State Combined Charities Campaign begins

The State Combined Charities Campaign kicked off Aug. 19 and continues through Dec. 1, 2004. The purpose of this annual campaign is to raise funds for numerous local, state and global charities.

Departmental co-coordinator Diane Beeson explained that charities apply to be included in the campaign each year. Local boards review the applications to ensure the organizations are qualified human health, welfare and human care service charities recognized by the Internal Revenue Service under 26U.S.C.501(c)(3).

The State Combined Charities Campaign is the only authorized payroll deduction charitable fundraising effort for state employees. This feature allows state employees to contribute funds via payroll deduction over a 12-month period, starting in January. Many employees find this method of giving allows them to give more, but feel it less. This campaign also enables employees to give conveniently to several charities at once by designating their gift.

The department’s goal for this year’s Combined Charities Campaign is $35,589 and 100 percent participation among public health employees. “By contributing to this campaign, we can show how much we care about the people we serve. This is an excellent way to make a personal commitment to help fight disease, make life more meaningful for the young and aged, assist the impoverished and help people become economically self-sufficient,” said Dr. Donald Williamson, state health officer.

The department’s other coordinator for the 2004 Campaign is Javonda Kennedy. She said, “Please don’t hesitate to contact us at (334) 206-2777 with any questions or suggestions you may have regarding this campaign. With your help, we are looking forward to a record-setting year!”

Each area and many county health departments and central office bureaus have designated a local campaign manager. These managers will be disseminating campaign materials to every employee and will be planning special campaign events over the coming months.

Employees who will be in Montgomery on Friday, August 27 are invited to a campaign kickoff picnic from 11 a.m. to 1 p.m. in the RSA Park. Bring your lunch and join the festivities including games and door prizes.

For contact information on your local campaign manager, please call Ms. Beeson or Ms. Kennedy, Tobacco Prevention and Control Division, Bureau of Health Promotion and Chronic Disease, at (334) 206-5560.
Nurse’s home visit leads to happy homecoming for family of infant with congenital heart defect

There was a homecoming at the Geneva County Health Department on July 2, 2004, when 7-week-old Savannah Gutierrez came in with her parents, Humberto Gutierrez and Ashley Alvarado, and grandmom, Jennifer Alvarado, for her WIC vouchers. Every one in the family wanted to see Mr. Rick (Geneva County Health Department nurse Rick Brewer) to thank him.

Savannah had just been discharged from UAB Hospital the day before after open heart surgery. Savannah’s grandmother explained that she had been worried about Savannah since birth because she could not suck her bottle well, was losing weight, and was breathing hard. She had taken Savannah to the doctor for a checkup.

But, when Savannah was about two weeks old, public health nurse Rick Brewer made a home visit. Ms. Alvarado said that Rick told her the baby should go to the doctor that day because he heard some unusual heart sounds and was most concerned. (Rick describes a marked S3 and murmur.)

After seeing Savannah’s regular doctor and subsequently a cardiologist in Montgomery, Savannah was transported via ambulance, ventilated, and sent with a feeding tube to UAB. Surgery was performed to correct a total anomalous pulmonary venous connection and an atrial septal defect.

In this congenital heart defect, the pulmonary veins that bring oxygen-rich blood from the lungs back to the heart are not connected to the left atrium; the pulmonary veins drain through abnormal connections to the right atrium. An accompanying atrial septal defect allowed some of this oxygenated blood to pass into the left atrium, left ventricle, and out to the body. The condition had to be repaired in early infancy.

Savannah is now doing well and weighs 7 pounds, 14

Heart ...................................................continued on page 3
Rural Alabama physicians go high tech

Dr. Jason Junkins, a family practice physician in Centre, Ala., has found a way to obtain continuing medical education for himself and his colleagues without the expense of traveling or taking extended absences away from their patients. He did this by making his desires known to Chuck Lail of the department’s Office of Primary Care and Rural Health, an office supported by the Federal Office of Rural Health Policy.

