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Calming anthrax anxiety: Public health moves to the forefront amid bioterrorism concerns

Anthrax was a disease of minimal public health concern in Alabama and the nation until the events of Sept. 11. Even though no human cases of anthrax have been identified in Alabama to date, the Alabama Department of Public Health has sprung into action, working in conjunction with local, state and federal agencies to ensure the public's health during this time of extreme concern.

In providing an e-mail update to health department employees, Dr. Donald Williamson expressed his gratitude, "Let me thank all of you for your continued diligence in performing the important mission of public health. The vital role you fill in the lives of our citizens has been no more evident than during these last couple of weeks."

Among the actions taken by the state health officer and employees in the agency concerning anthrax are the following:

- The Bureau of Clinical Laboratories has been working overtime since Oct. 8 to analyze specimens suspicious for anthrax submitted by the Federal Bureau of Investigation,
- Satellite videoconferences have been held,
- Three seminars have been conducted for state mail handlers,
- Satellite news conferences have been called for the news media statewide, and
- Agency spokespersons have appeared on broadcast news and interview programs and have responded as sources for newspaper articles,
- Numerous mass mailings have been sent to professionals,
- Field personnel have been sent frequently asked questions on the subject,

- News releases, a letter to the editor from the governor and the state health officer, and a public service announcement have been issued.

The state health officer credited the employees of the Bureau of Clinical Laboratories for "performing herculean tasks" to keep up with the volume of specimens being submitted for anthrax analysis. He also thanked department staff "for the competent and caring work you do." Some staff have been temporarily reassigned to field calls from the public and to enter data about the samples submitted. The Centers for Disease Control and Prevention and other states' health agencies have been consulted daily to provide the latest and best advice to health professionals and the public.

In a news conference and public service announcement, Dr. Williamson advised, "Testing for anthrax is not necessary unless a patient is sick and a physician determines tests are needed. There is no reason for anyone to hoard antibiotics, because ample supplies are available and are extremely effective if they're needed.

"If you receive a letter or you open a package with powder inside, seal it in a plastic bag, wash your hands, and contact your local law enforcement agency," Dr. Williamson cautioned the public.

The Bureau of Clinical Laboratories does not accept nasal swabs or environmental samples from the public. The department developed the protocol in which samples are tested only when local law enforcement authorities send a sample to the FBI, and the FBI sends the certified samples to the state laboratory. Environmentalists are not

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to collect suspect samples, nor are health department employees allowed to accept them on their premises.

“Suspicious samples are channeled in such a way that law enforcement authorities can help ascertain whether there is a credible threat posed,” Dr. Williamson emphasized. Law enforcement’s involvement also facilitates any criminal investigation.

As of Oct. 29, the Bureau of Clinical Laboratories in Montgomery had tested for 143 different anthrax events involving 186 environmental and 17 clinical specimens. All specimens had been completed except for one pending clinical sample. Results of laboratory testing are made available four days after submission.

“We have conducted more tests for anthrax in the past weeks than have been done in a decade,” Dr. Williamson commented. Powders tested have included grits and talcum powder. Items sent to the lab for testing included keys, a camera and an entire mailbox.

Dr. Williamson has appointed an anthrax working group which meets daily to provide briefings and make decisions about needed actions. Information has been communicated to physicians, hospital emergency room staffs, laboratory directors, infection control practitioners, first responders and county health department staff about the ever-changing anthrax situation by mail, e-mail, fax and several satellite conferences.

A plan is in place in which a stockpile of drugs can be



Philip Jones photograph

Microbiologist Joanna Roberson of the Bureau of Clinical Laboratories examines a specimen for possible anthrax content. The Federal Bureau of Investigation certifies all suspicious specimens before they are sent to the Montgomery facility.

received from the federal government in five Alabama cities (Birmingham, Dothan, Huntsville, Mobile and Montgomery) within 12 hours. Arrangements have been made with local airports to receive these shipments.

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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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- Marion Wilford Photographer

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

Grove Hill welcomes Nigerian physician through J-1 program

For the past three months the rural community of Grove Hill and the Grove Hill Memorial Hospital have enjoyed the services of a specialist physician employed through the J-1 visa waiver program.

