

dhhs Employee UPDATE

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

Dempsey Benton is our new Secretary

Dempsey Benton brings almost four decades of public service to his new role as DHHS' 12th secretary. A career that began as finance director of Rocky Mount is capped by his new role as secretary of one of the state's largest and most complex agencies.

Benton says he is ready to hit the ground running. "I'm excited about this opportunity to work with the very capable staff here at DHHS," Benton said. "In the past six years, the department has made some major policy and programmatic changes. We need to institutionalize those changes in the coming months."

Most recently, Benton served as chief deputy secretary of the Department of Environment and Natural Resources, a position he held from January 2001 to February 2007. He served as the Raleigh city manager from 1983



Dempsey Benton

to 2000, and as the city's assistant manager from 1974 to 1983. Earlier, Benton was the city manager of Elizabeth City.

"I've seen this department from several different viewpoints – from a local government perspective and also

from another state government agency," he said. "But, I'm still finding it to be much more complex and extensive than I had realized."

Reforming the state's mental health system will be a top priority. Gov. Mike Easley has asked Benton to look at enhancing the accountability and effectiveness of mental health services and to identify any long-term structural adjustments to be made through changes in law. Benton said that even before officially joining the department, he met with the mental health management team to begin that process.

Benton will continue to work to break down barriers both inside and outside the department. "We need to focus on the services and how the organizational structure can effectively deliver them," he said. "The important thing is

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delivering services to our constituents.” He noted that during his tenure at DENR he worked on a number of multi-agency issues involving DHHS and wants to bring that same level of cooperation and partnership approach to future issues.

A graduate of the University of North Carolina with a bachelor’s degree in political science in 1967 and a master’s in public administration in 1971, Benton is a member of Phi Beta Kappa National Honor Society and

Phi Alpha Theta National History Honor Society.

His fiscal skills have resulted in 10 consecutive awards for financial reporting from the Governmental Finance Officers Association, which promotes professional management of government for the public benefit.

He is chairman of the N.C. Geographic Information Coordinating Council; chairman of the long-range planning committee of the Centennial Authority,

owners of the RBC Arena; a member of the N.C. Water and Wastewater Infrastructure Commission; and served as chairman of the N.C. Interagency Leadership Team, whose efforts are aimed at environmentally responsible transportation development to coincide with economic development.

He and his wife, Barbara, live in Raleigh. His wife is a retired elementary school teacher. Their daughter, Katherine, is an attorney. ■



World Rabies Day September 8, 2007

The communicable disease rabies poses a health threat to people in North Carolina and all over the world. Globally, rabies is responsible for approximately 55,000 human deaths each year, mostly in areas with uncontrolled canine rabies such as China, India and the Philippines.

To bring attention to the danger of rabies and to promote prevention activities, Saturday, Sept. 8, has been declared the first-ever World Rabies Day.

In the United States human rabies is rare, but it is common in our wild animal populations. In North Carolina, the raccoon and several species of bats serve as the reservoir for rabies. Because these animals are so numerous and live in such close proximity to people and our pets, the N.C. Veterinary Public Health Program believes it is critical that the state promote awareness about rabies on World Rabies Day and help organize events to actively combat this disease. To encourage and support World Rabies Day vaccination clinics across the state, Veterinary Public Health is also providing rabies tags at no charge to veterinarians and local health departments on Sept. 8.

More information about rabies in North Carolina and a partial listing of local rabies prevention clinics is on the Web at www.rabies.ncdhhs.gov. You may also contact

your local health department for clinic information (www.ncalhd.org/county.htm). For more on World Rabies Day, see www.worldrabiesday.org.

Promoting rabies awareness will have lasting benefits to our community. Feel free to contact N.C. Public Health Veterinarian Carl Williams (919-707-5931 or Carl.Williams@ncmail.net) with your questions or comments. ■





NCcareLINK – Your connection to up-to-date information about programs and services offered across North Carolina

People who use the Internet have a new resource for finding the health and human services help they need in North Carolina.

NCcareLINK, an Internet-based starting point, is designed to help people who are looking for services for themselves, loved ones or someone they are assisting. It is a way to overcome one of the most frustrating challenges faced every day by people who need assistance – finding the right starting point to get help, and then finding the help that they need.

The Web site is available at **www.NCcareLINK.gov**.

“This is truly a leap forward in the provision of assistance to those who may not know where to turn for help in – and near - their communities,” said Melodee Stokes, director of the N.C. Office of Citizen Services.

“With this Internet tool at their disposal many of our citizens can now seek the resources they need and save time and effort while they do it. They can connect at their public library, from their Area Agency on Aging, or from the privacy and convenience of their homes.”

The service is a partnership of state agencies and local information and referral services under guidance from the N.C. Division of Aging and Adult Services and the Office of Citizen Services, both elements of the N.C. Department of Health and Human Services. It is provided through a network of 21 Internet hubs across the state maintained by local departments of social services, area agencies on aging, emergency management offices and local government, non-profit and faith-based groups.

