

Dr. Grace Thomas Remains Highly Engaged As She Accepts Additional Responsibilities

As newly appointed Assistant State Health Officer for Family Health Services, Dr. Grace Thomas is highly qualified both in depth of knowledge and wealth of experience as an obstetrician/gynecologist. In her nearly seven years with the department, colleagues at every level have grown to know and respect her as a leader.

Deputy Director for Medical Affairs, Dr. Tom Miller, praised her skills, attitude and work ethic. "Dr. Thomas has wholeheartedly embraced public health's unique mission," he said. "She has worked tirelessly to ensure quality in the agency's clinical services to women. With her new duties, she has demonstrated an eagerness to learn about other programs both within and outside Family Health. She is a valuable colleague with a bright future in public health."

Chris Haag, deputy director of the Bureau of Family Health Services, joined in agreement. He said, "Dr. Thomas has a great rapport with our staff here and is well respected by employees at the county and area levels. She is doing a fantastic job."

Soon after beginning her employment with the department in May 2005, Dr. Thomas' first position was as medical director of women's health and her primary responsibility was to establish a model clinic for public health nurse practitioners statewide and to serve as their collaborating physician.

At the model clinic located at the Montgomery County Health Department, she trains recently hired nurse practitioners and assesses the skills of seasoned nurse practitioners in 12- to 18-month rotations. All nurse practitioners receive assessments of their competency and clinical skills at least once each year. This is intended to standardize the care patients receive across the state for better patient care.

In visiting the clinic, it is apparent that warmth, cordiality, confidentiality and assurance that the patient is comfortable



As Assistant State Health Officer for Family Health Services, Dr. Thomas works to ensure the best care for public health patients.

communicating with the staff are valued and are essential in ensuring that patients receive optimal care.

On a typical January day at the clinic, Dr. Thomas recalled seeing two patients for whom more than just family planning assistance was provided. A woman speaks with a nurse practitioner and describes her symptoms. She was especially distraught because she had recently lost her mother to ovarian cancer. Concern and open discussion clears the air so that in further conversation, the patient reveals that she is a victim of domestic violence and a referral was arranged. Similarly, a middle-aged woman who had received her most recent Pap smear three years earlier, was informed she had cervical cancer and had failed to receive appropriate follow-up. Before the patient left the clinic, staff arranged for treatment and hospitalization.

"It can be overwhelmingly emotional," Dr. Thomas said. "If the patient and the nurse practitioner had not gotten past a cursory discussion on a superficial level, we could

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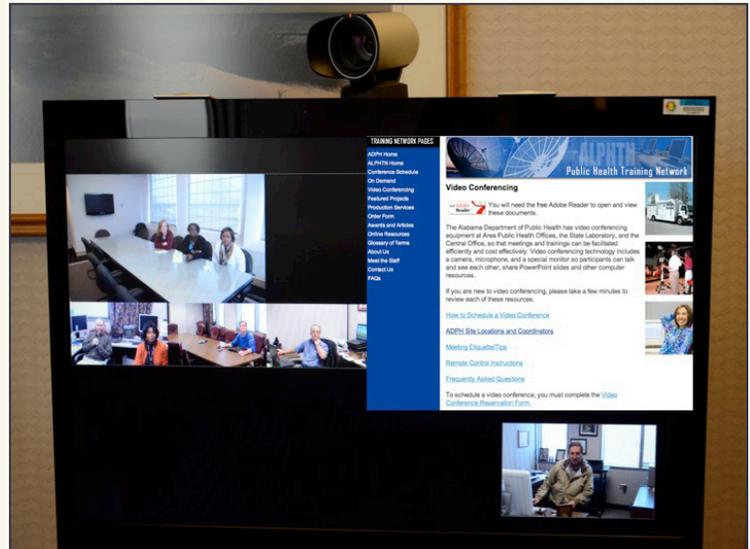
Video Conferencing Capability Available

All public health area offices, the Bureau of Clinical Laboratories and several RSA Tower conference rooms will soon have new capability for meetings - multipoint video conferencing. Video conferencing technology includes a camera, microphone, and a special monitor so participants can talk and see each other, share PowerPoint slides and other computer resources.

The Video Communications and Distance Learning staff has worked with the department's Information Technology staff to plan for and deploy the network. By the end of February, about 12 of the 18 units will be operational at public health area offices, the state lab and the central office.

"This conferencing system is a valuable meeting and learning tool and is a huge benefit for the department because meetings can be facilitated efficiently and cost effectively," said Sandra Blakely, video conference coordinator for the division. Beginning in March, staff will be able to schedule video conference meetings. For more information, go to

the Video Conferencing link on the division's website, www.adph.org/alphntn.



