

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

2009 H1N1 Flu

Be informed.

Be ready.

See the "Clip and Save" box with tips and a symptom list.
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H1N1 flu is focus of state and local health efforts

State Health Director Dr. Jeffrey Engel reported on May 3 that testing confirmed North Carolina's first case of H1N1 flu. The next day six more cases were confirmed. More than half of the states in our country now have confirmed cases of the new flu virus.



Dr. Engel



Gov. Perdue and Secretary Cansler brief media.

Gov. Bev Perdue joined Engel in assuring North Carolinians that state and local health officials have taken appropriate steps to safeguard the health of North Carolinians.

"We have been planning and preparing for an infectious disease outbreak for some years now," Per-

due said during a joint media briefing. "We have stockpiled antiviral medications and other materials for fighting infectious disease, such as gloves and masks. Everything is in place, and we know what we have to do.

"All of our county health departments are providing strong leadership and working aggressively to keep informed, and they are taking proper health precautions."

Engel received the H1N1 case confirmations from the federal Centers for Disease Control and

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Prevention (CDC in Atlanta. The State Public Health Laboratory in Raleigh is testing hundreds of specimens to isolate those that need further testing to confirm whether they carry the H1N1 virus. The lab ramped up its capacity, and staff there have been working 24/7 to accommodate the increase in specimens.

On the day North Carolina received confirmation of its first case, seven others were awaiting test results. Engel told reporters at several media briefings that getting confirmation of H1N1 virus in North Carolina was not so much a matter of 'if,' but of 'when.'

"Even if you don't have symptoms, or come into close contact with someone who does, I encourage everyone to take precautionary measures," Dr. Engel said. "Prevention really is the best medicine." ■

In the event of illness, you should see your medical provider when you feel it is needed. In the meantime, the following three lists provide information on how to stay healthy, typical flu symptoms and when to seek emergency care. More information is available at the DHHS Web site: www.flu.ncdhhs.gov.

Tips for staying healthy during a flu outbreak:

- Practice good hygiene. Wash your hands frequently with soap and warm water. Use an alcohol-based hand sanitizer if water and soap are not available.
- Cover coughs and sneezes with a tissue; throw the used tissue into a trash can.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Avoid close contact with people who are sick.
- If you are sick, do not go to work or school, stay away from other people as much as possible.
- Try to stay in good general health. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

If you become ill and experience any of the following warning signs, seek emergency medical care:

In children emergency warning signs that need urgent medical attention include

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash.

In adults, emergency warning signs that need urgent medical attention include

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

Here are typical symptoms for flu.

- Fever
- Chills
- Headache
- Extreme fatigue
- Dry cough
- Sore throat
- Nasal congestion and/or runny nose
- Body aches



May 3-9 is North Carolina Employee Recognition Week

Dear fellow state employees,

I want to thank each of you for the part you play in helping to make sure that the Department of Health and Human Services is providing the citizens of North Carolina with excellent services.



As we mark Employee Recognition Week on May 3-9, I think of the many sacrifices that you are called upon to make performing your responsibilities as public servants. This observance gives us an opportunity to educate our neighbors about the broad variety and importance of the services we provide.

Each of you exemplifies the best in your specialty areas. I am proud to work alongside you as we continue to provide assistance through much needed services to our citizens, particularly during this time of global economic stress.

Many of us have neighbors who have lost their jobs as a result of the economy. Some of them may seek assistance through some of our agencies. All are fortunate that state government has found ways to allow us to continue doing the people's business that do not involve separating our employees from their jobs.

I know that money is tight. While it requires some sacrifice, I appreciate that Governor Beverly Perdue has announced a flexible furlough plan to help balance our state's budget, while working to keep our employees on the job providing important services.

If you have not yet had the opportunity to read about the flexible furlough plan, I encourage you to look at the Office of State Personnel website at: www.osp.state.nc.us/ExternalHome/index.htm. In particular, you may want to see the Flexible Furlough Program – Frequently Asked Questions. Should you have further questions, you should check with your Human Resources manager.