The goal: to provide public access via the Internet to helpful resources available to citizens. The effort is supported by an Aging and Disability Resources Center grant.

The service provides up-to-date information about what is available in all North Carolina counties via a user-friendly Web site. The NCcareLINK site provides space where people can save information as they compile options to help meet special requirements ranging from assistance for people with disabilities to those who may be looking for help with housing, health care and transportation.

Key features built into the system are designed to meet people’s short-term and long-term needs, a decision tool to help guide visitors to useful information, and a hot-topic area for posting of timely information that may be useful for people whose situations can be affected by critical changes in weather or government assistance, such as Medicaid.

NCcareLINK provides many of the same information and referral services that are provided by telephone from specialists in the Office of Citizen Services through the toll-free CARE-LINE, as well as many information and referral programs across the state.

People with questions or comments may send e-mail to: NCcareLINK@ncmail.net. People in need of assistance who are unable to access the Web-based service may still access the CARE-LINE by telephone for assistance at the same toll-free numbers: 1-800-662-7030 (English/Spanish), or 1-877-452-2514 (TTY). ■

Grunt the pig gets kissed during Combined Campaign event

Elizabeth Brown, chief of Budget and Planning for the Division of Health Service Regulation, won the opportunity to kiss Grunt, a 10-year-old pot-bellied pig, as part of the division's State Employees Combined Campaign activities.

"I thought it was a cooked pig," she joked as she approached the back end of a pickup truck where Grunt stood beside his seated owner, Cindy DePorter, who winced.

DePorter, program manager for quality evaluative systems for the Nursing Home Licensure and Certification Section, cautioned Brown that kissing the snout was out of the question. She assured her that Grunt, who sported a Combined Campaign T-shirt, had been freshly bathed and groomed for

the event. "Kiss him here," she said, tapping behind Grunt's head.

Brown's kiss, delivered squarely to Grunt's left shoulder, drew a burst of applause from division employees outside the Council Building, as did the announcement just moment earlier that employees contributed the most cash – \$138 – to a piggy bank bearing her name. She designated those funds for the Seth Mitchell Foundation, which provides scholarships to exceptional students, raises money for Make-A-Wish, and donates money to children's hospitals. Four other piggy banks were stuffed during the Aug. 20-24 fundraising, but not quite as well. Jeff Horton, chief operating officer for the division; Beverly Speroff, chief of the Nursing Home Licensure and Certification Section; Sharon Odom with Office of Emergency Medical

Services; and Alice Creech from the Medical Care Commission were all off the hook. Their piggy bank collections were targeted to their designated charities. In all, Grunt helped raise \$389.

The pig kissing was part of the activities Aug. 27 surrounding the division's Combined Campaign enrollments. Other events included a yard sale and a dunking booth where hurlers could throw two balls for \$1 to benefit favorite charities of booth volunteers Paul Pennell, Steve Lewis, Betty Cogswell and Regina Godette-Crawford. Just for the record – all four got wet. The take for the afternoon activities also included \$124 for the dunking booth and \$150 for the yard sale, according to Kathy Larrison, who coordinated the event. "That's \$563 more for the campaign," she said. ■

*Allison Slight,
DHHS Public Affairs Office intern*



Elizabeth Brown kisses Grunt during SECC event for Division of Health Service Regulation.



Jalil Isa

iSalud y Saludos!

The Life Ladder

In the next few weeks, I'll be celebrating (well, maybe simply acknowledging) my 30th birthday. It's kind of weird to suddenly feel like I'm being thrust into my "30s" while my 20s will cease being part of the present and become part of my past. It's kind of strange to reflect, too, on how I'm interpreting this next rung in the constant ladder that is life.

For starters, I'm certainly pleased with all that I've accomplished in my years. From people to countries to experiences, I've lived a whole lot in these nearly 30 years. But I still feel like there's so much more—and, of course, there is! Yet, I'm puzzled by how concerned I am as to whether I'll have time to complete all that is still left for me to do. Is this my early mid-life crisis? Or perhaps this is simply the natural reaction most of us have to our realization that there is a clock, somewhere, ticking along to a final hour with your name on it. And that with each passing second, minute, hour, day, year...with each passing moment, we're closer and closer to that final hour.

But, I ask myself, has each hour not brought more amazing experiences in my life? Have I not lived my life to the fullest? Has it all not gone, for the most part, according to plan (whether the plan was designed years or seconds before the action that followed it)?

And yes, all-in-all, the answer to all this is yes. Nevertheless, there's still

so much more I feel is left to conquer. Will I succeed? Moreover, will I foolishly measure my success in life based on how much I did? Perhaps I'll have learned the key to life by the time I hit my 40s.

