



# EmployeeUPDATE

*Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.*

**A monthly publication for employees of the North Carolina Department of Health and Human Services**

## Health in Motion van brings primary care to rural residents



Members of the Partnership include (left to right): Lynda Smith, Halifax County health director; Sue Gay, Northampton County health director; Barbara Earley, Karen Lachapelle, Edgecombe County health director; Diane McLawhorn, driver Diana Vetter (Hertford County); health educator Colleen Diliddo (Hertford County); Jerry Parks, Albemarle County health director; Roxanne Holloman, Beaufort County health director; Evelyn Foust, HIV/STD Branch head; Ann Thomas, Dare County health director; Curtis Dickson, Hertford County health director. Not pictured: Kay Hall, Warren County health director; Linda Mayo, Hyde County health director; Kittie Davis, health director for the Martin-Tyrell-Washington District; and Dr. Eric Baxter, acting health director for Pamlico County.

Residents of Northeastern North Carolina are beginning to see something new on their rural roads and in their communities – a long, sleek, shiny-new, blue and white “Health in Motion” van. This mobile clinic is the cooperative project of the N.C. HIV/AIDS Prevention and Control Branch, the Northeastern North Carolina Partnership for Public Health (NENCPPH), and the East Carolina University Brody School of Medicine.

In rural areas such as the northeastern part of the state, services and people are often far apart, private transportation may not be available and public transportation is scarce, expensive or even nonexistent. Therefore, many of those people cannot access regular health care. Without regular checkups, health screenings and routine care, illnesses go undiagnosed or untreated, people get sicker, and diseases spread.

**Continued on page 2**

### INSIDE TOP FEATURES

**Second LeadershipDHHS class graduates, Page 3**  
**New Medical Director Joins DMA, Page 6**  
**Kathryn Dickinson wins national award, Page 7**  
**Finding a sign language interpreter, Page 10**

**DHHS Family Disaster Plan**

➔ **Page 6**



**Health Insurance Open Enrollment March 1 - 30**

➔ **Page 11**



**Health in Motion van, cont. from page 1**

To improve the health of people in that 19-county region, the 11 local health departments serving the area formed the cooperative Northeastern North Carolina Partnership for Public Health in 1999 to maximize their available resources and service potential. The group is focusing on three top priorities: HIV/AIDS, diabetes, and cardiovascular disease (heart disease and stroke).

The new mobile health van will provide health screenings and health education in all three of those priority areas. The goal of the NENCPPH mobile clinic is to provide at-risk populations access to HIV prevention and primary care and treatment services, as well as screenings for cholesterol, diabetes, hypertension, and infectious diseases. It will target communities that have limited access to care and are considered at high risk for preventable diseases.

Health in Motion will establish approximately six regional clinical sites in the region. Each site will receive a clinical visit by the van and its staff once every three months. In between those clinical site visits, the project will schedule health screenings, HIV counseling and testing services throughout the partnership area.

Operations of Health in Motion are managed by NENCPPH staff under the direction of the Infectious Disease Clinic at Hertford County Public Health Authority. Clinical services are being provided by Dr. Thomas Kerkering, Brody School of Medicine at ECU. Health in Motion receives funding from a Ryan White Title II grant and a Kate B. Reynolds grant.



The “Health in Motion” van features two examining rooms, a client education area, and restrooms, and is equipped with needed medical supplies and health education materials.

Curtis Dickson, health director for the Hertford County Public Health Authority, said, “This is an innovative effort of collaboration among local health departments, ECU and the state to bring not only primary medicine but also preventive care to all corners of this region. There are many active partners and players in addition to the local health departments and ECU.”

“We’ve had a great response to the van on test runs,” he said.

Jerry Parks, health director for Albemarle Regional Health Services, is also happy about this new resource. “Bertie County has a high rate of HIV and AIDS,” he said. “With this van, we can bring primary care and nontraditional testing opportunities to areas that otherwise would not have that.”

