

ALABAMA'S

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Computerization brings environmental health into the 21st century, while realizing tremendous savings

In the past five months, Alabama Department of Public Health environmental departments have fielded new computer hardware and software that will streamline information management, improve efficiency and offer better service in the 21st century. State Health Officer Dr. Donald Williamson has been totally committed to improving environmental systems and this extensive project would not have been undertaken without his support.

New computers are being installed in all environmental



Tim Hatch and Larry Hayes, right, conduct a training session at the Montgomery County Health Department.

health offices, except Jefferson County. Numerous software applications have been developed over a three-year period in a pilot program.

Larry Hayes, area environmental director for Public Health Area 2, developed this software. His goal was to develop a comprehensive software package for the environmental program that would provide new tools to

improve information tracking, permit generation, notice of violation actions, organization of work assignments, daily activity tracking, communication with the news media, and a system to expedite enforcement actions.

Eleven counties participated in the pilot study: Calhoun, Colbert, Cullman, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Marshall, Montgomery and Morgan.

According to Hayes, all his applications were enhanced by the "good ideas" offered from the pilot county participants. The dynamic software will permit future enhancements as well, and these revisions are anticipated in the years to come. The software database applications include the following programs:

- *Rabies/Animal Bite*
- *Community Environmental Protection/Onsite Sewer*
- *Complaints*
- *Tattoo and Body Art*
- *Swimming Pool*
- *Solid Waste/Illegal Dumps*
- *Food Inspection*
- *Environmental Daily Activity Reporting*

"Three years ago Ed Davidson made a pivotal decision to purchase 'state of the art' computer equipment for everyone in environmental health," said Hayes. "They listened to us about our computer hardware needs, including the types of printers, for the specific tasks required."

Hayes credited Information Services Bureau Director Leon Barwick, Computer Systems Center Director John Heitman, Gene Hill and his staff for installing the hardware and for purchasing "the latest and greatest software." Hayes

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also gives credit to Environmental Services Bureau Director Pres Allinder and the bureau's Training Director Sherry Bradley for all their support.

Hayes' development of the software has resulted in a considerable cost savings to the department. This in-house software development eliminated the need to hire expensive consultants, programmers, and outside contractors. Savings estimates have been considerable.

"The big plus is that we control our own destiny and don't have to call a consultant every time we need a change in the software," Hayes said. Hayes has been assisted by Tim Hatch, senior environmentalist with the Bureau of Environmental Services who is serving as project manager. Hayes and Hatch are conducting intensive training sessions for county environmentalists, administrative support assistants and area environmental directors.

"This new system makes environmental operations much more efficient as we now have computer-generated paperwork and forms. This also helps the people we serve because the requested information can be in front of us at the click of a button," Hatch said. For example, an environmentalist is able to determine inspection priorities based on the date of the latest inspection and by previous ratings. Also, the software allows restaurant health ratings to be easily e-mailed to the news media.

Previously, computers used by environmentalists largely were limited, slow and unreliable. Now all environmental

computers have access to the Internet where users have the tools to stay current with new regulations. Approximately \$625,000 was spent on purchasing computer equipment.

"As a field environmentalist, I saw problems with consistency, but now all permit applications look the same," Hatch said. "With self-generating forms, inspectors can get organized. The computer tells us what's due for the next month. Inspectors will have in their briefcase all critical inspection items marked on all assigned establishments where willful negligence on the part of any restaurant manager will be readily apparent."

When computer questions or problems arise, there is a system in place called the "Smart Guys/Ladies Network" of "go to" people at each county. If more assistance is needed with hardware, users turn to the Help Desk of Computer Systems Center. Hayes said he got his start in designing software while working at the Madison County Health Department using laptops in the DOS era. Hayes previously spent 33 years in the military as a signal/communications officer. As the software developer for this project, he drew from expertise he gained with both experiences.

"As we approach the completion of this project, we are receiving excellent feedback from system users throughout the state," Hatch said. Hayes and Hatch indicated that by the end of the year all systems will be installed.

"This is definitely a team effort that's gelled," Hatch concluded.

