



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 speaks directly to employees about DHHS Excels

On March 24 Secretary Lanier Cansler hosted a Conversation with Employees about DHHS Excels, his initiative aimed at developing a department reputation as the best managed agency in state government.

This marked the first time any secretary of DHHS has used a live video conference to reach so many employees simultaneously. Based on responses, it won't be the last.

A small, live audience met with Cansler in a video conference room at N.C. State University. Other employees around the state participated through their desktop computers and submitted comments and questions to Cansler via e-mail. The purpose of the video Web broadcast was for the Secretary to speak personally to DHHS employees about his vision for the department and his belief that the department



Jennifer B. Johnson, left, signs as Secretary Cansler speaks during Conversation with Employees. – Photo by Jim Jones

can develop the reputation as the best managed agency in state government. It was with this vision in mind that he created the DHHS Excels initiative.

Readers might recall that the Secretary kicked off this initiative in late October under the name Project Excel; but as he explained during the video conference, this initiative is not

cont. on page 2

INSIDE TOP FEATURES

Gov. Perdue, DHHS cracking down on Medicaid fraud, waste and abuse, Page 3
The Buck STARTS with you – Why the Census is Important, Page 4

Celebrating benefits of reading with youngsters

➔ Page 6



Author O'Rourke draws crowd at book signing

➔ Page 11



DHHS Excels cont. from page 1

the usual project with a beginning and an end. He intends it to become the permanent way DHHS views itself. “I want all of us to think that DHHS excels everyday and in everything we do.”

Secretary Cansler spent several minutes talking about what we can achieve when all DHHS adheres to the following values:

Customer-focused – North Carolinians are the center of our service design and delivery and allocation of human and fiscal resources.

Anticipatory – DHHS uses feedback from our customers and partners on all levels – national, state and local – to guide our thinking, planning, policies and practices.

Collaborative – DHHS values internal and external partnerships.

Transparent – DHHS shares information, planning and decision-making processes and communicates openly with its customers and partners.

Results-oriented – DHHS emphasizes accountability and measures its work by the highest standards.

As we go forward in the development of departmental, divisional and office and work unit goals, these values need to be in the center of our thinking and planning. The secretary wants us to put “goals and progress over process” as we implement



During ‘Conversation,’ Cansler illustrates a point. – Photo by Jim Jones

DHHS Excels. “DHHS is a huge organization with multiple divisions and offices, and the people served by one office or division very often receive services from another. We need to stop serving ‘pieces of people’ and focus on the whole person. If we live by the values we’ve established, we will accomplish that.”

Cansler also addressed the tough economic times DHHS and the state are facing. Compared to cut backs of about \$158 million made in 2001, this year we are looking at \$1.7 billion in reductions, and state revenues are expected to be lower than projected. Yet, in the face of these fiscal challenges, we are experiencing a growing population and greater demand for services. In spite of all this, “we must find a way to continue to provide the services North Carolinians need.” He continued by saying that DHHS Excels will keep us “thinking about how we can get ready for the future”

DHHS Excels

Customer focused

Anticipatory

Collaborative

Transparent

Results-Oriented

Employee reaction to the Secretary’s outreach effort was favorable. Jessica Hermann, with the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, reflected the sentiment of many when she wrote: “[The broadcast] helped me feel connected to the overall mission and direction of our department. Connectivity is important in any job, but particularly in a department as large as ours.” Another commented how much she appreciated the opportunity to hear from the deputy and assistant secretaries. “I’ve worked for the state for many years, and it is rare to have this kind of exposure to our top executives.” Another commented that this first attempt “was a great success.”

Verna Best, director of the Office of Economic Opportunity, e-mailed: “The format worked well, the picture quality was good and the sound was clear. Great job! I’m looking forward to *moving* forward.”

The Conversation with Employees lasted about 90 minutes and generated

cont. on page 3

DHHS Excels cont. from page 2

numerous comments and questions from employees around the state. Fortunately for those who missed this opportunity to hear Cansler's comments, the broadcast is available

on the DHHS home page, www.ncdhhs.gov. Also, the DHHSExcels@dhhs.nc.gov email link will be operational during the

DHHS Excels initiative as a means for employees to make comments or ask questions. ■

– Sandra K. Trivett,
Special Projects Officer

Gov. Perdue, DHHS cracking down on Medicaid fraud, waste and abuse

Gov. Bev Perdue has announced a series of aggressive measures to combat Medicaid fraud, waste and abuse.

During a March 24 press conference at Raleigh's Rex Healthcare, the Governor called for:

- tougher investigation and prosecution of providers and consumers who "game the system"
- the formation of Medicaid SWAT teams that can be quickly deployed to investigate suspected fraud and abuse
- new detection technology and training for the N.C. Division of Medical Assistance's Program Integrity unit
- anti-fraud laws aimed at solicitation of unnecessary services and at provider kickbacks for referrals
- doubling of staff in the Attorney General's Medicaid Investigations Unit



During a press conference March 24 at the Heart Catheterization Lab at Rex Healthcare, Secretary Cansler, accompanied by Gov. Bev Perdue, tells reporters about the state's new efforts to reduce Medicaid fraud. – Photo by Katy Warner

- a "Medicaid fraud/abuse costs YOU" public awareness campaign to spell out how Medicaid cheaters steal from everyone (providers, consumers and taxpayers) and to encourage anyone with knowledge of fraud or abuse to report it.

