

# ALABAMA'S

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# HEALTH

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## Joint WIC-Oral Health project is “something to smile about”

**P**roviders in WIC clinics throughout the state are educating the parents and caretakers of infants and 1- to 2-year-old children about a condition called Early Childhood Caries (ECC). This new project is a part of WIC's two-year State Nutrition Education Plan. Implementation began in October 2002, and thus far, the new oral health program has been very well received by WIC staff and clients statewide.

Sherry Goode, assistant director of the Oral Health Branch, Bureau of Family Health Services, states, “We can't say enough good things about the WIC providers' efforts in promoting good oral health among their clients. As they counsel new mothers and parents of young children regarding the link between good nutrition, good general health and good oral health, the local and area nutritionists are making a difference in the lives of WIC children and their families.”

One such example is in Public Health Area 6. Cindy Templeton, area nutrition coordinator there, pointed out that many parents of young children do not realize the connection between good oral care and their children's overall health. They also don't understand the importance of baby teeth and how sick their children can become from infected teeth.

In Cleburne County, Ms. Templeton provides educational sessions with a kindergarten group through a local foundation. She was amazed to learn that only a small number of the children there owned a toothbrush. When asked to raise their hands if they had brushed their teeth that morning, only a few responded that they actually owned a toothbrush.



Cindy Templeton demonstrates proper toothbrushing with a stuffed alligator puppet. The WIC-Oral Health project has received national recognition.

In Calhoun County, Ms. Templeton teaches a WIC oral health class to children at a local Head Start center. She carries along a stuffed alligator puppet with a big mouth and large teeth to demonstrate proper brushing and flossing techniques. The children get a chance to practice on the puppet using a large toothbrush, then each child in the class receives his or her own toothbrush and toothpaste to take home.

“They are such a fun group, and are excited about it,” Ms. Templeton said. She added that the new WIC dental health education material and oral hygiene supplies support what WIC providers have tried to do for years.

Gail Mask, state WIC nutrition education coordinator, also had a strong involvement in the WIC project. She

*Oral health.....continued on page 10*

# Kids Walk-to-School program helps promote physical activity for students

**T**o support the national goal of better health through physical activity, the Centers for Disease Control and Prevention's Nutrition and Physical Activity Program has developed the Kids Walk-to-School program.



Last year's walk in Montgomery drew many participants.

This is a community-based program that aims to increase opportunities for daily physical activity by encouraging children to walk to and from school in groups accompanied by adults.

At the same time, the program advocates for communities to build partnerships with the school, parent-

teacher groups, local police departments, department of public works, civic associations, local politicians and businesses to create an environment that is supportive of walking and bicycling to school safely. By creating active and safe routes to school, walking to school can once again be a safe, fun and pleasant part of children's daily routine.

Last year in Alabama 14 cities, 67 schools and approximately 31,000 students participated in the state's walk.

Anita Sanford of the Nutrition and Physical Activity Unit of the Office of Professional and Support Services, said, "This reflects significant progress since inception of the walk in Alabama in 1999 when only two cities took part."

This year on Oct. 8 schools in cities across Alabama will take part in the National Walk Our Children To School Day event.

Information about the International observance follows and is easily found on CDC's Web site: [cdc.gov/nccdphp/dnpa/kidswalk](http://cdc.gov/nccdphp/dnpa/kidswalk) and some quick facts at [www.walktoschool-usa.org](http://www.walktoschool-usa.org).

The goals of Kids Walk-to-School are to

- \* Encourage children to walk and bicycle to and from

*Kids walk.....continued on page 3*

## 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..

# Kids walk.....continued from page 2

school.

- \* Increase awareness of the importance of regular physical activity for children, improved pedestrian safety, and healthy and walkable community environments.
- \* Mobilize communities to work together to create safe routes to school.

Anticipated benefits of the Kids Walk-to-School program include

- \* Increased levels of daily physical activity for children.
- \* Increased likelihood that children and adults will choose to walk and bike for other short distance trips.
- \* Improved neighborhood safety.
- \* Fewer cars traveling through the neighborhood.
- \* Fewer cars congesting the pick-up and drop-off points at the school.
- \* Friendlier neighborhoods as people get out and about interacting with one another.

## The importance of regular physical activity for children

The United States has seen a decrease in the number of children who are physically active and an increase in the number of children who are overweight.

- \* Nearly half of young people aged 12-21 years in the United States are not vigorously active on a regular basis.
- \* About 14 percent of young people report no recent physical activity.
- \* Over the past 30 years the percent of overweight children aged 6 to 11 years has more than doubled.

