area III**
Brenda Bridges
Lisa Holifield

**Area IV**
Shelley Christmas

**Area V**
Krystal Casey
Kelly Clark
Novellee Dewitt
Dawn Harris
Sheila Keller
Regina Majors
Tanga St. John

**Area VI**
Rachel Brannock
Renee Jacobs
Dawn Norris
Richard Smith
Robbie Stubbs
Christy Wright

**Area VII**
Ann Fuller
Natalie Quinney

**Area VIII**
Lylita Glaze Crayton

**Area IX**
Casey Grant
Misty Mooney
Kelli Stallworth
Suzanne Terrell
Merita Wiley
Stacy Williamson

**Area X**
Linda Cantlin
Josephine Forte
Vickie Haynes
Marie Hughes
Kathy Mobley
Brenda Newton
Linda Owens
Sylvia Pope
Cathy Ward

**Central Office and Clinical Lab**
Tony Brewer
Rosemary Coggins
Ann Dagostin
Candy Easterling
Shenell Fuller
Robbin Fuqua
Peggy Harrelson
Tara Harriel
Katherine Hert
Yolande Johnson
Winona Lawson
John Lowery
LaTisha McCord
Neil Maryland
Elana Parker Merriweather
Nakema Moss
Drew Nelson
Pete Preston
Fern Shinbaum
Malecia Smith
Linda Snell
Christine Turner
Jemekia Walker
Knoxye Williams
Dr. Melvin Shipp, Mildred Muhammad to Keynote AlPHA Conference May 10-11

Dr. Melvin Shipp, American Public Health Association president, will deliver the opening keynote address on the topic “Health Disparities and Economic Inequity” at the 56th Annual Alabama Public Health Association Educational Conference May 10-11 at the Wynfrey Hotel at the Riverchase Galleria in Hoover. Dr. Shipp will describe the social determinants of health and their relationship to health disparities, explain income inequality, and discuss relationships between health status and income inequality nationally and internationally.

The awards luncheon speaker will be Mildred D. Muhammad, whose topic will be “Scared Silent: The Ultimate Story of Survival from Trauma.” Her presentation will focus on the facts about the D.C. Sniper case and the feelings associated with trauma and terror during a domestic terror event.

Other highlights will include a three-member panel discussion of health care reform by State Health Officer Dr. Donald Williamson, UABSOPH Dean Dr. Max Michael, and Teela Carmack, JD, MSW, the department’s Health Policy Director. Understanding the Affordable Care Act can be difficult. This session will focus on the act and will provide an update on the national issues. The session will review some changes that the law will bring, along with progress that is being made in Alabama. The session will explore changes to preventive health services and the impact on the public health system.

Continuing Education is pending for dietitians, nurses and social workers. The Alabama Department of Public Health is an approved provider of continuing nursing education by the Alabama State Nurses Association, an accredited approver by the American Nurses Credentialing Centers Commission on Accreditation.

CONFERENCE REGISTRATION INFORMATION:
Register online.
Registration $160, Student Registration $80
Go to www.adph.org/extranet.

NON-HEALTH DEPARTMENT EMPLOYEES:
Click 2012 AlPHA Registration.

HEALTH DEPARTMENT EMPLOYEES:
(1) Sign into LCMS using your Username and Password.
(2) Go to Forms Center.
(3) Search for 2012 AlPHA Registration.

Visit alphassoc.org for additional information.

Dr. Mary McIntyre
Elected to NASHP Steering Committee

Mary McIntyre, M.D., M.P.H., Assistant State Health Officer for Disease Control and Prevention, has been elected to serve a three-year term on the steering committee of the National Academy for State Health Policy (NASHP).

Steering committees play an integral role in building and shaping the academy’s annual health policy conference. She is a member of the System Performance and Public Health Committee.

NASHP is an independent academy of state health policymakers dedicated to helping states achieve excellence in health policy and practice. NASHP provides a forum for constructive, nonpartisan work across branches and agencies of state government on critical health issues facing states.

Dr. McIntyre also serves as acting state epidemiologist.

Volunteer Coordinator Charlie Crawford operates a forklift as Emergency Preparedness Social Worker Stephan Mambazo and Lillian Zaworski, social work consultant for the Alabama Coalition Against Domestic Violence, pack emergency preparedness equipment and supplies bound for domestic violence shelters. The project will provide 3,000 domestic violence survivors with basic three-day emergency preparedness kits and educational materials.

Domestic Violence Victims Aided by EP
May is Asthma Awareness Month. Asthma affects nearly 25 million people of all ages and races, including an estimated 7 million children. Asthma is a chronic disease caused by inflammation of the airways in the lungs. During an asthma attack the muscles around the airways constrict, the lining of the air passages swell, and the lungs produce excess mucus making breathing very difficult.