“We are very excited about this project,” said Evelyn Foust, head of the N.C. HIV/STD Prevention and Care Branch. “The Health in Motion van is a great example of a state, multi-county, community partnership at work to improve the everyday lives of North Carolinians.”

“The area of the state that this van will cover is highly rural, and transportation to and from medical care is a huge barrier,” Foust said. This mobile clinic will make access to critical health screening services so much easier for residents of those counties.”

NENCPPH is directed by a board of the 11 local health directors along with representatives from the N.C. Division of Public Health and the N.C. Institute for Public Health at the University of North Carolina. More information about the partnership is at [www.nencpph.net](http://www.nencpph.net). ■

## Second LeadershipDHHS class graduates

The second class of LeadershipDHHS completed the six-month program and graduated during ceremonies held Feb. 22 at the Healing Place on the Dorothea Dix Hospital Campus.

Secretary Carmen Hooker Odom congratulated the graduates and praised them for their hard work, dedication and interest in the future of the department. She reinforced the importance of the leadership development program and its impact on preparing future leaders to take on the coming challenges in health and human services.

Participants were chosen to represent a cross-section of agencies of the department and a variety of education, expertise, pay grade and tenure. The participants gained insight into the inner workings of the department through a variety of activities and a final project.

Dr. Jean K. Davis, a political science and public administration professor at North Carolina State University, assessed the communication styles of class participants. Davis also has a background in human services delivery in the public sector. Other topics included discussions of the department's legislative, public information and budget and analysis offices and their role interacting with the media, the public, the legislature and other state agencies.

Speakers also discussed the department's move toward a standardized survey instrument to improve customer service. Participants heard from Axel Lluch, director of the Governor's Office of Hispanic Relations, who discussed performance outcomes. They also toured the state's Emergency Operations Center and spent a day at the Murdock Center.

Attendees at the graduation included division directors, the graduates' managers, and members of the DHHS Succession Planning Work Group. In addition to receiving certificates in recognition of their accomplishments, the graduates presented team projects that focused on topics relative to enhancing staff recruitment, development and retention as well as services to DHHS consumers. Five projects were presented:

- **Creating a Structured Job Shadowing Program** – A retention program for N.C. DHHS;
- **Discovering Health and Human Services** – A course to introduce students to the health and human services fields;

Continued on page 5



Secretary Carmen Hooker Odom (top right) stands with LeadershipDHHS graduates on the Healing Place steps.



## Jalil Isa

# *iSalud y Saludos!*

## **Fender Benders**

A good friend of mine recently was involved in a tiny fender bender. There was hardly a scratch on her car. In fact, I couldn't tell her automobile had been in an accident. The same, however, could not be said about her face. For some strange reason I have yet to figure out, her seat belt didn't restrain her torso enough to keep her head from swinging forward. As a result, she smacked her face into the steering wheel. At the time of the accident, there was no blood or anything along those lines. In fact, other than some severe pain, she didn't think anything major had happened to her nose.

After talking to a doctor friend of mine, she began having second thoughts. The excruciating pain that followed the incident, the constant watery nose and congestion were all a sign of a broken nose, said my doctor friend. He, a former practicing physician in Cuba, gave a pretty detailed account of what he believed was the problem with the nose. Unfortunately for my friend, she wasn't in the best position to see a doctor licensed to practice in this country. My friend – as oh-so-many people in this country and particularly Hispanics in this state – is without health insurance. My friend's reason for going without insurance is due to a recent job change. While

I'm a strong proponent of securing health insurance, at whatever cost, even if for only for the few months in between jobs and before new workplace benefits kick in, I understand not everyone feels they have the financial resources to afford it. Of course, some of this is also influenced by each individual's sense of priorities and how much value they place on health insurance.

