# ALABAMA'S

A PUBLICATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH

# HEALTH

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# Alabama Smoke Alarm Initiative honors local fire departments

wards and accolades were given during October as the Alabama Smoke Alarm Initiative recognized the fire departments of Brent, York and Livingston for the work that they have done this past

year in bringing fire safety awareness to their communities. The initiative works with local fire departments and volunteers in their communities installing alarms and checking existing alarms for safety.

Ceremonies were held for York and Livingston fire departments. Both fire departments went out into their communities and installed free smoke alarms in homes that did not have them, and checked existing fire alarms in other homes. To honor their work, the two fire departments were

presented with plaques and awarded \$5,000 checks from the initiative to go toward their fire department programs.

At the York ceremony the deputy state fire marshal expressed his thanks. "Your department did an excellent job and we appreciate all the hard work that you have done," said Scott Pilgreen.

The Alabama Smoke Alarm Initiative was created to increase fire education and to decrease fire incidences in Alabama, which is ranked among the top 10 states

nationwide for fire-related deaths and injuries. The initiative works with local fire departments and volunteers working in their communities installing alarms and checking existing alarms for safety.

The York Fire Department, which has 22 volunteer fire

fighters, installed approximately 600 fire alarms in their community.

"It was amazing how many people didn't have alarms in their homes. Those that did have alarms, some of them were old or didn't have batteries in them," said York volunteer fire fighter Brian Harris.

The fire fighters were grateful for the initiative and its support.

"Thank you for giving us the opportunity to help our community," said York Fire Chief Dion Nelson.

Honors were also given to the members of the Livingston Fire Department. The department visited

over 1,000 homes and installed about 300 alarms in community homes. Two of the alarms they installed recently prevented serious fires.

"It has really come home to me that this is not just a volunteer project, it is a life saving project. I admire you, I respect you and I appreciate all of your hard work," said Tom Struzick of the University of Alabama at Birmingham



Members of the York Fire Department were honored on Oct. 10. Pictured from left to right are Brian Harris, Scott Pilgreen, Dion Nelson, Amanda Calhoun, Ricky Thomas, Tom Struzick and Jesse Cunningham.

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## Smoke......continued from page 1

School of Public Health to the fire fighters.

The Livingston Fire Department has four full-time fire fighters and 24 volunteers. Fire Chief Terry Peeler was appreciative of the award from ASAI.

"I'm very happy to get these funds. It will go to buy needed equipment for the fire department," said Chief Peeler.

The mayor of Livingston also expressed his appreciation. "Thank you making this program available to us. It has been a worthwhile endeavor. First, it brought awareness of fire safety to our community, and it also made available alarms to people who couldn't afford them or did not think about having them," said Mayor Tom Tartt.

The initiative is funded by the Centers for Disease Control and Prevention and administered by the Alabama Department of Public Health, in conjunction with the Center for Community Health Resource Development at the University of Alabama at Birmingham and the State Fire Marshal's Office.

"All fire departments received tremendous support from their communities. That support and the hard work of the fire departments made this project a success," said Calhoun.

The Brent Volunteer Fire Department has also been busy this year installing smoke alarms and providing education to residents within the Brent city limits. The fire department, which started its work in April of this year, is still actively working in the community on the ASAI project.

A ceremony was held that honored Dennis Stripling, local coordinator for Brent, with a plaque of recognition from the Alabama Department of Public Health, the Center for Community Health Resource Development at University of Alabama at Birmingham and the State Fire Marshall's Office. Members of the Brent Volunteer Fire Department were also presented with plaques in recognition of their dedication to increase fire safety awareness in Brent. The mayor also attended the ceremony.

"Mr. Stripling along with fellow firefighters have worked hard to address the issue of fire safety in their community," Amanda Calhoun, project coordinator for ASAI with the Injury Prevention Division of the Bureau of Health Promotion and Chronic Disease. "They have truly done a great service to the town of Brent."

