

ALABAMA'S

A PUBLICATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH

HEALTH

VOLUME 34

NUMBER 11

JULY 2001

Primary Care and Rural Health Office aids medically underserved area

The rural town of Butler, Ala., was facing a medical care crisis after its only hospital closed in 1993. Fortunately, a couple of physicians decided to remain in practice in Choctaw County after the hospital closed. However, a second catastrophe occurred when four years later one of the physicians (who was in his early fifties) was diagnosed with a terminal illness and could no longer practice medicine.

A determined resident who worked in the doctor's clinic faced this crisis head on, and thanks to her efforts and the support of the Office of Primary Care and Rural Health Development, medical care was restored to Butler.

Billie Gilliland was this Butler resident who, along with her Alabama State Trooper husband, was determined to reopen the clinic. They had debated whether to make Butler their home and raise their family in the area because there was no nighttime or weekend medical care after the hospital closed, but they made the major decision to stay and to work to obtain a local physician.

"My heart was speaking louder than words; I knew what I needed to do," Mrs. Gilliland said. "We could not allow this doctor to leave this world knowing everything he had worked for would end with a 'closed' sign on it. We had to jump a lot of hurdles."

Efforts to attract a doctor to Butler were unsuccessful until Mrs. Gilliland called the Office of Primary Care and Rural Health Department and spoke with Dr. Charles Graves, the National Health Service Corps representative, and Chuck Lail.

"From the minute I talked with them I knew that with their assistance we were going to find a doctor," Mrs. Gilliland said. "I was introduced to the Alabama State

Twenty Program."

The Alabama State Twenty Program is a federal program that allows the state health department to request a J-1 visa waiver for up to 20 non-citizen physicians per year to practice primary medical care (family practice, general internal medicine, pediatrics, or obstetrics-gynecology). Alabama elected to participate in the program.

In the five-month period after the clinic closed and before its reopening, volunteers helped scrub the walls. A man who airbrushes T-shirts for a living painted a Bugs Bunny mural on the clinic wall. Then Mrs. Gilliland took it on herself to sign a contract to employ the physicians and secured a bank loan.

"The whole community felt the need of having a doctor here," she said.

It only took five months from their first contact in January 1998 until a husband/wife team of internal medicine physicians from Romania came to open the 1st Health Treatment Center's doors. Mrs. Gilliland only planned for one doctor to staff the clinic, but she realized that both husband and wife would need to be hired to hope to keep the couple past their obligation time.

Even though Mrs. Gilliland says it remains a financial battle every day to just break even financially, the clinic is still open. She is pleased to report that the 1st Health Treatment Center signed the doctors on for two more years' service in May 2001.

"We are a perfect example of how this program has helped a community that is medically underserved," she

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Trends in Health and Aging available on NCHS website

The National Center for Health Statistics is pleased to announce a new release of data in the Data Warehouse on Trends in Health and Aging <http://www.cdc.gov/nchs/agingact.htm>.

The new release contains the latest population estimates (1981-1999 with 6, 12 and 20 age groups), new and updated data from the National Ambulatory Care Survey and Behavior Risk Factors Surveillance System, and updated data from National Health Interview Survey on cigarette smoking, 1965-1998. Most of the new and updated tables contain statistical confidence intervals for prevalence estimates. State population data can now be graphically displayed using the Beyond 20/20 mapping option.

“If you haven’t used the warehouse before, it is a user-friendly Web-based data archive developed by the National Center for Health Statistics with support from the National Institute on Aging,” said Michael Smith, director of the Video Communications Division. The warehouse is specifically designed to show trends in health-related behaviors, health status, health care utilization, and health care costs of the older population.

Medically underserved.....continued from page 1

said. “Mr. Lail was there and helped me through each step of the complicated, lengthy process. Mr. Chuck Lail and Dr. Charles Graves are the reason why our clinic exists today. We thank these men and we wanted to let you know we applaud the outstanding job they did for 1st Health Treatment Center.”

