

ALABAMA'S

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Alabama newborn hearing screening initiative gets fully underway

Hearing loss is the most prevalent congenital birth defect, yet the average child with a hearing loss is not identified until he or she reaches 24 to 30 months of age. Observations by physicians or parents are not always successful in detecting significant hearing loss in the first year of life. Unfortunately, a late diagnosis of hearing loss puts these children at a major disadvantage for speech and language development.

In the interest of diagnosing hearing problems early, Alabama is well on its way in developing a statewide universal newborn hearing screening program. The department provided grants totaling more than \$600,000 to birthing facilities around the state. These grants gave the hospitals the opportunity to purchase equipment and supplies to either enhance or begin a universal newborn hearing screening program. The department also provided \$90,000 to Children's Rehabilitation Services to purchase hearing screening equipment for use in each of its seven districts throughout the state.

In late March, Michel B. Manning was employed as the Alabama Department of Public Health's first newborn hearing screening coordinator within the Children's Health Branch of the Bureau of Family Health Services. She holds a clinical certificate of competence as an audiologist and licensure in the State of Alabama.

During her first three months on the job Ms. Manning has studied existing programs in other states and has worked with the State Newborn Hearing Screening Advisory Board to draft protocol and guidelines for screening. This board consists of 30 stakeholders from every discipline interested in newborn hearing screening,



Michel Manning

including parent advocates.

Ms. Manning said, "Of the almost 60,000 births in Alabama per year, approximately 200 children are expected to be identified with congenital hearing loss. Our goal is to get every baby screened. We are trying to make sure that all hospitals are prepared and have the infrastructure in place to conduct screening. Screening is done on a voluntary basis, but now all hospitals except one have some type of in-house screening program in place."

Statistics indicate that between four and six newborns per thousand have some degree of hearing loss. The first step in identifying them is screening. There are two types

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Wilcox resident helps bring arthritis education to the community

Bernice Phillips is doing her part to help those in Wilcox County living with arthritis learn how to have a better quality of life. As one of several volunteer arthritis instructors in Wilcox, Phillips teaches residents the Arthritis Self-Help Course that provides information and guidance to those persons affected by the disease.

A retiree from work with the Adult Basic Education Program and Tuskegee University, as well as having arthritis herself, Phillips felt that she had to be a part of the program. After receiving a call from Lindolyn Tucker, the community health advisor for Wilcox, she immediately agreed to be an Arthritis Self-Help Course instructor.

“I am a people person and I enjoy being around people. When Lindolyn called and asked me to help I was glad to do it,” said Phillips.

The course is coordinated by the Alabama Department of Public Health in collaboration with the Alabama Chapter of the Arthritis Foundation and the University of Alabama at Birmingham. The program enlisted the help of local residents like Phillips who had a genuine interest in the community and had arthritis themselves to help relate to the participants in the classes.

“I learned a lot myself about nutrition and how to better deal with arthritis,” said Phillips.

Instructors for the Arthritis Self-Help Course had three

and one-half days’ training for the six-week course. The classes were held two hours a day, once a week and focused on such topics as the different types of arthritis, dealing with pain and fatigue, medication, nutrition and relaxation exercises.

“People believe that if you have arthritis you can’t exercise, but that’s not true. Exercise is very important for arthritis patients. It helps to relieve tension in the body which helps with the pain of arthritis,” said Phillips.

Phillips taught arthritis classes at the Pine Apple Nutrition Center and the Rose Bud Community Center and continues to check with the participants to make sure that they are maintaining the program’s principles. She believes that the course was very well received by the community in Wilcox County.

“Attendance was extremely good and I felt like the classes really became a team,” Phillips said. “I would like to see the program continued throughout the surrounding communities.”

Participants in the program, which is funded by the Centers for Disease Control and Prevention, were given an *Arthritis Helpbook*, as well as other pamphlets and handouts about arthritis. Anyone with any type of arthritis, or who has a family member with the disease may attend

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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.

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of hearing screening tests that are recommended for use in Alabama. Both are safe, take only minutes to perform, and are noninvasive.

The first is Automated Auditory Brainstem Response Testing which tests the infant's ability to hear soft sounds through miniature earphones. Electrodes measure the baby's brainwaves to determine whether the sounds are heard normally. In the second test, Automated Otoacoustic Emissions are measured directly with a miniature microphone and sent to a special computer to determine the baby's hearing status.

