

ALABAMA'S

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HEALTH

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Partnership between FHS and CSC improves WIC services statewide

In response to consumer needs, the WIC Division of the Bureau of Family Health Services created a new policy to enable clinics to issue benefits to WIC recipients for a three-month period instead of two months. Critical to the implementation of this policy was development of a major software enhancement to the Public Health of Alabama County Operations Network, or PHALCON, by the Computer Systems Center.

The software enhancement allows clinics the option of issuing benefits to WIC recipients for three months instead of two. Now the majority of participants may only have to visit the clinic on a quarterly basis rather than bimonthly.

This system has a number of other timesaving benefits including the following:

- Reducing the amount of time the patient waits in the clinic to pick up food instruments
- Reducing the clinic staff time spent on return visits to pick up food instruments

“We are delighted with how quickly the Computer System Center staff could develop and implement this enhancement,” said Wendy Blackmon, director of the WIC Division, Bureau of Family Health Services. “The CSC staff worked throughout the three-day weekend to get all the data converted from the county servers and then put out the new release. Even through there were a lot of unknowns, their staff had the system ready in just four days. I can’t say enough about their efforts.”

Claire Poage and Gene Hill’s CSC staffs worked tirelessly for a year to get hardware out to clinics and include all PHALCON User’s Group suggestions into the



Amanda Butler, WIC clerk with the Cullman County Health Department, finds the three-month issuance policy both simplifies and expedites the process of providing services to WIC recipients. She is shown with a WIC participant, left, and Tara Philyaw, right.

programming, Ms. Blackmon added.

The enhancements are expected to increase participation in WIC by improving client satisfaction and increasing productivity for the WIC staff. The enhancements were tested by county and area WIC staff before implementation in late January. The project was truly a team effort by all clinic, area and state CSC and WIC program staff.

“Everyone worked well together maintaining focus and being flexible so that the goal was reached,” Ms. Poage agreed. “CSC really appreciates all the support of the clinic and WIC staff, and we hope that the enhancements to the system will assist the clinic staff in

WIC.....continued on page 11

Assisted living laws provide increased protection

Gov. Don Siegelman has signed legislation that provides meaningful penalties for the operators of unlicensed assisted living facilities. The legislation also streamlines the process the Department of Public Health must use to close unlicensed facilities. A related bill, also signed by the governor, imposes training, testing and continuing education standards on the administrators of all assisted living facilities operating in the state.

State Health Officer Donald Williamson estimated there are more than 100 unlicensed assisted living facilities in the state, housing about 400 elderly Alabamians. Visits to unlicensed facilities by the department have shown that residents of unlicensed assisted living facilities are at high risk for abuse, neglect and financial exploitation.

One bill increases the fine for operating an unlicensed assisted living home from \$100 to \$2,000 for a first offense, and up to \$5,000 for a second offense. Operators of unlicensed facilities may also be sentenced to up to one year in jail. Licensed facilities that falsify records or give false or misleading statements to the department's inspectors or to family members may be fined up to \$10,000. The second bill provides for educational, training and experience standards for administrators of assisted living facilities.

The department is notifying operators suspected of running unlicensed facilities of the new legislation, and is working with those who could be licensed. Facilities that

cannot be licensed because of fire code problems, such as those currently operating in mobile homes, will be required to close and transfer residents to other facilities.

A statewide survey conducted by the Department of Human Resources last summer identified 71 unlicensed assisted living homes in the state. The typical resident of an unlicensed home is 73.2 years old and has a monthly income of \$330, the DHR report found. Many residents suffer from some form of dementia or Alzheimer's disease, and most are poor.

Additional unlicensed homes undoubtedly exist in the state. A woman died at an unlicensed home in Independence in Autauga County in late October. The state fire marshal's office closed that home, citing a variety of fire code violations, and the residents were relocated. A county grand jury is scheduled to consider that case.

This was the third time assisted living legislation had been introduced. A two-thirds majority of legislators had to agree to consider the bills because they were not part of the agenda set by the governor for the special session on education funding. Dr. Williamson credited the passage of this legislation to several factors including publicity by several media outlets, volunteers working with the American Association of Retired Persons, and the State Committee of Public Health.

By RICK HARRIS

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..



Every time, every trip, every day...buckle up!