Another interesting point to all this seems to be the manner in which we Americans interpret age and the passing years. In the Hispanic culture I grew up in and in the Latin-American countries I have visited, age is not perceived the same way. There's no question that most adults sneer at the impending birthdays that come one after another. But usually, they just seem to say they're getting old. They sort of just accept it. Maybe they're just better at hiding their deep-seated angst. But at first glance, they don't appear to suffer from the proverbial mid-life crisis that seemingly afflicts so many of us. They don't go out and buy a big fancy car (even if they could afford one); or try to suddenly date someone much younger (and if they do, it doesn't generally seem to have much to do with any concerns about their mortality). Nor do the numbers 30 or 40 seem to bring with them the level of panic that sometimes strikes some of us here.

Even the manner in which we celebrate birthdays differ. For the most part, Americans may gather for dinner or a party and invite some of their closest friends for a regular birthday with no zero at the end of the number. It will be a rather simple affair and might involve a nice dinner and drinks. That's that.

Hispanics almost always will celebrate their birthday at someone's house. There will be a feast for dinner. But what makes a Hispanic birthday notably Hispanic is the cake and appetizers. Central Americans may make a spread of something resembling tapas: taquitos, tortillas, maybe some empanadas, and certainly some homemade cake. Cubans instead will have croqueticas, pastelitos, and bakery-bought cake. The croquettes are something that is hard to come by in North Carolina (think of ground ham mixed with flour and fried). The pastelitos are a pastry, usually filled with guava or even some ground beef. And you can also fill yourself up with bocaditos (which, despite its name, is little tiny sandwiches with a tasty filling). Finally, the cake—they're to die for. Great pride is taken on finding the best bakery for the cake.

None of this will be part of my birthday this year. Instead, I'll probably be enjoying an evening out with friends. And I'll be completely OK with that. I welcome both the culture I grew up in and the one I surround myself with now. And I'm happy where I find myself currently. If only I could just stay at this number forever! ■

Jalil

Dr. Casani gets key appointments

Dr. Julie Casani, director of the Division of Public Health's Office of Public Health Preparedness and Response, recently received notice of two key appointments.

In July, Dr. Casani received notice that the U.S. Department of Homeland Security (DHS) had appointed her to the Homeland Security Science and Technology Advisory Committee for a three-year term. The advisory committee acts as a source of independent scientific and technical planning advice for DHS. During the next few years, the committee will focus on organizing the nation's scientific and technological resources to prevent or mitigate the effects of catastrophic events, whether natural or man-made.

In June, the UNC School of Medicine announced that Dr. Casani had received adjunct professor standing with the Department of Emergency Medicine. That non-salaried appointment is scheduled to last until May 2010.

Dr. Lou Turner, deputy chief of the Epidemiology Section, pointed to Dr. Casani's years of experience in both emergency medicine and public health preparedness as the reasons for landing two such prestigious appointments.

"We are extremely pleased, but not surprised, that Dr. Casani is now associated with two such outstanding and relevant operations," Dr. Turner said. "Her involvement with

Homeland Security efforts on the national level and her appointment as an adjunct professor at UNC demonstrate the wide range of expertise she brings to her position and is a great reflection upon our state's public health preparedness efforts."

Dr. Casani assumed the roles of Preparedness Director and PHPR Branch Head in June 2006. Prior to coming to North Carolina, she held a similar position with the Maryland Department of Health and was an emergency medicine physician for 6 years. ■

Anderson named O'Berry Center Nurse of the Year

Phyllis Anderson, LPN, was named as the O'Berry Center Nurse of the Year at a ceremony on July 11. An O'Berry employee since June 1995, Anderson works in the facility's Neuromedical Treatment Center.

According to O'Berry Center Director Frank Ferrell, the award is designed to recognize excellence in the nursing department in areas such as job performance, contributions to the Neuromedical Treatment Center and the nursing profession, community service and attendance. The awardee is chosen from among the four Nurse of the Quarter award winners. Anderson received the award for Nurse of the Spring Quarter.

"Phyllis Anderson is dedicated to the individuals and employees at O'Berry Neuromedical Treatment Center," Ferrell said. "She is a role model for all staff through her caring nature and her unending willingness to help others."

Other quarterly winners were: Cameron Withers, RN, Summer Quarter; Belinda Hobbs, RN, Fall Quarter; and Florence Cutler, LPN, Winter Quarter. ■



Jan Heath, O'Berry Center Nursing Director, presents Phyllis Anderson with the 2006-2007 Nurse of the Year award.

Bacon Named Director of Governor Morehead School

Barbria T. Bacon, an educator with many years of experience working with visually impaired children, is the new director of the Governor Morehead School for the Blind (GMS). Bacon began her duties on the campus August 6.

“Barbria Bacon is a proven leader in education of the visually impaired,” said Dwight Pearson, interim superintendent of the Office of Education Services. “In looking to the future of GMS, it is critical to have someone who understands the multiple needs and issues of the students we serve, as well as someone with strong management skills.

“Barbria has the experience and understanding to help our students learn and achieve as they prepare to be productive members of the community.”