Multipoint video conferencing allows meetings to be facilitated efficiently and cost effectively.

Resurgence of Bedbugs: Nuisance Insects Bug Alabamians

The Alabama Department of Public Health has begun to receive complaints about bedbugs in public lodging facilities. Bedbugs are a nuisance insect and are not known to transmit disease. However, bedbug bites can result in itchy skin. Most of the bites are painless at first, but then turn into itchy welts. The bites may be assumed to be from other insects such as mosquitoes. To confirm bedbug bites, you will have to find and identify the bugs themselves.

Experts suspect the resurgence is associated with more international and domestic travel, lack of knowledge necessary to prevent infestations, increased resistance of bed bugs to pesticides, and ineffective pest control practices.

Preventing bedbug infestations when traveling:

- In hotel rooms, use luggage racks to hold your luggage when packing or unpacking rather than setting your luggage on the bed or floor.
- Check the mattress and headboard before sleeping.

- Upon returning home, unpack directly into a washing machine and inspect your luggage carefully.

If you should have bedbugs in your home:

Bedbugs are hitchhikers, using furniture, bedding, boxes, luggage, and clothing to move from site to site. Their presence does not imply insanitary conditions in the home. The best source of treatment is to call a licensed pest control company.

ADPH actions:

When complaints are received concerning permitted lodging facilities, ADPH public health environmentalists will investigate the facilities. If bedbugs are found, the lodging area will be closed until properly treated and the bedbugs are eliminated.

More information on bedbugs is available online from the U.S. Environmental Protection Agency (EPA) at <http://www.epa.gov/bedbugs/>.

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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 Jim McVay, Dr. P. A..... Director, Bureau of Health Promotion and Chronic Disease
 Arrol Sheehan, M.A..... Editor
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 Noelle Ahmann Graphic Designer

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not have pointed her in the right direction for her best overall care.”

While she cannot devote herself fully to her new position as assistant state health officer until a new medical director can be employed, her tenure in the Bureau of Family Health Services has prepared her well for the management and human resource issues she will undertake.

“Public health has been an eye opener for me,” she said. “People think of immunizations with public health, but then there are the concerns about bacterial levels of oyster beds, monitoring septic tanks, and the vast role that public health plays in our lives. This has been a very positive experience--having a great mentor in (Dr.) Tom Miller and being surrounded by a solid core of hardworking folks who are very dedicated to public health.”

Dr. Thomas is optimistic about the future of public health and its ever-evolving role. She said, “We must keep abreast of what’s new and what’s on the horizon in family health.”

“Fortunately, all of the divisions of the bureau are well run,” she said. “The directors have helped me as I have gone along. Our nurse practitioners do a great job of family planning and cancer detection across the state for the neediest women, and we could not do the job we do without our social workers and administrative staff.”

Before coming to the department, Dr. Thomas practiced privately in New York and practiced at St. Luke’s-Roosevelt

Hospital in New York City where she also directed a colposcopy clinic and provided prenatal care at substance abuse and HIV clinics. A graduate of New York Medical College, she is a Fellow of the American Congress of Obstetricians and Gynecologists and a member of the American Society for Colposcopy and Cervical Pathology.

When she’s not on the job or traveling for Family Health, she wears yet another hat as mother. She and her surgeon husband, Dr. John Tinglin, are the parents of two teenage daughters: one is a ninth grader and the other is a college-bound senior.



Shown (left to right) at the Model Clinic at Montgomery County Health Department are Ramona Hawkins, C.R.N.P.; Cravens Gibbs, C.R.N.P., of Public Health Area 2; Grace Thomas, M.D., and Latoya Davis, C.R.N.P., of Public Health Area 3.

Etowah County Case Managers Deliver Gifts to E/D Waiver Clients

The Elderly/Disabled Waiver Social Work staff in Etowah County went above and beyond for waiver clients in need of some cheer. The case managers delivered Christmas gifts (pictured at right) to 60 of their waiver clients during this holiday season. This was made possible through donations from Crosspoint Community Church in Gadsden. The case managers reviewed closely the clients who appeared in most need of assistance, and asked them to create a wish list for the church Angel Tree. This effort was initiated by Valerie Harp, E/D Waiver case manager in Etowah County. Valerie attends Crosspoint Church. The church took the client’s wish list and bought everything requested. The case managers delivered the gifts the week of Christmas to all 60 clients. The clients were extremely grateful for the gifts and the case managers enjoyed playing Santa. Some of the items requested were a book of stamps to help pay bills, a tube of denture paste, underwear, and gowns. The social workers are pictured (left to right):

Suzanne Hammock, Kimberly Richard, Christi Norton, Angela Ashley, Stephanie Williams and Valerie Harp.



