



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

Secretary Benton announces plan to fix mental health system

In early January, Secretary Dempsey Benton announced a plan to fix the state's mental health system, in particular its psychiatric hospitals.

"As you know, Governor Easley gave me clear marching orders back in September – fix the state's public mental health, developmental disabilities and substance abuse services system," Benton said. "In the short time I have been at DHHS as secretary, I have noticed too often people were talking 'past each other' not 'to each other.' I am going to change that."

"Every year, 25,000 people are served through our 14 state facilities. We owe those folks and their families the best possible service," he added. "Every dollar wasted is cheating the folks who count on us and the taxpayers."

As part of the plan, Benton is moving the state-operated services



The web site is at
www.ncdohhs.gov/mhfacilities

section out of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services to report directly to him. This section is responsible for day-to-day direction of all 14 of the state's public mental health facilities.

Other changes include:

- A Hospital Management and Operations work group will be convened to work with the state hospital directors. The committee will be composed of individuals external to the department and will include academics, former state facility managers, advocates, the North Carolina Hospital Association and private providers. Areas of review will include protocols for violence, for placement of restraints and administrative guidelines that can be consistently implemented throughout the state hospital system.
- A work group will be established to review the implementation of the state's Crisis Service System

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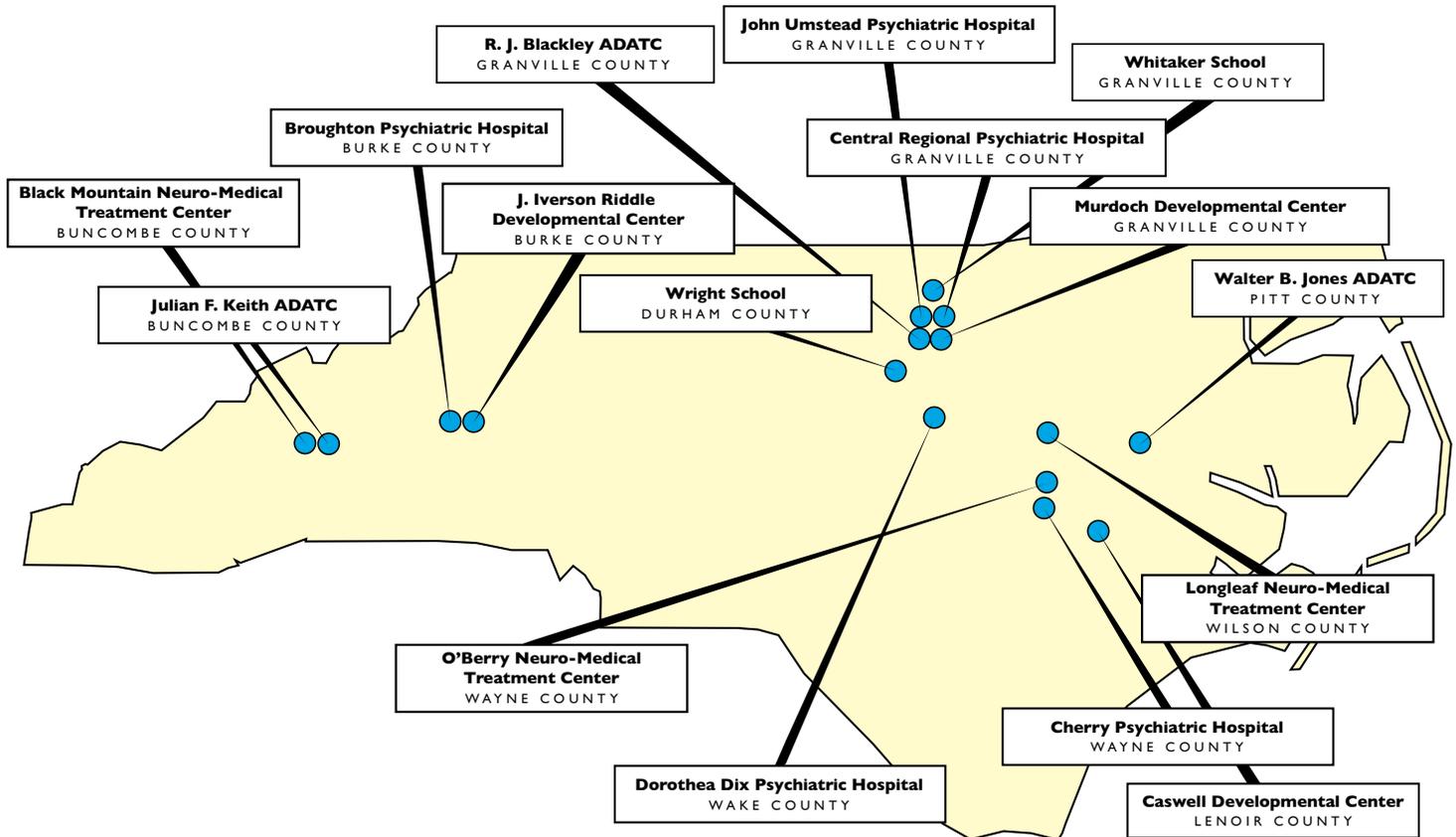
and the state’s overall strategy for providing inpatient services (beds) across the state. The group will review the current implementation activities and refine the definition of the core level of crisis services which should exist in all areas of the state.