Dr. Eniola Olatubosun Fagbongbe, called Dr. Enny by many of his colleagues and friends, relocated to Grove Hill July 7 after practicing as an obstetrician-gynecologist in Nigeria; serving a pediatric residency at Overlook Hospital in Summit, N.J.; and then an OB/GYN residency at Jersey City Medical Center, an affiliate of the Mount Sinai Hospital System.

Hospital Administrator Doug Sewell said, “We had a limited OB-GYN service before, but now we have a full range of services for women. Previously, it meant some patients had to make a 100-mile trip to Mobile or Birmingham to acquire high-risk obstetrical services. Because 90 percent of pregnant women in the county were Medicaid eligible, this often meant calling on different funding sources to find money to pay for the transportation of the high-risk patients. Not only did the long trips result in the patients being noncompliant in making their prenatal visits, it posed some health risks.”

Doctor is well received

Dr. Fagbongbe has been very well received by the community, and he averages treating 30 patients per day. He entered practice with Dr. Ralph Dewey Neal, Jr., Grove Hill Hospital’s medical director, whose office complex is attached to the facilities. Dr. Neal, a family practitioner, was very supportive of Dr. Fagbongbe joining his medical practice.

A physician recruiter found Dr. Fagbongbe and thought he might be interested in Grove Hill. Dr. Fagbongbe’s wife encouraged him to come. At the time they were eying a West Virginia practice.

“Dr. Neal saw the need for a minority physician to come into the area, and had the foresight to encourage Dr. Fagbongbe to relocate here,” said Sewell.

Dr. Fagbongbe brought his wife, who is an attorney, and three children on the initial interview. Southern hospitality shone as the community turned out in large numbers to greet them. The town’s mayor, the medical staff, hospital employees, the hospital auxiliary, the board of directors, business leaders and others all attended a reception in Dr. Fagbongbe’s honor and hosted by the auxiliary.

Dr. Fagbongbe said the all-out community effort to welcome the family influenced the them to make the decision to move to Grove Hill. In fact, his wife “insisted.”

Sewell communicated with the

department’s Office of Primary Care and Rural Health Development at this point to get some guidance. Like many communities in Alabama, Grove Hill has been designated a Health Professional Shortage Area which entitles it to have non-citizen physicians practice there.

Dr. Fagbongbe began going through the sometimes cumbersome process to get the necessary approvals. They received assistance through an immigration attorney in Huntsville. The Fagbongbe’s were concerned about time restraints, but they were able to meet all deadlines and the family made the move from New Jersey.

Broad practice

“It’s been overwhelming—almost like home,” said Dr. Fagbongbe. “The people, community and hospital have all been fantastic. I had no intention of working in rural Alabama, but I felt I could contribute and do some good work.”

Dr. Fagbongbe’s practice is broader than his basic schedule would indicate. For example, a patient recently asked him to see her husband who has hypertension. His practice is valuable to the people of the area because it gives the patient tremendous continuity from gynecological care, to pregnancy, through to the treatment of their children.

Sewell said Dr. Fagbongbe’s practice has a positive economic impact by keeping the services in the area.

Local citizens are pleased to have Dr. Fagbongbe on

Physician.....continued on page 4



Chuck Lail photograph
Posing are Dr. Eniola Fagbongbe, Dr. Ralph D. Neal and Doug Sewell.

Health Fair 2001 a success

Health department programs were well represented at Health Fair 2001 at St. Jude School in Montgomery Oct. 5. The focus was on assessment of children, dental care, the elderly, breast cancer awareness, HIV/AIDS, sexually transmitted disease and nutrition. Exhibits were staffed by many health care providers in the community including Montgomery County Health Department employees and representatives from the central office.



Physician.....continued from page 3

board in Grove Hill. Two hospital billboards entering town proudly advertise “We specialize in OB/GYN” and “We specialize in Women’s and Children’s Health.”

Family concerns were paramount to Dr. Fagbongbe in his relocation, and he acknowledges there are some cultural issues involved as his family joins the rural community. The Fagbongbe’s boys are ages 12, 7 and 11 months. They attend a private school in Grove Hill.

If his first three months is any indication, Dr. Fagbongbe plans to stay in Grove Hill for at least the five years of his contract. He has a three-year obligation to obtain a National Interest Waiver.

