

Alabama's health

A publication of the Alabama Department of Public Health

Knowledge and Behavior Change are Key Factors in Improving Women's Health

The health of women in Alabama depends upon many factors, including access to health care, insurance benefits, wages, living conditions, education, personal habits, age, and many others. The most important factors are knowledge and willingness to change behavior to lower the known risks.

In a presentation to the Office of Women's Health Steering Committee Dec. 10, Debra Hodges, Ph.D., Research Unit director, Injury Prevention Branch, shared the following statistics about the status of women's health issues in Alabama.

Of the almost 2.5 million women in Alabama, there are almost 1.7 million white women, more than 700,000 black or African American women, and a small number of women of other races. There are

more than 50,000 women of Hispanic or Latino descent, including both black and white women.

The life expectancy of all women in Alabama has improved steadily over the past century, with the leading causes of death remaining heart disease and cancer. Heart disease is the leading cause of death of all women in Alabama, and black and Hispanic women have disproportionately high rates of heart disease.

The major risk factors for heart disease are obesity, physical inactivity, high blood pressure, and diabetes. Risk factors which can be controlled or treated are cholesterol, blood pressure, smoking, lack of physical activity, obesity and diabetes. Risk factors that cannot be controlled are age, race, gender and heredity. Modifying lifestyle and proper medication can add increased longevity.

Marked improvements have been made in maternal and infant mortality. "Women no longer die in childbirth as they did even 60 years ago," Dr. Hodges pointed out. In 1928 the discovery of penicillin gave thousands of women and infants a chance to live. Other advances in medicine and sanitary conditions continued to improve conditions for mothers and newborns.

A growing number of women in Alabama rely on Social Security benefits to keep them from living in poverty.

"It's a fact - women live longer than men, therefore, more women count on Social Security to keep the wolf from the door," Dr. Hodges

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Juaqula Madkin, OWH advisory board member and chair for the OWH 2011 5K and One-mile Walk, discusses plans for the 2011 event with committee members Katie O'Bringer and Beth Taylor.

said. "Alabama ranks 14th in elderly population in the U.S. Since most women make less than men, the amount of Social Security that they draw each month is less in most cases unless they are able to draw on their deceased husband's account."

Another factor affecting older Alabamians is the number of grandparents who take care of their grandchildren. Alabama ranks fifth in percent of grandparents responsible for their grandchildren - 57 percent, according to the 2006 American Community Survey.

Domestic Violence

According to data provided by Alabama Criminal Justice Information Center:

- There were 29,042 domestic simple assaults in 2007, which represented 35 percent of all simple assaults reported.
- Seventy-four percent of the victims were females, 51 percent of the victims were black, 49 percent of the victims were white. In 77 percent, the offender was male.
- Fifty percent of the victims were injured.
- Weapons used:
Firearm, 19 percent
Hands, fists or feet, 47 percent
Knife, 15 percent
Other dangerous weapons, 19 percent

Sexual Violence

According to the Alabama Criminal Justice Information Center, for 2007:

- There were 1,408 rapes reported in 2007. Data from statewide crisis centers indicate that only 35-40 percent of all sexual assaults are reported.
- On the average, there were 4 rapes reported per day in Alabama.
- Of these, 509 were solved, with 398 males arrested for rape
- Twenty-eight is the average age of the rape offender, with a range from 11 to 79 years.

The Injury Prevention Branch finds that victims range from 1 to over 80 years of age.



The attractive Healthy Women distinctive vehicle license plate has been approved by the State of Alabama, and persons interested in assisting with the improvement of women's health are encouraged to sign up with the Office of Women's Health to join our Healthy Women Network. Reserve your tag by asking for Tag #ZZ14 at your local licensing/probate office. For more information, contact the Office of Women's Health staff at (334) 206-5669 or 1-800-225-1992. Shown at a display promoting the tag are community partner Carolyn Guice, Office of Women's Health Director Jessica Hardy, and community partner Susie Jones.

Poverty

The U.S. Census Bureau, 2006 American Community Survey finds:

- In 2006, 431,607 females in Alabama, or 19 percent of the population, lived below the poverty level.
- Of these, 85,545 were employed in the civilian labor force and 31,654 were unemployed.
- Of those living in poverty, 34 percent did not have high school degrees; 16 percent were high school graduates; 11 percent had some college or an associate's degree; 4 percent had a bachelor's degree; and 3 percent had a graduate or professional degree.
- Forty-nine percent of married couple families living in poverty have both husband and wife in the labor force.