Alabama Department of Public Health

Mission

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

Value Statement

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

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

ALABAMA'S HEALTH

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

Child restraint rate highest ever reported; safety belt usage rate holds steady

Alabamians are buckling up and ensuring their children's safety through the use of car seats. The 2002 survey results show that Alabama's child restraint usage rate is a staggering 89 percent, a 16 percent increase in restraint use as compared to 2000's rate of 77 percent. The safety belt usage rate held steady at 79 percent, the same as last year's, which was the highest ever reported in the state, and exceeded the national average.

"We are pleased to see these rates in Alabama, especially the landmark child restraint rate. There were several educational and enforcement efforts that contributed to these results," said Dr. Donald Williamson, state health officer.

Key legislation in recent years, such as the Primary Seatbelt Law and the "Click It or Ticket" campaign, were factors in improved child restraint and safety belt usage in the state. The Primary Seatbelt Law passed in December 1999 allows law enforcement officials to stop and cite motor vehicle occupants not wearing their seat belts whether or not another violation has occurred.

Also, through the "Click It or Ticket" campaign state, county and municipal law enforcement agencies conduct massive enforcement of the state's safety belt laws, with special emphasis on public safety checkpoints.

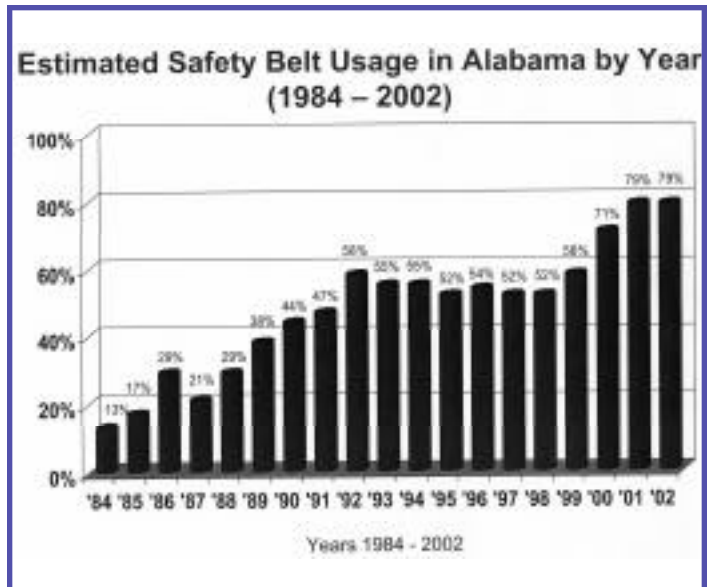
"Enforcement will always have a direct impact on people, and adult driver seatbelt use is a strong factor leading to child restraint usage," said Dr. King.

The unprecedented child restraint rate is also the result of organizations such as the Alabama Department of Public Health, Alabama Department of Economic and Community Affairs (ADECA), Children's Health System, Alabama Department of Transportation, and Alabama Department of Public Safety working together to educate the public about the importance of child restraint and providing assistance to the public on the proper procedures for restraining a child.

"This increased rate is the result of a very effective synergy of all these groups working together," said Dr. Bill King, director of the Alabama SAFE KIDS Campaign, Children's Health System. "It truly illustrates the power of education, legislation, enforcement and service working together to effect positive changes in behavior."

Although the high child restraint usage rate is encouraging, it is important to note that 80 to 90 percent of child seats are improperly installed. To help correct this problem, these organizations work to increase awareness of the need for appropriate seats and installation. For example, Alabama SAFE KIDS has accepted the lead in the state for conducting training which leads to child passenger safety certification. In three years the organization has trained 380 individuals.

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



stations statewide. Training is provided statewide to fire department personnel, law enforcement, hospitals and others. Funding from the National Highway Safety Traffic Safety Administration and ADECA support these efforts.

Citizens can also call the Children's Health Service hotline at 1-800-504-9768 to receive information on selecting the right car seat, locating a fitting station near them or setting up a check-up event in their area.

Based on 2001 data, a typical driver in Alabama has a 54 percent probability of being involved in an injury or fatal crash while driving an automobile during his or her lifetime. Using proper restraint can reduce your risk of injury and death. Here are some tips on proper restraint for children.