If the baby does not pass the first screening test, an attempt is made to repeat the screening before the baby goes home from the hospital or the parents will be contacted to schedule a repeat test. Although a small percentage of babies who do not pass the first screening actually do not have a hearing loss, it is important to follow up. If the baby does not pass the second screening, diagnostic evaluation performed by an audiologist will be recommended.

Because early intervention is so important to the development of infants with hearing loss, it is important that testing be completed by 3 months of age and that infants with hearing loss be involved in an intervention program as early as possible, but not later than 6 months of age.

After screening all newborns, diagnosis of the condition follows. Following diagnosis there is intervention. This process includes fitting of hearing aids, speech and language services, and any other special education or medication services.

"Here at the state level, we're going to follow any children identified with hearing loss or with risk factors for hearing loss," Ms. Manning said. The state will use the Neometrics software system which performs data management and tracking of babies identified with hearing loss and risk indicators for hearing loss. These children are tracked to age 5.

The department is compiling a qualified provider directory as a resource for parents and physicians and is in the process of printing a brochure titled "Alabama's Listening!" which describes the universal newborn hearing screening program. This brochure answers parents' questions about hearing screening and lists developmental milestones in hearing. Copies will be placed in pediatricians' and family practice doctors' offices, and other specialists' offices with a vested interest in newborn

hearing screening.

"We have relationships and state contacts with other states which have programs," Ms. Manning said. "Thirty-seven states have legislatively mandated newborn hearing screening. They shared their protocols with us, and we have narrowed them down and picked what I thought would work best for us."

The department has placed newborn hearing screening equipment in 50 of the 63 birthing facilities in the state and has received requests from five additional facilities and Children's Hospital in Birmingham. Training for nurses has been completed at Baptist Medical Center Shelby, Baptist Medical Center East-Montgomery, Jackson Hospital-Montgomery and Edge Regional Medical Center in Troy.

Risk factors for newborn hearing loss include premature birth, family history, neurodegenerative disorders, in utero infection, certain syndromes associated with hearing loss, among others.

For a number of years newborns have been screened for less common congenital disorders such as hemoglobinopathies, galactosemia, congenital hypothyroidism/TSH, Phenylketonuria and Congenital Adrenal Hyperplasia. Hospitals use the same form to record infants with hearing loss as they do for these rare disorders.

For more information about newborn hearing screening you may contact Ms. Manning, MS, CCC-A, at (334) 206-2944 or mmanning@adph.state.al.us.

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the course, which includes lectures, discussions and role-playing.

In addition to using the principles of the Arthritis Self-Help Course, residents in Wilcox can now receive treatment at a rheumatology clinic under the direction of Dr. Richard Jones. Phillips, who is a patient at the clinic, feels that this is a great resource to a community that has never had anything like this.

"The injections offered at the clinic help ease the pain of the arthritis. The clinic has been around for a year and I believe that it is a great help to the community," said Phillips.

For more information contact Linda Austin, R.N., Director, Arthritis Prevention Branch, Bureau of Health Promotion and Chronic Disease, 334-206-5603, e-mail: laustin@adph.state.al.us.

State lab employees take part in Food and Fitness Program

Approximately 20 employees of the Bureau of Clinical Laboratories are participating in the “Food and Fitness: Healthy Habits for a Lifetime” program. This program began at the Central Office in January 2000 and recently was expanded to the Montgomery lab. Food and Fitness is designed to improve lifestyle choices in relationship to weight management and physical activity choices.

Miriam Gaines, director of the Nutrition and Physical Activity Section in the Office of Professional and Support Services, her staff, and other experts conduct weekly programs. One goal is to encourage a more active lifestyle, and the laboratory team recently came out on top in a walking competition. Teams from the RSA Tower and the lab participated. The goal was for each team to walk 840 miles, a distance equaling walking around the state. The top walking group, the N-Steps, totaled 1,979.63 miles, which was the best out of 12 total teams. Ms. Gaines stated, “I am so pleased with the enthusiasm of the lab teams. All four of the lab teams surpassed the goal!”

Each person who chooses to participate in Food and Fitness has an appointment with a nutritionist on staff. At the outset, participants are individually interviewed and their body weight, percentage of body fat, waist-to-hip ratios and body mass indices are taken and recorded. Participants set their own goals for making food changes and increasing physical activity.