Again, I thank you for your many contributions to the Department, and to the many people who depend on us for public services, many of which may be critical to their health and to the health of their families.

Sincerely,

A handwritten signature in black ink that reads "Lanier M. Cansler". The signature is fluid and cursive, with a large initial "L" and "C".

Lanier M. Cansler
Secretary



State of North Carolina
Office of the Governor

Beverly Eaves Perdue
Governor

Fellow state employees,

As you know, families and businesses across North Carolina are facing the effects of the national economic crisis. While I am confident that North Carolina can meet the challenges ahead, the current crisis has not spared state government. Since I became governor in January, I have taken aggressive steps to meet my constitutional obligation to balance the budget.

This week I received information that the budget shortfall for the current fiscal year will exceed \$3 billion. This news forced me to implement measures I had hoped to avoid.

Today I signed an executive order announcing a flexible furlough plan for teachers and state employees – a decision I made after careful thought and consideration of all the options available to me for balancing the state's budget.

All teachers' and state employees' compensation will be reduced by an annualized amount equivalent to 0.5 percent for the remainder of the fiscal year. In return, each employee will receive 10 hours of flexible time off. I have asked the General Assembly to pass legislation ensuring that your unused leave, service credit and health and retirement benefits are held harmless, as well as any longevity pay for which you may be eligible.

The commitment and dedication you show every day to your agencies and to your state are much appreciated. I regret that circumstances force me to make this difficult decision.

I will ensure that North Carolina continues to pay its bills and provide essential services to our citizens. Working together, I know that we will get through these tough times and position North Carolina for a bright future.

Sincerely,

A handwritten signature in black ink that reads "Bev Perdue".

Bev Perdue

THE Cultural Competency CORNER

By Gloria Sánchez, Latino Public Information Officer



Assessing health literacy levels critical for communication

Health literacy plays a key role in individuals' overall health. But what exactly is health literacy and how can we improve it? According to the U.S. Department of Health and Human Services (U.S. DHHS): "Health literacy is the ability to obtain, process, and understand basic health information and services to make appropriate health decisions (and) is essential to promote healthy people and communities".

The U.S. DHHS also reports that 12 percent of U.S. adults had proficient health literacy and over a third of U.S. adults – 77 million people – would have difficulty with common health tasks, such as following directions on a prescription drug label or adhering to a childhood immunization schedule using a standard chart.

This means that a great number of our population is in big need of friendlier and simpler health information. And considering the diversity in our population, it is logical to assume that the needs can vary from one group to another. Age, language, race/ethnicity, income, education level and cultural considerations are factors that may influence health literacy. Older adults, immigrants and people without high school diplomas might have basic health literacy skills in comparison with more educated, younger or native-born individuals. However, anyone regardless of the education or income level, age or racial/ethnic group can greatly benefit from easy to read and understandable health information.

Our department creates many educational materials in English and Spanish, and we play a vital role by educating North Carolinians about different health matters. For this reason, it is crucial that we keep paying close attention to the health literacy levels our population.

When developing or revising written materials for the general public, always keep in mind who is your reader and what you want them to do. Your messages should be written in plain language – clear, simple and direct. Pay special attention on how messages are organized, as well as the design, layout and photos. Make it easy to read and make it look easy to read. Before you are ready to send your material(s) to the Office of Public Affairs for PA2 approval, try to answer the following questions:

- Are there any medical or technical terms that need to be explained or replaced with more common terms? Multisyllabic words are hard to read and to be understood.

- Do you have any long, complicated sentences? Try to convey one idea in a short sentence.
- Can you use an analogy to explain complicated concepts?
- Are the numbers, percentages or statistics clear to understand? It is always helpful to have a brief explanation of what the numbers are saying.
- Are the messages and ideas organized in a logical and sequential way?
- Do the photos or illustrations help to convey and reinforce the messages?
- Have you focus tested your information with the intended audience?

