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Alabama Statewide Cancer Registry implements new internet data transfer system

The Alabama Statewide Cancer Registry is implementing a new internet data transfer system to help increase the tracking and accounting of cancer incidents in Alabama.

The registry was started in 1996 as a result of a state law established in 1995. The registry's purpose is to monitor trends, survival and treatment of cancer in Alabama. The American Cancer Society estimates that more than 21,000 new cases of cancer will be diagnosed in Alabama annually.

"One out of three Americans will develop cancer in their lifetime," states Reda Wilson, director of the registry, Bureau of Health Promotion and Chronic Disease.

The information collected by registry can be used for medical research and to provide scientific reports on the burden of cancer in Alabama, which will assist hospitals to provide a better quality of patient care. Currently, 113 hospitals are required to report all cancer cases diagnosed and treated at their facility to the registry.

Presently, hospitals report their data by using software that either they purchase or is provided by the registry. Specific information is requested and a certain method of reporting is required. The hospitals then save that information on a disk and mail it to the registry.

The new internet transfer system will allow hospitals to report their data simply by clicking on the internet. Each

hospital will have its own individual folder that it can access using a unique password assigned to them. When the hospital opens its folder staff can send their data in a secure form over the internet.



Reda Wilson directs the registry.

This new method will help in the timeliness and number of cases reported by hospitals. According to the North American Association of Cancer Registries to reach the Gold standard a completion rate of 95 percent of all cancer cases in the state must be reported. Currently, the registry is only at a percentage rate of 80 percent. This new internet transfer system will allow hospitals to report their information earlier and easier to ensure that more cases are reported. The new system will help with the prevention,

screening and treatment for cancer at the reporting hospitals in the state.

For more information on the Alabama Statewide Cancer Registry and cancer prevention visit their site at www.alapubhealth.org/cancer. See Cancer Prevention Steps on page 2.

By Takenya Stokes

Cancer Prevention Steps



There are several steps persons can take to prevent themselves from getting cancer. The following tips are recommended:

- ☛ **Eliminate tobacco use**-Smoking is responsible for 90 percent of cancer in men and 79 percent in women. It is also the most preventable cause of cancer death.
- ☛ **Reduce alcohol consumption**-Oral cancer and cancers of the larynx, throat, esophagus and liver occur more frequently in heavy consumers of alcohol.
- ☛ **Eat a proper diet**-Diets should be high in vegetables and fruits, and low in red meat, saturated fat, salt and sugar.
- ☛ **Increase physical activity**-Evidence suggests that low physical activity may increase the risk of breast cancer in women and prostate cancer in men.
- ☛ **Avoid environmental hazards**-Extended exposure to hazards such as sunlight and chemical and industrial agents can be harmful and cause dangerous cancers.

Source: Citizen's Handbook on Cancer

The Association of State and Territorial Health Officials has awarded its 2001 Vision Award to the Food and Fitness Program in the Central Office.

Program coordinator Miriam Gaines, director of the Nutrition and Physical Fitness Unit in the Office of Professional and Support Services, holds the national award as program participants look on. The award carries with it a monetary prize which will be used in the program. Food and Fitness is a voluntary program at the Central Office and the Bureau of Clinical Laboratories in Montgomery to learn healthy eating and physical activity lifestyles.

Alabama Department of Public Health

Mission

To serve the people of Alabama by assuring conditions in which they can be healthy.

Value Statement

The purpose of the Alabama Department of Public Health is to provide caring, high quality and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

The Department of Public Health works closely with the community to preserve and protect the public's health and to provide caring quality services.

ALABAMA'S HEALTH

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

Alabamians observe World AIDS Day 2001

The fourteenth annual World AIDS Day was observed around the world and in Alabama on Dec. 1. World AIDS Day aims to increase awareness of the magnitude of the HIV/AIDS epidemic globally and in the U.S. This year's World AIDS Day theme in the U.S. is "I Care... Do you? Youth and AIDS in the 21st Century."

The 2001 theme emphasizes that every individual has a responsibility and an opportunity to make a constructive contribution to the prevention of HIV/AIDS. The goal of World AIDS Day 2001 is to underscore that youth are significantly infected and affected by HIV and to call for greater education and involvement of young people in preventing, diagnosing and treating HIV/AIDS.