First AL-SIP Focuses on Assessing Alabama's Laboratory System

A broad group of stakeholders from throughout the state convened to participate in the first Alabama Public Health Laboratory System Performance Assessment (AL-SIP) Jan. 31 in Montgomery. This day-long assessment was intended to identify how well the state system functions in addressing laboratory issues. Approximately 90 persons participated in the day-long assessment.

Sharon Massingale, Ph.D., Bureau of Clinical Laboratories director, stated in introducing this assessment, "It's an ongoing challenge to build a better lab, and it is important to recognize that Alabama's public health laboratory system includes all of the organizations and partners that contribute to the state's ability to meet state laboratory needs for assuring health and well-being. This system assessment will give us information on where we are successful, highlight areas of progress and identify places where improvements need to be made."

The assessment was conducted using the State Public Health Laboratory System Performance Measurement Tool developed by the Association of Public Health Laboratories and based on an instrument developed by the Centers for Disease Control and Prevention's National Public Health Performance Standards Program.

Materials were provided to participants in advance of the AL-SIP. In addition to many Alabama Department of Public Health participants from a range of disciplines and areas, organizations represented included the CDC, several Alabama universities, several hospitals, military representatives, many state agencies, many federal agencies and other stakeholders including the laboratory's specimen courier service.

Through group meetings and a facilitation process, a consensus was reached and collated into a statewide response. Serving as facilitators were Jamey Durham, director of the Bureau of Professional and Support Services; and retired department employees Frances Kennamer and Shelia Puckett, formerly of the Bureau of Professional and Support Services. Assisting them in capturing the themes expressed as main ideas and "parking lot" issues were laboratorians Traci Dailey, Tracy Graham, Stacey Hall, Inga Jackson, Russell Majors, Drew Sheehan, and Nick Switzer.

Providing special assistance for the AL-SIP were bureau employees Assistant Laboratory Director Dr. Michael Davis, Jane Duke, Courtney Jones, Braden Pace, Charlene Thomas, Aretha Williams, Craig Wilson and Marian Woodman.

A formal summary will be prepared to identify strengths and areas for improvement; however, key indicators expressed at the 2012 AL-SIP found the Alabama laboratory system is accessible, collaborates well with partners and has an exceptional staff.

"We are all interdependent in making the public health system work, and it will be an ongoing process to develop a plan for improvement and evaluate and reassess the plan," Dr. Massingale said.



The theme takers are (left to right) Russell Majors, Tracy Graham, Stacey Hall, Nicholas Switzer, Drew Sheehan, Traci Dailey and Inga Jackson.



Stakeholders and partners from throughout Alabama participated.

ACCCC Presents The Path to Cancer Control in Alabama: A Comprehensive Plan 2011-2015

The Alabama Comprehensive Cancer Control Coalition recently presented its 2011-2015 cancer control plan at the Bioethics Conference on Cancer Health Disparities Research held at the Tuskegee University Kellogg Hotel and Conference Center in Tuskegee. With the goal of reducing the rates of cancer in Alabama, the five-year plan includes fundamental lifestyle changes such as elimination of tobacco use, increased emphasis on physical activity and proper nutrition, participation in cancer screenings and vaccination, and appropriate and timely treatment.

This, the third five-year plan to be released by the Coalition, includes new emphasis on a wide range of cancer-related topics such as new data regarding the average age at diagnosis of cancer in Alabama, the danger of tanning beds as carcinogens, patient navigation, the need for guidelines for follow-up care for cancer patients, the importance of the HPV vaccine to prevent cervical cancer, and the implementation of genomics.

The plan uses new data from the Behavioral Risk Factor Surveillance System 2009 survey that shows approximately 13 percent of Alabamians have been diagnosed with at least one form of cancer. Two-thirds of those diagnosed with cancer in Alabama were 60 years of age or younger and only 12.5 percent of the survivors were diagnosed after age 70. "These data are striking as so many of us think of cancer as being an old person's affliction," said Kathryn Chapman, Cancer Prevention Program director. These data support the importance of timely screenings. For example, the recommended screening age for breast and colorectal cancer is 50 for average risk individuals while the recommended screening age for cervical cancer, however, begins at 21.