The benefits of improving health literacy are many; there are not only human benefits but financial ones too. Producing effective low-literacy health information is a critical part of our commitment to improving the health status of our state. ■

¡Hasta pronto!
Gloria Sanchez

North Carolina Seniors Can Live Healthy in 2009!

Every year during the month of May we celebrate a special segment of our country's population – older adults. The U.S. Administration on Aging (AoA) issues a new theme each year for Older Americans Month, drawing attention to a particular issue faced by many of today's seniors.

This year's theme "*Living Today for a Better Tomorrow*" reflects both AoA's and the North Carolina Division of Aging and Adult Services' continued focus on disease, disability, and injury prevention efforts, to help older adults experience better health as they age.

By 2030, one in every five Americans will be age 65 or older. These older adults have four times the number of medical bills than those who are younger, and they are highly likely to experience two or more chronic conditions as they age. Thankfully, although the risk of disease increases with advancing age, poor health is not an inevitable consequence of aging. Many illnesses and disabilities associated with chronic disease are preventable.

Older Americans can prevent or control chronic disease by adopting healthy habits such as exercising regularly, maintaining a healthy diet and ceasing tobacco use. However, they must be provided with the tools they need to adopt healthy behaviors and take charge of their health.



With all of this in mind, the North Carolina Division of Aging and Adult Services and the North Carolina Division of Public Health are jointly offering the evidence-based *Living Healthy* program, also known as the Chronic Disease Self-Management Program, to people 60 and older living in 46 counties across the state.

The workshop, developed by researchers at Stanford University, is designed to empower participants to take control of their health and their chronic conditions, rather than allowing the conditions to control them. People who attend the workshop generally have at least one, but often times multiple, ongoing illnesses such as arthritis, lung disease, chronic heartburn, fibromyalgia, hypertension, heart disease, diabetes, kidney disease, multiple sclerosis, Parkinson's disease, and cancer.

The *Living Healthy* workshop has been shown to change lives. Over the course of six workshop sessions – offered once per week for six weeks – participants learn how to set goals, problem solve, deal with difficult emotions, use their minds to manage symptoms, exercise appropriately, manage medications, eat healthy, and improve communication skills. The

workshops are highly participatory and led by trained leaders.

Based on national results from a federally funded, controlled research study of the program, workshop participants have experienced significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, and social roles. They also have experienced fewer total days in the hospital and fewer outpatient visits. In fact, it is estimated that for every dollar spent on the program, \$10 is saved in healthcare expenditures.

Working with North Carolina's Area Agencies on Aging, *Living Healthy* workshops will be offered in a growing number of North Carolina counties. The workshops take place in diverse settings – from senior centers to churches – and there is no charge. To find a workshop close to you, your friends, or family members, please contact Serena Weisner at the North Carolina Division of Aging and Adult Services (919) 733-0440, ext. 246 or go to the website of www.ncdhhs.gov/aging/livinghealthy/livinghealthy.htm.

We, as a nation, must continue working together to give the growing number of older adults the tools they need to make healthy decisions. Many of these tools can be acquired by participating in the *Living Healthy* program. "*Live Today for a Better Tomorrow!*" ■

People First language focus of N.C. Council on Developmental Disabilities

Individuals with disabilities have become one of the fastest growing populations in the country. In North Carolina alone, people with disabilities now account for more than 23 percent of the general population, making them a vital component of the community.

As such, people with all types of disabilities need to be accorded the same dignity, respect and inclusion in the community as people without disabilities. An essential component of inclusion is a perspective in which people with disabilities are appreciated for their contributions rather than being defined by their limitations. To bring this prospective into the public eye, the North Carolina Council on Developmental Disabilities will be launching a *People First* campaign.

The *People First* perspective fosters a shift in the general public's attitude toward the relationship between an individual and his or her disability through emphasizing a language of humanity over one of disability. The basic premise behind *People First* is, just as the name suggests, referencing individuals by name or a positive attribute instead of addressing their disability. This places emphasis on the person rather than the limitation.