Dr. Fagbongbe said, “I feel appreciated. I’m a foreigner, and you made me feel welcome. I appreciate the U.S. for giving me the training and the ability to learn the skills of my trade.”

For more information about the J-1 visa program, you may contact Chuck Lail, Office of Primary Care and Rural Health Development, Alabama Department of Public Health, 1-800-255-1992, e-mail at clail@adph.state.al.us.

Anthrax.....continued from page 2

Fatal anthrax cases necessitated changes in reporting of the disease. The State Committee of Public Health approved an emergency rule and began a public comment period on a rule which requires notification of the suspected presence of *Bacillus anthracis* or other agent suspected to be related to an act of bioterrorism within 24 hours of diagnosis.

This rule applies to all hospital laboratories, independent clinical laboratories, laboratories in rehabilitation hospitals or ambulatory surgical centers, any other clinical laboratories licensed by the State Board of Health and all physicians or other practitioners operating in-office laboratories. They are to immediately notify the State Board of Health of the existence of and forward a sample of any of the following to the department’s Bureau of Clinical Laboratories:

Another emergency rule gives statutory authority to the department to notify the FBI of suspected or confirmed cases of anthrax or other cases suspected to be due to terrorism.

Anthrax information, including letters sent to professionals, can be viewed on the department’s website, <http://www.alapubhealth.org>.



Chuck Lail photo

Billboards promote the services now available at the Grove Hill Memorial Hospital.

Committee meets

The Alabama Onsite Sewage Management Committee is a broad partnership actively seeking to improve onsite sewage treatment and disposal in Alabama. Meeting at the Montgomery County Health Department recently, the Committee revised its statewide plan of priority actions aimed at reducing nonpoint source pollution from septic tanks.



Charitable pharmacy opens

Charles Thomas, R.Ph., the department's Pharmacy Director, addresses a large crowd which was on hand Oct. 4 for the dedication of the Sister Margaret Peoples Charitable Pharmacy in Montgomery. This pharmacy, operated by Catholic Social Services, provides medications at no charge to needy persons in counties from Dallas to Chambers and Lee. The Pharmacy Unit coordinates the acquisition of drugs for indigent patients.



WIC awards presented to exceptional county health department and clerical employee

The WIC Program has announced Houston County and Sonya Windham as the 2001 award winners of the James M. Richard Excellence Award and Diana Segars WIC Clerical Excellence Award.



Pictured are Jennifer Hicks, nutrition associate; Rena Doyle, R.N.; Karen Campbell, R.D., L.D., WIC coordinator; and Peggy Blakeney, county administrator.

This year WIC selected the Houston County clinic for the James M. Richard Award because of the staff's team spirit and their great efforts to promote WIC in their community through various

WIC clinic that has gone over and beyond the day's duties to fulfill the goals and ideals of the WIC Program. The USDA Southeast Region established the award in 1997 in memory of James M. Richard, who served as the WIC Director from 1981 to 1997.

Houston County's clinic has developed a good relationship with participants of the program, as well as vendors and local hospital staff. The clinic's staff, which consists of five employees for a caseload of 2,500, is always willing to volunteer whenever WIC tries something new because of their belief in maintaining the integrity of the program.

The health department has engaged in several activities this past year including going to hospitals to provide certification for newborns and mothers, and emphasizing the WIC Program during Public Health Week.

Houston County received a plaque to display in its health department and had its name engraved on a plaque, which hangs in the State WIC Office. This year's recipient of the Diana Segars WIC Clerical Excellence Award is Sonya Windham. The award is given out annually to a

methods.

The James M. Richard Award is awarded annually to a

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Motorized scooter use increases and injuries climb

The U.S. Consumer Product Safety Commission reported 2,250 emergency room-treated injuries associated with motorized scooters in the first seven months of this year. If injuries continue at this rate, the total estimate for 2001 is expected to show a marked increase over 2000.

The first full year in which CPSC collected data on these injuries was 1999. In 2000, there were an estimated 4,390 hospital emergency room treated injuries associated with motorized scooters. This represents more than a 200-percent increase over the 1999 estimate of 1,330 injuries.

CPSC is aware of at least three deaths associated with motorized scooters. Two of the deaths involved children, including a 6-year-old boy in California who died after falling off a motorized scooter and an 11-year-old boy in Pennsylvania who died when the motorized scooter he was riding crashed into a truck. Also, a 46-year-old man died in California after being struck by an automobile. All of the victims suffered head injuries; none was wearing a helmet.