All children should be placed in age-appropriate safety seats, booster seats or seat belts—every time they ride in a car or truck. Great progress has been made in increasing the use of child safety seats and booster seats, which has decreased deaths among children in car and truck crashes. But much more remains to be done.

Child safety seat use plummets after age 3. In a study done by the Children’s Hospital of Philadelphia, one-half of 3- to 8-year-old children were not being placed in child safety or booster seats, where most of them belong.

Many parents believe that as their children get older they have no need for child safety seats, but the fact is children need safety seats a lot longer than parents would expect. Small children (age 2 to 5) who are placed in seat belts rather than child safety seats or booster seats are 3.5 times more likely to be significantly injured in a crash and four times more likely to receive significant head injury. When parents place a child in a safety seat or booster seat in a car or truck they should read the instructions so that they can install and use the seat correctly, as well as check their vehicle’s owner’s manual.

As children grow older they should progress through three types of child safety seats before using the seat belt alone: from rear-facing seats to forward-facing seats to booster seats. According to the National Highway Traffic Safety Administration, infants must always be placed in rear-facing seats until they are at least 1 year old and 20 pounds.

Children between 20 and 40 pounds should be placed in forward-facing safety seats. When a child outgrows his or her forward-facing safety seat, a booster seat should be used until the child is at least 8 years old or over 4 feet, 9 inches tall.

A booster seat raises a child up so the seat belt fits. This prevents children from being thrown from the car, or thrown around inside it, during a crash. The front seat is the more dangerous spot because front air bags deployed

in even minor fender-benders have seriously hurt and even killed some children. Seat belts alone are made for adults. Children 12 and younger should be buckled up in the back seat.

Traffic Safety Facts 2000, published by NHTSA, reports that more than half (56 percent) of all children under the age of 15 killed in car crashes in 2000 were completely unrestrained. Child safety seats reduce fatal injury by 71 percent for infants and by 54 percent for toddlers (1 to 4 years old) in passenger cars. For infants and toddlers in light trucks, the seats reduce fatal injury by 58 percent and 59 percent respectively.

Traffic crashes can have psychological as well as physical repercussions. A study in the journal *Pediatrics* found that 25 percent of children suffering traffic-related injuries were diagnosed with post-traumatic stress disorder, as were 15 percent of parents. This rate is similar to that found among children exposed to violence.

For more information about child passenger safety tips, please visit the National Highway Traffic Safety Administration’s web site www.nhtsa.gov, or contact Children’s Health Service at 1-800-504-9768 and their web site www.chsys.org.

Injury News
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Bureau of Health Promotion and Chronic Disease
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Safety Division, Alabama Department of Economic
and Community Affairs

PHASES premieres statewide, providing opportunities for employee growth

The premiere event may already have debuted in your area, or it is coming soon! Movie-type posters promote the inauguration of an exciting worksite staff development program offered for all department employees, called PHASES.

PHASES stands for Public Health of Alabama Staff Enrichment. PHASES also represents the various phases of a public health employee's career. PHASES will offer public health courses to employees to update their skills and increase their knowledge of public health practice.

"We hope this is a way to create a culture of learning and caring as identified by the agency's strategic plan," said Frances Kennamer, director of the Office of Professional and Support Services and chair of the Workforce Development Committee. "Often employees with specialized jobs don't know what's outside their immediate area, and PHASES will provide opportunities to understand the big picture of public health. We want employees to see the department cares enough about them to provide this enhancement to their work."

PHASES begins with two basic level courses. The first is an orientation to the essentials of public health, including its history. A second is titled "Community Partnerships and Perspectives." Sessions are made available to every employee, beginning with an introduction in which the 12-minute orientation videotape is shown and popcorn is shared with participants.

"We want to make the most of employees' time by offering PHASES as a convenient, worksite-based program," Ms. Kennamer said. "Every job is important. The goal is to have employees know they are valued, and we want an atmosphere that creates a productive workplace."

