

Alabama's health

A publication of the Alabama Department of Public Health

Recent Cases Prove the Value of Learning and Maintaining First Aid Skills

First responders are key in medical emergencies, and public health professionals proved that in two recent incidents in which their knowledge of cardiopulmonary resuscitation and abdominal thrusts most likely saved two lives.

An elderly man at the Fayette County Health Department told environmentalist Nancy Maddox that he felt dizzy and weak, and



Pictured left to right are Judy Borden, Janet McLemore, Sandy Jackson and Tammie Ruanger.

she immediately had the man sit down and called nurses Deborah Long and Amy Baker via intercom. Shortly afterwards the 69-year-old man passed out. The nurses determined that the patient had no pulse or respiration and two nurses began CPR. They had restored his pulse by the time the rescue squad arrived.

Linda Robertson, area administrator for Public Health Area 3, commented, "No doubt they saved his life with their rapid response."

On Oct. 19 Judy Borden, a custodial employee at Lawrence County Health Department in Moulton, was enjoying a piece of Halloween candy with three co-workers. They were laughing and Ms. Borden's candy went down the wrong

way. She removed the candy, but at this point she found herself unable to breathe. She stood up to leave the area, started choking and wheezing, and realized she was in trouble.

At that point Janet McLemore, clinic aide; Sandy Jackson, clinic clerk; and Tammie Runager, Medicaid eligibility specialist; knew they had to act because Judy's face had become very red with the distress she was experiencing.

Ms. McLemore, who has yearly CPR updates, asked Ms. Borden if she was choking and she motioned with her hands that she was since she was unable to speak. Janet then gave abdominal thrusts that proved successful in dislodging the candy.

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Smoke Alarms are Reducing Fire Deaths in Alabama

A recent study by the Alabama Department of Public Health shows that 58 lives have been saved to date through the Alabama Smoke Alarm Initiative. Residential fires peak during the months of December through February and installing and maintaining a working smoke alarm is a family's best defense for preventing deaths and injuries. Just a few examples are listed below:

- In the Bullock community of Crenshaw County, a smoke alarm alerted a mother and her two children to an electrical fire in their home. While the home was a total loss, the family walked away unharmed.
- In Brundidge, a family of 12 was celebrating the holidays when an electrical fire broke out. Due to a working smoke alarm, all 12 escaped injury.
- A Notasulga family escaped without injuries when an electrical fire started in the bathroom. The alarm had been installed by the fire department one day before the fire started.

The common theme – all of the families had a smoke alarm provided through the Alabama Smoke Alarm Initiative.

The Alabama Smoke Alarm Initiative (ASAI), administered by the Injury Prevention Division of the Alabama Department of Public Health, was formed to help reduce the state's fire death and injury burden. ASAI promotes home fire safety by working with community fire departments in high-risk areas to provide in-home fire safety education and to install smoke alarms. High-risk areas are defined as those with poverty and fire fatality rates exceeding the state average.

In 2005, the State Fire Marshal's Office reported 85 deaths due to fire. This is equal to two deaths per 100,000 people placing Alabama among the top 10 states to suffer fire deaths and injuries.

The Injury Prevention Division will be expanding its efforts in 2007 beyond the communities identified through the ASAI thanks to a \$10,000 Safe Neighbors grant from State Farm® Insurance. These funds will be used to purchase smoke alarms and fire safety education materials for communities with large numbers of senior citizens, young children and impoverished families. The department will continue to work with local fire departments to disseminate these materials.

To make sure your family is protected, the ASAI and State Farm would like to remind you that smoke alarms should be installed within 10 feet of bedrooms and tested monthly. Alarm batteries should be replaced yearly unless the unit contains a long-life lithium battery. Also, create a fire escape plan and practice it monthly so your family will know what to do when the smoke alarm sounds.

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Shown at a news conference promoting the use of smoke alarms are, left to right, State Farm Agents Michael Gay, Jan Carpenter and Shane Anderson; Scott Pilgreen, Assistant State Fire Marshall; Amanda Martin, ASAI program manager; and Dr. Donald Williamson, State Health Officer.

