

# ALABAMA'S

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# HEALTH

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## 'Responding to our constituency'

### *APHCA honors Barganier with President's Award*

Clyde Barganier, Dr.P.H., believes the very foundation of government accountability is the way it responds to its constituency. The Alabama Primary Health Care Association honored the director of the Office of Primary Care and Rural Health Development for effectively meeting the challenge to improve health care by awarding him with its President's Award. He was recognized at the 18th Annual Conference and Clinical Forum Sept. 4 at the Perdido Beach Resort in Orange Beach.

"This award wasn't given to me but for the work of our entire office staff," Barganier remarked. "Barely a week goes by that someone doesn't mention a staff member who has gone the extra mile to help them. When our constituencies acknowledge this level of staff involvement it brings gratification that accountability is being practiced."

The Office of Primary Care and Rural Health Development (OPCRH) in the Central Office has a mission to work with others toward improving health care access while promoting the health status of rural residents, minority, and other medically underserved populations through activities which stabilize their health care systems.

A major strategy in pursuing this mission is to address the ongoing shortage of health care professionals in rural and inner-city communities by working with local health care facilities and providers to recruit and retain health care workers. These shortage areas are identified through a state/federal collaboration which designates Health Professional Shortage Areas. The OPCRH serves as the state contact for initiating the assessments required for

designating a community as a shortage area.

"Our office has aggressively pursued getting as many communities designated as shortage areas as possible," Barganier noted. "Being designated as a shortage community presents a 'bad news - good news' situation. The bad news is obvious but the good news is that the community becomes eligible for approximately 40 federal assistance programs." Of Alabama's 67 counties, all or at least part of 62 counties are now designated as shortage areas.

The OPCRH also administers programs to address the shortage of health professionals including the National Health Service Corps Program and J-1 Visa Waiver Program. The National Health Service Corps Program provides incentives for health workers to practice in designated underserved areas through scholarships or loan repayment for their professional education expenses. This year the program will place 39 health professionals in Alabama. These include physicians, dentists, nurse practitioners, mental health workers and other health disciplines.

The J-1 Program places foreign trained physicians who recently completed U.S. residency programs in communities



Clyde Barganier, Dr. P.H., holds the award presented by the Alabama Primary Healthcare Association.

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designated as Health Professional Shortage Areas. The physicians must sign a contract to work at an approved site for at least 40 hours per week for at least three years.

Approximately 80 J-1 physicians are currently fulfilling their service obligations in Alabama communities. At a recent meeting of the Appalachian Regional Commission in Washington, D.C., Alabama was singled out as a best practices model for efficient state administration of this program.

### More than access to care

The addition of a physician in a community means more than improved access to care. "When you recruit a physician, you've recruited a small business," Barganier said. "Health economists estimate that on average the typical small town, rural physician's primary care practice will generate annual revenue of between \$500,000 and \$1 million. When the economist's multiplier effect is applied that amount increases by one and a half times within the community. A sub-specialty physician practice generates even greater revenue, so recruitment and retention activities can be described as economic development in addition to increasing access to health care."

He added, "Smaller hospitals in rural communities are frequently near closing when they lose a single physician. Adequate staffing including timely recruitment is crucial to the hospital's survival. The rural health care system with its hospital is usually a community's second largest

economic contributor following its education system." Concern is growing that Alabama's future health care workforce will not have adequate numbers to meet the public's need.

"This issue is an excellent example of public health's role in fulfilling assessment and assurance functions," Barganier states. "Policy issues need to be defined through an ongoing assessment of health workers needed now and in the future both by discipline and practice location. Policy development must address how to produce an appropriately trained workforce and provide incentives which encourage their decision to practice in communities with greatest need."

This month Dr. Barganier will participate in a meeting with the Utah Medical Education Council that also includes representatives from Alabama's medical care community and state legislature. They will be examining an innovative model which matches medical education funding to identified workforce needs and recruitment strategies.

### Other health worker shortages

While the physician shortage is well publicized, current and future projections are identifying other health professions with projections of an inadequate supply. Dentists and nurses are two professions where worker shortages are building increasing concerns.