PROTECT CHILDREN AS THEY GROW.

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

The usage rates are determined by observational surveys conducted by ADPH throughout Alabama. The survey, check-up events and other activities are supported by funds from ADECA through the NHTSA.

For more information on child restraint and safety belt facts, please visit the ADPH's Web site at www.adph.org/injuryprevention.

Cancer screening program working to save lives

The Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) at Public Health wants to prevent women in Alabama from losing their lives to breast and cervical cancer. Understanding that early detection is the key to survival, the program provides free breast and cervical cancer screenings to eligible women in the state. Funded by the Centers for Disease Control and Prevention, this national program has been working in Alabama since 1997, screening a total of 21,773 women to date.

“Early detection can not only prevent death, but it can also be the difference between a woman keeping her breasts as opposed to having a total mastectomy. Or it could mean the difference between having a partial hysterectomy versus a complete hysterectomy,” said Donna Jordan, Area 8 screening coordinator for ABCCEDP.

The goal of the screening program is to reach the targeted audience-women age 40-64, who are uninsured, underinsured, have Medicaid Part A, are below the 200 percent poverty level, and those who would usually not be screened or unable to be screened because they could not pay for the services. The program provides breast and cervical cancer screenings and diagnostic services. The screenings for breast cancer include clinical exams, and for those 50 or older, mammograms. For cervical cancer, screenings include pelvic exams and pap smears.

Private providers actually provide most of the screenings. Women can call a toll-free number to receive a list of providers and locations to call and schedule their screenings. Upon their first visit the patient is automatically enrolled in the screening program at no cost. The providers are then reimbursed for their services and case follow-up is done by a screening coordinator like Jordan to make sure that women move onto the next phase of treatment if necessary.

The services of the screening program do not conclude with diagnosis. Through the Medicaid Breast and Cervical Cancer Treatment Act, which began in October 2001, women screened through the program and diagnosed with breast or cervical cancer will be eligible to receive treatment through Medicaid, not only for cancer treatment, but also for dental and other medical services until their cancer is treated. As of Nov. 19, 2002, 223 women were approved for the treatment program.

One of the challenging aspects of the screening program is making sure that women get the necessary help they need if they are diagnosed with cancer. If the



Donna Jordan is the screening coordinator for Area 8 which includes Autauga, Bullock, Chilton, Elmore, Lee, Macon, Montgomery and Russell County.

screening coordinator learns that a patient has not returned for a follow-up exam the coordinator will contact her to find out if there is problem such as no transportation, fear, etc.

“Many patients don’t follow up because they believe that a diagnosis is an automatic death sentence, and it’s not,” said Jordan.

The program is promoted through health fairs, local health departments and providers who receive information to promote the services. There are also several partners who work with public health to provide the screening program- the American Cancer Society, Sisters in Survivorship, the University of Alabama at Birmingham and REACH 2010 (racial and ethnic approaches to community health by the year 2010).

For more information please contact the Alabama Breast and Cervical Cancer Early Detection Program, or to find out if you qualify for a free exam call toll free 1-877-252-3324.

By TAKENYA STOKES

Community pulls together after Abbeville tornado

Henry County and the surrounding communities pulled together to respond to the devastating tornado in Abbeville on Nov 5. The early evening tornado destroyed numerous homes and businesses in three separate sections of this small southeast Alabama town. Prompt assistance was provided by local and regional fire and EMS departments in the search for wounded or trapped individuals. Preliminary reports found that at least 100 homes sustained some degree of damage. There was one fatality in the tornado in Abbeville.

An American Red Cross shelter was opened on the night of the tornado to aid those who had lost their homes. The Henry County Public Health nursing supervisor, a local public health nurse and the area nursing director responded at the shelter. The local health department home health nurses walked to check on home health patients he could reach shortly after the tornado hit.

In the days that followed, the Henry County Health Department responded to their community by providing tetanus boosters for volunteer workers who were not up to date on their booster. Over the Veteran's Day weekend public health nurses provided minor first aid, referrals, WIC services and tetanus boosters from a mobile unit stationed within one of the devastated neighborhoods.