While more research is needed to understand all of the implications of being an overweight or inactive child, we do know that obesity and its health risk factors tend to persist. Overweight children are more likely to become overweight adults. Overweight and obese adults are at increased risk for heart disease, high blood pressure, stroke, diabetes, some types of cancer and gall bladder disease.

The Kids Walk-to-School program encourages physical activity as an integral part of a child's daily routine. It assumes that teaching children the importance and pleasure of walking and bicycling to and from school may help to increase the likelihood that they will engage in other forms of physical activity.

Here are some of the potential benefits of regular physical activity for children:

- \* Builds and maintains healthy bones, muscles, and joints.

- \* Helps control weight, build lean muscle and reduce fat.
- \* Improves sense of self-image and autonomy.
- \* Fosters healthy social and emotional development.

In addition, preliminary data show that physical activity may improve academic performance and alertness in youth.

## Kids Walk-to-School encourages pedestrian safety

The top reason parents do not allow their children to walk to school is a fear for their safety. The safety of children as pedestrians is a real concern. Data from the National Highway Traffic Safety Administration shows that one-fourth of children between the ages of 5 and 9 who were killed in traffic crashes in 1998 were pedestrians. Children in this age group have not developed the skills and experience to navigate traffic safely and judge speed and distance. Therefore, it is important to teach and practice safe pedestrian skills with our children as well as provide responsible adult supervision as they travel to and from school.

Kids Walk-to-School encourages improved safety on the walk to and from school by

- \* Encouraging children to walk in groups.
- \* Organizing responsible adults to accompany the children as they walk to and from school.
- \* Teaching and practicing safe pedestrian behavior on the walk to and from school.
- \* Empowering neighborhoods to work together with local agencies, such as the department of public works, to identify and create safe routes to school.
- \* Partnering with local police to enforce speeds in and around the neighborhood and school.
- \* Provide crossing guards for children on their way to and from school.

In addition to traffic safety, fear of bullies or gangs loitering at street corners, or strangers lurking in our neighborhoods may affect a parent's willingness to allow their children to walk to school. By encouraging children to walk in groups accompanied by adults, the risk of danger is decreased in these situations. In addition, neighborhoods can work together to form a Neighborhood Watch Program.

# Public Health employee competes in Air Classic Race

**F**or some people flying is a convenient way to travel, but for Marie Carastro flying is a passion that she has shared with family for many years. So it was only natural that Marie and daughter, Susan Carastro, would fly the skies together as the only mother-daughter team in the recent Air Race Classic.

“Susan asked me to be a part of the race but I never really believed that she would actually go through with it. But she arranged for everything—the plane, flight publications, even matching shirts. She wouldn’t just let me be the navigator. It was a fifty/fifty trip. I navigated half of the time and she flew and she navigated half of the time and I flew,” said Carastro.

The Air Race Classic is the only all-woman, trans-continental air race in the country, with competitors as far away as New Zealand. This year the race consisted of eight legs or destination spots, on a path from Pratt, Kan., to Manteo, N.C. Competitors were allowed four days to fly the total distance of 2,191.84 miles. Marie and Susan finished the race in three days, placing 17th out of 34 participants.

“I didn’t enter it to win. I did it for the fun and challenge of it,” said Carastro.

This wasn’t the first flying race in which Carastro has participated. Carastro’s love of flying started in the late 50s when she was working at the Veteran’s Administration Hospital in Tuscaloosa. A female pharmacist working at the hospital who was an amateur pilot had a plane and inspired an interest in Carastro. Carastro later went to the local airport and took flying lessons eventually earning her pilot’s license in 1957.

Eventually Carastro purchased her own plane, a Cessna 140, which she kept until she had her children. To hone her skills she joined the Civil Air Patrol, an organization of other people who have an interest in flying. She then joined the Ninety-Nines, an international organization of licensed pilot women from about 35 countries. The organization is called Ninety-Nines because there were 99 charter members in 1931 when it elected its first president, Amelia Earhart.

This wasn’t the first flying race in which Carastro has participated. In 1960 she participated in her first race, the Powder Puff Derby, the precursor of the Air Race Classic. Powder Puff was also an all-female race and traveled from Torrance, Calif., to Wilmington, Del.

“Actually I never thought about participating in the race, but Charlie Wade who lived in Clanton wanted someone to fly his airplane with his daughter who was in

the race. Between the two of us we probably only had about 200 flying hours, but we entered the race and finished 53 out of 88,” said Carastro.