Mrs. Gilliland and office manager Tammy Presley invite other rural clinics to tour the 1st Health Treatment Center. For more information about ways the Office of Primary Care and Rural Health Development can assist medically underserved communities contact them toll-free at 1-800-255-1992, or e-mail Lail, clail@adph.state.al.us or Graves, cgraves@adph.state.al.us.

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.alapubhealth.org>

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 Jim McVay, Dr. P.A. Director, Bureau of Health Promotion and Chronic Disease
 Arrol Sheehan, M.A. Editor
 Geraldine Rose Daniels, J.D. Contributing Editor
 Toni Prater Graphic Designer
 Marion Wilford Photographer

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

Education remains key as 20th anniversary of HIV/AIDS is observed

June 5, 2001, marked the twentieth anniversary of the first reported cases of a new disease in the United States, AIDS. During the past two decades more than 12,000 people in Alabama have been infected with HIV/AIDS, including 70 children. Every county in Alabama now has persons living with AIDS or HIV infection. As of June 15, 3,130 people had died.

Since 1982 Alabama has continued to be plagued with rising rates of HIV infection among its citizens. As we look back on the history of this devastating disease, education remains the best approach to preventing new infections from the human immunodeficiency virus.

“If HIV/AIDS infection rates are going to be reduced in the state it will be because all citizens become proactive in educating themselves in methods of prevention, and then educating their neighbor,” said Jane Cheeks, director of the HIV/AIDS Division, Alabama Department of Public Health.

The disease was first recognized when five gay males developed pneumocystis carinii pneumonia in Los Angeles between October 1980 and May 1981. These cases were reported to the Centers for Disease Control and Prevention.

An editorial written in the CDC’s *Morbidity and Mortality Weekly Report* on June 5, 1981, stated, “Pneumocystis pneumonia in the United States is almost exclusively limited to severely immuno-suppressed patients. The occurrence of pneumocystis in these five previously healthy individuals without a clinically apparent immunodeficiency is unusual.”

During 1981, the disease was named Gay Related Immune Disease or GRID. In 1982, other people began to show similar symptoms of the disease—women, hemophiliacs, blood transfusion recipients, heterosexual drug users and babies. Because symptoms of infection were spreading beyond gay men, the name of the disease was changed to Acquired Immune Deficiency Syndrome or AIDS.

In 1982 the Alabama State Board of Health added AIDS to its list of reportable diseases. During that year there were three cases of AIDS reported to the Alabama Department of Public Health.

In 1986, the World Health Organization launched its global AIDS strategy. Then on Sept. 30, 1987, the State Health Department along with many co-sponsors convened the first Alabama AIDS Symposium at the Montgomery

Civic Center to share with professionals and lay people their knowledge about this new disease called AIDS.

In March 1987, the Food and Drug Administration approved RETROVIR, known as AZT, as the first authorized antiretroviral AIDS drug. Research, clinical trials and advancing technology have resulted in the development of drugs to slow replication of the virus, treat many related opportunistic infections, and help ease the growing side effects produced by the very drugs used to treat the disease.

Between 1982 and December 2000 a cumulative total of 12,066 people were infected with HIV/AIDS in Alabama. At the end of the year 2000, a total of 6,208 cases of AIDS and 5,858 cases of HIV infection were reported.

A breakdown by race and sex finds that last year in Alabama, African American males represented 44.4 percent of the HIV/AIDS cases; white males 20.6 percent; African American females 25.9 percent; and white females, 7.3 percent.

Currently the Alabama Drug Reimbursement Program is assisting 921 individuals by providing reimbursement for HIV/AIDS medications and has approximately 430 people waiting to access the program.

