

ALABAMA'S

A PUBLICATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH

HEALTH

VOLUME 38

NUMBER 11

AUGUST 2005

Alabama records lowest number of infant deaths in 2004; infant mortality rate is tied with 2003

The Alabama Department of Public Health announced Aug. 19 that the infant mortality rate of 8.7 deaths per 1,000 live births in 2004 tied the lowest ever recorded in Alabama, and the 515 infant deaths were the least ever recorded, according to the department's Center for Health Statistics. In 2003 there were 519 infant deaths in the state.

The infant mortality rate for black infants of 13.3 per 1,000 live births is the lowest ever recorded in Alabama. While no national data are yet available for 2004 comparison, this rate is lower than the 14.1 rate for blacks in the U.S. in 2003. The infant mortality rate for white infants of 6.7 is above the national average for whites which was 5.8 per 1,000 live births in 2003. The infant mortality rate for Hispanic infants in Alabama was 6.5 in 2004.

Dr. Donald Williamson, state health officer, said, "We are pleased that Alabama's health care system is working and progress is being made in reducing infant mortality, especially that the rate for black infants decreased to the lowest rate ever. The down side is that black infant mortality is still twice the white rate and that white infant mortality appears to be higher than the national average."

The percent of births to teens was 14.0 percent, and the rate appears to have leveled off since 2000. The percent of low weight births in Alabama was 10.5, the highest in the past decade. Low weight births had a

much higher infant mortality rate (54.8) than normal weight births (3.1).

Multiple births represented 3.5 percent of all live births, the highest percent ever. The infant mortality rate for multiple births was 36.8, as compared with a rate for single births of 7.7.

An increase was noted in the percent of mothers smoking to 11.2 percent of all live births which is a change from the improvement Alabama has seen for the past 10 years.

Infant mortality is a measure of the health of a population, and poverty is a common denominator of poor health outcomes. Graphs and charts are available at the Alabama Department of Public Health Web site at <http://ph.state.al.us/chs/index.htm>.

Hurricane Katrina

The effects of Hurricane Katrina's destruction will be long lasting and will have a profound effect on the Alabama Department of Public Health as they do on our state, nation and world. At this time of overwhelming loss and as we begin to face the difficult challenges of the future, public health will respond to changing needs.

'An unimaginable disaster'

Public health and Katrina

At least four days before landfall of Hurricane Katrina, employees of the Alabama Department of Public Health took action to prepare for what would be the devastating effects of Hurricane Katrina. As the tragedy unfolds all have been and will continue to be impacted.

State Health Officer Dr. Donald Williamson said, "Our public health functions are going to be different, for the next 12 to 18 months. We are going to have to be flexible. Our employees have stepped up to the plate, and there is not a funding source that precludes an employee's participation in this effort."

He added, "I know it's been very challenging as we try to respond, and we will respond for an extended period of time to the largest displacement of people since the American Civil War."

County health departments faced power outages and communication concerns. Several shelters were set up prior to the hurricane and response teams were mobilized.

At press time, public health teams were staffing mass care and medical needs shelters, sometimes around the clock. Disease intervention specialists were working to prevent the spread of communicable diseases, social workers and administrative staff were assisting evacuees, and emergency medical technicians were deployed to assist victims with medical needs in Gulfport, Miss.

Public health environmentalists have been highly

involved in the following activities:

- * Conducting damage assessments at permitted food establishments
- * Assessing the status of public water systems
- * Issuing and rescinding boil water notices for certain public water supply systems
- * Conducting food service inspections at shelters
- * Conducting re-opening inspections at food establishments affected by the storm
- * Evaluating and providing guidance at shelters on maintaining sanitary conditions
- * Coordinating with solid waste providers to ensure timely collection
- * Providing consultation and sampling for individual private water wells
- * Providing health information through Federal Emergency Management Agency Disaster Recovery Centers and the news media
- * Planning and coordinating mosquito surveillance and control efforts in high-risk areas (Baldwin and Mobile counties)

Dr. Williamson commented, "No disaster is the same as any previous disaster and we are adapting as we go forward. Clearly, the work we have done following Hurricane Ivan is paying off."

