Many patients seen by disease intervention specialists, especially in the department’s tuberculosis control and sexually transmitted disease programs, are outside of society’s mainstream, commented Charlotte Denton, former director of the Division of TB Control. Disease intervention specialists visit the homes of drug dealers, alcoholics, sex offenders and treat homeless persons as a part of their daily work responsibilities.

Teresa Childers Stacks, administrator of Public Health Area 6, stated, “Our employees are committed to our clients, regardless of the conditions in which they are working. These employees do not have the option of declining service to these patients, and go out of their way to help.”

When Kathi Dawn began her work as disease intervention specialist with Public Health Area 6 in early 2006, TB Manager Racine Waddell saw promise in this new employee who “grows in knowledge and skill every day.”

Consider the most recent example of Ms. Dawn’s tenacity and skill in TB case management: The patient is blind in one eye and is illiterate. His living conditions are austere with bare electrical wires hanging from the ceiling of his residence and no running water. Through Ms. Dawn’s efforts, his food stamp allotment has been increased and she is working with the Social Security Administration to restore his disability payments.

When the patient had little food and no water to drink, Ms. Dawn responded. She knew from her training that nutrition is an important factor in successful treatment of tuberculosis -- without proper nourishment, absorption of the anti-TB medication could be jeopardized. Ms. Dawn obtained a high

continued on page 8
State Health Officer Dr. Donald Williamson received the Special Citation Award from the Alabama Hospital Association at a recent meeting of the State Committee of Public Health. AlaHA President Mike Horsley presented the award to Dr. Williamson for his outstanding service to the state, as well as his continued efforts to work with hospitals in areas such as disaster relief, trauma services, and the initiation of the Children’s Health Insurance Program, ALLKids. The Special Citation Award is presented to individuals who are not employed by hospitals, but who have had a significant impact on hospitals and the people they serve.

Dr. Williamson has served as our state health officer since 1992. On a national level, Dr. Williamson served as president of the Association of State and Territorial Health Officials from 1997 to 1998 and was a member of both the board of directors of the Public Health Foundation, and the Steering Committee on Access for the Uninsured of the National Academy for State Health Policy. Dr. Williamson has received numerous awards, including the Association of State and Territorial Health Officials’ McCormick Award, the “Theodore R. Ervin Award” from the Public Health Foundation, and the American Academy of Pediatrics’ “Child Health Advocate Award.”

The Montgomery-based Alabama Hospital Association is a statewide trade organization that represents more than 100 hospitals, and numerous other health care providers, by offering membership services designed to enhance the provision of health care services to Alabamians.
Alabama’s Health

National Preparedness Month Activities Help Alabamians Encourage Readiness

Alabama’s Health

October 2006

National Preparedness Month Activities Help Alabamians Encourage Readiness

Alabamians celebrated National Preparedness Month by observing “Be Ready Day” on Sept. 14 and “Be Ready Sunday” on Sept. 24.

“Be Ready Day” is an annual statewide community preparedness event in which citizens can receive education and training on ways to prepare for disasters and emergencies, learn of volunteer opportunities in their communities and have the opportunity to observe first responders demonstrating their preparedness and response capabilities.

On “Be Ready Sunday,” faith-based organizations were encouraged to include preparedness materials in their bulletins and newsletters, to post preparedness information on their Web sites, and to speak to their congregations on the need to prepare.

How to Assemble an Emergency Supply Kit

Emergencies arrive unexpectedly, but a simple first step you can take now is to prepare an emergency supply kit. To assemble a basic emergency supply kit, place your supplies in waterproof bags and store them in one or two easy-to-carry containers, such as plastic tubs, unused trash cans or duffel bags. Your kit should contain enough supplies for at least five days and should be stored in a designated place, where all family members can locate it. The following is a list of suggested items to keep in your basic emergency supply kit:

- Food and drink that does not have to be refrigerated
- At least three days’ supply of water — one gallon per person per day
- Portable, battery-powered radio or weather radio, extra batteries
- Several flashlights, extra batteries
- Matches and waterproof container
- Whistle or other noisemaker
- Basic personal hygiene items (toothbrush, toothpaste, soap, shampoo, feminine products and wipes)
- Heavy-duty trash bags
- First aid kit
- Non-electric can opener and basic kitchen accessories (salt, sugar, aluminum foil, plastic storage bags, disposable utensils)
- Bathroom and facial tissue
- Extra clothing, shoes and socks
- Waterproof coats or ponchos, boots
- Towels, blankets, small or inflatable pillow
- Chlorine bleach (pure, unscented)
- Medication
- Small repair kit (screwdriver, hammer, nails, duct tape)
- Pens, pencils, paper, tape, needles, thread, safety pins