The curricula is being developed by the Workforce

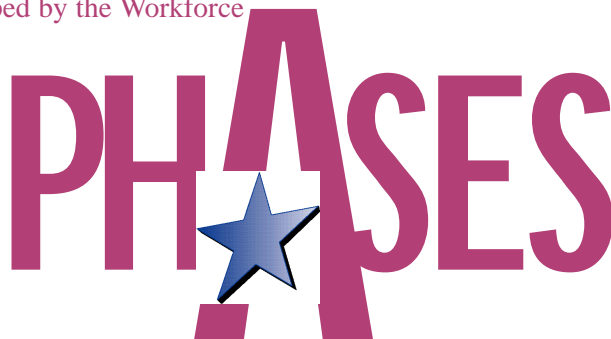
Development Committee, a steering committee which was formed and met five times in 2001. Seven subcommittees with members representing many public health disciplines and programs convened regularly last summer, reports were presented to the full committee last October, and then went to State Health Officer Dr. Donald Williamson who gave it his full approval.

The membership is a mixture of local, area and state personnel from the following: nursing, social work, environmental, communicable diseases, laboratory, nutrition, clerical, administrative, home health, maternal and child health, WIC, information systems, health education/health promotion, distance-based learning, training, personnel and school of public health.

Subcommittees make progress

The **Plan Development** Subcommittee has developed a draft strategic plan for workforce development and has crafted the following policy statement:

The Alabama Department of Public Health believes that a public health work force, well-trained in the essential public health services, is critical to its ability to fulfill its mission "to serve the people of Alabama by assuring conditions in which they can be healthy." Therefore, ADPH, a learning organization, is committed to ongoing public health workforce development and encourages all employees to take advantage of opportunities to update skills and increase knowledge of public health practice. The ADPH will assure fulfillment of this commitment through establishment of a steering committee called the Workforce Development Committee.



Public Health of Alabama Staff Enrichment

Alabama Department of Public Health • Workforce Development

PHASES.....continued on page 5

PHASES.....continued from page 4

The **Workforce Development Resource Directory** Subcommittee is developing a resource directory of all training approved for department staff.

The **Benefits and Incentives** Subcommittee explored ways in which staff could be encouraged and rewarded for their efforts in gaining knowledge and increasing their leadership skills. The feasibility of offering benefits such as those in the following list is being explored:

- Giving employees time at work to pursue learning.
- Giving employees free Internet access at home.
- Awarding certificates for completion of each level.
- Recognizing employees at the annual meeting of the Alabama Public Health Association, in other venues, and in the local news media.

Adding some sort of special designation to employees' name badges.

- Adding some sort of special designation to employees' name badges.
- Ability for supervisors to consider workforce development accomplishments when completing annual performance appraisals and considering promotions.
- Ability for supervisors to recommend employees for a special merit raise upon completion of the workforce development course of study.

The **Marketing** Subcommittee developed a marketing plan for workforce development. Specific recommendations included giving the workforce development project a name in Alabama, PHASES.

- Making the roll-out of the first two videos (basic levels), "Orientation to the Essentials of Public Health" and "Community Partnerships and Perspectives," a premiere event.
- Developing a series of posters featuring a photograph of an employee and short statement about why his or her job is important to public health.

The **Course Delivery** Subcommittee developed the ADPH-specific plan for delivering the first two videotapes. The subcommittee has produced registration materials, flow diagrams, and scripts for facilitating each course. Members have identified course facilitators for work sites at both the state and local levels, and held a day-long training session for the facilitators in January.

A **Distance-Based Learning Technical** Subcommittee is linking technologies at the University of Alabama at Birmingham, Tulane University and the department to assure staff will have ease of access to distance-based courses slated to begin early in 2002.

Different methods will be used to provide the information and courses to department employees.

PHASES begins with the two basic-level video and workbook courses. Other courses are now being produced which will be computer based.

This committee is working with our Computer Systems Center technical staff and the UAB and Tulane program designers to ensure that employees will have the correct computers, software and connectivity to complete this type of distance learning program.

The **Internships** Subcommittee is studying ways to foster placement of interns in the department at both the state and local levels. Members' efforts include not only graduate and undergraduate public health students, but students in other state colleges, universities and technical schools who are pursuing health-related courses of study. The subcommittee is also developing opportunities for "internal internships" such as job shadowing. Both these initiatives will be supported by the Marketing Subcommittee which has already planned a "Do You Know What I Do? Day" and "commercials" for ADPH-produced video and satellite training events.