Weight loss participants are asked to weigh on a monthly basis, but Ms. Gaines puts more emphasis on how clothes fit and how the person is feeling than the number on the scale. Monthly confidential interviews are conducted in which individualized plans are discussed. The original measurements are reevaluated on a quarterly basis.

Plenty of encouragement is given by Ms. Gaines as well as by fellow program participants. Regular e-mails are sent to participants announcing meetings and imparting information. For example, a recent message from one program participant contained a healthful recipe he wished to share with the group.

State Health Officer Dr. Donald Williamson endorses this program. Ms. Gaines credits the success of the program at both the lab and the central office to the employees who work to make positive lifestyle changes a routine part of their lives. Participants are encouraged to

lose weight, reduce their body mass index, reduce their body fat percentage, improve their waist-to-hip ratio, attend classes and complete their food and physical activity sheets.

For more information about the Food and Fitness program, contact Ms. Gaines by phone (334-206-5649) or e-mail (mgaines@state.al.us).



Some Food and Fitness participants from the Bureau of Clinical Laboratories are shown, first row, Sharon Massingale, Gayla Strickland, instructor Mim Gaines and Jodi Jackson; second row Tammy Kelly, Charlene Thomas and Tandra Bailey.

Eye and diabetes screenings held in Perry County

Free eye screenings were held at the Perry County Health Department in Marion on three days in May to test the public for visual acuity, glaucoma, blood pressure and diabetes. The University of Alabama at Birmingham, Lions Club International Foundation and the Perry County Health Department were the sponsors of this event. The screenings were held in the Lions' mobile vision screening bus and at the health department.

The UAB Vision Science Research Center has begun the pilot phase of an extensive Black Belt rural screening and research program aimed at assessing the prevalence and progression of eye disease due to glaucoma and diabetes. Two hundred five citizens of Perry County took advantage of these screenings and they participated in six tests each.

During these screenings they found one person's blood sugar was over 500 and the individual was sent to the emergency room at Hale County Hospital. A few persons were found to have blood sugar levels over 300. The indigent patients were referred to the Lions Club for glasses and other treatments.

Ashvin Parikh, administrator for Perry County, said, "This is a needed service here because there is no optometrist or eye clinic in Marion. We are pleased the Lions Club will provide glasses and try to find funding for treatment of the patients found to have diabetes and glaucoma."

Survey finds a decrease in smoking among high school students

Slightly less than a quarter of Alabama teenagers (23.7 percent) in grades 9 through 12 reported in the Youth Risk Behavior Survey that they were current smokers in 2001. This represents a statistically significant decrease in the percentage of teen smokers in the state (35 percent) compared to 1999 reports of 37 percent.

Over the past year tobacco control coordinators conducted 500 presentations to approximately 40,000 students throughout the state.

"This encouraging downward trend brings Alabama teen smoking rates below national rates and below the state's goal of reducing teen smoking to below 25 percent," said Dr. Donald Williamson, state health officer. "For years, the youth prevalence smoking rate in Alabama mirrored national rates. While youth prevalence rates are dropping nationally, Alabama's decrease in prevalence is greater."

"Any time we see a decrease in harmful activities among young people, it's a good sign harmful behaviors are changing," Deputy State Superintendent of Education Joe Morton said.

Janet Windle, chair of the Coalition for a Tobacco Free Alabama, commented, "Overall, when looking at tobacco prevention, experience shows us that stopping children from ever picking up their first cigarette is the most effective way to prevent tobacco addiction. The Coalition for a Tobacco Free Alabama, its members and other involved organizations are working very hard to keep

children tobacco free on shoestring budgets. This very encouraging trend shows us our efforts are paying off and clearly demonstrates the need to expand existing programs to reach even more of Alabama's children."

Dr. Morton added, "The Youth Risk Behavior Survey benefits Alabama students in several ways. It serves as one more form of accountability and as a catalyst for the state's health education and prevention programs, including the Alabama Course of Study: Health Education, Safe and Drug-Free Schools, Tobacco Prevention, and the Coordinated School Health Project. Measuring the prevalence of certain risk behaviors through the YRBS can help us design programs custom-tailored to fit student needs."

Other findings of the survey were as follows:

- Twelve percent of Alabama teens reported that they were current frequent smokers—that is, they smoked on at least 20 of the past 30 days. This percentage is below the national rate of 14 percent of teenagers who reported current frequent smoking.

- Smoking was more prevalent among whites (30 percent) than among African Americans (11.6 percent).