Moreover, those of us in the Department of Health and Human Services are uniquely positioned to set the example for using *People First* language through our interaction with the people we serve. As language has profound influence on personal and societal perspectives, it is the hope of the NCCDD that we make *People First* a personal and organizational priority by learning and using *People First* language in all communications, both casual and professional.

As one of the state's leading agencies in innovative policy and practice for individuals with disabilities, the NCCDD is committed to promoting full inclusion of people with disabilities into all aspects of community life.

For more information on *People First* or to obtain copies of *People First* materials, please contact the NCCDD at (919) 420-7901 or on the web at www.nccdd.org. Only through setting an appropriate, positive example can we produce lasting changes that will lead to full community inclusion for people with disabilities. ■

Nominate
your Pick
of the
Month

Your DHHS Employee Update is launching a new effort to highlight the unique aspects of your work.

What makes your area special? Tell us what's going on where you work that is different from other work stations. Share a local tradition that serves to boost morale and encourages those around you.

We want to hear your stories. Each month we will select the most unique idea and share it in your newsletter. Please submit ideas via email to Jim.Jones@dhhs.nc.gov. In the SUBJECT line please type IDEA and your work contact phone number.

Cystic fibrosis added to newborn screenings in N.C.

Starting last month, newborns in North Carolina are being screened for cystic fibrosis (CF) when their tiny blood samples are sent to the North Carolina State Laboratory of Public Health to test for possible metabolic and genetic disorders.

Newborns are already screened for more than 30 other disorders by the state lab. The whole panel of tests requires just a few drops of blood from a small “heel stick,” or prick, before each baby leaves the hospital. The new test will not require any additional drops of blood.

North Carolina joins a growing number of states screening newborns for CF in an effort to improve the quality of life for affected individuals. The addition of this common genetic disorder to the current panel of state tests was approved by the state legislature in 2008.

“The Newborn Screening Program is critical to the early detection and treatment of the disease in newborn babies,” said Dr. Jeffrey Engel, state health director. “Detection can mean the difference between life and death – or disability and healthy development – for many babies born in North Carolina each year,” he said.

“Adding cystic fibrosis to newborn screening means that even more babies will have a chance at a healthier life,” Engel said. “North Carolina has an outstanding network of CF providers to which we can refer these infants for specialty care and interpretation of tests.”

The State Lab will work closely with personnel in the Children and Youth Branch, N.C. Division of Public Health, to ensure all babies with abnormal CF newborn screening results receive appropriate follow-up and referrals.



“By screening for cystic fibrosis, North Carolina is making marked progress in identifying this treatable condition. That will result in improved health status, as well as cost savings for families and the overall health care system,” said March of Dimes public affairs co-chairs Craig Umstead and Tracy Greenwood. “The March of Dimes commends our lawmakers and the Division of Public Health.” With chapters nationwide, the March of Dimes is the country’s leading nonprofit organization for pregnancy and baby health.

Cystic fibrosis is the most common genetic disease among Caucasian babies, with an incidence of 1 in 2,500 live births. The disease also occurs in 1 in 6,000 Hispanic births, 1 in 10,000 African-American births, and 1 in 90,000 Asian-American births. Eighty-five percent of babies with CF do not show symptoms at birth, so without newborn screening, most would not be diagnosed until after their first birthday.

The most serious complications of CF occur in the lungs. Thick, accumulated mucous causes frequent lung infections and blockages of the airway, often causing permanent lung damage. CF can also obstruct the pancreas and severely limit the organ’s ability to break down food and absorb nutrients. As a result, a child with CF may have poor growth, weight loss, abdominal pain and other problems. These symptoms can be greatly improved through the replacement of pancreatic enzymes and careful diet planning.