Carastro points out the trip was particularly more challenging than today because the planes did not have all the aids to navigation that they have now.

“We flew using the pilotage method to navigate,” said Carastro. There

were three methods of navigation pilotage, dead reckoning and radio navigation. Pilotage is the most basic and means that the pilot uses landmarks to stay on course. As the pilot flies over each landmark it’s checked off to make sure that the pilot’s on course.

Marie has a private pilot’s license, which means she cannot charge passengers for flights as opposed to commercial pilots. To ensure that pilots are competent, every two years the Federal Aviation Administration requires pilots to have a flight check and physical exam.

Throughout the years Marie has flown for reasons other than fun. As a registered dietitian for 50 years she would often fly to the sites of her consultations for hospitals, nursing homes and group homes. “As part of the job, the facility provided transportation to and from the airport. I was flying up to twice a week,” said Marie.

Now as a surveyor for the Division of Health Care Facilities, Marie flies only in her leisure time with her husband who has had a career in aviation with the Air Force. Flying appears to be a passion that has been passed on to the Carastro children as well. Daughter Susan soloed at age 13 and often flies for pleasure. Son Michael, who soloed at age 11, was a 747 pilot and now flies with the Montgomery Jet Center. And the flying tradition may not end there.

“I have a granddaughter who’s 3 and says she wants to fly an airplane. Who knows?” said Marie with a smile.



Surveyor Marie Carastro has been a pilot since the 1950’s.



# Lotus tip for September

## Setting rules to filter e-mail in Lotus Notes

Using the “Rules” feature in Lotus Notes, users can set conditions that will sort incoming e-mail into specified folders or automatically delete unwanted junk mail.

The “Rules” folder can be found among the other folders to the left of the inbox. Click to open. Once the folder is open, a button labeled “New Rule” can be seen. Click this button and a dialog box will pop up. This box allows the user to turn the rule on or off, create conditions, and specify actions.

For example, condition can be created that searches for incoming e-mail containing the word “smallpox” in the subject, specify the action “move to folder,” and specify

the name of the folder where the user wishes this e-mail to go.

Please note that e-mail filtered into specific folders will not show in the inbox. The user will have to check each folder or check “All Documents” to find these filtered e-mails. Alternately, these rules can be used to eliminate unwanted junk mail by setting conditions to delete e-mails with certain subjects.

“Before setting rules to delete e-mail, I recommend that you set up a ‘junk mail’ folder and direct these e-mails there,” said Tracey Cannon, Computer Systems Center. “This will give you the opportunity to scan these e-mails before they are deleted, to ensure that your rules are performing as expected.”

## 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*.

**Ann Marie Jones**  
Madison County Health Department

From Chris Sellers  
Montgomery, Ala.

**Jackie Jones**  
Health Provider Standards

From Barbara Shinpaugh  
Alabaster, Ala.

**Sherryl Palmore**  
Walker County Health Department

From Chris Sellers  
Montgomery, Ala.

**Joy Rhodes-Watkins**  
Morgan County Health Department

From Chris Sellers  
Montgomery, Ala.

**Bartow Riley**  
Health Provider Standards

From Sandra M. Pace  
Atlanta, Ga.

**Ashley Smith**  
**And staff members**  
**Stacie Hayes**  
**Nesa Hernandez, RN**  
**Olga Norton**  
**Selina Simmons, RN**  
Public Health Area 10 TB Program

From Jim Baker  
Bob Nyberg  
Montgomery, Ala.

**Shanda Wilkins**  
Pike County Health Department

From Chris Sellers  
Montgomery, Ala.

## Retirees

The following employees retired effective Sept. 1:

**Marianne Lansdon** - Communications Design Division  
**Mary Ann Seel** - Walker County Health Department  
**Carmenita White** - Division of HIV/AIDS Prevention and Control

# Mobile County Health Department breaks ground for future of women's health care

**D**r. Michael L. Granberry, chairman of the Mobile County Board of Health, presided over a groundbreaking ceremony on Aug. 13, 2003, for the construction of a 12,000-square-foot health care clinic at the future home of the Mobile County Health Department's Women's Center. The construction site is located at 248 Cox St. beside the Mobile TEEN Center and across from the University of South Alabama Children's and Women's Hospital. "The demand for women's healthcare services continues to grow in Mobile County," reports Dr. Bernard Eichold. "Last year, our Women's Center experienced more than 25,000 visits. We feel it is important that our local public health system expand to meet this growing demand and provide the community with a state-of-the-art clinic designed specifically with women's health care needs in mind."