Lail had worked with Carl Taylor at the University of South Alabama College of Medicine on similar initiatives and found USA more than ready to tackle Dr. Junkins’ challenge. USA has a formal telemedicine program supported by a federal grant from the Health Resources and Services Administration’s Office for the Advancement of Telehealth, and had already begun pioneering the delivery of health education via distance learning technology.

Dawn Hicks at USA took up the initiative and coordinated the installation of a two-way videoconference connection between the college and the Centre hospital. She also arranged for the physicians to receive formal Continuing Medical Education credits for the video conference training they attended.

The end result is that Dr. Junkins and his fellow practitioners can now routinely attend USA’s continuing medical education offerings of their choosing in their own immediate area without the need for expensive travel or prolonged absences from their practices.

According to Dr. Junkins, “The convenience and cost savings of this system are enormous.” He is also quick to add that he could not have achieved this without the assistance of the Office of Rural Health and USA’s dedicated staff. Dr. Junkins is so pleased with this new solution to CME training that he has offered to become an advocate to other health providers throughout the state.

During a recent grand rounds case presentation, for example, Dr. Junkins was able to participate in an informative lecture on nephrology presented by Dr. Wanda Kirkpatrick and Dr. Michael Culpepper. In addition to viewing the lecture, Dr. Junkins could view the bulleted and colorful graphics just as the USA residents saw them, and other interested persons in other locations could view them as well because there is a camera and two TV monitors in each viewing room.

“It’s been a tremendous benefit,” Dr. Junkins, a recent

Heart.....................................................continued on page 2

ounces. When someone asks her parents or grandmom how they knew she was sick, they answer that the county health nurse made a home visit and found it.

Why did the county nurse make a home visit, they ask? Because in five counties in southeast Alabama (Coffee, Dale, Geneva, Henry and Houston,) the Health Department is contracted with the Primary Medicaid Maternity Provider to perform the postpartum home visit for high-risk women or babies. Because Savannah’s mom was a young teenager, she was referred for this visit. The visit includes assessment and teaching of postpartum and infant care, as well as family planning services for the mother.

Many of the nurses and social workers making postpartum home visits within two weeks of birth have come across problems such as incorrectly mixing formula, breast feeding problems, inadequate cord or circumcision care, jaundice, mothers with elevated blood pressures, infected incisions, anemia and postpartum depression.

Brewer happened across something much more serious. Although the value of the postpartum home visit has always been apparent to the health department and the maternity primary provider, it has never been more apparent than when Savannah came home looking for Rick.

By EILEEN ROGERS, RN
Collaboration promotes arthritis classes in community

A new collaboration between the Alabama Department of Public Health’s Arthritis Control Program and Alabama State University will lead to more people with arthritis getting physical.

The Alabama Arthritis Control Program has joined forces with the Alabama State University’s Physical Education Department to train students to be PACE exercise instructors. These students will provide PACE classes for persons in the local and surrounding areas.

PACE, People With Arthritis Can Exercise, is a self-management and community-based arthritis exercise program that has been proven to help persons with arthritis feel better and move better. The Arthritis Foundation cites that the PACE program can decrease depression and pain and increase functional ability.

“I am so excited about the collaboration with ASU and what this will mean to persons with arthritis in Crenshaw County, Montgomery County and Tallapoosa County. Having PACE trainings and classes distributed statewide will help participants to become better self-managers and help decrease disability. By feeling better and moving better, persons will be able to work for a living, play with grandchildren, and do daily household chores,” said Linda Austin, director of the Arthritis Prevention Program at Alabama Department of Public Health.

The class is an eight-week course, held twice a week that consists of combinations of 72 exercises that help to improve joint flexibility, range of motion and maintain muscle strength.

Arthritis is becoming an increasing concern in Alabama. Data for Alabama show that 36 percent, or more than 160,000 people, have arthritis. This is the highest prevalence rate in the nation, according to a Centers for Disease Control and Prevention survey. In order to combat the disease, Alabamians must learn more.