“There is still no cure for the disease but research continues toward our goal of eliminating AIDS,” Ms. Cheeks said. “People are indeed living longer with HIV/AIDS, and that is definitely progress. By educating all Alabamians at levels appropriate for them, we urge them to take responsibility for their own health. We challenge all citizens in the state to pause for a moment and ask themselves, ‘Do I know enough to protect myself and what more can I do to help?’”

Testing for HIV/AIDS is available and free at all county health departments and at many AIDS service organizations. For more information please call the toll-free Alabama AIDS Hotline at 800-228-0469.

Current information including exposure categories, race/gender and age group can be found on the Alabama Department of Public Health website, www.alapubhealth.org.

Disparities noted in heart disease death rates among men in Alabama and nationally

Racial and ethnic disparities in heart disease death rates exist among men ages 35 years and older in Alabama and in other parts of the United States, according to a new report, *Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality*, released by the U.S. Centers for Disease Control and Prevention and West Virginia University.

Men and Heart Disease provides a comprehensive look at heart disease death rates for all U.S. men and for the 50 states and the District of Columbia. The atlas also documents geographical and racial/ethnic disparities of heart disease deaths among men. *Men and Heart Disease* is the companion to *Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality* released in February 2000.

The report includes four maps showing geographic patterns within Alabama of heart disease death rates for the years 1991-1995 for African American men, Hispanic men, white men, and men of all races and ethnicities combined. The Alabama maps highlight substantial racial and ethnic disparities in heart disease and marked geographic differences in the burden of heart disease within each racial and ethnic group.

Counties with the highest heart disease death rates for all men in Alabama were found in the northeast region of the state. The lowest heart disease mortality rates were found in the central region of the state, surrounding the city of Birmingham. African American men experienced the highest heart disease death rates in the state. Among the 51 states, Alabama had the seventh highest heart disease death rates for men.

“The maps and data contained in the report provide national and state health professionals and concerned citizens with the most-up-to-date information available to identify communities and populations of men at greatest risk of heart disease and in the greatest need of increased prevention efforts,” said CDC Director Dr. Jeffrey Koplan. “The data can be extremely useful in planning and creating heart healthy living and working environments for men of all races and ethnic groups.”

“These data confirm the need for men in Alabama

to put into practice the lifestyle changes we know to be useful in preventing heart disease such as smoking cessation; heart-healthy low-fat, low cholesterol, low calorie diets; maintaining a lean body weight; and an active exercise program. Additionally, regular visits to a physician to watch for high blood pressure, high cholesterol, diabetes and symptoms of heart disease should all lead to prolongation of long, healthy active lives for us,” said Mike Honan, M.D., Medical Vice President of the American Heart Association’s Metro Birmingham Board of Directors.

“The burden of heart disease among men, particularly among racial and ethnic populations in Alabama, cannot be ignored,” said State Health Officer Dr. Donald Williamson. “Far too many men in our state have fallen victim to this disease. Therefore, more attention is needed to adopt heart healthy policies, tailor heart disease prevention programs, and dedicate appropriate resources that meet the needs of all men.”

Men and Heart Disease national maps show that a man’s risk of dying from heart disease depends in part on where he lives. Counties with the highest heart disease death rates for all men were primarily in Appalachia, the Ohio-Mississippi River Valley, the Mississippi Delta, and the eastern Piedmont and coastal regions of Georgia, South Carolina and North Carolina. Counties with the lowest death rates for men were observed primarily in the western regions of the U.S. along with parts of Florida, Minnesota and Michigan.

“Clearly, community members on up to state policy makers and health officials must all work together if we are to successfully reduce the heart disease death rate disparities in our state, particularly among the men identified in the report,” said Dr. Williamson. “Providing equitable and affordable medical services as well as implementing cardiovascular prevention programs that work must be a top public health priority if we are going to wage a successful campaign to reduce and prevent heart disease. If we do not, too many lives will be lost needlessly, while the health burden of heart disease will continue to remain high in our state.”