HIV/AIDS prevention and protection programs geared toward youth are needed now more than ever, as evidenced by these worldwide statistics:

- Young people under age 25 represent half of all new HIV infection cases.
- Ten million people ages 15-24 are living with HIV/AIDS.
- Every minute, five young people are infected with HIV.

Alabama program a model

A printed resource booklet for World AIDS Day 2001 includes a description of Jacksonville (Alabama) High School's Focus Group as a model for innovative World AIDS Day activities. Last year the group organized a wide variety of events to expose their students to the issues of World AIDS Day. The student group decorated the school with red ribbons and also used posters of HIV-infected individuals to show students some faces of the disease.

The booklet, distributed by the American Association for World Health, relates that in the Jacksonville student assembly a young woman spoke about her daily life and her challenges with the disease. Two workers from area HIV/AIDS services also spoke about their experiences and how they care for their patients.

A worldwide goal for the year 2004 listed in the booklet is "Promoting youth's access to HIV/AIDS education and involving adolescents in the planning of HIV/AIDS prevention programs." Through activities such as the Jacksonville High School elective Focus Group class, Alabama is on the leading edge of meeting the worldwide goal.

Jane Cheeks, director of the HIV/AIDS Division, said,

"We are trying to get a course established in at least one school system in every county in Alabama, and ultimately in all schools, with an effort beginning this month. This type of peer education has proven very effective in many health education efforts."

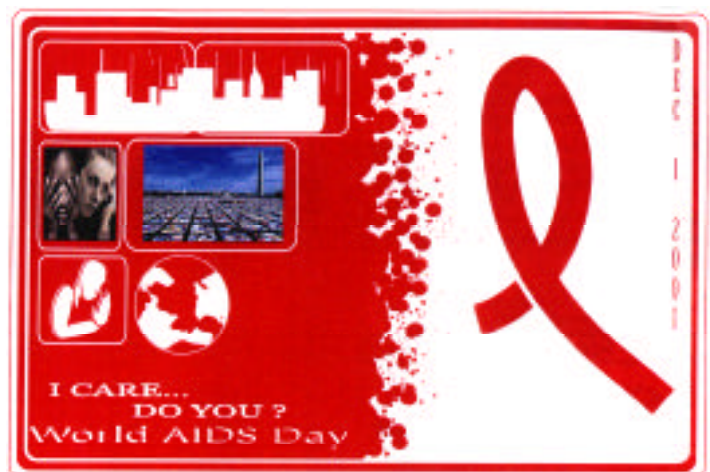
Retired high school health educator Sue Jones who formerly taught the Focus Group class at Jacksonville High School has been employed to work with the state's school systems to establish these courses. A student-led course has the advantage of offering current, accurate information from the students' perspective.

Discouraging statistics

All communities are affected by the continuing spread of AIDS. According to the HIV/AIDS Surveillance Branch, as of Oct. 29, 12,165 Alabama residents had been diagnosed and reported with HIV or AIDS, 3,457 of whom have died. Reported cases of HIV/AIDS included 3,890 white males, 5,353 African American males, 2,032 African American females and 644 white females. There had been 99 perinatal cases reported, and 980 cases reported among persons over 50 years of age. The majority of cases reported are still among persons 25 to 40 years of age.

World AIDS Day has a special place in the history of the AIDS pandemic. Since 1988, Dec. 1 has been a day bringing messages of compassion, hope, solidarity and understanding about AIDS to every country in the world.

Alabama events to observe the day included a seminar and luncheon, candlelight vigil services, a gospel service, a health fair, literature distributions and an open house.



West Nile Virus spreads to Alabama in 2001

Last spring Dr. Bill Johnston, state public health veterinarian, predicted the arrival of West Nile virus in Alabama. The virus had been detected as far south as North Carolina and it was expected to be carried to Alabama through migratory birds. His predictions came to pass with one confirmed human death from the disease in Jefferson County, one confirmed case in an individual who survived (also from Jefferson County) and 57 WNV-positive birds from 11 counties.

State and local health officials cooperated with the Centers for Disease Control and Prevention and two dozen partners in Alabama to monitor for the potential invasion of the virus. Ashley Rossi, wildlife biologist with USDA's Wildlife Services, coordinated the statewide surveillance program. Public health officials, along with extension, conservation, wildlife, university and agriculture cooperators, focused on testing dead birds and mosquitoes to determine whether the virus is active in an area.

County health department environmental offices and county extension offices across Alabama shipped 750 dead birds from 63 counties and submitted them to three laboratories for testing for WNV and other encephalitis-causing viruses, like Eastern Equine Encephalitis (EEE).