"In these tough times, when Medicaid enrollment is growing even as we face deep budget shortfalls, we must do more to root out waste and crack down on folks who are abusing or defrauding Medicaid," said Gov. Perdue, who has made setting government straight a major focus of her administration. "Tens of millions of taxpayer dollars each year are wasted on Medicaid fraud, waste and abuse. It's got to stop and we will not allow it to continue."

DMA is also making plans to reverse the decades-old model of paying claims first, recouping overpayments later. For providers with a track record

cont. on page 4

Medicaid Fraud cont. from page 3

of overbilling or worse, DMA can place the provider on pre-payment review (PPR) status – meaning the provider’s claims are not paid until a reviewer determines they are legitimate and properly documented. Program Integrity has limited PPR resources, but DMA is exploring the possibility of contracting with a vendor that can expand PPR capacity.

“We are changing the way we do business,” DHHS Secretary Lanier Cansler told reporters at the Governor’s press conference.

A centerpiece of the new anti-fraud campaign is a public-private partnership between DHHS and IBM. The computing giant has successfully used its Fraud and Abuse Management System (FAMS) technology in partnership with other state Medicaid programs and with private insurers. Due to go live in North Carolina shortly, the cutting-edge software sifts and analyzes the millions of Medicaid claims submitted annually, seeking anomalous billing patterns or other indicators of fraud, abuse or just plain inefficiency and waste. The system automatically alerts Program Integrity investigators to potential suspects, then ranks them in several ways, allowing Program Integrity to prioritize investigations.

“What this new technology will do is put our investigators in a better position to ask better questions, and lots more of them,” said Cansler. “I like to compare it to fishing. You can be a good fisherman with just a cane pole, and our Program Integrity investigators have demonstrated just how good they are, as some recent high-dollar recoupments show. Now we’re giving them depth finders that will tell them not only where to find the schools of fish, but also where the big ones are hiding.” ■

– Brad Deen, DHHS Public Affairs

The Buck STARTS with you – Why the Census is Important

2010 Census questionnaires were mailed the week of March 19. There are 10 short questions on the Census form, and 10 minutes of your time can make a big difference for North Carolina and your community. Representation and planning for our future rely on everyone participating in the Census.

A great deal of federal funding also relies on the Census. The U.S. Government Accountability Office (GAO) reported that the “federal government obligated an estimated \$478 billion in fiscal year 2009 at least in part based on Census and related data.” The U.S. Census Bureau estimated the nation’s population at 307 million as of July 1, 2009. That’s more than \$1,500 of federal funding per year per capita, for each person counted, based on information collected by the Census. That’s more than \$15,000 per capita of federal funding until the 2020 Census!

Completing and returning your 2010 Census questionnaire helps to bring federal resources to our communities, fund needed programs and provide information that local planners use to place hospitals, schools and services where they are needed. Businesses also use Census information to analyze markets and select locations for investment. Representation, funding, and future planning rely on everyone completing their 2010 Census questionnaire.

If you need assistance to complete your Census form, telephone assistance is available at the following numbers:

English	1-866-872-6868
Chinese	1-866-935-2010
Korean	1-866-955-2010
Russian	1-866-965-2010
Spanish	1-866-928-2010
Vietnamese	1-866-945-2010
TDD	1-866-783-2010 <i>(for hearing impaired)</i>

More than 1,000 Questionnaire Assistance Centers are open across North Carolina. ■

You got questions? HR volunteers have the answers!

“Are cover letters really necessary?”

“I’ve applied for over 100 jobs, but never hear back. What can I do?”

“I quit my last job due to personal reasons. How do I address that in an interview?”

These were only a handful of questions out of nearly 1,000 phone calls from local job seekers on March 3 during *Human Resource On Call* – a joint partnership between the Triangle and Raleigh-Wake HR Management Associations and WRAL-TV. The seven-hour televised, telethon-style event provided a toll-free number encouraging viewers to call in with their layoff and job transition questions.

I’m Katie Davison, a recruitment specialist with the DHHS Division of Human Resources – Recruitment Services, and I was among the 100 HR professionals who volunteered time and expertise to help provide answers. HR professionals from organizations throughout the Triangle area staffed phone lines and responded to questions regarding resume writing, interviewing and unemployment benefits.

Our goal with *HR On-Call* was to be accessible to job seekers who may not know where to turn for re-employment support and to provide them with resources and advice on how to get back into the workforce.



Katie Davison

Callers ranged from the recently laid off to veterans transitioning to civilian work, to retirees seeking advice on how to obtain part-time positions. The majority of callers inquired about where to look for jobs, who is hiring in the area, and how they could stand out among other applicants.