Bacon comes to GMS from the South Carolina School for the Deaf and Blind, where she served as the director of

Education Services and was responsible for blind, deaf and multi-handicapped schools, special education, career technology education and post-secondary education. Her experience also includes 19 years at the Maryland School for the Blind, serving as a team leader, assistant principal and principal.

“I am excited by the opportunities of working as school director at Governor Morehead,” said Bacon. “I look forward to working with the outstanding staff at GMS as we serve students across the state of North Carolina.”

Bacon received her undergraduate degree in Education/Special Education from Morgan State University and a master’s degree in Administration and Supervision from the Johns Hopkins University. Both schools are in Baltimore, Md.

Established in 1845 as the eighth state school for the blind in the country and the first to serve an integrated population, GMS is the only residential school for the blind operated by the N.C. Department of Health and Human Services. Each year, the school serves more than 700 students ages five to 21 from all areas of North Carolina through its residential and outreach services. ■



Barbria T. Bacon



MH/DD/SAS Safety Representative Recognized

Monica T. Jones, a program coordinator with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, has completed Phase I of the DHHS Certified Safety Representative Program. She is responsible for safety programs for the division director’s and operations support offices in the Albemarle building as well as the division’s other Raleigh-based offices. Jones received certification for successfully completing a comprehensive review and update of the division’s safety and health policies. Left to right are Monica T. Jones and Mark Martin, DHHS safety director. ■

Meet our new Public Affairs intern...

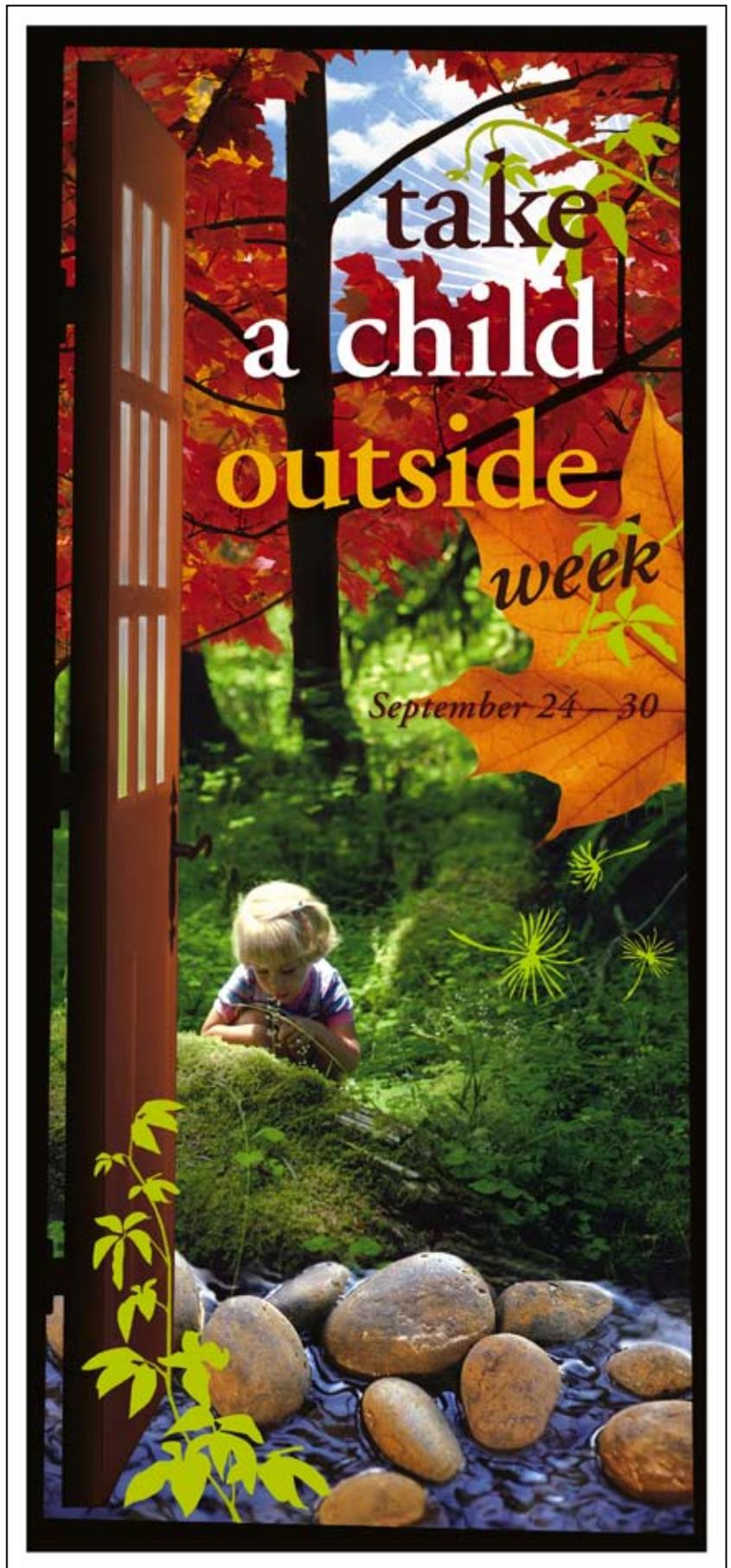


Allison Slight

Allison E. Slight, a senior at Meredith College, is serving an internship for the fall semester in the Public Affairs Office of DHHS.