Documents and other information you should collect and keep in waterproof containers are as follows:

- Copies of drivers’ licenses, immigration papers, work identification badges, social security cards, birth certificates, marriage licenses and other items
- Current photos of family members and pets for identification; make sure medical identification bracelets are up to date; talk with your veterinarian about having an identification microchip placed in your animal
- Copies of credit cards with company names and numbers
- Copy of your family preparedness plan

continued on page 6
Individuals new to the public health profession learn to associate the image of Hygeia, the Greek mythological goddess of health, with the practice of public health. In fact, for many decades, a marble bust of Hygeia stood at the entrance to the United States Centers for Disease Control and Prevention in Atlanta, Ga. -- the nation’s premier public health agency. Hygeia is one of the most widely recognized symbols of public health practice.

What may not be as readily recognized by those of us in public health is that in almost all representations of the goddess Hygeia she is shown holding a large bowl and a snake. The bowl is known as the Bowl of Hygeia and it is a universally recognized symbol for the profession of pharmacy. Symbolically, public health and pharmacy have been closely associated for millennia.

Although pharmacists play an important role in most state public health systems, little has been done to try to maximize the community health status benefits that might accrue from a close, coordinated relationship between the practices of pharmacy and public health. The purpose of this article is to introduce a new organizational entity at the McWhorter School of Pharmacy of Samford University in Birmingham, Ala. This entity is the Institute for Public Health and Pharmacy. The fundamental purpose of this new institute is to further the interactions between the professions of pharmacy and public health with the basic goal of increasing the effectiveness of preventive health services in Alabama and this region and thereby, improving the health status of our communities.

Although most individuals associate pharmacists with the dispensing of drugs and the management of pharmaceutical inventories, today’s Doctors of Pharmacy (Pharm.D.) have skills and competencies significantly beyond these traditional services. These skills and competencies support the mission and goals of public health practice in many important areas.

For example, today in public health practice we have significant concerns about our capacity to respond to a pandemic disease outbreak or to a widespread outbreak of disease as a result of terrorism. Many of the scenarios about how we might respond include the delivery of vaccinations. The provision of vaccinations to thousands of people over a large geographic area in a very short period of time is a complex undertaking requiring many well-trained individuals.

Today, many pharmacists are already certified to give vaccinations. Since 1998, every pharmacist graduate in Alabama from both Auburn and Samford has received training in immunology, vaccines, and vaccine administration as a core segment of his or her education. Because vaccines contain the “Rx Only” legend and because pharmacists are the nation’s experts in medications, it seems a natural fit for pharmacists to be “front and center” with emergency immunization activities. Certainly this is a very important advantage for patient safety when a large-scale vaccination program is rapidly set in motion to minimize a widespread outbreak.

It is also important to recognize that community pharmacists are already distributed among the population, to a large degree based on population density. This is a normal effect of the marketplace. So, we have a highly trained pharmacy workforce already distributed throughout Alabama who must maintain their competencies to maintain their licensure and who can and would respond to the need to deliver vaccinations in an emergent situation. Clearly the concerns of public health and the competencies of community pharmacists come together in this area.

In addition to the control of some infectious diseases, today pharmacists are contributing in meaningful and important ways to the prevention and control of chronic diseases in some of our most medically underserved populations. Faculty...
Cooking fires are the number one cause of home fires both nationally and in Alabama. In fact, more fires begin in the kitchen than any other room in the home. Cooking fires are also the leading cause of fire-related injuries in the home. The majority of fires start because food is left unattended.

One group that is particularly at risk is Alabama’s senior adult population. Senior adults, ages 65 and over, are twice as likely to be killed or injured by residential fires as the population at large. Since January of 2000, a total of 155 fire-related deaths in adults ages 60 and over were reported to the State Fire Marshal’s Office.

The more you know about the risk factors or causes of cooking fires, the greater the probability of avoiding them in your home. The following is a list of suggestions to prevent cooking-related fires and injuries:

- Wear short, close-fitting, or rolled sleeves.
- Take a pot holder or spool with you if you must temporarily leave the kitchen.
- Use a timer when you are slow-cooking foods.
- Use a portable phone in the kitchen so you will not have to leave the room.
- Do not cook if you are drowsy from medication.
- Turn pot and fryer handles inward to avoid bumping and/or spilling food.
- Keep kitchen appliances clean and avoid storing combustible items, such as potholders and towels, in or around them.
- Use a lid to smother the fire by carefully sliding the lid over the pan. Baking soda can also be used to smother a fire.
- Never pour water on a grease fire.
- Install a smoke alarm within 10 feet of your bedroom, test it monthly, and replace the battery yearly.