In my case, I learned a related hard lesson when I was 13 years old. I was the passenger in my cousin's new convertible Mustang when he slammed into a vehicle head-on. The impact pushed us back into another car. At this point, both my cousin and I were ejected from the vehicle (I wasn't wearing my seatbelt). While my cousin got off with nothing more than a broken collar bone, I got stuck in ICU with more needles and tubes than I could count. After 32 days in the hospital, the final hospital bill was sizeable, to say the least. Luckily, my mother had always placed a tremendous amount of importance on being insured. And to be honest, I'm not entirely sure why. It seems to be one of those security items that is often sacrificed by individuals of limited means. But for whatever reason, my mother was paying a figurative arm-and-a-leg for this coverage which, literally, ended up saving more than my arm and my leg. At this point, I learned not only the value of having health insurance, but also of wearing seatbelts – a lesson that I now preach – but that's an entirely separate story.

Unfortunately, a large proportion of Hispanics in North Carolina lack health insurance. That presents a huge problem in overall health care. And this is why this population often resorts to alternative means of finding health care. Recently, I told my friend – the one who likely got her nose broken and who's having to wait till her health insurance kicks in to see a doctor – that she's not the only one in her situation. Often, those who are having health issues will make arrangements to visit with a former doctor who's still able to provide some sound advice or get hold of prescription painkillers without having to go to a 'real' doctor. These are all things some of my own family members did while I was growing up. While I explained to my friend that those were realities that exist in communities fending for themselves, there are also potential consequences with taking medicine into your own hands. And, I know plenty of people who have painkillers from previous ailments in their medicine cabinets who then freely dispense their leftover medications to other friends and family when they get banged up and are hurting. Again, this is not at all advisable from a medical standpoint. But it's interesting to

Continued on page 5

**LeadershipDHHS, cont. from page 3**

- **Putting the Puzzle Together** – A study to improve internal communications in NC DHHS;
- **An Employer Incentive Program for the First Time Home Buyer;** and
- **Information Technology Use Among NC DHHS** – A look at current and future needs.

Graduates and the agencies they represent include: Patricia Bland, Elizabeth R. Brown, Gloria Fenner Davis, Kimberly Harrell, Elizabeth Newcomb, Amy Price, Phillip R. Protz and Stephanie Sanders, all of the Division of Vocational Rehabilitation Services; Christina M. Baker, Darryl Edwards and E. Renee Pender, Controller's Office; Emily Bowman, Joyce Massey Smith and Charles A. Williams, Aging and Adult Services; Ron Byrd, Anna Carter and Tammy Freeman, Division of Child Development; John O. Grimes and Paula Woodhouse, Division of Human Resources; Marta Hester, Division of Mental Health, Developmental Disabilities and Substance Abuse Services; Sharon Marsalis, Division of Budget and Analysis; Jill Rushing, Office of the Secretary; Brittany Davis and Richard Sladich, Division of Services for the Blind; Beverly Speroff, Division of Facility Services; and Angie Yow, Division of Medical Assistance.

This program is one of the ways DHHS is preparing for the future. With the anticipated change in the department's work force due to attrition and retirement over the next three to five years, the DHHS Succession Planning Work Group, the secretary and all the senior staff see a tremendous need to identify and prepare future leaders. As a result of the leadership program, the department gains a group of leaders, some of whom are poised to take more responsibility within DHHS.

The department plans to continue the LeadershipDHHS program and will soon start promoting next year's session. ■

---

**!Salud y Saludos!, cont. from page 4**

see how this happens in various segments of the population. However, for those without medical insurance, this becomes almost a necessity of survival, rather than a convenient alternative. Ultimately, it's important for those who one day find themselves in a position to afford health insurance to do so. But even then, some of these folks may still not be ready to accept the idea of seeking medical care and medical attention in the prescribed manner familiar and condoned by the U.S. health care industry. In the meantime, people will do what they feel they need to survive, and my friend will seek out help however she can.



*Editor's note: This column is the writer's personal discussion of these issue and does not indicate or imply any DHHS position on these issues. ■*

## New Medical Director Joins DMA

Dr. Patti Forest has joined the Division of Medical Assistance (DMA) as medical director.