By TAKENYA STOKES

#### 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..

ALABAMA`SHEALTH 2 November 2002

## Chief Ladiga Trail encourages physical activity

elping people live a more active lifestyle is a goal of the Chief Ladiga Trail in northeast Alabama. The trail is Alabama's first extended "rails-to-trails" project. The one-mile portion of the trail on the Jacksonville State University campus was dedicated Oct. 21.

The 33-mile long trail is a family-oriented pathway that provides a safe, non-motorized way to travel, exercise and relax while enjoying the outdoors. Activities allowed on all or parts of the trail include hiking, biking, inline skating, mountain biking and horseback riding. Available on the trail are parking, handicap access, restrooms, refreshments, picnic tables and even lodging.

The fully paved path goes through Calhoun and Cleburne counties and connects the municipalities of Piedmont, Jacksonville, Weaver and Anniston.

Dr. Jack Hataway, director of the Chronic Disease Prevention Division, made comments at a dedication ceremony, stating that projects such as the trail help improve physical activity levels and lead to weight loss. He said that losing weight decreases the rate of health problems such as self-reported diabetes and arthritis and helps increase mental alertness.

Miriam Gaines, director of the Nutrition and Physical Activity Unit, pointed out that 60 percent of Alabamians are overweight and that Alabama is one of the top three states in proportion of overweight persons in the nation.

Among those who enjoy the trail is Margie Steed, who uses a wheelchair because of injuries. Ms. Steed was awarded the Governor's Award for Outstanding Service to the State of Alabama for her strong and consistent support of the trail.

A descriptive brochure of the trail states, "Seen along the way are beautiful wetlands, streams, forests, farmland and a horizon filled with mountains." The brochure outlines mileage at various points and lists trail rules.

The trail was begun in 1990 and has gained additions in subsequent years thanks to efforts from many government agencies which provided various grants for construction.

The Chief Ladiga Trail is a partnership between the cities of Piedmont, Jacksonville, Weaver, and Anniston, and Calhoun and Cleburne counties.

Assistance also has been provided by the Alabama Environmental Council, Jacksonville State University, the East Alabama Regional Planning and Development Commission, and the Calhoun County Chamber of



The public is invited to enjoy the 33-mile long trail.

Commerce.

The project is funded by the local governments, the Alabama Department of Transportation, the Land and Water Conservation Fund, the Intermodal Surface Transportation Efficiency Act of 1991 and the Transportation Equity Act for the 21st Century.

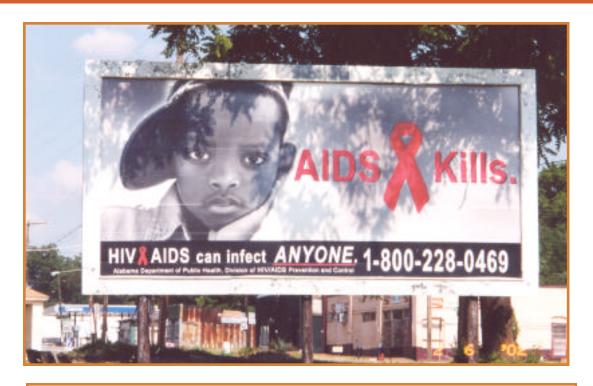
For more information including trail maps contact the Trail Manager, P.O. Box 112, Piedmont, Ala. 36272, (256) 447-3363 or (256) 447-9007.

## Elma Lee retires



The Talladega County Health Department held a retirement reception Sept. 7 for Elma Lee, who had worked with the Talladega/Coosa County Home Health Agency for 25 years as a home health aide. Approximately 50 friends and coworkers attended. Home Health Supervisor Ellen Germany stated, "Elma is loved by her patients and co-workers. She will be greatly missed. She plans to travel with her husband, Fred and enjoy her children and grandchildren."