Labor Force Participation

- In 2006, 67 percent of women were in the labor force, including seasonal employment during part of the year.

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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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Jim McVay, Dr. P. A. Director, Bureau of Health Promotion and Chronic Disease
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Women's Health, continued from page 2

- During 2006, 62 percent of women were employed, including part-time and full-time employment.
- The earnings of all women, 16 years and older, averaged \$18,854. This included part-time, seasonal, and full-time workers.
- Full-time, year-round female workers averaged \$21,460 in 2006. Men in the same category had average earnings of \$32,488.

- Because women earn less than men, their Social Security benefits are less, and they live longer.
- Nationally, women earn 78 cents for every \$1 men earn. In Alabama, women earn 66 cents for every \$1 - which is the 1988 national earnings rate.

Educational Attainment

- Alabama ranks 46th in the percentage of people 25 years and older who have completed high school: 80 percent.
- Alabama ranks 45th in the percentage of people 25 years and older who have

completed a bachelor's degree: 21 percent.

- Currently, in Alabama, more women than men are enrolled in college or graduate school. This is true of all age groups, 18 and older.

More information about women's health is available through the Office of Women's Health, Bureau of Professional and Support Services, Alabama Department of Public Health, P.O. Box 303017, Montgomery, Ala. 36130, (334) 206-5669 and by visiting www.alabamahealthywomen.com.

Alabama Team Receives Pharmaceutical Patient Safety Awards

The Patient Safety and Clinical Pharmacy Services Collaborative Alliance of the Health Resources and Services Administration presented two awards to a team composed of Alabamians working to identify, track and prevent medication errors and adverse drug events in chronically ill patients. Adverse drug events are those instances that result in harm or injury to the patient due to medication use.

The Patient Safety Prescription Drug Collaborative Alabama Team was organized with a broad representation of health care entities and is composed of the Alabama Primary Health Care Association, the Alabama Medicaid Agency, the Alabama Quality Assurance Foundation, the Capstone Federally Qualified Health Center in Parrish, the Bureau of Health Promotion and Chronic Disease Diabetes Branch, the Bureau of Professional and Support Services Office of Primary Care and Rural Health and Pharmacy Division, the Harrison School of Pharmacy and Sanofi-Aventis.

The aim of the collaborative is to save or enhance thousands of lives each year by achieving optimal health outcomes and eliminating adverse and potentially adverse drug events through increased clinical pharmacy services for patients. This is the first year the alliance has presented awards, and Alabama recipients were honored in two award categories.

Each PSPC team has the opportunity to define its patient population focus and disease state management. Among the high-risk patients of focus in the community are those with diabetes. The Capstone Rural Health Center program focused on reducing the A1C values of patients. A1C is a form of hemoglobin used primarily to identify the average plasma glucose concentration over prolonged periods of time. The addition of clinical pharmacist services to patient care significantly



The team works to identify, track and prevent medication errors and adverse drug events. During a five-month period, the team identified 114 potential and seven actual adverse drug events in 22 chronically ill patients.

reduced the A1C value in the patients who took part in the program. In the Parrish, Ala., project, Alabama's team selected a population of focus that had an A1C greater than nine and a medication regimen including five or more prescription drugs.

In the 22 patients of focus during a five-month period, 114 potential adverse drug events and seven actual adverse drug events were identified.

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Prematurity Awareness Day Highlights Need to Address Factors Contributing to Preterm Births

Alabama is situated at the heart of 12 mostly southern states which scored an “F” on the 2010 map of premature births issued by the March of Dimes which was based on National Center for Health Statistics preliminary data for 2008.

At a news conference at the Alabama Statehouse to mark Prematurity Awareness Day on Nov. 17, State Health Officer Dr. Donald Williamson said we are working toward a time when this critical gauge of the health of Alabama’s mothers and babies earns a better grade on the national report card.

Despite Alabama’s low grade, the infant mortality rate in Alabama for 2009 was the lowest rate ever recorded in the state’s history - 8.2 infant deaths per thousand live births. There is cause for optimism because declines were seen in the percent of pregnant women who smoked and the number of babies born at low birth weight.