- Smoking levels were highest among 12th graders (25.3 percent) and lowest among 9th graders (20.8 percent).

The Youth Risk Behavior Survey is one component of

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Request for donated sick leave for Sundi West

Sundi West is a Public Health Social Worker II with the Monroe County Health Department. She has been employed with the department since 1993 and was previously employed with Mobile County Department of Human Resources.

In April 2002 she was diagnosed with multiple sclerosis. Due to her illness, she has been unable to work since that time. She has experienced loss of vision, extreme fatigue, dizziness, weakness in her limbs and has needed in-home nursing services. Ms. West has begun taking treatments three times each week, but the side effects of the treatments have left her with flu-like

symptoms. Her mother has been living with her temporarily to assist her in caring for her two small children and to allow her husband to continue to work.

Ms. West has exhausted all of her leave and is requesting donated leave at this time. She is in pay range 72. She expresses her sincere gratitude for the generosity of those who have donated leave to her.

Employees who would like to donate sick leave should obtain a Sick Leave Donation Form #25 from your payroll clerk. For more information, please contact Renae Carpenter by e-mail, rcarpenter@adph.state.al.us, or by phone at 251-275-4177.

Retirees

Retiring effective June 1 were the following employees:

- Robert Hawkins* - Bureau of Clinical Laboratories
- Linda Patterson* - HIV/AIDS Division
- Cheryl Yarbrough* - Morgan County Health Department

- Kenneth Thomas* - Office of Radiation Control
- Billy Wakefield* - Walker County Health Department
- Joan Williamson* - Barbour County Health Department

Retirees effective July 1 include:

- Emma Holder* - Division of Emergency Medical Services
- Warnie Robertson* - Limestone County Health Department

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the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention in collaboration with representatives from 71 state and local departments of education and health, 19 other federal agencies, and national education and health organizations.

Participating in the survey during the spring of 2001 were 1,576 students in 36 public high schools in Alabama. Students completed a self-administered, anonymous, 80-item questionnaire. The results are representative of all students in grades nine through 12, with 61.8 percent being white and 35.5 percent African American.

Dr. Morton said, "In May 2000, the Department of Education, the Department of Children's Affairs and the Department of Public Health signed a Collaboration Agreement. They have been wonderful partners and the survey's positive indicators are a testament to what can be achieved through interagency cooperation, as well as

efforts by local school and health officials to meet students' needs."

Survey procedures were designed to protect the privacy of students by allowing for anonymous and voluntary participation. Local parental permission procedures were followed before survey administration.

The Youth Risk Behavior Surveillance System was designed to focus the nation on behaviors among youth related to the leading cause of mortality and morbidity among both youth and adults and to assess how these risk behaviors change over time.

Numerous studies find that tobacco is the leading cause of preventable death in the nation. According to the Smoking Attributable Morbidity, Mortality and Economic Cost program, smoking costs 7,400 Alabamians their lives each year.

22 Safety items no home should be without

Your home is your castle, but that doesn't mean you can pull the drawbridge and all will be safe. Plenty of dangers have already invaded your home.

According to the National Safety Council, there were 29,500 deaths associated with the home in the year 2000.

Take an inventory of your home safety items so that you can be prepared to battle an emergency. You'll find that these are all essential to your family's safety. And, of course, feel free to add items to this list depending on your family's needs.

1. Smoke Detectors - According to the National Safety Council, fire kills more than 2,900 people and injures 16,000 others each year. Most fires that claim lives occur at night. Install smoke detectors on every floor and outside each bedroom. Test detectors once a month, and change batteries when you adjust your clocks in the spring and fall.

2. Carbon Monoxide Detectors - Carbon monoxide—an odorless, colorless, and tasteless gas—killed 300 people last year and sent thousands more to the hospital. For between \$40 and \$170, a CO detector will alert you that deadly poison has begun to invade your home. Place a CO detector outside of your bedrooms.

3. Radon-Detector Kit - The Environmental Protection Association says radon might be responsible for up to 30,000 lung cancer deaths each year. Hardware stores carry do-it-yourself radon-detector kits for less than \$40. Follow directions carefully, especially regarding the placement and preparation of the room.

4. Night Lights - Bababoboom. That's the sound your family hears when you topple down the stairs on your way to sneak a midnight snack. Simple, inexpensive night lights can prevent late-night falls. Place night lights away from flammable fabrics and bedspreads. Also, look for new night lights with cooler mini-neon bulbs. Most stores

also carry state-of-the-art plug-ins that glow in the dark and then fade as day breaks. Be sure you have adequate lighting in all of your rooms.