*Barganier.....continued on page 3*

## Alabama Department of Public Health

### Mission

To serve the people of Alabama by assuring conditions in which they can be healthy.

### Value Statement

The purpose of the Alabama Department of Public Health is to provide caring, high quality and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

The Department of Public Health works closely with the community to preserve and protect the public's health and to provide caring quality services.

# ALABAMA'S HEALTH

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

The entire state has been designated by the OPCRH as an oral health shortage area. A survey was recently conducted of Alabama's rural dentists by the University of Washington in collaboration with the ADPH's Dental Program and OPCRH. Barganier said, "It is clear that we don't have an adequate practitioner pipeline in place to meet future oral health care needs in rural Alabama. This means our underserved populations are especially vulnerable to being without adequate access to oral health care."

A State Oral Health Coalition was formed through leadership from the state Medicaid Agency and the ADPH Dental Program to address the oral health needs in both rural and urban areas of the state. Significant gains have been made through this coalition to increase the participation of dentists in Medicaid's dental program. Administrative improvements in filing for Medicaid reimbursements combined with increases in reimbursement rates have increased the participation of Alabama's 1,600 practicing dentists in the program from less than 10 percent three years ago to over 40 percent now.

"Medicaid and ALL Kids are providing an enormous resource for traditionally underserved populations to purchase oral health services. However, the availability of dental practitioners is the other aspect needed to ensure access but the numbers now and projected numbers for the future are not encouraging," Barganier stated. Barganier also works with a Board of Nursing task force in developing a plan to address nursing shortages and identify state level efforts needed to support the nurse profession.

Alabama has a significant supply of nurses, but many choose to work part time or have chosen to pursue other careers. Nurses are also needed and being recruited for many positions not involving the direct provision of clinical care.

"An assessment of our nurse workforce reveals an aging workforce complicated by an aging faculty in the nursing schools. This has incredibly serious implications in not being able to train and produce enough nurses to replace our current workforce numbers which already is being described as inadequate to meet needs," Barganier states.

### **Empowering communities by bringing people together to solve common problems**

Significant disparities exist in the health status of minority populations, and their members carry the heaviest

burden of disease. In the OPCRH's Minority Health Section director Gwen Lipscomb and Julia Hayes work at the community level on reaching the diverse populations in a time when major resources are lacking.

"We work on ways to empower communities to see what is available to them and how they can make the best use of it. That doesn't sound like much but you would be surprised at how many resources are available in a community which go unrecognized by many of its residents," Barganier said. "We work with community groups to get them to think through ways to get adequate services available and acceptable to special populations in Alabama such as our growing Latino population."

In addressing minority health, cultural sensitivity is required, Barganier said. "A lot of what we are talking about is encouraging people to respect differences. Much of what Gwen and Julia have done is to get communities to realize that in our differences we have a lot of things in common. They have been ambassadors in addressing health needs and trying to merge different cultures." Barganier also serves on a national committee looking at ways to overcome disparities. Before addressing disparities in specific health conditions he believes one has to first establish a feeling of understanding and a willingness to accept the lifestyles of others which are different from your own.

"In public health we've long championed meeting the needs of underserved or vulnerable people, but this is best accomplished at the community level by developing a community spirit which recognizes that everyone has some unmet needs and everyone has something to offer. In other words, although the depth of our needs and types of needs may vary we are all in the same boat," he said.

### **Experience in public health**

Barganier's public health career began in September 1967 as a public health representative in Mobile with the Bureau of Communicable Disease. He provided support, counseling and educational activities to reduce the incidence of tuberculosis infection and deaths among TB patients in a rural multi-county area of south Alabama. In 1969 he became assistant administrator of the Maternity and Infant Care Project with the Mobile County Health Department. Later he left the state to be administrator of the Department of Pediatrics of the University of Louisville School of Medicine.

Returning to the department in 1973 he was administrator of the Bureau of Maternal and Child Health  
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for five years. In 1978 he returned to continue his education at the University of Alabama at Birmingham. He also did part-time work at the Laboratory of Medical Genetics, and later became its full time Director of Field Studies and Services.

In 1986 he returned to the department's Central Office and since has worked in several positions including general management operations, environmental health and home health.

