

# ALABAMA'S

A PUBLICATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH

# HEALTH

VOLUME 35

NUMBER 8

APRIL 2002

## Teen family planning care coordination works to reduce out-of-wedlock births and abortions

**T**eenagers who came to county health departments for family planning services before May of last year were not offered the sort of care coordination services afforded to Plan *first* patients, Medicaid's family planning waiver program for eligible women ages 19 to 44.

Realizing that younger teenagers could greatly benefit from the holistic approach of care coordination, leaders from the Bureau of Family Health Services contacted the Department of Human Resources to request they consider funding such a program with the goal of reducing teen pregnancy and abortions.

Human Resources approved the expenditure of Temporary Assistance to Needy Families funds for a 17-month period (which is up for renewal in September). The numbers from the first six months indicate that teens want and need this service, as a total of 3,500 teenagers were seen in this voluntary program. At least a three-year period is needed to prove the program's effectiveness, and it is hoped the program can be continued. Teen family planning care coordination is available in most of the 67 counties.

State statistics back up the need to address teen reproductive issues. There were 10,068 births to teenagers in Alabama in 1999 of which 70.8 percent were to unwed mothers. In addition, 2,510 teens underwent abortions in 1999. In fiscal year 2000, 20,424 teens under 18 years of age received family planning services in health department clinics. Public health considers these teens at high risk for an unintended pregnancy.

Teen family planning care coordination focuses on a



Developing the potential of young people is one goal of teen family planning care coordination. Coordinators gathered in Montgomery recently for a training session.

youth development framework that meets the basic needs of teenagers in addition to providing family planning and reproductive health information. Specifically, the teens' needs for self confidence, self competence, self worth and self esteem are addressed through appropriate interventions. Special emphasis is placed on education and the importance of completing high school and achieving a college degree or technical training, as appropriate.

"It's not just deciding on their family planning

*Teens.....continued on page 6*

# During National Cancer Awareness Month, program emphasizes screening

Some women have a concern about what their chance of living will be if they are found to have breast or cervical cancer. Research, however, has proven that with early detection patients may have an over 90 percent chance of long-term survival.

Each year in the United States, thousands of women are diagnosed with breast and cervical cancers. This year in Alabama, the number of cases combined are expected to total nearly 3,000 women. Over 600 women are expected to die from these diseases.

During April, National Cancer Awareness Month, the Alabama Breast and Cervical Cancer Early Detection Program is placing special emphasis on the importance of screening and early detection in women who have never or rarely been screened for breast or cervical cancer.

“The American Cancer Society recommends that women ages 20-39 get a clinical breast exam every three years, and women ages 40 and older get a clinical breast exam and mammogram every year,” says Viki Brant, director of the Alabama Breast and Cervical Cancer Early Detection Program.

“Women age 18 or older or sexually active should receive a Pap smear and pelvic exam every year. After three or more consecutive normal results, the test may be done less often at the physician’s discretion.”

The Alabama Breast and Cervical Cancer Early Detection Program is a department program that provides

free breast and cervical exams to uninsured or underinsured women ages 40 and older who meet income guidelines. Since the program began in 1996, nearly 19,000 women in Alabama have been screened and 315 cancers have been detected.

Women who qualify for the program receive a clinical breast exam, pelvic exam, Pap smear, mammogram, if age 50 or older, and if indicated, some diagnostic services. If during the course of screening and diagnostic proceedings cancer is discovered, Medicaid services may be available to cover treatment costs.