Since newborn screening for CF allows for early diagnosis and therapy intervention, the addition of CF to the state’s newborn screening panel will further improve the lives of North Carolinians with cystic fibrosis. Studies have shown that patients diagnosed soon after birth have improved nutritional status, growth and lung function and experience fewer hospital stays, resulting in longer, healthier lives. In 1955, children with CF were not expected to live beyond age 6. Today, adults with this disease are living into their forties and have lives that include careers, marriage and families of their own. ■

Self determination conference has international appeal

The North Carolina Council on Developmental Disabilities joins the National Center for Self Determination to co-host and co-sponsor the 10th annual International Conference for Self Determination. The spotlight is on Winston-Salem, May 3-5 as delegates gather at the Benton Convention Center.

NCCDD Communications Manager Barton Cutter says, “organizers see the conferences as an opportunity for participants to learn about national

and international tools for building communities that welcome and offer a better quality of life for everyone.”

The NCCDD is proud to partner for this important event featuring presentations on self-advocacy, direct support workforce development, emerging approaches to employment and other income sources. The conference also offers innovations in building inclusive communities and personalized supports, among other topics.

The three-day conference is recognized internationally as one of the foremost gatherings to promote the freedom and authority of people with disabilities. Cutter said, “The ultimate goal is for all people to have full control over their lives and (to) decide for themselves where they live, how they participate in the community, what supports they receive and how those supports are implemented.” Those interested may find more information at www.self-determination.com. ■

DHHS names new director of Division of Medical Assistance

Craig L. Gray, MD, MBA, JD, joins the Department of Health and Human Services team as the new director of the Division of Medical Assistance, which last year provided Medicaid services to 1.6 million people.

Gray joins DHHS after serving as vice president of medical affairs and chief medical officer at the Bon Secours Our Lady of Bellefonte Hospital in Ashland, Ky. He was chairman and managing director of Employee Benefit Trust in Asheville from 1995-2002 as well as a physician and medical community leader at Mission/St. Joseph’s Hospitals. In 1975, he co-founded and was the senior managing physician of Asheville Women’s Medical Center.



Craig L. Gray, MD, MBA, JD

Gray is a graduate of Loma Linda University School of Medicine in California and a straight medical internship at the University of

Virginia, Charlottesville. He is a Stanford University trained obstetrician and gynecologist and is a board-certified member of the American College of Obstetricians and Gynecologists. He also served a preceptorship in the surgical management of breast cancer at the Royal Marsden Hospital in London. He is a 2005 graduate of the Regent University School of Law in Virginia, and is a member of the North Carolina and Tennessee bars. Gray also holds a Master of Business Administration degree from Western Carolina University. ■

Mentor project brings interpreters together



The 2008-2009 school year got under way with a partnership between Burke County Public Schools and the North Carolina School for the Deaf (NCSD). The Communication Access Support Services (CASS) staff members began partnering with educational sign language interpreters and language facilitators from the public school system to provide professional growth through mentoring.

Initially, the project had about 25 percent of the public school interpreters involved. As this project has evolved, there are now more than 90 percent of the interpreters and language facilitators participating.

The NCSD Mentorship Project allows participants to be involved on a variety of levels, depending on their individual strengths and needs. The interpreters and language facilitators have the opportunity to attend workshops/roundtable discussions, receive sign language assessments, or be observed at their own work site.

The project began in the summer of 2008 as the CASS department, led by William Ross, a certified and licensed interpreter, proposed to the Burke County School System to offer opportunities for professional development for all the system's interpreters and language facilitators. Peggy Sanders, and Ashleigh Lassiter, also licensed interpreters, are essential to the facilitation of the project. Sharon Hurley, the only Deaf member of the team, an accomplished presenter and instructor, also plays a vital role. This partnership came to fruition in August.

The types of training provided focus primarily on educational sign language interpreting settings and issues. Workshops have been offered regarding several topics, for example, an ethical decision making workshop discussed what kinds of ethical dilemmas interpreters face and how to handle them in a professional manner. There have also been workshops on taking precautionary measures to protect interpreters from things like repe-

titive motion injury, such as carpal tunnel syndrome.