Since October 1996 he has directed the Office of Primary Care and Rural Health Development and states he has enjoyed this work more than any other. "This work has provided an opportunity to work toward the public health mission through collaboration with the medical care community. Historically, public health's origin came from medical practitioners who realized that their patients' health needs could be addressed best through a combination of personalized care and community interventions. About 50 to 60 years ago medicine and public health began travelling on diverging paths, but in recent years the two professions have begun to merge again."

The term Community Oriented Primary Care is being used increasingly to reference medical school curriculums which include instruction in public health disciplines as an integral part of a physician's education.

Dr. Barganier holds a B.A. degree in psychology from Lipscomb College, an M.P.H. in health administration/planning from the University of North Carolina School of Public Health and a Dr.P.H. in epidemiology/health services management from the University of Alabama Birmingham School of Public Health.

### **Broad mission**

From ensuring adequate numbers of health professionals, to training and retraining, to working for financial access, to stabilizing rural hospitals, the Office of Primary Care and Rural Health Development has a broad mission.

"I believe that many people in our state are living today and many others enjoy a better health status because of what the people in the OPCRH are doing," he said.

## Using special effects in Lotus Freelance Graphics presentations

There are several ways to vary the transition between slides in a Freelance Graphics presentation. To access the first method, select "Presentation" - "Set Up Screen Show." The "Set Up Screen Show" dialog box will appear. Choose the effect that you want at page transitions and click "OK."

To vary the transition from page to page, go to "Page" - "Screen Show Effects." A dialog box will appear. Be sure that the tab with the camera is selected. To vary the effects, go to each page of the presentation and set the transition properties.

To display bulleted lists one-at-a-time, first go to the page containing the bulleted list. Right click on the page over the bulleted area. A pop up menu will appear. Select "Text Properties." A property dialog box will appear. Be sure to select the tab with the camera. This dialog box allows the user to specify that bullets should appear one-at-a-time, how to trigger the next bullet, how they appear, etc.

*Submitted by TRACEY CANNON  
Computer Systems Center*

## 2002 Annual Reports available

Copies of the department's 2002 annual report are available by contacting Takenya Stokes, J.D., RSA Tower, Suite 900, P.O. Box 303017, Montgomery, Ala. 36130-3017, (334) 206-7026, e-mail [tstokes@adph.state.al.us](mailto:tstokes@adph.state.al.us).

# Alabama joins CDC to spread the message about colds, flu and antibiotics

The department's Antimicrobial Resistance Program is collaborating with the Centers for Disease Control and Prevention to help build awareness of the appropriate use of antibiotics.

"Get Smart: Know When Antibiotics Work" is a national public education campaign to assist Americans become better informed about antibiotic treatment, especially during the cold and flu season.

The campaign's key message is a basic medical fact: antibiotics do not effectively treat colds, flu and other viral illnesses. Antibiotics do not kill viruses, make patients with viral infections feel better, yield a faster recovery, or keep others from getting sick. State and county health departments nationwide are joining forces to promote the campaign through their local communities.

"Recent research tells us that most Alabamians don't understand that antibiotics kill bacteria, not viruses," said Dr. Donald Williamson, state health officer. "People go to the doctor expecting to get antibiotics for a sick child or themselves. Many times a prescription for antibiotics is the wrong course of treatment."

Tens of millions of the antibiotics prescribed in doctors' offices are for viral infections that are not treatable with antibiotics. Doctors cite diagnostic uncertainty, time pressure and patient demands as the primary reasons for this over-prescription.

"Antibiotics are powerful drugs that can work wonders when needed for bacterial infections," said Dr. Williamson. "However, patients should not insist on antibiotics when diagnosed with a viral illness, such as a cold or the flu."

Taking antibiotics when they are not needed creates

additional health risks. Widespread inappropriate use of antibiotics is fueling an increase in drug-resistant bacteria and threatens widespread drug-resistant illness.

Over the past decade almost every type of bacteria has become less responsive to antibiotic treatment when it is needed. These antibiotic-resistant bacteria can quickly spread through a community, introducing a new strain of infectious disease that is more difficult to cure and more expensive to treat.