The plan will evolve and continue to be refined over time. The workforce development project in Alabama is part of a cooperative initiative with the state health departments in Alabama, Arkansas, Louisiana and Mississippi and the schools of public health at Tulane and UAB with funding support from two federal agencies, Health Resources and Services Administration and the Centers for Disease Control and Prevention. Tulane has been involved in developing the curricula for the basic and intermediate courses, and UAB is working on the advanced course on management concepts. Future courses may deal with subjects such as cultural competency and diversity, terrorism preparedness and response, presentation skills and grant writing.

As an outgrowth of this process, the agency's mission and value statements are now displayed on acrylic plaques on front counters of every county, area and central office entrance.

Additional information about PHASES will be provided in future issues of *Alabama's Health*.

Alabama's Arthritis Control Program featured at National Chronic Disease Conference

Alabama's Arthritis Control Program serves as a model for other states' programs. Linda Austin, state program director, made a presentation and posters featuring Alabama activities were displayed at the 16th National Conference on Chronic Disease Prevention and Control in late February.

In October 1999, Alabama became one of eight states to receive funding for program planning, and the Alabama Arthritis Control Program was established. The program's mission is to improve the health of Alabamians by decreasing the incidence of arthritis and by improving the quality of life for those who have arthritis. Alabama has been highly successful in taking seed money provided by the Centers for Disease Control and Prevention and extending its program activities and projects through the coalition and outside funding.

One poster features a high risk elderly survey by the University of Alabama at Birmingham, Survey Research Unit. This survey targeted high-risk, low income, low education, older adults and traditionally under-served Alabamians (rural, African American). This survey allowed UAB investigators to examine the role of race/ethnicity and urban/rural in the receipt of arthritis-specific care among older Alabamians with self-reported

arthritis.

A second poster, titled "Delivering the Arthritis Self-Help Course to Rural African Americans in Alabama," focused on the community intervention project that has been established in East Wilcox County and Camden. This project utilizes principles of community health education theory and practice, community health models, intervention research, program planning, implementation, and evaluation for community-based control interventions. The purpose of this intervention is to deliver the six-week Arthritis Self-Help Course and arthritis awareness.

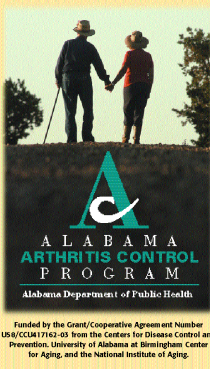


Linda Austin

The third poster, "Increased Mortality in the Elderly with Arthritis," features another survey whose purposes were to estimate the crude mortality risk associated with self-reported arthritis in the elderly; to estimate the mortality risk after adjustment for demographic factors, and to estimate the mortality risk after adjustment for other

Increased Mortality in the Elderly with Arthritis

R. Maisiak, PhD, MSPH
P. Baker, PhD
J. Roseman, MD, PhD
R. Allman, MD
Alabama Arthritis Control Program
UAB Arthritis Center
UAB Center for Aging



Purpose

- To estimate the crude mortality risk associated with self-reported arthritis in the elderly
- To estimate the mortality risk after adjustment for demographic factors
- To estimate the mortality risk after adjustment for other medical conditions

Research Methods

- Prospective follow-up of community-dwelling older adults residing in 13 Alabama counties who completed an in-home survey in 1987-88
- The dates of death ascertained as of 12/31/1999:
 - searching death certificates held by the State of Alabama,
 - searching the Social Security Death Index, or
 - by contacting family and friends of the deceased.
- Study ages 65-95
Sample size = 673
- Follow-up period: 12 to 13 years, mean = 12.8 years
- Cox proportional hazards regression analysis

Counties in the 1987-88 Survey of Elderly

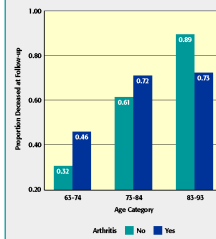


Crude 12-year Mortality Rate in Elderly Sample Stratified by Baseline Risk Factors

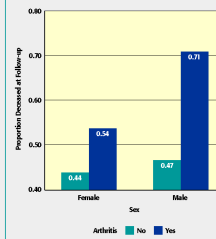
Age Category*	Prop. Deceased
65-74	.40
75-84	.68
85-95	.79
Sex*	
Male	.58
Female	.50
Ethnicity	
Non-white	.55
White	.52
Education - 9+ years*	
No	.61
Yes	.48
Self-rated Health*	
Poor	.68
Fair	.56
Good	.48
Excellent	.30
Other Medical Conditions*	
None	.34
One	.55
Two or more	.58
Arthritis*	
No	.45
Yes	.58