For information about enrollment in this program call toll free: 1-877-252-3324. For other information about breast and cervical cancer or reduced cost mammograms, call one of the following toll-free numbers below:

- 1-800-ACS-2345 American Cancer Society
- 1-800-I’M AWARE The Susan G. Komen Breast Cancer Foundation
- 1-800-4-CANCER National Cancer Institute’s Cancer Information Service
- 1-800-332-8615 TTY - National Cancer Institute’s Cancer Information Service
- 1-800-719-9154 National Alliance of Breast Cancer Organizations (NABCO)
- 1-800-221-2141 Y-ME National Breast Cancer Organization

*By SAVANNAH 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

*Alabama’s Health* is an official monthly publication of the Alabama Department of Public Health, Bureau of Health Promotion and Chronic Disease. If you would like to receive the publication or wish to submit information for future articles, please telephone requests to (334) 206-5300. Articles may be reprinted provided credit is given to the Alabama Department of Public Health. The department’s web site is

<<http://www.adph.org>>

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

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

# New York City Department of Health responds to Sept. 11

To prepare for events such as Sept. 11, health departments need to develop a system to work with other agencies and law enforcement in advance to clarify roles and responsibilities. Health departments should also have an effective way of communicating with one another, emergency contacts and the public in times of crisis.

These were two critical points made by Dr. Isaac Weisfuse, associate commissioner of the New York City Department of Health, who participated in a satellite conference produced by the Alabama Department of Public Health titled Responding to Sept. 11 and the Anthrax Scare: the New York City Department of Health Experience on Feb. 27.

The conference was sponsored by the UAB School of Public Health and the MidSouth Program for Public Health Practice with 250 participants in-state and 8,638 out-of-state participants. Dr. Weisfuse described how the department that serves a population of eight million managed to continue operating on Sept. 11 without the use of computers, telephones or transportation because of their location in relation to the disaster site.

During the tragedy, the New York City Department of Health had several focuses such as environmental protection and worker safety. The destruction of the World Trade Center left a tremendous amount of debris and dust, much of it containing asbestos, which caused both indoor

and outdoor pollution problems. Health department staff provided respirators to recovery and rescue workers and monitored injury surveillance data to determine changes for the work environment.

Dissemination of information was also a concern. The department routinely sent broadcast faxes to hospitals containing health information as well as kept the public informed and assisted. Mental health hotlines were set up, re-occupancy of buildings was announced and death and birth certificate information was provided for victims' families.

In addition to the World Trade Center disaster, the New York City Health Department had to deal with the threatening spread of anthrax. Dr. Weisfuse described how their lab was contaminated along with two of their lab workers. The lab had to be relocated to another area where it was overwhelmed with over 3,400 samples.

"Developing better communication to inform the public about public health issues is very important to relieve fear or panic," stated Dr. Weisfuse.

Other emergency precautions suggested by Dr. Weisfuse were training of lab workers in rapid testing of samples; availability of alternative operation centers in case of emergency evacuation; and, staff having the ability to mobilize equipment and supplies at any given moment.

By TAKENYA STOKES

## Hemochromatosis research study begins

Participants in a recent RSA Tower health screening by the Worksite Wellness Division of the Bureau of Health Promotion and Chronic Disease were given an opportunity to participate in a study of iron overload and hemochromatosis.

Laurie Eldridge, wellness director, said, "Hemochromatosis is thought to be the most common genetic disease in America today and yet, it is the least diagnosed. Left untreated, the excess iron can lead to many and various health problems."

Symptoms of the disease and the effects generally go unnoticed until age 30 or older. Early detection and treatment can prevent complications. Persons over 25 can volunteer for this research study. Participants need to complete a brief questionnaire and donate a small amount of blood.

Ms. Eldridge said, "This is a great opportunity for you

to take an active part in determining whether you have this genetic disorder. This will be offered to volunteers at future screenings in other areas."

A University of Alabama at Birmingham flier provided the following information about this condition:

### What is iron overload?

This is a medical condition that causes the body to store too much iron. Iron overload can lead to many health problems, such as liver damage and liver cancer, heart disease, arthritis, diabetes or sexual impotence. If someone has iron overload, the iron usually builds up in the body over many years before the person gets sick, so if the condition is found early, it may be possible to prevent many or all of the health problems.

*Hemochromatosis.....continued on page 4*

# Plan *first* program shows signs of success

**P**lan *first*, a Medicaid Family Planning Waiver which is conducted through a partnership between the Alabama Department of Public Health and the Alabama Medicaid Agency, provides an expansion of Medicaid benefits for family planning services to women ages 19-44 at or below 133 percent of the federal poverty level. Plan *first* began implementation in October 2000 at county health departments, numerous private provider offices and other various health clinics across the state.