It is expected that public health involvement will be needed for an extended period of time, and volunteer resources may be integrated into the staffing mix.

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

Alabama's Health is an official monthly publication of the Alabama Department of Public Health, Bureau of Health Promotion and Chronic Disease. If you would like to receive the publication or wish to submit information for future articles, please telephone requests to (334) 206-5300. Articles may be reprinted provided credit is given to the Alabama Department of Public Health. The department's Web site is <<http://www.adph.org>>

Donald E. Williamson, M.D. State Health Officer
 Jim McVay, Dr. P.A. Director, Bureau of Health Promotion and Chronic Disease
 Arrol Sheehan, M.A. Editor
 Takenya Stokes, J.D. Contributing Editor
 Toni Prater Graphic Designer

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

Advocates strive to develop policies to end homelessness

On any given night in 2004 in Alabama more than 6,000 individuals and more than 500 families found themselves homeless, according to a report from the Alabama Alliance to End Homelessness. Gov. Bob Riley signed Executive Order Number 31 to develop a statewide plan to prevent and end chronic homelessness in Alabama at a special event at a YMCA in Birmingham on Aug. 11.

Gov. Riley stated, “The mothers and the children served here and at shelters across the state are not numbers. They are living and caring people. They have hopes and dreams for a better life like the rest of us. We must provide them with hope and help.”

The Executive Order creates an advisory board of federal agency representatives who will advise the Interagency Council on Homelessness. State Health Officer Dr. Donald Williamson is a member of the Governor’s Statewide Interagency Council on Homelessness. Maury West, Emergency Preparedness social worker with the Office of Professional and Support Services, serves on the Interagency Strategic Planning Workgroup.

The Council is to advise the governor and the Office of Faith-Based and Community Initiatives on issues related to the problems of persons who are homeless or at risk of becoming homeless, to identify and secure available resources, and to provide recommendations for joint and cooperative efforts and policy initiatives in carrying out



Web site developer Laura Ahmann is shown with Gov. Bob Riley.

programs to meet the needs of the homeless.

Laura Ahmann, public information specialist with the Health Marketing Division of the Bureau of Health Promotion and Chronic Disease, created the Governor’s Statewide Interagency Council on Homelessness Web site which contains information on the Executive Order and Council, as well as many facts and figures about homelessness. The web address is: <http://servealabama.gov/homeless/>.

Take action to understand and prevent suicide

Do you realize that more Alabamians die by suicide than from homicide? Suicide remains one of the most tragic events a family and community can face. Experts believe that most suicidal individuals do not want to die; they just want to end the pain they are experiencing.

Sept. 4-10 is Suicide Prevention Week. The Alabama Suicide Prevention Task Force, a group dedicated to educating the community about the warning signs of suicide, reducing the rate of suicide in our state and eliminating the stigma of suicide, reminds the public that when suicidal intent or risk is detected early, lives can be saved.

State Health Officer Dr. Donald Williamson said, “If you’re worried about someone and suicide has crossed

your mind as a concern, trust your judgment and act at once to show you care, talk about the subject, and call for help.”

Experts know that suicidal crises can be brief. When suicidal behaviors are detected early, lives can be saved. Alabama has suicide hotlines in centers located in Birmingham, Huntsville and Mobile. A national suicide prevention toll-free number, **1-800-273-TALK (8255)** also operates 24 hours a day, seven days a week; any caller will be linked with the nearest center in Alabama and can be reached from any location in Alabama.

The key to prevention is knowing what the warning signs are and what to do to help. The American

Suicide.....continued on page 4

Suicide.....continued from page 3

Association of Suicidology advises getting help immediately by contacting a mental health professional or calling the national toll-free line for a referral should you witness, hear or see anyone exhibiting any one or more of the following:

- * Someone threatening to hurt or kill himself or talking of wanting to hurt or kill himself
- * Someone looking for ways to kill himself by seeking access to firearms, available pills or other means.
- * Someone talking or writing about death, dying or suicide, when these actions are out of the ordinary for the person

Seek help as soon as possible should you witness, hear or see anyone exhibiting any one of more of the following:

- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped
- Increased alcohol or drug use
- Withdrawing from friends, family and society
- Anxiety, agitation, inability to sleep or sleeping all the time
- Dramatic mood changes
- No reason for living; no sense of purpose in life.