Staff members (left to right) Scott Thomas, Tamekie Washington, Erica Anderson, Blu Gilliland and Kathryn Chapman discuss the new cancer control plan.

The plan also emphasizes the growing need for state regulations of tanning beds and calls for limiting teenagers' access as well as the warning of consumers that tanning beds are a class 1 carcinogen, like cigarettes and formaldehyde. The risk of melanoma, the deadliest form of skin cancer, is increased by 75 percent in people who use tanning beds regularly.

Another new topic of interest in the new plan is patient navigation. There is a growing need in Alabama to ensure that cancer patients have access to quality treatment through appropriate protocol and referral systems. Also, due to the growing number of people surviving cancer, the plan calls for guidelines for directing the care of survivors, particularly survivors of childhood cancers.

The Human Papillomavirus (HPV) vaccine is also one of the new plan's points of interest. Since the introduction of the vaccine in June of 2006, Alabama's vaccination rates have lagged behind the national rate. In this new plan, the Coalition

stresses the present need for effective collaboration to understand barriers and to educate physicians and families about the relationship between the virus and cervical cancer. The vaccine is recommended for women between the ages of 11 and 26.

Genomics is an emerging field that plays a vital role in cancer research and treatment. By identifying gene mutations that may be passed from generation to generation, doctors can let family members know who should be screened for cancer more frequently or at a younger age. Currently there is insufficient evidence to recommend genetic risk counseling; with newer testing methods and lower costs, genomics will be continually expanding. Additional education for physicians about pharmacogenomics may foster broader adoption of genetic testing. This further knowledge will help physicians to target specific gene mutations and treat them appropriately.

The Coalition also continues to be committed to furthering the goals

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Cases of Hand, Foot and Mouth Disease Become More Numerous and Severe

Cases of the contagious viral illness called hand, foot and mouth disease are more numerous and severe than normal in Alabama this winter. No known deaths have resulted from the virus, although there have been hospitalizations and there can be some rare, severe complications.

The department has interviewed patients and collected and submitted specimens to the Centers for Disease Control and Prevention for individuals with febrile illnesses and rash. Based on the results of testing done by the CDC, the Coxsackie A6 virus has been identified. This specific type of virus has been identified in other countries but has not previously been associated with an outbreak in the U.S. There is no specific treatment for hand, foot and mouth disease.

“As this is a new virus for our population, we can expect more cases and are monitoring for any change in the clinical presentation,” Dr. Donald Williamson, state health officer, said. “We will continue statewide surveillance on severe cases of this emerging disease and ask physicians and infection control specialists to make notifications to us.”

The public should not be unduly alarmed at this time; however, individuals diagnosed with hand, foot and mouth disease need to follow the recommendations of their health care provider to remain at home until they have no fever, all lesions have scabbed over, and no lesions have appeared for two days. The viral disease affects the hands, feet and mouth and usually infects infants and children younger than 5 years old in summer and early autumn. There is no vaccine to protect against it, but learning about the disease and following these recommendations can reduce the risk of illness.

Hand, foot and mouth disease spreads:

- Person-to-person: Direct contact with saliva, sputum or nasal mucus from the infected person’s nose and throat or with fluid in blisters, or with stool.
- Surface-to-person: Touching objects and surfaces touched by infected persons.
- Infected persons are most contagious during the first week of the illness, but can still pass the virus for weeks after symptoms have gone away.

These are the symptoms:

- Fever, rash, sores, poor appetite, a vague feeling of illness and sore throat.
- Painful sores in the mouth may blister and become ulcers.
- Skin rash, flat or raised red spots, develops over 1 to 2 days.
- Rash usually on the palms of the hands and soles of the feet and may appear on the knees, elbows, bottom or genital area.
- Dehydration may occur because of painful mouth sores.

Recommendations to protect yourself and prevent its spread:

- Wash hands with soap and water carefully and frequently, especially after going to the bathroom, after changing diapers, and before preparing foods or beverages.
- Disinfect surfaces and items, including toys. First wash the items with soap and water; then disinfect them with a solution of 1 tablespoon of bleach and 4 cups of water.
- Avoid close contact such as kissing, hugging or sharing eating utensils or cups with infected people.

Commendations

If you would like to praise employees for their accomplishments, send letters of commendation to the State Health Officer or the employee’s supervisor and a copy by e-mail to arrol.sheehan@adph.state.al.us for inclusion in this list. Four items are needed: the employee’s name, work unit, name of the person making the commendation, and his or her city and state.