Observations are also a key element of the project. When observations are made, a mentor goes to the school where the public school interpreter works. The interpreter continues to perform their interpreting duties while the mentor quietly and unobtrusively observes and takes notes on the interpreter's strengths and needs. Most observations take 30 minutes. Then the mentor meets with the interpreter and reviews the notes and provides supportive feedback.

This project has been met with gratitude from the Burke County School System. At this time, this project is being offered only to the Burke County Public School System. Due to the success of the NCSD Mentorship Project, surrounding counties' school systems have requested to have similar partnerships established. ■

New director named for Cherry Hospital

Secretary Lanier Cansler announced the appointment of Philip Cook as director of Cherry Hospital in Goldsboro.

“Philip Cook is an experienced psychiatric hospital administrator with roots in eastern North Carolina,” Cansler said in making his announcement on April 2. “We are looking to him to make the necessary changes and implement programs to ensure the quality of care of patients entrusted to our care at Cherry Hospital.”

At the time of his appointment Cook served as president of Trinity Leadership Partners, LLC, a behavioral health consulting firm. Prior to that, he was division president of Psychiatric Solutions Inc, which oversaw seven hospitals

in Kentucky, Indiana, Tennessee and Mississippi. From 1995-2006, he served as chief executive officer for Parkridge Valley Hospital in Chattanooga, Tenn. He was a therapist for Horizon Mental Health Management in New Bern and also in private practice in Morehead City prior to moving to Tennessee.

“It is an honor for me to return to eastern North Carolina and serve my home state as the director of Cherry Hospital. I am excited about utilizing 20 years of psychiatric hospital administrative experience in the process of working with the fine staff at Cherry to improve behavioral healthcare in our region,” said Cook.

He received his Master’s of Education in Community Counseling from Georgia State University,

completed his undergraduate study at the University of North Carolina at Chapel Hill, where he received a Bachelor of Science Education degree.

Cook’s appointment is the latest in a series of changes in management organization initiated by Cansler since January. On March 24, he appointed J. Luckey Welsh Jr., former president and CEO at Southeastern Regional Medical Center in Lumberton, to head up the office of State Operated Services. SOS oversees all 15 state-run MH/DD/SAS facilities. Cecelia Karas, a former mental health consultant, was also brought on board to direct SOS’ Health and Human Services Training and Quality Assurance Initiative under Welsh’s leadership. ■

Owens to take director post at Caswell Center

Leon Owens takes over as director at Caswell Developmental Center on May 26.

Owens may be a familiar face to many at the Caswell Center, having served in the roles of deputy director, director of professional services and director of quality assurance

from 1990 to 1998. Since that time he has worked in state developmental center administration in South Carolina, Tennessee and Kansas.

Owens brings a wealth of knowledge and experience gained in

various other positions that are expected to be valuable in leading Caswell Developmental Center into the future. Owens will bring a positive, progressive and constructive management approach to his new position. ■

Association lauds Oral Health chief for contributions benefitting children

Dr. Rebecca King, chief of the Oral Health Section of the Division of Public Health, received the 2009 Harriet Hylton Barr Distinguished Alumni Award from the UNC Gillings School of Global Public Health Alumni Association.

King's state employment began in 1977 as a public health dentist in Chatham, Lee and Harnett counties. During her 13 years in that field position, she saw the impact of dental disease on our state's children. As a result, she developed an understanding, commitment and compassion that color her approach to her work to this day.

In her current position, King is responsible for the statewide dental public health program. Under her leadership, the state has identified and quantified the tooth decay rates of North Carolina children entering kindergarten, and has significantly increased the preventive dental services available to very young children at high risk for dental decay.

She has collaborated on a number of grants which have evolved into the nationally-recognized Into the Mouths of Babes, a program of physician-provided preventive dental services for Medicaid recipients up to age three. Her support of research that fully integrates the academic and practice communities is having a significant impact on the health of our state's population and is developing models for other states.