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Child Restraint
Education
Fire Prevention
Occupant Restraint
Seat Belt Survey
Trauma Registry

Alabama Injury prevention division

Safety Facts

- * Seventy-five percent of motor vehicle crashes occur within 25 miles of home.
- * Sixty percent of crashes occur on roads with posted speed limits of 40 mph or less.
- * Riding unrestrained is the greatest risk factor for death and injury among child occupants of motor vehicles.
- * It is estimated that nearly 3,000 children ages 4 and under were saved as a result of child restraint use in 1998. If all child passengers ages 4 and under were restrained, it is estimated that an additional 173 lives could be saved and 20,000 injuries could be prevented annually.
- * The back seat is the safest place for children to ride. It is estimated that children ages 12 and under are 36 percent less likely to die in a crash if seated in the rear seat of a passenger vehicle.
- * Male children ages 1 to 14 have a motor vehicle fatality rate nearly one and a half times that of female children.
- * Child safety seats are extremely effective when correctly installed and used in passenger cars, reducing the risk of death by 71 percent for infants and by 54 percent for children age 1 to 4.
- * Adult safety belts do not adequately protect children ages 4 to 8 (about 40 to 80 pounds) from injury in a crash. Although car booster seats are the best way to protect them, only 5 percent of booster age children are properly restrained in car booster seats.
- * The total annual cost of motor vehicle occupant-related death and injury exceeds \$24.5 billion for all children ages 14 and under, and is nearly \$7.9 billion among children ages 4 and under.

Source: National SAFE KIDS Campaign

State's safety belt usage increase is the greatest in the nation

Alabama recorded the largest increase in safety belt use in the nation from 1999 to 2000. Observational surveys conducted by the Alabama Department of Public Health found that Alabama's safety belt usage rates in 2000 increased to the highest rate ever recorded in the state. The estimated safety belt usage rate was 71 percent, a 22 percent increase from the 1999 survey result of just 58 percent. In 1998 only 52 percent of Alabama passengers were buckled up.

The National Highway Traffic Safety Administration reports that safety belt use increased in 2000 in states which had adopted laws which allow officers to stop a driver solely for not wearing a safety belt. The Alabama Legislature enacted legislation which made failure to wear safety belts a primary offense. Law enforcement officers began assessing fines for primary offenses in December 1999.

According to "Highway & Vehicle/Safety Report," June 18, 2001, other states with the highest estimated increases from 1999 to 2000 were New Jersey (whose usage rate increased from 63.3 to 74.2 percent) and Michigan (with a rate increase from 70.1 to 83.5 percent). The state of Mississippi was one of three states which recorded decreases in safety belt usage. Its usage rate dropped from 58 percent in 1998, to 54.5 percent in 1999, to 50.4 percent in 2000.

Safety belt use rates at or above the U.S. Department of Transportation's desired performance goal of 85 percent belt use for 2000 were reported by California (88.9 percent), Puerto Rico (87 percent), New Mexico (86.6 percent) and Maryland (85 percent).

In the 2000 observational survey, safety belt usage was observed for 79,000 drivers and passengers within 15 Alabama counties. The Injury Prevention Division

Increase.....continued on page 6

Increase.....continued from page 5

conducts the annual survey of safety belt, child restraint and motorcycle helmet usage. The year 2000 marked the eleventh year that the required National Highway Traffic Safety Administration guidelines were followed for the surveillance procedures.

Child restraint usage rates in Alabama increased by 28 percent, rising from 60 percent in 1999 to 77 percent in 2000.

Injury News

Published By

The Alabama Department of Public Health
Injury Prevention Division
Bureau of Health Promotion and Chronic Disease
Carol F. Mysinger, M.Ed., M.P.A.....Director
Lynn B. Williams, M.A.....Editor

Funded by a grant from the Law Enforcement and Traffic Safety Division, Alabama Department of Economic and Community Affairs

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Men and Heart Disease also includes national maps of local economic resources, social isolation of older men, availability of medical care, and the geographic distribution of racial and ethnic populations. For a free copy of the report write the National Center for Chronic Disease Prevention and Health Promotion, Division of Adult and Community Health, 4770 Buford Highway, N.E., Mailstop K-47, Atlanta, Ga. 30341-3724 or call the

CDC's publication number at 1-888-232-2306.