- A new web site (www.ncdhhs.gov/mhfacilities/) has been created to improve public understanding of the activities in the state-operated facilities and to ensure transparency. The site can accessed from the homepage at ncdhhs.gov. It includes a

broad array of information, including admissions/discharge data, patient deaths/injuries and staff injuries.

- The closing of Dorothea Dix and Umstead hospitals has been delayed for 60 days, giving the new Broughton Psychiatric Hospital management time to improve operations and also assuring sufficient time to address any remaining construction issues with the new hospital.

- An external work group is being formed to assess the construction and operational questions associated with opening of the Central Regional Psychiatric Hospital. The group will meet with the architect and project manager to review these questioned areas. Also, they will ensure the new facilities at Cherry Psychiatric Hospital and Broughton meet high quality standards. The group will also review the plan for the transition of services from Dorothea Dix Psychiatric Hospital and John Umstead Psychiatric Hospital to the new hospital. ■



Grants of \$1.6 million to speed, strengthen N.C.'s Emergency Medical Services

The Duke Endowment has awarded a \$1.6 million grant to the North Carolina Office of Emergency Medical Services (NCOEMS) to fund statewide performance improvement initiatives. The grant will support projects aimed at accelerating EMS system response times and will provide direct assistance to 26 North Carolina counties.

“Emergency Medical Services are a critical component of our health care system,” said Gene Cochrane, president of The Duke Endowment. “North Carolina is fortunate to have such a strong EMS network and committed leaders who continuously seek to improve quality of care.”

On average, 19,000 EMS events occur in North Carolina each week – nearly 1 million annually. As the primary and initial points of contact for callers seeking medical assistance, EMS systems provide a range of services, from instructing administration of emergency care to dispatching EMS units/ambulances.

“This is truly a win-win for the people of North Carolina,” said Drexal Pratt, chief of NCOEMS. “Local EMS providers are already doing a great job in responding to calls; this grant will provide the resources necessary to accelerate EMS response times even more.”

Greg Mears, M.D., executive director of the EMS Performance

Improvement Center at the UNC Department of Emergency Medicine, is also the medical director for the NCOEMS. He credits a five-year initiative within the NCOEMS in developing a statewide performance improvement database. This information allows EMS systems to make decisions on how to optimize resources and provide the best service possible to North Carolina citizens.

“Emergency medical services are the most complicated piece of the health care system,” Mears said. “North Carolina EMS systems must provide a timely response and quality patient care to citizens, often on a minimal budget. With limited funding, making the best decisions on how to apply resources and personnel is critical. With support from The Duke Endowment, we are now able to offer a level of assistance never before available to EMS.”

The 26 communities receiving grants were selected from among 59 applicants. Funding decisions were made with input from a committee of experts including representatives of the EMS Administrators Association, the North Carolina College of Emergency Physicians, and the North Carolina Association of County Commissioners. Decisions were based on multiple factors, including each county’s readiness to implement proposed programs, its opportunity for improvement, and local commitment to the effort.

Applicant organizations used information from the database to identify areas where their county’s EMS speed and quality could be improved with adequate funding. Grants will be used to implement and enhance computerized emergency medical dispatch programs and to standardize policies and procedures regarding incident response.

Grant awards will be administered through NCOEMS with support from the EMS Performance Improvement Center, an organization established to provide technical assistance to state, regional and local EMS systems. Grants ranging from \$31,000 to more than \$150,000 are being awarded to Cherokee Tribal EMS and to EMS agencies in the following counties: Ashe, Bladen, Caswell, Catawba, Cherokee, Chowan, Davidson, Davie, Forsyth, Gaston, Granville, Harnett, Hoke, Lenoir, Pamlico, Pender, Perquimans, Person, Randolph, Stokes, Swain, Transylvania, Union, Wilkes and Yadkin.

The Duke Endowment, located in Charlotte, seeks to fulfill the legacy of James B. Duke by improving lives and communities in the Carolinas through higher education, health care, rural churches and children’s services.

For additional details visit www.NCEMS.org. ■

Forums to discuss merits of Aging and Disability Resource Centers

The N.C. Department of Health and Human Services is hosting community forums across the state to introduce an expansion to the Aging and Disability Resource Connections Initiative.

The initiative develops a uniform point-of-entry for people seeking long-term services and supports as they navigate the array of services available to them in the state.