“The good news - we are saving more babies, the bad news - we still have too many Alabama babies born before 39 weeks,” Dr. Williamson said. “Most often, there is no single factor that causes the death of the infant; it’s frequently the result of a number of contributing factors.”

Points noted included the following:

- Infant mortality reflects the overall state of maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants in a geographical region.
- Prematurity is the birth of an infant at least three weeks before a baby’s due date or before 37 weeks’ gestation. It is also known as preterm birth.
- Each year more than 13 million premature infants are born worldwide.
- In the United States more than half a million - 1 out of 8 - babies are born prematurely.
- In Alabama in 2009 more than 16.7 percent of babies were premature.

Dr. Thomas Miller, assistant state health officer, said, “Being born too soon is a serious health risk for a baby. Not only is premature birth an emotional roller coaster for families, there are tremendous financial costs as well. Premature babies cost 10 times more than healthy babies for an annual cost for the U.S. of more than \$26 billion.”

Alabama’s Fetal and Infant Mortality Review Program was implemented in 2009 to address infant mortality. Prematurity was the second leading contributing factor to deaths reviewed by the program.



Reporters ask Assistant State Health Officer Dr. Tom Miller about the complex problem of premature births.

Ongoing research is needed because sometimes a mother will be taking every action possible, but will still experience a preterm birth. Alabama Medicaid Agency employee Letrice Ware, who is the mother of a now healthy son who was born prematurely, spoke at the news conference. She urged everyone to learn the warning signs of preterm labor, regardless of whether they ever intended to become pregnant.

Prematurity is a complex problem with no single solution; however, there are some known risk factors for premature birth. Even if a woman does everything “right” during pregnancy, she still can have a premature baby. Known risk factors include:

- Carrying more than one baby (twins, triplets, quadruplets or more)
- Having a previous preterm birth
- Problems with the uterus or cervix
- Chronic health problems in the mother, such as high blood pressure, diabetes, and clotting disorders
- Certain infections during pregnancy
- Cigarette smoking, alcohol use, or illicit drug use during pregnancy

Reaching and keeping at a healthy weight is important. Scale Back Alabama is a public awareness campaign hosted by Alabama’s hospitals and the Alabama Department of Public Health, with support from Barber’s Dairies and Blue Cross and Blue Shield of Alabama. Rosemary Blackmon of the Alabama Hospital Association invited the public to help co-workers and friends reach a healthy weight by participating this January.

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Mobile County Health Department Receives Landmark Funding for Teen Pregnancy Prevention

The Centers for Disease Control and Prevention, in partnership with the Office of Adolescent Health, has awarded the Mobile County Health Department landmark funding to advance community-wide strategies to reduce teen pregnancy.

Alabama was one of only nine state and local organizations in the country which were funded for this initiative. Five national organizations received grants funded by CDC to provide technical assistance over the next five years.

The largest portion of the more than \$4.2 million grant award was made to Mobile County, which has the highest teen birth rate among the three Alabama counties with the largest metropolitan statistical areas. The teen birth rate for 15-19 year olds is 60.3 per 1,000 population, and there are approximately 15,000 females aged 15 to 19 years. Following Mobile County are Montgomery County at 54.6 per thousand and Jefferson County at 52.5 per thousand. The overall state rate is 50.7.

Babies born to teen mothers are more likely to be premature and have low birth weights. Additionally, teen mothers are less likely than other teens to complete their educations. Special focus will be given to communities with the highest rates of teen pregnancy, including African American and Latino/Hispanic youth aged 15–19.

"We have established partnerships with youth service organizations and family planning health care providers to recruit teens into the program," said Dr. Bernard Eichold, Mobile County health officer and area health officer for Public Health Area 11. "The purpose of this program is to demonstrate the effectiveness of innovative, multi-component, community-wide initiatives in reducing rates of teen pregnancy and births."