USA medical graduate, said. “We lose contact with continuing education resources, particularly with academic medicine, so the impetus was for me to start my search. This is very beneficial to our small, six-member medical staff in Cherokee County. We’ve been able to work it out so we just flip a switch and make sure the unit works. We can ask questions. It’s reached out even past the physician staff.”

Nurses, mental health professionals, other health professionals and lay persons may be interested in the IP-based interactive health training. For example, there might be a need for an online interactive refresher course in CPR. A nursing program is a good example of a grassroots effort to share lessons learned on many topics. One such program, USA’s Nursing Necessities is highly attended by many rural locations and solely supports rural issues. Another possibility is to have support groups for persons with diseases get together this way.

“IT’s an incredible cost saving for the individual physician over attending CME in an offsite location. Plans are underway to install a link to the network in the RSA Tower with the Information Systems Division in the Folsom Building as a hub. USA will provide and install the equipment which will connect the Department to VianaNet (Videoconferencing in Alabama Network) and its 133 other sites. There is at least one system in every county, usually located at schools.

“We couldn’t have done this without Chuck Lail,” said Ms. Hicks. “Chuck’s been great in helping us. This is just the opening of a great opportunity.”

Any physician who wants more information about setting up a similar connection to USA’s distance CME training is encouraged to contact either Chuck Lail in the Office of Rural Health or Dawn Hicks at USA. Lail may be contacted by telephone at 334-206-5438 or e-mail clail@adph.state.al.us, and Ms. Hicks may be contacted at 251-461-1810 or e-mail dhicks@usouthal.edu.
about arthritis and how to manage it.

Leslie Lowe, arthritis coordinator for Public Health Area Three, led the training where she instructed students on all aspects of the PACE Program including helping the students learn the exercises that they would teach and providing them guidelines they should follow to relate to and encourage participants.

“To be an effective instructor you must use positive vocabulary, such as not referring to the class as patients, but as participants,” Lowe instructed in the training. “Also make sure to use repetition when describing the exercises and maintain good eye contact.”

Lowe also encouraged instructors to make sure that they always state the precaution as well as the benefit to each exercise, each time it is performed. She emphasized that instructors should encourage participants to move at their own pace during the class.

Dr. Pat Floyd, a professor of Physical Education at ASU, recalls the initial discussion with Ms. Austin about the need for more training in the community both agreeing that a collaboration between the Arthritis Control Program and students at ASU would serve two needs.

The two agencies worked together previously on the “Physical Activity. The Arthritis Pain Reliever” campaign in Montgomery for the month of March 2004. The campaign emphasized the importance of physical activity, benefits of physical activity and appropriate physical activity.

The campaign was publicized through the placement of brochures, radio spots, and newspaper advertisements. Partnerships were developed with Alabama State University physical education students who placed posters and 6,337 brochures at 86 sites in Montgomery. A total of 3,458 brochures were picked up at the sites.

“We do quite a bit of community work already, and part of the program for physical education is that the students must work in the community. We thought it would be a good experience for the students to teach PACE to people in the community as well as show the community how Alabama State is involved,” said Dr. Floyd.

The students are allowed to pick their own agency/area to teach classes and hopefully gain valuable experience teaching older adults.

Senior Brandon Buck stated that he had primarily taught young children and felt that the training provided him with effective information to teach an older class exercises that could improve management of their arthritis.

“This will help the community know that we want individuals to be physically active at any age,” said Dr. Beverly Allen, director of the Physical Education Department at Alabama State University. “I think that the students working with the elderly will provide another experience that they can draw from, and I think this PACE training will equip them with the basic skills to lead a PACE class.”

Participants in the training felt that they gained not only instruction to teach a PACE class, but other knowledge as well.