A dean's list and honors student since starting college in 2004, Allison is working toward a Bachelor of Arts degree with a concentration in communications. While interning, some of her work experience will include preparing articles and photographs for the department newsletter, *DHHS Employee Update*, as well as learning about day-to-day operations of the office and the department.

Allison is president of the Lambda Pi Eta chapter of the Communication Honor Society. She works part-time as a server at a Raleigh restaurant and enjoys playing indoor soccer. ■



BEACON and DHHS

You may have heard that through BEACON and Employee Self Service (ESS), DHHS employees will be able to:

- View and print past and current pay stubs;
- View available leave balances;
- Enroll in the State Health Plan and for NCFlex benefits during open enrollment periods; and
- Securely update personal information such as address, phone numbers, and dependants.

But you may not know that the BEACON project is working with the Office of the State Treasurer and the ORBiT retirement system to keep your personal information safe.

Beginning in January 2008, employees will receive a unique Employee ID number, replacing the old method of using Social Security Numbers (SSNs) to identify state employees. As a DHHS employee, you will use this new identification number while currently employed and for access to the retirement system once you have left state government service or retired.

DHHS is scheduled to “go live” with the BEACON system in April 2008, so watch for more information on Employee ID card distribution as that date approaches. ■



take a child outside *week*

September 24 – 30

Take A Child Outside Week, held September 24–30, is a national program designed to help break down obstacles that keep children from discovering the natural world. By arming parents, teachers and other caregivers with resources on outdoor activities, our goal is to help children across the country develop a better understanding and appreciation of the environment in which they live, and a burgeoning enthusiasm for its exploration.

Visit www.takeachildoutside.org to:

- pledge to take a child outside
- find a list of interesting outdoor activities
- find a participating organization in your area
- record your outdoor experiences

COME BE A PART OF THIS NATIONAL MOVEMENT!

THIS PROGRAM HAS BEEN INITIATED BY THE **NORTH CAROLINA MUSEUM OF NATURAL SCIENCES** AND HELD IN COOPERATION WITH PARTNER ORGANIZATIONS ACROSS THE U.S. AND CANADA, INCLUDING N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES AND EAT SMART, MOVE MORE...NC.

www.naturalsciences.org

So ... What's Different?

Changes in the DHHS Website

Notice a difference at www.ncdhhs.gov? A lot has been happening this year.

Some of the categories of information are new, and one has been retired.

- “Government” is a new section for state employees and local agencies.
- “Partners and Providers” is a new section for those we license, certify, or do business with.
- “Facts and Figures,” including news releases, statistics and high level publications for researchers, is also brand new.
- “Government” and “Partners and Providers” (with a combined 150 links), replace “Employees and Partners” (which had 21 links).

Some of the categories of information were brought to the home page, such as Children and Youth, Families and Adults, Older Adults, Health, People with Disabilities, and Medicaid. These pages were one step down before, under What We Do.

In three months, the traffic to these pages has more than tripled.

The number of web pages that are two clicks away from the home page has doubled, from about 250 to about 500.

These changes are part of the DHHS Comprehensive Website Redesign Project. (How’s that for a mouthful!) The information you see on these pages is a collaborative effort of 80 people from across the department. These people sat down and hashed out such questions as ... what do residents looking for health information want to see? What do researchers want to see? What about DHHS employees? And how should we organize all this information to make it easy to find?

So when does the look of the site start to change? Stay tuned for information about design in a future Employee Update.

The DHHS Website by the numbers:

Number of DHHS links that are one click away from the home page in 2006: **250**

Number of DHHS links that are currently one click away: **500**

How much web traffic has increased to DHHS services pages this year: **Tripled**

Visitors to the DHHS home page in December 2001: **27,090**

Visitors to the DHHS home page in June 2003: **54,157**

Visitors to the DHHS home page in July 2005: **87,487**

Visitors to the DHHS home page in July 2007: **115,799**

Number of people from all DHHS divisions helping to redesign the information on the DHHS site: **80**

*Lois Nilsen, Project Director,
DHHS Comprehensive Website
Redesign Project*

“With the Website Redesign Project, we’re being more intentional and selective about how information is presented, and it’s having an impact. The numbers tell a startling story. Small changes make a difference, and big changes make a big difference. There’s a lot more in store for the site. I can’t wait to see what happens!”