The forums are planned in conjunction with the award of nearly \$200,000 to DHHS in September to expand the effort beyond pilots operated in Surry and Forsyth counties that have helped shape the way North Carolina will use the funds. North Carolina is among 22 states receiving grant funds from the U.S. Department of Health and Human Services for Aging and Disability Resource Centers. The forums started in January in Greensboro and Fayetteville and continue across the state through March.

“I am pleased with the progress that North Carolina has made over the past three years to simplify access to long-term services and supports for older adults and adults with disabilities through the ADRC Initiative,” said Jackie Sheppard, assistant secretary for long-term care and family services. “I am particularly excited about the coordination and communication that will be possible through the use of NCcareLINK, which when fully implemented will ensure that consumers are served effectively and efficiently when they are in need of information, services and care. This award will help to increase awareness of those efforts.”

The remaining forums begin with registration at 8:30 a.m. and run from 9 a.m. to 4 p.m. as follows:

- Feb. 7, Jacksonville, Onslow County Government Complex, 4022 Richlands Highway.
- Feb. 12, Concord, Copperfield Room, 270 Copperfield Blvd.
- Feb. 21, Williamston, Macedonia Christian Church, 7640 U.S. Highway 17.
- Feb. 27, Raleigh, North Carolina Association of Educators, 700 S. Salisbury St.
- March 19, Greensboro, Holiday Inn Guilford Convention Center, 1-85 at Lee Street
- March 25, Waynesville, Haywood County Administration Building, 81 Elmwood Way.
- March 26, Boone, Northwest AHEC of Watauga Medical Center, 336 Deerfield Road.

The goals of Aging and Disability Resource Connections are:

- Streamlining and simplifying access to long-term services and supports in order to ensure that each individual’s need for services is determined and addressed.
- Maximizing consumer choice and providing services in a consumer friendly manner, respecting and ensuring the dignity of all served.
- Creating a more balanced system of long-term services and supports to include more home- and community-based services.

The Office of Long-Term Services and Supports is administering the grant in collaboration with the divisions of DHHS that provide human services to the state’s citizens.

The North Carolina Aging and Disability Resource Connections program was first funded by a federal grant from the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services in federal fiscal year 2004.

More information about the Aging and Disability Resource Centers Grant Program is available on the AoA website [www.aoa.gov], the CMS website [www.cms.hhs.gov/New-FreedomInitiative/] and the Aging and Disability Resource Center Technical Assistance Exchange [www.adrc-tae.org]. For more information contact Sabrena Lea, 919-855-4428, or by email at ADRC.forums@ncmail.net.





Jalil Isa

iSalud y Saludos!

Culture shock

It feels like it's been a while since my last commentary on my Hispanic culture and its contrasts with the local, North Carolina culture I find myself joyfully immersed in. But this little break we had during the holidays reminded me once again of how sensitive I need to be – in case I was somehow letting it slip away – to the real changes that come with surrounding yourself with a new environment and culture.

Take a trip down south to Miami with me, for example, as I did with my girlfriend in order to see my family. Now I'll be the first to admit that Miami is a louder place than most. It's such an eclectic mix of people, where everyone seems to be in a hurry to talk (first or loudest), to get somewhere, and to spend money once there. This, perhaps not so surprisingly and in spite of previous warnings, came as a bit of a culture shock to my Garner-born-and-bred girlfriend.

Within a few hours of our arrival, my relatives and I were yelling at each other as we clamored to speak over one another. Of course, we weren't arguing (when that happens, even the neighbors across the street can hear!). We were simply having a lively

family conversation. But to my girlfriend – who to this day says she has never heard her father yell even once in her life – it was anything but genteel. She quickly came to realize that if she tried to get a word in, it would require more effort than she's used to. And at the end, it was more effort than I think she felt was worthwhile.

My girlfriend said she enjoyed herself. I don't think she expected the amount of both pleasant and angry screaming she heard, but this provided her some context into why I sometimes communicate the way I do – whether verbally, facially, with my hands or otherwise. This kind of expressiveness is part of my family's culture.

Granted, this manner of expression actually differs a good deal from many of the Latinos found in North Carolina. While in Miami my culture is no longer a minority, here in North Carolina I am still very much viewed as a minority – sometimes in a negative light. So, then, it is not surprising when I see that my Hispanic friends sometimes feel intimidated about speaking up and being heard. They are, after all, sometimes trying to plant roots here, as I have done, but they are still viewed

as visitors, and sometimes unwelcome ones.

This is something we all sometimes overlook. But having my girlfriend gain more insight into where and what I come from helped me better see where I fit into my surroundings and where others fit into that same picture.

If anything, it's great to straddle more than one culture. To go to Miami and be able to drive without getting cut off (or not minding as much if I do get cut off because that's expected), or to be on the road here and not remember the last time I used my horn...it's all a part of being familiar with more than one world. But some would say quite the contrary. You might say instead that I'm right where we all find ourselves today: in one world full of many different people. ■

Jalil

Dr. Leah Devlin receives public health award

State Health Director Leah Devlin has received the 2008 Ham Stevens Award from the North Carolina Association of Local Health Directors (NCALHD).