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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Southeast Coastal States Onsite Managers Meeting Includes Baldwin County Field Trip

The Bureau of Environmental Services hosted the 22nd Southeastern Coastal States Onsite Managers Meeting on Nov. 12-15, 2006, in Mobile, Ala., at the Riverview Plaza Hotel. This is an annual event supported by Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina and Virginia on a rotating basis. Onsite managers from each state come together in an educational arena and discuss the status of their respective onsite program along with new problems and solutions to existing problems.

This year's meeting had great input from several of the attendees and consisted of a field trip to view one of Alabama's Decentralization Systems and a Septage Land Application site in Baldwin County. A Decentralized System is an onsite

treatment and disposal for sewage generated by more than one dwelling. These two sites are showcases of how new and innovative systems are helping to protect the health of Alabamians.

The bureau has already received kudos from the other states for a job well done. Pres Allinder, Director for the Bureau of Environmental Services, states, "I have to say that of all the onsite meetings, both local and national, I have attended in my 11 years with ADPH, this meeting has been the most productive!"

Next year's meeting will be hosted by Mississippi.

For additional information contact Trina Griffin, Bureau of Environmental Services, (334) 206-5373, tgriffin@adph.state.al.us.



Dr. Kevin White, University of South Alabama, discusses decentralized onsite system.



Attendees view decentralized onsite system

Breastfeeding Facts

Did you know....

- Babies who are breastfed have fewer ear infections, respiratory infections and other illnesses?
- Human milk changes to meet the changing needs of a growing infant? This is something that artificial baby milk "formula" cannot do.
- Women who have breastfed are less likely to develop ovarian and breast cancer?
- Breastfeeding may lower the risk of obesity later in life?



Retirees

The following employees have retired recently from the department:

November -

- Marion Mitchell** - Madison County Health Department
- Rebecca Standridge** - Fayette County Health Department
- Candace Thompson** - Health Promotion and Chronic Disease

December -

- Rebecca Brown** - Marshall County Health Department
- Teresa Carroll** - Winston County Health Department
- Bettie Collier** - Wilcox County Health Department
- Charlotte Denton** - TB Division
- Suzanne Flynn** - Bureau of Health Provider Standards
- Kathy Graben** - Clay County Health Department
- Linda Tanner** - Bureau of Clinical Laboratories
- Lavenia Tompkins** - Dale County Health Department

Alabama Healthy Worksites Workshop a Success

Heat disease and stroke are among the nation's leading causes of death and disability and are among the nation's most expensive medical conditions for businesses, but worksite strategies can lead to cost savings. Business leaders are finding that the promotion of health, education, physical activity and preventive benefits in the workplace pay off.

To encourage more Alabama workplaces to move in this direction, many Alabama companies participated in a healthy worksites workshop Nov. 3 at the Montgomery County Health Department. The American Heart Association and the Cardiovascular Health Branch sponsored the event.

"We shared CDC's Six-Step Guide for Employers which promotes investment in worksite health promotion," said Ruth Wilson, health educator with the Cardiovascular Health Branch, Bureau of Health Promotion and Chronic Disease.

The guide states that in 2002, employers paid an average of \$18,618 per employee for all costs related to health and lost productivity. The top 10 most expensive health conditions to U.S. employers—high blood pressure, heart attacks, diabetes and angina pectoris (chest pain)—are related to heart disease and stroke."

Karen Hill, a representative of the Employers Coalition for Health Care Options, addressed the issues of cost and return on investments. Sheri Snow spoke about American Cast Iron Pipe Company's state-of-the-art program.

Networking was an important part of the agenda, which included a working lunch. Michele Pawlik, R.N., of Health and Work/Life Services with Protective Life Corporation, spoke during the lunch break.

Monique Cunningham of the American Heart Association/American Stroke Association spoke about establishing partnerships. All ADPH chronic disease programs were represented at the workshop, along with Steps to a Healthier Alabama and the Employers Coalition for Healthcare Options.

The Cardiovascular Health Branch began the work with worksites by administering a survey. The survey was sent to companies in the state with more than 200 employees. Over 100 surveys were returned. The Centers for Disease Control and Prevention's Reducing the Risk of Heart Disease and Stroke, a Six-Step Guide for Employers was distributed to those who attended the workshop.