5. Sensor Lights - Outdoor motion sensor lights can help you see your way at night and scare off intruders. Usually, you can replace existing light fixtures with sensor lights without additional wiring.

6. Sturdy One-Step Stool - Can't reach Aunt Minnie's purple crocheted pillow covers in the back of the closet? And she's on her way over? You look around the room and your eyes settle on...the rocking chair. Instead of doing a circus act, invest in a sturdy one-step stool to keep on hand when your arms need a boost.

7. Rubber Suction Bath Mats/Slip-Resistant Throw Rugs - You're wet. And so is the floor. A suction-type rubber mat or adhesive-backed appliques will keep you steady in the stall and tub. A nonskid rug outside the tub will prevent slips when you step out. Use slip-resistant rugs throughout your home.

8. Grab Bars - Hold on to a wall grab bar when you get in and out of the tub. If your bathroom doesn't have grab bars, you can purchase them at most hardware stores. Fasten them with long screws securely into the wall studding—not merely into the plaster, tile or wallboard.

9. Handrails - Every set of stairs, whether inside or outside your home, should have sturdy handrails securely mounted on both sides. Stairs and steps account for nearly half of all fatal falls in the home.

10. Deadbolt Locks - Put a deadbolt lock on every entrance to your home. Ask the locksmith for a deadbolt lock that's pick- and drill-proof. Such locks start at \$150.

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Invest in sturdy doors; a good lock doesn't serve its purpose on a flimsy door.

Another lock that's important is one for your gun cabinet. Always lock your gun, if you have one, and lock up your ammunition separately from your gun.

11. Ground-Fault Circuit Interrupters - GFCIs stop the "juice" before electricity can leak out and hurt you. Although most new homes come with GFCUs, older homes may not have them. You can replace outlets for \$9 - \$13 each, or you can purchase plug-in or portable GFCIs for about \$12 - \$30 each. Use them throughout your home, especially in the kitchen, bathroom and laundry room.

12. Fire Extinguishers - Fire extinguishers have categories for different types of fires. For the home, experts recommend a "BC" or an "ABC" extinguisher. Never purchase or use an "A" extinguisher in your home. These water-based extinguishers can cause flames to splatter or cause shocks in an electrical fire, says Julie Reynolds of the National Fire Protection Association.

13. First-Aid Kit - The kit should include, among other items, antiseptic ointment, bandages and gauze pads in assorted sizes, adhesive tape, cold packs, disposable gloves, hand cleaner, scissors and tweezers, syrup of ipecac and eyewash. Check expiration dates and periodically restock. And educate yourself on how to treat injuries.

14. Flashlights - Keep flashlights where you can easily get to them in case of power outages and severe weather. Test them regularly. Keep extra batteries close by so that you don't have to fumble blindly in an emergency.

15. Fire-Safe Window Guards/Safety Glazing - Falls from windows cause deaths and serious injury to children each year. Don't rely on screens to prevent falls; they're only designed to keep bugs out. Never place furniture or beds next to windows where children can climb. Keep windows locked when not in use. If you use window guards, they must have a release mechanism so they can be opened in an emergency. Consult your fire department for proper placement. Children should also practice opening the window in their bedroom so that they know how to escape out of a window. You also may need to purchase an emergency escape ladder.

Safety glazing prevents windows from shattering into shards of glass. Instead, if broken, the glass forms safe pellets. Look for a permanent mark in the lower corner showing the manufacturer's name, type of safety glass, and the thickness.

16. Written Family Evacuation Plan - Preparation and practice for all emergencies is vital for all families. Know the fastest way out of your home and how not to become trapped. Your home should include two exits from each room. Practice an evacuation plan with your family before a real emergency hits.

17. Family Disaster Kit - When disaster occurs, grab this kit to take with you. Such a kit would include such essential supplies as nonperishable food, water, cash, flashlights, tools, a battery-operated NOAA all-hazard alert radio, and a first-aid kit. To save time when evacuating you can store this kit in a car or an unattached garage.

18. NOAA All-Hazard Alert Radio - This radio will help you in a weather emergency, such as a tornado, hurricane, earthquake or other emergency. You'll pick up the frequency of the National Oceanic and Atmospheric Administration, which will include instructions on whether to stay in your home, when to evacuate, and the status of the emergency event. You can purchase a radio at a local electronics store.