Antibiotic resistance is one of the world's most pressing public health problems. Americans of all ages can lower this risk by learning about appropriate antibiotic use and taking antibiotics only when they are needed this cold and flu season.

According to the CDC antibiotic resistance is also a major contributor to the disease, death and costs resulting from hospital-acquired infections. Each year nearly 2 million patients in the United States get an infection as a result of receiving health care in a hospital. These hospital-acquired infections are often difficult to treat because the bacteria and other microorganisms that cause such infections are resistant to at least one of the drugs most commonly used to treat these infections. One report placed the annual cost of anti-microbial resistance among a single pathogen (*Staphylococcus aureus*) at \$122 million.

The health department is working with parents, physicians and infection control nurses statewide to promote the "Get Smart: Know When Antibiotics Work" campaign. Billboards reminding the public to use antibiotics judiciously are also scheduled to be posted statewide.

## SPEAKING OF RETIREMENT

Know your limitations for postretirement employment

Once you are a retiree of any RSA agency, there are very strict guidelines that must be followed when it comes to **Postretirement Employment**.

Knowing these limitations can save you a lot of hassle and worry. You can read the guidelines for Postretirement Employment in your Member Handbook or on the RSA Web site at [www.rsa.state.al.us](http://www.rsa.state.al.us). Go to either ERS or TRS; go to Retiree Information; and click on the question *Will Working After Retirement Affect My Retirement Benefit?*

Listed below are important points to remember if you are

working or planning to work for an RSA agency after your retirement from the RSA. If you have any doubt whatsoever about your postretirement employment, call the ERS or TRS immediately.

- \* Retired members cannot be employed or under contract for **permanent, full-time** employment with an ERS or TRS member agency. For example, an ERS retiree employed with a TRS agency as a bus driver must terminate his or her retirement benefit. A bus driver is considered to be a full-time position.

- \* The retiree's compensation cannot exceed the limitation  
*Retirement.....continued on page 11*

# Relationships are key to effective cancer control plans, Viki Brant believes

**V**iki Brant doesn't hesitate when asked to name the most important ingredient of a successful comprehensive cancer control plan. "We've all heard that in real estate, it's location, location, location. Well, in cancer control planning it's relationships, relationships, relationships"

One thoughtless decision or a failure to keep in touch can set a coalition back years, said Brant, director of the Cancer Prevention and one of the facilitators of the state's successful Comprehensive Cancer Control Coalition. "Maintaining good relationships with all the stakeholders-particularly community groups-is key to moving forward," she said.

The Alabama coalition, which includes about 40 organizations, is in its third year of implementing the state's comprehensive cancer control plan. With funding from the Centers for Disease Control and Prevention, the coalition is focusing on breast, cervical, prostate, ovarian, colorectal and skin cancers, as well as clinical trials and tobacco education.

The plan has definitely made a difference. It has resulted in increased community awareness programs for the priority cancers, passage of treatment legislation, formation of new outreach partnerships, and improvements to the Alabama Cancer Registry.

So what did Alabama do right?

Brant and others including the regional Cancer Information Service began talking about comprehensive cancer control in the mid-90s. They realized one group alone couldn't do everything to address a disease that created such a burden to the public.

"Once we explained that a comprehensive plan meant assessing needs to determine priorities rather than addressing all cancers, the lights started to go on," Brant said. "Everyone saw the benefits of pooling strengths, sharing data and making the most of limited resources."

At the time, Alabama already had several successful cancer groups, including the Alabama Partnership for Cancer Control in Underserved Populations, a network of community groups, organizations and academic institutions. The Partnership had adopted the Alabama Breast and Cervical Cancer Early Detection Program as its first project. Consequently, the number of women served by the state program has risen steadily.

In another successful community-state partnership, the Alabama Breast and Cervical Cancer Control Coalition helped the state health department develop a state plan for breast and cervical cancer control.

This group served as the foundation for the



Viki Brant of the Bureau of Health Promotion and Chronic Disease believes in pooling strengths.

comprehensive cancer control group. It changed its name to the Alabama Comprehensive Cancer Control Coalition and widened its membership to develop a comprehensive plan addressing the state's overall cancer burden.