Representatives from around the state attended, including companies from Birmingham, Columbiana, Decatur and Montgomery.

The CDC finds that cardiovascular disease claims about as many lives each year as the next five leading causes of death combined. These causes are cancer, chronic lower respiratory diseases, accidents, diabetes and influenza/pneumonia. Employees with multiple heart disease and stroke risk factors will cost employers more money in terms of health care, absenteeism and overall productivity than employees with one or none of these risk factors.

Listed here are examples:

- Comprehensive worksite health programs focused on lifestyle behavior changes that have been shown to yield a \$3 to \$6 return on investment for each dollar invested. It takes about 2 to 5 years after the initial program investment to realize these savings.

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Alabama business leaders networked and learned worksite strategies to lower health care costs at a workshop Nov. 3.

Preparing for Retirement

RSA-1 Policy Changes: Letting RSA-1 Work for You

The RSA-1 Board has approved two policy changes that will provide RSA-1 participants more flexibility. The first will allow RSA-1 to accept trustee-to-trustee transfers from other Section 457 plans. RSA-1 is a deferred compensation plan sometimes referred to as a 457 plan because its laws are defined in that section of the Internal Revenue Code. The second allows members and beneficiaries to change their Investment Option Election once every 365 days from the effective date of their last election. The Board also approved for RSA-1 to conduct a study on offering its participants more investment options in the future.

The specifics regarding the trustee-to-trustee transfers from other Section 457 plans are as follows:

- An RSA-1 account must be established prior to a trustee-to-trustee transfer.
- Funds transferred from other Section 457 accounts must never have been from any source other than a Section 457(b) fund.
- Implementation of this policy change will take effect on Jan. 1, 2007.

The policy change regarding the Investment Option Election is as follows:

- Participants can make changes to

their investment options at any time during the year as long as the changes take effect at least 365 days from the effective date of their last election.

- The RSA-1 Investment Option Election form must be received 30 days prior to the effective date of the election.
- Implementation will take place on Dec. 1, 2006.

If you have any questions about RSA-1, please contact RSA-1 through one of the following avenues:

- By Phone: 1-800-214-2158 or 334-832-4140
- To Request an RSA-1 Presentation contact Ada Griffin, 1-800-214-2158, extension 1769 or 334-240-1769; Bob Crowe, extension 1671; or Jane Hicks, extension 1670
- By Fax: 334-240-3032 or 334-240-3230
Please send all faxes to: Attention RSA-1 Division
- By E-mail: rsa1info@rsa.state.al.us - When sending an e-mail, please include your full name, employer, home mailing address and daytime phone number.
- By Mail: The RSA-1 Deferred Compensation Plan, P. O. Box 302150, Montgomery, Ala. 36130-2150.

Retiree Deaths

Mrs. Laurene Caldwell, former Department Procurement Officer, died Oct. 28 at a Montgomery nursing home. A career state employee Mrs. Caldwell retired with more than 30 years of service.

We have also learned that Dr. Wallace Birch, former state public health veterinarian and later state epidemiologist, died several months ago in Texas. He retired in October 1992.



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*.

Stacey Adams
Jackie Holliday
Ashvin Parikh
Dallas County Influenza Clinic Staff
Public Health Area 7
from Joe Williams
Selma, Ala

Joan Greene
HIV/AIDS Division
Carol Holcombe
Health Promotion and Chronic Disease
Rachael Montgomery
Family Health Services
Hal Moore
HIV/AIDS Division
Sandy Powell
Bureau of Family Health Services
Toni Prater
Health Promotion and Chronic Disease
Rena' Reese
Health Promotion and Chronic Disease
Melanie Rightmyer
Health Promotion and Chronic Disease
Mary Rorick
Health Promotion and Chronic Disease
Annie Vosel
Bureau of Family Health Services
from Carol Mysinger
Montgomery, Ala.

Albert Woolbright, Ph.D.
Center for Health Statistics
from WMCF-TV 45
Montgomery, Ala.

Cardiovascular Risk Reduction Efforts Make Positive Impact in Perry County

Local physicians, public health practitioners and pharmacists are partnering with the Institute for Public Health and Pharmacy of the McWhorter School of Pharmacy at Samford University to deliver pharmacy-enabled preventive health services to underserved populations in Perry County.