## **Award-winning billboard**



This billboard, placed in one of Alabama's rural counties is a component of the Division of HIV/AIDS Prevention & Control's HIV/AIDS Awareness campaign. The campaign, begun in 2000, was recently awarded the Lantern Certificate of Achievement by the Southern Public Relations Federation to the Cunningham Group Advertising & Public Relations. Included in the advertising campaign were Haul-Ads, 18 wheeler trucks bearing the same design depicted in this picture. Congratulations to the Division of HIV/AIDS Prevention and Control on a job well done.

# Women's Health Steering Committee to hold inaugural meeting

he Steering Committee of the Office of Women's Health will hold its first meeting on Dec. 13 in Montgomery. Director Jessica Hardy explained that members will be formally introduced and a history of the impetus which created the Office of Women's Health will be explained.

Invited special guests include State Rep. Betty Carol Graham, who was the main proponent of the legislation passed in the 2002 regular session; Dr Vivian Carter, Tuskegee University; and a representative of the Alabama State Nurses Association. The Alabama Legislature passed Act 2002-141 which created the office.

The purposes of the new office are as follows:

- To educate the public and be an advocate for women's health by establishing appropriate forums to educate the public regarding women's health, with an emphasis on preventive health and healthy lifestyles.
- To assist the state health officer in identifying, coordinating and establishing priorities for programs, services and resources the state should provide for women's health issues and concerns.

- To serve as a clearinghouse and resource for information regarding women's health data, services, and programs that address women's health issues.
- To provide an annual report on the status of women's health and activities of the office to the Governor and the Legislature.

The Steering Committee consists of three physicians appointed by the Medical Association of the State of Alabama; three nurses appointed by the Alabama State Nurses Association; three pharmacists appointed by the Alabama Pharmaceutical Association; three employers appointed by the Business Council of Alabama; three consumers, one appointed by the Governor, one appointed by the Lieutenant Governor and one appointed by the Speaker of the House; three members appointed by the Alabama Hospital Association; and three registered dietitians appointed by the Alabama Dietetic Association.

For more information contact Jessica Hardy, Director, Office of Women's Health, Office of Professional and Support Services, (334) 206-5665, e-mail jhardy@adph.state.al.us.

# Statewide telephone survey asks Alabamians about their health insurance status

ow many people in Alabama have health insurance? How many people in Alabama are uninsured? Where do they live? Are they employed? What options do they have available? What are the barriers to exercising those options? A statewide telephone survey being conducted over the next few months will ask thousands of Alabamians to answer questions about their health insurance.

Alabama is one of 12 states to receive a grant this year from the Health Resources and Services Administration to conduct a survey to look at residents'insurance status. Currently, not enough is known about Alabama's uninsured population to make specific plans to reduce this number.

A recent report from the Kaiser Commission on Medicaid and the Uninsured found that between 1994 and 2000, a period of great economic prosperity, the uninsured rate nationally was essentially unchanged from 17.3 percent in 1994 to 17.2 percent in 2000. However, current demographic data, since the economic downturn in the country, is just not available.

"We want to better understand who does and who does not have health insurance to better explore what options the state has available," said Dr. Donald Williamson, State Health Officer. "After the survey is completed, basic health insurance coverage data about our population will be made available on a sub-state basis. We want to look at what other states have done and figure out what might be done in Alabama to assist with those who are uninsured."

The Alabama Health Care Insurance and Access Survey will complete 6,000 to 7,000 telephone surveys from October through February 2003. Telephone calls are estimated to take about 20 minutes. A toll-free number will be provided so that people who are called can verify that the survey is legitimate and get answers to any other questions that they have.

All ages of Alabama residents will be surveyed. Data analysis will provide information for the state's metropolitan statistical areas, the Black Belt, North Alabama rural counties and South Alabama rural counties. Responses may be categorized as insured, uninsured, underinsured or unstably insured.

