



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

Two deputy secretaries named for DHHS



Allen Feezor



Maria Foxx Spaulding

DHHS has two new deputy secretaries to round out the top management team serving with Secretary Lanier M. Cansler.

Gov. Beverly Perdue appointed Allen Feezor as DHHS deputy secretary for health services and Cansler appointed

Maria Foxx Spaulding as deputy secretary for long-term care and family services.

Spaulding oversees the programs and activities of the divisions of Aging and Adult Services, Child Development, Services for the Blind, Services for

the Deaf and Hard of Hearing, Social Services and Vocational Rehabilitation Services, as well as the offices of Education Services, Economic Opportunity, Long-Term Services and Supports, and the Council on Developmental Disabilities.

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“Maria is exactly the creative and innovative leader we need to carry the department forward in the coming years in its mission to provide key services to some of the state’s most vulnerable citizens,” Cansler said. “Her years of experience leading one of the largest human services organizations in our state will be invaluable as we work together with state, federal and local agencies to help steer the state through these difficult economic times.”

Spaulding served as executive director of human services for Wake County prior to her retirement in 2006. She led the effort in 1995 to create a single human services agency for Wake County that combined departments of Social Services, Public Health and Mental Health. As acting director of the Triangle Loss Generation Task Force, she also worked to eliminate the high levels of incarcerations among African American and Latino men.

Feezor serves as chief operating officer for the department and oversees the programs and activities of the divisions of Public Health, Mental Health/Developmental Disabilities/Substance Abuse Services, Medical Assistance, Health Service Regulation, and the Office of Rural Health and Community Care.

“Allen brings a wealth of talent and experience that match his new responsibilities,” Cansler said. “Those skill sets will help shape our department’s response to our state’s health care needs for many years to come.”

Feezor is returning to state service after 15 years. He previously served as chief deputy commissioner of insurance under Jim Long, 1985-1995, during which time he also served for two years as interim executive administrator of the State Employee Health Plan. After his service at NCDOT, he served as a senior executive with the six-hospital University Health Systems of Eastern Carolina.

From 1999 to 2003, he directed the California Public Employees’ Retirement System (CalPERS) health program, the nation’s third largest employer-based health program, and one that is often pointed to as a model for national health care reform. Feezor also worked for 10 years in several public policy roles within the Blue Cross Blue Shield system. Most recently, he was president of the N.C. Foundation for Advanced Health Programs, which works collaboratively with state and local entities in improving health care access and availability for the state’s poor and underserved.

Feezor was a leader in state health reforms in the ‘90s chairing several national work groups, testifying before Congress and state policy groups. He was a founding member of the National Academy of State Health Policy, and has served on numerous boards including: Pacific Business Group on Health; Integrated Health Association; N.C. Institute of Medicine; N.C. Center for Public Policy Research; and N.C. Citizens for Business and Industry. ■

Engel appointed state health director

DHHS Secretary Lanier Cansler has announced the appointment of Dr. Jeffrey P. Engel, M.D., as North Carolina state health director, succeeding Dr. Leah Devlin.

“North Carolina is indeed lucky to have tapped the talents and expertise of Dr. Jeff Engel to serve as state health director and as director of the Division of Public Health,” Cansler said. “North Carolina has long been considered a national leader in its proactive approaches to public health issues. Dr. Engel will continue to build upon the strong and enduring foundations built by his immediate predecessors – Dr. Leah Devlin and Dr. Ron Levine – as he guides the state’s public health efforts in the years to come.”

Engel thanked Devlin for her support and encouragement and said he is looking forward to leading the state as well as the division. Devlin retired Jan. 31 but continued to serve in an interim capacity through the end of February. Engel’s appointment was effective March 2.

“North Carolina has an ambitious public health agenda before it,” Engel said. “We face tough economic times. It is in times such as these that we must be most vigilant to maintain our successes and find new strategies to make us a healthier state.