CPSC recommends that riders wear the same safety gear as the agency recommends for non-powered scooters - a helmet, and knee and elbow pads. Sturdy shoes also are important.

CPSC Chairman Ann Brown said, "Common sense requires that riders of all ages understand the importance of protective gear and observing local safety rules. Have fun outside but don't end up in the emergency room."

In 2000, an estimated 39 percent of the injuries occurred to children under 15 years of age. Most injuries occurred to the arms, legs, faces, and heads. The most common injuries were fractures.

Motorized scooters are increasing in popularity. They are two-wheel scooters, similar to the unpowered scooters, but equipped with either a small two-cycle gasoline engine or an electric motor and a battery. Some manufacturers are retrofitting stocks of non-powered scooters with electric motors. In addition, kits are available to retrofit non-powered scooters. The gasoline-powered scooters usually cost

between \$400 and \$1,300. The electric scooters range from under \$200 to about \$1,000.

Protective gear, including helmet and knee and elbow pads, is available for less than \$35.

CPSC recommends the following safety guidelines

- * Wear a bicycle helmet that meets CPSC's standard, along with knee and elbow pads.
- * Wear sturdy shoes.
- * Owners of motorized scooters should check with local authorities for riding guidelines and restrictions.
- * Do not ride at night.
- * Children under 12 should not ride motorized scooters.

The U.S. Consumer Product Safety Commission protects the public from unreasonable risks of injury or death from 15,000 types of consumer products under the agency's jurisdiction. To report a dangerous product or a product-related injury, call CPSC's hotline at (800) 638-2772 or CPSC's teletypewriter at (800) 638-8270, or visit CPSC's web site at <http://www.cpsc.gov/talk.html>.

For information on CPSC's fax-on-demand service, call the above numbers or visit the web site at <http://www.cpsc.gov/cpsc/pub/pubs/103.html>. To order a press release through fax-on-demand, call (301) 504-0051 from the handset of your fax machine and enter the release number. Consumers can obtain this release and recall information at CPSC's web site at <http://www.cpsc.gov>.

Injury News

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Public health nurses care for New York disaster victims

The wealth and breadth of experiences gained through serving a combined century as public health nurses proved invaluable as four nurses from Public Health Area 2 assisted victims in a time of national crisis.

The American Red Cross called on the veteran nurses—Karen Butler, Sandra Cross, Pam Galbreath and Judy Smith—and they willingly volunteered to help survivors, victims’ families, rescue workers and many others in the aftermath of the World Trade Center disaster.

“I consider my selection for this assignment by the Red Cross as a personal honor,” said Ms. Smith, area public health nursing director. All public health nurses are responsible for working with victims of disasters in the state, and the team of four had elected to take additional advanced courses on disaster response to help prepare them to deal with major disasters. They were among 20 volunteers from Alabama sent to assist in the monumental effort.

On Sept. 14 they flew to Philadelphia and took Amtrak to New York City because the airports there were still closed. Upon their arrival their public health skills, honed over the years, were needed immediately. For example, they were experienced in drawing specimens, working with non-English speaking people, and in providing care to people of all ages, both sexes, and from all walks of life, including the homeless and the jobless.

Massive destruction seen

“We’ve all worked where the rubber meets the road,” Ms. Smith said, “but no one can realize how massive the devastation is. There was massive destruction of human lives, massive devastation, and a massive effort to put it all back together again.”

They spent two weeks caring for victims’ families and attending city and rescue workers at a warehouse-turned-family assistance center. The Red Cross fed 20,000 people daily at the site located just 10 blocks from ground zero.

A multitude of state, local, voluntary and faith-based agencies were working from the center. Fortunately, Ms. Smith said, “There was organization within the chaos,” as groups from the Salvation Army to the Buddhist Society all came together for one purpose. The Alabama nurses’ familiarity with the roles of the numerous public and private agencies was also very helpful.

On their 10-hour daily shifts they treated coughs, colds, allergies, stomach aches, indigestion, insomnia, and sprained wrists and ankles for rescue workers and family members. But helping those countless individuals with broken hearts was their most important calling.