The current Women's Center, located at 1557 Springhill Ave. since 1993, is the Health Department's primary site for the provision of women's health services including maternity, family planning and gynecology. Staffed by four full-time certified/registered nurse practitioners (CRNP) and one part-time OB/GYN physician, the Women's Center offers a variety of ancillary services including WIC benefits and SOBRA Medicaid out-stationed workers. One of the most popular services offered by the Women's Center is its weekly evening clinic on Thursday nights that provides working women and teenagers after-hour access to maternity and family planning services.



Shown left to right are Dr. Gregory Evans, medical director; David Legett, director Bureau of Maternal Health; Vivian De Vivo, director, Family Health Clinical Services; Dr. Michael L. Granberry, chairman of the Board of Health; Lionel Alexander Jr., chairman of Family Oriented Primary Health Care Governing Council.

## Alabama Abstinence-Only Education Program and Alabama Community-Based Abstinence-Only Program reach out with resources

**T**he Alabama Abstinence-Only Education Program (AAEP) and the Alabama Community-Based Abstinence-Only Education Program are federally funded programs administered through the Bureau of Family Health Services.

The AAEP since its inception in fiscal year 1998 through 2003 has annually provided abstinence-only education to 37,000 unduplicated adolescents 17 years of age and younger (duplicated abstinence-only education to 188,000) in 32 of Alabama's 67 counties.

In fiscal year 2003, the Alabama Community-Based Abstinence-Only Education Program (ACAEP) provided unduplicated abstinence-only education and Adult/Peer Mentor Leadership Training to 8,500 adult role models

(community leaders/parents, teachers/counselors/educators, faith-based individuals, health care professionals) and adolescents 12-18 years of age (duplicated abstinence-only education to 24,000) in 48 cities/towns in Alabama.

The AAEP/ACAEP has collaborated with public and private agencies/organizations and provided abstinence-only educational materials to county health departments as well as schools/individuals/entities in communities throughout Alabama.

The AAEP/ACAEP provided the following free educational materials:

"Saving Sex for Marriage-Abstinence is a choice worth making" pamphlet and poster,

*Abstinence.....continued on page 8*

## Protect children from playground-related injuries

**A**pproximately 200,000 playground-related injuries requiring emergency room visits occur each year. Of these visits, 45 percent or 90,000 result in severe injuries such as fractures, dislocations and amputations. Many injuries are a result of inadequate supervision or children playing on equipment not appropriate for their age. No national standards for playground equipment currently exist. However by educating yourself, you can help protect children against playground injuries.

### Equipment Guidelines:

#### Guardrails

Rails openings should be less than 3.5 inches or no greater than 9 inches.

#### Slides

Slides need to be well anchored with firm handrails. Secure loose shirttails and drawstrings.

#### Swings

Replace wood and metal swings with softer seats.

#### Surfaces

Use shock-absorbing materials such as wood chips, sand, and pea gravel. All equipment should have a 6 feet fall zone surrounding it.

### Examples of Age Appropriate Equipment Guidelines:

#### *Ages 2 - 5*

Playhouses  
Crawl Tunnels  
Activity Panels  
Small Slides  
Tot Swings

#### *Ages 5 - 12*

Tire Swings  
Spiral Slides  
Horizontal Ladders  
Seesaws  
Sliding Poles

### PLAYGROUND SAFETY RESOURCES:

#### American Society for Testing & Materials (ASTM)

[www.astm.org](http://www.astm.org)

Provides information on playground site and surface testing

#### National Program for Playground Safety School of HPELS

[www.uni.edu/playground](http://www.uni.edu/playground)

Provides statistics and information about safety and preventing injury

#### U.S. Consumer Product Safety Commission (CPSC)

[www.cpsc.gov](http://www.cpsc.gov)

Provides a playground safety handbook upon request and recalls unsafe equipment

#### Centers for Disease Control and Prevention

[www.cdc.org](http://www.cdc.org)

Provides national and local playground injury statistics



#### Injury News

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Carol F. Mysinger, M.Ed., M.P.A.....Director

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and Community Affairs

# Schools should offer healthier snacks in vending machines, nutrition task forces urge

**W**ith obesity rates among children and adolescents increasing rapidly, two Alabama nutrition task forces concluded that school vending machines should offer healthy snacks rather than choices that are low in nutrients and high in calories.