These scenes typify the destruction following a Nov. 5 tornado in Abbeville. Local and area public health staff mobilized to help victims during this disaster.

Public Health employees responding to the disaster included Russell Killingsworth, area administrator; Lesa Smith, R.N.; Regina Harpe, R.N.; Bobby Joe Espy, R.N.; Nancy Steensland, public health social worker; Elaine Grimsley, office manager; and John Bell, environmentalist from the Henry County Health Department; Sharon Simmons, R.N., Dale County Health Department; Ken Ball, Geneva County Health Department administrator; and Eileen Rogers, R.N., Randy Judy, R.N., and Charlotte Gilmore, R.N., from Area 10 staff.

Rural residents enjoy new walking trail

The citizens of tiny Pine Apple, Ala., have a new way to exercise, relax and enjoy the outdoors now that a walking trail has opened. Alongside the trail are picnic tables, benches and a beautiful landscaped area. This walking trail enables people with arthritis, diabetes and other chronic diseases to get some much-needed physical activity in a safe environment. A dedication ceremony for the walking trail was held on Nov. 9 with about 40 persons in attendance.

Lucy Tracy is an elementary school teacher who was instrumental in obtaining a Partners in Progress grant to build the trail on county-owned land near the Grace Bussie Clinic in Wilcox County. She estimates the trail's length as more than a quarter mile around the perimeter of the county-owned property. The public can walk around the track while waiting for doctors' appointments at



Dr Jack Hataway, director of the Chronic Disease Prevention Division, cut the ribbon on the Pine Apple walking trail.

the nearby medical clinic.

"It's not monotonous and there are little curves on it," Mrs. Tracy said. Three-quarters of the trail is paved in asphalt and the portion alongside the main highway is cement. Motivational signs offer guidance to the walkers at various points along the way, letting them know how far they have walked. The signs were purchased with cardiovascular disease funding from the department.

Mrs. Tracy thanked a number of leaders who made the trail possible: Wilcox County

Commissioner Mark Curl who helped greatly with paving and landscaping, McDuffey Stallworth who designed and laid out the trail, and Vee Stalker with the University of

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Center for Emergency Preparedness to provide direction and management

State Health Officer Dr. Donald Williamson created the department’s Center for Emergency Preparedness in June 2002. The stated mission of the Center is “to provide overall direction to and management of the department’s assessment, planning, and response to acts of bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies such as meteorological, geological, chemical, radiological and industrial disasters.”

The Center ensures a coordinated and integrated process for monitoring progress, allocating resources, developing work plans, and coordinating activities within Alabama Department of Public Health units responsible for various activities related to disaster preparedness and response.

Federal money has been provided to the department since 1999 for educating public health staff and some hospital staffs, but there was a need to formalize, expedite and rebuild the infrastructure of public health after the terrorist attacks of Sept. 11, 2001. While many diseases have been eliminated, there is a real fear that smallpox is a threat once again. An entirely different emphasis is being placed on such infectious diseases.

Dr. Charles Woernle, assistant state health officer for Disease Control and Prevention, was named acting executive and medical director of the Center and Ray Sherer was named Director of Operations. Sherer previously directed the Division of Managed Care Compliance in the Division of Health Provider Standards. Among his responsibilities in his earlier position was the department’s emergency/disaster response and preparedness program.

“There are several ways enemies may attack-through various weapons of mass destruction including biological, chemical or radiological,” Sherer said.

The Department of Public Health has been funded by two different cooperative agreements for this purpose. More than \$14 million comes from the Centers for Disease Control and Prevention to prepare the public health infrastructure and slightly less than \$2 million from the Health Resources and Services Administration to help hospitals prepare and plan for bioterrorism. Each cooperative agreement carries with it very specific guidelines, and a spending plan has been approved.

The plan involves focus areas that are as follows:

- **Planning** - Staff are currently being employed to help the different health care stakeholders prepare for

bioterrorism. In addition to Dr. Woernle and Sherer, Virginia Johns has begun her duties as hospital coordinator, Bert Merrill is business manager and accounting person, and Angela Harmon coordinates the Health Alert Network. Research Analyst Florine Croxton analyzes, collates and interprets data from the assessments made by the Center.