Family members dropped by the center daily to check hospital and casualty lists. Relatives brought in hairbrushes, toothbrushes and combs in the hopes of finding victims through DNA testing. They wore signs bearing their loved ones’ images.

“The outcomes weren’t what people were hoping for,” Ms. Smith said. “We knew of only one person who actually found a loved one on the hospital list.”

There were interpreters available who spoke 55 different languages at the center, but Ms. Smith said, “If you could hug them it didn’t matter.”

There were thousands of different stories, such as a young wife who regretted that she didn’t wake up when her husband kissed her goodbye for the last time, or the distraught office worker from the 90th floor of one tower who was saved from the onslaught because he had gone downstairs to pick up coffee for his colleagues. And there was the firefighter who traded shifts with a co-worker and was off duty at the time of the attack. Many people came to check on buddies who had worked in the World Trade Center area. Many of those families returned later to file death certificates.

New Yorkers “wonderful”

Negative preconceptions about the storied rudeness and brusqueness of New Yorkers vanished. “The people in New York were absolutely wonderful,” Ms. Smith said. As they walked to ground zero from the center with others, people applauded and held up signs of thanks. When they wore their Red Cross aprons they were provided free passage in the subways, taxis donated time, and hotels gave deep discounts.

The nurses frequently offered their “love and Alabama hugs.” She said, “We cried with people and we let them know grief was okay.”

The nurses served as each others’ support system. Insomnia was not a problem for them because of their physical exhaustion during their two-week stay. To cope with the overwhelming situation, they avoided watching television and did other things to break up the focus.

World Trade Center survivors wracked with guilt for escaping harm also needed to be comforted. Ms. Smith said, “We told them, ‘God has a purpose for you, and don’t let Him down.’ Our Christian backgrounds helped us deal with the many different situations.”

The nurses also offered shoulders to the “forgotten victims” of New York—those who were left homeless and jobless after the World Trade Center collapsed near their

New York.....continued on page 8

businesses and homes.

Ms. Smith said her Southern accent provided a little levity for the people. “We were the entertainment. People would just ask me to talk.” The New Yorkers warmly expressed their gratitude that the nurses had come all the way from Alabama to help them. In fact, the Area 2 nurses were quite popular. “People would come into the center and ask especially for the Alabama nurses, and we let them know we were from public health.”

The center where they worked overflowed with fresh flowers, touching letters from school children placed on the tables, and boxes of necessities. One especially moving time was when they saw a wall of teddy bears from the people of Oklahoma City. “What a tremendous outpouring of love,” Ms. Smith said.

Among their unforgettable heroes were a 70-year-old policeman who refused to quit working, a volunteer who brought a plate of food to a person who couldn’t make it to the table, and a nurse who grabbed a baby from the arms of a tired mother.

“It was the little things that people did that meant so much,” Ms. Smith said. She credited everyone in the country who helped mainly by praying, donating blood, and sending money.

Co-workers proud

Co-workers in Decatur expressed their pride in their colleagues and welcomed them back with a banner hung outside the Morgan County Health Department. As time has permitted, the nurses have addressed several civic and church groups about their unique experiences.

Looking back on this life-changing experience, Ms. Smith reflected, “I think the realism of the terrorism obviously is more acute to us. Every one of us realizes no one is promised tomorrow. We must make the best of every day. All of us wanted to do something, and it was uplifting to us to be able to take part in something our grandchildren will be talking about years from now. We really felt honored to do something for our nation.”



Public health nurses Karen Butler, Judy Smith, Sandra Cross and Pam Galbreath brought comfort and Alabama hugs to many victims of the World Trade Center disaster.

I would like to add thanks from the Department for the willingness of our nurses to aid victims in a time of national tragedy. This commitment to helping others demonstrates the highest qualities of public health practice.

**Donald Williamson, M.D.
State Health Officer**

Activities promote dental health

Gerrie McMillian, dental health coordinator with the Monroe County Health Department, uses a hand puppet to teach local school students the



importance of good dental hygiene. Ms. McMillian has completed numerous education programs. These educational activities are made possible due to a grant to provide dental health education in the community. Activities include an art contest held in all county schools for kindergarten, third and sixth grade students. Ms. McMillian is grateful to local dentists and businesses for their generous donations to help children learn the importance of good dental care and improved oral health.

