

ALABAMA'S

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HEALTH

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Rural highways claim rural health champion, pose growing rural health concern

A tireless advocate for health care in rural Alabama recently fell victim to one of the many health concerns facing residents of the state's rural areas when she was killed in a motor vehicle crash. Billie Gilliland, 38, of Butler had worked for many years to secure medical care for the citizens of Choctaw County.

The Alabama Department of Public Health's Rural Health Office worked closely with Mrs. Gilliland after the local hospital closed in 1993 and almost all of the physicians relocated. She was able to secure the services of two foreign-trained physicians under the State's J-1 visa waiver program and became a founder of 1st Health Treatment Center in Butler.

In fact, Mrs. Gilliland was on her way to interview a Meridian, Miss., doctor who had some interest in moving to Butler when her full-size pickup truck collided with a utility truck. Her death drew special news media attention because her husband Chuck Gilliland, a state trooper, was the first law enforcement officer on the crash scene.

According to reports, there were no passengers in either vehicle, and both drivers were killed. The driver of the utility truck had been attempting to pass an 18-wheel truck when he accidentally collided with Mrs. Gilliland's truck traveling in the oncoming lane of Alabama Highway 10 between the communities of Yantley and Lisman.

Tammy Presley, Mrs. Gilliland's dear friend and colleague at 1st Health, remarked that within the past several years on the same stretch of road where Mrs. Gilliland was killed, at least two other devastating crashes had occurred. One involved a pregnant woman; both she

and her child were left totally disabled. A few miles away another person en route to work had a severe wreck that left her with lasting injuries to her lower extremities.

Lack of adequate trauma care was not a factor in Mrs. Gilliland's fatal crash. Emergency medical technicians arrived at the scene well before the end of the "golden hour" in which lifesaving measures can be effective. In many rural areas, however, trauma care is not always easily accessible.

Motor vehicle safety continues to be a major health concern in rural Alabama. According to a recent study which was jointly conducted by the department's Rural Health Office and the Alabama Rural Health Association, Alabama had the fifth highest rate of motor vehicle deaths in the nation. The rate for Alabama children aged 15-19 was the second highest among all 50 states and the rate for Alabama's white female children in this age group was the highest in the nation.

The motor vehicle mortality rate in rural Alabama was more than 53 percent higher than in urban areas and was



Billie Gilliland

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nearly double the U.S. rate (87.6 percent higher). The 40 counties with the highest motor vehicle accident mortality rates were all rural. Choctaw County's rate of death from motor vehicle crashes was nearly three times the national rate.

This study can be referenced on-line in the "Rural/Urban Comparison" section of the Alabama Rural Health Association's Web site at www.arhaonline.org or by contacting the department's Rural Health Office at (334) 206-5396.

The enforcement of primary seat belt legislation which allowed for the issuance of a citation for not using seat belts was initiated in late 1999. Prior to this time citations for not using seat belts could be issued only when a motorist was stopped for another violation. The apparent impact of this enforcement was immediate. According to the U.S. Department of Transportation's Fatality Analysis Reporting System, motor vehicle fatalities in Alabama decreased from 1,138 in 1999 to 996 in 2000, a 12.5 percent decrease.

This healthy decrease in the number of motor vehicle fatalities continued through 2003; however, 2004 has seen a disturbing reversal. According to the Alabama Department of Public Safety figures comparing Jan. 1 through Sept. 9, 2004, to the same time period in 2003, the number of rural motor vehicle accident fatalities has increased from 456 to 551, a 20.8 percent increase. The number of

accidents and injuries is also significantly higher. The increase has been greater on U.S., state and county roads.

In addition to narrow, two-lane roads, speeding is a major factor in many crashes, especially in sparsely populated areas. Seat belt usage rates are significantly lower in rural areas as compared with urban areas.

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's infant mortality rate reaches another all-time low in 2003

The Alabama Department of Public Health announces that the infant mortality rate of 8.7 deaths per 1,000 live births in 2003 was the lowest ever recorded, as were the 519 infant deaths. Alabama's infant mortality rate in 2002 was 9.1 and there were 538 infant deaths, according to the department's Center for Health Statistics.