The Tennessee native, who earned undergraduate and medical degrees there, will ensure that health care provided to North Carolina Medicaid recipients is both high-quality and cost-effective. She has experience in both areas.

A Fellow of the American Academy of Family Physicians, Dr. Forest completed her residency in family medicine in Florida at Naval Hospital Pensacola. At St. Luke's Hospital System in Bethlehem, Pa., she balanced medical and executive responsibilities as director of the family medicine residency program, co-director for quality, and medical director for the St. Luke's Family Practice Center.

With her children grown, Dr. Forest said it was time to move back south. She recently completed a Physician Executive M.B.A. program at the University of Tennessee-Knoxville and is a member of the American College of Physician Executives.

"She has an outstanding record of successful leadership in every role that she has held," said Dr. William Lawrence Jr., DMA's deputy director of clinical affairs.

As medical director for N.C. Medicaid, Dr. Forest looks forward to serving the medically needy while maximizing existing resources. One way to accomplish that, she said, is to weigh long-term outcomes against short-term costs. For example, a drug that reduces preterm births is expensive, but neonatal intensive care for a premature

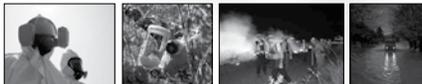


Dr. Patti Forest

infant can cost much more. Dr. Forest also wants to strengthen the relationship between DMA and physicians.

A resident of Durham, which she uses as home base for adventures in hiking, kayaking and traveling, Dr. Forest is also an accomplished cook. ■

**DHHS FAMILY DISASTER PLAN**



This document was developed by the North Carolina Department of Health and Human Services.

**Note:** It is important to store this document in a secure location to reduce the risk of losing personal information that could lead to possible ID theft and fraud. In addition, this document should be stored in a water tight container and on a computer disk.

Cover photographs appear courtesy of FEMA.

## New, for you! DHHS Family Disaster Plan

**Hurricanes? Floods? Snowstorms?** We all need to be prepared for disasters, but sometimes we're not sure exactly how to do that. To help you prepare, DHHS has developed an easy-to-use Family Disaster Plan. It's on the DHHS website in several easy-to-find spots:

- DHHS Employees page, [www.dhhs.state.nc.us/work.htm](http://www.dhhs.state.nc.us/work.htm)
- DHHS Pandemic Flu page, [www.dhhs.state.nc.us/panflu](http://www.dhhs.state.nc.us/panflu)
- DHHS Hurricane page, [www.dhhs.state.nc.us/docs/hurricane.htm](http://www.dhhs.state.nc.us/docs/hurricane.htm)

Or, you can access it directly at [www.ncdhhs.gov/docs/disasterplan.pdf](http://www.ncdhhs.gov/docs/disasterplan.pdf). You can even fill out the document electronically with your own, personalized family information and print it out.

We must all be personally prepared and have our families prepared for emergencies, even as we, as a health and human services agency, must help the state respond to any type of natural disaster or public health emergency.

# Kathryn Dickinson wins national award

Kathryn Dickinson of the State Center for Health Statistics, Division of Public Health, won a first-place award for her scientific poster presentation on club foot, a treatable but serious birth defect, at the 10th annual meeting of the National Birth Defects Prevention Network in Texas in early February. Dickinson's poster, "Maternal smoking during pregnancy and the risk for talipes equinovarus (club foot), North Carolina, 1999-2003" was given top honors in the highly competitive category of "Birth Defects Risk Factors."



Kathryn Dickinson

Dr. Jonathan Kotch of the UNC School of Public Health and Dr. Robert Meyer of the State Center for Health Statistics collaborated on the study. Dianne Enright, also of the State Center, was responsible for the design and layout of the poster.

Dickinson's study used birth certificate data to compare the frequency of smoking among women who delivered an infant with club foot with that of women whose infants were born without birth defects. She found that women who smoked during pregnancy were 40 percent more likely than mothers who did not smoke to have delivered an infant with club foot.