Currently, the Alabama Comprehensive Cancer Control Coalition consists of more than 100 people representing 40 organizations. These include the Alabama Department of Public Health, the University of Alabama at Birmingham Comprehensive Cancer Center, the American Cancer Society, and the Mid-South CIS.

Alabama's cancer plan was completed in November 2000. Implementation began the following year when the state health department received a five-year CDC grant.

The best thing about being part of Alabama's cancer control effort has been the people, Brant said. "I've been so impressed by the willingness of partners to put aside territorial tendencies and focus on what needs to be done."

Brant has an undergraduate degree in health and physical education from the University of North Alabama, a master's in health education from the University of Alabama at Birmingham, and a master's in public administration from Auburn University at Montgomery. She has worked for the Alabama Department of Public Health for 16 years, the last decade in cancer control.

Much has changed in that time, she said. "Ten years ago the Alabama cancer control community had many good things going on, but we were all working in parallel universes. Now we are reaching across those universes to work together-and achieving so much more."

Reprinted by permission from *Cancer Quarterly*, a newsletter of the Mid-South Cancer Information Service, September 2003.

# National Breast Cancer Awareness Month encourages women to be screened

October is National Breast Cancer Awareness Month and the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) wants to encourage all women to practice good breast health. Breast cancer is the most commonly diagnosed cancer in women in the United States and is the second leading cause of cancer deaths in women. In 2003, Alabama is estimated to have 3,400 new cases of breast cancer and 600 women will die with the disease.

The use of cancer screening and early detection procedures is an effective approach to cancer control. The American Cancer Society recommends the following:

- \* Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health.
- \* Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over.
- \* Women should report any breast change promptly to their health care providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- \* Women at increased risk (e.g.; family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g.; breast ultrasound or MRI), or having more frequent exams.
- \* If a lump is found during these exams, then your doctor may perform further tests. Most lumps are not cancerous, but they should be examined so that a proper diagnosis can be made.

“It’s in a woman’s nature to take care of others first, but we all need to remember to take care of our health first, so we can help take care of others. Our program offers screening services for women who otherwise might go unscreened due to financial hardship.” said Brooke Thorington, public education coordinator for the ABCCEDP. “We want to remind all women to take time to schedule an appointment and get screened.”

It is not known exactly what causes breast cancer, but certain risk factors may increase a person’s chance of developing the disease. For instance, the main risk factor is being female. Another risk factor is age. Older women have a greater risk of breast cancer. Other risk factors include having a family history of breast cancer and race. Caucasian women have higher breast cancer rates than

African American women. However, African American women die from this disease at a higher rate than Caucasian women and women of other ethnic groups. The Alabama Department of Public Health strongly encourages African American women to get screened regularly to increase their chances of early detection.

Signs and symptoms of breast cancer include skin irritation or dimpling of the breast, nipple discharge other than breast milk, a painless and hard lump, swelling of part of the breast, nipple pain or nipple turning inward, and redness or scaling of the nipple or breast skin. However, few women will experience all of these symptoms.

Free pelvic exams, Pap smears and clinical breast exams are offered by participating health care providers and at county health departments to women age 40 to 64 who do not have any insurance or who are underinsured and who meet the eligibility guidelines of income at or below 200 percent of the federal poverty level. Women ages 50 to 64 without insurance or who are underinsured and meet the income eligibility guidelines will receive free screening mammograms in addition to the services mentioned.

Diagnostic services are covered, if indicated, and treatment is available for those diagnosed through the ABCCEDP who meet residential and citizenship criteria and have no other type of insurance coverage. Treatment is provided through the Alabama Medicaid Agency.

For more information, please call the toll-free at 1-877-252-3324.

## Retirees

The following employees retired effective Sept. 1:

*Carol May* - Lamar County Health Department

*Evelyn Morris* - Walker County Health Department

# Commendations

**H**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*.

***Britney Barnett***

***Susan List***

Center for Health Statistics

from Zilla Turner

West Palm Beach, Fla.