Most of the questions on the survey will be similar to those asked in other states, but Alabama's survey has a few extra questions such as inquiries about dental health coverage and the availability of mental health coverage.

## Alabama Injury prevention division

## Children and in-home drownings

taff from the U.S. Consumer Product Safety Commission (CPSC) recently released a report on non-pool home drowning incidents involving children under 5. From 1996 through 1999, CPSC is aware of 459 children under 5 who died from complications of drowning or near-drowning in products located in and around the home.

The products included bathtubs, 5-gallon buckets, spas or hot tubs, toilets, and other products holding water. Swimming and wading pools were not part of the study.

#### **Bathtubs**

The most frequent cause of children's drowning deaths in the home was submersion in bathtubs. From 1996 through 1999, CPSC had reports of 292 children under 5 who died from drowning in bathtubs. These included incidents involving other products used in the tub, such as bath seats or bathinettes.

The children most frequently involved in the fatal drowning incidents were those under 1-year-old. There were 148 children under 1 who died after a drowning or near-drowning incident in a bathtub, constituting just over half of all bathtub fatalities for children under 5. Of the remaining children, 93 were between 12-months and 23-months-old; 20 children were 2-years-old; 14 were 3-year-olds; and 17 children were 4-year-olds.

The majority of the children, 179 of the 292, were reported to have been in the bathtub without a bathing aid. In 29 of the bathtub drowning incidents, the victims were reported to have been using baby bath seats. Of these 29 incidents, 24 involved children in the age range of 5 to 10 months, the recommended age for bath seat use.

Other products were involved in 17 of the bathtub drowning incidents, including baby baths or bathinettes (6 incidents), inflatable pool products (5 incidents), and a kick board (1 incident). Products not intended for use in

water situations, but involved in some of the 17 incidents, included one seat/carrier and one bassinet/cradle.

Whether the child was supervised in the bathtub was known in 231 incidents. In 222 of these incidents, the child was reported to have been left unsupervised in the bathtub.

In 189 of the 222 cases of children under 5 who drowned in the bathtub, the child was placed into the bathtub by a parent or caregiver. In 103 of these 189 incidents, another child (most often a sibling) was placed in the bathtub with the victim or was watching the victim during some portion of the bath.

In 41 of the 292 bathtub drowning deaths, the victim either fell into the bathtub, climbed into the bathtub, or was placed in the bathtub by another child. In these cases, the parent or caregiver did not intend for the child to be in or near the bathtub at the time of the incident.

#### 5-gallon buckets

From 1996 through 1999, CPSC has reports of 58 children under 5 who died from complication related to drowning after falling into 5-gallon buckets. All of the children were 18-months-old or younger when the incident occurred. Fifty-six of the children died from complications within one month of the incident; the other two children survived longer, but eventually died at ages 2 and 4 of complications related to the 5-gallon bucket drowning incident.

The 5-gallon buckets were used for a number of household tasks, but most frequently for cleaning the home. Thirty-eight of the children died when they fell into 5-gallon buckets filled with cleaning solutions of water and bleach, detergent, soap, pine cleaner, and/or ammonia. Most of the 5-gallon buckets drowning deaths involved

Drownings......continued on page 5

## Drownings......continued from page 4

buckets containing dirty water that had not been emptied for some time.

The 5-gallon buckets were found in multiple locations in the homes. Most frequently, the buckets were in the kitchen (20 incidents). Buckets also were found outside the homes on patios, in backyards, and in apartment hallways (9 incidents), in bathrooms (7 incidents), in bedrooms (7 incidents), in garages, utility rooms, and laundry rooms (6 incidents), in living rooms (3 incidents), and in hallways within the residence (2 incidents). The location of the bucket was unknown in the remaining 4 incidents.

#### Spas and hot tubs

Unlike buckets or bathtubs that do not need to hold water beyond their immediate use, residential spas and hot tubs hold a large amount of standing water for an extended period of time. These spas and hot tubs can be found in backyards, on decks and porches, and inside homes.