Glenda Adams
Center for Health Statistics
from Cheryl Lane
Atlanta, Ga.

Linda Bolding
Center for Health Statistics
from Adell Mingo
Mobile, Ala.

Virginia Jackson, R.N.
Dallas County Health Department
from Eddie O. Ward
Selma, Ala.

Pam Milam
Hale County Health Department
from Connie K. Avery, R.N.
Greensboro, Ala.

Al Stone
Center for Health Statistics
from Jenna Green
Brooklyn, N.Y.

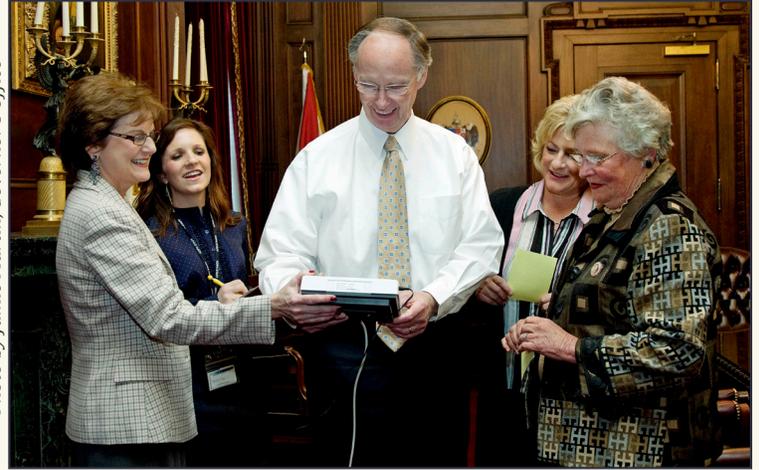
**Video Communications
and Distance Learning Division**
Health Promotion and Chronic Disease
from Division of Preventive Medicine
University of Alabama at Birmingham

Scale Back Alabama Begins Sixth Year

Scale Back Alabama, the weight-loss contest designed to help Alabamians fight obesity and to encourage participants to engage in healthy lifestyle behaviors, began its sixth annual competition Jan. 19. The department and the Alabama Hospital Association are sponsors, along with support from Blue Cross and Blue Shield of Alabama.

Gov. Robert Bentley views his weight on a set of electronic scales as **Miriam Gaines** and **Whitney Pinkston** (left to right) of the Nutrition and Physical Activity Division join his fellow team members **Revenue Commissioner Julie Magee** and **Lt. Gov. Kay Ivey** in looking on. The governor plans to incorporate smarter eating decisions into his daily life. **State Health Officer Dr. Don Williamson** also is a member of his team.

Photo by Jamie Martin, Governor's Office



Teresa Fair, Laurie Eldridge-Auffant and volunteer Julie Burbe (left to right) of the Nutrition and Physical Activity Division assisted with **Scale Back Alabama** participant registration and weigh-ins during the week of Jan. 21-27.



Ready to kick off their participation in the sixth year of Scale Back Alabama are (left to right) **Florine Croxton, Sandra Blakely, Bronett Terrell, Casandra Henderson and Dr. Debra Hodges**. They are members of the "Dream'n Girls" and "Pound Crushers" teams.

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and objectives set in the previous versions of the plan as well as monitoring the progress of these goals.

The ACCCC would like to recognize the following people for their efforts in writing, editing, formatting and producing the 2010-2015 cancer control plan: Cancer Prevention Program staff Erica Anderson, Kathryn Chapman, Blu Gilliland, Emily Stewart, Scott Thomas and Tamekie Washington and Coalition members and University of Alabama at Birmingham professors and staff Renee Desmond, Allison Litton, Ph.D., John Waterbor, M.D., M.S., Dr.P.H., and Laura Gallitz. The Coalition would also like to thank Reid/O'Donahue Advertising, Inc., who provided the layout and formatting for the plan.

By Bret Stanfield



Taking a second to smile for the camera while at the January ACCCC meeting are (left to right) **Heidi Hataway, Chronic Disease Administration Director; Jessica Hardy, Director of the Office of Women's Health and Acting Director of the Office of Minority Health; Amber Anderson, Program Administrator, Reach US, UAB; and Ronada Anderson, Adult Viral Hepatitis Prevention Coordinator.**