***Claudia Baugh***

***Renee Freeman***

***Angie Garnett***

Autauga County Health Department

from Diane H. Beeson

Tammy Langlois-Reagan

Montgomery, Ala.

***Georgette Blackmon***

Center for Health Statistics

from Kelly M. Tynes

Birmingham, Ala.

***Linda Bolding***

Center for Health Statistics

from Malinda Jackson

Las Vegas, Nev.

***Danielle Cole***

Health Promotion and Chronic Disease

from Dollie Hambrick

Montgomery, Ala.

***Terri Crane, RN***

Public Health Area 5

from Rick Murray

Shelby County, Ala.

***Ann Dagostin***

Center for Health Statistics

from Robyn B. Litchfield

Montgomery, Ala.

***Ann Dagostin***

***Ken Lentini***

***Rhonda Stephens***

***Albert Woolbright***

Center for Health Statistics

from Gene Hamrick, RN, EdD

Montgomery, Ala.

***John J. Hughes***

Geneva County Health Department

from Kenneth R. Ball

Geneva, Ala.

***Mable Jordan***

Center for Health Statistics

from S. Malone

Cleveland, Ohio

***Kathie Peters***

Center for Health Statistics

from Misty Eubanks

Titus, Ala.

***Karen Rasberry***

Center for Health Statistics

from Bridget and Demetric Powell

Address unlisted

***Henry Roddam***

Video Communications

from Sandi Falkenhagen

Birmingham, Ala.

***Betty Strickland***

Center for Health Statistics

from Helen B. Jones

Windsor, Conn.

***Video Communications Division***

Health Promotion and Chronic Disease

from Linda Potts

Atlanta, Ga.



# Outstanding contributors to rural health to be honored at awards luncheon Oct. 31

The second Alabama Rural Health Association recognition luncheon will be held at the Farmer's Market Cafe in Montgomery on Friday, Oct. 31 from noon until approximately 1 p.m. Two outstanding individuals who have greatly contributed to rural health in Alabama will be recognized at this event. Luncheon attendance is open to the public, and reservations are not required.

**Richard O. Rutland, Jr., M.D.**, of Fayette (Fayette County) will be presented with the Rural Health Provider Exceptional Achievement Award. This award is presented to a provider who works in an Alabama community which is considered to be rural and whose livelihood comes from delivering health care in an exceptional manner either through direct hands-on services or in the administration of services. Recipients are individuals who have made lasting contributions in delivering services to a community through tireless efforts which demonstrate an unselfish, compassionate, and cooperative attitude.

Dr. Rutland is completing his 51st year in the practice of medicine. He was instrumental in the development of the College of Community Health Sciences at the University of Alabama and in 1981 was recognized as the "Family Doctor of the Year" in the United States by *Good Housekeeping* magazine and the American Academy of Family Physicians. He has twice traveled to rural communities which did not have physicians and started clinics for those residents who were not able to travel great distances for health care.

When Dr. Rutland closed his office practice in 1997, he immediately took over the responsibilities as medical director for the Fayette Medical Center's 122-patient nursing home and is now also serving as physician for the only nursing home in Lamar County.

**Marjory C. Johnson** of Shorter (Macon County) will be presented with the Rural Volunteer Excellence in Service Award. This award is presented to an individual who works in an Alabama community which is considered to be rural and whose volunteer activities have achieved excellence in promoting the availability of rural health services especially to underserved populations. Recipients are individuals whose civic activities have strengthened rural health care delivery through community leadership, creativity, and a concern for underserved populations.

Ms. Johnson has served as a leader in the Women Involved in Farm Economics (WIFE) organization for years. She and other WIFE members participated in meetings that were part of the Alabama Rural Health Association's report to the Legislature in 1989 emphasizing that rural health care in Alabama was an unmet need. She and other WIFE members have worked extensively with Dr. John Wheat at the University of Alabama, the Rural Alabama Health Alliance, and others to create and support rural scholars programs to recruit and nurture rural students who want to become rural physicians or other health care practitioners.

With Ms. Johnson's guidance, WIFE has provided rural field trip experiences and community service experiences for participants in the rural scholars programs and has assisted in other rural health projects seeking to improve health care services in rural underserved areas.