The Center’s overall job is to facilitate planning and to assure activities proposed in the cooperative agreements are carried out. The Center’s role is also to prepare and respond to any disaster (including hurricanes, weather-related emergencies and large fires) and to assist the American Red Cross with shelters when local people cannot operate them. The Center coordinates emergency response for the department in addition to bioterrorism. The Office of Radiation Control coordinates response to radiation emergencies.

The first objective is to determine the state’s needs on bioterrorism from the local perspective. Two baseline assessments will be conducted-one for each county and one for each hospital. The information from the Center.....continued on page 7

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the University of Alabama at Birmingham who was the “Rock of Gibraltar” in instigating the grant application and assisting with it. Dr. Bonnie Stallworth, also with UAB, was instrumental in the training of the Community Health Advisors in their leadership role of promoting physical activity.

“We want all the town to use the trail because it helps everybody. We are thrilled to death with it,” she said. “I had no idea how pretty it would be with the landscaping and with the help of the county to support us.”

The trail was constructed in less than a year’s time, but the project could have been finished sooner had legal matters not caused a delay. A trailer had been placed on a portion of the land and had to be removed under court order.

The next projects will be providing outdoor lighting to make the trail more comfortable for people to walk in the evenings and planting flowers and shrubs to enhance the beauty of the path.

assessments will be evaluated to determine the readiness of the state as a whole to respond to disasters or terrorism.

The Center will provide planning, training, exercises and resources for natural disasters and other public health emergencies.

• **Surveillance and Epidemiologic Capacity** - Funding will facilitate the rebuilding of the public health infrastructure. Epidemiologists will be employed in the Central Office and at the local level. The 38 new positions will be divided up among the 11 public health areas. Most areas' bioterrorism staffs will include a public health nurse, a public health environmentalist and a disease intervention director. Leadership in each area will be provided by a bioterrorism coordinator. The coordinators' backgrounds run the gamut from a public health veterinarian, an environmentalist, a senior nurse to a disease intervention specialist.

At the central office level, programmers and a paralegal will be hired. Almost 70 people will be employed under these two cooperative agreements.

The work will be to train for and maintain a system for reportable disease surveillance which will assure the public and public health are informed about disease outbreaks and acts of terrorism. This system will also be the core of the department's response system to be able to assist in the event of a bioterrorist attack or an outbreak of disease.

In addition, area staff will assist each county in preparing for and responding to bioterrorism.

• To enhance our **laboratory capacity** for biological agents, seven persons will be hired to assist in technical assessments. The Bureau of Clinical Laboratories in Montgomery is being renovated and new equipment is being purchased and installed for almost \$4 million. Laboratory personnel throughout the state will be provided training.

• **Information Systems and Technology** - The Center is enhancing the department's communication activity through the Health Alert Network. This network is being expanded from eight to 24 lines to provide the capacity to reach all physicians by fax, e-mail or voice messaging. The HAN also enhances and expands release of information to the public through the news media.

So far as technology, the department will ensure the protection of data by using firewalls, antivirus software and digital incryption. This will assure security and protection. In addition, the Center will prepare a password protected website to provide information to providers, state

health employees and emergency responders. In addition, a second website on bioterrorism preparedness issues will be developed for the general public.

• **Risk Communication** - Funds are made available to conduct assessments, plan, conduct training and give community access through effective public health communication, concepts, messages and strategies. A series of satellite conferences on this subject will continue this month. (See Calendar.)

• **Education and Training** - Once assessments are done and training needs are known appropriate educational programs will be provided for the health care community throughout the state. Once community and regional response plans are in place, public health will conduct community and regional exercises. Eventually public health will conduct annual statewide health care system exercises.

The department will be upgrading to digital video communication equipment that is able to offer video streaming through the Internet. The Center will also contract with the University of South Alabama, the University of Alabama at Birmingham School of Public Health and the UAB Center for Disaster Preparedness for training.