WIC.....continued from page 5

clerk who works primarily in the WIC program, and who has displayed exceptional performance and furthered the aims of the WIC program.

Windham, who is from Walker County, is described as the backbone of the WIC program in her health department. She has worked in the WIC program for 12 years exhibiting an impeccable work ethic and service with a smile.

The nomination for Windham came from her nutrition area coordinator and was wholeheartedly supported by those in her area and county, as well as the participants in the program.

One participant described Windham as a “kind and patient person, who really puts her heart into her work for those who need her help.” Windham’s co-workers agree with this sentiment describing her as having a sincere interest in the welfare and wellbeing of others.



Shown, left to right, are Wendy Blackmon, Director, Division of WIC, Bureau of Family Health Services; Sonya Windham, winner of Diana Segars WIC Clerical Excellence Award; Jane Monahan, program operations and nutrition services section supervisor, U.S.D.A. Supplemental Nutrition Program, Southeast Region.

Windham believes that WIC truly makes a difference with each participant that she serves. It is that belief that has caused her to be labeled an inspiration to everyone who knows her. The Diana Segars WIC Clerical Excellence Award was established in 1991 in memory of Diana Segars, one of the first WIC clerks. Segars was employed in Coffee County when WIC was just a pilot project in 1974. As the 2001 Diana Segars Award winner, Windham’s name will also be engraved on a plaque which recognizes all winners and hangs in the State WIC Office.

By Takenya Stokes

CAP Project will assist the medically underserved in Montgomery

The Montgomery County Health Department in partnership with seven other Montgomery health facilities and health-related organizations has been awarded a \$910,000 grant for the development of a Community Access Program that will assist with efforts to improve access to health care for the uninsured and underinsured. Montgomery is one of 60 cities nationwide to receive a CAP award. The project is funded by the Department of Health and Human Services, Health Resources and Services Administration.

“We are very pleased that this community has taken the initiative to establish a project that will improve coordination of health care services and address unmet health care needs,” said Dr. Donald Williamson, state health officer. “The use of technology will increase efficiency, while case management services will help ensure that identified needs are provided.”

The partners in the Montgomery Community Wellness Coalition which was formed to apply for the grant are the Baptist Health Care Foundation, Community Care Network, Health Services, Inc., Jackson Hospital, Joint Public Charity Hospital Board, Medical Outreach Ministries, Montgomery County Health Department and Montgomery Mental Health Authority.

Bobby Bryan, area administrator for Public Health Area 8, said, “Montgomery has a very large proportion of uninsured persons near poverty. This grant was awarded because Montgomery County leaders put together a successful coalition of partners working to meet the same goals. We have an ambitious set of goals to be accomplished in one year. But the essence of this project is the longterm benefits to the community created by the establishment of these partnerships.”

The four program goals, their strategies and results are as follows:

- Assist with the establishment of a call center for

information, education and outreach in conjunction with the United Way-supported Volunteer Information Centers’ information line. This call center will increase access to health care by addressing unmet information needs, and will enhance an integrated system of comprehensive and

primary care delivery.

- **Computerize patient information** on a Shared Patient Information Network (SPIN) System. Network computers would link partners in the primary care delivery system within the community in order to increase efficiency while sharing patient information among safety net providers. This would result in



A news conference kicked off the Community Access Program in Montgomery. Reporters are shown questioning Bobby Bryan, Dr. Williamson and Charles Colvin.

a more efficient patient data collection system.

- **Determine reasons for use of emergency rooms versus primary care facilities** for non-emergent care situations and develop strategies that would ultimately redirect patients from emergency rooms to primary care providers. A survey and an evaluation will be conducted to develop this strategy. As a result of growing understanding, the goal is to increase the number of patients being seen at primary care clinics.

- **Provide case management services to the target population** to ensure that identified needs are provided by coordinating services between project partners. Montgomery County Health Department-based case management staff will be recruited, trained and assigned to follow up and track patient population needs such as medical appointments and referrals. This will result in a better informed community through the use of education and outreach.

For more information about the CAP Project, please contact Bobby Bryan, Administrator, Public Health Area 8, 334-293-6451.

Arthritis coalition members network, receive updates at third statewide meeting

Progress has been made and many innovative activities are underway to further arthritis prevention and treatment in Alabama, as workgroup representatives reported at the third annual Arthritis Prevention and Treatment Coalition meeting Sept. 20 in Montgomery.