"It has been an active and successful arboviral surveillance season," Dr. Johnston concluded in one of his regular e-mail updates to cooperators. "With the detection of WNV in every contiguous state, suffice it to say that WNV has been present and active throughout the Alabama. The fact that WNV was not detected in some counties is a reflection of submissions and surveillance - not the absence of the virus, vectors or reservoirs. If we follow what has been observed in other states, it will appear again in 2002, and probably remain established."

With the onset of cooler weather, dead bird collection and testing for WNV was halted for the season effective Nov. 21, and it is expected to resume in February or March 2002.

The first appearance of WNV in the United States was 1999 in New York City, where seven people died of viral encephalitis and dozens more became ill. The virus, which is transmitted to birds, to humans and other mammals like horses by mosquitoes, does not always cause illness.

The majority of people who are bitten by an infected mosquito feel nothing, even if the virus is transmitted to them. Others experience flu-like symptoms, including fever, headache and body aches, sometimes with skin rash and swollen lymph glands. Severe infections are marked by a variety of symptoms, including high fever, neck stiffness, disorientation or stupor, coma, tremors and

convulsions, paralysis and rarely, death.

Preventing infection by WNV is the same as with other mosquito-borne diseases. Since mosquitoes must have standing water to breed, eliminating mosquito breeding sites and reducing exposures to mosquito bites are prevention methods. Mosquitoes were trapped by entomologists and tested for arboviruses each week at more than 50 sites throughout Alabama.

WNV-positive birds confirmed

As of Nov. 29, the counties where WNV-positive birds were confirmed and their numbers are as follows: Calhoun, 1; Covington, 1; Dallas, 1; Jefferson, 35; Lee, 1; Madison, 1; Montgomery, 9; Russell, 1; Shelby, 2; Talladega, 1; and Tuscaloosa, 4.

One hundred seventy-nine horses were screened for WNV in Alabama. Two horses tested positive for WNV from Dale County. Both horses are fully recovered. One horse tested positive for WNV from Dallas County, and it was euthanized. Thirty-five horses were positive for EEE from Autauga, Baldwin, Conecuh, Coffee, Covington, Dale, Elmore, Escambia, Geneva, Henry, Lee, Macon, Montgomery, Russell and Washington counties.

One puppy was positive for EEE in Geneva County. One emu was positive for EEE in Russell County. An emu from an emu farm in Coffee County also tested positive for EEE.

Cooperators in Alabama WNV/arboviral surveillance for the year 2001 included:
Centers for Disease Control and Prevention
Alabama Department of Public Health
United States Department of Agriculture-APHIS-Wildlife Services
USDA-APHIS-Veterinary Services
Alabama Power Company
Mobile County Health Department
Baldwin County Health Department and Baldwin County Commission
Jefferson County Health Department and Jefferson County Commission
Tennessee Valley Authority
Alabama Dept. of Agriculture and Industries - Veterinary Diagnostic Laboratory
University of Alabama Division of Geographic Medicine
Auburn University Dept. of Entomology and Plant Pathology
Southeastern Raptor Rehabilitation Center
Auburn University School of Forestry and Wildlife Sciences

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Suspected anthrax samples dwindle, but some concerns remain

The department continues to test suspected anthrax samples submitted by the Federal Bureau of Investigation, but the volume of samples sent to the Bureau of Clinical Laboratories declined during November. No actual cases of anthrax have surfaced in Alabama to date.

As of Nov. 27, the Bureau of Clinical Laboratories had investigated 254 anthrax incidents, including testing 378 environmental and 25 clinical samples. Of these, there were four environmental samples and two clinical samples submitted with results pending.

The number of samples submitted by the FBI has slowed substantially, with only five new events during the week of Nov. 18. Previously, there had been 15 to 20 anthrax samples submitted each day. The first laboratory testing for anthrax occurred on Oct. 8.

Awareness and preparedness for bioterrorism have been increased in recent weeks. Training has been provided to hospital personnel, health professionals, first responders and mailhandlers. The department's Health Alert Network also has been tested for rapid dissemination of information.

A number of satellite conferences have been offered to employees on such topics as biological and chemical warfare, terrorism, and clinical diagnosis and management of anthrax. To protect postal workers, the Worksite Wellness program has administered some influenza immunizations to U.S. Postal Service employees in the Montgomery area and some county health departments in other parts of the state have given immunizations to these workers.