To learn more about home fire safety for senior adults and the general population, please contact the Injury Prevention Division of the Alabama Department of Public Health at 1-800-252-1818.

By AMANDA MARTIN
The Alabama Department of Public Health’s Diabetes Prevention and Control Program (DPCP), brought many people to the table during the September meeting of the Diabetes Advisory Council and “Systems Thinking.” This approach requires assessment of the program’s activities to determine where resources are being invested and what impact on the burden of diabetes those activities will achieve.

Several members of the Center for Chronic Disease Prevention and Control Centers for Disease Control and Prevention’s Diabetes Prevention and Control Program, Program Development Branch, Division of Diabetes Translation National, were on hand for the engagement.

Participants shared their vision and passion, and were trained in the concept of the diabetes-related systems thinking approach. Participants identified resources and leaders, and discussed a combination of strategies which may be used to meet local goals and objectives toward reducing the prevalence of diabetes in Alabama.

Emergency, continued from page 3....

- Medical prescriptions, including eyeglasses. An easy way to have a list of your medicines ready for an emergency is to put a copy of the drug information that comes with your medicines in a plastic bag. Replace the copies every year or when your medicine changes.
- Immunization records
- Wills, insurance policies, stocks, bonds, bank account numbers
- Inventory of valuable household goods—if you can, take photos or videotape your belongings and e-mail the pictures to a friend or family member for safekeeping.
- Deeds, titles and mortgage papers
- State and local area maps
- Backup of computer files

For more valuable emergency preparedness information, please contact Susan Bland at (334) 206-5950 to receive a copy of the Alabama Department of Public Health’s “Are You Ready” guide.

Samford, continued from page 4....

members of the McWhorter School of Pharmacy at Samford along with our pharmacy residents and students have been interacting in a professional capacity with the clients of the public health system in Alabama for a number of years. These interactions have taken the form of chronic disease screening and prevention efforts in various clinics of the Jefferson County Department of Health and the Perry County Health Department as well as interactions with our physician and nursing colleagues to assist in drug therapy management and compliance with some of their most vulnerable patients.

One of our goals in the Institute for Public Health and Pharmacy at Samford is to investigate, evaluate, document and communicate productive interactions between pharmacy practice and public health practice. We are eager to partner with others to achieve these goals, and welcome your participation.

By Stuart A. Capper, DrPH

WIC staff from across the state attended the two-day conferences. The training provided staff with breastfeeding education and counseling techniques to use in their clinic. Currently, there are three clinics in Alabama that have Peer Counseling Programs. These programs are funded by the United States Department of Agriculture specifically for developing and implementing Peer Counseling Programs.

The WIC program has initiated a breastfeeding peer counselor program in three counties: Blount, Mobile and Montgomery. These pilot sites employ present or former WIC participants who breastfed their babies at least six months and can offer support to pregnant and postpartum mothers regarding breastfeeding issues.

The American Academy of Pediatrics recommends that infants breastfeed at least for the first year of life. At the county health departments where peer counseling is available, nurses and nutritionists distribute printed materials which offer the following services to prospective breastfeeding mothers:

- Tips on going back to work and continuing breastfeeding
- Ways to stay close to babies through breastfeeding
- Suggestions for getting support from family and friends
- Ways to get a good start with breastfeeding
- Secrets for making plenty of breast milk
- Help with breastfeeding concerns

Combining peer counseling with ongoing breastfeeding promotion in WIC has positively impacted the breastfeeding rates in the participating clinics. Breastfeeding initiation rates have continued to increase since the program started in 2005. The program is planned to expand to three other sites in 2007.

For more information contact Michell Grainger, M.S.N., R.N.C., I.B.C.L.C., State Lactation Coordinator, WIC Program, Bureau of Family Health Services, at (334) 206-5673, mgrainger@adph.state.al.us.

Client of the WIC program in Baldwin County recently wrote a letter to State WIC Director Wendy Blackmon thanking the staff and the program. The mother learned about the program from her daughter’s physician after her infant was born with congenital heart problems and needed to be put on several different costly formulas.

“I am grateful for your program and what it has to offer. WIC helped us out financially during a very hard time,” the mother stated.