* p < .05, chi square test, significant difference between groups

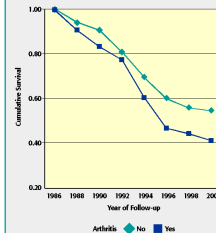
Mortality Rate by Self-Reported Arthritis and Age



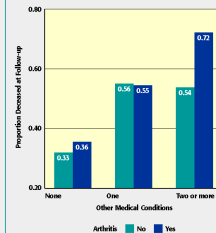
Mortality Rate by Self-Reported Arthritis and Sex



Survival Plot Stratified by Self-Reported Arthritis



Mortality Rate by Self-Reported Arthritis and Comorbidity



Findings

- Arthritis was a significant risk factor for mortality in the elderly aged 65 or more
- The mortality rate over 12 years was increased 42% for the elderly who reported arthritis
- The mean years of life lost for elderly reporting arthritis vs. those not was 1.0
- The association of arthritis with mortality was independent of age, sex, ethnicity, or education or self-reported health rating
- Among elderly with 2 or more other medical conditions, the rate associated with arthritis was increased 66%

Discussion

- The increased risk may be due to arthritis increasing the "burden of morbidity" beyond a threshold
- The increased risk may also be due polypharmacy not studied here
- It is unclear whether arthritis is a direct cause or simply a marker
- Continued study of this cohort and/or a larger new sample of elderly is warranted

Arthritis.....continued on page 7

medical conditions.

Ms. Austin delivered a presentation titled the "Integration of Partners and Establishment of a Comprehensive Arthritis State Plan" at the National Conference on Chronic Disease Prevention and Control. She chairs the Arthritis Council of the Association of State and Territorial Chronic Disease Program Directors.

Major projects that have been developed by the Alabama Arthritis Prevention and Treatment Coalition to date are the following:

- 1) An adult learning base program that engages providers in a problem-solving endeavor to learn appropriate diagnostic and treatment approaches for arthritis. This case-based training module is applicable for physicians, pharmacists and nurses to utilize with multidisciplinary learning groups and multiple audiences through multiple mechanisms. This is being piloted among pharmacists, nurses and physicians.
- 2) Access to rheumatology care by Dr. Richard Jones of Tuscaloosa who is a member of the Alabama Prevention and Treatment Coalition. He has provided a rheumatology clinic and staff in Fayette, Demopolis and Pine Apple with outside funding. Shortages of arthritis health care professionals that specialize in arthritis treatment may contribute to increased morbidity for those Alabama citizens who suffer from arthritis. Based on 1999 data obtained from the Alabama Board of Medical Examiners, a mapping of these practices across the state indicated that rheumatologists are concentrated in a single, urban county

in the state, leaving large portions of the state underserved by such specialists.

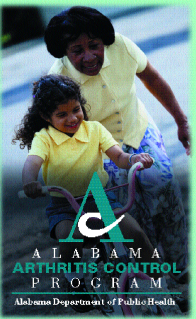
- 3) The Alabama Chapter of the Arthritis Foundation has received a grant to fund a Preventive Education for Arthritis Education in the Workplace program, as well as a separate grant to develop an effective workplace communication campaign. A task force has been organized which includes business and industry representatives, physicians, physical therapists, ergonomic specialists and arthritis foundation staff. A multi-faceted program has been developed to benefit employers and employees. Central messages include prevention of accidents and cumulative trauma disorders leading to arthritis, general arthritis information and various treatment options.
- 4) The Alabama Chapter of the Arthritis Foundation and the health department collaborated to produce an arthritis educational videotape that was distributed to 13 Area Agencies on Aging. The tape was distributed to the 334 nutrition centers that provide hot meals to 14,000 seniors at senior centers in Alabama. The evaluations of the tape indicated 82 percent felt that the video helped them understand arthritis better and 81 percent agreed that overall the video was excellent.