“To send the right message administrators, teachers, parents and students need to look at school vending machines and replace unhealthy choices with healthy ones,” according to the Guide to Healthy Vending Machines.

Instead of candy, fried chips and sugary drinks, the machines should be stocked with items such as fruit, granola and oatmeal bars, water, lowfat milk or 100 percent fruit juices.

The new two-page guide was produced by two groups formed to fight soaring obesity rates in the state’s children — Alabama Action for Healthy Kids and Healthy Weight for Youth in Jefferson County. The readable guide is available at [www.actionforhealthkids.com](http://www.actionforhealthkids.com), Alabama section. The sheet also includes the telephone number of the department’s Nutrition and Physical Activity Unit.

The list of healthy snacks accompanied a letter of recommendation which was sent to school principals across the state. This action was endorsed by groups including the Alabama PTA, Council for Leaders in Alabama Schools and Alabama Dietetic Association.

Heidi Hataway, M.S., R.D., assistant director of the Nutrition and Physical Activity Unit and chair of Alabama

Action for Healthy Kids, said the recommendations were intended to get children to eat healthier while allowing schools to profit from vending machines.

Ms. Hataway said an informal survey of vending machines in schools, based on the first 110 to respond, found that some schools have reported earning up to \$20,000 a year in vending machine profits. The number of machines in a school ranged from 1 to 19, with most vending machines being located in middle and high schools.

The uses of revenues from vending profits reported included books, paper supplies, computer equipment, sports equipment, music, with most responding “other.” Most frequent beverages placed in the machines included soft drinks, fruit drinks, diet soft drinks and water. The most frequent snacks were chips/fried snacks, candy and cookies.

Snacks on the guidelines rated as the “best” list are fruit, nuts, sunflower seeds, certain cereal and granola bars, twists and bars which generally contain at least 10 percent of nutrients such as vitamins, iron and calcium, along with 1 or 2 grams of fiber. Snacks on the “next best” list generally contain at least 5 percent of one of these nutrients or 1 gram of fiber.

Two recent studies in Alabama found as high as 27 percent of schoolchildren were overweight and 17 percent were near overweight.

## Abstinence.....continued from page 6

“Prescriptions for Parents: A Physicians’ Guide To Adolescence and Sex” CD-ROM,

“Sex Q & A: Kids’ Questions-Parents’ Answers” booklet (customized with the AAEP/ACAEP’s statewide media slogan “DOIN IT DOESN’T GET IT! - Save Sex for Marriage”),

“POWER TO STUDENTS-Adult/Peer Mentor Leadership Training” manual,

“Sex, Condoms and STDs: What We Now Know-Safer sex isn’t nearly safe enough,”

“Connected Parents” Report.

An AAEP/ACAEP community-based abstinence-only education project, the Elmore County Cooperative Extension System 4-H TGIF (Teens Getting Involved for the Future) is sponsoring a free workshop for parents on Monday, Sept. 29, at 6:30 p.m. at the Wetumpka Performing Arts Center, 306 West Tallassee St., Wetumpka.

Keith Deltano, a comedian and storyteller from North Carolina will use humor and stories to discuss tough social issues that today’s youth face and will provide valuable

information and strategies that will enable parents to promote healthy lifestyle choices among adolescents.

All parents, teachers, counselors, school officials, youth advocacy leaders, health educators, community leaders, business owners, organizations, leaders of the faith community, and concerned citizens are encouraged to attend the workshop for parents. For more information call: Elmore County Extension Office at (334) 567-6301.

The AAEP/ACAEP web site: [www.adph.org/abstinence](http://www.adph.org/abstinence) has been expanded and enhanced to include parental guidance/abstinence-only educational resources/statistics on sexually transmitted disease and pregnancy-related events.

Additionally, individuals/entities located in Alabama that are interested in obtaining a FREE single copy (or possibly bulk copies dependent upon the need/purpose/availability) of educational materials provided by the AAEP/ACAEP may contact Susan R. Stewart, RN, MSN, director, at (334) 206-2901 or e-mail a detailed request at [ssstewart@adph.state.al.us](mailto:ssstewart@adph.state.al.us).