The fundamental purpose of this new Institute is to further the interactions between the professions of pharmacy and public health with the basic goal of increasing the effectiveness of preventive health services in Alabama and this region and thereby, improving the health status of our communities.

In the summer of 2004, several Samford faculty members from the School of Pharmacy and the Department of Exercise Science and Sports Medicine met with the Health Care Task Force of Sowing Seeds of Hope (a nonprofit organization that seeks to help the people of Perry County) and representatives of the Perry County Health Department to explore ways in which Samford could contribute to improving the health status of county residents. The meeting suggested that a place to start might be with the prevalence of hypertension among county residents.

Available statistics documented the severity of the problem. The average annual age-adjusted stroke rate for the U.S. is 166 deaths/100,000 population and, for the State of Alabama as a whole, the rate is 180 deaths/100,000 population. For black Alabamians in Perry County the rate is 244

deaths/100,000 population. One local Perry County physician put a dramatic face on the problem when he relayed to Samford pharmacy faculty during an interview that he had, in the local nursing home, three African American males under the age of 55 with a debilitating stroke secondary to uncontrolled hypertension – a tragedy that probably could have been prevented.

After reflecting on this situation, the McWhorter School of Pharmacy decided to initiate its efforts in Perry County by collaborating with the Perry County Health Department in establishing a hypertension screening clinic. Beginning in December of 2004, a weekly hypertension clinic has been held at the facilities of the Perry County Health Department on Wednesday afternoons. Later a diabetic education clinic was started on Monday afternoons and these later merged into a larger cardiovascular risk reduction clinic that is maintained by faculty members, a Samford public health pharmacy practice resident, and senior students.

Patients are screened for high blood pressure, drug regimens are reviewed for compliance with JNC-7 national guidelines for the management of hypertension, blood glucose and A1c's are monitored, obesity is managed, hyperlipidemia is addressed, chronic kidney disease is monitored, patient education provided, and patients are signed up for Medicare Part D. All of this is done in cooperation with local physicians, pharmacists, and nurse practitioners.

The health status of many Perry County residents is being improved by this collaboration between public health practice and pharmacy practice.

In June of 2005, a 52-year-old African American female presented to the cardiovascular risk reduction clinic at the Perry County Health Department. She related a history of general malaise, a throbbing headache, and confusion for several weeks. Her blood pressure was measured to be 220/120 mmHg with no obvious evidence of end organ damage. Family history was significant for both parents having a stroke in their 50's.

The patient was educated on the risk of high blood pressure causing a stroke and was taken next door to see the local physician who placed her on appropriate medications to bring her blood pressure slowly down to the normal range. The physician referred the patient back to the cardiovascular risk reduction clinic for education and follow-up. The pharmacists in the cardiovascular risk reduction clinic continue to monitor this patient in collaboration with the local physician.

Another example involves a 70-year-old African American male who had been seen in the clinic with high blood pressure and diabetes and was also referred to a local physician. The patient was placed on several sample medications and followed up by the pharmacists in the cardiovascular risk reduction clinic.

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Changes for the Better Lifestyle Intervention Results in Weight Loss

An eight-week weight loss program has ended with its 38 Montgomery participants 130 pounds lighter than when it began. The Nutrition and Physical Activity Division in the Bureau of Professional and Support Services conducted the "Changes for the Better" program that focused on education and weight loss. Classes were held in the tenth floor conference room of the RSA Tower in Montgomery in late summer.

"This 30-minute class was very informative and fun for everyone," said Lee Broderick, a Bureau of Professional and Support Services secretary who assisted Mim Gaines, director of the Nutrition and Physical Activity Division, with the program. "I overheard some participants arriving for class saying 'you never know what to expect' except fun and laughter. It offered different ideas on cooking and healthy eating. Although only about 15

participants were anticipated, 38 came and attended the weekly classes regularly.

"Nutrition does not have to be 'boring' as some describe it," Ms. Broderick said. "Nutrition and eating healthy need to be a way of life. We found out that even Mim likes chocolate (just in really small amounts). Whereas, I like just about everything drenched in chocolate; finding middle ground was quite comical at times."