The mission of Plan *first* is to reduce the number of unintended pregnancies among women ages 19-44, who would be SOBRA eligible if pregnant, thereby decreasing Medicaid costs. From all indications, this mission is being achieved. How is this success determined? The birthrates for Plan *first* participants need to be lower than for nonparticipating Plan *first* eligible women. In only one year 5,386 births were averted at an estimated savings of \$11,700 per birth.

All involved public health employees at the state and the county levels have worked diligently to see that the various systems were developed to make the program not only efficient, but effective. County outreach efforts to raise the level of awareness through news releases, posters, brochures and presentations have been productive. The counties which focused on Plan *first* outreach saw an

increase in their family planning numbers with an overall statewide increase of 10 percent for patients served. As of the end of fiscal year 2001, more than 78,000 women were enrolled in Plan *first*.

A highlight of the Plan *first* program is care coordination services for women, who, through a risk assessment, are determined to be at low risk or high risk for an unintended pregnancy. Care coordination services were provided to almost 92 percent of the high risk women, with only 8 percent refusing services.

An estimated 110,000 women will meet the eligibility requirements to receive Plan *first* coverage. With this new opportunity to receive family planning services, Alabama's women and children will have a better chance of being healthy. Plan *first* is providing a means for intentional behavior where every pregnancy is planned, thus decreasing the chance of infant mortality.

For more information, please contact the Plan *first* Program Manager, Herb Cordle, at 334-206-2961. For information regarding outreach, please contact Annie VoseL at 334-206-2959. A Plan *first* toll-free hotline is also available at 1-888-737-2083.

By ANNIE VOSEL

## Hemochromatosis.....continued from page 3

### What causes iron overload?

One of the most common causes of iron overload is a condition called hereditary hemochromatosis (pronounced he-mo-kro-ma-toe-sis). More than half of the people with hemochromatosis are known to have genetic variations that cause their bodies to absorb too much iron. Since hemochromatosis is a genetic condition, it means that it can run in a family and be passed from parents to children. People who get just one hemochromatosis genetic variation (from one parent) seldom have health problems related to iron overload. People who get two hemochromatosis variations (one from each parent) have a much higher risk for health problems. However, some people with two hemochromatosis genes never get sick.

Some people with iron overload do not have any known genetic variations. Their iron overload may be caused by other genetic variations we do not yet know

about, their diet, other health problems or treatments for some other condition such as anemia and certain liver conditions.

During the initial stage of the study, scheduled to last two years, volunteers will have their blood drawn and answer a brief questionnaire.



# Move for Health on World Health Day

**T**he Alabama Department of Public Health joins the World Health Organization in observing World Health Day 2002, April 7. This year's theme, Move for Health, highlights the need for physical activity and the importance of fitness and a healthy lifestyle.

A major cause of cardiovascular diseases, diabetes and obesity, is lack of physical activity. The World Health Organization estimates that lack of activity leads to more than 2 million deaths per year. It is likely that one-third of cancers can be prevented by maintaining a healthy diet, normal weight and physical activity throughout one's life.

A combination of improper diet, lack of physical activity and tobacco use are estimated to be the cause of up to 80 percent of premature coronary heart disease. In countries as diverse as China, Finland and the U.S., studies have shown that even relatively modest lifestyle changes are sufficient to prevent the development of almost 60 percent of type 2 diabetes cases.

The World Health Organization reports that in most parts of the world, non-communicable diseases have become a major epidemic. This is due, in part, to a rapid transition in lifestyles leading to reduced physical activity, changing diets and increased tobacco use. This trend is present in all societies, rich and poor, developed and developing.

Poverty, violence, rapid social and economic changes, lack of education, inadequate or total absence of health services, and a lack of clear policy direction, contribute as much to the increase in cases of cancer, diabetes, or cardiovascular diseases, as they do to AIDS and malaria. The World Health Organization believes that this is the time for the global debate to be directed as much towards prevention as to cure.

