

dhs 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

DSS Food, Nutrition Services' efforts net \$4-million bonus

The N.C. Division of Social Services received a high performance bonus award from USDA's Food, Nutrition and Consumer Services Deputy Under Secretary Janey Thornton in Raleigh on Feb. 4.

The award was in recognition of North Carolina's payment accuracy rate of 97.35 percent for Food and Nutrition Services (formerly known as the Food Stamp Program) benefits in Fiscal Year 2008. This is the fifth consecutive year that North Carolina has won an award for Best Payment Accuracy.

DSS Director Sherry Bradsher said the agency was happy to accept the award, but she credited local-level Social Services offices with having earned it.

"I want to congratulate the county DSS staffs who work hard each and every



DSS Director Sherry Bradsher and USDA Under Secretary Dr. Janey Thornton at award presentation

day to deliver these benefits to the citizens of North Carolina who need them," Bradsher said. "Our frontline workers at the county level do an outstanding job of making sure that some of our most vulnerable populations – especially children and people over age

50 – get the nourishment they need to live and thrive."

North Carolina was recognized as one of seven states and one territory in the nation with the best payment accuracy. As authorized by the 2002 Farm Bill, USDA provides high performance bonuses to states that demonstrate high or improved performance in administering the Supplemental Nutrition Assistance Program (SNAP) or Food Stamp Program.

In December 2009, more than 1.3 million individuals in almost 600,000 households in North Carolina participated in the program.

DSS has received performance bonus money over the past few years. This

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Heart Disease and Stroke Prevention Branch receives planning grant

North Carolina is one of two states to receive a one-year, \$80,000 grant from the Association of State and Territorial Health Officials (ASTHO) to develop a plan for statewide, comprehensive systems of care for victims of stroke. Massachusetts also received a grant.

The plan will cover all aspects of the continuum of stroke care, including stroke surveillance and the quality of care, from primary prevention and community education to hospitalization, rehabilitation and chronic care, with a focus on reducing existing disparities at each stage.

At the end of the year, North Carolina is expected to collaborate with ASTHO in disseminating the plan nationwide as a resource for planning, implementing and sustaining statewide stroke systems of care.

States had to be participating in the Centers for Disease Control and Prevention's National Acute Stroke Registry program in order to be eligible to apply for the grants. North Carolina's registry, known as the N.C. Stroke Care Collaborative, is involved in quality improvement for stroke care throughout the state.

The plan will be developed by the Heart Disease and Stroke Prevention Branch of the Division of Public Health, along with the Justus-Warren Heart Disease and Stroke Prevention Task Force, the Task Force's Stroke Advisory Council, and other experts. The plan will incorporate much of the capacity building

and surveillance work that they have already accomplished, such as the Eastern and Western Stroke Networks that provide excellent examples of how regional stroke systems of care can be built and maintained.

The grant and planning process provide an opportunity to inform state health leaders and guide policy making, and will also support ongoing efforts to coordinate the use of statewide resources for stroke. ■

*– Carol Schriber,
DHHS Public Affairs*

DSS Food, Nutrition Services', continued from page 1

funding is helping to improve services for families and children through technology advances.

The SNAP Program is the foundation of the federal nutrition assistance safety net. It provides support to needy households and to those making the transition from welfare to work, enabling low-income families to buy nutritious food. Providing nutrition assistance to low-income families, individuals and children is part of USDA's commitment to reduce hunger and promote healthy eating habits. USDA said it is pleased to recognize and congratulate North Carolina for demonstrating diligence and commitment in the administration of the SNAP Program to ensure all eligible people have better access to food and a more healthful diet through its food assistance programs.

For more information about Food and Nutrition Services benefits, contact your local department of social services or go to www.ncdhhs.gov/dss/foodstamp/index.htm. ■

*– Lori Walston,
DHHS Public Affairs*

Suicide prevention becomes part of CARE-LINE role



The DHHS CARE-LINE expanded its role in February to include responding to calls from people who may be contemplating suicide.

“We felt it was a service we needed to provide because no one knows North Carolina better than North Carolinians” said Jo Paul, consumer relations manager for the Office of Citizen Services (OCS).

“Before OCS partnered with the National Suicide Prevention Line (NSPL), suicide calls from North Carolina were answered by call centers in Florida, Georgia and Tennessee. Callers to these centers were limited in the assistance that could be offered to them due to the fact that the center had limited knowledge of services available in our state.”

To prepare OCS staff to answer calls switched to them by the National Suicide Prevention Line, based in New York, N.Y., the specialists attended specific suicide call training. Paul says that 14 information and referral specialists – including two Latinos - and five administrative team members received the training.

The training prepared staff to listen for signs that reveal the callers’ risk factor so the operator can provide a response that benefits the caller and de-escalates the distress.

Responses range from negotiated referrals to local mental health providers, to literally dialing 911 to involve emergency responders within the caller’s home community, if warranted.

The first calls started coming in on Feb. 5, and by Feb. 19 CARE-LINE staff had already tallied 188 calls, an average of 12.5 per day.

How does it work? Calls made to the national toll-free line from North Carolina from 7 a.m. to 11 p.m. are automatically routed to the CARE-LINE in Raleigh. Those made after CARE-LINE hours, 11 p.m. to 7 a.m., are handled by another call center in the NSPL network.