Retirees

November

Delois Baxter

Finance

Shirley Henley

Facilities Management

Joyce Johnson

Public Health Area V

Major Johnson

Greene County Health Department

Deborah Kilgo

Public Health Area IX

Sarah McCurry

Russell County Health Department

Hal Moore

HIV/AIDS Division

Lillian Parton

Talladega County Health

Department

Cheryl Urquhart

Finance

December

Glen Cochran

Cherokee County Health

Department

Linda Cureton

Public Health Area IV

Marjorie Daniel

Randolph County Health

Department

Antonia Evans

Lauderdale County Health

Department

Kathy Green

Randolph County Health

Department

Gloria Henderson

Logistics

Jeanette Johnson

Public Health Area VII

Nydia Kornschutz

Facilities Management

Valerie Lamb

Clinical Laboratory

Jane Lee

Public Health Area IV

Deborah Long

Fayette County Health Department

Ethel Lowery

Chilton County Health Department

Pamela Newman

Dale County Health Department

Melanie Prins

Russell County Health Department

Joyce Roberts

Public Health Area V

Sonja Rogers

Lauderdale County Health

Department

Amelia Scarbrough

Baldwin County Health

Department

Donna Shelton

Limestone County Health

Department

Bethany Smith

Marshall County Health

Department

Patricia Steadham

Wilcox County Health Department

Judy Till

Immunization

Lynne Taylor

Public Health Area IV

Betty Thomas

Health Statistics

Sharon Tullos

HIV/AIDS

Ruth Turner

Children's Health Insurance

Program

Joyce Weddington

Public Health Area I

January

Yolanda Gantt

Escambia County Health

Department

Evalee Hallmark

Public Health Area I

Helen Holcomb

Talladega County Health

Department

William Lovett

Information Technology

June Middlebrooks

Coosa County Health Department

Margaret Parnell

Washington County Health

Department

Roy Riley

Health Care Facilities

Peggy Roberts

Mobile Lab

Martha Smith

Talladega County Health

Department

Sharon Thompson

Epidemiology



Photo by Earl Langley

Deputy Director for Program Operations Michele Jones bids farewell to Charles Graves, Ed.D., at a reception Dec. 14 in Montgomery. He retired from the Office of Primary Care and Rural Health where he managed National Health Service Corps placements.



Debbie Patterson retired Dec. 1 from a public health career that spanned more than three decades and included service with three bureaus, concluding with the Bureau of Information Technology.

First Alabama Hospital Recognized As Baby-Friendly for Providing Optimal Breastfeeding Care

The Alabama Department of Public Health recognizes Regional Medical Center in Anniston as the first hospital in the state to receive recognition from Baby-Friendly USA for providing optimal breastfeeding care. Dr. Lewis Doggett, a pediatrician at RMC, said improving breastfeeding rates is important because the practice can improve the health of children. Dr. Doggett said, “The *Ten Steps* are not arbitrary, but are evidence-based. They have been proven to improve breastfeeding rates when instituted.”

“Breastfed babies are much healthier than formula fed babies,” Dr. Doggett said. “This will not only have a dramatic impact on their individual health with fewer ear infections, respiratory infections, diarrhea, asthma, obesity, and many more, but also will impact the health care system as a whole with fewer office visits, fewer hospitalizations, and fewer missed days of work by parents. The cost savings to the health care system will be significant. The growing body

of scientific evidence for the benefits of breastfeeding is quite remarkable.”

Baby-Friendly USA is the U.S. authority for the implementation of the Baby-Friendly Hospital Initiative, a global program sponsored by the World Health Organization and the United Nations Children’s Fund. The initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for breastfeeding mothers and their babies.

The hospital had worked nearly seven years to achieve this recognition. According to Baby-Friendly USA’s website, there are more than 20,000 designated baby-friendly hospitals and birth centers worldwide and just 125 in the United States. RMC received this designation only after implementing 10 steps laid out by Baby-Friendly USA to support successful breastfeeding.

The *Ten Steps* include training all health care staff on a breastfeeding policy, helping mothers breastfeed

within one hour of birth, and allowing mothers and infants to remain in the same room together 24 hours a day.

“This designation is rewarding because it has taken the time and dedication of the staff,” said Shelley Birchfield, nurse manager. “We are willing to work with other hospitals to develop policies to become Baby-Friendly.”

One of the action steps recommended in The Surgeon General’s Call to Action to Support Breastfeeding is to ensure that maternity care practices are fully supportive of breastfeeding. For more information about Baby-Friendly visit <http://www.babyfriendlyusa.org/>

The Alabama Department of Public Health encourages all delivery hospitals in the state to achieve the Baby-Friendly designation. For questions about breastfeeding contact Michell Grainger, MSN, RNC, IBCLC, State Lactation Coordinator, WIC, (334) 206-2921.