"These findings are important because they add to the growing line of evidence to suggest that smoking during pregnancy can increase the risk for congenital malformations in offspring," said Meyer, manager of the Birth Defects Monitoring Program (BDMP) and a collaborator on the study.

Maternal smoking has also been linked to increased risks for preterm birth, fetal growth restriction, and sudden infant death syndrome (SIDS). "Women should be informed of the full spectrum of the risks associated with smoking during pregnancy, and it is important that this information be given to them before they become pregnant," Meyer said. "That's because quitting smoking only after becoming pregnant may be too late for preventing major birth defects, which usually occur during the first eight weeks of gestation."

BDMP staff are currently collaborating on a case-control study of risk factors for club foot with researchers at the Slone Epidemiology Unit at Boston University, the Massachusetts Department of Health, and the New York State Department of Health. That study, which will collect information from maternal interviews as well as maternal and infant DNA samples, is aimed at clarifying the role that smoking and other exposures may play in causing club foot, and how genetic factors and family history may influence those risks.

A native of California, Dickinson received her MPH degree in maternal and child health from the UNC School of Public Health. She is currently a field supervisor in the BDMP and is actively involved in several ongoing research projects. ■

# DHHS WELLNESS INITIATIVE

## DHHS Annual Employee Wellness Survey Results

*Suzanna Young, DHHS Wellness Initiative Director*

The second annual wellness survey of DHHS employees last fall provided important information to the Wellness Initiative about employees' participation in worksite wellness activities and lifestyle changes employees made to improve their health in the past year. The survey also provided employees the opportunity to indicate their level of interest in future wellness activities. Almost one-third of all DHHS employees completed either an on-line or paper version of the short survey.

The survey results give interesting information about the types of activities that employees participated in, reasons why employees did not participate, and what changes employees made in their health behaviors in the past year. The results will be used to help evaluate the first year of the Initiative and will help in planning future employee wellness activities.

### **Types of Wellness Activities Employees Participated In**

More than half (61%) of survey respondents reported participating in one or more wellness activities at work last year:

- 31% participated in a walking activity and 7% in an exercise class at work.
- 27% received health information at work.
- 50 employees participated in tobacco cessation programs and 42 completed the program.
- 7% participated in a stress management activity and 4% received training on stress management.
- 33% had their blood pressure checked and 11% had lab tests such as cholesterol screening.
- 24% attended a health fair.
- 30% received a flu shot at work.

### **Reasons Employees Did Not Participate in Wellness Activities**

Lack of time was the reason most often given for not having participated in wellness activities at the workplace. Employees also said that wellness activities scheduled at inconvenient times prevented them from participating. Nine percent said activities were not well advertised and 8% said activities were not of interest or not located conveniently. Only 3% said that lack of authorization to use flex-time was the reason they did not participate.

### **Employees Reported Lifestyle Changes to Improve their Health**

Many employees reported making important lifestyle changes during the last year. These are changes that can significantly reduce people's risk of developing a chronic disease, as well as helping them to feel better and have more energy.

- Almost half of employees said they were:
  - Walking and/or exercising more often;
  - Choosing healthier snacks and meals more often; and/or
  - Eating more fruits and vegetables.

Continued on page 9

**DHHS Annual Employee Wellness Survey Results, cont. from page 8**

- One-third reported eating fewer high-fat foods.
- About one-fifth of employees reported:
  - Moving closer to a healthier weight, and/or
  - Managing stress better.
- 153 employees quit using tobacco last year and 214 reported using tobacco less often.

Fifteen percent of employees responding said they were already leading a healthy lifestyle.

**Did Participating in Wellness Activities at Work Make a Difference?**

Yes; significantly more employees who participated in wellness activities at work reported positive health behavior changes in the last year than did the employees who did not participate in wellness activities at work. Having opportunities during our work day to exercise, choose healthy food, avoid tobacco, and manage stress makes it easier for all of us to lead healthier lifestyles.