— Linda Povlich, Senior Advisor to the Secretary

Home ownership initiative brings info to fellow employees

Because of a 2006-2007 Leadership-DHHS project, department employees are getting information about financial help for first-time home buyers in the form of a flyer included with their August paycheck or pay stub.

Project team members Stephanie Sanders, Jill Rushing, Rick Sladich, Anna Carter and Paula Woodhouse became interested in the topic of home ownership after listening to Julia Bick from the department's Housing Initiative, who spoke on different housing opportunities, including increasing access to buying homes.

Through meetings with officials from the U.S. Department of Housing

and Urban Development, the N.C. Housing Finance Agency, and the U.S. Department of Agriculture, the group members found that there are multitudes of low-interest loans and grant opportunities available and that many DHHS employees meet the income eligibility guidelines for these programs.

To educate department employees about resources to help first-time homebuyers, the group developed the pay envelope insert, which provides valuable information about financial help that employees might otherwise not know about. Employees may also be able to use the information with many of the different clients served by the department. (Check out the insert below!)

LeadershipDHHS is a six-month series of seminars, presentations and work sessions that introduce identified future DHHS leaders to the issues and challenges facing the department. In addition to the seminars and presentations, each member of the class is assigned to a team to take an issue facing DHHS, its employees or clients, and work on possible solutions or creative approaches to tackle the problem. The group that developed the pay envelope insert came from a variety of agencies within the department: Disability Determination Services, Council on Developmental Disabilities, Division of Services for the Blind, Division of Child Development and Division of Human Resources. ■

DHHS Employees: Is owning a home in your future?

You may be eligible for a Low Interest Mortgage!

Both low interest mortgages and down payment assistance are available across the state for qualified first-time home buyers. The maximum income, based upon household size and location, may surprise you.

For example: A family of four could qualify for both a low interest mortgage AND* down payment assistance when household income is at or below the following limits:

Wake County: \$57,300 - Burke County: \$41,200 - Wayne County: \$37,700

* Income limits for FirstHome Mortgages without down payment assistance are substantially higher.

See the reverse side for additional information.



The **North Carolina Housing Finance Agency (NCHFA)** administers programs designed to help you afford your first home. Take the first step and call NCHFA at **(800) 393-0988** or visit their website at www.nchfa.com/Homebuyers/HBhomebuyers.aspx. Follow the menu on the left side of the screen for income limits in your county and additional information.

Many local governments administer their own home buyer assistance programs. Local Housing Counselors are trained to provide one on one assistance in accessing these programs, understanding the home buying process, and preparing potential home buyers (repairing credit, etc.) for taking on a mortgage. Find a **Certified Housing Counseling Agency** in your area at www.nchfa.com/Lenders/Rhousingcounseling.aspx.

The Sickle Cell Program challenge

In celebration of September as National Sickle Cell Awareness Month, the North Carolina Sickle Cell Syndrome Program challenges all readers of this article to take a few minutes to learn about Sickle Cell Disease and Sickle Cell Trait. Please visit the DHHS Sickle Cell website at www.ncsicklecellprogram.org or call 919-707-5700 Monday through Friday and ask for a member of the sickle cell program staff.

Sickle Cell Disease is an inherited blood disorder that is passed from the mother and father to the child. Approximately 6,000 North Carolinians of all races and ethnicities have sickle cell disease, and an estimated 200,000 others have the sickle cell trait. The disease can be debilitating and painful, causing organ and tissue damage.

People with sickle cell trait seldom have any medical problems, but may pass this genetic trait on to their children. If both parents have sickle cell trait, their children have a one-in-four chance of being born with sickle cell disease.

The state ensures that quality care and services are available in all 100 counties through a system of regional sickle cell educator counselors, comprehensive medical centers, community-based organizations, and health departments. The program works closely with the Governor's Council on Sickle Cell Syndrome and Other Related Genetic Disorders to address the changing needs and issues of the sickle cell community.

Many events and activities will focus attention on this disease during

September. The N.C. Sickle Cell Syndrome Program's patient and provider conference was held in August, with the theme of *Hope For A Brighter Future: Living Longer, Standing Stronger*. Attended by about 350 patients, families and providers, the interactive conference kept participants actively engaged during sessions on pulmonary complications of sickle cell, transition from pediatrics to adult care, physical fitness and nutrition, and many other topics and activities.

September is National Sickle Cell Awareness Month, but our clients live with Sickle Cell Disease 365 days a year. Let's all do our part to get educated and provide support to families living with sickle cell. If you do not know your status, get tested! ■

Privacy and security of DHHS systems and information

Information technology systems and shared information are essential to the business of DHHS, but computers and networks also pose security and privacy risks for employees, the department, and the people we serve.

The DHHS Privacy and Security Office (P&SO) has department-wide responsibility for the development, coordination, enforcement and monitoring of security policies, standards, guidelines and procedures based on federal and state ITS requirements, expectations and deadlines. This enterprise-wide security program in-

cludes both the software and hardware to meet the needs of all of DHHS.