Prematurity Awareness, continued from page 4

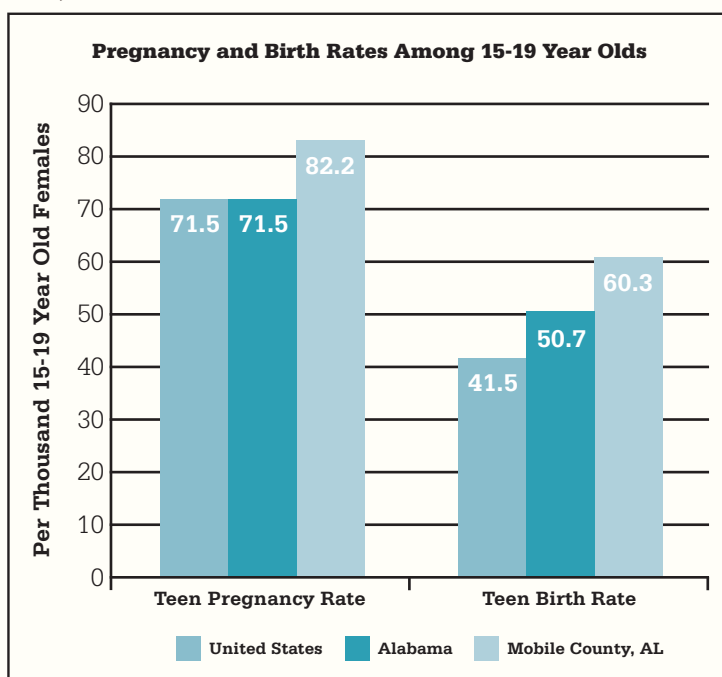
While preterm birth can happen to anyone and many women who have a premature birth have no known risk factors, there are things a woman can do to help her own health and lower the risk of having a premature baby such as:

- Quitting smoking and avoiding substances such as alcohol or drugs
- Seeing a health care provider for a medical checkup before pregnancy
- Working with her health care provider to control diseases such as high blood pressure or diabetes
- Getting prenatal care early, as soon as she thinks she may be pregnant, and throughout the pregnancy

The primary goals of the program are as follows:

1. Reduce the rates of pregnancies and births to youth in Mobile County.
2. Increase youth access to evidence-based and evidence-informed programs to prevent teen pregnancy.
3. Increase linkages between teen pregnancy prevention programs and community-based clinical services.
4. Educate stakeholders about relevant evidence-based and evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities.

For more information on this initiative, please contact Kelly Warren, Mobile County Maternal and Child Health bureau director, at (251) 690-8852.



The U.S. Teen Pregnancy Rate is for 2008. The Alabama Teen Birth Rates are for 2009.
Source: Alabama Department of Public Health, Center for Health Statistics

- Discussing concerns during pregnancy with her health care provider, and seeking medical attention for any warning signs or symptoms of preterm labor
- Not asking her provider to be induced before 39 weeks' gestation. Inducing labor or having a c-section too soon can lead to premature birth. Try to get as close to 39 weeks of pregnancy as possible. Those last weeks of pregnancy are important for the baby
- Staying healthy to help lower her chance of having a premature birth.

For more information visit: <http://www.cdc.gov/features/prematurebirth/> or <http://www.marchofdimess.com/prematurityawareness.html>.

Deaths in Public Health

Retired employee **Joe Greene** died on Nov. 7. Mr. Greene's career in public health began in 1957 with the U.S. Public Health Service. In 1965 he moved to Montgomery, where he served as senior public health advisor to the TB Control Division of ADPH. In 1985, he became the Director of the TB Control Division and in 1988 he became Deputy Director of the Bureau of Disease Control. He retired in May of 1994 after a 37-year career in public health.

In an e-mail to employees, Assistant State Health Officer for Disease Control and Prevention, Dr. Charles Woernle, stated, "Under his leadership, the TB Control Program emerged as a model for the nation and his contributions serve as a legacy and example for all to follow."

Bonnie Chandler Jordan, nurse practitioner with the Etowah County Health Department, died Nov. 17. Ms. Jordan was a 37-year health department veteran who retired Aug. 19.

Her colleague Deborah Davis, stated, "The patients Bonnie served loved her. She was kind, considerate and treated every patient she saw in a special, caring way. She leaves a valued legacy to her profession."

Area Administrator Mary Gomillion stated about Ms. Jordan's legacy, "Bonnie taught many of us how to be true public health

professionals with her compassion and care to her patients and colleagues."

Any memorials may be made to the Bonnie Chandler Jordan Memorial Scholarship Fund (for nursing), Gadsden State Community College Account #2-100-08-8801, Attention Financial Director Jacqueline Henderson, P.O. Box 227, Gadsden, Ala. 35902.



Bonnie Jordan

Bonnie Lou Patman, administrative support assistant and Lifecare clerk with the Coffee County Health Department, passed away Dec. 3 after a brief illness.