“It will be our job to ensure that public health is a top priority, because regardless of your wealth or circumstances,



Jeffrey P. Engel, M.D.

health is critical to a person’s quality of life,” he said. “And we recognize that our greatest gains are made through strong investments in the prevention of health problems before they occur. We are fortunate in North Carolina to have outstanding local health departments working to improve health for everyone in our state, as well as an outstanding cadre of dedicated public health professionals working at the state level.”

Cansler’s announcement of the appointment of a new state health director is the first of several changes planned within the division.

“Our Public Health Division boasts one of the state’s strongest leadership teams, which we will be tapping as we

plan efforts to further improve our prevention efforts as well as improvements in care quality and care management,” Cansler said.

“The current deputy state health director, Dr. Steve Cline, will be taking on new and expanded duties in the area of health information technology, and the deputy division director, Dennis Harrington, will continue working with local health agencies and departments in providing new opportunities for community-based health improvement and clinical care.”

Engel has served as the state epidemiologist since 2002. In 2006, he was named chief of the division’s Epidemiology Section. From 1988 to 2002, he was on the faculty at the Brody School of Medicine at East Carolina University in Greenville, where he attained the rank of professor of medicine, served as chief of the Division of Infectious Diseases, and medical director of hospital infection control for Pitt County Memorial Hospital. Engel received his undergraduate (1977) and medical (1981) degrees from the Johns Hopkins University in Baltimore, and did his residency, chief residency and fellowship training at the University of Minnesota and the Minneapolis Veterans Administration Medical Center from 1981 to 1988. ■

Star ratings under way for adult care homes



People who are deciding where to place themselves or a loved one in adult and family care homes in North Carolina have a new tool to help them evaluate their options: star ratings.

On Feb. 20 the Division of Health Service Regulation started posting star ratings ranging from zero to three from January's inspections on a Web page. The postings go up after each facility receives its 2009 inspection. Starting next year, the highest scoring homes can receive four stars. It will take at least 12 months for the more than 1,200 facilities in the state to be inspected. Ratings will be updated monthly and are available via the division's Web site at www.ncdhhs.gov/dhsr/acls/star/search.asp.

Thus far, 62 star rating certificates have been issued. Fifty-eight facilities received three stars. Forty-five of those earned a score of 100 or greater. Two adult care homes were ranked with two stars and two received rankings of zero stars.

"This is an excellent tool to help potential residents, their families and loved ones to make informed decisions as they evaluate the commitment of any home to providing quality care," said Jeff Horton, acting director of the division, which includes the Adult Care Licensure and Certification Section, which licenses and inspects the homes.

"There's a dual benefit in that the star ratings also provide an incentive to the providers and the staffs in their homes to achieve a four-star rating by providing four-star care.

"However, when consumers choose a home, it should be emphasized the star rating is only one piece of information to consider. It is recommended that in addition to reviewing the rating, one should also visit the home to see the condition of the facility, meet administrative staff, observe staff to resident interactions and to get an overall impression of the care provided to residents."

State surveyors and county department of social services staff check facilities for compliance with laws and rules affecting the quality of care provided. They focus on those elements that ensure the health, safety and welfare of the residents. Points are added or subtracted based on the findings of the state's annual inspection as well as any findings from follow-up inspections.

Each home begins the inspection process with 100 points. Points are deducted for violations, deficiencies and license actions. Points are added for coming into compliance and for improvements, such as adding sprinklers, emergency power backup, or providing staff with training and retention incentives.

The number of stars a facility receives is based on a 10-point sliding scale. An adult care home may receive a zero-star rating if it scores less than 70 points, one star by scoring 70-79.9 points, two stars by scoring 80-89.9 points, and three stars by scoring 90-99.9 points. A home will receive a four-star rating only for its second consecutive year of scoring 100 or more points. In the first year of the new scoring system the highest rating will be three stars. Results will be updated monthly on the Web as more facilities are inspected using the star rating criteria.

The star licensing proposal was established by the legislature in response to citizens who wanted increased availability of public information regarding the care provided in adult care homes. The star rating program is part of Senate Bill 56, passed July 2007. In 2008, the N.C. Medical Care Commission adopted final rules to implement the system which was developed with input and feedback from a variety of sources, including residents and families in adult care homes, advocacy groups and providers. The division will be reporting to the legislature later this year regarding its experience with the Star Rating program.