The DHHS P&SO monitors the department's network and investigates security incidents. DHHS divisions and offices also have an important responsibility for privacy and security, and they are kept informed and involved through a DHHS security work group. Individual employees also have a role to play in preventing the inadvertent dissemination of private information.

Information technology security starts and ends with the employee; the person that is most often overlooked as a threat to the entire system. This security threat can exist out of non-compliance or ignorance of the danger of some activities with state-owned information systems, rather than willful misuse of those systems. It is not always the hacker or another outsider that presents the most challenge for IT security staff, but ourselves, our friends and our co-workers.

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INTRODUCING THE BUSINESS OF



This is the sixth and final in a series of articles that introduces the DHHS Business Plan and discusses the different Business Drivers identified in the plan.

Business Driver #5

DHHS will enhance internal and external communications and marketing efforts to continue our focus on customer service.

How do we drive communications up, down and all around?

The cornerstone of any successful business is communication. It is vital to share information with others and for that information to be understood. All of us have felt repercussions resulting from failing to communicate, but we also have experienced times when good communications contributed to the success of a project or program.

Managing in DHHS can be frustrating and complex. Priorities may change daily, different constituencies demand that their issues be heard, budgets may blow away in the political winds – is it any wonder that sometimes we don't devote enough time and attention to communicating with our internal and external customers?

When interviews were conducted for the DHHS Business Plan, negative comments were abundant about how we fail to market our services and communicate with each other, our constituents and clients. This led to a followup study solely focused on communications that concluded that "... less-than-effective collaboration and communication results in less-than-effective delivery of our services. When we fail to communicate effectively, women, children and families, the elderly, sick and needy are all placed in jeopardy."

The communications study emphasized that the way we communicate should vary by the audience to which our message is directed and that we should explain as well as declare. The study also pointed out that to successfully complete the communications loop, recipients cannot expect to sit by passively and be spoon-fed information. We all have a responsibility to actively seek out information from the many sources available to us.

While marketing is an often-ignored aspect of communications in government, this issue was discussed extensively at a recent DHHS workforce conference attended by top managers from throughout the department. The focus was on recruitment and how we can improve our ability to attract good candidates for employment by creating and implementing a plan that communicates what we do, how and where we do it, and who benefits – all in the context of why DHHS is a good place to work and build a career.

Understanding the complexity of moving bills through the legislature, achieving rules and policies that support our programs, and creating awareness about the services we provide leads to an understanding of why we need to "market" to our clients and constituencies rather than just

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Introducing the Business of DHHS continued from page 13

“communicate.” Marketing is a special form of communication, and it’s hard work. But it’s a necessary part of our strategy for success, both operationally and programmatically.

Tearing Down the Silos

If communication is the ability to share information with others and have that information understood, how effective can we be if we all operate within our own “information silos,” where information moves up and down the organizational structure but not out to other parts of the department or to the public and back?

Our department has evolved many information silos in the form of databases and systems that do not communicate with each other or that deny access to users who have a need for the information. Technology, used correctly, can help us communicate better, faster and cheaper. But people make that happen. For information to flow up, down, and all around, we must think of communication first. That means thinking about who needs or wants the information...determining whether the information is understandable...and putting together a communication plan, whether a phone call, a series of emails, a meeting, or a full-fledged media campaign.

So ... what is communication?

- Communication is information sharing.
- Communication is listening.
- Communication is conveying expectations.
- Communication is access to and appropriate use of information.
- Communication is marketing to specific constituencies to achieve specific results.
- Communication is one of the chief tools of learning and thinking.
- Communication is a learned skill. The more you do it, the better your communications become.

Failure to communicate results in stress and increased work loads, interrupts the delivery of services, creates adverse feelings with providers and policy makers, and harms the image of the department and government workers in general.

Effective communication is essential if DHHS is to accomplish its mission of “providing efficient services that enhance the quality of life of North Carolina individuals and families so that they have opportunities for healthier and safer lives resulting ultimately in the achievement of economic and personal independence.” Everyone in DHHS must take personal responsibility for making sure he or she is communicating fully with—and listening to—all those who have a stake in the outcome of our actions. ■

See the complete DHHS Business plan at www.ncdhhs.gov/opp/businessplan/index.htm.

DHHS WELLNESS INITIATIVE

Cherry Hospital Opens Employee Wellness Center

DHHS employees at Cherry Hospital now can exercise indoors year-'round in their new employee wellness center. More than 1,200 employees work at Cherry Hospital, a 284-bed inpatient psychiatric hospital serving the citizens of 33 eastern North Carolina counties.

Wellness Committee co-chairs Judy Howell and Dean Barfield, members of the wellness committee, and staff at the hospital worked for a year and a half to make the employee wellness center a reality. Cherry Hospital director Jack St. Clair supported the project, helping to identify an unused space in the hospital that could be available to all three shifts of hospital staff 24/7, and assisting with needed renovations to the space. Connected to the new wellness fitness area are locker and shower facilities for staff.