Physical activity can be a practical means to achieve numerous health gains, both directly or indirectly. It can bring down rates of violence among young people, promote tobacco-free lifestyles, and decrease other risky behaviors, such as unsafe sex or illicit drug use. It can also reduce feelings of isolation and loneliness among the elderly and improve their physical and mental agility.

For more information about the importance of physical activity, contact the Nutrition and Physical Activity Unit, Alabama Department of Public Health, (334) 206-5226. The Alabama Department of Public Health website at <http://www.adph.org> has information on physical activity, or check the World Health Organization website at <http://www.who.int/world-health-day/eng.shtml>.

## La Clinica de Baldwin is awarded federal grant

**A** Robertsdale clinic which provides health care services to the growing number of migrant farm and factory workers in Baldwin County has received a \$500,000 federal grant. La Clinica de Baldwin (The Baldwin Clinic) was established five years ago by medical volunteers, but it was open only one night a week for four hours.

Additional services are being provided with the new funding support, including case management. Patients are seen on three days a week for a total of about 30 hours. Spanish-language interpreters are available at the clinic based at the Robertsdale area office. Patients who can afford to pay are charged an \$8 base fee per visit.

Dr. Clyde Barganier, director of the Office of Primary Care and Rural Health, said that this is the first clinic of its type in Alabama to receive funding, and he expects others will be opened in other locations, initially as volunteer clinics.

"Many of our community health centers are

establishing clinics specifically tailored for migrant clinics," Barganier said. "Federally qualified health clinics can get some funding to set up clinics."

Currently, there are migrant clinics operating in Blount, Franklin, Jefferson, Marshall and Tuscaloosa counties. The Office of Primary Care and Rural Health offered its assistance in grant writing and establishing the required board of directors for the clinic.

The Baldwin County Health Department staff have been generous in sharing space with La Clinica de Baldwin since the time of its inception. Beginning in April, the Baldwin County Health Department WIC program will be expanding clinic hours to overlap with the migrant clinic's hours to better meet the needs of those who seek services there.

An estimated 5,000 patients have been seen since the clinic opened its doors.

method,” said Sherry George, director of the Women’s and Children’s Health Division, “We are trying to help them develop their potential so they have a future to anticipate. The program also does community outreach and tries to spearhead teen pregnancy prevention programs working with schools and other organizations and encourages youth development programs within their communities.”

Successful programs must be individualized to teen needs within the specific community, so information is used from local teens and recognized community teen leaders. Teen involvement is utilized in each local area in both program outreach plan development and program design. For example, if schools want abstinence only, the program is framed in that way.

The coordinator also provides support/education groups within local schools or other appropriate community entities as determined by local needs and avenues open to intervention. These groups are used as an outreach opportunity for direct care coordination as well as a general pregnancy prevention tool within the community.

Only consenting teens receive care coordination services. Counseling is given, and referrals to appropriate resources are made. Examples of psychosocial issues requiring referrals are drug and alcohol abuse, mental health problems, violence in the home or school settings, learning disorders, identity crises, eating disorders, physical disabilities, community and language barriers. The coordinator follows up on referrals to ensure that these appointments were made and kept.

The coordinator identifies other professionals working with clients and, with the client’s consent, coordinates patient care with those professionals. For example, the coordinator might inquire during the psychosocial assessment about the client’s involvement with the Departments of Human Resources and Mental Health and other public agencies or community resources such as churches, civic organizations, counseling agencies, resource centers. The coordinator also works with families as appropriate.

Carolyn Griggs, who provides training in teen family planning care coordination, noted, “The coordinators are being really creative. Gloria Craig, teen care coordinator of St. Clair County, prepared a simple folder describing services and encouraging participation. She even puts a piece of candy in it. One of the schools in the county was so impressed that she was asked to give every student in

school one of the flyers.” (See her poem on page 7.)

Each area is working to create its own model using teen input. One of the teen care coordinators in Tuscaloosa, Anna Lyn Whitt, has formed a teen advisory board consisting of her clinic patients and other teens in the community they bring with them. This group is developing plans on how to reach other teens while they learn about abstinence, safer sex choices and health issues. Ms. Whitt incorporates youth development principles by utilizing members of her Teen advisory Board when she is speaking to parent groups.