At the outset, there were two committees required by the cooperative agreement-The Bioterrorism Advisory Council for the CDC and the Hospital Preparedness Planning Committee for the Health Resources and Services Administration. Most of the stakeholders have representation on these committees.

Sherer said, "We're very hopeful that the threat goes away, but the Center is needed to ensure the health care community is prepared to respond to bioterrorism to the extent possible. By building the infrastructure in the health care community, if there is a true emergency, everyone in the health department will pull together to help our neighbors.

"We're here to serve and we'll have a role whether it's a disease outbreak, a natural disaster or bioterrorism. Every health department employee will be a vital part of any response to these events, and anyone in the department might be called on to fill a critical role."

Tobacco Task Force recounts progress, challenges and opportunities

“Comprehensive tobacco control programs have been proven to work and interventions have been shown to be effective, but we must find the resources to implement a comprehensive plan. There is no better investment in Alabama’s future.”

This statement summarizes the conclusions of the Alabama Tobacco Use Prevention and Control Task Force which met Nov. 6 in Montgomery. According to Diane Beeson, Tobacco Control Division director, the purpose of the meeting was to update the State Plan for Tobacco Control and to formally adopt a draft evaluation plan.

Dr. Donald Williamson, state health officer, addressed the task force about accomplishments such as a lessening of youth smoking in the state, but he said, “Fundamentally, the leading barrier is a lack of funding.”

Current statistics, successful projects and progress toward plan goals were shared in the afternoon session. Work group members include representatives from colleges and universities, voluntary organizations, community mini-grant recipients and governmental agencies.

Progress

- Progress has been made in the area of reducing youth tobacco purchases. The non-compliance rate declined from 80 percent in 1994 to 11 percent in 2002, according to the Alabama Alcoholic Beverage Control Board that conducts compliance checks. Alabama law prohibits the sale of tobacco products to persons under age 19.
- The youth tobacco use prevalence rate declined from 37 percent in 1999 to 24 percent in 2001, according to the Youth Risk Behavior Survey of ninth through twelfth graders of cigarette use. This represents a 37 percent reduction in the number of ninth through twelfth graders’ smoking over a two-year period. In addition, the 2002 Youth Tobacco Survey supported this decrease showing a ninth through twelfth grader tobacco use prevalence rate of 25 percent.
- Alabama’s evaluation plan, developed by Dr. Martha Phillips, was recognized by the CDC as a model plan. Dr. Phillips, on behalf of the ADPH Tobacco Control Division, presented the plan to all 50 states at the CDC’s Surveillance and Evaluation Workshop in Atlanta in October and at the task force meeting.

- A new mini-grant program funds 17 communities statewide to conduct youth tobacco use prevention and empowerment programs. Their programs will impact more than 10,500 fourth through twelfth graders. This program is provided by the ADPH Tobacco Control Division with funding from Children First.
- Sixteen school systems received drug-testing strips to implement programs discouraging youth from using tobacco. The ADPH Tobacco Control Division purchased the drug testing strips with the first installment of Children First funds.
- Nearly 9,000 third through eighth graders in 41 schools are being taught a Life Skills Training curriculum. The ADPH Tobacco Control Division provides training and curricula with funding from the first installment of the Children First funds.

Challenges

- Lack of funding - Alabama is operating on a budget of 8 percent of the amount CDC says is required to have a comprehensive tobacco control program. Only two other states (North Carolina and Tennessee) spend less per capita on tobacco use prevention and control. The per capita spending of other Southern states on tobacco control programs is as follows: Mississippi- \$7.87, Arkansas - \$5.30, Georgia - \$2.86, Virginia - \$2.36, Florida - \$1.88, Kentucky - \$1.21, South Carolina - \$.80, Louisiana - \$.52. Several of these states are major tobacco-growing states. Tobacco production in Alabama accounts for just 0.04 percent of Alabama’s gross state product, yet tobacco control funding per capita is only \$.50 (*CDC’s State Tobacco Activities Tracking and Evaluation System, Tobacco Control State Highlights 2002: Impact and Opportunity. CDC*).
- Tobacco use costs Alabama in terms of lost economic opportunity and lives. The state ranks 48th in the nation in terms of per capita funding to address the tobacco problem while Alabama ranks higher than the national average in smoking-attributable deaths (326.6/100,000 in Alabama versus 295.5/100,000 in U.S.) (*Tobacco Control State Highlights 2002: Impact and Opportunity. CDC.*)
- Smoking costs Alabama \$1.17 billion in direct medical costs every year and is the leading cause of preventable

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death in the nation (*Tobacco Control State Highlights 2002: Impact and Opportunity. CDC*).