Symptoms can range from minor to severe and vary from person to person. The most common symptoms are coughing, wheezing, and shortness of breath. Other symptoms include: chest tightness or pain, nighttime or early morning coughing or shortness of breath, and bouts of coughing or wheezing that are worsened by a respiratory virus.

There is no cure, but persons with asthma can control the disease by taking medication as prescribed and by avoiding things that can trigger an attack. Asthma medication comes in two types: long-term control medications and quick-relief inhalers. Long-term control medications help promote fewer and milder attacks and quick-relief inhalers are used to control symptoms once they have started.

Triggers are things that can cause asthma symptoms, an episode or attack. Common triggers include the following:

- Pollen
- Second-hand tobacco smoke
- Animal dander
- Mold
- Pests (cockroaches and rodents)
- Dust mites
- Indoor and outdoor air pollutants

Other triggers include:

- Physical activity (exercise-induced asthma)
- Cold air
- High humidity
- Occupational irritants (chemical fumes, gases, or dust)
- Respiratory infections
- Certain medications (such as Beta blockers, aspirin and non-steroidal anti-inflammatory drugs)
- Strong emotions or stress
- Gastroesophageal reflux disease (GERD)
- Food allergies

Some asthma triggers are easy to eliminate from the home environment. To reduce exposure to dust mites, wash bed linens weekly in hot water, use mattress and pillow covers, vacuum often, and for children, limit stuffed animals to those that can be washed.

To reduce exposure to pests, remove water and food sources and clean up waste.

If you or your child with asthma has allergies to pets, do not have them in the home or at minimum, do not allow pets in the bedroom.

Not all molds can be removed from a home, but to reduce exposure fix water leaks, maintain humidity level, and clean up visible mold with soap and water.

Asthma can be triggered by second-hand smoke. Make your home and vehicle smoke free.

Use exhaust fans after showering, when using gas stoves, and when working with chemical irritants.

Several programs help with indoor and outdoor air pollutants that benefit our schools and communities and reduce asthma triggers. The Alabama Asthma Program promotes three programs:

**NO IDLING CAMPAIGN**
School buses and vehicles idling their engines outside of a school create outdoor pollutants that can enter the school’s air ventilation system. The No Idling campaign provides signs and education to encourage those drivers to turn off their engine to protect both the environment and the children’s health.

**TOOLS FOR SCHOOLS**
Schools can save money, improve health, and decrease student and staff absenteeism by developing an indoor air quality management program. The Tools for Schools program helps schools identify current problems and develop effective indoor air quality management programs.

**AIR QUALITY FLAG PROGRAM**
The Air Quality Flag program uses color-coded flags to helps students, staff, and the community be prepared to take actions when pollution levels are high.

According to the Environmental Protection Agency, two key pollutants can affect asthma: ozone (found in smog) and particulate matter (particle pollution found in haze, smoke, and dust). When ozone and particulate matter levels are high, adults and children with asthma are more likely to have symptoms. Air monitors can detect these levels and the public is notified on the air quality.

For more information, please contact Shanone Medlock, M.P.H., CHES, Asthma Relations Coordinator, Alabama Asthma Program, (334) 206-5640, or shanone.medlock@adph.state.al.us.

By Shanone Medlock, M.P.H., CHES
Calendar of Events

**May 2-3**
Third Annual Alabama Rural Health Conference, Marriott Legends at Capitol Hill, Prattville.

**May 7-9**
Select Session from the Weight of the Nation Conference, Washington, D.C.
For more information contact Video Communications, (334) 206-5618.

**May 10-11**
Alabama Public Health Association 56th Annual Health Education Conference and Meeting, Wynfrey Hotel, Riverchase Galleria, Hoover.
For more information visit alphassoc.org.

**May 16**
Women, Menopause and Reproductive Health, 2-4 p.m.
For more information contact Elana Parker Merriweather, (334) 206-7980.

**May 23**
Caring for Obese Patients in Home Care, 2-4 p.m.
For more information contact Becky Leavins, (334) 393-5528.

**May 24**
Pediatric Sleep Disorders, noon-2 p.m.
For more information contact Nancy Wooldridge, (205) 939-5498.

**May 30**
Community Management of Geriatric Patients During Disasters, noon-1:30 p.m.
For more information contact Video Communications, (334) 206-5618.

**May 31**
Professionalism in the Workplace, 10-11 a.m.
For more information contact Danita Rose, (334) 206-5815.

**June 7**
The Alabama Public Health Training Center, noon-1:30 p.m.
For more information contact Video Communications, (334) 206-561.

**June 13**
Home Health Aide and Attendants Program, 2-4 p.m.
For more information contact Becky Leavins, (334) 393-5528.

**June 19**
Infection Control, Home Health Nurses Program, 2-4 p.m.
For more information contact Shirley Offutt, (334) 206-2491.

**July 12**
ADPH Statewide Staff Meeting, 3-4 p.m.
For more information contact Video Communications, (334) 206-5618.