I recommend networking as the key. Spread the word that you are looking for work to family, friends, and neighbors. Advertising a job is expensive for companies so you often have to move beyond the newspaper,

Monster and Careerbuilder.com to really see what’s out there. The people you know can refer you to people they know and you are more likely to expand your application options.

With the U.S. Bureau of Labor Statistics placing North Carolina’s unemployment at 11.1 percent – an all-time high – it’s likely that someone you know has been affected by the economic downturn. There are several local resources available with many free services geared toward helping the unemployed in our state to get back to work:

- JobsNOW
(www.jobsnow.nc.gov)
- JobLink Career Centers
(www.joblinkcc.com)
- Local Employment Security Commission offices
(<https://www.ncesc.com>)
- NC Dept. of Commerce Dislocated Worker’s Toolkit, available via: (www.ncdhhs.gov/humanresources/rif) ■

– Katie Davison,
DHHS Human Resources

A word from the Secretary . . .

Celebrating benefits of reading with youngsters

I had the privilege March 2 to celebrate Read Across America by sharing some great books with a group of youngsters at the Governor Morehead Preschool. This group was full of energy. The children included several elementary students from the Governor Morehead School as well as children from the 3- to 5-year-old inclusive preschool classroom. The GMS Preschool uses a mixed classroom style of learning that incorporates children with visual impairments and children developing normally.

We read Eric Carle's [The Very Hungry Caterpillar](#). The version I read of Carle's story was created to inspire all children; it included the story in print and in Braille as well as tactile illustrations designed to be felt by the reader. The children listened and learned of the caterpillar's transformation into a beautiful butterfly.

We also read [Fox in Socks](#) by Dr. Seuss. The children enjoyed the tongue-twisting Seuss style we all know and love. We all had the opportunity to laugh, as it was a bit of challenge for me, much like the book's character Mr. Knox, to get all the words out.

We also sang happy birthday to beloved children's author Dr. Seuss since March 2 would have been his 106th birthday. Read Across America is an annual reading motivation and awareness program that calls for every child in every community to celebrate reading. The goal is to encourage children to read all 365 days of the year.



Secretary Cansler examines a fox puppet wearing socks while he prepares to read [Fox in Socks](#) by Dr. Seuss. Sensory aides, like the fox puppet, help children with visual impairments to better comprehend the story.



Secretary Cansler reads Eric Carle's [The Very Hungry Caterpillar](#) to the students and staff during Read Across America Day. – Photos by Jim Jones

These wonderful children reinforced for me how important the work is that we do at the Department of Health and Human Services. As I watched the dedicated teachers and assistants, working with the children and helping them grow and learn, it was a great gift to add to the day! ■

DSDHH, Relay N.C. create educational tools, curriculum for students

The North Carolina Division of Services for the Deaf and the Hard of Hearing (DSDHH) and Relay North Carolina worked together to create, “Relay Enhances Language and Communication Abilities: Yes, You Can!” an interactive curriculum geared for middle school students across North Carolina.

The curriculum was produced as part of the division’s legislative mandate to educate North Carolinians about opportunities for Deaf, Hard of Hearing and Deaf-Blind people to access the telecommunications system. The curriculum is the result of an intensive collaboration of deaf services professionals, educators from North Carolina’s schools for the deaf, the North Carolina Department of Public Instruction, and staff from Relay N.C. It is designed to be integrated into the North Carolina Standard Course of Study.

The curriculum includes interesting and useful information about the ear and hearing, assistive technology for those with hearing loss, sign language and relay systems designed to support communication through the telephone.



Relay curriculum materials – Photo by Jim Jones

The curriculum consists of six chapters focusing on the ear, communication, technology culture, Relay N.C. and community resources. It also includes both print and electronic media elements that can be used by an individual teacher as well as shared by a grade-level team, and can be incorporated into technology, science or communication skills classes.

It has relevance for today’s students. In the state today, there are more than one million people with hearing loss and 4,000 of them are school-age children.

The curriculum can be viewed at www.ncdhhs.gov/dsdhh. Those wishing to see the entire curriculum package may borrow one from one of the division’s regional center libraries. To find the nearest regional center, go to www.ncdhhs.gov/dsdhh/about/where.htm. ■

– Lori Walston, DHHS Public Affairs

NC START provides support network

Caring for a family member at home during a long-term illness is a difficult and stressful job. Providing home care for a loved one who is developmentally disabled and also suffering from mental illness without any respite opportunities can burn out even the strongest of us.

Since its creation in 2009, the NC START (Systemic, Therapeutic, Assessment, Respite, and Treatment) program has provided a respite and intervention lifeline for people with intellectual and developmental disabilities as well as their families or caregivers.

NC START is the result of a partnership between the Division of Mental Health/Developmental Disabilities/Substance Abuse services (DMH/DD/SAS), the Division of State Operated Healthcare Facilities (DSOHF) and the three host Local Management Entities (LME) covering the central, west-

ern and eastern areas of the state: The Durham Center, Western Highlands Network and East Carolina Behavioral Health.