Fortunately, their second child was born healthy, and she has been able to breastfeed him. “He is 10 months and 22 pounds.” Thanks to the department, she was provided a breast pump, which she called a “wonderful gift,” through the Robertsdale clinic.

Her letter concluded, “I am proud to spread the word (about WIC) because it is a wonderful program for everyone.”
Here is a patient with everything stacked against him,” said Scott Jones, acting director of the TB Control Division. “Here is a patient who would most likely never complete therapy on his own. Here is where commitment counts. To Kathi Dawn, commitment to public health is revealed in actions - not just words.”

In calling for recognition of this dedicated employee, Ms. Waddell said, “I just thought you would like to know about someone who loves her job and loves to help people. Kathi is setting an example for disease intervention specialist staff across the state.”

Ms. Denton agreed and called Ms. Dawn “an example of the field personnel who operate with diligence and compassion - one case at a time. Staff members like Kathi Dawn are the backbone of our disease control structure. Kathi is a faithful, hardworking member of this program, and we appreciate the recognition of her contributions.”

Helping, continued from page 1….

calorie, high protein dietary supplement for her patient through the TB program formulary.

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.

Carmen Butler and Evelyn Jackson, Center for Health Statistics from Kathy Kirby, Roscoe, Texas

Veronica Moore-Whitfield, Center for Health Statistics from Margaret Childs, Cincinnati, Ohio

Theresa Mulkey, Center for Health Statistics from Phyllis Williams, Birmingham, Alabama

Ann Dagostin, Center for Health Statistics from Susan Stewart, Montgomery, Alabama

Sharon Whalen, General Counsel from Carol Mysinger, Montgomery, Alabama

The department bid farewell to Charlotte Denton after more than 21 years of service to public health at a reception Sept. 21. In her distinguished career Ms. Denton established a statewide public health infection control program; wrote numerous guidelines, policies and procedures; coordinated the state refugee health screening program; and most recently directed the Division of Tuberculosis Control. The Alabama Tuberculosis Medical Advisory Council presented her with the Public Health Leadership Award. She served the Alabama Public Health Association in many capacities since joining in 1985, including as president in 1998-99. A graduate of the South Central Public Health Leadership Institute, she received many awards including the Southern Health Association’s Ficquett-Holley Award, the Doris Coppage Award, and the Alabama Public Health Association’s Ira L. Myers Award for Excellence.
The department once again has accounted for all property subject to audit by the State Auditor’s Office, thanks largely to a new property inventory system developed by the Bureau of Information Services and with the support of employees throughout the state.

The 2006 property audit, required biennially, was completed in a record seven weeks. This expedited audit resulted in significant savings to the state because the new system automatically reports on computer-related equipment.

Leon Barwick, director of the Bureau of Information Services, said, “This report is very positive from every aspect. We commend our property inventory officers throughout the state and at the RSA Tower for their excellence in accountability. We also appreciate Dr. Williamson’s support of property management.”

A large part of this accomplishment resulted because Computer Systems Center personnel created a program that identifies and provides the location of computer network items. This program identified 6,225 computer items, about half of the items required for audit.

This system actively monitors all devices attached to the department’s network or which could be attached to its network. Each time a device is switched on, information is sent to a monitor which logs that it is now on the network. Devices not normally on the network (such as laptops), but which are network capable are required to connect and log-on to the network via a data cable, wireless or dial-up. Devices which are always tied to the network (such as switches and routers) report themselves to the monitor periodically.

Chuck Langley, director of the Technical Support Division, said, “The ADPH inventory system simplifies audits, saves time and gives ADPH personnel a greater certainty on the whereabouts of their equipment.”

The property audit began on June 19 and was completed on Aug. 4, less than half the time required for the prior audit in 2004. All site visits were completed within five weeks, thus saving both per diem and travel costs.

By following the new procedure, the department is able to capture announcements of all network devices on a monthly basis. For audit purposes the announcements are matched against the State Auditor’s Office database creating a reduced list of items to be scanned. This enables auditors to look for known items.

Instrumental in the collaboration which resulted in the new system’s development continued on page 10

Pictured (front, left to right) are Bob Stinnette, Pam Brown, Regina Patterson, Roy Case, (second row) Leon Barwick, Gene Hill, Austin Thompson, Mike Hassell, Jane Ellen Taylor, John Heitman, James Coley.
Perfect audit, continued from page 9.....

and approval were the following individuals: Information Technology Systems Specialist Patty Toney, State Auditor’s Office; Mike Hassell, Logistics Division director; John Heitman, Computer Systems Center director; and Bob Stinnette of Computer Systems Center.