For persons with serious mental illnesses or emotional disturbances, the suicidal crisis can be extended.

A recent survey found that approximately 1 in 12 Alabama high school students reported having attempted suicide. Suicide is also a growing problem among the elderly.

Research indicates that for every completed suicide there are at least 20 attempts. Firearms are the most common method used and account for more than 75 percent of all Alabama suicides.

According to the Center for Health Statistics of the Alabama Department of Public Health, in 2003 the rate of death by suicide in Alabama was 11.7 per 1,000 (525 deaths) and the rate of death by homicide was 9.7 per 1,000 (436 deaths). For every suicide, at least six other people are affected, and there are higher rates of suicide among family members and friends of a loved one who died by suicide. Help is also available for these survivors.

Confidential counseling in Alabama is available by calling the numbers below:

Birmingham - (205) 323-7777

Huntsville - (256) 716-1000 or 800-691-8426

Mobile - (251) 431-5111 or 800-239-1117

Volunteers from every social, economic and educational background are needed to help staff the hotlines in these cities. Professional training will be provided.

The Suicide Prevention Task Force has developed an Alabama Suicide Prevention Plan to encourage suicide prevention efforts to the maximum extent possible. Since this plan was published last September, numerous presentations have been made to groups, including bereavement groups, and several training sessions have been conducted.

Copies of the printed Alabama Suicide Prevention Plan can be accessed through the Alabama Department of Public Health Web site at www.adph.org/suicideprevention. A "STOP Youth Suicide" educational brochure is available at www.adph.org/cdr. Other information is available at the Alabama Department of Mental Health and Mental Retardation Web site at www.mh.state.al.us and at www.suicidepreventionlifeline.org. The Web site address of the National Suicide Prevention Lifeline is www.suicidepreventionlifeline.org.

Public health responds to Hurricane Dennis

When Hurricane Dennis threatened Alabama in early July, public health workers from throughout the department took immediate and concerted action to respond. An after action evaluation indicated the incident command system, created after Hurricane Ivan and its devastating impact on the state last September, generally worked well. This was the first real exercise of the newly implemented system.

This hurricane was also the first emergency since the implementation of Policy 2005-04, "Policy and Procedures for ADPH Staff Called to Duty In Response to Emergencies and for Receipt of Emergency Response Training." This policy requires all departmental employees to respond to emergency and disaster assignments when called to duty.

Nurses, environmentalists, social workers, administrative staff and many other participants reported that the State Public Health Emergency Operations Center was "much improved." Pre-event planning worked well and the area response teams at medical needs shelters took pressure off of local and area staff. Financial officers ensured that time and expenses in connection with the hurricane were properly accounted for.

Fortunately, Hurricane Dennis was not so destructive as last September's Hurricane Ivan. The department's responders were quickly sent their evaluations to get

feedback on systems, procedures and processes that were effective, those that need improvement, and to assess equipment needs.

Dr. Donald Williamson, state health officer, thanked all public health staff for their "commitment to duty and understanding" in the "extraordinary event."

A compilation of the evaluation results by the Center for Emergency Preparedness incorporated suggestions from Public Health Areas 7 and 9. The evaluations recognized individuals and groups for doing exceptional jobs. For example, an emergency preparedness team member and his wife purchased games for the children at the shelter, a nursing supervisor did an excellent job in organizing shelter duties, and an employee's husband volunteered to handle security at a shelter parking lot.

Employees obtained supplies in the medical needs shelter in Montgomery. A store owner in Clanton opened his business to offer persons bused to a shelter in Birmingham sundry items at no cost to them. Teenagers in one location volunteered to clear the road for a nurse so she could assist at a shelter. Employees drove trucks to deliver generators and other supplies.

Many other employees went beyond the call of duty to help in the efforts before, during and after the hurricane. If you are aware of other stories of note, please send this information to *Alabama's Health*.

Honors and awards

Debbie Henderson Buchanan, R.N., B.S.N., J.D., Nurse Manager for the Community Based Services Division within the Bureau of Home and Community Services, has recently received two honors.