“I learned so much about arthritis today. I teach a senior aerobics class and I think this will allow me to be more effective,” said Sandy Osborn, a fitness trainer at Crossroads Wellness Center.

For more information about local PACE classes, please call the Arthritis Foundation, Alabama Chapter, at 1-800-879-7896.

Retirees

The following health department employees have recently retired:

Wanda Posey - Calhoun County Health Department
Patricia Strickling - Talladega County Health Department
Injury News

The Injury Prevention Division has recently published its first report on Injury in Alabama. The report, “Injury in Alabama: A Focus on Prevention” provides an overview of the injuries that affect Alabamians as well as recommendations to prevent injuries. The report will be disseminated to all county health departments in September.

Injury in Alabama: A Focus on Prevention

Injury is a preventable public health problem. Injuries occur in highly predictable patterns with recognizable risk factors among identifiable populations. They are not “accidents,” which are random, uncontrollable, unpredictable events. By preventing and controlling injuries, lives can be saved, disabilities can be prevented and the overall health status of Alabamians can be improved.

Injuries affect everyone regardless of age, gender, race or economic status. There were 3,178 Alabamians who died in 2001 from injuries sustained in a variety of situations, such as motor vehicle crashes, fires, falls and suicide. One out of every 14 deaths in Alabama occurs as a result of injury. Of these deaths, 70 percent are due to unintentional injuries while 30 percent are intentional. Injury is the fourth leading cause of death for Alabamians, ranking behind heart disease, cancer and stroke. However, exploring unintentional and intentional injury deaths only reveals part of the picture, for thousands of people sustain injuries and survive. Many of these injuries leave survivors disabled, living with chronic pain and adjusting to profound changes in lifestyle.

Unintentional injury is the number one cause of death for Alabamians age 1 through 34. More children, teenagers and young adults die from unintentional injury than any other cause of death. Motor vehicle crashes account for more than half of all unintentional injuries. Other causes include poisoning, suffocation, falls, fire, drowning and bicycle-related crashes.

Intentional injury, also known as violence, is defined as an act in which there is an intent to harm oneself or another. This is also a leading cause of death, and includes categories such as suicide, youth violence, sexual assault and domestic violence. These incidents have a profound impact on every age, race, and socioeconomic class. Very often, young people are involved as both perpetrators and victims of violence.

Intentional and unintentional injuries result in significant social, economic and personal costs. The associated medical costs, rehabilitation time, loss of productivity and income due to injury are profound. Preventing injuries costs far less than treating them.

In response to this public health problem the Injury Prevention Division, along with members of an Injury Advisory Council have developed a plan to prevent injury and death in our state focusing on eight specific areas: bicycle-related crashes, falls in the elderly, motor vehicle crashes, residential fires, domestic violence, sexual assault, suicide and youth violence. Each chapter contains the problem, those at risk, the cost and prevention measures, along with strategies and objectives to reduce injury and death in our citizens. This is the beginning of what we hope will be a long-term commitment by Alabama’s public health, mental health, medical and public safety communities to work with other state and local entities to address injuries, just as we address any other epidemic threatening the lives and health of our citizens.

By MELISSA KHAN

Please contact Melissa Khan at 334-206-5541 or via email at molmstead@adph.state.al.us if you have any questions or would like a copy of the plan.
Alabama to observe Suicide Prevention Awareness Week

Suicide has reached epidemic proportions across the nation and is among the most tragic events a family and community can experience. In 2002, there were 515 suicides in Alabama and 416 homicides. The State of Alabama and many advocates for the prevention of suicide have joined together in a major prevention campaign which will be unveiled in a special proclamation ceremony.

Please join the Honorable Bob Riley, Governor of Alabama; Kathy Sawyer, the Commissioner of the Department of Mental Health/Mental Retardation; Dr. Donald Williamson, State Health Officer; and family members who have lost loved ones to suicide for this special occasion to stand together against suicide. You and your friends are invited to attend the proclamation ceremony in observance of this week.