The department continues to work with the Federal Bureau of Investigation and other law enforcement agencies.



Members of the Gamma Kappa Chapter of Alpha Kappa Alpha sorority at Tuskegee University held a "Buckle-Up America" program on the campus on Nov. 14. The chapter members distributed pamphlets and fact sheets with statistics, facts and myths about seatbelts. In addition, they handed out Dum-dum lollipops to vehicle occupants not wearing seatbelts and Smarties candies to those who did buckle up. Surveys were conducted on the day preceding, the day of the event and the day following the event. The survey on the day after the promotion found a significant increase in seatbelt usage. The program was implemented in conjunction with the Injury Prevention Division of the Bureau of Health Promotion and Chronic Disease.

Retirement

Martha Loper, Dale County Health Department, retired on Dec. 1.

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Alabama Cooperative Extension System
ALDCNR - Wildlife and Freshwater Fisheries Division
National Wildlife Health Center
Department of Defense
Wildlife Rehabilitation Facilities

For a nationwide summary of WNV surveillance and confirmed cases, see

<http://www.aphis.usda.gov/oa/wnv/wnvstats.html>. For a map, please view http://cindi.usgs.gov/hazard/event/west_nile/west_nile.html and click on bird and mosquito maps. These maps are updated regularly.

Holiday Safety Alert: CPSC announces recall round-up of toys and children's products

As families gather for the holidays, the U.S. Consumer Product Safety Commission is warning consumers that dangerous children's products may still be in their homes. Grandparents dust off old playpens; older children often share their toys with younger relatives; and keepsakes are stored in old cedar chests.

The CPSC wants to prevent these holiday traditions from becoming tragedies. Despite recall notices and public warnings, CPSC has found that many products with the potential to seriously injure or kill are still being used by consumers.

CPSC is releasing a list of dangerous children's products — over 23 million product units — that might still be in people's homes. These are some of the CPSC's largest recalls or consumer alerts involving children's products over the last year. Families should check whether old products have been recalled and place them out of the reach of children. Manufacturers will usually offer a free repair kit or replacement product.

Parents can get the list of recalled products by going to the CPSC website, www.cpsc.gov, or calling toll free, 1-800-638-2772. This list identifies recalled children's products that are off store shelves but may still be lurking in attics, basements, toy boxes or closets.

The CPSC is also providing safety tips that will help consumers choose appropriate toys this holiday season and year round.

Recalled Children's Products that May Still be in Consumers' Homes

Zapper Toys (940,000) distributed by nine firms. Small balloon tongues and the cylinders holding the tongues can detach posing a choking hazard. One firm received a report of a 3-year-old boy who inhaled a balloon tongue that detached from a Zapper toy into his sinus cavity. He required medical treatment to remove the part from his nose. Throw away toys or take them back to place of purchase for a refund.

Sassy Rattles (455,000) distributed by Sassy Inc. Rattles have sewn-on spherical fabric eyes that can detach, posing a choking hazard. One hundred twenty-nine reports of eyes detaching; 1 child started to choke and parent used Heimlich maneuver to remove the eye. Take rattle away from young children and return to Sassy for free replacement. Contact Sassy at (800) 781-1080 or www.sassybaby.com.

Little Tikes Swings (250,000) distributed by Little

Tikes Company. The buckles on the swing can break and the shoulder restraint straps can pull out of the back of the seat, causing young children to fall. Fourteen reports of problems, 5 injuries. Contact Little Tikes to receive a free repair kit at (800) 815-4820 or visit the firm's web site at www.littletikes.com.

Lane Cedar Chests (12 million) distributed by Lane Co. The cedar chest lids automatically latch shut when closed, posing a suffocation hazard to children. Ten children suffocated inside the chests. New locks, used since 1987, will prevent entrapments because they do not automatically latch shut. No Lane cedar chests manufactured since 1987 pose this safety hazard. Contact Lane to get new free locks (easy to install at home) to prevent entrapments, (888) 856-8758 or www.lanefurniture.com.

Safety 1st Fold-Up Booster Seat models 173, 173A and 173B (1.5 million) distributed by Safety 1st. The top half of the booster seat insert can separate, causing a child to fall and be injured. Thirty-two reports where the seat halves separated; 7 injuries. Contact Safety 1st for free repair kit at (888) 579-1730 or www.safety1st.com.