She passed the Alabama Bar examination and was admitted to the Supreme Court of Alabama as an attorney in September 2004. In March 2005 she was inducted into the nursing honorary Sigma Theta Tau International, Zeta Gamma Chapter, at the University of South Alabama.

Choona Lang, R.N., B.S.N., M.H.A., nurse manager for the Bureau of Home and Community Services Waiver Program, received a Master of Health Administration degree from the University of Phoenix On-line program.

If you are aware of honors or awards received by public health employees, please send this information to *Alabama's Health*, Bureau of Health Promotion and Chronic Disease, RSA Tower, Suite 900, P.O. Box 303017, Montgomery, Ala. 36130-3017, or e-mail asheehan@adph.state.al.us.

Water-Related Injuries: Fact Sheet

THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S WEB SITE CONTAINS A WEALTH OF INFORMATION ON NUMEROUS HEALTH TOPICS. THE FOLLOWING FACT SHEET PERTAINS TO WATER-RELATED INJURIES:

<http://www.cdc.gov/ncipc/factsheets/drown.htm>

Overview

- * In 2000, there were 3,281 unintentional drownings in the United States, averaging nine people per day. This does not include drownings in boating-related incidents (CDC 2003).
- * For every child who drowns, three receive emergency department care for non-fatal submersion injuries. More than 40 percent of these children require hospitalization (CDC 2003). Nonfatal incidents can cause brain damage that result in long-term disabilities ranging from memory problems and learning disabilities to the permanent loss of basic functioning (i.e. permanent vegetative state).

Groups at Risk

- * **Males:** In 2001, males accounted for 78 percent of drownings in the United States (CDC 2003).
- * **Children:** In 2001, 859 children ages 0 to 14 years died from drowning (CDC 2003). While drowning rates have slowly declined (Branche 1999), drowning remains the second-leading cause of injury-related death for children ages 1 to 14 years (CDC 2003).
- * **African Americans:** During 2000-2001, the overall age-adjusted drowning rate for African Americans was 1.4 times higher than for Whites (CDC 2003). However, these rates vary by age. During this time, African American infants under one year had a drowning rate 1.9 times the rate of White infants (CDC 2003). Most infants drowned in bathtubs, toilets, or household buckets. Among children 1 to 4 years of age, African Americans had a lower drowning rate than Whites. Drownings in this age group typically happened in residential swimming pools. African American children ages 5 to 19 years drowned at 2.6

times the rate of White children in this age group during 2000-2001 (CDC 2003). As children get older, drownings often occur in open water areas such as ponds, lakes, and rivers.

Risk Factors

- * Children under age one most often drown in bathtubs, buckets or toilets (Brenner et al. 2001).
- * Among children ages 1 to 4 years, most drownings occur in residential swimming pools (Brenner et al. 2001). Most young children who drowned in pools were last seen in the home, had been out of sight less than five minutes, and were in the care of one or both parents at the time (Present 1987).
- * Alcohol use is involved in about 25 percent to 50 percent of adolescent and adult deaths associated with water recreation (Howland et al. 1995; Howland and Hingson 1988). Alcohol influences balance, coordination, and judgment, and its effects are heightened by sun exposure and heat (Smith and Kraus 1988).
- * Boating carries risks for injury. In 2002, the U.S. Coast Guard received reports for 5,705 boating incidents; 4,062 participants were reported injured and 750 killed in boating incidents. Most boating fatalities from 2002 (70 percent) were caused by drowning and the remainder were due to trauma, hypothermia, carbon monoxide poisoning, or other causes. Alcohol was involved in 39 percent of reported boating fatalities. Open motor boats were involved in 41 percent of all reported incidents, and personal watercraft were involved in another 28 percent (USCG 2002).

Dr. Williamson recognizes 2005 James H. Baker “Exemplar Award” recipient Pamela Vines

On July 22, 2005, Dr. State Health Officer Donald E. Williamson presented Pamela D. Vines of Tuscaloosa with the first annual James H. Baker “Exemplar Award” during a ceremony in the Executive Board Room in Montgomery.