Dr. Donald Williamson, state health officer, said, "This substantial decrease can be attributed to a number of factors. Through combined efforts, significant progress has been made in providing adequate prenatal care, reducing the teen birth rate and lowering the percentage of mothers who smoke."

The percent of births to teens was at its lowest level ever, 13.9 percent, which is important because the infant mortality rate among teens is 50 percent higher than among adult mothers.

While the infant mortality rate for black infants (14.1 per 1,000 live births) remained higher than the rate for white infants (6.5), this was slightly below the national rate for blacks. The white rate of 6.5 continues to be above the national average.

Alabama's infant mortality rate was higher for infants of teen mothers (12.2) than for adult mothers (8.2), for mothers who smoked (12.0) than for mothers who did not smoke (8.3), and for mothers with less than adequate prenatal care (13.8) than for mothers receiving adequate prenatal care (7.0).

Programs that have had a positive effect on this downward trend in Alabama's infant mortality include the following:

- Family planning services to help low-income women plan their pregnancies
- SOBRA Medicaid Program to provide maternity care for pregnant women and children who meet age and income requirements
- The ALL Kids Children's Health Insurance Program
- The abstinence-only education program
- Tobacco use prevention programs
- The WIC program which provides nutrition education and nutritious food to low-income mothers and children
- The Back to Sleep Campaign 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
- Child death review
- Fetal and infant mortality review

The number of teen births declined from 8,589 in 2002 to 8,248 in 2003, the lowest number of births to teenagers in Alabama ever recorded.

"This decrease is evidence that efforts designed to reduce our state's infant mortality rate are succeeding," Dr. Williamson said. "We must continue to intensify our efforts to address the many issues that contribute to infant mortality."

Graphs and detailed charts including the total resident infant deaths and infant mortality rates by county are available at the Alabama Department of Public Health Web site at www.adph.org under A-Z Contents, Infant Mortality Statistics.

Retirees

The following employees have retired recently:

Larry Chowning - Public Health Area 1

Regina Harris - Cullman County Health Department

Jimmy McMillan - Food, Milk & Lodging

Annie Morris - Colbert County Health Department

PACE training offering hope for Alabama seniors with arthritis

Help for sufferers with arthritis will soon be coming to more seniors in Alabama as the Alabama Department of Public Health's Arthritis Control Program and the Department of Senior Services partner to conduct PACE (People With Arthritis Can Exercise) instructor training. Participants in the training will then teach PACE classes in the many senior centers located throughout the state.

"Our goal with this partnership is to provide more PACE classes to people living with arthritis in Alabama. These classes will help them move better and feel better, allowing them to become better self-managers and decrease their disability," said Linda Austin, director of the Arthritis Control Program at the Alabama Department of Public Health.

PACE is an evidence-based self-management and community-based arthritis exercise program that has been proven to help persons with arthritis feel better and move better. The program was developed by the Arthritis Foundation and is sanctioned by the national organization. All of the PACE instructor training classes have been taught by Leslie Lowe, R.N., arthritis coordinator for the Alabama Department of Public Health and a nationally certified PACE Train-the-Trainer.

Arthritis is becoming an increasing concern in Alabama. Data show that 34 percent of adult Alabamians have doctor-diagnosed arthritis. The Arthritis Foundation cites that the PACE program can decrease depression and pain and increase functional ability.

"We're very excited about the PACE training and classes. Eleven out of 13 of our areas will be participating. Many of our seniors believe that because they have arthritis they cannot exercise. We want to stress exercise more to our seniors. We want them to move better and eat better," said Sarah Strawn, state nutritionist for the Alabama Department of Senior Services.

Strawn stated that although the class is typically an eight-week course they will offer the class for 12 weeks,



PACE trainer Leslie Lowe demonstrates an exercise to the class of future instructors.

twice a week at their nutrition centers. Classes will consist of combinations of 72 exercises that will help to improve joint flexibility, increase range of motion and maintain muscle strength. Only instructors trained in the PACE instructor program will be able to lead the classes. Scholarships for the cost of the training were awarded through the Arthritis Control Program.