According to DMH/DD/SAS Director Leza Wainwright, NC START uses the dual approach of providing both clinical support – such as behavioral assessments and prevention and intervention planning – as well as respite care to families and caregivers when traditional sources of respite care are not appropriate due to the complex needs of the individual.

“Our goal was to create a support network that is able to respond to the unique crisis needs of these individuals at the community level,” she said. “We wanted a system that provides community-based, person-centered supports that enables people to remain in their home or community placement as a first choice.

“NC START provides crisis and clinical support such as behavioral assessments and prevention, training for families and providers, consultation, and short-term respite. Short-term includes planned respite for those unable to access traditional respite care due to behavioral challenges and emergency respite in crisis situations that cannot be addressed in the current home or community placement.”

There are six crisis/clinical teams – two teams per region – with each region hosting four respite beds. Offices for the clinical teams are located in Concord and Asheville in the west, Durham and Greensboro in the central, and Wilmington and New Bern in the east. The respite homes are located in Statesville, Franklinton, and New Bern. In 2009, NC START served 332 clients. ■

– Mark VanSciver,
DHHS Public Affairs

N.C. Medicaid enacts money-saving preferred drug list

The Division of Medical Assistance (DMA) has begun requiring Medicaid recipients to use clinically effective generics and lower-cost alternatives to brand-name prescription medicines.

Effective March 15, N.C. Medicaid's two million recipients are required to have prescriptions filled from a Preferred Drug List. Many other public and private insurers, including the State Health Plan, already limit their members to drugs from a preferred list, mostly by requiring higher copayments for drugs not on the preferred list. The Preferred Drug List will save N.C. Medicaid more than \$90 million annually.

"The Legislature gave us this tool to help us control Medicaid costs," said DHHS Secretary Lanier Canisler. "The Department is committed to providing effective treatment options for the citizens of North Carolina who rely on Medicaid for their health care, yet we must also be careful stewards of our increasingly scant resources. The Preferred Drug List, which reduces our costs while still providing a proven, clinically effective program for recipients, is a proven win-win on both sides."

N.C. Medicaid recipients will notice no immediate changes. As the Preferred Drug List takes effect, it will include all medications currently covered by N.C. Medicaid. Over time, some medications will be removed from the preferred list, but only if the N.C. Physicians Advisory Group, which works with DHHS to set Medicaid policy, advises that the alternative drugs are safe and effective. Medicaid recipients will be notified in advance of a drug's removal from the list. Non-preferred medications will still be available to Medicaid recipients on a prior-approval basis if their physicians believe switching will cause harm or be ineffective.

The state legislation that mandated DHHS to enact the new policy exempts HIV/AIDS medications from a Preferred Drug List. Children who require certain medications under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program will still have access to them.

DMA did not create its Preferred Drug List from scratch. Instead, the state became the twelfth member of the National Medicaid Pooling Initiative, a multistate coalition that uses the combined purchasing power of 12 state Medicaid programs to negotiate rebates with pharmaceutical companies.

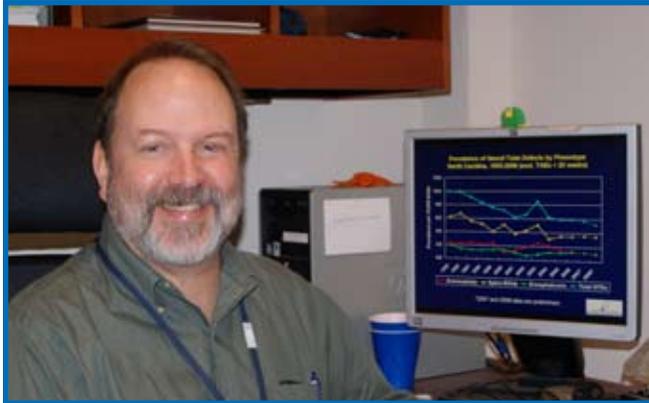
For more information and updates on the Preferred Drug List, log onto www.ncdhhs.gov/dma/pharmacy. ■

– Brad Deen, DHHS Public Affairs



Dr. Meyer receives national award for work to eliminate birth defects

Dr. Robert Meyer, director of the North Carolina Birth Defects Monitoring Program (NCBDMP) at the State Center for Health Statistics in the Division of Public Health (DPH), was recently named the recipient of the 2009 Godfrey P. Oakley, Jr., Award.



Dr. Robert Meyer

The prestigious award, presented by the National Birth Defects Prevention Network, recognizes an individual who has made significant lifetime contributions to the field of birth defects.

Deputy State Health Director Dr. Steve Cline said, “The Division of Public Health is very proud of Dr. Meyer’s leadership at the national level and his significant contributions to the state of North Carolina in birth defects ascertainment and surveillance methods.”

The annual recognition is named in honor of Dr. Godfrey P. Oakley, Jr., former director of the federal Centers for Disease Control and Prevention’s (CDC) Division of Birth Defects and Developmental Disabilities. Oakley has been called “the folic acid ambassador” for his work to prevent birth defects resulting from folic acid deficiencies, including spina bifida, a type of neural tube defect.