Having a name for the program that appeals to the teen is helpful to her wanting to be part of the group. Tuscaloosa County named its program N.E.A.T. (Now Empowering All Teens). The St. Clair Co program name is Project G.I. F. T. S. (Guidance & Influence Factors for Teens to Succeed). Teen care coordinators seek to involve all teens in the care coordination program who participate in the health department Family Planning Program.

Care coordinators also partner with other community agencies such as the family resource centers, housing authorities and school systems. Partnering with other agencies to provide group education to teens opens many opportunities. Providing presentations in schools requires the care coordinator to successfully market the program to the school administration. This can often be challenging but care coordinators are finding that partnering with another entity who is already working in the school system can help open the door.

Teen care coordinator Allyson Frederick in Marion County recently teamed up with Save A Life to talk to a local school about STDs. That school has now asked Ms. Frederick to come back to talk with the teens about pregnancy prevention.

In Tuscaloosa Ms. Whitt is currently partnering with the Family Resource Center doing a group in the school for teenage moms. She provides classes on pregnancy prevention, alternating weeks with the Family Resource staff who provide parenting information.

For more information about this program, please contact Charlena Freeman, (334) 206-2973, e-mail cfreeman@adph.state.al.us.

# Coordinator: Troubled teens need someone to listen

**Nancy Harris, a nurse who is a teen family planning care coordinator in Chatom, shared the following success story with her coworkers. Ms. Harris said she finds her work both challenging and rewarding. Not only does it allow her to get the word out about important subjects such as HIV, she is able to both “laugh and cry” with these young women as they make life-affecting decisions.**

**I**t was a typical Family Planning day at Washington County Health Department when the nurse entered my office with a 16-year-old female, her chart in hand, and said, “She wants to get off her Depo.” I knew at that moment this would not be a typical day—this was going to be different.

The teen lived in a foster home. Her parents were separated and she did not get along with them. She said she completed the tenth grade and was unsure as to whether she would return to school in the fall. There was a history of sexual abuse which involved a relative. She has a history of depression and admits to three different suicide attempts which landed her in an emergency room. She also states she has a history of drug abuse, but now she uses alcohol frequently. She has a sexual history of multiple partners.

She states now she has one boyfriend and they want to get married. They are sexually active, but she wants to discontinue her Depo injections. This somewhat had me confused. “Then why” I asked her, “do you no longer want the Depo?” I was hoping for a reply such as, “I want to try another birth control method,” but instead I heard, “I want to get pregnant, it will be the only way my parents will let me marry my boyfriend!”

After a long period of time in my office talking about her past, plans for the future, and the responsibility of bringing a child into this world, she made the decision to take her Depo shot that day! She also stated that maybe she and her boyfriend should wait a while before they got married.

As we walked to the front desk to make her next Depo appointment, I gave this teen an assignment—give me some input on ideas for group teen sessions—what do they like to talk about, need to hear, what is going on in the “teen world,” etc. She seemed every excited about this little job and promised she would be back. I pray that she

does!

I must admit I had mixed feelings about how this Teen Program would work. I did not realize how some of these troubled teens not only need someone to talk with them, but to listen! I honestly believe no one had taken the time to talk with her, listen to her, or just to care about her. While driving home at the end of the day I realized, with the help of the good Lord, I had made a difference today! This Teen Program is really going to be a good positive thing. They need us and we CAN really make a difference.

## LIFE

Life is not about keeping score of how many girlfriends or boyfriends you have.  
It is not about how many people call you.  
It's not about whether you wear Timberlands, Fubu, or Tommy Girl fashions.  
It's not about the size of your nose or how much you weigh.  
It's not about the color of your eyes or the shade of your skin.  
It's not about being a preppie, nerd, or jock.  
Life just isn't about all that.