Four instructor trainings were held in strategic locations throughout the state so that personnel and volunteers from all areas would be able to attend. In the first PACE instructor training held at the Montgomery Therapeutic Recreation Center participants attending were from the Dothan area and east and central Alabama.

Sandi Falkenhagen, director of Public Health and Advocacy for the Arthritis Foundation, Alabama Chapter, expressed her appreciation of all the attendees at the training. "I am delighted with this partnership. Each of the people here represent 10 to 15 people who will have a better quality of life because of them. It all starts with the individual," Falkenhagen said. Other PACE instructor trainings were held in Birmingham and Huntsville.

For more information on PACE instructor training or classes, please contact Linda Austin at (334) 206-5603, Leslie Lowe at (205) 391-5413, Virginia Jackson at (334) 874-2550, Sarah Strawn at (334) 242-5757 or Sandi Falkenhagen at (205) 979-5700.

By TAKENYA STOKES

Early detection is key to living with prostate cancer

In 2004, there will be about 230,900 new cases of prostate cancer in the United States, according to the American Cancer Society. It is estimated that 4,850 new cases of prostate cancer will occur in Alabama and 630 men are expected to die from this disease.

Prostate cancer is the most common type of cancer found in American men, other than skin cancer. The cause of prostate cancer is still unknown, but certain risk factors are linked to the disease. While all men are at risk for prostate cancer, these risk factors can increase the chances of a man having the disease.

The American Cancer Society links prostate cancer with these risk factors:

- Age - the chance of getting prostate cancer increases as a man gets older.
- Race - for unknown reasons, prostate cancer is more common among African American men than among white men. African American men are twice as likely to die of the disease.
- Diet - men who eat a lot of red meat or have a diet of high-fat dairy products seem to have a greater chance of getting prostate cancer. These men also tend to eat fewer fruits and vegetables. Doctors are not sure which of these factors causes the risk to increase.
- Exercise - getting enough exercise and keeping a healthy weight may help reduce prostate cancer risk.

- Family history - men with a close family member (father or brother) who has had prostate cancer are more likely to get it themselves, especially if their relatives were young when they got the disease.

The American Cancer Society suggests that men should have a PSA (Prostate Specific Antigen) and DRE (digital rectal examination) beginning at age 50. Men who are at higher risk (African American men or men who have a family member diagnosed with the disease) should be screened by age 45.

“Prostate cancer is curable if detected early. Early detection is the key to living a healthier life,” says Dr. Jack Hataway, medical director of the Chronic Disease Prevention Division.

The month of September is recognized as Prostate Cancer Awareness Month. An awareness campaign is taking place in Birmingham, Mobile and Montgomery on area buses. The message for the campaign was developed in cooperation with the Division of Preventive Medicine in the UAB School of Medicine and the National Cancer Institute. The promotion reads “Get the facts about prostate cancer...and make the decision that is best for you.” The ad also contains the National Cancer Institute’s 1-800-4-CANCER toll-free number for educational information.

Public health employees come through after lightning strikes clinic

The Madison County WIC Staff needs to be congratulated for stepping up to the plate when lightning struck the clinic on July 25. The lightning strike went right through the phone lines. The clinic was without fax, phone or computers. Even the lines through the pediatric exam scale were “fried.”

The contingency plan included clinic contact through a cell phone. A statewide message was sent with this information.

The certifications were completed the old-fashioned way with hard copies of the registration forms, encounter forms, and manual checks in a county with a caseload of 4,957 participating clients.

By the end of the first week, one computer and one laptop borrowed from the Redstone clinic were used to enter data and print checks. By Thursday of the first week, the phone lines were functional. By the seventh working

day, the computers were back up and running and completely functional.

The entire staff worked in very adverse conditions. Their efforts to keep the caseload up, provide food instruments, and services



Shown are (front row) Sheryl Gilbreath and Annette Hayden (back row) Pam Powers, Lauren Burruss, Shonna Hester and Joycelyn Debose. Not pictured are Debbie Ruff, Kay Drake and Marie Heikkinen.