The award was established last year when Dr. Williamson recognized Jim Baker for 40 years of public service and professional excellence. The intent of the award is to foster excellence in public health by the annual nomination and selection of a TB control staff member who best reflects the “can do” attitude for which Baker is known.

Upon learning of her selection, Ms. Vines said that she was honored to simply be nominated and that she was thrilled when she realized she had been nominated and selected. “I’ve worked with Jim Baker for many years, and

it’s an honor to be associated with him and carry the legacy during 2005” she said.

Attending the award ceremony were Ms. Vines’ supervisor Connie Lightsey, R.N., M.P.H., Area TB Program Manager for Public Health Area III, and her co-workers disease intervention specialists Shakina Wheeler and Gladys Webb. Although now retired from public service, Jim Baker continues to be involved in the nomination and selection process. He was on hand to help present the award and said, “Pam Vines has earned this - she never stops working until the last patient is seen, and is always prepared to lend a hand to get the job done.”

By *SCOTT JONES*

Quicker access to Lotus iNotes mail

Adding a bookmark to your Lotus iNotes mailbox can make locating your mailbox much faster. To create a bookmark, open Internet Explorer or alternate Internet browser. Type in adphnotes.state.al.us. Click on the mail link. Locate your name on the list of mailboxes available through Lotus iNotes. Instead of double-clicking on your name, right click on the link. Select “Add to Favorites” on the pop-up menu.

You will be prompted to name the bookmark. After you have given the bookmark a name, it will be available

through the browsers “Favorites” menu. To access the bookmark, click on the “Favorites” button of the browser. Locate the bookmark for your Lotus iNotes mailbox. Click on this link. The login dialog box will open. Type in your user name and password and your mailbox will open.

By *TRACEY CANNON*

Retirees named

The following employees have retired recently.

August -

Jeanette Williams - Bureau of Family Health Services
Janice Wood - Butler County Health Department

September -

Helen Boman - Health Promotion and Chronic Disease
Betty Butts - Crenshaw County Health Department
Catherine Griffin - Autauga County Health Department
Bobby Simms - Health Promotion and Chronic Disease
Joyce Wheeler - Marion County Health Department
Marilyn Wilson - Blount County Health Department

In memoriam

Marion Wilford, audiovisual specialist and this publication's photographer, died unexpectedly at his home Aug. 29. Mr. Wilford had been a dedicated public health employee for 35 years.

Co-workers often noted his kind, selfless and helpful, "I will do it for you" spirit. Even though he learned to drive after age 35, he triumphed, and enjoyed driving to all county health departments to take Identification Card photographs and visit with his friends throughout the state. He also set up and assisted countless meetings and conferences for three decades.

Many within the department considered him to be a very special person and will remember him fondly.

At his funeral service, Dr. Jim McVay, director of the bureau where he had worked since 1970, asked, "How many had a photo taken by him, a helping hand extended, a kind word given by him? God puts each of us here with missions, and helping and serving others was Marion's mission and it was the way he made a purpose-driven life. He loved his coworkers and his job. This is his retirement

celebration."

Mr. Wilford was the 1990 recipient of the Virginia Kendrick Award of the Alabama Public Health Association which is presented for providing outstanding service to the people of Alabama while serving in a supportive



Pam Barrett is shown with Marion Wilford.

position and was Baptist Hospice Volunteer of the Year for 2002. Memorials may be made to the Missions Department, Capital City Church of the Nazarene, 4450 Vaughn Road, Montgomery, Ala. 36106.

New medical director of women's health pursues excellence in clinical care

The Bureau of Family Health Services has welcomed Dr. Grace Thomas as medical director of Women's Health. A board-certified obstetrician-gynecologist, Dr. Thomas has been employed with the bureau since May 16.

Her principal responsibilities include establishing a model clinic for the department's 37 nurse practitioners statewide and serving as their collaborative physician. The nurse practitioners have begun their rotations through the clinic held in two



Dr. Grace Thomas

examination rooms at the Montgomery County Health Department.

Dr. Thomas commented, "the model clinic is one of the ways we can better assess the competency and clinical skills of our 37 nurse practitioners located throughout the state, with the goal of standardizing the care

patients receive across the state, ultimately leading to better patient care. In addition, the model clinic gives the nurse practitioner an opportunity to showcase their clinical skills and acumen and to foster a closer relationship

between the collaborating physician and nurse practitioner. In time, Dr. Thomas will visit the nurse practitioners on their home turf and is looking forward to observing their individual clinic practices. "Our goal is to pursue excellence in clinical care."