Additional information about *Men and Heart Disease*, including an online version of the document can be downloaded or used interactively by visiting West Virginia University's Web site: <http://oseahr.hsc.wvu.edu/Maps> and state-specific data from *Men and Heart Disease* are also available on the CDC's Web site: <http://www.cdc.gov/nccdphp/cvd>.

Braxton Moore is all smiles

Braxton Moore has plenty of reasons to be smiling these days. He was selected the Central Office Employee of the Month for June 2001 and effective June 29, 2001, he will retire from state service. Moore who is the director of the Diabetes Branch within the Bureau for Health Promotion and Chronic Disease began working for the Alabama Department of Public Health in 1991.

According to nominator Debra Griffin, "He is the only supervisor known to Public Health who submits his grant applications months prior to the due date. Even though he has had numerous employees, he tries very hard to treat everyone fairly, supervises with a stern hand and strict environment."

Commenting on Moore's willingness to work with others, Arrol Sheehan, a co-worker who works in the bureau said, "Several years ago I found I needed to interview him while he was on vacation. His staff provided me with the out-of-state number where he could be reached and I telephoned him. I later learned that he was in the midst of painting when I called, yet he put down his paint brush and patiently provided me all the diabetes information I needed. He even invited me to call him back if needed."

Before employment with the state, Moore worked as a public health advisor for the Centers for Disease Control and Prevention. His 32-year career with CDC took him to many states including Alabama, Georgia, Iowa, Mississippi, Nebraska, New York, North Carolina, Ohio and South Carolina.

Moore looks forward to retiring in Montgomery and spending time with his wife of 40 years, Wardena, his grandchildren, his daughter, Zena Jones and her husband, Bill. He also hopes to do missionary work in various parts of the world as well as community service activities locally.



Dr. Donald Williamson (left) presents certificate to Moore.

Do you have a Health Partner?

So much is going on in the hustle and bustle of today's world that sometimes we forget to take care of ourselves. In the high-tech age we live in with the Internet, cell phones, pagers, faxes, microwaves and fast food restaurants, nothing seems to be going at a slow pace.

We're so busy working, taking care of the kids and family pets, doing household chores and a bunch of other stuff that make us feel as if the days are not long enough and the years are zooming past us. Wouldn't it be nice if we had someone to help us take care of ourselves, a buddy who would serve as a healthful reminder about important things we need to do for our mental and physical health?

But, where would you find such a person? I suggest looking to neighbors, friends, co-workers and associates to find someone who is willing to become a health partner and commit to checking up on certain areas in your life. The following is a guideline to help health partners help you.

1. Check on your health partner regularly (once a week or month) just to see how things are going.
2. Ask your health partner about his or her stress level and physical and mental health. Share what you've learned about stress and time management with your health partner.
3. Offer a friendly ear to listen to your health partner.
4. Encourage your health partner to go to the doctor for yearly check ups or when he or she has a medical problem that doesn't go away.
5. Encourage your health partner to maintain a healthy weight by exercising regularly, at least three times a week for 20 to 30 minutes.
6. Talk to your health partner about different tips you've learned about exercise or new ways of exercising.
7. Encourage your health partner to eat five servings of fruits and vegetables a day.
8. Encourage your health partner to drink six to eight glasses of water a day.
9. Encourage your health partner to take some time every day for rest and relaxation.
10. Encourage your health partner to take a vacation at least once a year.

Once you've had a health partner yourself for about six months, why don't you try being a health partner to someone else? Using such a support system, eventually we will all be healthier individuals.

By Geraldine Rose Daniels

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*.