As a reproductive and perinatal epidemiologist, Meyer has served

as the director of the NCBDMP for almost 15 years. The NCBDMP is a statewide surveillance system that tracks the occurrence of birth defects among all North Carolina infants. The program monitors more than 130,000 North Carolina births each year among nearly 100 hospitals and medical facilities. Information generated by the NCBDMP helps public health scientists understand the frequency, variety and risk factors of birth

defects. Each year, one in 33 newborns is diagnosed with a major birth defect.

Meyer earned a Ph.D. in epidemiology and biostatistics from the University of South Carolina School of Public Health and has more than 20 years experience in perinatal epidemiology and birth defects and surveillance at the state level. He is adjunct professor in the Department of Maternal and Child Health at the University of North Carolina Gillings School of Global Public Health. He has an established publication record in birth defects and perinatal epidemiology, in well-respected peer-reviewed journals such as the *Maternal and Child Health Journal*, *American Journal of Epidemiology*, *Social Science and Medicine* and *Birth Defects Research Part A*. He has published on a variety of topics in maternal and child health, including pregnancy outcomes, preterm birth and racial disparities, low birth weight and infant mortality, trends, clustering, newborn screening, risk factors, health service use, referral to services, cost, and folic acid among children with birth defects. In collaboration with one of his mentees, his pioneering research examined factors associated with the timeliness of services among children with orofacial clefts (cleft lip with and without cleft palate and cleft palate) on Medicaid in accordance with national standards of care. In addition, they published updated cost information on services for children with orofacial clefts.

In 2000, the North Carolina Perinatal Association awarded Meyer the “Baby Bootie” award for his efforts to improve the lives of infants and children in the state. While leading the NCBDMP, the National Birth Defects Prevention Network awarded him the State Leadership Award in 2001 due to the outstanding contribution and leadership by a state birth defects program in the development or expansion of birth defects surveillance and its use in the promotion of prevention services. Meyer’s other accomplishments include being instrumental in helping pass state legislation to establish public health law to collect

cont. on page 11

Dr. Meyer cont. from page 10

birth defects information in the state. For more than a decade, he has been involved with the local, state, and national March of Dimes and North Carolina Perinatal Association.

Meyer has played a key leadership role in the National Birth Defects Prevention Network and served as the past president of the organization. Every year, he is responsible for the collection and publication of state data on birth defects and has contributed in myriad ways to the National Birth Defects Prevention Study. He is currently co-principal investigator of the North Carolina site for the National Birth Defects Prevention Study, funded by the CDC, in which 10 states are participating in the largest case-control study examining the causes of birth defects.

During his 13 years as director of the NCBDMPP, the state has seen a significant decline of neural tube defects, a type of birth defect of the spine, especially in the western part of the state. This was due in part to Meyer's engagement with the March of Dimes folic acid campaign and its efforts to increase folic acid consumption among pregnant women throughout the state.

In addition to his own research, Meyer has mentored many researchers as they developed careers in maternal and child health epidemiology. As one of

his colleague's states, "he is an outstanding scientist, collaborator, and mentor and serves as a role model and mentor for graduate students with interests in maternal and child health epidemiology." Another colleague sums up Meyer's accomplishments: "His sincere humility and soft voice make it so that his peers are often unaware of the many projects in which he is involved at any given time, but the impact of his accomplishments speaks volumes on his behalf." He truly exemplifies the spirit of this national award for significant lifetime contributions in the field of birth defects. ■

– Kathleen Jones-Vessey,
State Center for Health Statistics

Author O'Rorke draws crowd at book signing



Marge O'Rorke, author of "Haven on the Hill: A History of North Carolina's Dorothea Dix Hospital" drew a standing room only crowd March 17 at the House of Many Porches on the Dix Hospital campus. O'Rorke spoke of her experiences as a volunteer at the hospital since 1961, and of her discoveries as she traced the hospital's history back to a visit to the state by mental health advocate Dorothea Linde Dix of Massachusetts, who in the mid-nineteenth century influenced North Carolina's leaders to provide better care and facilities for the state's mentally ill. Her book is available through the N.C. Department of Cultural Resources. ■

O'Rorke holds forth in animated conversation before signing books.

Joined by Sara Smith dressed as Ms. Dix, O'Rorke signs books. – Photos by Jim Jones

State-operated Child Support Enforcement offices transitioning to county governments

During its 2009 Session, the General Assembly in S.L. 2009-451, mandated that all child support offices that are currently operated by the state will be operated by county governments by July 1, 2010. The Division of Social Services (DSS) has 16 state operated Child Support Enforcement (CSE) offices that provide direct client services for families in 28 counties and the Eastern Band of the Cherokee Indians.

This transition from state to county eliminates 300 full-time equivalent (FTE) CSE positions and will impact the state employment status of about 240 employees. Fortunately, it is anticipated that the majority of these employees will maintain employment through county-operated CSE offices and/or through a private vendor of Child Support Enforcement services.