Lightning.....continued on page 6

ADPH Community Training Center offers first aid certification

First aid training is offered by the Alabama Department of Public Health Community Training Center on a quarterly basis as space is available. Carolyn Morgan, assistant director of the Nursing Unit, Office of Professional and Support Services, directs the center.

For information about first aid classes, you may contact Michele Jones, Training Coordinator, at 334-206-5665. The classes are offered in the RSA Tower and the state laboratory on a quarterly basis. Employees outside the central office should ask their supervisors.



Pictured are Public Health Area 2 employees (left to right) Becky Gibson, Pam Galbreath, Judy Smith, Sondra Nassetta and Sandra Cross. Seated are Carolyn Morgan, instructor; and Martha Camp (seated below) in a recent session.

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was monumental. They responded to this arduous task of trying to catch up on all of the paperwork generated manually. They did this with a cheerful attitude and support for each other.

By PAT WINN, RD, LD
Area II Nutrition Coordinator

CSC employees help local WIC staff

Computer Systems Center employees attained a new appreciation for the work done by the WIC employees under adverse conditions when CSC responded to an emergency at the Madison County WIC clinic.

CSC employees received the emergency call of system damage due to a lightning strike. Upon arrival, Wesley White assessed the problem at the Max Luther clinic and noted the clinic computer system had been severely damaged. Many mothers with children were waiting in the clinic at this time, and babies were crying. White was able to reconfigure one laptop and one personal computer to

log onto the network allowing WIC negotiable instruments to be printed.

White immediately contacted Jimmy Brown at the central office to report the extensive network damage. Brown and the CSC team assembled replacement printers and computers so they could be transported and installed.

Due to the extent of this lightning damage, the Information Services Division also had to replace the routers and make sure the telephone lines were functioning and had “connectivity” because the entire network had been knocked off. The PHALCON system protected all data, and the damaged equipment is currently being repaired.

Several CSC employees who were involved in getting the system functional again said, “We were just doing our jobs. We respond whenever an emergency comes up.”

Using the Lotus Notes Calendar to schedule a meeting

Overview: Setting up a meeting:

1. Click the calendar icon at the bottom left column next to your inbox.
2. Once the calendar opens, click the “Schedule a Meeting” button found directly above the calendar.
3. This will open a “Meeting” entry form which has three tabs. Details about the meeting such as subject, date, time, location, and description are entered on the first tab labeled “Basics.” The second tab, labeled “Meeting Invitations & Reservations” is where users would add the names of invitees from the ADPH address book. The third tab labeled “Options” allows calendar entries to be designated “Mark Private,” “Notify Me,” and “Pencil In.”
4. Once all pertinent information has been completed, click the “Save and Send Invitations” button above the form. This will put the meeting on your calendar and send invitations to other invitees.

Basics Tab: Quick Tips

- ✓ Clicking on the small icons next to the date box will open a calendar for the current month. Clicking on the appropriate date will enter this date in the blank. Clicking the icon next to time provides users with a sliding bar to adjust the time.
- ✓ The “Repeats” checkbox allows users to schedule recurrent meetings at the same time. When this box is checked, a dialog box will open allowing the user to select the frequency this meeting recurs.

Meeting Invitations & Reservations Tab: Quick Tips

- ✓ Clicking on the small icon next to the “Invite” box will open up the ADPH address book allowing users to add invitees through a dialog box.
- ✓ The “Invite” box should be used for invitees whose attendance is required.
- ✓ The “cc” option lets an invitee know that he or she is invited to a meeting but attendance is not required.
- ✓ The “bcc” option is used as an “FYI” for the invitee.
- ✓ After all of the invitees have been added, click on the “Scheduler” button above the form. This will check the schedules of invitees and show time conflicts. In some cases, a users calendar may be completely private. Time on their calendar will always show as busy.
- ✓ The “Delivery Options” button above the form allows you to set limits on responses and send invitations with a return receipt.