The classes each week included a variety of food samples. Some were really good and others were unusual (such as fish day). The class learned that portion control is essential to any diet plan.

"We learned that even banana splits are do-able if they are the size that 'Barbie' would eat--in other words, in really small portions," Ms. Broderick said.

Dr. Donald Williamson, state health officer,

joined the class for its celebration luncheon and handed out certificates to everyone who participated in the class as well as to those who excelled. Several class members met their goals, and were awarded gift certificates to a nearby produce outlet. The top loser, Peggy Ingram, was awarded a special "Money Tree."

Requests have been made for more classes. Ms. Gaines was pleased that the classes were so well accepted and is considering offering a second series.



Cardiovascular Risk, continued from page 6....

Samford pharmacy faculty and a student made a home visit to check on the patient's compliance to therapy. It was discovered that the patient had numerous bags of sample blood pressure and diabetic medications scattered about the home. He was confused as to what medication he needed to take and therefore had not been taking them as directed. The student spent about an hour sorting out all the medications, placing them in individually labeled bottles and also arranging the daily medications in a weekly pill container that would make it easier for the patient to take the medications. The patient was followed up by the cardiovascular

risk reduction clinic one week later and this revealed that the patient had been taking the medications as directed. His blood pressure was at a goal of less than 130/80 mmHg.

These collaborative efforts between local physicians, public health practice, and pharmacy practice to make preventive health services more accessible to Perry County residents are paying real public health dividends and making positive impacts on the health status of some of our most at-risk citizens.

By Charles D Sands, III, PharmD and Stuart A. Capper, DrPH

Workshop, cont. from page 4....

- An independent review of nine businesses investing in health and productivity management initiatives found the return on investment estimates ranging from \$1.40 to \$4.90 in savings per dollar spent.
- One study showed a \$2 or more reduction in health care claims among hypertensive employees per dollar spent on implementing a hypertension control program at the worksite.
- A 2003 actuarial evaluation of one large U.S. company estimated savings of \$547 for each patient with a prior heart or stroke condition whose blood pressure was being controlled.

For more information please contact Sondra Reese, (334) 206-5601, sreese@adph.state.al.us or Ruth Wilson, 334-206-5030, ruthwilson@adph.state.al.us.

Doctor Takes Skin Cancer Message to the Beach

As chief of surgical oncology at the University of South Alabama Mitchell Cancer Institute, Dr. Adam Riker usually practices the art of medicine dressed in customary surgical garb. But on Labor Day he traded the scrubs for a light-colored T-shirt, baseball cap and plenty of sunscreen, and assumed the role of a veritable artist — and a blessing — to many beachgoers at Gulf State Park.

Armed with a purple marker used by surgeons to map out incisions, Riker and a bevy of medical volunteers set up under the shade of a pavilion to launch the first in a series of free skin cancer screening events referred to as “SPF 90,” or Skin Protection Force 90, aptly named to reinforce the “take-home” message that 90 percent of skin cancer is curable if detected early.

Hoping to bring attention to soaring melanoma rates and to catch a few cases, Riker and his Skin Protection Force examined more than 250 people, ranging in age from elementary students to the elderly.

Although 152 swimsuit-clad patients strolled down the beach relieved with the negative outcome of their exams, nearly 40 percent who attended found they had some type of abnormal growth. Many walked away with Riker’s graffiti

scrawled on their bodies: moles, growths and skin discolorations circled with purple ink for loved ones to monitor closely for any changes over time.

Fourteen possible basal cell carcinomas and 12 possible squamous cell carcinomas were detected during the five-hour screening. Riker also diagnosed three participants with malignant melanomas — the deadliest form of skin cancer. With the medical staff on hand, these new patients were scheduled for biopsies immediately, and a proper course of treatment was conducted within days.

“It was a blessing that we went,” said Stan Moss, who was diagnosed with a melanoma during the screening. Over the years, Moss had grown accustomed to his odd-shaped mole. He even referred to it affectionately as “Mickey Mouse” because the cancerous nodules resembled two ears and a nose. Moss had felt no impending need to have this cartoonish and potentially deadly mole checked until he and his wife discovered the SPF screening through their local media.