Thank you to all of you who completed the survey this fall, and congratulations to our DHHS wellness committees for helping so many department employees make progress toward reaching their personal health goals. Wellness committees have done a great job providing increased support in the workplace for employee wellness. The committees will use their agencies' survey results to plan even better wellness activities for the coming year.

**DHHS WEBSITE REDESIGN PROJECT**

▶ [FAQs](#) ▶ [Topic Index](#) ▶ [Ask Us](#) ▶ [Home](#)

Search DHHS:

GO

**Have you noticed that DHHS upper-level web pages now have search?**

You can search all 122 DHHS websites using this search. Look for search to appear on division pages soon.

All the latest about the DHHS comprehensive website redesign project is available in a State of the Web report, posted on the web at

<http://www.ncdhhs.gov/redesignproject/StateoftheWeb.pdf>

## Where Can I Find a Sign Language Interpreter?

**Have you ever been asked to provide a sign language interpreter, but had no idea where to start or who to contact?** The Division of Services for the Deaf and the Hard of Hearing (DSDHH) can help make the process easier and more efficient for you.

In the past, DHHS divisions and offices had to develop personal service contracts for each sign language interpreter or agency. The process was cumbersome and offered very little flexibility.

In order to simplify the process and to be in accordance with the DHHS Communication Accessibility Provision, the “DHHS Approved Sign Language Interpreter/Transliterator List (AIL)” RFA was created. The AIL can be used by any division or office within DHHS. So, individual service contracts are no longer needed, and it is easier to be sure you get licensed interpreters.

The staff interpreter at DSDHH maintains and updates the AIL, which includes the contact information, location, rate of pay and credentials of all the interpreters and interpreting referral agencies that have been approved to provide services for DHHS agencies. Each time a new interpreter or agency is approved, the AIL is updated and then disseminated via email to designated staff within DHHS. Then, when a staff member or a customer requests a sign language interpreter, the designated staff can simply pull up the AIL and begin contacting interpreters in the area. The RFA includes specific parameters in accordance with the interpreting profession, with which the hiring party and the interpreter(s) are expected to comply. It is the responsibility of the division or office providing the service to hire and pay for interpreting services, so it is a good idea to become familiar with protocol in order to ensure equal communication access for all parties involved. This way, there are no “surprises” and you know what to expect.

In addition, an AIL Information Packet was created that highlights pertinent contract information and offers practical suggestions and tips in order to make the hiring process easier. The packet also contains information you need to know before and after you contact the interpreter. The packet is available upon request either electronically or via hard copy, and the DSDHH staff interpreter, Catherine Johnson, is always available for assistance.

“We are pleased to offer this convenient new DHHS process for securing sign language interpreters,” said Johnson. “If you would like to know more about the AIL, please contact me at 919-874-2245 or by email at [Catherine.Johnson@ncmail.net](mailto:Catherine.Johnson@ncmail.net).” ■

## March 1 - 30: Health insurance open enrollment

All DHHS employees are encouraged to review their 2007 State Health Plan Enrollment Packets carefully.

As an example, plan benefits such as those in the Mental Health and Substance Abuse Coverage are different between the State Health Indemnity Plan and the Preferred Provider Plans (PPOs). Please review the differences in the plans closely to ensure you are receiving the best coverage for your needs.

During the open enrollment period, you may choose from the following three options:

- Remain on your current plan;
- Change to a different option within your current plan; or
- Select a different plan.

If you do nothing, you will remain on your current plan.

Plan changes will become effective July 1. Pre-existing condition waiting periods will not apply to any dependents you are adding during annual enrollment, if they have been continuously covered for 12 months without a break in coverage of more than 63 days prior to the effective date.