From 1996 through 1999, CPSC was aware of 55 children under 5 who died as a result of drowning in residential spas or hot tubs. Five children were under 1-year-old; 16 were 2-years-old; 6 were 3-years-old; and 2 were 4-years-old.

In some incidents, the children reportedly accessed the spas and hot tubs through open gates, broken gates, and sliding glass doors. Some of the children were found under soft covers on the spa; other children gained access to the spa when a cover was left open.

#### **Toilets and other products**

From 1996 through 1999, 16 children under 5-years-old drowned in household toilets. The incidents all involved children under age 3, usually falling headfirst into the toilet. Eight children under 1-year-old; 5 children were between 12-months and 23-months-old; and 3 children were 2-years-old when they drowned in the toilets.

In addition, during this time period, 38 children under 5 drowned in other products around the home. Eleven children drowned in buckets other than 5-gallon buckets.

From 1996-1999, 7 children drowned in home landscape ponds. All the children were 2-years-old or younger when they fell into the ponds and drowned.

Other drowning incidents involved sinks (4 children), water coolers (4 children), garbage cans (3 children), bathroom floors (2 children), cookware (2 children), an outdoor drainage pot, a horse through, a fish tank, a diaper pail, and a septic tank. Thirty-two of the 38 children fell

into the product in which they drowned.

#### Home safety tips

To help prevent in-home drownings of children CPSC staff recommends taking the following precautions.

- Never leave a baby alone in a **bathtub** for even a second. Don't leave a baby in the care of another young child. If you must leave the room, take the baby with you.
- A **baby bath seat** is not a substitute for supervision. Babies can slip or climb out of bath seats. Never use a baby bath seat in a non-skid, slip resistant bathtub because the suction cups may not adhere to the bathtub surface or may detach unexpectedly.
- Never leave unattended a **bucket** containing any liquid. When finished using the bucket, empty it immediately. Store buckets where young children cannot reach them.
- Always secure the safety cover on a spa or hot tub when it is not in use. Some non-rigid covers, such as solar covers, can allow a small child to slip into the water, while the cover still appears to be in place.
- Keep the toilet lid down to prevent access to the water.
   Consider using a toilet slip to stop young children from opening the lids and/or consider placing a lock or latch on the bathroom door out of reach of young children to prevent unsupervised access to the bathroom.

Reprinted from Consumer Product Safety Review, Spring 2002.

#### **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
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ALABAMA'SHEALTH 7 November 2002

## Arthritis can display itself in many forms

rthritis is becoming an increasing concern in Alabama. The state has the third highest rate of arthritis prevalence in the country with 41 percent of adults with the disease, according to a recent report of the Behavioral Risk Factor Surveillance System. In order to combat the disease, Alabamians must learn more about arthritis and its many forms.

Arthritis refers to more than 100 different diseases that affect areas in or around joints, but can affect other parts of the body as well. The disease can result in pain, swelling and loss of movement. These can also be the initial signs of arthritis if a person experiences them for the first time for a period of two weeks or longer.

Although there are many forms of arthritis there are a few that are more distinctively known. The first, and most prevalent type of arthritis is **osteoarthritis**. It affects about 30-40 million people in the country. This is a degenerative form of the disease that causes pain and loss of movement as the bones begin to rub against one another, as a result of the cartilage that covers the ends of bones deteriorating.

"This form of arthritis will affect most of us at some point in our lives because over time your joints naturally wear out. It can affect one joint or several joints and can be handled usually with regular doses of a pain reliever like Tylenol," said Dr. Keith Campagna of the Harrison School of Pharmacy at Auburn University.

Unlike osteoarthritis, **rheumatoid arthritis** can affect more than a person's joints. This form of arthritis affects about a million people in the country and is a more devastating and crippling form of the disease. This autoimmune disease occurs when the joint lining becomes inflamed as part of the body's immune system activity. It can go on to affect other areas of the body as well, such as the intestines.