Evenflo Joyride Car Seats/Carriers models 203, 205, 210, 435, 493 (3.4 million) distributed by Evenflo Co. Inc., when used as an infant carrier, the handle can unexpectedly release, causing the seat to flip forward and allowing an infant to fall to the ground and suffer serious injuries. Two hundred forty reports of handles releasing; 97 injuries. Contact Evenflo to get a free repair kit at (800) 557-3178 or www.joyridecarseat.com.

Century Car Seats/Carriers (4 million) distributed by Century products, when used as an infant carrier, the handle can break, causing an infant to fall to the ground and suffer serious injuries. Two thousand seven hundred reports of handle-related problems; 200 injuries. Contact Century to get a free easy-to-install replacement handle at (800) 865-1419 or www.centuryproducts.com.

Baby Trend Portable Cribs/Play Yards models Home and Roam and Baby Express (100,000) distributed by Baby Trend Inc., these cribs/play yards can collapse and entrap an infant in the V-shape created by the collapsed sides of the crib/play yard. Play yards made since 1997 meet a new safety standard that requires the top rails to automatically lock into place when the unit is fully set up.

Safety.....continued on page 7

Five deaths and 3 reports of babies found not breathing (who were revived). Contact Baby Trend to get a free new play yard at (800) 328-7363 or www.babytrend.com.

Cosco Playpens models “Zip n Go,” “Okie Dokie” and “Carters” (102,000) distributed by Dorel Juvenile Group, plastic tabs on the playpen that lock the rails into the corners can break or loosen over time, allowing the rails to turn inward, collapse, and entrap an infant. Four hundred twenty-one reports of rails not locking; 1 death to a baby whose chest was caught in the V-shape created by the collapsed sides of his playpen. Contact Dorel Juvenile Group to get a refund or replacement product at (800) 314-9327 or www.djgusa.com.

Twister Portable Lamps (480,000) distributed by Emess Lighting Inc. and SLI Lighting Solutions Inc. The lamp’s bulb can become hot, presenting a risk of burn injuries and the risk of fire if the bulb touches combustibles. Five injuries and 12 reports of property damage. Contact the firm to get a free retrofit kit at (800) 366-2579 or www.twisterlamp.com.

Toy selection tips

The following tips will help consumers choose

appropriate toys:

- * Select toys to suit the age, abilities, skills, and interest level of the intended child. Toys too advanced may pose safety hazards to younger children.
- * For infants, toddlers, and all children who still mouth objects, avoid toys with small parts which could pose a fatal choking hazard.
- * Look for sturdy construction, such as tightly secured eyes, noses, and other potential small parts.
- * For all children under age 8, avoid toys that have sharp edges and points.
- * Do not purchase electric toys with heating elements for children under age 8.
- * Be a label reader. Look for labels that give age recommendations and use that information as a guide.
- * Check instructions for clarity. They should be clear to you, and when appropriate, to the child.
- * Immediately discard plastic wrappings on toys, which can cause suffocation, before they become deadly playthings.

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*.

Rhonda Cofield, R.N.
Randolph County Life Care

from Rosalyn Garland
Atlanta, Ga.

Bill Duke
Center for Health Statistics

from Fred Dawson, Jr.
Birmingham, Ala.

Doris Harden
Health Promotion and Chronic Disease

from Evelyn F. Crayton
Auburn University, Ala.

Dock Harrell
Public Health Operation Resources Management

from Lynn Williams
Montgomery, Ala.

Theresa Mulkey
Center for Health Statistics

from Pattisue Elliott
Manchester, Ga.
Alicia Jo Reese
Daleville, Ala.
Sylvia Rochow
Hudson, Mass.

Commendations.....continued on page 9

Control of blood pressure and cholesterol are important for people with diabetes

The Alabama Department of Public Health has joined the National Diabetes Education Program and the American Diabetes Association in urging people with diabetes to control blood pressure and cholesterol along with blood glucose (blood sugar)—an approach that will help prevent heart attack and stroke, the leading killers of people with diabetes.

Diabetes is growing at an alarming rate in the United States, and Alabama ranks among the top five states for the percentage of the population diagnosed with the disease. An estimated 287,000 Alabamians have diabetes and many of them may be living with the disease without knowing it. This lack of knowledge can lead to serious consequences.

“People who weigh more than their normal weight and have a family history of diabetes need to discuss testing with their physician at their next appointment,” said Dr. Donald Williamson, state health officer.