The award goes to individuals who exemplify the qualities of a former health director and friend of public health, Ham Stevens, M.D., who was largely responsible for bringing administrative health directors and medical health directors together to form NCALHD. He was the association's first president and served as health director for both Buncombe and Duplin counties.

Devlin's passion for public health, her focus on important public health issues and her ability to work within the system were commended as she received the award.

Among the many accomplishments that earned Devlin the award were



Leah Devlin, State Health Director

her efforts on preparedness and unique health conditions issues. Through her leadership, great advancements have been made by North Carolina in these arenas and in local and state public health department accreditations. As state health director, she has successfully garnered additional funding

for programs and initiatives from foundations and other grantors. She was a champion for disease prevention long before nutrition and physical activity became popular. And she has never forgotten the local communities across North Carolina. She continues to seek community involvement and makes great efforts to minimize funding cuts.

Devlin was also praised for her collaborative efforts among health, school, hospital and legislative leaders to improve public health in North Carolina.

Devlin began her professional career at the Wake County Department of Health in 1979, becoming its director in 1986. In 1996, she began working for the state health department, becoming the senior state health official in May 2001. ■

John Price named director of N.C. Office of Rural Health and Community Care

John Price has been appointed director of the N.C. Office of Rural Health and Community Care. Price has worked in the office for more than 30 years, beginning his career there in 1977.

“In the last 30 years, this office has expanded on its original mission of bringing health care to rural North Carolina to managing the state's community network for Medicaid recipients,” said DHHS Secretary Dempsey Benton. “John has been there the whole time, growing right along with the office. There is no one more qualified to serve in this role.”

Price became chief of operations in February 2002 and deputy director for ru-

ral health in February 2007. He has served as acting director since May. During his time with the office, Price has provided technical assistance to rural health centers, managed the contracts and grants functions, and supervised many of the office's programs including Farmworker Health, Medical and Dental Placement and Architectural Assistance. He and his wife Cindy live in Raleigh. ■

Three recognized for contributions to public health in North Carolina

Three people have been awarded the 2008 Ronald H. Levine Legacy Award for Public Health in recognition of their many contributions to public health on the local, state and national levels. One local health director and representatives of two philanthropic agencies received the awards at the 2008 State Health Director's Conference in Raleigh on Jan. 25.

Dr. Leah Devlin, State Health Director, presented the awards to Thomas D. Bridges, Henderson County health director; Mary L. Piepenbring of The Duke Endowment; and John H. Frank of the Kate B. Reynolds Charitable Trust.

“North Carolina is fortunate to have these dynamic leaders in private philanthropy and local public health making these significant contributions to health in our state,” Devlin said.

Named for retired State Health Director Dr. Ron Levine, the awards honor individuals whose life work on behalf of the public's health have resulted in significant, sustainable and positive improvements in North Carolina's public health system. Levine's long career in public health included 17 years as North Carolina State Health Director. He continues to serve in the public health arena.

Bridges, who received the Levine Legacy Award for Local Innovation, has been director of the Henderson County Department of Public Health for the last nine years, after serving



John Frank of the Kate B. Reynolds Charitable Trust; former State Health Director Dr. Ron Levine, for whom the award is named; Mary Piepenbring of The Duke Endowment; and Thomas Bridges, Henderson County health director.

as health director in Person County and in other public health and laboratory positions.

Bridges has played a key role in establishing a regional coalition among local hospitals and health departments. Continually seeking more effective ways to serve the community, he frequently volunteers his agency as a pilot site for new ideas, initiatives and systems. He has led the way in advancing technology for all local health agencies, such as improved health data systems and access to the Public Health Training and Information Network, which brings interactive public health teleconferences and training opportunities to convenient sites across the state.

Two Levine Legacy Awards for Statewide Impact recognized the work of Frank and Piepenbring and their respective charitable organizations.

The director of the Health Care Division of the Kate B. Reynolds Trust, Frank and the Trust were recognized for major grant and funding programs related to public health and community health, including Healthy Carolinians Partnerships serving 83 N.C. counties; N.C. Schools for Physical Education Programs; and multiple programs supporting child immunizations, community-based public dental clinics, HIV prevention, nutrition, and chronic disease prevention.

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Report details savings from providing supportive housing to Wake County's homeless

Benefits of providing supportive housing to Wake County's homeless versus the expense of keeping them out on the streets are being tallied, and the results look good.

A report prepared by the Jordan Institute for Families at the UNC-Chapel Hill School of Social Work indicates a win-win for the community and for homeless participants in a four-year study of expenses and behaviors at Lennox Chase, a supportive housing development that opened in southeast Raleigh in 2003. The report was released Dec. 18.

The Jordan Institute report tracks the costs of services provided to 21 residents participating in the initiatives in the two years before and after their entry to supportive housing.