Options Tab: Quick Tips

- ✓ The “Pencil In” checkbox allows this time to appear free to others using the scheduling feature.
- ✓ The “Mark Private” checkbox will show entry as busy time, but will not show details to those who can access your calendar. This will depend on how much authority has been delegated.
- ✓ The “Notify Me” checkbox will set a visual and/or audio alarm before an event. A dialog box opens when this box is checked which allows the user to specify the type of alarm, as well as the timing.

By TRACEY CANNON
Computer Systems Center

STD Division buys new microscopes

Michael Green is shown assembling portable microscopes to aid nurses and disease intervention specialists in the diagnosis of primary and secondary syphilis. The STD Division purchased 50 darkfield microscopes to replace an aging and inadequate fleet. Laboratory staff provides annual training to employees to enable them to pass and maintain proficiency tests. Once the microscopes are in the field, outreach will be made to private providers to alert them about the expanded and updated service the Alabama Department of Public Health can offer. The microscopes are portable, so that the disease intervention specialists can take them to private providers for diagnostic interpretations in their office, enabling the physician to make an immediate diagnosis.



State Combined Charities Campaign enjoys great start

More than 60 people participated in the State Combined Charities Campaign Kick Off Picnic at the RSA Tower Park Aug. 27. Picnic-goers enjoyed lemonade and watermelon and judged a Crazy Hat Contest.

First prize went to **Brooke Thorington**, who sported a watermelon themed broad-brim hat trimmed in satin Christmas balls. Second prize went to **Kathy Smith**, who demonstrated her Roll Tide spirit in a tribute to Big Al. **Carol Heier** won third prize with her black broad-brimmed hat decorated with peacock and ostrich feathers and multicolored silk roses. Door prize winners were **Geraldine Rose Daniels** and **Joan Greene**.

The purpose of this annual campaign is to raise funds for numerous local, state and global charities. The State Combined Charities Campaign is the only authorized payroll deduction charitable fundraising effort for state employees. State employees can contribute funds via payroll deduction over a 12-month period, starting in January 2005. This campaign enables employees to give conveniently to several charities at once by designating their gift.

Each area and many county health departments and central office bureaus have a local campaign manager. For contact information on your work unit's campaign manager, please call co-chairpersons Diane Beeson or Javonda Kennedy, Tobacco Prevention and Control Division, Bureau of Health Promotion and Chronic Disease, at (334) 206-5560.

The fun continues with weekly drawings through the

first week of December, with campaign contributors having a chance to win door prizes.

Congratulations to **Yolanda Willis** and **Maury West**.

Ms. Willis was the recipient of the first week's State Combined Charities Campaign

drawing. Her gifts included customer appreciation

cards for free dry-cleaning and one pair of sunglasses.

West, the second week's winner, is the recipient of a car wash, a Teddy Bear Beanie Baby, a "Be a Cool Cat" t-shirt and a stress ball.

"Let's keep up the good work," Ms. Kennedy said. "Please give generously to help support the worthy charities in the State Combined Charities Campaign. As of Sept. 10 we have already collected \$14, 898.93 toward our \$35,589 agency goal"



Shown with a display of Combined Charitable Campaign materials at the kickoff picnic are (seated) Kathy Smith and Brooke Thorington (standing) Chastie Hooper and Shakira N. Jackson-Parks.

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*.

Jill Brewer

Center for Health Statistics

from Doris B. Roach
Ringgold, Ga.

Bill Duke

Center for Health Statistics

from Lana McCreless
Hartselle, Ala.

Tamika Harris

Center for Health Statistics

from Brenda Morgan
Mobile, Ala.

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Commendations.....continued from page 8

Dorothy Harshbarger

Center for Health Statistics

from Kay M. Fiveash
Oakland Park, Fla.

Nicole Henderson

Center for Health Statistics

from Jessie and Judy Ridley
Durham, N.C.

Evelyn Jackson

Center for Health Statistics

from Annie Price
Lancaster, Texas

Nick Moss

Henry Roddam

Danny Williams

Video Communications Division

from the Hon. Troy King
Montgomery, Ala.