In order to meet the July 1 implementation date, DSS established a project support team to work solely on the child support transition project. The team has worked diligently with counties, DSS management and various programs within DHHS to ensure a successful transition. Initial transition activities included:

- Each county designated a “lead contact” and was assigned a CSE liaison support team to assist in the transition planning process and serve as a designated point of contact

- Each county received Child Support Transition Manual that supported the development and submittal of the county’s CSE transition plan
- Various meetings and forums were held across the state to discuss possible organizational models and what state supervision should look like, post transition

For the past several months, transition activities have focused on implementation logistics related to state operated office close-downs and county office start-ups. This involves addressing a myriad of issues involving equipment, furniture, lease agreements and various technology connectivity issues. Significant modifications to the statewide child support case management system (ACTS) are being made. Addressing fiscal and human resource issues continue on various federal, state, and county levels. In the coming months, public information notices will be shared with clients and key stakeholders regarding any changes that will directly impact them. This includes offices relocating, new telephone numbers, or new office hours.

Currently, all transitioning counties appear to be on track to administer their Child Support operations on July 1. The new service model breakout for transitioning counties includes:

- 17 CSE offices will be operated by county government either through the local department of social services or the county manager’s office
- 10 counties will enter into a contract with a private vendor to operate their programs
- One county is still evaluating its service model options

The Eastern Band of the Cherokee Indians elected for “early implementation” and will start operating their own child support program on May 1 through contract with the Modoc Tribe in Oklahoma.

Child Support is about engaging parents to support their children. Primary transition goals for the state and counties have been to ensure that services to families will not be negatively impacted and that the counties will be well positioned to offer child support services on July 1. ■

– Jane Smith,
Division of Social Services

Public Health Month in North Carolina

Gov. Bev Perdue has proclaimed April as Public Health Month in North Carolina. The goal of Public Health Month is to increase North Carolinians' awareness of the need for public health and its effect on quality of life.

The state has had a public health system for 130 years. There are 86 local health departments providing services to all citizens of the state's 100 counties. Many of the departments conduct activities, such as health fairs, tours and media interviews, to celebrate public health month in their communities.

Nationally, the American Public Health Association celebrates Public Health Week in early April, centering on a theme of importance to the public's health. This year, National Public Health Week is April 5 – 11. The theme is "A Healthier America: One Community at a Time."



N.C. Public Health Month

April 2010

Often, people think of public health as the agency in the community that conducts restaurant sanitation inspections, ensures safe drinking water or provides vaccines for school children. However, local public health departments work to improve the health and well-being of the whole community by controlling and eliminating infectious diseases, promoting healthy lifestyle choices and preparing for natural or man-made emergencies. Public health also plays a critical role in eliminating health inequities and preventing

chronic diseases and injuries, resulting in improved productivity and decreased health care costs for all of North Carolina's citizens – a special concern in the current economic climate. Since 2000, the state has experienced improvements in a number of health indicators, including: a 23 percent decline in heart disease death rates; a 32 percent decline in stroke death rates; and a 23 percent decline in the teen pregnancy rate among minorities.

To learn about what public health does for you, or to find out more Public Health Month in North Carolina, go to www.ncpublichealth.com/publichealthmonth/index.htm. For more information on National Public Health Week, go to www.nphw.org/nphw10. ■

– Mike Newton-Ward,
Division of Public Health

Celebrating National Children's Dental Health Month

February 2010 was National Children's Dental Health Month. This was a busy time for the N.C. Oral Health Section public health dental hygienists who provided instruction on good oral health practices to children in North Carolina classrooms and community settings.

To make learning fun for the children, some public health dental hygienists used a puppet and large toothbrush to demonstrate how one should brush his or her teeth. Then children were given the opportunity to practice tooth brushing techniques with a toothbrush they received during the classroom instruction. It is not unusual to hear a child saying thank you to staff because it is their first toothbrush or it is the first time they have their "own" toothbrush. Last year, Oral Health public health dental hygienists provided education to 145,000 children and 14,000 parents, teachers and health care providers.

Another major event that occurred during National Children's Dental Health Month was "Give Kids a Smile!" The North Carolina Dental Society, N.C. Oral Health Section and many other partners, including volunteer dentists and other dental professionals, provided care to children from across the state — whether it is dental treatment, prevention, and/or educational programs. In most counties, local teams planned oral health programs spe-



Wendy Seymore, RDH with Oral Health Section, hosts U.S. Rep. Bob Etheridge and Dr. T. Eston (Bud) Marchant, Central Carolina Community College president, at a Give Kids a Smile! event in Lee County. A child, beneath the light, is receiving sealants from dental assistant students at Central Carolina Community College.
— Photo by Katherine McDonald

cifically designed to fit the needs of the community. The teams identified sites and scheduled volunteers to provide care for children who were pre-screened in public schools and/or county health departments. Oral Health Section public health dental hygienists identified children that need sealants or dental care and made travel arrangements for them to the participating dental offices. While specific "Give Kids a Smile!" activities vary from county to county, the importance of oral health prevention and treatment is the focus of the initiative.