For more information contact Dale Quinney, Office of Primary Care and Rural Health Development, (334) 206-5396, e-mail [dquinney@adph.state.al.us](mailto:dquinney@adph.state.al.us).

## Statewide staff meeting set for Oct. 30

Dr. Donald Williamson, state health officer, will hold a statewide staff meeting on Thursday, Oct. 30, from 3 to 4 p.m. central time. This is a general meeting to update employees concerning current public health issues, to provide an opportunity to answer questions raised at an Oct. 2 meeting and to answer additional questions from employees.

If you have questions, please fax or e-mail them to Jim McVay, Dr.P.A., at 334-206-5609 or 334-206-5534, e-mail at [jmconvay@adph.state.al.us](mailto:jmconvay@adph.state.al.us).

# National Fire Prevention Week focuses on life-saving lessons

National Fire Prevention Week was Oct. 5 through 11, 2003. This year's theme, as designated by the National Fire Protection Association, is "Get Out! Stay Out!"

"Fire can grow and spread so quickly that you can have as little as two minutes to escape safely," said Amanda Calhoun, project manager for the Alabama Smoke Alarm Initiative at the Alabama Department of Public Health. "Advance planning is essential."

This year's focus includes two simple but important life-saving lessons.

First, install smoke alarms and test them regularly. Nationally, 70 - 80 percent of people killed in home fires do not have working smoke alarms. Most smoke alarms are inexpensive and can be purchased at hardware stores.

The following tips will need to be followed when using a smoke alarm.

- \* At least one smoke alarm is needed per every level of a home, including the basement.
- \* Place smoke alarms outside each sleeping area as well as inside bedrooms if you sleep with the doors closed.

- \* Test your alarm once per month and replace the battery yearly.

- \* Replace an alarm unit that is over 10 years old.

Second, develop and practice home fire drills. Only 25 percent of American families have actually developed and practiced a home fire escape plan. Knowing and practicing your escape plan can reduce confusion, injury and death in a home fire. The following tips need to be followed when developing and practicing an escape plan.

- \* Know two ways out of every room.
- \* Designate a safe meeting place outside of your home.
- \* Include the evacuation of young children, the elderly and any disabled family members in your plan.
- \* Hold home fire drills at least two times per year.

Help recognize fire safety week by checking your smoke alarms and by creating and practicing a home fire escape plan. For more information on fire safety, please visit the Alabama Department of Public Health's Web site at [www.adph.org/injuryprevention](http://www.adph.org/injuryprevention).

# Training offers valuable child restraint information and skills

Three public health employees recently became certified child restraint system technicians after completing a five-day training program. As technicians they can now work in local communities to educate parents on how to properly install car seats and restrain children.

Although 87 percent of Alabamians use car seats, 4 out of 5 are not installed correctly.

According to Mike James, Alabama's first child passenger safety instructor, the program started in 1997 when eight children a day were dying because they were not buckled up properly. At that time no one in the country was trained about child restraint safety.

"The state of Alabama selected two people to go to a national training program and bring the training back to Alabama. Training started in the metro areas of the state including Birmingham, Huntsville and Montgomery, and then moved across the state to such high-risk communities such as Dothan, Anniston and Florence," said James.

The 2003 survey results showed that Alabama's child restraint usage rate was 87 percent. The high rate is attributed to education across the state about child



Amanda Calhoun adjusts a child safety seat.

passenger safety. Currently, 330 certified child passenger safety specialists and 14 instructors assist parents in the correct installation of car seats at check-up events and through 14 permanent fitting stations statewide.

Woody Johnston, senior instructor of Montgomery Area SAFEKIDS Coalition, explained that the five-day

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# Training.....continued from page 10

training involves both written and physical exams on installation and assembly of child restraint seats, as well as learning which seats have been recalled. The final requirement of the class is for students to participate in a child safety seat checkpoint, where they demonstrate their knowledge of child safety restraint information and help parents make sure their children are properly secured.

“CPS technicians have to be confident in themselves and bold enough to offer child restraint information to parents, some of whom do not want to hear that they are doing something wrong,” said Kiki Luna, an instructor from Del Rio, Texas.