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

Delivering the Arthritis Self-Help Course

TO RURAL AFRICAN AMERICANS IN ALABAMA

Nadine James, PhD*
Linda Austin, RN**
Sandi Falkenhagen***
Connie Kohler, DrPH
Vee Stalker
Kenneth Saag, MD, MSc
 * University of Alabama at Birmingham
 ** Alabama Department of Public Health
 *** Alabama Chapter of the Arthritis Foundation



ALABAMA ARTHRITIS CONTROL PROGRAM
 Alabama Department of Public Health

Arthritis Self-Help Course (ASHC)

BENEFITS:

- ▶ Increased knowledge
- ▶ Increased skills
- ▶ Increased self-efficacy
- ▶ Reduction in disease symptoms
- ▶ Reduced progression of disease

LIMITATIONS:

- ▶ Primarily White/Non-Hispanic
- ▶ Highly educated
- ▶ High socioeconomic status (SES)

Specific Aims

IN RURAL AFRICAN AMERICANS IN ALABAMA:

- ▶ Identify potential barriers to successful implementation of ASHC
- ▶ Deliver ASHC
- ▶ Evaluate ASHC effectiveness for arthritis self-management

Focus Groups to Identify ASHC Barriers

MULTI DISCIPLINARY TEAM:

- ▶ Alabama Department of Public Health
- ▶ Arthritis Foundation
- ▶ UAB Researchers

Focus Group Participants

- ▶ County with lowest SES in AL
- ▶ Patients with arthritis
- ▶ Family members of patients with arthritis

Focus Group Results

FEW BARRIERS IDENTIFIED:

- ▶ Modify Pre/Post-test for low literacy
- ▶ Shorter class sessions

TOP GOALS OF PARTICIPANTS:

- ▶ Maintain independence
- ▶ Network with peers
- ▶ Increase knowledge of arthritis
- ▶ Reduce pain

ASHC Instructors



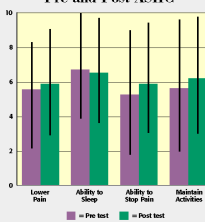
ASHC Delivery to Rural African Americans

- ▶ Four classes offered over 4 weeks (7/01 - 11/01)
- ▶ Standard six sessions per class
- ▶ Class sizes ranging from 2-11 participants
- ▶ Participants completed modified ASHC Pre-test and Post-test mean 66 ± 21 days apart

Demographic Characteristics of ASHC Participants (n=36)

Parameter	Mean (SD) or Number (%)
Age, yrs.	62 (15)
Race (% African American)	35 (97)
Education	
< 8th grade	13 (37)
9th - 12th	14 (40)
> high school	9 (15)
Number of ASHC Classes Attended	
5 to 6	19 (53)
3 to 5	10 (28)
1 or 2	7 (19)

Self Efficacy Subscales Pre and Post ASHC

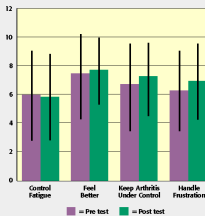


Comparison of ASHC Pre and Post Tests

Variable	Mean ± SD Pre-test	Mean ± SD Post-test	% Subjects Improved
Global Health* (1 = better, 0 = worse)	3.0 ± 0.9	3.3 ± 0.8	-11
Mood (0 = better, 0 = worse)	2.8 ± 4.6	2.6 ± 4.8	28
Fatigue (0 = better, 0 = worse)	5.2 ± 3.3	4.9 ± 3.1	28
Pain (0 = better, 0 = worse)	5.5 ± 3.1	5.4 ± 2.9	25
Self-Efficacy (SD range 0-100)	49.9 ± 20.2	52.8 ± 18.0	33

Paired t tests *p<.05

Self Efficacy Subscales Pre and Post ASHC



Potential Limitations

- ▶ Small sample size
- ▶ Short term follow-up
- ▶ Limited generalizability

Summary

- ▶ Focus groups identified few potential problems for delivering the ASHC to rural African Americans
- ▶ Trends toward improvement in mood, fatigue, pain, and self-efficacy
- ▶ Global health assessment paradoxically declined post ASHC

Conclusions

- ▶ ASHC appears feasible in selected rural African Americans in Alabama
- ▶ Additional evaluation with longer term data and larger sample size is needed to confirm or refute efficacy in this population
- ▶ Increased delivery of ASHC to rural minority populations may offer public health benefits

Future Direction

- ▶ ASHC classes continue
- ▶ Classes began January, 2002
- ▶ Second evaluation to be given 6 months from last post test on all participants

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*.