The findings reflect several benefits:

- Overall costs for services have fallen from \$377,000 in the first two years before entry to \$266,000, a decline of more than 29 percent.

- If the cost of the social worker who is stationed at the complex is excluded, the costs decline to \$211,000, a decline of 44 percent.
- Costs for inpatient substance abuse fell from nearly \$128,000 to zero.
- Costs for outpatient mental health services fell from more than \$85,000 to \$4,000.
- Costs for incarceration fell from \$3,486 to zero.

Not all costs are down, however. The cost of medical treatment within the group is up from about \$110,550 to nearly \$202,000, reflecting mostly the increased medical needs of two residents receiving care for chronic conditions.

"What we're seeing here is exciting, because providing supportive, affordable housing works," said Linda Povlich, chair of the 15-year-old North Carolina Interagency Council for Coordinating Homeless Programs. "Right from the start we expected costs to be lower, but we had no idea that the model we set up could show so much promise."

The report is available at: www.ncdhhs.gov/homeless/.

It is the first of four such studies that will examine similar efforts to use supportive housing to combat homelessness in Buncombe, Guilford and Durham counties. Each of the four counties has adopted 10-year plans to end homelessness in their communities. The supportive housing model is one of several efforts under way to diminish homeless populations in the state. The reports will be used to develop a cost profile describing service costs and how those change as a result of the initiative.

"This report supports the creative work being done in Wake County and a dozen other communities across our state," said Martha Are, homeless policy coordinator for the Department of Health and Human Services. "These communities are recognizing that housing in and of itself has therapeutic value, and when linked with supportive services it is the crucial component of ending homelessness among people with disabilities. Not only does it end homelessness, but it is fiscally responsible for the community." ■

DHHS teachers receive National Board Certification

Seven DHHS teachers were certified as National Board Certified Teachers by the National Board for Professional Teaching Standards (NBPTS) during the 2007 certification cycle, the Office of Education Services (OES) has announced. DHHS now has 47 nationally certified teachers in its schools.

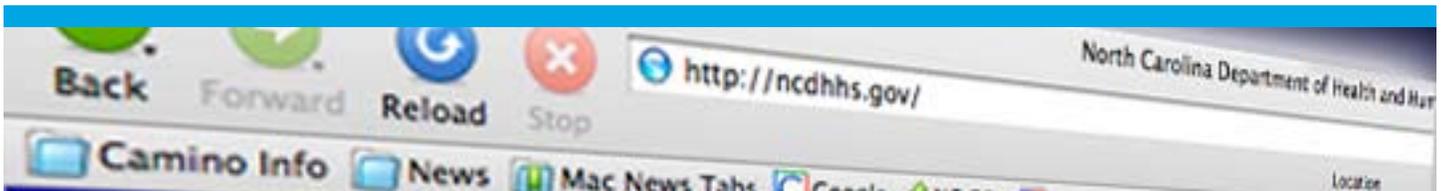
The newly certified teachers teach in programs across the state: Linda Wooten from the Governor Morehead School for the Blind in Raleigh; Rhonda Butler from Murdoch Center in Butner; Cindy Boyd from the Early Intervention Program for Children Who are Deaf and Hard of Hearing in Wilson; Sharon Smith from the Division of Services for the Blind in Raleigh; and Kim Griffith, Kimberly Kennedy, Susan Meredy, Paula Moffitt, and Kim Tyndall from Caswell Center in Kinston.

“Our department is extremely fortunate in attracting and retaining a significant number of high-quality teachers to serve in the educational programs that we provide,” said Dr. Dwight Pearson, acting superintendent of the OES. “The quality of teachers working with the diverse group of children and adults served by DHHS is evidenced by those achieving National Board Certification each year.”

Currently, teachers in all DHHS educational programs are eligible to participate if they hold a continuing North Carolina teaching license, have been employed by the state as a teacher for at least three years, and are currently in a state-paid teacher position.

Statewide, North Carolina has 12,770 National Board Certified Teachers, more than any other state. Nationally, there are 64,000 NBCTs.

Founded in 1987, the NBPTS is an independent, nonprofit, nonpartisan and nongovernmental organization dedicated to advancing the quality of teaching and learning. National Board Certification is the highest credential in the teaching profession. A teacher-driven, voluntary process established by NBPTS, certification is achieved through a rigorous, performance-based assessment that typically takes one to three years to complete and measures what accomplished teachers should know and be able to do. As part of the process, teachers build a portfolio that includes student work samples, assignments, videotapes and a thorough analysis of their classroom teaching. Additionally, teachers are assessed on their knowledge of the subjects they teach. ■



CURIOUS about what's going on
with the **website redesign project?**

The second annual "State of the Web" is now available
at www.ncdhhs.gov/redesignproject.