With the leadership of the North Carolina Dental Society, the Oral Health Section and the efforts of thousands of volunteers, North Carolina has been part of "Give Kids A Smile!" since it began in 2003 and won a national award for the best statewide "Give Kids a

Smile!" program. To date, more than 12,900 dental volunteers have provided more than \$8.7 million in dental care to more than 105,708 children across the state.

The 2008-2009 Oral Health Section kindergarten and 5th grade assessment data showed that among children entering kindergarten, 37 percent already had cavities or fillings in their baby teeth, with 17 percent of them having cavities that needed treatment. Twenty-six percent of 5th graders had cavities or fillings in their permanent teeth, with four percent of them having cavities that needed treatment. "Treatment alone can not solve the problem of dental decay. Tooth decay in children can be prevented by practicing good oral hygiene habits, eating a balanced diet, getting dental sealants, using fluoride toothpaste, drinking fluoridated water and regular visits to the dentist," said Oral Health Section Chief Dr. Rebecca King. In North Carolina, organized dentistry has been working to solve the access to care problem for many years, and National Children's Dental Health Month and "Give Kids A Smile!" provide opportunities to bring this issue to the forefront. ■

— Doranna Anderson,
Oral Health Section,
Division of Public Health

DHHS Rural Health programs of interest to Japanese government

Professor Yuki Katagiri with the Otaru University of Commerce in Hokkaido, Japan, met with the leadership of the Office of Rural Health and Community Care (ORHCC) on March 9 to speak with them about how North Carolina developed its rural health delivery system.

Professor Katagiri hails from Hokkaido, an island in the northern region of Japan. What attracted her to North Carolina is that Hokkaido's population density is almost identical to our state's and it contains a large rural population.

ORHCC Director John Price, along with Rural Hospital Specialist Matt Womble and George Packenham, deputy director of Rural Health, briefed Professor Katagiri on the North Carolina system.

"It would be very useful for us to learn the strategies, policies and so forth for rural health development utilized in North Carolina," Professor Katagiri told Price and his team.

"Last year, the five universities in Hokkaido established a new course for rural health development – The Course of Encouraging the Local Talent for Rural Health in Hokkaido. The students are registered in the medical and nursing schools, colleges of technology and business schools."

Price noted that Hokkaido faces many of the same obstacles North Carolina had to overcome when it started its rural health programs nearly 40 years ago.



George Packenham, left, Yuki Katagiri and John Price – Photo by Darryl Wally

"Hokkaido is about where we were in the early 1970's. Physicians are unwilling to locate in the small towns and rural areas. Instead, they are locating in the larger cities," Price said. "She is attempting to change this trend and was looking for lessons learned in North Carolina."

"They face many of the same barriers that we faced back then," he said. "The largest barrier is physician buy-in. Currently, there is little support in Japan among the physician community. It was a critical issue we faced but once the medical community came on board, everyone agrees that the outcome exceeded all expectations."

Much of the discussion centered on using mid-level practitioners (nurse practitioners and physician assistants) to fill the gap of medical providers in small rural communities. This strategy was implemented in the early 70's in North Carolina with much success. Price noted that physicians are moving out to smaller towns, often working in conjunction with mid-level practitioners.

"We also talked at length about the state's approach of community ownership of the health center and our belief that by recruiting nurses locally you get quicker community support."

Professor Katagiri teaches Social Security Law, including the Japanese Health Insurance Act. She visited the Triangle March 7-13. She met with different members of the health community to discuss the strategies for improving health and dental care access to rural and underserved areas and program results. In addition to using her research as part of her teaching, she will appear as a symposium panelist on the issue of rural health development will be held in her country in May. She is expecting an audience of 500 doctors, nurses, local government staff members and the citizens to attend the symposium. ■

– Mark Van Sciver, DHHS Public Affairs

Warm weather + sunny days = ticks and mosquitoes

How to protect yourself from ticks – at work and at home

Summer and fall are wonderful times of year in North Carolina, but with the warm weather come pesky critters such as ticks and mosquitoes.

May is Tick and Mosquito Awareness Month, and the state divisions of Environmental Health and Public Health encourage people to take the necessary precautions to prevent being bitten by ticks and mosquitoes.

“Ticks and mosquitoes are more than nuisances,” said Dr. Nolan Newton, chief of the Public Health Pest Management Section in the Division of Environmental Health. “Some carry diseases that can make people seriously ill. North Carolina reported more than 390 cases of tick-borne diseases to the Centers for Disease Control and Prevention in 2009, and the majority of those were Rocky Mountain spotted fever. There are simple, easy ways to ‘fight the bite’ while enjoying the outdoors this summer and fall.”

At home or work, reduce your likelihood of these illnesses by covering as much of your skin as possible whenever you are outside.