Linda Bolding

Center for Health Statistics

from David Meadows, Jr.
Dothan, Ala.

Alan Bridges

Division of Operation Resources

Edith Billingslea,
LaFayette, Ala.

Jackie Esty

Center for Health Statistics

from Frank Wallace
Address unlisted

Freddie Hodrick

Elizabeth McGraw

Carolyn Thompson

Yvonne Wince

Health Provider Standards

from Sherry Ginn
Phenix City, Ala.

Gwen Lipscomb

Primary Care and Rural Health Development

from Tulane University School of Public Health
& Tropical Medicine

New Orleans, La.

Video Communications Division
Montgomery, Ala.

Veronica Moore-Whitfield

Center for Health Statistics

from Jeane Taylor
Carrollton, Texas

Alton D. Stone

Center for Health Statistics

from Cathy Jones
Wetumpka, Ala.

Sundi West

Monroe County Health Department

from Debbie Woods
Frisco City, Ala.

Announcing the Alabama Public Health Hero Award Call for Nominations

He courageously calls attention to the health plights of our fellow citizens.

She works to develop programs in our communities to prevent disease, promote health, and improve access to needed health care services.

He strives daily to make certain that our water is drinkable, that our air is clean, that our roads are safe, and that our food is fresh.

She answers "Why Not?" when told some project or program or idea simply won't work.

Who are Alabama's Public Health Heroes?

Our state is replete with people working in health departments, public and private clinics, city, county, and state governments, schools, businesses, industry, and as volunteers to improve the health and quality of life for the citizens of Alabama.

The UAB School of Public Health wants to honor one of these dedicated and often unsung people as Alabama's Public Health Hero 2002.

Through the generosity of the Hillcrest Foundation, the UAB School of Public Health will honor this year's Public Health Hero with \$1,000 in recognition of her or his public health achievements. The award for 2002 will be

Hero.....continued on page 9

Hero.....continued from page 8

presented at the School's Annual Honors Convocation at the Birmingham Museum of Art on May 1, 2002.

Take a moment to think about all the people you know who work daily to improve the health and well being of Alabama's citizens.

Now, nominate your candidate for the Public Health Hero Award for 2002 by completing the enclosed nomination form and return it by **Monday, April 8, 2002**.

If you have any questions, please call Max Michael, MD at 205-975-7742 or via e-mail at maxm@uab.edu.

Alabama Public Health Hero for 2002 Nomination Form

I. Name _____

Address _____

Street Office Phone

City Home Phone

II. Describe nominee's occupation or volunteer role:

III. Describe how nominee works to improve the health of Alabama's citizens through efforts that address communities at large. Communities can be defined in many ways, by geopolitical boundaries (state, county, city), by risk group (infants at risk for sickness and death because of premature birth and/or birth defects; individuals at risk of diseases such as cancer, heart disease, stroke, dementia, depression and other forms of mental illness, etc.), or by educational, financial and insurance status that limit access to care.

(You may attach additional sheets to answer this.)

IV. Letter(s) of support (optional)

Please return completed form including letters of support by Monday, April 8, 2002, to:

Max Michael, MD
Dean
UAB School of Public Health
RPHB 140, 1530 Third Avenue South
Birmingham, AL 35294-0022

If you have questions about this nomination form, you may call Dr. Michael at 205-975-7742 or e-mail him at maxm@uab.edu.

SPEAKING OF RETIREMENT

Deferred Retirement Option Plan (DROP)

March 2002

Q. Must I terminate my employment once I complete my DROP participation period?

A. No. If you continue to be employed after completing DROP, you will resume active contributing membership in the TRS or ERS for the purpose of earning creditable service.

Q. Will any of my time in DROP be counted as creditable service?

A. No. For example, if a member had 26 years of creditable service upon entering DROP and worked two more years after completing a three-year contractual obligation to DROP, the member would only have 28 years of creditable service.

Q. If I do continue working after DROP, how will my additional service be calculated for my retirement?

A. There will be a split calculation. An additional retirement benefit based on the additional service since the end of participation in DROP will be calculated using the retirement formula and added to the original benefit. This additional service can in no way be combined with service prior to participation in DROP. The retirement option will be the same option used in calculating the original retirement allowance.