“This meeting has again provided an avenue for networking with our statewide partners,” said Linda Austin, director of the Arthritis Prevention Branch. She summarized, “We are pleased that some coalition members have decided to increase their involvement, participate in arthritis classes, become arthritis instructors, and seek avenues of providing indigent patients with anti-arthritis medications at reduced costs.”

Richard Jones, Ph.D., M.D., of the University of Alabama School of Medicine, provides a rheumatology clinic and staff in rural western Alabama where there is a shortage of rheumatologists. Two patients came before the meeting and expressed their appreciation for these services.

The coalition also heard a report from the Alabama Chapter of the Arthritis Foundation which has received two grants: one to fund a preventive education for arthritis education in the workplace program and another to develop an effective workplace communication campaign.

Community health advisors

A community intervention project has been established in Wilcox County utilizing 10 community health advisors. These advisors have a relationship with the local community.

The Professional Education Workgroup has concentrated on constructing an adult learning base program that engages providers in a problem-solving endeavor to learn appropriate diagnostic and treatment approaches for arthritis. This case-based training module is applicable for physicians, pharmacists and nurses to utilize with multidisciplinary learning groups and multiple audiences.

A survey to examine the role of race/ethnicity and urban/rural in the receipt of arthritis-specific care among older Alabamians with self-reported arthritis is expected to

be completed by December. Other studies include the surveillance of children with arthritis and a study of mobility in the elderly.

In addition to articles, press releases and a public service announcement, a video has been produced for distribution to nutrition and senior centers throughout

Alabama. This video continued an evaluation which found a very favorable opinion of the senior arthritis video.

Numerous educational programs were presented at civic clubs and other organizations. Patient/family education activities included a 2001 Fibromyalgia Symposium, a Lupus Day Conference, PACE (People With Arthritis Can Exercise) and aquatics instructors were trained, a Family Day was held, and relationships with churches and other faith-based organizations are being

pursued to coordinator arthritis foundation programs.

For more information contact Linda Austin, Director, Arthritis Prevention Branch, P. O. Box 303017, Montgomery, Ala. 36130-3017, (334) 206-5603, e-mail, laustin@adph.state.al.us.



Attending the meeting were Bernice Phillips, Ellen Byrd, Dr. Richard Jones, Lindolyn Tucker, Linda Austin and Demetra Peoples.

November is American Diabetes Month, National Marrow Awareness Month, Diabetic Eye Disease Month, National Alzheimer's Awareness Month, National Epilepsy Month, and National Hospice Month.

Calendar of Events



November 6

Genetics for the Public's Health, 12 noon-3 p.m. For more information contact Jeanine Parker, (334) 260-3400.



November 7

Topic to be Announced, Home Health Aide/Home Attendant Continuing Education, 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.



November 14

Successful Pain Management, Public Health Staff Development, 2-4 p.m. For more information contact Fay Smith, (334) 206-5655.

November 15

Great American Smokeout

December 1

World AIDS Day



December 6

Alabama Department of Public Health Staff Meeting, 3-4 p.m. For more information contact Jim McVay, Dr.P.A., Health Promotion and Chronic Disease, (334) 206-5600.



December 12

Cardiovascular Disease Risk Factors in Children and Adolescents: Physical Inactivity, Public Health Staff Development, 2-4 p.m. For more information contact Fay Smith, (334) 206-5655.



January 9

Infection Control, Public Health Staff Development, 2-4 p.m. For more information contact Fay Smith, (334) 206-5655.



February 13

Epilepsy and Seniors, 2-4 p.m. Public Health Staff Development. For more information contact Fay Smith, (334) 206-5655.



March 13

Intergenerational Diabetes, 2-4 p.m., Public Health Staff Development. For more information contact Fay Smith, (334) 206-5655.



April 10

Lung Cancer, 2-4 p.m., Public Health Staff Development. For more information contact Fay Smith, (334) 206-5655.



May 8

Current Reproductive Health Issues for Nurses, 2-4 p.m., Public Health Staff Development. For more information contact Fay Smith, (334) 206-5655.



June 12

Pharmacology Update for Women's Health Care, 2-4 p.m., Public Health Staff Development. For more information contact Fay Smith, (334) 206-5655.