"To treat this form of the disease a person would need to take disease modifying drugs to prevent severe damage," said Dr. Campagna.

**Gout** is another form of the disease and it affects approximately two million people. It is usually a defect in body chemistry and attacks small joints, such as the big toe. Treatment typically involves controlled medication and changes in diet.

Another more serious form of arthritis is systemic lupus erythematosus, or **lupus** as it is most commonly known. As with rheumatoid arthritis this form affects the immune system. It can inflame and damage joints and other connective tissues throughout the body.

"This form causes your body to have a reaction to its own tissue. A cluster of immune cells develop and float around the body eventually enlarging themselves in some area such as the heart, joints or kidneys which can be fatal," said Dr. Campagna.

There is also a form of arthritis that attacks the spine, called **ankylosing spondylitis** and a form that attacks the muscles, known as **fibromyalgia**. Finally, there is **juvenile arthritis**, which describes all types of arthritis that occur in children, including juvenile rheumatoid arthritis, childhood lupus and ankylosing spondylitis.

"The Arthritis Self-Help Course, a program of the Arthritis Foundation and encouraged by the health department, is designed to give people with arthritis the knowledge and skills needed to take a more active part in dealing with arthritis," said Linda Austin, director of the Arthritis Prevention Branch. "The six-week course covers such subjects as medication, exercise, stress management, dealing with depression, unproven remedies and nutrition."

By TAKENYA STOKES

## THE LEGACY OF A GHOST ENVIRONMENTALIST

By John-Paul O'Driscoll, for Halloween 2002

For years upon years, being armed to the teeth With tripod, thermometer, tweezer, and trap, I guarded against pestilence, stench, rot, and sleeze Only to get bit by a blood thirsty gnat. Booooo.

I insisted on sanitary conditions in jails, motels, eateries, and schools, and I did my darned best to outlaw cesspools. I danced with the backhoe, I spun on soil augers, And probed everywhere looking for key indicators. Boooo.

I chased down garbage trucks stuffed full with man's filth, I slipped and fell while inspecting a grease-laden field. Many's the rabid dog, cat, and coon, I nabbed with the sheriff.

When blood lead levels spiked, I whipped out my XRF. Booo.

I've checked out dairies, creameries, and food processors To render all food-borne disease outbreaks the lesser. In every back alley I've scoured tattoo parlors too To stamp out bad habits that would turn anyone blue. Booo.

But, just as I thought all my work it was done, I was skimming the lake with a Guinness in the sun, I smacked my neck hard to kill that tire-dwelling critter, But a week or two later I started to jitter. Booo.

You see, the work that I did was never complete As long as there's people to eat, work, and sleep. The abatement of nuisance conditions and hazards Is the work that we do under strict regulations, Through diligence, detection, degrees, and denials The success of our work brings few celebrations. Booo.

Now I wander about in search of the Nile, From whence that moustique brought his pestilence vile. I swat, fog, turn over cans, and spray on old deet, To make sure our children are safe in the street. Booo.

#### **Commendations**

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*.

Cindy Ashley
Jackie Jones
Mia Sadler
Health Provider Standards

from Donald J. Calder Atlanta, Ga.

Doris Harden
Deidra Munnerlyn
Tobacco Division

from Char M. Jones Montgomery, Ala.

Pat Mackey

Area 1 Tobacco Control Coordinator

from Joe D. Southward Pastor Earl Howard Tuscumbia, Ala.

Reginald Strickland
Center for Health Statistics

from Lesa Watson Frankfort, Ky.