In an e-mail to her fellow employees, Area Administrator Peggy Blakeney stated, "Bonnie was a dedicated public health employee with 18 years of service. She loved her job and the staff. Bonnie was a quiet, soft spoken lady with a compassionate heart and a big 'green thumb.'"

Donations may be made to the American Cancer Society in Mrs. Patman's memory.

EMS Culture of Excellence Conference Brings Renowned Speakers

Nationally recognized speakers were among the many presenters at the EMS Culture of Excellence Conference 2010, held Oct. 27-29 at the Renaissance Montgomery. At left, Don Wilson demonstrates the proper technique for accessing an airway during his presentation with Joey DeGeorge, "Difficult Airways with RSI." State Health Officer Dr. Donald Williamson, right, was a keynote speaker. The conference was sponsored by the Office of Emergency Medical Services and Trauma, the Center for Emergency Preparedness, and Alabama Emergency Medical Services for Children.



Photos by Earl Langley



These team efforts additionally seek to generate improvements in patient counseling, medication reconciliation, drug information services, provider education, and overall improved disease state management.

Two awards were presented to Alabama Primary Healthcare Association in October. The Life-Saving Patient Safety Award is given to teams that established systems and processes for detecting, identifying and preventing adverse drug events and have saved at least one patient's life by detecting and preventing a life-threatening adverse drug event.

The Health Outcome Management Award is presented to teams that reported health outcome measures for at least five consecutive months and are using them to manage their population of focus. Through an intensive series of learning sessions and action periods, PSPC teams learn, implement and refine the leading practices that have been found to significantly improve health outcomes and patient safety through the integration of clinical pharmacy services.

In its first two years, PSPC teams focused on small panels of high-risk, high-cost, complex patients whose needs are beyond the reach of the current, traditional delivery system. Thirty percent of the patients

served are in this high-risk category, which mean they average taking eight drugs, having five chronic health conditions, and three providers per patient.

As significant improvements are made, rates of adverse drug events are being reduced by nearly 50 percent.

Carolyn Bern, Rural Health Outreach Coordinator of the Office of Primary Care and Rural Health, spearheaded the formation of the Alabama team. Team members include **Charlie Thomas**, Pharmacy Director, ADPH; **Nancy Smith**, Dietitian for Capstone and Primary team site coordinator; **Heather Whitley**, PharmD, Clinical Pharmacist, Harrison School of Pharmacy, primary clinical leader for the team, Auburn University; **Kelli Littlejohn**, PharmD, Pharmacy Director, Alabama Medicaid Program; **Mary Finch**, Executive Director; Alabama Primary Health Care Association; **Mark Register**, Sanofi-Aventis; **Dianne Richmond**, Alabama Quality Assurance Foundation; **Maurice Rollins**, Quality Program Manager, Alabama Primary Healthcare Association; and **Lamont Pack**, Diabetes Branch Director, ADPH.

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.

Charles Brown
Victor Hunt and Staff

Technical Services
from Rudy L. Hornsby
Deepak Katyal, M.D.
Stephan G. Moran, M.D.
Rony J. Najjar, M.D.
Farin Smith, M.D.
Huntsville, Ala.

Carol Bush
Wykeshia Horne
Evelyn Scott
Marilyn Taylor
Health Provider Standards
from Sherry Ginn
Phenix City, Ala.

Center for Emergency
Preparedness
from Linda Lee
Montgomery, Ala.

Mary Conway
Linda Miller
Public Health Area 8
from Eric Jones
Wetumpka, Ala.

Debra Griffin
Health Promotion
and Chronic Disease
from Tina Allen, Ed.D., R.N.
Montgomery, Ala.

Nicole Henderson
Center for Health Statistics
from Mimi Pham
Philadelphia, Pa.

Donnie Hopper
Quincy Leonard
Robert E. Starr
Information Technology
from Sherry Bradley
Montgomery, Ala.

Evelyn Jackson
Joan Styres
Center for Health Statistics
from Jesse C. Cain, Jr.
Portland, Ore.

Saundra Levert
Center for Health Statistics
from Tanya White
Birmingham, Ala.

Kathie Peters
Center for Health Statistics
from Christopher Jackson
Plymouth, Mass.

Georgia Reynolds
Center for Health Statistics
from Sandra Averhart Schoewe
Pensacola, Fla.