Life is about who you love and who you hurt.  
It's about feeling good about yourself inside and out.  
It's about trust, happiness, and compassion.  
It's about sticking up for your friends and replacing inner hate with love.  
It's about what you say and what you mean.  
It's about seeing people for who they are and not for what they have.  
It's about being the best you can be in life without degrading or hurting someone.  
Most of all, it's about spreading the love, joy, and peace you have within helping to make  
our World a better place to live.

By *GLORIA CRAIG*  
Clair County  
Teen Care Coordinator

# Nearly half of Alabama mothers breastfeed as they leave the hospital, survey indicates

**A**labama hospitals and the WIC program continue to promote breastfeeding as the optimal source of nutrition for all babies. Breastfeeding provides protection from a variety of diseases and can have an economic impact due to the reduction in health care costs.

Research has indicated that the incidence of ear infections, Sudden Infant Death Syndrome (SIDS), respiratory infections, insulin dependent diabetes mellitus, necrotizing enterocolitis and urinary tract infections are reduced in infants who are breastfed. Also, mothers who breastfeed reduce their risk of developing breast, uterine and ovarian cancer

The Alabama Breastfeeding Data Hospital survey is conducted annually to provide a consistent statewide mechanism for reporting breastfeeding data between public and private health.

Michell Grainger, MSN, RNC, IBCLC, state lactation coordinator with the Division of WIC, stated, "This survey indicates that more Alabama hospitals are currently tracking the number of infants who are breastfed at hospital discharge than previously."

The 2001 Alabama Breastfeeding Data Hospital Survey was distributed to every Alabama hospital providing obstetrical services. Of the 67 surveys mailed, 47 hospitals (70 percent) returned the completed survey. Of the 48,216 live births per year in Alabama, 21,964 infants were breastfed at discharge from

hospitals tracking breastfeeding.

Results of the 2001 Alabama Breastfeeding Hospital Survey are as follows:

- 72 percent of hospitals provide lactation services/support
- 63percent of breastfeeding mothers receive WIC benefits
- 63percent of hospitals provide follow-up counseling to breastfeeding mothers after discharge
- 85percent of hospitals offer prenatal breastfeeding classes
- 26 percent of hospitals offer postpartum breastfeeding classes
- 72 percent of hospitals give breastfeeding mothers gift packs with formula
- 76 percent of hospitals provide staff with breastfeeding training
- 54 percent of breastfeeding mothers receive a manual breastpump in the hospital

Ms. Grainger added, "The data collected from this survey provides important information to health care providers that can help determine where assessment, intervention and follow-up care are needed. It is important that the WIC program and Alabama hospitals work together to implement strategies that will have a positive impact on breastfeeding rates in the state."

For additional information you may contact Ms. Grainger at (334) 206-5673, e-mail [mgrainger@adph.state.al.us](mailto:mgrainger@adph.state.al.us).

## Commendations

**H**ealth 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*.

**Deborah Beard**  
**Jim Lewandowski**  
Computer Systems Center

from Shirley Henley  
Montgomery, Ala.

**Marjorie Christian**  
**James Norman**  
**Tracey Pittman**  
**Carolyn Thomas**  
**Michael Welch**  
Health Provider Standards

from Susan C. Henderson  
Oxford, Ala.

**Connie Danner**  
Health Statistics

from Oree McHellen, Jr.  
Ocala, Fla.

**Annie Green**  
Center for Health Statistics

from Anita Cowden  
Montgomery, Ala.

**Rick Harris**  
Health Provider Standards Staff

from Frank D. Holden  
Montgomery, Ala.

**Veronica Moore-Whitfield**  
Center for Health Statistics

from Diann Fill  
Isle of Palms, S.C.

**Joann Robinson**  
Center for Health Statistics

from Douglas Patterson  
Savannah, Ga.

**Fay Smith**  
Professional and Support Services

from Michael Smith  
Montgomery, Ala.

**Lynn Williams**  
Health Promotion and Chronic Disease

from Mary Virginia Mandell  
Montgomery, Ala.  
Melinda Stallworth  
Montgomery, Ala.

**Michelle Zeigler**  
Personnel

from Geraldine R. Daniels  
Montgomery, Ala.