19. Posted Emergency Phone Numbers - Your posted list should include the local police and fire departments and your physician. Also include the numbers of friends or relatives as well as your local poison control number. The American Association of Poison Control Centers has established a nationwide number for people to use to reach their local poison control center. It's (800) 222-1222. Post your list by every phone in the house.

20. Tested Appliances - Appliances using gas or electricity should bear the certification mark from a qualified testing organization, such as Underwriters Laboratories, the Canadian Standards Association or the American Gas Association.

21. Personal Protective Equipment - Safety goggles, work gloves, face masks, and hard hats are all must-haves for do-it-yourselfers. Protect yourself when tackling the next home project.

22. Tagged Shutoffs - Know how to shut off valves for gas, oil, water, and your home's main electrical supply. Tag each valve so you can easily identify the switch in an emergency.

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SPEAKING OF RETIREMENT

Identity Theft: Your good name gone bad!

What is identity theft?

Identity theft is when someone obtains a person's identifying information, such as name, address, date of birth, Social Security number or mother's maiden name and uses it illegally. Armed with this information, an impostor can open new credit card accounts, drain your bank accounts, purchase automobiles, apply for loans, open utility services and on and on.

Warning signs

Often there are no warning signs that identity theft has occurred. Some reasons for concern are:

- Your monthly credit card and bank statements suddenly stop arriving.
- You are denied credit for no apparent reason.
- You start getting bills from companies you do not recognize.
- Credit collection agencies try to collect on debts that do not belong to you.

How to protect yourself!

- Never carry your Social Security card, Social Security

number, birth certificate or passport, unless necessary.

- Do not put your address, telephone number or driver's license number on a credit card or sales receipt.
- Social Security numbers or phone numbers should not be put on checks.
- Identifying information should not be given over the phone or the Internet to someone you do not know or on a cellular or cordless phone.
- Shred all personal documents before placing them in the trash.
- Get a copy of your credit report every year.
- Keep a list, in a safe place, of all credit cards and bank accounts including account numbers, phone numbers and expiration dates. Only use your credit card on the Internet if it will be encrypted.

What to do if you become a victim

- Keep records of all correspondence with the creditors and government agencies you contact. Include the date and name of the contact. Follow up all telephone contacts with

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Items to Childproof your Home

Here are some other important safety items to add for those concerned with infant and toddler safety.

Baby Gates - Baby gates can keep curious kids away from danger zones, such as stairways. Opt for gates with straight top edges and openings no larger than 1 1/2 inches wide. Install gates at the top and bottom of stairs.

Anti-Scald Devices - Children are more susceptible to scalds than adults. National SAFE KIDS Campaign president Martin Eichelberger, M.D., urges parents to purchase anti-scald devices that keep water temperature below a warm but safe 120 degrees F.

Child Safe Locks - Get on your hands and knees and crawl around your house. You've entered "Child World." Put child-safe locks on kitchen and bathroom cabinets. You can even buy latches for your toilet seats; it only takes 1 inch of water to drown—and a few seconds—for a child to drown. Put locks on other areas where you want to restrict access, such as swimming pool fences and sheds with tools and chemicals.

Electrical Socket Protectors - Exposed electrical sockets invite curious little hands. Cover all outlets with plastic socket protectors. These inexpensive lifesavers are available at hardware stores and discount department stores.

For more information: www.nsc.org • www.nfpa.org • www.cpsc.gov • www.noaa.gov

By CARLA MEROLLA AND LAURA COYNE

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Injury News

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Lynn B. Williams, M.A.....Editor

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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*.

Dena Donovan

Guy Nevins

Staff of Provider Services and Technical Services
Health Provider Standards

from Barbara Estep
Fairfield, Ala.

Bobby Joe Espy

Houston/Henry County Home Health

from Lesa C. Smith
Abbeville, Ala.

Donna Little

Reginald Strickland

Center for Health Statistics

from Rick Harris
Montgomery, Ala.

Theresa Mulkey

Center for Health Statistics

from Ginnie O'Briant
Address unlisted

Gwen Harris

Ted Johnson

Sheila Martin

Shenika Sellers

Center for Health Statistics

from Gene Myers
Americus, Ga.

Sherryl Palmore, R.N.

Walker County Health Department

from Joseph Packa
Birmingham, Ala.

Kathie Peters

Center for Health Statistics

from Heather Stringfellow
Mobile, Ala.