Dr. Thomas practiced for more than 10 years in New York City and served on the faculty of St. Luke's-Roosevelt Hospital.

While she has never worked for a public health department before, she has done many public health-related activities. For example, she was co-director of the colposcopy clinic and provided prenatal and gynecological care at substance abuse and HIV clinics at St. Luke's Roosevelt Hospital Center, all of which serviced the medically underserved of the community. She and her partner had a private practice caseload of more than 3,000 patients.

Dr. Thomas was born in Guyana and grew up in New York City. She is a graduate of the City College of New York and of New York Medical College. She completed her residency at St. Luke's Roosevelt Hospital Center and later practiced there. Dr. Thomas and her husband, general surgeon Dr. John Tinglin, live in Montgomery. They have two daughters, Robin, 11; and Jillian, 8.

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*.

Catrinna Barber

Center for Health Statistics

from Brenda Briggs
Taylor, Texas
Harry Woods
Goldsboro, N.C.

Gloria Calhoun

EMS Division

from Ronnie Bruckner
Jeanette Lucado
Fort Lauderdale, Fla.

Connie Danner

Center for Health Statistics

from Jeffrey Neil Allen
Hialeah, Fla.

Carolyn Duck

Sue Parker

Health Provider Standards

from Nancy M. Kucera
Montgomery, Ala.

Tony Dunklin

Technical Services

from Linda Railey
Tuskegee, Ala.

Cindy Leonard

Autauga County Health Department

from Donna Pearce
Prattville, Ala.

Theresa Mulkey

Center for Health Statistics

from Fran Dettmar
Geneva County, Ala.

Tonya Powers

Health Provider Standards

from Sherry Ginn
Phenix City, Ala.

Betty Thomas

Center for Health Statistics

from Susie Leccese
Tampa, Fla.

Keith Wright

Health Promotion and Chronic Disease

from Wendy Blackmon
Montgomery, Ala.

Speaking of Retirement

Social Security - Online Services

The Social Security Administration offers many useful tools for people online at its Web site www.socialsecurity.gov. The Web site is easy to use because the pages are set up for people to find what they are looking for faster. The information is arranged to relate directly to key events in peoples' lives, such as retirement, marriage, divorce, birth of a child or death of a family member. The Web site is also more accessible for people with disabilities who can use specialty devices such as screen readers to "see" and "hear" the web pages. The following examples show what you can do online without having to call or go to a Social Security office:

Apply Online! Now you can file for retirement, spouse's or disability benefits online. It is easy, quick and secure. You apply in the privacy of your own home at your own pace. You avoid trips to a Social Security office, saving time and money and your online application costs the U.S. taxpayer less to process.

Free Electronic Newsletter. Receive the simplest, most convenient way to keep up with the latest developments about Social Security - eNews. You will receive a free monthly newsletter and timely updates on issues of particular importance to you.

Social Security Statement. Your Social Security Statement - a reliable financial planning tool - will be sent to you every year. It provides personalized estimates of your retirement, disability and survivor benefits, as well as a record of your yearly earnings.

Benefit Planners. To calculate your benefits online you can use the Benefit Planner. It will help you plan your financial future by providing estimates of your retirement, disability and survivor benefits.

Your Social Security Card. If you need to make minor changes to your Social Security card you can go online and start the process to replace, correct or change your name.

Medicare Card Replacement. Medicare beneficiaries can apply for Medicare replacement cards online. You may "Link" to the Social Security Web site through the RSA Web site at www.rsa.state.al.us.

What Your Beneficiary Should Know. When a loved one dies, beneficiaries often find they are overwhelmed and unprepared to deal with the death benefit process. Therefore, it is very important for ERS and TRS members to communicate with their beneficiaries and provide them with as much advance information as possible.