HIV testing program expands

According to Jan Scott, CDC Public Health Advisor assigned to the HIV/STD Prevention and Care Branch, the Centers for Disease Control and Prevention estimates that more than 250,000 people in the United States are infected with HIV and do not know it. So, a national initiative has been launched to expand access to HIV testing, particularly among African Americans, who are particularly at risk for this infection. The national goal is to test 1.5 million people. North Carolina's goal is to test 58,000 people and to identify at least 700 previously undiagnosed persons with HIV infection and link them to care. Early diagnosis and treatment helps to prevent the spread of HIV.

Through this program, North Carolina will offer more routine, voluntary HIV testing in clinical settings such as emergency departments and correctional health facilities, where opportunities to screen patients for HIV are often

missed. HIV testing will also be included in screening and prevention activities for other infections, such as viral hepatitis and other sexually transmitted diseases. Because populations disproportionately affected by HIV are also disproportionately affected by these infections, integrating these services can significantly improve health.

Since 2000, the N.C. HIV/STD Prevention and Care Branch has supported syphilis screening efforts in jails in Durham, Forsyth, Guilford, Mecklenburg, Robeson and Wake counties. In 2003 - 2006, nearly 23,500 incarcerated men and women were screened in those facilities and 899 cases of syphilis were identified. Through the expanded HIV testing initiative, jail testing programs will be expanded into Cumberland, Hertford and Hoke counties. All sites will now include HIV and additional STD or hepatitis screening in addition to syphilis testing. Testing will be

provided by health department staff and two community-based organizations.

In addition, HIV screenings will be conducted in the emergency departments at both UNC Memorial Hospital and Wake Medical Center. Many patients seen in emergency departments are uninsured, without access to care, and are using emergency departments for their primary health care. These populations are also at higher risk for HIV. Non-trauma patients will have access to voluntary, opt-out HIV testing.

North Carolina is one of 23 states and major metropolitan areas chosen to participate in this initiative. Funding provided by CDC will be used to support HIV testing and related activities including linkage to care, partner counseling and referral services, and the purchase of HIV tests. ■

Contributions to public health cont. from page 7

In addition, since 2001 the Health Care Division of the Trust has invested \$10 million in the five-year Project SELF (Smoking Education Lifestyle Fitness) Improvement, the largest and longest single commitment the Trust has made in its history.

Piepenbring is director of the Health Care Division of The Duke Endowment, a Charlotte-based private philanthropic foundation. She

and the Endowment were recognized for their support of the N.C. Child Maltreatment Initiative, the Care + Share Initiative, programs addressing childhood obesity, and the Health Network for the Medically Uninsured, as well as for improving access to quality dental care, providing funding support to small and rural hospitals, and giving \$1 million in flood relief grants to North Carolina communities. ■

Teacher for the blind brings home experiences in Saudi Arabia

Daniel Simmons, a social studies teacher at the Governor Morehead School for the Blind in Raleigh, recently completed a 10-day Educators to Saudi Arabia Program (ESAP). He was one of 25 chosen from more than 200 applicants for the two-week study-tour.

The program, which was sponsored by the Institute of International Education, is designed to provide American educators with a unique opportunity to learn more about Saudi Arabia and deepen relations between the United States and Saudi Arabia.

The group traveled to the cities of Dhahran, Jeddah, and Riyadh, the capital city of Saudi Arabia. They attended cultural events, met with Saudi business executives, attended an ash-Shura Council meeting (the council that consults with the King of Saudi Arabia), toured schools and colleges, and spoke with women professionals in the fields of education, business and medicine.

Simmons also made contacts with Saudi Arabian professionals in the field of visual impairment and has already begun the process that will lead to an international collaboration between the Governor Morehead School and Saudi Arabian schools for the visually impaired.



Daniel Simmons

While Simmons was in Saudi Arabia, he relayed firsthand accounts of his adventures via an online blog, which he made available to students, teachers, family and other community members. Students were able to correspond with their teacher through email and Skype, a real-time video and voice-over Internet protocol.

Since his return from Saudi Arabia, Simmons has been creating new lesson plans that include sociopolitical discoveries and a presentation to be given in the near future to the Governor Morehead School and the community.

Simmons and his wife live in Johnston County. ■

The Holiday Challenge: Everyone won!

Wondering how well the “Maintain, Don’t Gain!” holiday wellness challenge went?

Those who signed up for the free program got weekly emailed newsletters with helpful tips for keeping their weight steady during the holiday season, tasty recipes, activity and gift ideas and more.

Who signed up?

From November through January, 3,513 people participated in the Holiday Challenge, a 63 percent increase over last year’s event. Eighty-five percent of them were new participants. People from 97 of the state’s 100 counties joined the Challenge, along with folks from 23 other states and three other countries. The web page received 19,893

hits from Nov. 1, when the Holiday Challenge Page was launched, to Dec. 31, representing 12,000 unique visitors from 31 different countries.

How did they do?

Of those who answered the post-Challenge survey, 84 percent said they maintained their weight during the holidays, and 11 percent even lost a few pounds. Four percent added a pound or two and just one percent gained five pounds or more. And 99 percent said they would participate again next year.