# Speaking of Retirement

## RSA Web Site Updated

**T**he Retirement Systems of Alabama launched its updated Web site ([www.rsa.state.al.us](http://www.rsa.state.al.us)) in August. The ERS strongly encourages its members and member agencies to browse this user-friendly site because of the tremendous amount of useful information and interactive tools available, including:

- \* Retirement Benefit Estimate and DROP Calculator - Estimate your retirement benefits with all options. If you are eligible for DROP, you can estimate what your benefits would be after completing DROP.
- \* Contact Us - How to contact the RSA by mail, phone and fax, plus a map and directions to RSA Headquarters. Also included are e-mail addresses and extensions of the different departments you may need to make contact directly. We ask that when you do send an e-mail, please include your full name, employer, home mailing address and daytime phone number
- \* PEIRAF and RSA-1 Deferred Compensation Plan - Monthly earnings and 12-month Historical returns are listed here. Information on how to supplement your retirement income with RSA-1 is included as well.
- \* Investments - Go here to find the latest performance results and how the ERS fund is invested
- \* Publications and Forms - All the RSA publications such as your Member Handbook can be easily downloaded from the Web site as well as retirement forms, DROP forms, RSA-1 forms and purchasing service credit forms.
- \* Legislation - You can keep informed of the latest developments concerning your retirement and insurance benefits while the Alabama Legislature is in session.
- \* Agency Information - Agency seminar information, the Agency Service Manual, the Contributions Reporting Application, and any updates and news pertaining to employee benefit changes.
- \* Retirement Planning - Information and schedules for Retirement Preparation Seminars and Individual Counseling Services.

## ERS Individual Member Counseling Sessions 2003-2004

The schedule for ERS Individual Member Counseling Sessions was released in August. The dates are posted on the RSA Web site and were sent to each agency's personnel and payroll office. These sessions are for 20 minutes and are reserved for members within three years of retirement.

To make an appointment, please call 1-800-214-2158, press 9. To speak directly to an ERS Counselor, please call 1-800-214-2158, press 4 then press 7.

## ERS Board of Control Election

Candidates are now being sought for the Elected Local Employee Position No. 1 on the ERS Board of Control. Mr. T. M. "Sonny" Jones is now employed in a new position that makes him ineligible to retain his current position on the Board.

Nominees must be active members of the ERS by virtue of employment with a local agency (city, county, public or quasi-public agency). This position is to complete Mr. Jones' four-year term, which began Oct. 1, 2002, and ends Sept. 30, 2006.

Nomination packets are available on our Web site or by calling the elections coordinator at 1-800-214-2158 extension 573. The completed petition must be returned to the ERS office by 5 p.m., Oct. 20, 2003.

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.

# Alabama’s infant mortality rate reaches all-time low in 2002

The department’s Center for Health Statistics announces that the infant mortality rate of 9.1 deaths per 1,000 live births in 2002 was the lowest ever recorded, as were the 538 infant deaths. The infant mortality rate in 2001 was 9.4. Twenty-nine fewer Alabama infants died before their first birthdays in 2002 than in 2001.

Dr. Donald Williamson, state health officer, said, “We are encouraged by the significant progress made in lowering our infant death rate and in reducing the number of teens having children. Alabamians should be proud of the efforts made to address our traditionally high infant mortality rate.”

The infant mortality rate for black infants (14.0 per 1,000 live births) was very close to the national rate for blacks, but the white rate of 7.0 continues to be above the national average.

The infant mortality rate was higher for infants of teen mothers (12.0) than adult mothers (8.6), for mothers who smoked (10.8) than for mothers who did not smoke (8.8), and for mothers with less than adequate prenatal care (13.1) than for mothers with adequate prenatal care (7.7). Low weight babies (those born at less than 5 pounds, 8 ounces) had an infant mortality rate of 63.0 per 1,000 live births, which was 21 times higher than the 3.0 rate for

*Mortality rate.....continued on page 11*

# Oral health.....continued from page 1

states that the project was funded through a United States Department of Agriculture grant and took approximately two years to complete.

Data collection was an important first step. Public health dentists collected ECC prevalence data back in 1999 and determined that Alabama WIC children 18 months - 3 years of age had a higher prevalence of ECC than the national average. The small sample taken from approximately 200 children at select WIC sites indicated a 26.7 percent ECC prevalence rate.

Ms. Mask added, “The project was an ideal partnership between the Alabama WIC Program, the Oral Health Branch, the University of Alabama at Birmingham School of Dentistry and the UAB School of Public Health.”

The team collaborated to develop a culturally sensitive, low-literacy nutrition education model for the prevention of ECC in WIC children. Part of the research involved conducting focus groups with diverse ethnic groups in the WIC population, including African American, American Indian and Hispanic WIC participants or their caregivers at seven WIC sites. In addition, 100 participants at six sites and 100 clinic WIC providers were asked to complete written surveys to learn more about staff and participant awareness, knowledge, behaviors and interest levels.