Questions may be directed to DHSR at AdultCare.Star@lists.ncmail.net ■

N.C. Public Health Lab helps develop lab in Guyana

North Carolina expertise is helping to assess and set a plan for development of a national public health laboratory system in Guyana. The plan springboards from the opening last year of a new public health lab in Georgetown.

Dr. Leslie Wolf, director of the North Carolina State Laboratory of Public Health, and Royden Saah, the lab's bioterrorism and emerging pathogens coordinator, met in Georgetown last November with Tony Tran, global health program manager for the national Association of Public Health Laboratories (APHL).

The next day the three began their initial assessment of the South American country's national lab. They met with the chief medical officer in the Ministry of Health, the U.S. Centers for Disease Control (CDC) country director, the NPHRL laboratory director; and the CDC senior technical laboratory advisor in Guyana. The assessment included a full tour of the new facility, which conducts rapid HIV and other tests. The ministry intends to bring clinical chemistry, microbiology, and molecular diagnostic testing on-line over the course of the project.



Dr. Wolf (foreground) and Royden Saah (white jacket), with other members of the laboratory assessment team, at West Demerara Hospital in Guyana.

The assessment team also visited Eureka Laboratory, a private laboratory in Georgetown, the Central Medical Laboratory supporting Guyana's tertiary care hospital in Georgetown, plus two regional hospital laboratories in New Amsterdam and West Demerara. These facilities represented the spectrum of diagnostic services available in the country. The new NPHRL will maintain quality oversight for all but the private laboratories.

After making an initial assessment, the visitors and their hosts created a preliminary scope of work focusing on five areas: mentoring, quality assurance, bio-safety, technical assistance for implementing new methods, and development of a national laboratory system.

It is anticipated that Guyana's national lab director and several staff will visit North Carolina for a week of training. In addition, state lab staff may conduct on-site trainings in Georgetown to maximize the number of NPHRL staff that can be trained. Because of the expertise of state lab staff, there is optimism for all stakeholders that this initiative will be a successful, long-term partnership.

The effort is a result of a May 2008 request by the CDC asking if the North Carolina State Laboratory of Public Health could assist in the development of the newly constructed Guyana National Public Health Reference Laboratory. The state lab is part of the N.C. Division of Public Health.

APHL coordinated the funding from the CDC to facilitate this work, supported by the President's Emergency Plan for AIDS Relief (PEPFAR). ■

THE Cultural Competency CORNER

By Gloria Sánchez, Latino Public Information Officer



Hispanic or Latino?

Very often people ask me what we prefer to be called: Hispanics or Latinos? The answer to this question depends upon whom you ask. Among Latinos, this is a popular debate that we have not yet settled and won't likely resolve soon. But here is a brief explanation so you can decide.

Latino: Refers to people from Latin American and their descendents living outside Latin America. Spaniards (from Spain, Europe) might not consider themselves Latinos. Latino is also viewed as a reference to Latin languages or people. While some people may hold this view, you're not likely to hear an Italian-American or Franco-American referred to as Latino. You might, however, hear Brazilians referred to as Latino because of the shared Iberian heritage.

Hispanic: Term denoting a derivation from Spain, its people and culture. The official use of the term Hispanic has its origins in the 1970 United States

Census. The Census Bureau attempted to identify all Hispanics by the following criteria: 1. Spanish speakers and persons belonging to a household where Spanish was spoken, 2. People with Spanish heritage by birth location, and 3. People who self-identify with Spanish ancestry or descent. The term Hispanic is not inclusive of indigenous populations and Brazilians – who speak Portuguese and can trace their descent to Portugal and Africa.

Many people prefer not to be referred to as Hispanic because it puts too much emphasis in our Spanish roots and does not allow enough recognition of our mixed heritage. They also have a problem when the government defines people. Others still resent the impact the Spanish colonization had in America and all the destruction they cause for the indigenous people and the consequences that continue today.