Mia Sadler
Health Provider Standards
from Stefanie Franklin
Decatur, Ala.

Reginald Strickland
Center for Health Statistics
from Charla White Beauchamp
Ashland, Ala.

Geneva Thomas
Center for Health Statistics
from the Dechman Family
St. Augustine, Fla.
the Hamilton Family
Niagara Falls, N.Y.
Gloria Williams
Jacksonville, Fla.

Health Provider Standards Director Rick Harris Retires

Colleagues honored Rick Harris Nov. 2 upon his retirement as director of the Bureau of Health Provider Standards. Harris had served as bureau director since 1998. Among the many positions he held included president of the Association of Health Facility Survey Agencies and regulatory agency representative on the Assisted Living Workgroup, a body created at the request of the U.S. Senate Special Committee on Aging to provide advice regarding the federal government's involvement in assisted living issues. In his years of service with the department, he also directed the Office of Emergency Medical Services.



Dr. Donald Williamson presents a retirement certificate to Rick Harris.

Snacks: Make a Good Choice

Whether it is eating a bag of popcorn, a cup of ice cream or a candy bar, snacking is a common, day-to-day activity that is enjoyed by most. A snack is a type of food not meant to be eaten as a main meal of the day but to provide a brief supply of energy for the body and help satisfy hunger between meals.

Snacks can be healthy. However, many may not realize that snacks can have the same amount of calories, fat, sodium and sugar as meals. This can happen if the snacks are high in those nutrients or if too much is eaten.

One tip for healthy snacking is reading the food label. Be sure to note the serving size on the label. It is not unusual to see more than one serving size in a single snack, which may change the total amount of nutrients being consumed.

Becoming familiar with the nutrition label can help make sure that extra calories, fat, sodium and sugar are not consumed.

Another tip for healthy snacking is keeping the amount of food eaten, known as the portion size, to a moderate level. In other words, do not overeat. Examples of normal portion sizes include one ounce of chips, a handful of nuts, or half of a banana.

A good way to determine healthy snacks is called the 10-10-5 rule. To check snacks, look at the nutrition label to make sure that both fat and carbohydrates are equal to or below 10 percent Daily Value (DV). Next, check for 5 percent or higher Daily Value (DV) in at least one: fiber, vitamin A, vitamin C, iron or calcium. Finally, sodium should be under 360 mg.

Earlier this fall, snacks in certain state agency vending machines were marked with a "Good Choice" logo, including those in the RSA Tower. The "Good Choice" logo is part of a vending machine project

from the Alabama Department of Public Health and the Alabama Department of Rehabilitation Services to provide state employees with healthier snacks.

Teresa Fair, Health Behavior Nutritionist with the Nutrition and Physical Activity Division, is hopeful that healthier options in the vending machines will encourage everyone to think twice when making purchases. Fair says, "Having healthier snacks available in vending machines is great because it gives everyone an option. Now, we can identify better snack choices by looking for the 'Good Choice' label in vending machines and use the 10-10-5 rule when purchasing in the snack shop or grocery store."

During those work breaks, look for the "Good Choice" logo in vending machines to help make a healthier choice in your snacks. For more information on better quality snacks, visit www.adph.org/nutrition.

*By WHITNEY PINKSTON, LD
Division of Nutrition and Physical Activity*



Teresa Fair and Whitney Pinkston of the Division of Nutrition and Physical Activity hold a sign displaying the "Good Choice" logo for vending machine selections.

Healthy People 2020 Objectives Combat the Barriers to Breastfeeding

Support for breastfeeding has been brought to the forefront of our nation's public health priorities with the launch of the Healthy People 2020 (HP2020) agenda by the U.S. Department of Health and Human Services. HP2020 objectives will continue to track national breastfeeding rates and new objectives will address barriers to breastfeeding success.

According to the most recent data from the Centers for Disease Control and Prevention, 75 percent of new mothers initiate breastfeeding, but only 13 percent of infants are breastfed exclusively for six months, while 22 percent continue some breastfeeding to one year. HP2020 targets aim to increase these rates to 81.9 percent initiating breastfeeding, 23.7 percent breastfeeding exclusively through six months, and 34.1 percent continuing at one year.