How did people hear about it?

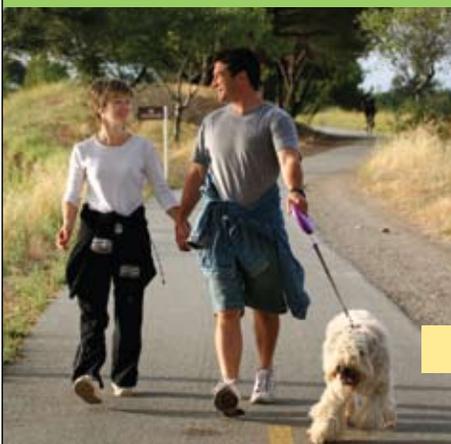
Of course, DHHS employees saw stories about it in this newsletter. Radio and TV ads ran in each of the six major media markets across the

state, and newspapers as well as several Triangle and Greenville stations ran news stories. Information was on the *My Eat Smart, Move More* website at www.MyEatSmartMoveMore.com, and emails and flyers about the Challenge were distributed at events and through various organizations, local cooperative extension agents, worksite wellness coordinators, and health promotion coordinators.

What if you missed it?

You can still go to www.MyEatSmartMoveMore.com for helpful information on how to get and stay healthier by eating better and becoming more active, all year long. And, the N.C. Physical Activity and Nutrition Branch is already planning to run Holiday Challenge #3 this fall! ■

Eat Smart, Move More Health Tip



Choose to Move More Every Day

Physical activity is essential for all of us. Children, adults and seniors can benefit from moderate activity every day. Take a walk with a friend, take the stairs instead of the elevator, or work in your yard. Dancing works too and is great fun! Thirty minutes or more of motion for adults and 60 minutes for children on most days can help keep you in shape and feeling good. Can’t find a 30 minute chunk of time? Break it up throughout the day.

For more tips on how to move more every day where you live, learn, earn, play and pray, visit

www.EatSmartMoveMoreNC.com





In recent weeks, you may have seen or heard the term BEACON used in publications, at meetings, and in the Grassroots newsletter of the State Employees Credit Union. BEACON is more than just a payroll system... it will make a wealth of information accessible to all state employees with the click of a key. **DHHS is “going live” with BEACON in April 2008!**

BEACON Employee Self Service: The New Paperless Process

Employee Self Service (ESS) is the BEACON online portal through

which state employees will be able to input their work time and access their benefits, tax, personal, and pay information. This portal will be available to DHHS employees when it “goes live” in April 2008, so prepare now!

Learn how to use the ESS system. You don’t have to attend a class – self-paced online training for ESS is at www.beacon.nc.gov/training/wbt/ess_menu.html.

Direct Deposit: Don’t Miss Your Chance

If you have not signed up for Direct Deposit, it is not too late. Just download and complete the Direct Deposit Enrollment Form at www.ncosc.net/best and take it to your facility/division HR office.

For more information on Direct Deposit or BEACON Employee Self Service, go to the DHHS BEACON website at www.ncdhhs.gov/human-resources/beacon.htm or contact your facility’s or division’s human resources office. ■

Tax Help!

Have you been paying high fees for basic tax preparation?

Are you getting the refunds you deserve by claiming all available tax credits for which you qualify?

Help is available!

If you bank with the State Employee’s Credit Union (SECU) and had a 2007 household income of \$40,000 or less, you may be eligible for free tax preparation for the 2007 tax year.

The Credit Union has partnered with the Internal Revenue Service (IRS) to offer Volunteer Income Tax Assistance (VITA) for qualified members in all SECU locations, Jan. 16-April 15.

Contact your local SECU branch for an appointment.

Find out more about the program in the SECU newsletter, *Grassroots*, for January 2008 and Dec. 2007.

(www.ncsecu.org/PDF/Grassroots/GR_0108.pdf)

(www.ncsecu.org/PDF/Grassroots/GR_1207.pdf)

And check out the SECU website at www.ncsecu.org.

DHHS WELLNESS INITIATIVE

DHHS Wellness Program: What's new?

More DHHS employees than ever before completed the annual Employee Wellness survey in December and January. Almost 6,000 on-line surveys were completed, and the hard-copy survey responses from employees without computers are being added. The wellness committee at each DHHS agency and facility will receive a summary of their employees' responses to use in planning wellness programs for the coming year based on the needs and interests of the people who work there.

Survey results from prior years have played a critical role in identifying additional wellness resources needed by employees. The DHHS Wellness Program continues to focus on increasing support in the workplace for physical activity, healthy eating, stress management and tobacco cessation, the four health behaviors that have the greatest impact on preventing chronic diseases and that can help people with existing chronic health problems better manage their conditions. Employee surveys indicate that a majority of DHHS employees are interested in having greater support in the workplace to make healthier food choices, be more active, and manage stress.