Office of Women’s Health Director Jessica Hardy presents the first Heart of Gold Award to Dr. Margaret Findlay, Samford University School of Nursing professor and vice chair of the Office of Women’s Health Committee, in recognition of her contributions to the office. The presentation was made Dec. 9 at the Office of Women’s Health quarterly meeting and recognition brunch in Montgomery.



The Bureau of Family Health Services collected and donated more than 300 items to the Reality and Truth Ministries which assists the homeless in the downtown Montgomery area. Boxes were filled with gifts of gloves, socks, hats, scarves and reading glasses. Shown delivering the Christmas holiday gifts are Annie Vosel (left) and Kitty Norris (right) from the bureau, along with Gail Pelt (center) of the ministry.

Strategic Alliance for Health Celebrates Positive Policy Changes

“Great things are happening in Selma to impact chronic disease by reducing risk factors, and we remain committed to leading the charge!” That’s what supporters of the Strategic Alliance for Health (SAH) believe after noting positive changes with regard to tobacco use in the Selma-Dallas County area.

The Dallas County Health Department served as a role model to the community with its recent policy change to make its campus tobacco free Sept. 1. These additional changes have been announced:

- Selma Medical Associates (a group of four local physicians in practice together) became tobacco free Jan. 1, 2012. The newly adopted written policy is a part of the practice’s personnel manual.

Prior to that date, the medical practice prohibited smoking within indoor areas only.

SAH delivered window clings to the medical practice last year for display in waiting areas, windows and doors, prohibiting smoking indoors. A comprehensive tobacco-free policy to include both indoor and outdoor areas at this medical practice is now in effect.

- Vaughan Regional Medical Center announced its plans to become a tobacco-free campus on Nov. 10, 2012. The announcement was made in The Selma Times-Journal Jan. 26. The hospital has created a steering committee with plans to educate employees about the new policy, the harmful effects of tobacco use and exposure, smoking

cessation resources, as well as provide personal coaches to those in need of additional assistance to cease tobacco use.

SAH had some conversation with Barry Keel, hospital administrator, who along with Merrill South, the director of community relations, attended consortium meetings in Dallas County during which there was frequent dialogue about the risk factors associated with tobacco use and exposure.

“SAH is pleased to see the above initiatives become reality,” Ann Fuller, assistant community coordinator of SAH in Selma, said. “We believe our involvement with these two entities, in some measure, helped encourage and inspire their respective actions.”

The Pupil Becomes the Teacher: Baldwin County Success Story

Who would have guessed that a student in one of Baldwin County’s ServSafe classes would be so inspired that she would incorporate the curriculum into her class? Joni Ojard, the Family and Consumer Sciences teacher at Spanish Fort High School, was a student in one of the ServSafe classes taught by Nancy Harris, a public health environmentalist with Baldwin County Health Department.

Mrs. Ojard is required to teach parts of the ServSafe course in her home economics class and wanted her students to be able to take the test, so they would have the chance to obtain the food manager certification. The opportunity to have her students take the test required arranging a proctored test in Birmingham. Travel costs made it prohibitive for the students to attend.

So Mrs. Ojard contacted Mrs. Harris at the health department to see if she would serve as proctor for the test. She also invited Mrs. Harris to speak to both of her classes this semester. Mrs. Harris made a presentation on food safety and hygiene to two classes and will serve as a co-proctor for the testing of the students.

Mrs. Ojard has since become a certified instructor/proctor for ServSafe so that she can administer the tests in the future. Because the State of Alabama food regulations require at least one person at each food establishment to have either attended a ServSafe course or have a valid certificate from the same, the certificate is a bonus for her students seeking employment in the food service industry. Mrs. Harris has been asked by Mrs. Ojard to repeat her presentation and to proctor again

in the coming spring semester. Nancy’s dedication to teaching ServSafe not only benefits the students who attend her classes, but will positively impact the health and well being of the community by providing a workforce of young people trained in the various aspects of food safety!

Community education and outreach remains the hallmark of public health in Baldwin County and in the state of Alabama.

“It is encouraging to see staff go above and beyond in their public health work to assure that we meet the needs of those in our communities,” Ricky Elliott, Public Health Area 9 administrator said. “Education is a perfect avenue for us to incorporate public health’s mission of prevention.”