Based on this research, health intervention messages were designed that are appropriate for the various WIC ethnic populations in Alabama. The health messages were incorporated into the development of four dental pieces-a flip chart, video, tip card and posters. All of the materials are available in English and Spanish. A referral handout

for low cost dental care was also developed.

“The materials give an explanation of what plaque is, how quickly cavities can worsen, what can be done to prevent early childhood caries, what to do when nursing or giving a bottle, feeding tips, snacks and visiting the dentist,” Ms. Mask said.

In addition to using the educational materials with parents of infants and 1-to 2- year-olds, WIC providers are also encouraged to use the educational materials with pregnant women and parents of 3- and 4-year-olds. The Oral Health Branch supplied pediatric and adult toothbrushes, toothpaste and dental floss for WIC participants in the plan and a large puppet mouth model with toothbrush was sent to each WIC clinic.

“WIC parents and caregivers are being taught how to prevent dental disease as early in the child’s life as possible, and that’s ideal,” Ms. Goode said. “Thanks to the enthusiasm and great participation by our statewide WIC providers, they are developing ways to promote good oral health in addition to their many other nutrition education requirements.”

These recent oral health efforts by Alabama WIC providers have led to national recognition. The “Something to Smile About...” project was one of only five projects chosen as a study of “best practices” of WIC innovative programs throughout the country. Other states recognized include California, Colorado, Michigan and Texas. The USDA chose the Alabama project because it incorporates new approaches to promote healthier lifestyles for WIC infants and children.

# Mortality rate.....continued from page 10

normal birthweight infants.

Among the programs that have had a positive effect in helping reduce infant mortality are the following:

- The WIC program which provides nutrition education and nutritious food to low income mothers and children,
- *Plan first*, which helps low income women plan their pregnancies,
- Tobacco prevention programs,
- Teen pregnancy and unwed pregnancy prevention programs,
- Programs to encourage mothers to put their infants to sleep on their backs to prevent Sudden Infant Death Syndrome (SIDS),
- Programs to encourage women of childbearing age to take folic acid to prevent birth defects,
- Programs designed to reduce infant mortality and promote perinatal health, such as the Nurse Family Partnership and perinatal nurse coordinators at regional referral hospitals.

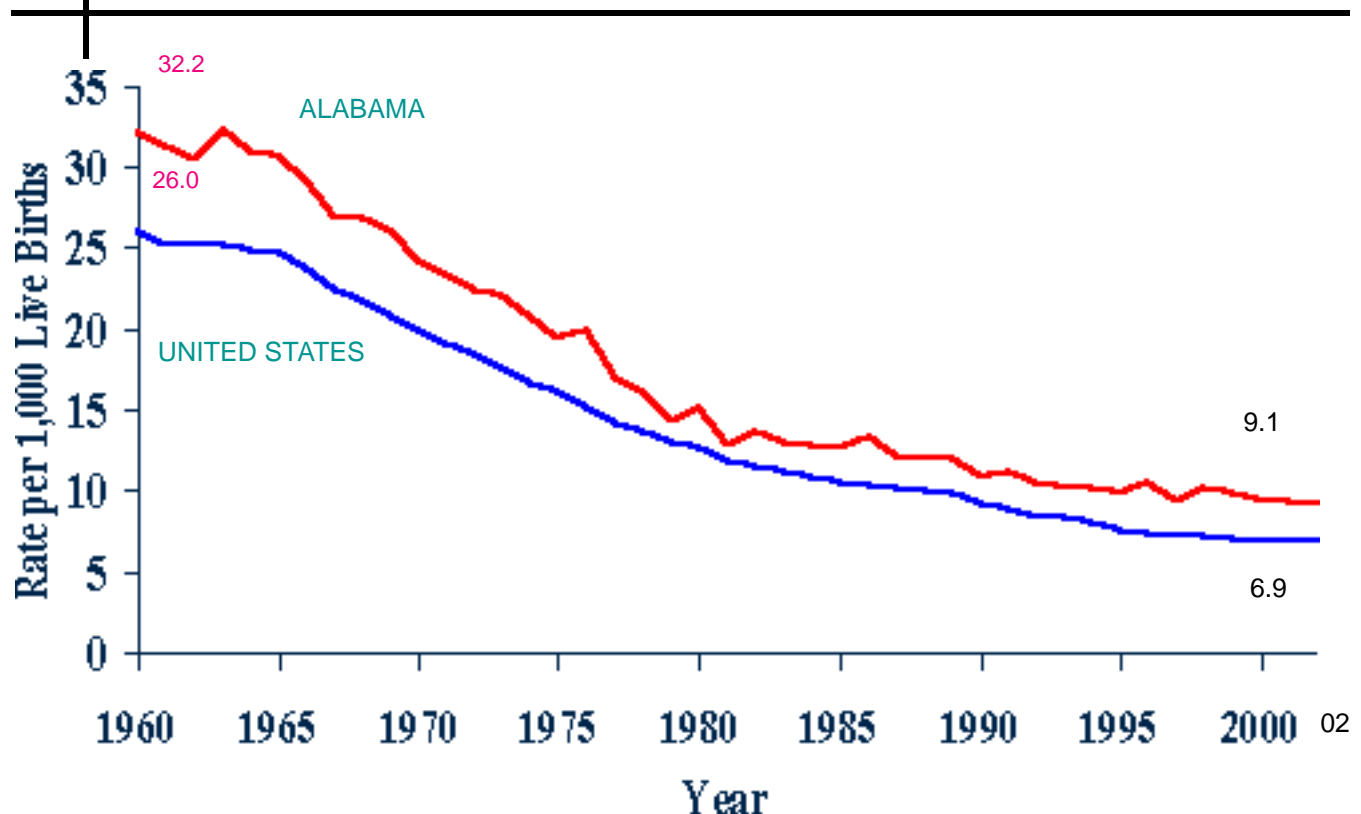
Teen births declined from 8,993 in 2001 to 8,589 in 2002. This was also the lowest number of births to teenagers in Alabama ever recorded. In 1960, teens bore 15,608 infants. The percent of births to teens, 14.6 in 2002, was also the lowest on record.