Diabetes is the leading cause of kidney failure, limb amputations and adult-onset blindness. The disease also directly contributes to the incidence of heart disease and strokes, among the leading causes of death in Alabama. But the disease can be treated.

The key to diabetes is insulin, a hormone released from the pancreas. Individuals with diabetes fail to correctly produce this hormone that enables the body to utilize sugar.

There are two types of diabetes. Type 1 diabetes usually occurs in children and young adults and is caused by the body’s inability to produce insulin. Individuals with Type 1 diabetes must take daily injections of insulin.

Type 2 diabetes can occur at any age but occurs more frequently in adults over 40. It results from the body’s inability to make enough insulin or use it effectively. Type 2 diabetes is usually treated through diet, exercise and oral medications that improve the ability of cells to use insulin.

Recently Type 2 diabetes has been diagnosed more frequently in children in the United States. This increase has been linked to obesity and the lack of physical activity among young people.

“Results of recent studies show that obesity, poor diet and lack of physical exercise are clearly linked to diabetes,” said Dr. Jack Hataway, Director of Chronic Disease Prevention. “Healthy eating and regular physical exercise can prevent or delay the onset of diabetes, even in high-risk individuals, and prevent complications for those who already have the disease. Just a little effort can help

greatly.”

ABCs communicate simply

To communicate the importance of comprehensive care in simple language, the “ABCs of Diabetes” have been developed.

The **A** stands for the A1C (pronounced A-one-C), or hemoglobin A1C test, which measures average blood glucose over the past three months. The **B** is for blood pressure, and **C** is for cholesterol.

The ABCs approach was developed because the vast majority of people with diabetes don’t know about their very high risk of cardiovascular disease. Research shows that 75 percent of people with diabetes die from heart disease and stroke, and they often die younger.

“People with diabetes know how important it is to control their blood glucose, but too little attention is paid to the role of blood pressure and cholesterol,” said Allen Spiegel, M.D., NDEP spokesperson and director of the National Institute of Diabetes and Digestive and Kidney Diseases at the National Institutes of Health. “Research shows that this new approach, aggressively treating these three risk factors, can save lives.”

The National Diabetes Education Program, the American Diabetes Association, and the department are urging people with diabetes to ask their health care team three important questions about the ABCs:

- What are my A1C, blood pressure and cholesterol numbers?
- What are my treatment goals?
- What do I need to do to reach and maintain my goals?

Recommended Targets:

- A1C - less than 7 percent. Check at least twice a year.
- Blood pressure - below 130/80. Check at every doctor’s visit.
- Cholesterol (LDL) - below 100. Check at least once a year.

The same steps needed to control blood glucose work for controlling blood pressure and cholesterol: stay at a healthy weight; follow a healthy diet; get daily physical activity; and take prescribed medications.

The National Diabetes Education Program and the American Diabetes Association are distributing a new brochure for people with diabetes that includes a wallet card to help them track their ABC numbers.

Diabetes.....continued on page 11

Commendations.....continued from page 7

Melissa Olmstead
Nancy Wright
Lynn Williams
Health Promotion and Chronic Disease

from Rose Winkler
Montgomery, Ala.

Sue Parker
Health Provider Standards

from John G. Beard, M.B.A., J.D.
Birmingham, Ala.

Toni Prater
Health Promotion and Chronic Disease

from Doris Cade
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Karen Rasberry
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Letitia Scott
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from Leon Barwick
Bureau of Information Services

Alton Stone
Center for Health Statistics

from Mrs. Wayne Lathan
Jackson, Ala.

Kembley Thomas
Center for Health Statistics

from Elva E. Lang
Fountain Hills, Ariz.

Lula Walker-Cook
Health Provider Standards

from Bruce Thevenot
Montgomery, Ala.

Cardiovascular Disease in Rural Alabama: Focus groups express opinions

Residents in some of Alabama's rural counties know a lot about the dangers of cardiovascular disease, but they face a growing sense of medical isolation in their efforts to confront the problem.

That conclusion came from recent research in four central Alabama rural counties—Greene, Macon, Perry and Wilcox. The Communication Studies Department at the University of Alabama at Birmingham interviewed 52 people in four counties over a three-week period in August and September, seeking information about cardiovascular health.

The study found that most residents knew a great deal about cardiovascular disease and its most common causes. Much of their knowledge came from personal experience—either they themselves or a family member had cardiovascular problems.