Addie Allen
Gloria Brown
Fran Childers
Margaret Cleveland
Yvonne Davis
Glenda Edwards
Jacqueline Gaines
Lisa Gayle
Mary Holmes
Jennifer Middlebrooks
Mary Myers

Ashvin Parikh
Constance Phillips
Niko Phillips
Tara Utsey
Clara Williams
Dallas County Health Department
from Ruth Underwood
Robertsdale, Ala.
Vince Avenatti
Sara Bowman
Margie Braden
Bo Ethridge
Connie Pavelec
Debbie Wetzel
Health Provider Standards
from Luke Standeffer
Birmingham, Ala.

Linda Bolding
Center for Health Statistics

from Paul Herring
Hoover, Ala.

Jill Brewer
Shirley Coleman
Hazel Davis
Gwen Harris
Ted Johnson
Letitia Scott
Betty Strickland
Betty Thomas
Center for Health Statistics

from Jacqueline Wright
Silver Springs, Md.

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Commendations.....continued from page 7

Pat Brophy

Computer Systems Center
from Geraldine Rose Daniels
Health Promotion and Chronic
Disease

Ethel Burton

Greenwood Hardegree
Carlisha Lane
Sheila Martin
Center for Health Statistics

from Kay Dunaway
Address unlisted

Joyce Conn

Nedra Driver

Debbie Jones

Jeanne Sewell

Linda Walker

PHAs VII and IX

from Ruth Underwood
Robertsdale, Ala.

Bill Duke

Center for Health Statistics

from Willa Forrest
Address unlisted

Bill Duke

Dorothy Harshbarger

Center for Health Statistics

from Edward H. Minter, III
Montgomery, Ala.

Sherwana Dunnigan

Teresa Pope

Perry County Health Department

from Ruth Underwood
Robertsdale, Ala.

Evelyn Finklea, R.N.

Brenda Page

Monroe County Home Health Subunit

from Audra Wilson
Monroe County Home Health Subunit

W. Charles Graves, Ed.D.

Chuck S. Lail

Primary Care and Rural Health
Development

from Billie Gilliland
Butler, Ala.

Carol Heier

Home and Community Services

from James P. "Ike" Adams, Jr.
Tuscaloosa, Ala.

Melissa Olmstead

Health Promotion and Chronic
Disease

from Carla Winborne
Ramer, Ala.

Denise Pope

PHA VII

from Ruth Underwood
Robertsdale, Ala.

Al Stone

Center for Health Statistics

from Don Bogie
Montgomery, Ala.

Betty Thomas

Center for Health Statistics

from Stephanie Smithart
Opp, Ala.

Kembley Thomas

Center for Health Statistics

from Lonnie Thomas
Address unlisted

Lynn Williams

Health Promotion and Chronic
Disease

from William E. Dismukes, M.D.
Birmingham, Ala.

Sophia L. Johnson
Sandy Hendrick, R.N.
Montgomery, Ala.

Wendy Washington

Center for Health Statistics

from Chuck Searcy
Evergreen, Ala.

Albert Woolbright, Ph.D.

Center for Health Statistics

from Gina Mikkelsen
Mobile, Ala.

Retirees

The following public health employees retired effective July 1:

Nobie Bayne - Butler County Health Department

Janet Bowen - Calhoun County Health Department
Catherine Jackson - HIV/AIDS Division

Braxton Moore - Health Promotion and Chronic
Disease

Mary Moore - Jackson County Health Department

CHS director wins national award

Dorothy S. Harshbarger, state registrar and director of the Center for Health Statistics, has been presented the prestigious Halbert L. Dunn Award for her outstanding professional contributions to the field of vital and health statistics. The award was presented by the National Association for Public Health Statistics and Information Systems, an organization of her peers from all U.S. states and territories.

She received the award in Albuquerque, N.M., at the recent joint annual meeting of the National Association for Public Health Statistics and Information Systems and the National Center for Health Statistics Vital Statistics Cooperative Program Project Directors.