By Bill Kelly

Distinguished Young Women of Alabama Learn about GAL

Drew Nelson of the Communications and Health Marketing Division presented GAL to the 51 county competition winners in the Distinguished Young Women of Alabama State Finals in Montgomery in January. GAL (Get a Healthy Life) was created to educate, enlighten, and inspire women to take time out for themselves and get healthy. Discussion centered on making their health a priority--whether it be physical fitness, watching what you eat, planning for your future, and preparing and planning for disasters. The high school seniors were very enthusiastic and asked whether they could do things in their communities to further program goals among their peers.



OMH honors Video Communications and Distance Learning



The Office of Minority Health presented a plaque to the Video Communications and Distance Learning Division in recognition and appreciation of the division's ongoing support and technical assistance for the successful 2010-2011 Health Disparities Satellite Conference series. Shown, left to right, are Nick Moss, Ron Davis, Craig Young, Danny Williams, Vernon Adkins, Kristie Steyer, Anna Marie Parrish; seated, Sandra Blakely and Michael Smith.

Test for Radon in the Winter

Do you know that radon is the second leading cause of lung cancer in the U.S. after smoking, and the leading cause of lung cancer in nonsmokers? The Environmental Protection Agency estimates that radon causes 21,000 lung cancer deaths per year. If you smoke and your home contains radon, your lung cancer risk is especially high.

You can't see, smell or taste radon, but there is an easy and affordable way to test for radon in your home. The best time to test for radon gas is in the colder winter months when your home is closed and radon levels are likely to build to their highest concentrations.

High levels of indoor radon have been found in many areas of Alabama; however, radon appears to occur most frequently in homes across the Tennessee Valley

and in the foothills of the Appalachian Mountains from Jefferson and Shelby counties to Cleburne County. Because radon is a colorless, odorless gas that occurs naturally in soil and rocks through the breakdown of uranium, testing is the only way to know the radon level in a home.

Radon test kits weigh only a few ounces and typically cost about \$15. Kits are available at many larger home improvement stores. As a public service, many local offices of the Alabama Cooperative Extension System also sell homeowners a kit to test their own homes at a wholesale price of \$5.

Most people can easily complete the radon test on their homes themselves by following simple directions on the kit. It takes only a few days to obtain a sample. If test results are above the

U.S. EPA's national action level of 4.0 picoCuries of radon per liter of air, the Alabama Department of Public Health recommends homeowners install a radon remediation system.

The average cost of a radon remediation system is between \$800 and \$1,200, depending on the square footage of the residence and the difficulty in finding a suitable pathway for a radon removal pipe. The price may be more for some homes.

Helpful information is available by reading "A Citizen's Guide to Radon: The Guide to Protecting Yourself and Your Family from Radon" on the EPA Web site at epa.gov, and radiation and health information is available at adph.org/radiation.



Calendar of Events



February 22

Be One in a Million Hearts:
Addressing the #1 Killer of
Alabamians, 2-4 p.m.

For more information contact
Elana Parker Merriweather,
(334) 206-7980.



February 29

Intimate Partner
Violence, 2-4 p.m.

For more information contact
Annie Vosel, (334) 206-2959.



March 14

Identifying Abuse and Neglect
in Home Care, 2-4 p.m.

For more information
contact Becky Leavins,
(334) 206-3867, or Shirley
Offutt, (334) 206-2481.



March 21

2012 STD Update (ADPH Nurse
In-service), 8-10 a.m.

For more information
contact Marilyn Knight,
(205) 562-6954, or Thresa Dix,
(334) 206-3377.



April 2-8

National Public Health Week.
"A Healthier America
Begins TODAY."

For more information visit
www.nphw2012.org.



April 5

ADPH Statewide
Staff meeting, 3-4 p.m.

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



April 10

Strategies for Successful
Integration of Immunization
and Emergency Preparedness
Programs in Planning and
Practice, noon-1:30 p.m.

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



April 11

Home Health Program, 2-4 p.m.

For more information
contact Becky Leavins,
(334) 206-3867, or Shirley
Offutt, (334) 206-2481.



April 13

Nuclear Power Plant Safety and
the Public Health Response,
noon-1:30 p.m.

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



April 25

Arthritis Awareness.

For more information
contact Samille Jackson,
(334) 206-5658.

May 10-11

Alabama Public Health
Association 56th Annual
Health Education Conference
and Meeting, Wynfrey Hotel,
Riverchase Galleria, Hoover.

For more information visit
alphassoc.org.



May 23

Home Health Program, 2-4 p.m.

For more information
contact Becky Leavins,
(334) 206-3867, or Shirley
Offutt, (334) 206-2481.



May 24

Pediatric Sleep Disorders,
noon-2 p.m.

For more information
contact Nancy Wooldridge,
(205) 939-5498.