“I have a real positive and peaceful feeling about this because of the early detection. The knowledge base is so much greater now than what it was when we came up,” said Moss.

“There’s always been this mind set that the sun is not bad, that it’s good actually,” said Riker, noting that in the past, sun-worshippers added intensifiers, such as iodine, to suntan oils with impunity; and now, many people visit tanning beds. But there is no such thing as a “healthy glow,” Riker said, and “we must change that mentality.”

Emphasizing the importance of education and healthy habits, Riker points out that, “We know what causes most skin cancers and how to minimize our exposure and risks. Today, we, as parents, are the first generation that can prevent skin cancer for our offspring.”

By Paul Taylor
USA College of Medicine



At a skin cancer screening event sponsored by the University of South Alabama Mitchell Cancer Institute, Dr. Adam Riker, chief of surgical oncology at MCI and a crew of volunteer medical staff examined more than 250 participants who visited the Gulf State Park on Labor Day.

The Centers for Disease Control and Prevention makes the following recommendations for skin cancer protection:

- When possible, avoid outdoor activities during midday, when the sun’s rays are strongest. This usually means the hours between 10 a.m. and 4 p.m. You can also wear protective clothing, such as a wide-brimmed hat, long-sleeved shirt, and long pants.
- For eye protection, wear wraparound sunglasses that provide 100 percent UV ray protection. And always wear a broad-spectrum (protection against both UVA and UVB rays) sunscreen and lipscreen with at least SPF 15. Remember to reapply as indicated by the manufacturer’s directions. Also, check the sunscreen’s expiration date. Sunscreen without an expiration date has a shelf life of no more than three years. Exposure to extreme temperatures can shorten the expiration date or shelf life of sunscreen.

Coalition Meeting Offers Information and Collaboration Opportunities

On Oct. 10 the Arthritis Coalition held its eighth annual meeting. This year participants were introduced to new techniques, studies and treatment advances in the area of arthritis.

"Each year these meetings allow coalition members an opportunity to come together and discuss ways that we can better serve those living with arthritis in Alabama," said Melanie Rightmyer, director of the department's Arthritis Prevention Branch. "Our goal is to ensure that we continue to meet the needs of those at risk for, and those already living with arthritis."

According to the Centers for Disease Control and Prevention 2005 data, 1,113,008 adults are living with arthritis. During the coalition meeting CDC representative Robert Payne expressed the Center's continued commitment to improving the quality of life of people living with arthritis. To date, 36 states have been funded for arthritis programs.

The Arthritis Coalition was formed in 2000 to coordinate the efforts of individuals, facilities and agencies in reducing the occurrence of arthritis and developing strategies to meet the needs of those already living with the disease. Annual meetings are a key strategy to how the coalition continues its mission toward these goals.

This year's meeting, led by Dr. Jack Hataway, medical director of the Chronic Disease Prevention Office, included work group discussions on various aspects of arthritis activities, participation in arthritis exercise techniques, and a meditation demonstration

called guided imagery. Featured speakers for the meeting presented on treatments, medication, new arthritis initiatives, and a research update by Dr. Jeffrey Curtis, associate professor with the University of Alabama at Birmingham.

Dr. Donna Paul, with the Arthritis and Osteoporosis Center, gave an overview of gout and its treatment. Gout develops when too much uric acid in the body gets into places that it should not, causing arthritis in the smaller bones of the feet, elbows and hands. Dr. Paul outlined the risk factors for the disease -- obesity, being injured or undergoing surgery, fasting, consuming excessive amounts of alcohol, overeating, and eating large amounts of meat and seafood. The disease is most common in men age 30 to 45 years old and women age 55 to 70 years old.

Dr. Kristen Helms, clinical assistant professor for the Department of Pharmacy Practice at the Harrison School of Pharmacy at Auburn University, continued the discussion reviewing different gout medications, including their side effects and cost and drug interaction possibilities. Dr. Helms stated that one of the most effective drugs is the over-the-counter drug Tylenol, which is both low-cost and has few side effects.