WHERE: State Capitol Auditorium
        Street level of Capitol facing N. Union St.
        Montgomery, Ala.

CONTACT: Dollie Hambrick, 334-206-5226 (Montgomery)
          Dr. John Zeigler, 334-242-3417 (Montgomery)
          Judith Harrington, 205-226-2400 (Birmingham)
          Martha Bosworth, 256-716-4052 (Huntsville)

Newborn screening tests to expand in September

The Alabama Newborn Screening Program will expand screening for a panel of additional metabolic disorders in September using tandem mass spectrometry (MS/MS) technology. This technology allows screening for amino acid, organic acidemia and fatty acid oxidation disorders in a single process. The process uses the dried blood spot specimen routinely collected for newborn screening.

Analytes will be tested for the following disorders:

1. Maple Syrup Urine Disease (MSUD)
2. Homocystinuria
3. Tyrosinemia
4. Citrullinemia
5. Medium Chain Acyl-CoA dehydrogenase deficiency (MCAD)
6. Propionic Acidemia
7. Methylmalonic Acidemia
8. Carnitine Transport Defect

In the future, tests for additional disorders will be phased in. The program will continue to screen for phenylketonuria (PKU), congenital hypothyroidism, certain hemoglobinopathies (including sickle cell disease), galactosemia, congenital adrenal hyperplasia and biotinidase deficiency.

The Bureau of Clinical Laboratories conducts all screening tests for the approximately 60,000 infants born yearly in the state.

For more information, contact Belinda Thompson, RN, BSN, Newborn Screening Program at (334) 206-5955, Danita Rollin, BS, MT(ASCP), Bureau of Clinical Laboratories, Newborn Screening Division, (334) 260-3400 or access the department Web site at www.adph.org/newbornscreening/
Well-tended Dream Garden enhances lives

Physical activity and good nutrition promote health, and the Montgomery Therapeutic Recreation Center encourages everyone to maximize his or her potential and have fun by providing opportunities for both.

“Therapeutic Recreation works by using recreation as a therapeutic modality to increase functional abilities, leisure awareness, leisure skills and abilities, strength and mobility and improve the overall quality of life. According to the center’s Web site, “Participants become so engaged in the excitement of the activities that they forget their problems and limitations.”

“As you know, lack of physical activity and improper eating is gaining on tobacco as the number one preventable cause of illness and death,” said Anita Sanford of the department’s Nutrition and Physical Activity Unit, Office of Professional and Support Services. Ms. Sanford became very impressed with the therapeutic wellness programs and their leader Becky Buchanan when making a presentation to the stroke club at the center recently.

A wide array of regular activities is offered for persons with both physical and mental disabilities through the center’s wellness program. A unique offering is the center’s special garden club which was founded nine years ago.

On a recent visit, it was apparent that director ‘Miz Becky’ Buchanan provides an amazing amount of enthusiasm, love, patience and positive leadership for the disabled gardeners. For example, a young woman garden club member with Down syndrome proudly brings a small tomato to Miz Becky and calls it a “Barbie” tomato.

Members, who must have mental or physical disabilities, meet weekly to tend their own “Dream Garden.” The members, under the able leadership of “Miz Becky,” maintain a greenhouse and a vegetable garden where they plant, tend and harvest vegetables including tomatoes, eggplant, banana peppers, hot peppers and herbs such as basil. They also plant flowers at the center’s entrance.

The Dream Garden’s beds are raised in planters set on paved walkways so the beds are wheelchair accessible. Members who are in wheelchairs actively sow, weed and harvest the vegetables and flowers. The club enjoys the able assistance of volunteer gardeners such as Polly Williamson.

The gardening efforts began in 1995 in a small section of the center’s grounds. The modest garden plot later expanded to a larger area, but the old door gate which featured brass plates honoring the original donors was placed inside the garden area “to show from whence we came,” Ms. Buchanan said.