Designating or Changing a Beneficiary for an Active or Inactive Member. New members designate a primary and contingent beneficiary(s) when they begin employment. If the member wishes to change the beneficiary designation, the member must complete a CHANGE OF BENEFICIARY FORM. If a member wishes to designate more than one primary and/or contingent beneficiary, he or she must complete a multiple beneficiary form. Keeping your beneficiary current will help avoid legal difficulties and not delay payment of the death benefit to your beneficiary.

Death of an Active Member. The death benefit process begins when the ERS or TRS is notified of the member's death. It is important for the death to be reported as soon as possible to avoid any delays or problems. Contact the ERS at 1-800-214-2158, extension 399, or the TRS at extension 499. The ERS or TRS will send you FORM RSA-SB APPLICATION FOR SURVIVOR BENEFIT to be completed with a list of documents (for example, Certified Death Certificate) the ERS or TRS requires to complete the process. The beneficiary may also obtain the application from the member's employer or the RSA Web site at www.rsa.state.al.us.

Beneficiary Benefits of an Active Member. If a member dies prior to retirement, death benefits are calculated and paid to the beneficiary based on the member's age, service credit, employment status and eligibility for retirement. Consult your ERS or TRS Member Handbook or visit our Web site for information on preretirement death benefits.

Changing a Beneficiary for a Retired Member. The retired member should contact the ERS or TRS for the necessary form required to change a beneficiary.

Retirement.....continued on page 11

Retirement.....continued from page 10

Death of a Retired Member. Please notify the ERS or TRS as soon as possible upon the death of a retiree. Upon notification, the ERS or TRS will mail the necessary form and information to the member's designated beneficiary. Any outstanding benefit payments must be returned to the ERS or TRS before processing the beneficiary payment(s).

Beneficiary Benefits of a Retired Member. Once the ERS or TRS receives the documents from the beneficiary, the ERS or TRS will determine and calculate the benefits due to the beneficiary.

- If the member selected the Maximum retirement benefit, the beneficiary will receive a pro rata payment for the number of days the member was living in the month of death.
- If the member selected the Option 1 retirement benefit, the beneficiary will receive a pro rata payment for the number of days the member was living in the month of death and any balance in the member's account at the time of death.
- If the member selected the Option 2 retirement benefit, the beneficiary will continue to receive the same monthly benefit as the member, except when legislation did not pass on Cost-of-Living Adjustments to the beneficiary.
- If the member selected the Option 3 retirement benefit, the beneficiary will begin to receive 50 percent of the monthly benefit of the member, except when legislation did not pass on Cost-of-Living Adjustments to the beneficiary.

Helpful Hints

- Have a copy of your will accessible to the executor of the estate.
- Death benefits may be subject to federal income tax, but not state and local taxes. If the beneficiary lives outside Alabama, consult that state's tax agency about tax consequences.
- Keep your beneficiary updated at all times.
- Beneficiaries should also use direct deposit for monthly benefit payments.

- Consult an attorney or tax advisor. Do you know who your beneficiary is? If not, contact the ERS or TRS and we will provide the information in writing.

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



Calendar of Events



September 13

ADPH In-Service: Laboratory Testing Procedure Update, 3-4 p.m. For more information contact Michele Jones, (334) 206-5655.



September 20

Steps to Success in Community-Based HIV/AIDS Prevention Programs: Building Evaluation Capacity (Module 3 of 3), 1-3:30 p.m. For more information contact Video Communications Division, (334) 206-5618.



September 21

Caring for the Traumatic Brain Injury Patient in the Home, (Home Health Aides and Home Attendants), 2-4 p.m. For more information contact Brenda Elliott, (334) 237-2664, extension 402.



September 28

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



September 29

Preparedness for Special Needs Populations, 12 -1:30 p.m. For more information contact Video Communications Division, (334) 206-5618.



September 30

ABCs of Medicare Part D, 12:30 -2:30 p.m. For more information contact Video Communications Division, (334) 206-5618.



October 6

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



October 19

Understanding Depression in the Elderly, 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664 ext. 402.



October 25

Occupational Safety and Health for First Responders, 12 -1:30 p.m. For more information contact Video Communications Division, (334) 206-5618.



October 26

Children's Health Insurance Program Update, 1 - 3 p.m. For more information contact Fern Shinbaum, (334) 206-2977.