Speaker Dr. Richard Jones of the clinic for Rheumatic Diseases in Tuscaloosa, gave a presentation on osteoarthritis, the most common form of arthritis. Osteoarthritis primarily affects the knees, hips, back, small joints of the hands and certain stress areas in the spine. Treatment includes physical therapy, medication,

joint "washing" and replacement. Dr. Jones stated that recent studies suggest the possibility of cartilage replacement also being available in the future.

Sandi Falkenhagen, vice president of Health Promotion with the Alabama Chapter, Arthritis Foundation, gave an update on Arthritis Foundation national plans such as the Osteoporosis Arthritis Prevention and Control Initiative that stresses the importance of physical activity and self-management, and Lets Talk RA, a program to teach people how to talk to their rheumatologists and be better advocates for arthritis awareness.

Falkenhagen concluded with the showing of a touching video featuring children in the state who are living with juvenile arthritis. A juvenile arthritis initiative has been started by the foundation with an ultimate goal of establishing a pediatric rheumatology program in the UAB's Department of Pediatrics.

For more information about arthritis, please visit the Alabama Department of Public Health Web site at www.adph.org and the Arthritis Foundation at www.arthritis.org.

By Takenya Taylor



Jack Hataway, M.D.

Public Health Introduces Emergency Preparedness to Citizen Volunteers

Public Health's emergency preparedness program may be getting a helping hand from Alabamians after a series of volunteer symposiums held throughout the state. This year the Alabama Department of Public Health's Emergency Preparedness program held volunteer symposiums in Huntsville, Pelham and Mobile, introducing over 400 citizens of Alabama to the many aspects of public health's emergency preparedness.

"Our goal for these symposiums was to allow potential volunteers to see what it entails to be a Public Health volunteer so that they can make an informed decision when deciding whether to volunteer with our program," said Maury West, Emergency Preparedness social worker and Volunteer Symposium coordinator.

Pharmacists, nurses, social workers and those working in various other disciplines across the state took that opportunity and attended the two-day symposiums which featured topics such as the Strategic National Stockpile (SNS), the incident command system, and emergency service functions. Highlights from the first day of the symposium included a video presentation of the department's volunteer network; training on how to set up field hospitals complete with cots, medical supplies and equipment; and an entertaining, but informative presentation by the department's legal counsel John Wible on liability issues while volunteering.

The symposium's second day focused more in depth on how volunteers would assist Public Health during an emergency. Participants were given a comprehensive session on working in medical needs shelters with information on roles and responsibilities, what to pack, what equipment they would be provided, what kind of patients they would be assisting, and how they should take care of themselves so that they can be effective while volunteering.

In the Small Pox Administration session, volunteers were given step-by-step directions on how to give a small pox vaccination. If an outbreak of small pox should occur, Public Health would have the responsibility of vaccinating all citizens in the state, which would require the help of many volunteers. Area Administrator Judy Smith outlined in detail the effects of the disease and demonstrated proper procedure that volunteers should use when giving the vaccinations, surprising many of the volunteers with the simple technique.

Other breakout sessions included how to assist the many types of people that volunteers may encounter while working in one of the department's Medical Needs Shelters such as persons who are blind and deaf. Presenters from the Alabama Department of Mental Health and Mental Retardation's Office of Deaf Services stated that there are

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First Aid, continued from page 1....

Public health nurse Catherine G. Sanderson commented, "All were relieved and pleased that Janet's quick action saved the life of Judy Borden. Janet was commended on her quick thinking and heroic action, and we were all glad we have our CPR training updated yearly."

Thresa Dix of the Nursing Unit, Office of Professional and Support Services, coordinates the scheduling of classes. She summarized that CPR is basically the process of getting blood and oxygen circulated to the brain and heart until Advanced Life Support assistance from emergency medical services can arrive on the scene. In order to increase victims' chances of survival, first aid training is taught in selected settings in addition to CPR.

CPR instructor classes will be offered in alternate months every other month

Emergency Preparedness, continued from page 10....

383,935 Alabamians with hearing loss great enough to impact their lives. The session dispelled many myths about persons who are deaf including the perceptions that all persons who are deaf know sign language or can read lips. The presenters emphasized having as many visual tools as possible to help with communication.