- In 1998, about 9 percent of all Medicaid expenditures went to treat smoking-related illnesses and diseases. (*Tobacco Control State Highlights 2002: Impact and Opportunity. CDC*).

Opportunities

- Alabama’s excise tax on tobacco ranks 45th in the nation and has not been increased since 1985. More than 17 states have proposed increasing the excise tax on tobacco in the past year. Increasing the excise tax in Alabama by 50 cents per pack would generate \$214 million per year at current consumption levels. (*Tobacco Control State Highlights 2002: Impact and Opportunity. CDC.*)

- Approximately 36 percent of Alabamians are exposed to environmental tobacco smoke in the workplace. Alabama is the only state in the nation that does not have Clean Indoor Air legislation to protect its citizens from secondhand smoke. By passing a strong Clean Indoor Air bill, Alabama can save hundreds of lives every year. (*Tobacco Control State Highlights 2002: Impact and Opportunity. CDC.*)

Task force work groups are Environmental Tobacco Smoke, Cessation, Communities, Schools, and Merchant Education. For more information contact Diane Beeson, Director, Tobacco Control Division, RSA Tower, Suite 1270, P.O. Box 303017, Montgomery, Ala. 36130-3017, (334) 206-5560, dbeeson@adph.state.al.us.



Dr. Martha Phillips describes Alabama’s model evaluation plan at the November meeting.

Retirees

Retiring effective Dec. 1 were the following public health employees:

- Norma Brown** - Colbert County Health Department
- Patricia Head** - Coffee County Health Department
- Timothy Stevens** - Bureau of Clinical Laboratories

Commendations

Health department employees who are listed here have received letters of commendation recently. To recognize other employees, please send letters through your supervisors or the state health officer to *Alabama’s Health*.

Georgette Blackmon
Center for Health Statistics

from Philip B. Box
Georgiana, Ala.

Georgette Blackmon
Brenda Brugh
Cathy Molchan
Center for Health Statistics

from Shelia Davison
Rhonda Stephens
Montgomery, Ala.

Sue Copeland
Walker County Health Department

from Betty Alexander
Jasper, Ala.

Wanda Culpepper, R.N.
Connie King, R.N.
Russell County Health Department

from LeAnn Horne
Phenix City, Ala.

Connie Danner
Center for Health Statistics

from Tami Maynard-Keen
Address unlisted

Commendations.....continued on page 10

Commendations.....continued from page 9

Jackie Esty

Center for Health Statistics

from Nadie Gardner
Lafayette, Ore.

Nina Haynes

Center for Health Statistics

from Margaret Morton
Sylacauga, Ala.

Mable Jordan

Center for Health Statistics

from Sharleen Smith
Montgomery, Ala.

David Kemp

Center for Health Statistics

from Linda Austin
Montgomery, Ala.

Carlisha Lane

Center for Health Statistics

from Troy State University
Montgomery, Ala.

Susan List

Center for Health Statistics

from Loretta A. Bates
Strasburg, Va.
Mary Jane Taylor
Tuscaloosa, Ala.

James Martin

Russell County Health Department

from LeAnn Horne
Phenix City, Ala.

Theresa Mulkey

Center for Health Statistics

from Sandra House
Address unlisted

Ellen Mullins

Melody Tompkins

Health Provider Standards

from Jane Knight
Montgomery, Ala.

Ann Owen

Public Health Area 5

from Jim Lynch
Tuscaloosa, Ala.

Sherryl Palmore

Walker County Health Department

from Betty Alexander
Jasper, Ala.

Takenya Stokes

Health Promotion and Chronic Disease

from Jack Hataway
John Matson
Montgomery, Ala.