Employee surveys also indicate the importance of providing other types of wellness support such as promoting on-site flu clinics, annual health risk assessments and health screening tests, all of which have been offered at a number of our worksites. The Wellness Program is currently working to respond to employee requests for help in managing chronic disease conditions. Health claims data show that almost half of all state employees have one or more existing chronic health problems. Providing resources to help those employees better manage those conditions is important.

The State Health Plan offers its members two services they can access at any time on their own – personal health coaches and a website. The health coaches are specially trained professionals such as nurses, respiratory therapists or dietitians who are available to answer questions concerning the health of employees or their families. Health coaches are available at no cost, 24 hours a day, 7 days a week. To learn more, call your NC HealthSmart Health Coach at **1-800-817-7044**.

The State Health Plan's members' Web site (<https://www.webmdhealth.com/nhealthsmart/default.aspx?secure=1>) provides comprehensive educational resources as well as access to one-on-one health coaching and specialty care. Several additional wellness programs are being developed at DHHS for wellness committees to offer to their employees; they are briefly described below. Not all worksites will be able to provide all of these programs this year. Some will first be offered as pilot projects at interested worksites and will then be expanded to other agencies. If you are interested in participating in any of these programs, please let someone on your wellness committee know of your interest so they can plan to offer it at your worksite. Are you a new employee and not sure of the person to contact at your agency regarding wellness activities? You can contact the DHHS Wellness Director, Suzanna Young, at dhhs.wellness@ncmail.net, and she will provide you with the name of your agency wellness lead contact.

Worksite Support Classes in Managing Chronic Health Problems

The DHHS Wellness Program is working with the Division of Public Health to offer employees with any type of chronic health problem additional support

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through a series of classes on self-management which have been found to be highly effective in helping people gain self-confidence in their ability to control their symptoms and how their health problems affect their lives.

Small-group workshops are generally six weeks long, meeting once a week. The meetings are highly interactive, focusing on building skills, sharing experiences and support. Topics include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation; 2) appropriate exercise for maintaining and improving strength, flexibility and endurance; 3) appropriate use of medications; 4) communicating effectively with family, friends and health professionals; 5) nutrition; and 6) how to evaluate new treatments.

More details on this program will be provided through individual wellness committees, but if this program sounds like something you are interested, please be sure to let your wellness committee know.

Blood Pressure Checks

The DHHS Wellness Program has offered self-monitoring blood pressure cuffs to the wellness committees, and many have set up schedules where trained staff offer blood pressure checks on a regular basis to employees or employees can have access to the cuffs so they can take their own blood pressure. Committees have been asked to provide employees training on using the cuff and on interpreting results.

Tobacco Cessation Help

A number of excellent resources to help employees quit or reduce their tobacco use are already available. Employees can call it quits by using free expert support and double their chances of quitting for good by calling 1-800-QUIT-NOW (1-800-784-8669). The Quitline is free, confidential, and available seven days a week

from 8 a.m. to midnight. Eligible members of the State Health Plan can also receive free over-the-counter generic nicotine replacement patches if they receive counseling from the Quitline or from their physician. Go to http://statehealthplan.state.nc.us/pdf/SmokingCessation_flyer.pdf for more details. When members take their physician's prescription for the OTC patches to their pharmacy, the co-pay is waived.

A significant number of DHHS employees expressed interest in the wellness survey in also having tobacco cessation classes offered at the worksite. Some worksites have already offered these classes to interested employees and the Wellness Program is assisting other agencies with training so they can make tobacco cessation classes available to their employees. Let your wellness committee know if you are interested in participating in a workplace cessation class this year.

Efforts to Reach Shift Employees with Wellness Programs

Many DHHS employees are surprised to learn that there are about 8,000 employees in the department without computers or email addresses at work. Almost all of these employees work at one of our state hospital or residential facilities. In addition to not having computer access (which makes it difficult to reach them with wellness information and updates) many of these employees work shift schedules that make it difficult for them to participate in organized wellness activities. The DHHS Wellness Program is currently working with wellness committees at these sites to plan several focus groups with facility employees to help the department find better ways to reach those employees with wellness information and programs.

Again, if you would like to have one of these programs available at your worksite or have other wellness suggestions, please let someone on your wellness committee know.

Adoption Profile

Introducing Hynef

Hynef is outgoing and friendly, with an active social life. He has a strong sense of self and is goal-oriented. He is polite and responsible at school, at home, and in the community. Hynef is athletically gifted and plays on his school's football team. He plans to play professional football after college.

Hynef attends regular classes and loves going to school. His grades are always very good and he has made the A/B honor roll. Hynef's attitude and behavior are very good and on par with any boy his age.



Hynef, b. November 30, 1990

A Family for Hynef

Hynef needs a patient, experienced family to support him as he moves into young adulthood. His adoptive family should listen to him and allow him to say what is on his mind. He would do well with parents who are active and supporting of his love for sports. Hynef responds very well to adults who are nurturing and understanding.

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