“We must remain committed to initiatives that have reduced our state’s infant mortality rate,” Dr. Williamson said. “To help ensure healthy babies, women should receive good prenatal care, including eating nutritious food, and not smoking, using alcohol or illegal drugs.”

Sumter County had the state’s highest infant mortality rate in 2002 at 27.2 infant deaths per 1,000 live births. The following counties had no infant deaths in 2002: Bibb, Bullock, Clay, Coosa, Geneva, Henry and Lawrence.

Graphs and detailed charts including the total resident infant deaths and infant mortality rates by county are available at the department’s Web site at [www.adph.org](http://www.adph.org).

## INFANT MORTALITY RATES ALABAMA AND UNITED STATES<sup>1</sup> 1960-2002



2001 US rate is preliminary. 2002 US rate is provisional.

Center for Health Statistics

September is Baby Safety Month, National Sickle Cell Month and National Cholesterol Education Month

# Calendar of Events



**September 17**

HIV: The Impact on Women, Public Health Staff Development, 2-4 p.m. For more information contact Debbie Thomasson, (334) 206-5648.



**September 18**

Terrorism: Dealing with Risks and Consequences, South Central Center for Public Health Preparedness (SCCPHP), 12 noon-1:30 p.m. For more information contact Video Communications Division, (334) 206-5618.



**September 24**

Safety in Home Care, Home Health Aide and Home Attendant Continuing Education, 2-4 p.m. For more information contact Janice McIntosh, (334) 347-2664, extension 400.



**September 30**

Steps to Success in Community-Based HIV/AIDS Prevention Program: How to Determine Who is at Risk and Why (Module 1 of 3), 1-3 p.m. For more information contact Video Communications Division, (334) 206-5618.



**October 2**

ADPH Statewide Staff Meeting, 3-4 p.m. For more information contact Jim McVay, Dr.P.A., (334) 206-5600.



**October 3**

Nurse Practitioner Billing and Reimbursement, time to be announced. For more information contact Genelle Lee, Alabama Board of Nursing, (334) 242-4184.



**October 7**

Packaging and Shipping Infectious Substances for Laboratory Testing, 2-4 p.m. For more information contact Jeannine Parker, (334) 260-3429.



**October 8**

HIV and Pharmacology, Public Health Staff Development, 2-4 p.m. For more information contact Debbie Thomasson, (334) 206-5648.



**October 15**

Medicaid Eligibility Training for Family Planning and Medically at Risk Case Managers, 2-4 p.m. For more information contact Carolyn Griggs, (334) 206-2943.



**October 21**

How to Speak with Children about War and Terrorism, South Central Center for Public Health Preparedness (SCCPHP), 12 noon -1:30 p.m. For more information contact Video Communications Division, (334) 206-5618.