“I never knew there was so much involved in car seat installation. This training class has been a great learning experience. I look forward to assisting parents on how to restrain their children safely in car seats,” said Melissa Khan, program manager in the Injury Prevention Division.

The training’s skills’ exams consist of identifying vehicle restraint systems; car seat misuse scenarios; selecting the correct child restraint seat for a child’s age and weight; and installing a seat properly.

“I would encourage any individual who works in child care, or in an occupation where they transport children to take the class. And of course all parents should take it,” said Maureen Emerson, training participant and member of the SAFE KIDS Coalition. “I feel that I’ve gained extensive knowledge through the training about different types of child restraint systems.”

Training is offered statewide to fire department personnel, law enforcement, hospitals and others. Funding from the NHTSA and the Alabama Department of Economic and Community Affairs supports these efforts.

Sgt. Robert Irsick with the Montgomery County Sheriff’s office feels that he and his fellow officers can also benefit from the training. “I got involved in the training because I thought it would be a great resource as a policeman to know what to look for and inform drivers if their children are improperly installed in their car seats.”

For more information on child restraint safety, please visit the Alabama Department of Public Health’s Web site at [www.adph.org/injuryprevention](http://www.adph.org/injuryprevention).

## **PROTECT CHILDREN AS THEY GROW**

- \* Rear-facing infant seats- birth to at least age 1 and at least 20 pounds.
- \* Forward-facing child safety seats- age 1 to about age 4 and 20 to 40 pounds.
- \* Booster seat- about ages 4 to 8 and under 4-feet-9-inches tall and 40 to 80 pounds.
- \* Lap and shoulder belts- at least age 8 or over 4-feet-9-inches tall.
- \* Check with an expert and always read a car owner’s manual for advice on installing safety seats properly.

*By TAKENYA STOKES*

# Retirement.....continued from page 5

on earnings. The limits are subject to change from year to year based on the Consumer Price Index. For calendar year 2003, the limitation is \$18,000. In the year of retirement, the limitation is \$1,500 per month.

- \* If the retiree exceeds the limitation on earnings, the retirement benefit will be suspended for the remainder of the calendar year. If the retiree is subject to a monthly earnings limitation, the benefit will be suspended for the remainder of the month.
- \* A retiree who is reemployed full-time for a minimum of two years is eligible to request reenrollment in the ERS or TRS. Upon approval, the member would pay the contributions plus interest of the two-year period of non-contributing service and begin contributing on future compensation.
- \* There are no limitations on earnings for a retiree

employed in private industry, private education or a non-participating RSA agency.

Not knowing exactly what your options and guidelines are can cause you problems and even have your benefit suspended. Do not let it happen to you. Keep yourself updated and educated on the rules governing Postretirement Employment and do not forget to call the ERS or TRS if you are ever in doubt.

*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.*



October is Breast Cancer Control Month, Child Health Month, Family Health Month, National Breast Cancer Awareness Month, National Campaign for Healthier Babies Month and National Dental Hygiene Month

# Calendar of Events



**October 15**

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



**October 21**

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



**October 24**

Steps to Success in Community-Based HIV/AIDS Prevention Programs: Implementation (Module 2 of 3), 1-3 p.m. For more information contact Video Communications Division, (334) 206-5618.



**October 29**

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



**October 30**

ADPH Statewide Staff Meeting, 3-4 p.m. For more information contact Jim McVay, Dr. P.A., (334)206-95600



**November 7**

Abnormal Pap Smears, Public Health Staff Development, 2-4 p.m., For more information contact Debbie Thomasson, (334) 206-5648.



**November 19**

American Public Health Association (APHA), For more information contact Video Communications Division, 334-206-5618.



**December 2**

The Mental Health Effects of Terrorism Events, South Central Center for Public Health Preparedness, 12 noon - 1:30 p.m. Monthly series concerning new and emerging public health preparedness topics For more information contact Video Communications Division, (334) 206-5618.



**December 10**

Reproductive Health Issues for Women Over 40, Public Health Staff Development, 2-4 p.m., For more information contact Debbie Thomasson, (334) 206-5648.