In addition to providing opportunities for physical activity, health and nutrition education are emphasized. For example, the herbs they grow are used to illustrate healthier eating habits.

“If we can educate our members to use herb seasonings instead of salt, we will have accomplished something,” Ms. Buchanan said. The residents often take the harvested herbs home with them to season their foods, even sharing them with their own assisted living facilities’ kitchens.

“This is a big benefit to wellness members and garden club members,” according to Ms. Buchanan. “Not all of them have the means to go to the market. This is a good service.”

The vegetables they grow are always enjoyed. A collard-and-cabbage feast traditionally is held in the cooler months. Ms. Buchanan cooks the green veggies for the eagerly anticipated meal. They have also enjoyed the bacon, lettuce and tomato sandwiches seasoned with basil fresh from the Dream Garden.

The center offers a stroke club made up of wellness members, aquatics, a weight room and social activities such as brownbag bingo. Exercise support clubs include a land exercise class for persons with arthritis, stretch and tone, classes for the visually impaired, and social activities such as brownbag bingo.

The Therapeutic Wellness Programs are offered through the City of Montgomery’s Parks and Recreation Department. You may visit http://parks.ci.montgomery.al.us/therapeutic/wellness for more information.
The Alabama Child Death Review System has published its latest annual report which contains child death data. The system was created by law in 1997 to review all unexplained or unexpected deaths of infants and children up to age 18 in Alabama. Its mission is to identify which child deaths can be prevented and to take steps to prevent similar deaths in the future.

Each judicial circuit in Alabama has at least one local child death review team, and every district attorney in Alabama is required to form a local team that meets at least once a year. Local teams review every infant and child death that meet the system’s review criteria. Findings are submitted to the state office and then further reviewed by the State Child Death Review Team.

Local teams look for hazardous situations in communities and work to change them. The state team analyzes child deaths, educates the public, makes recommendations to elected officials, and helps recommend and support legislation. The state team, which meets quarterly, is made up of 28 individuals and includes state agency directors and representatives; medical, legal and law-enforcement professionals, legislators and private citizens appointed by the governor.

Dr. Donald Williamson, state health officer, chairs the State Child Death Review Team. He commented, “If anything is more tragic than the death of a child, it’s a needless child death which could have been prevented. While Alabama remains in the lower third of the U.S. in preventable child mortality, I am happy to report progress is being made in protecting what we believe is Alabama’s greatest resource—our children.”

Alabama has experienced a 30 percent drop in the number of child deaths that meet the standards needed for review since the system was created. The number of cases that qualified for review has steadily decreased from about 500 per year when the system began in 1998 to fewer than 350 in 2002.

Linda Tilley, director of VOICES for Alabama’s Children, added, “The creation of the Child Death Review Teams is one of the most important and cost effective ways we have in this state to keep children safe. The statewide team examines preventable patterns that cause child death and promotes policies for changing those patterns.”

Recommendations made by the system and the support of like-minded agencies and individuals have led to significant improvements in a number of areas. These include improved day care standards, passage of a graduated driver’s license law, improved child passenger safety requirements and increased public awareness and education related to such issues as Sudden Infant Death Syndrome, Shaken Baby Syndrome, the “Back to Sleep” campaign, and safe infant/child bedding and co-sleeping practices.

The Alabama Child Death Review System’s 2001 annual report includes additional recommendations related to preventing child deaths including the following:

- Enhanced child death investigation training
- The importance of safe infant sleeping practices
- The need for proper and consistent use of smoke and carbon monoxide detectors in homes
- Improvements in child passenger safety, especially related to all-terrain vehicles, passengers riding in open truck beds and enhancements to child safety restraint laws.

All of the Alabama Child Death Review System annual reports, as well as other publications and much more information about the program are available online by visiting the system’s Web site at www.adph.org/cdr. Printed copies may also be obtained by contacting Tarina Moores, Alabama Childhood Death Review System, Bureau of Family Health Services, at (334) 206-2953, tmoores@adph.state.al.us.