#### Retirees

etiring effective Nov. 1 were the following public health employees:

Jewel Hinkle - Public Health Area VI

Matti Palo - Dale County Health Department

Theresa Beasley - Blount County Health Department

## SPEAKING OF RETIREMENT

#### Most Frequently Asked Questions from Active Members

#### When is the best time to retire?

The best time for anyone to retire is when he or she is both financially and mentally ready to retire. Here are some questions to ask yourself if your financial situation and readiness to retire are in order. Are you prepared for the fact that your retirement could last a couple of decades or more? Will the money you have saved last the rest of your life? How will I spend my time? Will I be able to continue doing the things I did before retirement? Will I enjoy being around my spouse more often, every day? Will I need new hobbies and interests?

## What is the best retirement option to choose for my retirement?

Every member's situation is different. Do not be swayed by what option other members are choosing. You need to determine with the help of your family or a professional advisor such as an attorney, financial planner, accountant, and/or insurance professional which option is best for you. The choices you have are the Maximum or one of the options. Consult your ERS Member Handbook for explanations to these or call the RSA at 1-800-214-2158, extension 399 for ERS. ERS Member Handbooks were mailed to every active member. If you did not receive a handbook, contact the ERS.

## What are the advantages and disadvantages of purchasing service credit?

Purchasing service credit can allow you to retire earlier and/or increase your retirement benefit. However, the cost to purchase service can be expensive. If you are interested in a cost estimate, contact the ERS. The types of service that can be purchased are in your ERS Member Handbook.

#### How far in advance may I apply for retirement?

To apply for retirement, request an Application for Retirement from the ERS or your employer. The Application for Retirement must be received by the ERS no less than 30 days nor more than 90 days prior to the effective date of retirement. Members can only retire on the first day of a month.

#### Will my retirement benefit be taxed?

Most of your retirement benefit from the ERS is subject to federal income tax. The portion of your benefit based on previously taxed contributions, including payments made to purchase additional service credit using pre-taxed

monies, is exempt from taxation. If you reside in Alabama, your retirement benefit is not subject to state of Alabama income tax. If you reside in another state, check with that state's revenue department to determine your tax status.

## If I retire on disability, will I receive a reduced benefit?

No. Your disability benefit is calculated based on the same retirement formula as for service retirement. The formula for both annual retirement benefits is:

Average Final Salary X Years and Months of Service X Benefit Factor (Currently .020125)

## Will I receive a Cost of Living Adjustment (COLA) after I retire?

COLAs for retired state employees must be approved by the state legislature. Legislation providing COLAs for retirees of Section 12 agencies usually requires the approval of the governing body of the ERS agency, which must fund the COLA increase for persons retired from that agency. Generally, COLA's have been approved every other year, but are not guaranteed.

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.

## Heart disease is leading killer of people with diabetes

eart disease and stroke are major threats to people with diabetes, causing at least 65 percent of deaths in persons with the disease. Recent studies have shown that, in addition to controlling blood glucose levels, managing blood pressure and cholesterol levels can help save the lives of thousands of people with diabetes.

In Alabama, current estimates indicate that almost 1 in 10 people have been diagnosed with diabetes and thousands more have the disease and do not know it. Many people with diabetes do not know that they are at risk for cardiovascular disease, but adults with diabetes are two to four times more likely to have heart disease or suffer a stroke than people without the disease.

Middle-aged people with diabetes have the same risk for heart attack as people without diabetes who have already had a heart attack. The risks can be lowered through better management and control of diabetes, including blood pressure and cholesterol levels.

Marking November as National Diabetes Month, the Alabama Department of Public Health is joining forces with the National Diabetes Education Program (NDEP) and other partner organizations to inform people with diabetes to take care of their hearts by focusing on three numbers: blood glucose, blood pressure and cholesterol.

People with diabetes should ask their doctors or other health care providers about these numbers. The following levels are recommended for most people with diabetes:

• Blood glucose - less than 7 percent on the

- hemoglobin A1C test that measures average blood glucose over the past three months. Check at least twice a year.
- Blood pressure: **below 130/80**. Check at every doctor's
- Cholesterol (LDL): below 100. Check at least once a

"If people take care of their hearts by controlling blood sugar, blood pressure and cholesterol, they can live longer, healthier lives," said Dr. Jack Hataway, director of the health department's Chronic Disease Prevention Division. "Being physically active for 30 minutes a day, taking medicines as prescribed and maintaining a healthy diet all contribute to good management of diabetes," he added.