Ms. Harshbarger holds plaque.

Criteria for the award include making significant contributions in the field of vital records registration or health statistics through activities within the organization, writing articles/reports, and participating on state/national committees, projects and programs designed to promote and improve the field.

In announcing this award, Reginald Strickland, deputy director of the Center, stated, "We congratulate her for this outstanding professional recognition which attests to her national reputation for excellence and service."

Dianne Lollar elected president of Alabama Dietetic Association

Dianne Lollar, director of nutrition for Public Health Area 1, has been elected president of the Alabama Dietetic Association. This professional organization is an advocate of the dietetics profession whose mission is to promote optimal nutrition, health and well-being. The membership consists of more than 900 nutrition professionals residing in Alabama.

Ms. Lollar received her B.S. degree in foods and nutrition and institutional management from the University of Alabama and her master's degree in public health from the University of Alabama at Birmingham. In 1995 she was selected as Alabama's Outstanding Public Health Nutritionist. In 1998 the American Dietetic Association awarded her the Grassroots Scholarship Award for her work with Congress to have the Medical Nutrition Therapy Act passed.

An advocate for women's and children's issues, she organized and served as president of a non-profit organization to educate women on public policy issues. She has been elected for two terms to represent State House District 14 on the Alabama Democratic Executive Committee. Active in numerous organizations in the community, she serves as a 4-H volunteer and sponsor of 4-H Awards Day. A licensed private pilot, she is past president of the Alabama Chapter of Ninety-Nines, an international pilots' organization.

"In Alabama the three leading causes of death, cardiovascular disease, cancer and cerebrovascular disease are all nutrition related. Healthy eating and physical activity are lifestyle factors that can help prevent chronic

disease. Registered dietitians are nutrition experts that can recommend healthy eating to prevent and treat chronic disease," says Ms. Lollar.

Her professional memberships include the Alabama Public Health Association, the American Dietetic Association, the International Association of Culinary Professionals and the American College of Sports Medicine.



Dianne Lollar

Two nurses presented the Anne M. Smith Award

This is the first year that the Anne Smith Award was presented within two categories, clinic and home care. The categories were divided to show appreciation for nurses in our two large service areas, home care and clinic.

The 2001 award in the clinic category went to Sondra Nassetta, Area 2 clinic supervisor for Cullman County



Shown are (left to right) Beverly Perea, Anne Smith and Sondra Nassetta.

Health Department, and the 2001 award in the home care category went to Beverly Perea, Area 5 home health clinical manager for the DeKalb County Health Department. This award is given to a nurse who epitomizes public health nursing at its finest, provides direct care, and has been employed with the department for a minimum of five years.

The nominator for Ms. Nassetta wrote, "Sondra Nassetta possesses all the attributes one would ascribe to a public health nurse - integrity, competence, dedication and loyalty. Her most exceptional quality is her sense of community. She views public health as an integral part of the community and makes every effort to assure that it is viewed and functions in this manner."

A letter of support stated, "I have known and worked with Ms. Nassetta for 15 years. She is a dedicated and enthusiastic public health nurse who genuinely cares about each patient as well as the public health in general."

Ms. Nassetta has been employed on a full time basis with the department since 1988. She has served as a family planning nurse, a general nurse, home health supervisor, and currently as clinic supervisor. She is married with two grown sons and serves in many

community capacities in her private life.

The nominator for Beverly Perea wrote, "We worked together at DeKalb Baptist Medical Center as well as for the health department. Beverly is quiet....if I could use an analogy...instead of the 'strong silent type, she is the quiet silent worker!' She is truly an advocate for the patient/family.

"She is genuine and true to her word; loyal to a fault to whatever cause/job she is doing...willing to do whatever is asked of her; her work ethic is unquestionable."

A letter of support stated, "Beverly is a very sweet, caring and compassionate human being. She always has time to listen and offer you a hand if you need it. She is a consistent person in this world of uncertainty."