Such personal experiences had motivated them to change some of their dietary habits, and others were willing to change. The problem: living in a rural area limited their opportunities to do so. Several factors

contributed to the problem.

Medical isolation. The most consistent attitude in these counties was a pervasive sense of medical isolation, particularly for emergency care. “If you get sick after hours, there’s not much you can do,” one person said. “It’s a 30-minute drive to the nearest hospital.” A Wilcox County resident agreed: “You don’t wait for an ambulance. You just put them in the car and get them there as fast as you can.”

Economics. All four counties have unemployment rates that exceed the state average. “There’s 13,000 people in Wilcox County, but only about 3,000 have jobs,” one resident of that county said.

Without jobs, many residents don’t have health insurance. A Greene County man’s wife suffered from severe heart disease, but, without insurance, they could not afford her medication. “She’s going to die,” he said, “and there’s nothing I can do about it.”

Cardiovascular.....continued on page 11

Barriers to WIC Participation: A Research Note

Here's a paradox. WIC (Women, Infants and Children), a federal nutrition program, has been highly successful at providing nutrition assistance and free food to low income women and children. Nationwide, the number of participants reached 7.4 million in 1998.

Understanding the popularity of the program is easy. The information and food available through the program is free to those who qualify, and it directly benefits the health of mother and their children. Research indicates that participating in WIC improves both the health and social skills of children in the program (Kowaleski-Jones & Duncan, 2000).

So why don't all eligible women participate?

It may be the man in her life. In two-parent, working-poor families, the man of the house sometimes doesn't want his wife participating in WIC. So she doesn't.

That's just one conclusion from five focus groups conducted across Alabama earlier this year. The Communication Studies Department of UAB, working with the Alabama Department of Public Health, interviewed 52 women in five cities — Birmingham, Montgomery, Mobile, Huntsville and Dothan — during March and April to get women's impressions of the WIC program.

The purpose of the research was to pretest two public service announcements (PSAs) for promoting the WIC program. The two television spots that came out of those discussions are now running on TV stations statewide. Meanwhile, the project also assessed awareness of WIC, evaluations of the program, and barriers that kept eligible women from participating.

There was a high level of awareness regarding the WIC program. Even most of the women who had not participated in the program knew what WIC was and what services it offered.

Current and former participants gave the program high marks for meeting its mission. Although specifics varied with location, most program users felt that the supplemental food and nutritional advice played a valuable role in helping them raise healthy children.

A bigger concern among all participants was why some eligible women still refused to participate. They identified several barriers:

*** The stigma of public assistance programs.**

Personal pride seems to be an issue here, with some women equating WIC with welfare and opting not to

participate for that reason. There's nothing new in this conclusion. Back in the 1970s, health researchers noted that Alabama has a historical tradition of resisting public health programs (Ludden, 1970). This seems to still hold true, at least to some degree.

*** Objections from the spouse.** The pride factor seemed to be particularly strong among male household members. A woman in the Dothan group said she knew several men who kept their wives from enrolling. Any suggestion by the wife that they needed assistance was viewed by the man as an insult regarding his role as breadwinner. Similarly, a Mobile participant said she and her husband qualified for the program, but didn't use it because her husband said "they didn't need it."

*** Misconceptions.** Several women did not understand that some parts of the enrollment process were not locally controlled. Many also assumed they were not eligible because they did not qualify for welfare. Actually, household income requirements are considerably higher for the WIC program, with many two-income families qualifying. One of the current television spots addresses this misconception.

*** Red Tape.** Several women said the benefits of the program weren't enough to cope with the "hassles" involved in enrolling and receiving benefits. Still, some other women dismissed this idea, arguing that people who complained about the red tape were simply too lazy to take advantage of the program.

In Alabama, WIC is under the authority of the Alabama Department of Public Health in conjunction with the Food and Nutrition Service of the United States Department of Agriculture. The program is administered through the Bureau of Family Health Services and made available to local communities through each county health department and 11 private agencies.

Alabama is particularly fertile ground for the program; 21 percent of the state's children live in poverty, and nearly one-third (32 percent) of Alabama's families are classified as "working poor," i.e., people who have to struggle to pay for basic needs such as food and health care.

It is hoped that by understanding the barriers that keep some people away, more of those "working poor" will eventually benefit from the program.