Lotus Tips:
Setting Out of Office Preferences and Setting Up Rules to Filter Spam

Out of Office Preferences

Many of you are taking advantage of the “Out of Office” feature found in Lotus Notes. In order to minimize the automatic response to broadcast e-mails, please add the following exceptions to your “Out of Office” responses.

After opening your mailbox, go to Tools - Out of Office. Your “Out of Office” dialog box will pop up.

1. Click on the “Exceptions” tab.

2. Make sure there is an “X” next to “Do not automatically reply to mail from Internet addresses.”

3. Under “Do not automatically reply to mail from these people or groups,” please add “ADPH - STATEWIDE BROADCAST,” “RSA TOWER” and “ADPH - PUBLIC HEALTH AREA BROADCAST.” You can access the Lotus Notes address book to look up these groups as well as others you may wish to exclude by clicking on the small arrow next to the blank. Once the “Select Names” dialog box pops up, Lotus...................................................continued on page 10

Lotus...................................................continued on page 10
ADPH establishes the James H. Baker “Exemplar” Award

July 1, 2004, marked the fortieth year of service for Jim Baker, an X-ray technician with the Division of Tuberculosis Control. For the past 40 years, Jim has looked forward to each clinic and each day in the office - he recently said that he hopes that he has contributed “in some small way” to protect the public’s health.

“Jim Baker has definitely contributed to the successes in our program,” said Nancy Keenon. As the Director for the Division of TB Control, Ms. Keenon has been in a position to witness Jim’s commitment to the program, his dedication to public health, and his seemingly endless amount of energy. “I just want to make sure we get the job done, and get it done right,” he says.

State Health Officer Dr. Donald Williamson and Dr. Charles Woernle, Assistant State Health Officer for Disease Control and Prevention, recognized Baker for his service to the citizens of Alabama. In presenting the 40-year service pin, Dr. Williamson announced the new James H. Baker “Exemplar” Award.

Dr. Williamson noted that the award was established in Jim’s name to recognize his “passion for excellence in every aspect of his work.” The award will be presented each year to a TB Control staff member who best meets the standards Jim has set for professional excellence and dedication to public health.

Upon receiving the award, Jim said that he was “happy, honored and surprised.”

Jim said that he and his partner, X-ray Technician Bob Nyberg, have “78 years of combined service - in fact, our division has over 200 years of experience...we are a good team.”

By way of perspective, the Division of TB Control announced that there were 1,260 cases of active TB disease in 1964 - the year that Jim began working. In 2003, following 40 years of hard work and commitment by Jim Baker and others, the state reported a total of 258 cases. Please join us in thanking Jim for his service...he can be reached at (334) 206-5330.

Lotus........................................continued from page 9

type in ADPH and the alphabetic list will move to that point to make selection easier. Click on the name or group to exclude and click on the “Add” button between the two boxes. This will add the selected address to the list. When you have finished adding addresses, click on “OK.”

4. Under “Do not automatically reply to mail which is addressed to these groups,” please add “ADPH - STATEWIDE BROADCAST,” “ADPH - RSA TOWER,” and “ADPH - PUBLIC HEALTH AREA BROADCAST.” You can add to this list using the instructions above.

You will find these in the ADPH address book. This prevents the “out of office” message from going to everyone who sends an e-mail to one of these groups. To enable your “Out of Office” message, click on the “Enable” button found in the pop up box.

Rules for filtering Spam

Lotus Notes allows users to filter unwanted e-mail by using “rules” to prevent this mail from reaching the inbox. This mail can be automatically deleted or moved to a specific folder for review before deletion.

To set up rules to filter junk e-mail, look for the rules folder to the right of the inbox in the Lotus Notes mailbox and click on it. If this folder is missing, please contact the appropriate representative. In the RSA Tower, that would be the Client Representative for your bureau. In the counties, contact your Security Coordinator. They can put in a work order with the CSC Help Desk to have the folder restored.