Jan Perry

Baldwin County Health Department

from Renae Carpenter, LCSW, PIP
Grove Hill, Ala.

Kathy Peters

Center for Health Statistics

from Kay Allen Stevens
Florence, Ala.

Toni Prater

Takenya Stokes

Health Promotion and Chronic Disease

from Arrol Sheehan
Montgomery, Ala.

Reginald Strickland

Center for Health Statistics

from Franklin L. Shuford, Jr., P.C.
Mobile, Ala.

Hope Steadham, BSN

Clarke County Health Department

from Renae Carpenter, LCSW, PIP
Grove Hill, Ala.

Betty Thomas

Center for Health Statistics

from Cherie Jones and Richetine Williams
Farmington Hills, Mich.

Tara Tuck

Center for Health Statistics

from Will Lemon
Orlando, Fla.

Lewis Wainwright

Center for Health Statistics

from Leon D. Freeman
Cullman, Ala.

Lynn Williams

Health Promotion & Chronic Disease

from Connie Wiginton
Decatur, Ala.

Beth Winchester
Scottsboro, Ala.

SPEAKING OF RETIREMENT

What Your Beneficiary Should Know

When a loved one dies, beneficiaries often find that they are overwhelmed and unprepared to deal with the death benefit process. Therefore, it is very important for the ERS member to communicate with his or her beneficiary and provide them with as much advance information as possible. The RSA hopes the following information will help beneficiaries through this process.

Designating or Changing a Beneficiary for an Active or Inactive Member

New members designate a primary and contingent beneficiary when they begin employment. If the active member wishes to change the beneficiary designation, the member must complete a CHANGE OF BENEFICIARY FORM. If a member wishes to designate more than one primary and/or contingent beneficiary, he or she must complete a multiple beneficiary form. Keeping your beneficiary current will help avoid legal difficulties and not delay payment of the death benefit to your beneficiary.

Death of an Active or Inactive Member

The death benefit process begins when the ERS is notified of the member's death. It is important for the death to be reported as soon as possible to avoid any delays or problems. Contact the ERS at 1-800-214-2158, extension 399, and the ERS will send you a FORM RSA-SB, APPLICATION FOR SURVIVOR BENEFIT, and a list of any required documents (for example, Certified Death Certificate) the ERS needs to complete the process. The beneficiary may also obtain an application from the member's employer or the RSA Web site at www.rsa.state.al.us.

Beneficiary Benefits of an Active or Inactive Member

If a member dies prior to retirement, death benefits are calculated and paid to the beneficiary based on the member's age, service credit, employment status and eligibility for retirement. Consult your ERS Member Handbook for information on preretirement death benefits.

Changing a Beneficiary for a Retired Member

The retired member should contact the ERS for the form required to change a beneficiary.

Death of a Retired Member

Please notify the ERS as soon as possible after the death

of a retiree. Upon notification, the ERS will mail the necessary form and information to the member's designated beneficiary. The ERS may be contacted at 1-800-214-2158, ext. 399. Any outstanding benefit payments must be returned to the ERS before the processing of the beneficiary's payment(s).

Beneficiary Benefits of a Retired Member

Once the ERS receives the documents from the beneficiary, the ERS will determine and calculate the benefits due to the beneficiary.

- * If the member selected the Maximum retirement benefit, the beneficiary will receive a pro rata payment for the number of days the member was living in the month of death.
- * If the member selected the Option 1 retirement benefit, the beneficiary will receive a pro rata payment for the number of days the member was living in the month of death and any balance in the member's account at the time of death.
- * If the member selected the Option 2 retirement benefit, the beneficiary will continue to receive the same monthly benefit as the member, except when legislation did not pass on Cost-of-Living Adjustments to the beneficiary.
- * If the member selected the Option 3 retirement benefit, the beneficiary will begin to receive 50 percent of the monthly benefit of the member, except when legislation did not pass on Cost-of-Living Adjustments to the beneficiary.