The 2010 CDC Breastfeeding Report Card indicated that 64.6 percent of Alabama's mothers initiated breastfeeding. About half of the mothers continued breastfeeding for six months. Only 15.9 percent of Alabama mothers were breastfeeding at 12 months. Exclusive breastfeeding rates at six and 12 months were lower than the national average.

One objective addresses workplace accommodations for nursing mothers. Worksite lactation support programs have received

attention with the passage of the workplace breastfeeding support provision in the Patient Protection and Affordable Care Act. A Mother's Room has been available for more than 10 years in the RSA Tower for mothers to use to express breastmilk for their babies after returning to work. The room is located in Suite 1376.

Two new objectives address maternity care practices, including a target to reduce formula supplementation within the first two days of life. Early supplementation decreases a mother's milk production and can lead to negative health outcomes for the infant. Another objective aims for 8.1 percent of live births to occur in facilities that have earned the Baby Friendly designation to provide optimal breastfeeding care. Baby Friendly facilities meet standards set by UNICEF and the World Health Organization. Currently, Alabama does not have a hospital designated as Breastfeeding Friendly.

The breastfeeding rate in the Alabama WIC programs continues to increase. The addition of breastfeeding peer counselors has strengthened breastfeeding support in many local WIC clinics. Expansion of the Peer Counseling Program continues. For more information about breastfeeding in Alabama, contact Michell Grainger, M.S.N., R.N.C., I.B.C.L.C, at (334) 206-2921 or michell.grainger@adph.state.al.us.

Environmental Services Employees Answer Questions from the Public

QUESTION: Do you know who I would contact to report trash being thrown outside a home (piles and piles of household trash including diapers)? There are people living nearby who can smell the stench from the rotting trash and there was, and probably still is, a baby living in the household where the trash is being thrown out. I'm trying all options I can think of to see who may be able to help me. Any suggestions you have will be appreciated.

ANSWER: Please contact your local county health department. The environmental division of each county health department can assist you in making the complaint about solid waste storage and disposal. If you live within the city limits, some local municipalities have housing codes that might be able to help you as well.

January 2011

Retirees

October

Toni Amundson

Madison County Health
Department

William Dykes

Clinical Laboratory

Carolyn Harvey

Health Care Facilities

Shirley Merrills

Covington County Health
Department

LaMargaret Powell

Bullock County Health
Department

Laverne Pugh

Public Health Area IV

Ann Thrower

HIV/AIDS Division

Otha Tucker

Public Health Area II

November

William Curtis

Calhoun County Health
Department

Craig Hansen

Calhoun County Health
Department

Joe Long

Information Technology

December

Brenda Elliott

Home and Community Services

Assistant State Health Officer Dr. Charles Woernle Retires

A large group of friends, colleagues and former colleagues in the department from throughout Alabama bid farewell to Charles Woernle, M.D., M.P.H., Assistant State Health Officer for Disease Control and Prevention, as he ended nearly a quarter century of departmental service.

In expressing his appreciation, Woernle said, "This is where I made my investment as a professional during my working life. I have enjoyed my encounters with everyone, because we care about each other here. The way we collectively approach people as caring individuals makes it work."

In remarks made at a reception Dec. 23, which Woernle's wife and three children attended, State Health Officer Dr. Donald Williamson commented on Woernle's many significant contributions to public health throughout his career and shared several certificates of appreciation for outstanding service.

Woernle's responsibilities could aptly be described as vast. For example, Woernle helped initiate the bioterrorism grant which began the state's emergency preparedness program. His medical expertise guided the department as it dealt with diseases ranging from SARS to monkey pox to H1N1 influenza. He helped provide guidance for issuing the department's first fish consumption advisories and for dealing with the health effects of the Gulf oil spill.

Responsibilities included overseeing epidemiologic investigations of acute disease outbreaks; establishing and maintaining surveillance systems for notifiable diseases; responding to queries about control of communicable diseases; overseeing environmental risk assessments and establishment of swimming and fish consumption advisories; directing the Bureau of Clinical Laboratories; directing the Bureau of Communicable Disease including the STD Prevention and Control, HIV/AIDS Prevention and Control, Immunization, Tuberculosis Prevention and Control and Epidemiology divisions. Under his leadership the incidence of tuberculosis in Alabama declined and the rate of immunizations in Alabama soared.