The committee and hospital staff worked hard to make the room comfortable and attractive. A local Girl Scout troop added decorative painting to the room as their service project. The cheerful colors and circle design on the walls make the room bright and inviting to staff to use before or after work or during their meal break time. The Cherry Wellness Committee filled the room with fitness equipment from a variety of resources. The DHHS Wellness Initiative provided an exercise bike, hand weights, weight scale, and exercise ball. Hospital staff donated used fitness equipment in good condition for the room.

Employees gathered with much excitement on June 20 as the wellness committee and Dr. St. Clair officially opened the wellness center to employees. Staff enjoyed a variety of healthy snacks as they waited for Dr. St. Clair to cut the ribbon officially opening the center. Afterward, the room quickly filled with employees trying out the fitness equipment and admiring the attractive décor. Members of the



Dr. Jack St. Clair cuts the new center's ribbon, assisted by members of the Cherry Wellness Committee: (left to right) Suzanna Young, Judy Howell, Joy Glover, Phyllis Coley, Jack St. Clair, Terry Benton, Nate Carmichael, Brian Curry and Dean Barfield.

wellness committee provided instruction on how to use the fitness equipment and showed the area of the room where printed wellness information would be available.

Employees at DHHS hospitals and schools work three shifts and many find it difficult to exercise out of doors or to visit a fitness center after working second or third shifts. It is especially important for these workplaces to provide employees an opportunity to exercise at work. Staying fit is also an important way to help care providers at resident facilities avoid injuries due to heavy lifting, assisting patients, and interacting with aggressive or overactive residents.

"Cherry Hospital is to be commended for creating its wellness center and providing such an important resource that can help employees lead a healthier lifestyle," said DHHS Wellness Coordinator Suzanna Young. ■

Hundreds attend farewell party for Carmen Hooker Odom

The boiling heat of summer abated just enough on Aug. 14. While the aroma of catered barbecue from a Goldsboro landmark wafted over the Adams Building grounds, DHHS leaders and staff and members of the Governor's council of state paused to count accomplishments and offer praise for six and a half years of leadership by Carmen Hooker Odom.

It was an evening for giving gifts and recognition: Alan Hirsch, policy director for the Governor's Office, presented the Order of the Long Leaf Pine; former executive assistant Glenda Parker presented a photo album; a department-wide effort resulted in the presentation of a DHHS memory quilt stitched together by Chris Rollins; Leza Wainwright presented a magnolia pin from DHHS employees; and Les Patteson, electronics shop coordinator for Central Regional Maintenance, gave the departing Secretary a Carolina-style music-filled set of CDs.

Speakers included Hirsch; Deputy Secretary Dan Stewart; Assistant Secretary for Long-Term Care and Family Services Jackie Sheppard; State Health Director Leah Devlin; Mark Benton, director of the Division of Medical Assistance;

Debbie Jackson, director of the Division of Services for the Blind; and Lanier Cansler, who served as deputy secretary of DHHS for four years ending in April, 2005. In her comments, Hooker Odom thanked all for their work that has moved the department forward during her tenure.

Her husband, former state Sen. Fountain Odom, and several of the couple's children and grandchildren attended the tribute. Hooker Odom is leaving the department to become president of the Milbank Memorial Fund, a New York-based health policy foundation. ■



While the Secretary's and her husband's grandchildren looked over the crowd, the Secretary spoke and Amy Markin (right) signed. Grandchildren (L-R) Odom Williford, Henry and Nico Horschman are at top.



Most at the farewell sought shade during the recognition.



The DHHS memory quilt is made of squares produced by volunteers in each of the department's divisions, offices and facilities.

Privacy and security continued from page 12

There are four types of employees who put their workplace at risk:

- *The Security Softie* – This group comprises the vast majority of employees. They have a very limited knowledge of security and may put their business at risk through using their work computer at home or letting family members surf the Internet on their work PC.
- *The Gadget Geek* – Those who come to work armed with a variety of devices/gadgets, all of which get plugged into their PC, and many of which have ill-intended effects on the operating system, other

installed devices, or possibly the entire network!

- *The Squatter* – Those who use their work IT resources in ways they shouldn't, such as by storing content or playing games.
- *The Saboteur* – This small minority of employees will maliciously hack into areas of the IT system to which they shouldn't have access, or infect the network purposely from within.

More information about ways that DHHS is addressing this important issue is on the Web. The DHHS Privacy and Security Policies can be

found at <http://info.dhhs.state.nc.us/olm/manuals/dhs/pol-80/man/index.htm>. Information about reporting suspected DHHS IT security incidents is at www.security.dhhs.state.nc.us/.

You will be hearing more about DHHS privacy and security in the coming months. In the meantime, be vigilant to behavior or habits that create risk. And, if you have any questions, call the P&SO, or report any incidents to the Web address above. ■