# Dr. Lawrence Robey receives Clyde Partin Award

**A**s an advocate of health education, Dr. Lawrence Robey, the public health officer for Madison County, knows how important it is to encourage all students and adults alike to live healthy, productive lives. The Southern District of the American Alliance for Health, Physical Education, Recreation and Dance (Southern District AAHPERD), recently honored Dr. Robey for his work with schools, State Department of Health and Physical Education, and the state association of ASAHPERD.

As the winner of the 2002 Clyde Partin Service Award, Dr. Robey was recognized for his continuous work in helping children become and stay healthy. He has not only worked with Alabama schools but has provided seminars and programs in other southern states. He is a believer that most children can learn more if they come to school in a healthy body. He has worked extensively in promoting the Comprehensive School Health Program, which was begun in 1993. He has provided workshops, served on advisory committees and given many hours to providing workshop information to teachers through summer workshops and association programs.

Dr. Joyce Moore, a past president of the Southern District AAHPERD and the nominator of Dr. Robey for this award, states, "He understands schools, teachers and the need for healthy children. He was a vital part of the national Comprehensive School Health Program from day one. His work in Alabama and with other states in promoting the health of children has made a real difference. We are so pleased he has been a part of this important program and can be recognized for his

contributions."

The prestigious award is named after Dr. Clyde Partin of Emory University, who is nationally known, for his contributions of service, writing and research in the field of health and physical education. Dr. Partin served as executive director of Southern District AAHPERD for 20 years, while also serving as chair of the Department of Physical Education at Emory University in Atlanta.

The Southern District AAHPERD is a district association of the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD). The mission of Southern District AAHERD is to support and promote the aims of AAHPERD and assist in strengthening the state associations of the states that are members: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas and Virginia. The organization serves as a strong advocate for quality programs and works to provide professional development opportunity to teachers and administrators.



Joyce Moore presents award to Dr. Robey.

## Retirees

**T**he following employees retired effective March 1:

- Shirlene Clark** - Dale County Health Department
- Janice Helms** - Barbour County Health Department
- Gloria Kleinsasser** - General Counsel
- Terry Stephens** - Food, Milk and Lodging

# Public Health recognizes outstanding social workers for 2002

As part of National Social Work Month in March, the Alabama Department of Public Health recognized outstanding achievement in social work at its annual Public Health Social Work Seminar. The ceremony, held March 8 at the RSA Plaza Terrace,



Mary Holmes

honored three employees who have displayed exceptional performances in their jobs as social workers.

Public Health Social Work Manager of the Year Mary Holmes of Public Health Area 7 was described by her colleagues as someone who tries to advance the values, ethics and knowledge of the social work profession.

“Mary truly epitomizes public health social work at its finest,” wrote nominator Ashvin Parikh, assistant area administrator at the Dallas

County Health Department.

Nominators praised Holmes for maintaining high work standards and often working past work hours in order to get the job done.

Accolades were also bestowed on Glenda Coley of Public Health Area 6 by her coworkers. Coley, this year’s Public Health Social Worker of the Year for Home Care, was described as honest, hardworking, professional and dependable at work and in her community. She has been known to help her patients by obtaining resources to pay bills, obtaining wheelchairs and supplying medications.



Glenda Coley

“I have worked with many social workers during my nursing career and Glenda is to social work what Florence Nightingale was to nursing,” according to nominator Darlene Taft, a home health nurse.

Coley will do whatever it takes to care for her

client’s needs even going so far as collecting aluminum cans for money or building wheelchair ramps for their homes.

Public Health Clinic Social Worker of the Year Cyndi Smith of Public Health Area 1 treats clients with kindness and concern according to one of her nominators. Smith’s colleagues feel that she goes above and beyond the call of duty for her clients.



Cyndi Smith

“Cyndi has exhibited the rare talent of being able to conduct effective social work practice with a wide range of population segments from pregnant teens to senior citizens,” wrote nominator Jerry Groce director, Franklin County Department of Human Resources.