During much of his tenure, Woernle wore multiple hats. He joined the department as state epidemiologist in 1986 and served ably until 1993, and then was acting state epidemiologist from 2002 to 2004. Another position he has held simultaneously was longtime acting medical director for the Center for Emergency Preparedness from 2002 to 2010.

A co-author of at least 40 scholarly publications, he was also honored with the Governor's Certificate of Recognition for Y2K Preparations, the

Dr. Ira. L. Myers Award of the Alabama Public Health Association, and the US FDA Group Recognition Award to members of the *Vibrio cholerae* in Mobile Bay Group. He is board certified by the American Board of Preventive Medicine (Public Health and Preventive Medicine) and the American Board of Internal Medicine.

In the meantime during his service with the department, he was a scholar at the South Central Public Health Leadership Institute, affiliated with Tulane Medical Center School of Public Health and Tropical Medicine; graduated as Certified Public Manager, Auburn University at Montgomery; and earned a Master of Public Health degree in epidemiology, School of Public Health of the University of Alabama at Birmingham, where he was awarded the Dean's Award for outstanding master's student achievement.

Current hobbies Woernle enjoys include beekeeping, racquetball, gardening and singing in his church choir. A former Peace Corps volunteer in Kenya, he also speaks Kiswahili. Although his future plans have not been announced, his many friends and colleagues will miss him and his invaluable expertise.



State Health Officer Dr. Donald Williamson, right, reads a tribute to Dr. Charles Woernle.

Family Health Services Donates Toys for Hospitalized Children

For this year's Family Health Services Christmas party, Mandy Darlington and April Golson, pictured left to right, suggested and the bureau decided to donate toys to patients at Children's Hospital in Birmingham and the University of South Alabama in Mobile, rather than exchange gifts within the bureau. They are pictured with some of the many toys that were given for the children.



Photos by Jason Fuller

Angel of Mercy Project Continues at Nursing Homes

Employees of Montgomery County Health Department and the Central Office and student volunteers from Booker T. Washington Magnet Key Club provided Christmas bags, gave gifts to homebound residents, and entertained at three Montgomery nursing homes during the holiday season. Eight homebound residents, including two year-old babies, were given gifts. Organizer Cynthia Foster, shown with the students, thanked them for their time, donations and community service, noting the "priceless" smiles on the residents' faces. The Angel of Mercy Project is conducted each year through the support of employees.



Mitten Tree

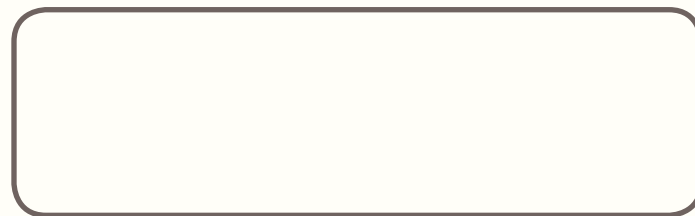
Employees of the Bureau of Health Promotion and Chronic Disease decorated a Christmas tree with new children's mittens, gloves, caps, knitted hats and scarves. The donations were then given to needy families through a community food and clothing bank.



Group Effort Made To Aid Soldiers

The Cullman County Health Department Lifecare employees made the decision to send Christmas boxes to soldiers in Afghanistan instead of exchanging gifts with each other. Employees Connie Bailey and Renae Marchman are pictured packing the items in the boxes bound for Afghanistan.





Calendar of Events



January 20

Kickoff of Scale Back Alabama 2011, 10-10:30 a.m. Join as we kick off the 2011 weight loss campaign.

For more information contact Miriam Gaines, (334) 206-5649.



January 27

Deepwater Horizon Oil Spill: Dissecting the Post-spill Impact, noon-1:30 p.m.

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

February 4

Wear Red Day 2011.

For more information contact Melanie Rightmyer, R.N., M.S.N., (334) 206-3977.



February 15

Legal Implications and Resources to Assist Community Healthcare Planning Efforts, noon-1:30 p.m.

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



February 16

Cardiovascular Disease in Women, 2-4 p.m.

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



February 18

Nurse Practitioner Pharmacology Update 2011, 9-11 a.m.

For more information contact Ramona Hawkins, (205) 221-9775.



February 25

ADPH Nursing Continuing Education, 8-9 a.m.

For more information contact Thresa Dix, (334) 206-3377.

May 12-13

55th Annual Alabama Public Health Association Educational Conference, Renaissance Hotel and Spa, Montgomery.