The government-endorsed term Hispanic will likely be used by government

institutions such as schools, congress and in political speeches and reports. On the other hand, Latino, since it is not a government term, will often be used by grassroots organizations, heritage groups and other community-based initiatives. Newspapers that serve an area with a high Latino population often use Latino.

Many Latinos do not have a preference, but for sure, most Latinos prefer to be identified by their country of origin or descent or by their immediate ethnic group such as: Mexican-American, Cuban, Colombian, Peruvian, Panamanian, Puerto Rican, etc. People who identify their origin as Hispanic or Latino may be of any race. Latinos can be: whites, indigenous (whose first language is not Spanish but an indigenous dialect) Afro-Latino, Asian-Latino, mestizo (European/Amerindian), mulattos (European/African), zambo (African/Amerindian) and other mixed ethnicities. ■

Legislators and public participate in Heart Health Day

The 7th Legislative Heart Health Day was held Feb. 11 at the N.C. General Assembly. The event was organized by the Justus-Warren Heart Disease and Stroke Prevention Task Force with support from the Heart Disease and Stroke Prevention Branch of the Division of Public Health.

Health risk screenings, educational materials, and “Ask the Doctor” sessions were provided by hospitals, local health departments, and advocacy organizations for legislators, legislative staff, and the public. The event drew 36 exhibitors from across North Carolina to present information on cardiovascular and related chronic illnesses and risk factors. Subway Corporation, Sanofi-Aventis, and the American Heart Association/American Stroke Association also provided support for the event.

Heart disease and stroke are the first and third leading causes of death in North Carolina. While North Carolina’s death rate from these preventable diseases has been dropping faster than the national



average, the death rate from both remains unacceptably high. Legislative Heart Health Day helps raise awareness of these ongoing issues.

The theme of this year’s Legislative Heart Health Day was “Take the Next Steps....” Whiteboards were made available for visitors and dignitaries to write down the name of a loved one who had been the victim of heart disease or stroke, and one thing that they were willing to do to honor the memory of their loved one. Entries ranged from the simple and personal, such as “I will walk more,” to broader promises to support relevant legislation or support advocacy efforts for heart disease and stroke.

At the opening ceremony, Sen. William Purcell, who chairs the task force, presented Lt. Governor Walter Dalton and DHHS Secretary Lanier Cansler with recommendations from the task force’s Stroke Advisory Committee to the legislature for 2009-2010.

Lt. Gov. Dalton, legislators and DHHS officials spoke at the ceremony, emphasizing the need to continue programs for preventing and managing heart disease and stroke. Two women who had survived heart attacks also spoke, highlighting the fact that heart disease is the number-one killer of women in this state.

To learn more about the signs and symptoms of heart disease and stroke and how to prevent these diseases, and to find resources for survivors, visit www.startwithyourheart.com, www.heart.org, and www.strokeassociation.org. ■

Adoption Profile

Introducing Tevin

Tevin is an independent child who prefers being by himself. His favorite activity is playing basketball, as long as he can get the ball. Tevin also likes to draw, read, and write and often spends hours doing so. Tevin likes visiting the barber a couple of times a month to keep his hair neatly trimmed. He gets along well with his foster parents' grandson and enjoys riding bikes and playing basketball with him. Tevin is thrilled to prepare his own breakfast of instant grits and microwavable bacon and his foster family allows him additional time in the morning to do so.

School can be a challenge for Tevin to always maintain appropriate conduct during the long day of classes. His specialized classroom provides an individual learning plan. With this in place he can work at a more successful pace and better stay on task with his schoolwork. Tevin's small steps at social success are due to his foster



Tevin, b. May 26, 1994

parents thoroughly preparing him for every activity or outing, so he is not surprised and he understands what is expected and what he can do.

A Family for Tevin

Through the techniques used by his foster parents Tevin has learned what actions and conduct are acceptable. He has made good progress in accepting consequences and new types of discipline, such as time out or going to bed early. He is able to sit and discuss his feelings or frustrations with his foster parents. Parenting Tevin will require unconditional commitment, a strong support network, consistent routine, safe discipline, and above all, a great deal of nurturing. Tevin is very clear on his own personal boundaries and they must be acknowledged and respected.

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). ■