Helpful Hints

- * Have a copy of your will accessible to the executor of the estate.
- * Death benefits may be subject to federal income tax, but not state and local taxes. If the beneficiary lives outside Alabama, consult that state's tax agency about tax consequences.
- * Keep your beneficiary updated at all times.
- * Beneficiaries eligible for a monthly benefit should also use direct deposit for benefit payments.
- * Consult an attorney or tax advisor.

Do you know who your beneficiary is? If not, call the ERS at 1-800-214-2158, extension 399, and we will provide that information to you in writing.

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.

Families need to test smoke alarms

National Fire Prevention Week is Oct. 3- 9, and this year's theme, as designated by the National Fire Protection Association, is "Test Your Smoke Alarms."

According to the association, roughly 70 percent of home fire deaths result from fires in homes with no smoke alarms, or no working smoke alarms. Because families may have as little time as two minutes to escape, it is essential that every family member is able to recognize the sound of a smoke alarm and know how to escape safely.

"Basic smoke alarms are relatively inexpensive and can be purchased at your local hardware store," said Amanda Calhoun, program manager for the Alabama Smoke Alarm Initiative at the Alabama Department of Public Health. "There are also special smoke alarms targeted for young children, older adults, and people with disabilities."

The following tips can help protect your family.

- * Install at least one smoke alarm per every level of the

home, including basements.

- * Place smoke alarms within 10 feet of bedrooms as well as inside the bedroom if you sleep with the doors closed.
- * Test your alarm monthly and replace the battery yearly.
- * Replace alarm units that are 10 years and older.

It is also important to create a home fire escape plan. The plan should include knowing two ways out of every room, designating a safe meeting place, and evacuating children, elderly and disabled family members. Families should practice the escape plan at least two times per year.

"Practicing may cause family members to respond quicker during the event of an actual fire emergency because they are so familiar with the fire escape plan," said Ms. Calhoun.

For more information on fire safety, please visit the Alabama Department of Public Health's Web site at www.adph.org/injuryprevention.

Kickoff held for walking program

Is a walking program a good plan for overall senior health and fitness? Agencies, associations and organizations that promote fitness, wellness and walking partnered with the American Association of Retired Persons in a 10-week research pilot program to determine the value of walking in wellness. The program began with a well-attended kickoff event on Aug. 2 featuring health education, entertainment and refreshments. Montgomery was one of five southern cities selected to participate in the program. All senior participants were given pedometers and booklets to help track their steps daily to determine the amount of walking they do. The program is designed to encourage seniors to get up, start walking and increase their physical activity level through walking.



Seniors were encouraged to increase their physical activity through walking and were provided incentives.



Joan Carter, state director of the American Association of Retired Persons, and Anita Sanford, physical activity specialist with the Nutrition and Physical Activity Section, are shown at the kickoff for the pilot walking program.

September is Baby Safety Month,
Five A Day Month, National Sickle
Cell Month and National Cholesterol
Education Month.



Calendar of Events



September 28

Annual ICD-9-CM Update Satellite Conference, 2-4 p.m. For more information contact Janice McIntosh, 334-347-2664.



September 29

Autoimmune Disease in the Home Care Patient for Home Health Aides and Home Attendants. For more information contact Brenda Elliott, (334) 347-2664, extension 402.



September 30

Bioterrorism Preparedness, 12 noon-1:30 p.m. For more information contact Video Communications, (334) 206-5618.

October 1

Child Health Day



October 6

Lactation and Contraception, Public Health Staff Development, 2-4 p.m. For more information contact Annie Vose, (334) 206-2959.



October 7

ADPH Statewide Staff Meeting, 3-4 p.m. For more information contact Video Communications, (334) 206-5618.



October 14

State Employee Injury Compensation Trust Fund, 9:30-11:30 a.m. For more information contact Carolyn Robinson, 206-5814.



October 15

Pandemic Influenza Issues and Avian Influenza, 9-11 a.m. For more information contact Video Communications, (334) 206-5618.



October 27

Home Health Aides and Home Attendants, 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.



October 29

Early Intervention, 10 a.m.-11:30 a.m. For more information contact Carolyn Griggs, (334) 206-2943.



November 6-10

American Public Health Association Annual Meeting, Washington, D.C.