The NDEP offers a recipe booklet featuring new twists on traditional recipes - meals that are flavorful but low in fat and salt. A copy of the free booklet and additional information on diabetes in Spanish and English can be ordered by calling the National Diabetes Information Clearinghouse at 1-800-438-5383.

The NDEP, a federally funded program co-sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases and the Centers for Disease Control and Prevention, is a leading source for information about diabetes care and prevention. For more information about diabetes, visit the NDEP Web site at www.ndep.nih.gov or the Alabama Department of Public Health Web site at www.adph.org.

## Morgan County WIC coordinator 'takes art to heart'

at Riddle, R.N., WIC coordinator for the Morgan County Health Department, took on the challenge of making the health department a brighter, more cheerful place for WIC participants. She literally took her art to heart! Ms. Riddle enlisted the help of her daughter, Sara, to work on a weekend to paint murals on the front glass entrance and WIC areas of the Health Department building.

Because of Pat's enthusiasm about the project fellow employees took interest offering suggestions about what to paint. Pat continued to paint until each WIC area was transformed from drab to delightful. Imagine the smiles on the faces of the children and the parents as they entered a world of apple trees that measure height, a wiener dog that extends out both ends of his doghouse, puppies, kittens, creeping caterpillars, ladybugs, butterflies, birds, clouds

and sunshine.

Area Nursing Director Judy Smith said,"Thank you, Pat, for making our world a little brighter! What a unique way of Pat Riddle "colors our world." letting our WIC



clients know how much we appreciate and care for them. Your dedication to the WIC program and all health department programs really shows. Thank you for coloring our world."

November is Alzheimer's Awareness Month, Diabetic Eye Disease Awareness Month, National Diabetes Month.

## Calendar of Events



November 12

The National Public Health Performance Standards: Does Your State Measure Up? American Public Health Association Satellite Conference Program, 1:30-3:30 p.m. For

more information contact Video Communications, (334) 206-5618.

November 16 Joining Together for Health Advocacy: Coalition of Health Agency Partners—One

> Voice Advocates for People with Chronic Illness, 9:30 a.m.-2 p.m., Lakeshore Foundation Conference Room A and B, 4000 Ridgeway Drive, Birmingham. Register by Nov. 13. For more information contact National MS Society, 1-800-373-8881.

November 19 Risk Communication, Part two of six, 1-3 p.m. For more information contact Jamey

Durham, (334) 206-5605.

November 20

"Hormones and Headaches: What's the Connection to Women's Health?" Public Health

Staff Development, 2-4 p.m. For more information contact Annie Vosel,

(334) 206-2959.

November 21 Great American Smokeout

November 26 Risk Communication, Part three of six, 1-3 p.m. For more information contact Jamey

Durham, (334) 206-5605.

December 3 Risk Communication, Part four of six, 1-3 p.m. For more information contact Jamey

Durham, (334) 206-5605.

December 4 Home Care Software Update, Home Health and Home Care Inservice, 2-4 p.m.. For

more information contact Brenda Elliott, (334) 347-2664.

December 5 ADPH Statewide Staff Meeting. For more information contact Jim McVay, Dr.P.A.,

(334) 206-5600.

December 10 Risk Communication, Part five of six, 1-3 p.m. For more information contact Jamey

Durham, (334) 206-5605.

**December 10 - 11** 15th Annual Alabama AIDS Symposium (Rescheduled), Grand Hotel Marriott Resort, Point Clear. For more information contact Brenda Cummings, (334) 206-5364,

or Tony Thompson, gtonythompson@aol.com or visit www.alaaidssym.org.

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