Helpful tips were also offered in the session "Working with the Blind Population." Participants learned that petting guide dogs can distract them from assisting their owners; persons who are blind should be given tours of shelters to help them acquaint themselves with the facility; and verbal announcements should be given as much as possible to keep persons

beginning in 2007, with dates to be arranged later. These classes are held in the meeting rooms at the Montgomery County Health Department.

First aid classes for nurses were held in Montgomery in December and will be offered again on Dec. 13 in the Training Room, Room 980 of the RSA Tower. If you are interested in being a part of these classes, please register with Kristi Mitchell at (334) 206-5650.

Nurses in various work units in the RSA Tower instruct the classes in addition to performing their regular work responsibilities. They are as follows:

Debbie Buchanan, RN, Bureau of Home and Community Services

Thresa Dix, RN, Bureau of Professional and Support Services

Michell Grainger, RN, Bureau of Family

Health Services

Eddie May, RN, Bureau of Health Provider Standards

Jane Reeves, RN, Center for Emergency Preparedness

Mary Scisney, RN, PNP, Bureau of Family Health Services

For information about CPR classes being offered in the areas and counties, contact your supervisor.



Public health nurses Joan Greene of the HIV/AIDS Division and Sandy Powell of the Bureau of Family Health Services participated in first aid training recently.

Smoke Alarms, continued from page 2....

Since 2001, the ASAI has worked with 20 fire departments throughout the state reaching more than 6,500 homes with fire safety messages and installing more than 4,800 smoke alarms. The ASAI is administered by the Injury Prevention Division of the Alabama Department of Public Health in conjunction with the Alabama State Fire Marshal's Office. Funding for the ASAI is provided by the Centers for Disease Control and Prevention.

To learn more about home fire safety, contact Amanda Martin at 800-252-1818 or visit the ADPH Web site at www.adph.org/injuryprevention.

who are blind updated with pertinent information.

"I am very pleased with the success of the symposiums," said Michele Jones, acting director for the department's Center for Emergency Preparedness. "I think Alabamians not only got a chance to see how hard Public Health is working to make sure the state is prepared, but to also see how much more can be done with their help."

Volunteer symposiums will be held next year for those who were unable to attend this year. For more information on volunteering, visit the department's Web site at www.adph.org/volunteer.

By Takenya Taylor



Calendar of Events



December 4
Satellite Conf & Web Cast
**Vulnerable Populations
and Emergency
Management**
12 noon-1:30 p.m.
For more information contact
Video Communications, (334) 206-5618.



December 5
Satellite Conf & Web Cast
**Evaluating
Organizational
Effectiveness**
12 noon-1:30 p.m.
For more information contact
Video Communications, (334) 206-5618.



December 6
Satellite Conf & Web Cast
**OSHA Update: Infection
Control Practices for Clinicians
and Outreach Educators**
10:00 a.m.-12 noon
For more information
contact Thresa Dix, (334) 206-3377.



December 6
Satellite Conf & Web Cast
**Are you ready? Be
Prepared for a Pandemic
Influenza Outbreak**
2:00-4:00 p.m.
For more information contact
Thresa Dix, (334) 206-3377



December 7
Satellite Conf & Web Cast
**Packaging and
Shipping of UN 3373,
Biological Substances**
1:00-3:00 p.m.
For more information contact
Jeanine Parker, (334) 206-3480.



January 9
Satellite Conf & Web Cast
**The Chronic Disease Self-
Management Program:
Why You Should Adopt
This Program**
12 noon-2:30 p.m.
For more information contact
Video Communications, (334) 206-5618.



January 10
Satellite Conf & Web Cast
**Perspectives on
Deep Vein Thrombosis**
1:00 p.m.-2:30 p.m.
For more information contact Video
Communications, (334) 206-5618.



January 17
Satellite Conf & Web Cast
**National Public Health
Performance Standards Program
(Part 1) Performance Standards
as a Strategic Opportunity for
Leadership** 1:00-2:30 p.m.
For more information contact Video
Communications, (334) 206-5618.



January 24
Satellite Conf & Web Cast
**Biodiversity,
Ecosystem Services
and Human Health**
1-2:30 p.m.
For more information contact Video
Communications, (334) 206-5618.