WIC.....continued on page 11

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Lack of recreational facilities. Greene County had no public walking trail. Perry County had some facilities at the local colleges (Marion Military Institute, Judson College), but most residents couldn't afford the fees. Those with facilities lacked transportation. "Parents have to travel to participate with their kids, pick them up from practice and bring them back," a Wilcox County resident noted. "That's eight to 10 miles each way. In an urban area, you might just go around the block."

The Southern diet. Most participants believed the Southern diet was closing the gap on the health problems of whites and African Americans (African Americans are typically more susceptible to some cardiovascular problems, particularly hypertension). "As far back in the history of the county as you can go, the diet of both races was similar," one person said.

Fast food. "It's like everybody's on a shift change," a Macon County resident said. A Wilcox County resident agreed, adding, "You grab a burger at a fast food restaurant, and it's eat and go."

Lack of time. Some people didn't like taking a day off from work to go to a doctor's office, only to see that doctor for a few minutes. "I've walked out of many doctors' offices with the feeling that I've been treated like cattle; herded in and herded out," one woman said.

Time was also an excuse for not exercising. "I have to work 'til five, take care of my parents (disabled from diabetic-related amputations) and then take care of my own family," a Greene County resident said. "I don't have time to exercise or change what I do."

Inactive children. One parent said, rather bluntly, that "I have a fat kid." It seemed to be a common problem, primarily due to fast food diets and a lack of sports programs. "Kids can't cook," a Wilcox County resident said. "If you feed your kid junk food all the time, they're gonna be overweight."

Fear. Some residents wanted to exercise, but were afraid to do so because of the possibility of criminal attack. In Macon County, the concern was heightened and much of their discussion focused on safe places ("the university") and unsafe places to walk.

Invincibility. A few of the participants had already changed to healthier lifestyles. Others were "trying," but with little success. Several had changed their diets, but few had adopted a regular exercise program. They lacked motivation, a Perry County resident noted, because they thought it "couldn't happen to me."

All of these factors combine to put residents in these

rural counties at risk. Their lifestyles encourage unhealthy eating habits. The rural nature of the counties restricts access to exercise facilities. And financial and medical isolation inhibits their changes of getting effective and timely treatment.

Overcoming those obstacles takes willpower and motivation—motivation that many do not yet have.

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It is free, and part of the new national public education campaign, "Be Smart About Your Heart: Control the ABCs of Diabetes."

For a free copy of the brochure and to learn more about diabetes call 1-800-438-5383 or visit NDEP's website at <http://ndep.nih.gov> or contact the ADA at 1-800-DIABETES (1-800-342-2283) or visit www.diabetes.org/makethe link. The department's Diabetes Branch can be reached at (334) 206-2063.

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References

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December is National Drunk and Drugged Driving (3D) Prevention Month and Safe Toys Month

Calendar of Events



December 5 Alabama Department of Public Health Staff Meeting, 3-4 p.m. For more information contact Jim McVay, Dr.P.A., Health Promotion and Chronic Disease, (334) 206-5600.



December 7 A Practical Guide to Providing Culturally and Linguistically Appropriate Health Care Services, 9 a.m.-12:30 p.m. For more information contact Gwen Lipscomb, (334) 206-5396.



December 12 Reducing Cardiovascular Disease Risk Factors in Youth; Physical Activity in Schools, Public Health Staff Development, 2-4 p.m. For more information contact Fay Smith, (334) 206-5655.



December 19 Disaster Preparedness for Health Professionals, 10 a.m.-12 noon. For more information contact Rosemary Blackmon, (334) 272-8781.



January 9 Infection Control, Public Health Staff Development, 2-4 p.m. For more information contact Fay Smith, (334) 206-5655.



January 17 Promoting Physical Activity Among People with Arthritis, 12 noon-3 p.m. For more information contact Linda Austin, (334) 206-5603.



January 18 PHALCON Update: Three Month Issuance, 9:30-11 a.m. For more information contact Debbie Patterson, (334) 206-5310.



January 30 Home Health Aide and Home Attendant Continuing Education, 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.



February 13 Epilepsy and Seniors, 2-4 p.m. Public Health Staff Development. For more information contact Fay Smith, (334) 206-5655.



February 27 Alabama Board of Nursing Update, 8:30-10 a.m. For more information contact Fay Smith, (334) 206-5655.



March 13 Intergenerational Diabetes, 2-4 p.m., Public Health Staff Development. For more information contact Fay Smith, (334) 206-5655.