King also directs the division's dental public health residency program, which provides specialty training for dentists who have MPH degrees. Established in 1975, the Barr Award recognizes the achievements of alumni and their contributions to public health in leadership, experimentation, collaboration and innovation within the profession, impact within the practice arena, and outstanding service beyond the requirements of the recipient's employment. ■

Telly Awards for HDSP television spots

The North Carolina Heart Disease and Stroke Prevention (HDSP) Branch television spots promoting the signs and symptoms of heart attack and stroke won national Telly awards this year.

HDSP media contractor Brogan & Partners created the "Mindreader" (heart attack) TV spot which won a silver Telly, and also the "Game Show" (stroke) TV spot which won a Bronze. (There is usually no Gold award for Tellys.). The ads can be viewed on the Start With Your Heart website at www.startwithyourheart.com (click on the graphics at the bottom of the page), along with two other ads. One of those, "Barflies," won a previous Telly award.

The HDSP TV spots have performed well, not just in terms of creative awards but also in terms of survey results that showed significant rise in awareness of stroke and heart attack signs and symptoms following the airing of each campaign.

In 2008, when the two "Game Show" stroke spots were first aired, pre and post-campaign surveys showed an average rise of 10 percentage points in awareness of the signs and symptoms of stroke. The heart attack spot, which aired in February this year, also achieved a 17 to 18 percent rise in awareness of the two symptoms it described.

The Telly Awards honor the very best local, regional, and cable television commercials and programs, as well as the finest video and film productions, and work created for the Web. Since 1978, their mission has been to strengthen the visual arts community by inspiring, promoting, and supporting creativity. The 29th Annual Telly Awards received more than 14,000 entries from all 50 states of the U.S. and all five continents. ■

GMS high school students go to court... ...the United States Supreme Court!



Chief Justice John Roberts, center, and host Issac Lidsky, wearing necktie next to Roberts, stand with GMS students and chaperones for group photo.

Eight high school students from The Governor Morehead School for the Blind traveled to Washington, D.C. in late March in response to an invitation to visit the U.S. Supreme Court.

They were hosted by Isaac Lidsky, the first visually impaired court clerk to serve at the Supreme Court. The student group, and their five adult chaperones, spent some time listening

to arguments being presented to the justices, and they received a guided tour of the court building.

At the conclusion of the visit the group enjoyed a sit-down with their host and none other than Chief Justice John Roberts. The visit lasted 45 minutes.

The trip was hailed as a great success. The students saw the

American judicial system in action and a tour of the Holocaust Museum deeply moved them. It was truly once-in-a-lifetime opportunity. The students' high school social studies teacher, Daniel Simmons, said the following people get a huge thank-you for their assistance: Lori Blake, Dion Ousley, Gloria Wallace, Adam Woodrum, Barbria Bacon, Kathy Davis, JB Lewis, and Celia Ogburn. ■

How much do you know about hearing loss?

May is Better Hearing and Speech Month. If you have a hearing loss and have successfully ventured into the world of hearing aids and/or assistive technology – good for you!

However, if you or someone you know continues to experience the frustration of not being able to hear

and understand, call or encourage your friend or family member to contact one of the Regional Centers of the Division of Services for the Deaf and the Hard of Hearing (see the list at www.ncdhhs.gov/dsdhh/about/where.htm) and speak with someone about what they can do.

One consumer recently said his hearing aid has changed his life! Not everyone will have the same results. But nine out of 10 hearing aid users report improvements in their quality of life. ■

Try testing your knowledge about hearing loss.

1. The number one reason for hearing loss is:
a. age b. hereditary c. excessive noise
2. One in _____ workers exposed to high levels of noise will develop a hearing loss.
a. four b. five c. three
3. The ear has more than _____ tiny hair cells to help you hear the different sounds.
a. 25,000 b. 1,000 c. 500,000
4. _____ of all children experience at least one ear infection.
a. 50 percent b. 85 percent c. 40 percent
5. The majority of individuals with hearing loss are younger than retirement age.
True False

Facts are from the Better Hearing Institute

Answers: 1. C – excessive noise; 2. a – four; 3. a. 25,000; 4. b. 85 percent; 5. True – 65 percent are younger than retirement age.