The property inventory team is responsible for the inventory and management of 12,753 items of equipment valued at $27,806,923.79. Hassell thanked property managers for the 167 health department locations with doing an excellent job in verifying that equipment is accounted for. He also credited the new system with helping to minimize employee disruption.

The Alabama Department of Public Health is the second largest state agency after the Alabama Department of Transportation in number of property items to be audited.

Barwick has offered the system the department developed as a model for other state agencies seeking to identify computer-related items for auditing purposes.

“We are pleased and proud to share with others who would like to implement the system which uses a common Microsoft platform,” he said.

Others involved in the successful audit include the following: Logistics Division Property Team: Jane Ellen Taylor, John Blackmon, Austin Thompson, Genevieve Moore and Alfreda Arrington. Key participants from the Computer Systems Center include: Roy Case, Gene Hill, James Coley, David Newman, Pam Brown, Jimmy Brown and everyone in the Technical Support Division.

Sharing the Messages of Public Health

Our thanks to these employees for their interviews about the following topics on WAKA television’s monthly health program in Montgomery:

July - Sharis LeMay, Zero to Five Matters

August - Michell Grainger, M.S.N., R.N.C., I.B.C.L.C., Breastfeeding Awareness Month

September - Ruth Wilson, M.Ed., Stroke Signs and Symptoms

October - Kyle Reynold, Ed.D., Diabetes Month

Retirees

The following public health employees retired in August and September:

August

Richard Haas, Center for Emergency Preparedness
Grady Myers, Montgomery County Health Department
Sharon Owens, Center for Health Statistics
Annie Rowell, Wilcox County Health Department
Sheila Stewart, Clarke County Health Department

September

Arlene Mayes, Colbert County Health Department
Beatrice Oliver, Marshall County Health Department
Jim Prince, Emergency Medical Services
Joyce Rutledge, Public Health Area X
Cindy Lesinger’s long, thick black hair once again has been cut to mid-length. That’s because the Pandemic Influenza and Smallpox Coordinator with the Center for Emergency Preparedness has donated her shining tresses to Locks of Love. This is the third time Ms. Lesinger has patiently grown out her hair to donate to this organization which helps children who need hair prosthetics.

Ms. Lesinger heard about the program several years ago. Working with her hairstylist at Grand Salon in Montgomery who donates her skills and time as well, her stylist trims her hair every six months while it is growing out, which helps improve the hair’s condition. Locks of Love provides hairpieces to financially disadvantaged children 18 and younger who have medical hair loss. These custom-fitted hair prosthetics help the children, mostly girls, achieve crucial self-esteem and confidence. The prosthetics are provided free of charge or on a sliding scale basis to children whose families meet income guidelines.

The organization, which began operation 1998, has helped over 2,000 children to date. Thousands of bundles of donated hair arrive from around the world as a result of the Internet and word of mouth as well as the publicity Locks of Love receives.

Donors provide the hair, volunteers open and sort the donations, and the manufacturer hand-assembles each piece, which requires approximately four months to complete. Children comprise over 80 percent of the donors, making this a charity in which children have the opportunity to help other children.

Locks of Love provides its recipients with a custom, vacuum-fitted hairpiece made entirely from donated human hair. The vacuum fit is designed for children who have experienced a total loss of scalp hair and does not require the use of tape or glue. Most of the applicants suffer from an autoimmune condition called alopecia areata, for which there is no known cause or cure. Others have suffered severe burns, or endured radiation treatment to the brain stem, in addition to many other dermatological conditions that result in permanent hair loss.

Donated hair is evaluated for its usefulness according to the following guidelines:

1. The donated hair must be at least 10 inches (preferably 12 inches) in length
2. It must be bundled in a pony tail or braid
3. It must be free of hair damaged by chemical processing
4. The hair must be clean and dry, placed in a plastic bag, and mailed in a padded envelope to: Locks of Love, 2925 10th Avenue N., Suite 102, Lake Worth, Florida, 33461.

For more information about Locks of Love, please visit www.locksoflove.org.
Screening for Lead Poisoning is Essential

Remember, it is essential to screen all children at ages 12 and 24 months for lead poisoning. Report ALL levels >10ug/dL to the Health Department using the ADPH-FHS - 135 form. Forms and educational materials are available at the Health Department’s Web site http://www.adph.org/aclppp. For any questions, please call 1-334-206-2966 or 1-800-545-1098.

Keep Alabama’s kids lead free!