Ms. Perea has been employed with the department since 1990. She served as a home health staff nurse, home health aide supervisor, home health supervisor, and currently as the home health clinical manager. She is married with three children and does a tremendous amount of volunteer work.

The awards were presented at the 2001 Annual Anne M. Smith Seminar held at the Kellogg Conference Center in Tuskegee. Mrs. Smith served as the director of Public Health Nursing for the Alabama Department of Public Health from 1964 until 1984.

By LOU FOMBY

July is Fireworks Safety Month.

Calendar of Events



July 11

TB Update, Public Health Staff Development with UAB, 2-4 pm. For more information contact Fay Smith, (334) 206-5655.



July 13

LIFEPLAN 2001, 12 noon-1 p.m. For more information contact Jim McVay, Dr.P.A., (334) 206-5600.



July 17

Essential Public Health Services: Fact or Fantasy for Achieving Health Objectives, South Central Public Health Leadership Institute. For more information contact Becky Hall, (504) 588-5398.



July 18

Does Your Patient's Kitchen Have the Right Ingredients? Home Health Aide Continuing Education. For more information contact Brenda Elliott, (334) 247-2664, extension 402.



August 14

Body Piercing and Tattoos: An Environmentalist's Facility Inspection. For more information contact Tim Hatch, (334) 206-5375.



August 15

Colorectal Cancer, Public Health Staff Development, 2-4 p.m. For more information contact Fay Smith, (334) 206-5655.



August 24

LIFEPLAN 2001, 12 noon-1 p.m. For more information contact Jim McVay, Dr.P.A., (334) 206-5600.

September 4-7

Alabama Primary Health Care Association/National Coalition of Black Lung and Respiratory Disease Clinics, 16th Annual Conference, Perdido Beach Resort, Perdido. For more information contact Al Fox or Angie Blevins, (334) 271-7068.



September 6

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



September 11

Enhancing Partnerships Between State Health and State Education Departments, 12 noon-3 p.m. For more information contact Jack Hataway, M.D., (334) 206-5616.



September 12

Hypertension and Stroke, Public Health Staff Development, 2-4 p.m. For more information contact Fay Smith, (334) 206-5655.

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Calendar.....continued from page 11



September 13

Alabama Breast and Cervical Cancer Treatment Law, 12 noon-1 p.m. For more information contact Deborah Pennington, (334) 934-6206.



September 25

Flu and Pneumonia: Home Health Aide/Home Attendant Continuing Education, 1:30-3:30 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.



October 3

Alabama AIDS Symposium, 10-11:30 a.m., HIV/AIDS Update: AIDS Resistance Testing -Dr. Philip Kaiser; Neuropsychiatric Complications in HIV Disease-Dr. Sanjay Sharma. For more information contact Brenda Cummings, (334) 206-5364.



October 4-5

14th Annual Alabama AIDS Symposium, Civic Center, Montgomery. For more information contact Brenda Cummings, (334) 206-5364, or Tony Thompson, (334) 272-6666.



October 5

Alabama AIDS Symposium, New Horizons-New Challenges: HIV/AIDS Community Planning Course, High School Educational Program, Jacksonville, Ala., 10-11:30 a.m. For more information contact Brenda Cummings, (334) 206-5364.



October 10

Breast Cancer, Public Health Staff Development, 2-4 p.m. For more information contact Fay Smith, (334) 206-5655.



October 21-25

American Public Health Association Annual Meeting, Marriott Marquis, Atlanta, Ga.



November 14

Successful Pain Management, Public Health Staff Development, 2-4 p.m. For more information contact Fay Smith, (334) 206-5655.



November 15

Alabama HIV/AIDS Health Fraud, 10-11:30 a.m. For more information contact Tony Thompson, (334) 657-4468.



November 28

Top 10 Home Care Diagnoses, Home Health Aide Continuing Education, 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.



December 6

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