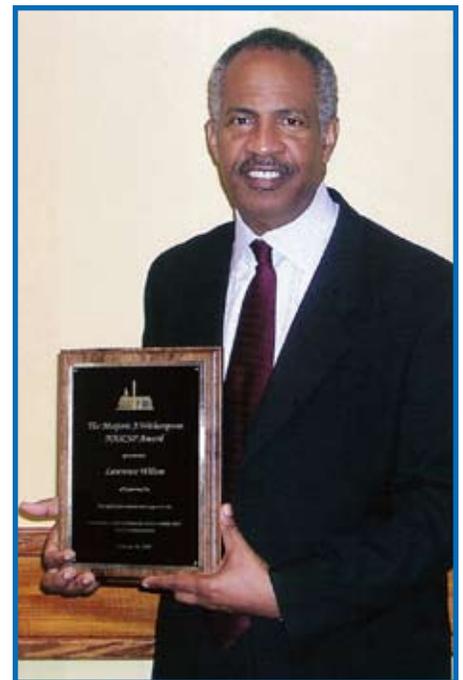
Enrollment packets are being mailed to all employees enrolled in the State Health Plan as of February 1. The packet will include information on the Comprehensive and Major Medical Indemnity Plan as well as the three levels of the Smart Choice plan, a comparison of current employee premiums, the Annual Enrollment Change Form, and a BlueCard brochure for the Blue Options Network.

Please contact your work section's Health Benefits Representative if you have questions or concerns. ■



## Association Recognizes Wilson

The National Association for State Community Service Programs recognized Lawrence Wilson on Feb. 16 in Washington, D.C., for his years of service to the association. He was presented with the association's 2007 Marjorie J. Witherspoon NASCSP Award. Wilson is director of the North Carolina Office of Economic Opportunity, housed in DHHS. ■



Lawrence Wilson

# Adoption Profile

## Introducing Marke'l and Pierre

Brothers Marke'l and Pierre are very close and need to find a loving home together. Both boys enjoy music and sing very well.

### A Closer Look at Marke'l

While he bonds well with adult females, Marke'l is a very independent boy who prefers being in his room listening to music, drawing, or building something with his Legos. He keeps his room very neat and enjoys rearranging it. Marke'l loves helping out in the kitchen and learning how to cook. His clothing and appearance are important to Marke'l and he loves to wear new clothes. Moving to a group home caused Marke'l to change schools and his current resource teacher has taken a special interest in him. With her guidance and encouragement, Marke'l has made some positive strides in his behavior and academic achievement. She sees how gentle he is with those he cares about. Marke'l needs to learn that he cannot be in control of everything and accept direction in a more positive way.

### A Closer Look at Pierre

Pierre can best be described as quiet, reserved, and mannerly. He has



Marke'l and Pierre  
Marke'l b. June 6, 1992  
Pierre b. November 28, 1990

excellent communication skills. Pierre is also musically talented and plays both guitar and piano very well. His passion is sports and keeping up with sports statistics and the history of sports, including the old-time players. Pierre volunteers at the YMCA working with the younger children. Pierre's role model is Michael Jordan and he fully intends to go to UNC-Chapel Hill.

Pierre has really identified with high school and is very dedicated about learning. He fully participates in all Advanced Placement and

Honors classes. His shyness, aloofness, and serious demeanor make it challenging for Pierre to have a large group of friends, although he does have a few. He has reached out by being active with the Homecoming dance and has talked about trying to start a school bowling club. Pierre needs to learn that his chores and responsibilities are an important part of becoming an adult and complete them without being nagged.

### A Family for Marke'l and Pierre

An adoptive family for Marke'l and Pierre should have experience working with teenagers. They must be flexible in their expectations and experienced in dealing with some of the challenges of adopting children in foster care. Their adoptive parents will need to advocate for Marke'l at school and encourage Pierre's continued success. Most of all, they will provide these boys with a maximum amount of love, affection and a sense of safety and permanence.

For more information on these children or adoption and foster care in general, call NC Kids Adoption and Foster Care Network toll-free at 1-877-NCKIDS-1 (1-877-625-4371). ■