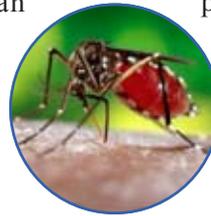
“There are common, everyday steps you can take to prevent tick- and mosquito-borne illnesses,” Newton said. “Mow the lawn often to keep grass short, clear brush and leaf litter under trees. Empty or remove containers that hold water to prevent mosquito breeding grounds. Keep playground equipment away from yard edges and trees. Remove plants that attract wild animals like deer and rodents. Make sure your outdoor pets are treated for ticks.”

People who travel outside should use a repellent containing DEET, oil or eucalyptus or picaridin on skin or one with permethrin on clothing, Newton said. Be sure to follow the directions when applying repellents.

The Centers for Disease Control and Prevention recommends several repellents against mosquitoes: DEET, picaridin and oil of lemon eucalyptus. According to the CDC, oil of lemon eucalyptus should not be used on children under three. Repellents containing permethrin provide excellent protection against ticks but may only be used on clothing. Consumers should look for products that contain the CDC-recommended ingredients, and should read and follow all label instructions.

Ticks

Proper and prompt removal of ticks is the key to preventing infection.



Use fine-tipped tweezers to remove ticks, getting as close to your skin as possible and pulling steadily. Note the day you removed the tick on a calendar. If you become ill in the next three weeks, be sure to tell your physician the date you removed the tick.

Other tips regarding ticks and tick removal include:

- Check yourself and your children often when outdoors and quickly remove any ticks. Pay particular attention to the nape of the neck, behind the ears, and the groin, which are favorite places for ticks to attach.
- Do not use matches, hot nails or other folk methods for tick removal. They will not make a tick let go and may cause the tick to release disease bacteria into the bitten area.
- After removing the tick, thoroughly disinfect the bite site and wash your hands with soap and water.

If you have any signs or symptoms of tick-borne disease in the month following a tick bite, seek medical help. Symptoms of Rocky Mountain spotted fever may include sudden

cont. on page 18

Ticks and mosquitoes cont. from page 17

onset of fever, headache and muscle pain, followed by development of a rash. Symptoms of Lyme disease may include a “bull’s-eye” rash accompanied by nonspecific symptoms such as fever, malaise, fatigue, headache, muscle aches and joint aches.

For additional information on mosquitoes and ticks, visit the following Web sites: www.deh.enr.state.nc.us/phpm, www.epi.state.nc.us/epi/arbovirus and www.epi.state.nc.us/epi/tick. ■

– *Laura J. Leonard,*
Division of Environmental Health

DHHS WELLNESS INITIATIVE

Walk much? Wellness Program builds competitive spirit

The DHHS Wellness Program is encouraging employees in all DHHS agencies and facilities to participate in the Miles for Wellness “San Diego in 60 Days!” event organized by the Office of State Personnel and sponsored by the Governor’s Office.

Employee teams of 10 are being organized. Starting April 1, team members will begin logging their walking miles that will take them from Wilmington, N.C. to San Diego, Calif. The DHHS Wellness Program will offer a prize to the winning team members and hopes that this event will encourage more of our employees to become more physically active on a regular basis.

Already in the last full week of March, Disability Determination Services in the Division of Vocational Rehabilitation Services had organized 36 teams and the Murdoch Center had 20 teams organized.

In another fitness development, the State Health Plan is offering members access to Blu Extras discounts through Blue Cross Blue Shield NC. Fitness discounts include Curves, Gold’s Gym, and Snap Fitness. Plan members must register on the Health Plan website to have access to information about the gym discounts. Go to www.shpnc.org/sc-my-member-services.html for information about the Blue Extras program.

For details on Wellness offerings, check with your work unit’s Wellness coordinator. ■

– *Suzanna Young, DHHS Wellness Coordinator*

State Health Plan
Annual Enrollment
March 15th, Monday-
April 9th, Friday

It's time for Annual Enrollment for the State Health Plan for Teachers and State Employees!

Your Action Is Required!

During Annual Enrollment, members must:

- Complete a Tobacco Attestation Form to enroll in the 80/20 Standard Plan
- May add dependents without a qualifying event and update your personal information.

Members who are currently enrolled in the 70/30 Basic Plan and want to remain in the 70/30 Basic Plan do not need to complete an attestation form.

*The Comprehensive Wellness Initiative does not apply to members who have Medicare as their primary coverage.

- If you have ESS access in SAP at <https://mybeacon.its.state.nc.us/irj/portal>, please go online to enroll in 80/20 or make changes if you desire to do so. Please note, BEACON will not accept paper forms if you have ESS access.

Please note that:

1. **Effective 7/1/10 all members* will be enrolled in the 70/30 Basic Plan.**
2. Members must **ACT** to enroll in the 80/20 Standard Plan.
3. To move to the 80/20 Standard Plan members must complete the Tobacco Attestation Form.

To qualify for the 80/20 Standard Plan a member:

1. Must not use tobacco, or
2. Be actively trying to quit.

If you have any questions or concerns, please contact your Health Benefits Representative in your HR Office.