Q. Will I lose my tenure rights if I participate in DROP?

A. Participation in DROP does not affect the rights of employees under the Fair Dismissal Act, tenure law, or any other fringe benefit.

Q. As an employer, can I still dismiss an employee who is participating in DROP for just cause?

A. The election to enter DROP is between the TRS or ERS and the member. In no way should it be construed as a guarantee of continued employment for the DROP participation period, nor as a requirement that a participant terminate employment at the end of the DROP participation period. Continued employment and termination of employment are matters between the employer and employee.

Q. Are my DROP contributions made during the DROP participation period to my DROP account taxed for federal and/or state taxes?

A. No deductions are made from your DROP contributions. Federal taxes are deducted when you withdraw from service and the DROP account is distributed. No Alabama state taxes are deducted from the DROP account funds.

Q. What if I am not ready to receive distribution of my DROP funds at the time I terminate my employment?

A. You may roll over your DROP account funds directly into an eligible retirement plan.

Please refer to our Web site at www.rsa.state.al.us for further information on DROP.

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.



Michael O'Cain, director of the Division of Sexually Transmitted Disease Control, receives a certificate recognizing his 30 years of service from Michelle Rose, program consultant with the STD program of the Centers for Disease Control and Prevention. STD staff also provided a cake in honor of this special occasion.

Online MPH in Public Health Informatics offered

The University of Illinois at Chicago School of Public Health is offering a Master of Public Health degree specializing in public health informatics in a program focused on the study of information management techniques to improve the practice of public health.

All courses in the program are delivered via the Internet. A cooperative effort between the UICSPH and School of Biomedical and Health Information Sciences (College of Applied Health Sciences), the three-year program will provide core competencies in public health information systems and management and consists of 14 didactic courses plus field and capstone experiences mentored over the Internet.

Target audiences include public health officials and administrators, health information professionals, and managed care organization analysts. Please visit the SPH website at www.uic.edu/sph/phi/ to get more information and apply to the program. Applications will be accepted until April 15, 2002.

WIC..... continued from page 1

serving the WIC participant.”

The new system also helps the parent save time and reduce trips to grocery stores because the food instruments for different family members now have the same “first day to use” listed on the instrument. The system provides greater system flexibility for the WIC staff user, especially if a food instrument must be voided.

PHALCON was installed in all county health department clinics and some participating private agencies during 1999. PHALCON captures patient demographic data, tracks patients’ appointments and documents the patient’s visit at the health department clinic. The data, covering all patient-specific program areas, are used for statistical reporting, billing to health insurers and printing WIC food instruments.

Reception held for retiree



Lola B. Fair

Lola B. Fair was honored with a retirement reception on Feb. 7 at the Conecuh County Home Health office in Evergreen. Mrs. Fair is a home health aide who provided personal care to patients in Butler County for more than 19 years.

“Lola was a wonderful employee who provided excellent care to her patients in a special way,” said Jenny Morris, nurse supervisor. “She will be missed by all who worked with her.”

Mrs. Fair and her husband, Wilbur, reside in the Searcy community of Butler County. She hopes to enjoy her three children, five grandchildren, and one great-grandchild along with her church activities at the Hopewell AME Zion Church.



March is National Nutrition Month and National Social Work Month.

Calendar of Events



March 13

Diabetes Across the Generations, 2-4 p.m., Public Health Staff Development. For more information contact Fay Smith, (334) 206-5655.

April 1-7

National Public Health Week



April 3

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

April 7

World Health Day



April 9

Cultural Competencies. For more information contact Gwen Lipscomb, (334) 206-5655.



April 10

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



April 23

Alabama WIC Farmers Market Nutrition Program, 1-3 p.m. For more information contact Richard Burleson, (334) 206-2929.

April 25-26

“Public Health: Learning from the Past - Planning for the Future,” Alabama Public Health Association 46th Annual Educational Conference, Mobile Convention Center, Mobile.



May 8

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



May 15

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



May 16

The Medical Aspects of Child Abuse, Children’s Justice Task Force, 1 of 2, 9 a.m.-12 noon. For more information contact Lucia Grantham, (334) 670-3367.