By TAKENYA STOKES

# Now's the time to eliminate tuberculosis

Many people think that TB is a disease of the past—an illness that no longer threatens us today. One reason for this belief is that the United States is seeing continuing declines in tuberculosis, reaching an all-time low in the number of newly reported cases of TB.

During the mid and late 1980s the United States experienced a sharp increase in the number of cases reported after resources were redirected into other concerns in the 1970s and 1980s. The nation mobilized additional resources into efforts to control tuberculosis in the 1990s. This recent recovery has put the nation back on track toward TB elimination.

Nationally, the year 2001 represented the ninth consecutive year of decline in reported cases. In 2001 there were 15,991 cases of TB disease reported in the United States, declining 2 percent from 16,377 cases in 2000.

The TB success story extends to Alabama. In 2001, the state had 45 fewer cases and experienced a 14.5 percent decrease in verified reported cases compared to the previous year. This continues a more than decade-long trend of annual declines in the rate of TB disease in Alabama.

That very success makes us vulnerable to the complacency and neglect that come with the declining numbers; however, it also gives us an opportunity to eliminate TB in this state and country.

TB is caused by a germ called *Mycobacterium tuberculosis*. When a person with infectious TB disease (TB that can be spread from one individual to another) coughs or sneezes, tiny particles containing *M. tuberculosis* may be expelled into the air. Another person inhaling the air containing the bacteria may develop latent TB infection. An estimated 10 to 15 million persons in the United States have latent TB infection. About 10 percent of these individuals will develop TB disease at some point in their lives.

People coinfecting with HIV, the virus that causes AIDS, and TB are much more likely to develop active TB disease during their lifetime than people without HIV infection. Approximately 10 to 15 percent of the national total of TB cases are reported among people living with HIV.

Another population of increasing concern is the growing proportion of cases in the U.S. among people born outside the U.S. In 2001, more than 12 percent of the cases reported in Alabama were among foreign-born

individuals, an increase over the 7 percent reported in 2000.

Estimates suggest that more than half of U.S. reported cases may occur in foreign-born individuals by 2002. These changes reflect the global magnitude of TB as an important public health problem.

If individuals with active TB do not complete the recommended therapy, they can develop and spread strains of TB that are resistant to available drugs. One case of multi-drug resistant TB can cost up to \$1 million to treat. Forty-five states (including Alabama) and the District of Columbia have reported diagnosing and caring for persons with this condition.

In order to control and ultimately reach the goal TB elimination, Alabama Department of Public Health's Division of TB Control provides services to diagnose and medications to treat active TB disease cases as well as identify and evaluate persons exposed to TB and at risk of developing latent infection.

To maintain and continue the momentum of declining new cases, medications are delivered to TB patients through the directly observed therapy program. Under this program, a tuberculosis control staff member, or other responsible person, observes and records the patient taking the anti-TB drugs. This practice, gaining widespread popularity in other states, ensures that patients receive an adequate and complete course of therapy to cure active disease and prevent the transmission of the tuberculosis bacteria to others.

Other field staff activities of the Division of TB Control include case management, contact investigation, training of health department staff, and consultation services to other facilities and state agencies.

Alabama's TB Control Program has consistently met or exceeded all Centers for Disease Control and Prevention program guidelines in areas such as completion or recommended therapy, investigation and examination of contacts, and completion of therapy for latent TB infection. Alabama is recognized nationwide as a model TB control program.

For more information about TB, contact the TB Control Division, Alabama Department of Public Health, at (334) 206-5330. Information is also available on the department's website at [www.adph.org](http://www.adph.org).



**April is Cancer Control Month and  
National STD Awareness Month**

# Calendar of Events

**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**

A conceptual framework for achieving Cultural Competencies. in Health Care. 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 Burlison, (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.



**June 3-7**

ASTDHPHE Annual Meeting. For more information contact Jim McVay, Dr.P.A., (334) 206-5600.



**June 12**

Pharmacology Update for Women’s Health Care, 2-4 p.m., Public Health Staff Development. For more information contact Debbie Thomasson, (334) 206-5655.