Clicking on this folder will change the view to the right. There will be a menu option on the menu bar that states “New Rule...”. Click on this option.

A dialog box will open up. First, set the option for the
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.

Debbie Blanchard
Lauren Burruss
Kay Drake
Jocelyn Dubose
Sheryl Gilbreath
Annette Hayden
Marie Heikkinen
Shona Hester
Pam Powers
Madison County Health Department

from Mark Lee
Huntsville, Ala.

Antione Bagby
Jimmy Brown
Ed Sutton
Wesley White
Computer Systems Center

From Mark Lee
Huntsville, Ala.

Tonya Blankenship
Vincent Avenatti
Dena Donovan
Carolyn Duck
Health Provider Standards

from Andrew J. Hetrick
Decatur, Ala.

Barbara Hurst, RN
Ann White, RN
Health Provider Standards

from Linda U. Jordan
Donna Glenn, RN
Ashland, Ala.

Bill Myers
Computer Systems Center

from Grover T. Wedgeworth, RN, MPH
Montgomery, Ala.

Lotus............................................continued from page 10

rule to “On”.
Next, set the conditions. Under “Create Condition” select “subject”, then select “contains.” Last, type the word that you want to filter or block. This first example shows a condition created to catch messages with the word “spam” in the subject. CSC is currently using software that flags potential junk mail with the word “spam,” so a rule searching for that word should eliminate much of the junk mail from your inbox.

Alternatively, e-mail can be blocked from specific addresses. Under “Create Condition” select “sender” from the first drop-down, “contains” from the second drop-down, and type the address or partial address to be filtered or blocked. For example, typing “@msn.com” would filter all e-mail coming from people with MSN e-mail accounts.

Once you have specified the condition, click on “Add”. This will move the condition over into the box to the left.

Once the condition is set, determine the appropriate action. Although the option to delete specified mail is available, I recommend that you select “move to folder” under “Specify Actions.” This will prevent accidental loss of important e-mails by providing an opportunity to scan e-mails marked as junk mail before deletion.

To select the folder, either type in the folder name or click on “Select”. When the new dialog box opens, click on the desired folder, then click on “OK”.

This will fill in the box on the original dialog box. Click on “Add Action”. The specified action will be added to the box to the left of the button. Click on “OK”.

This will add the rule to the “Rules” folder view.

CSC will be providing step-by-step illustrated instructions for creating rules in the Document Library found in Lotus Notes. An e-mail will be sent when this document is available.

By TRACEY CANNON
August 24  The Behavioral Health Response to Disasters, 2-4 p.m. For more information contact Maury West, (334) 206-3383.

September 7-10  “Responding to the Challenge,” Alabama Primary Health Care Association, Perdido Beach Resort. For more information contact Al Fox or Angie Austin, (334) 271-7068.

September 8  Emerging Trends: STD Treatment and Body Piercing, Public Health Staff Development, 2-4 p.m. For more information contact Michele Jones, (334) 206-5655.

September 15  WIC Vendor Training, 1-3 p.m. For more information contact Dennis Blair, (334) 206-5672.

September 28  Annual ICD-9-CM Update Satellite Conference, 2-4 p.m. For more information contact Janice McIntosh, 334-347-2664.

September 29  Autoimmune Disease in the Home Care Patient for Home Health Aides and Home Attendants. For more information contact Brenda Elliott, (334) 347-2664, extension 402.

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

October 6  Lactation and Contraception, Public Health Staff Development, 2-4 p.m. For more information contact Annie Vosel, (334) 206-2959.

October 7  ADPH Statewide Staff Meeting, 3-4 p.m. For more information contact Video Communications, (334) 206-5618.

October 27  Home Health Aides and Home Attendants, 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.

October 29  Early Intervention, 10 a.m.-12 noon. For more information contact Carolyn Griggs, (334) 206-2943.