Reginald Strickland

Center for Health Statistics

from Lateefah Muhammad
Tuskegee, Ala.

Melissa Tucker

Public Health Area 1

from Pat Hughes
Gora Skelton
Brilliant, Ala.

Wendy Washington

Center for Health Statistics

from Bobbie Johnson
Oak Park, Mich.

SPEAKING OF RETIREMENT

Tax Information

Are my retirement benefits from the RSA subject to federal income tax?

- A. The majority of your retirement benefit is subject to federal income taxation.

Contributions to the RSA that were previously taxed and purchases of service credit with previously taxed funds are exempt from federal taxation over the life expectancy of the retiree. Generally, 2 to 4 percent of monthly retirement benefits are exempt from federal taxation.

Q. How will the taxable amount of my retirement benefit be reported to me?

- A. During the last week of January 2003, the RSA will mail all retirees a Form 1099-R Income Statement for use in filing a personal income tax return. The 1099-R will report the retirement benefits subject to federal income tax.

Approximately a week prior to mailing out the 1099-R, the RSA will send each retiree a letter outlining the tax reporting procedures needed to file their 2002 tax return.

Q. Are RSA retirement benefits subject to state of Alabama income tax?

- A. If you reside in Alabama, RSA retirement benefits are not subject to state of Alabama income tax. If you reside in another state, check with that state's revenue department to determine your tax status.

Q. How do I increase the federal taxes withheld from my retirement check?

- A. You can increase the federal taxes by completing a W-4P, Withholding Certificate for Pension or Annuity Payments. You can request a W-4P from the RSA by telephoning 334-832-4140 or 1-800-214-2158 toll-free (extension 399 for the Employees' Retirement System or extension 499 for the Teachers' Retirement System) or by writing the RSA at P.O. Box 302150, Montgomery, Ala. 36130-2150.

You can also obtain a W-4P, as well as other tax forms by contacting the IRS at 1-800-829-3676 or download it from the IRS Web site, www.irs.gov.

Q. If I do not receive a Form 1099-R from the RSA by February 10, 2003, how may I obtain one?

- A. The RSA will provide a duplicate Form 1099R, but not until after February 10, 2003.

The original Form 1099-R is mailed to the home address on file with the RSA. If you have moved and have not provided the RSA with your correct address, the U.S. Postal Service may not forward your Form 1099-R.

To correct your mailing address, send the RSA written verification of your new address and include your full name and Social Security number. You can also obtain a Change of Address card from the RSA or download the form from our Web site, www.rsa.state.al.us.

Prepared by the Communications staff of the Retirement Systems of Alabama. To have your questions answered in "Speaking of Retirement", please address them to Mike Pegues, Communications, Retirement Systems of Alabama, 135 South Union St., P. O. Box 302150, Montgomery, Ala. 36130-2150.



December is National Drunk and Drugged Driving Prevention Month and Safe Toys Month.

Calendar of Events



December 10

Risk Communication, Part five of six, 1-3 p.m. For more information contact Jamey Durham, (334) 206-5605.

December 10 and 11

15th Annual Alabama AIDS Symposium (Rescheduled), Grand Hotel Marriott Resort, Point Clear. For more information contact Brenda Cummings, (334) 206-5364, or Tony Thompson, gtonythompson@aol.com or visit www.alaaidssym.org.



December 11

Psychological Disorders in Reproductive Women, Public Health Staff Development, 2-4 p.m. For more information contact Annie Vosel, (334) 206-2959.



December 17

Risk Communication, Part six of six, 1-3 p.m. For more information contact Jamey Durham, (334) 206-5605.



January 23

Arthritis Program (Specific topic to be announced), Centers for Disease Control and Prevention, 12 noon-3 p.m. For more information contact Pam Eidson, (770) 385-7250.



January 29

Infection Control Update 2003, Home Health Aide and Home Attendant Continuing Education, 2-4 p.m. For more information contact Janice McIntosh, (334) 347-2664, extension 400.



January 30

Open Access Scheduling, Public Health Staff Development, 2-4 p.m. For more information contact Debbie Thomasson, (334) 206-5648.



February 12

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

Happy Holidays!