Al Stone

Center for Health Statistics

from Don Bogie
Montgomery, Ala.

Betty Strickland

Center for Health Statistics

from Maggie Shehy
Niles, Ohio

Melissa Tucker, L.B.S.W.

Marion County Health Department

from Norma Harbin
Hamilton, Ala.

Lynn Williams

Health Promotion and Chronic Disease

from Nancy Cleveland
Montgomery, Ala.

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a letter and keep a copy.

- Notify all creditors and financial institutions, in writing and by phone, that your name and accounts have been used without your permission. If an existing account has been stolen, ask the creditor or bank to issue you new cards, checks and account numbers. Carefully monitor the account activity on your statements. The Fair Credit Billing Act is a federal law that limits a consumer's responsibility for fraudulent charges to \$50.

- Immediately report the crime to the local police. Make sure to list the accounts on the police report and retain a copy for yourself.

- Report the crime to the Federal Trade Commission (1-877-IDTHEFT).

- Contact the frauds units of the three credit reporting agencies:

Equifax 1-800-685-1111; Experian 1-888-397-3742; Trans Union 1-800-916-8800.

- To opt out of receiving pre-approved credit card offers, call 1-888-5-opt-out.

For more information about identity theft visit the Call For Action, Inc. Web site at <http://www...callforaction.org>."

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Prepared by the Communications staff of the Retirement Systems of Alabama. To have your questions answered in "Speaking of Retirement," please address them to Mike Pegues, Communications, Retirement Systems of Alabama, 135 South Union St., P. O. Box 302150, Montgomery, Ala. 36130-2150.

HIV/STD screening encouraged in Montgomery



Montgomery Specialty Clinic disease intervention specialists Eunice Goodson and Charlene Abrams are shown beneath a tent at a Montgomery parking lot at an STD/HIV screening. A local radio station held a live remote broadcast from the screening site on the extremely hot May day, and refreshments were served. Twenty-one individuals were screened for sexually transmitted diseases and HIV.

Nutrition coordinator creates Alabama WIC tapestry

Denise Pope, nutrition area coordinator for Public Health Area 7, designed and crafted a beautiful tapestry for the Alabama WIC program to display at the recent annual National WIC Conference in Minnesota. The theme of the conference was “WIC: A Tapestry of Cultures.”

The tapestry square which includes a map of the state was combined with squares from each state WIC program to make a large quilt presentation. The colorful tapestry includes the statement, “WIC: helping make Alabama healthy.”

In a letter of commendation to Ms. Pope, Wendy Blackmon, director of the Division of WIC in the Bureau of Family Health Services, stated, “You give so much of yourself to our staff and participants, but this was a true example of going ‘above and beyond the call of duty.’ Thank you again for your creativity and for your dedication to improving the health of the women, infants and children of Alabama.”

The tapestry is being used on display boards in WIC outreach efforts. Ms. Pope constructed it so that a dowell can be run through the top to hang it more easily.

WIC, the Special Supplemental Nutrition Program for Women, Infants and Children, serves 115,000 participants in Alabama on an average monthly basis.



The 2001 Annual Report is now available for those interested in receiving a copy. Please contact Takenya Stokes, The RSA Tower, Suite 910C, Montgomery, AL 36130-3017 or call 334-206-7026.



July is Fireworks Safety Month.

Calendar of Events



July 10

Public Health and the Community: How to Develop and Maintain Successful Partnerships, 2-4 p.m., Public Health Staff Development. For more information contact Debbie Thomasson, (334) 206-5655.



July 11

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



July 24

Home Health Aide and Home Attendant Continuing Education, 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.



July 29

Positive Discipline Update, 1-4 p.m. For more information contact Frances Kenamer, (334) 206-5659.



August 14

Public Health Staff Development, 2-4 p.m. For more information contact Debbie Thomasson, (334) 206-5655.



August 22

Children's Justice Task Force, 9 a.m.-12 noon For more information contact Lucia Grantham, (334) 670-3367.

September 3-6

Alabama Primary Health Care Association 17th Annual Conference, Perdido Beach Resort. For more information contact Al Fox or Angie Blevins, (334) 271-7068.



September 5

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



September 11

Community Exposure Assessment for Health Practitioners, Public Health Staff Development, 1-4 p.m. For more information contact Debbie Thomasson, (334) 206-5655.



September 18

Home Health Aide and Home Attendant Continuing Education, 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.