Paul said the CARE-LINE is configured to move incoming calls from the suicide prevention line to the front of the queue so those calls can be quickly answered.

Calls requiring other languages may be handled through the use of interpreters.

“As long as the caller can say what language, or the name of the country they are from, we can access a translator that will help us get them the services they need,” Paul said. ■

– Jim Jones,
DHHS Public Affairs

Be counted!

Census defines our nation, state

DHHS is an active member of Governor Perdue's NC Complete Count Committee. Each month we will be highlighting information to our employees so we can all help promote the 2010 Census across North Carolina. This month's message is from Dennis Streets, Director of the Division of Aging and Adult Services.

Dear fellow DHHS employees:

As a member of the NC Complete Count Committee, I encourage all of us to move forward through our respective jobs and community networks to encourage participation in the 2010 Census. Here are just a few ideas for you to consider when sharing this important message with clients, consumers and your friends and neighbors.

The Census defines who we are as a state and nation. Every year, the federal government distributes more than \$400 billion to state, local and tribal governments based on census data. Accurate census data helps determine congressional representation, grant funding and guides local decision-makers on where to build new roads, hospitals, housing, schools, senior centers, and more. For each person who is not counted, North Carolina will lose approximately \$10,000 over the next 10 years.

Here are a few of the 'sound-bite' messages that I think say it all:

- **"You don't count unless you're counted!"**
- **"It's quick, easy and safe—DO IT AS SOON AS YOU HAVE THE CHANCE!"**
- **"It's a patriotic duty!"**

It is vital for us to do all we can to assure that every person living in North Carolina is counted and by working together, we at DHHS can make a difference. ■

Sample of What You Might Use to Communicate with Consumer and Partners:

DHHS is partnering with the U.S. Census Bureau and the North Carolina Complete Count Committee to Support the 2010 Census. Please help us spread the word about the 2010 Census and achieve a complete and accurate count of North Carolina's population. Every person counts in the Census. It's safe, easy and important to participate.

Here are a few other suggestions about what your division or office can do:

- **Establish a link from your agency's web site to North Carolina's Census web site [see DAAS home page for an example: <http://www.ncdhhs.gov/aging/>].**
- **Encourage consumers to participate in the Census by including a short educational/promotional statement in your upcoming print or email communications [possibly using some of the wording given above].**
- **Encourage your local partners to help promote Census awareness and participation [There is plenty of information and materials for you to use in helping encourage participation. Visit North Carolina's Census web site at <http://2010census.nc.gov/>. This site includes contact information for North Carolina's local/regional Census offices. You can encourage your local partners to contact their nearest office today to introduce themselves and see how they can get involved.]**

THE Cultural Competency CORNER

By Gloria Sánchez, Latino Public Information Officer



Most minority statistics are ineffective

Statistics speak for themselves. But when it comes to minority statistics, they are often difficult to sort out and may not be reliable. The conventional practice of breaking up population statistics into White and “minority” does not work any longer. Grouping ethnic and racial groups together under a large and diverse “minority” category makes it almost impossible for researchers to determine what key factors benefit or affect such disparate groups as Latinos, African Americans, Native Americans, Asian/Pacific Islanders or others.

The continuous failure of national and local research to distinguish among populations from different ethnic or racial groups obstructs knowledge about a series of factors and important characteristics among and between minority groups. This vital knowledge can greatly contribute to development of effective interventions and programs for the fastest-growing segments in the U.S. population. However, the absence of data makes it hard for the

government to identify and address the issues affecting our diverse minority population.

Minority statistics are essential for monitoring and evaluating policies. The absence of data makes it difficult to identify and address the issues affecting different groups.

There is a growing interest in knowing national, regional and local minority subgroups’ statistics and a huge need to produce, analyze and disseminate this specific data. We need statistics that reflect the reality of every racial and ethnic group in the United States and we need to stop lumping racial and ethnic groups as if they all were the same. They are not. Just as an example, Latinos are a diverse group among themselves. Latinos are from diverse races, come from different economic and social backgrounds and their generation and acculturation play key roles in many behavior factors.

We need significant progress in producing, analyzing and disseminating specific racial and ethnic data and statistics that reflect the realities within each minority group, and with reference to other populations. It is past time to develop new and better strategies for the improvement of the collection, compiling and dissemination of statistics of minorities. There is no doubt that the more specific the statistics are, the better we can create interventions and programs that effectively address health care disparities among racial or ethnic groups. The analysis of minority subgroups is essential to meeting the needs of all populations and to addressing health and social inequalities in our country. ■

H1N1 cases down, threat still lingers

While cases of H1N1 flu have decreased since their peak in fall 2009, North Carolina public health officials are still encouraging the public to be immunized to safeguard their health. Seven H1N1-related deaths have occurred in the state during the past four weeks. State Health Director Jeff Engel says it is a clear sign that flu season is not over.

“We continue to see hundreds of people hospitalized each week with flu-related complications,” Engel said. “The vaccine is safe and effective in preventing the flu. With plenty of vaccine on hand, there is no reason for North Carolinians to fall victim to H1N1.”

As of Feb. 20, approximately 1.66 million doses of H1N1 vaccine had been given to North Carolinians. That is just over half of the 3.2 million doses distributed by the state to providers, including local health departments, physicians’ offices, retail and independent pharmacies, colleges and universities, and hospitals. In addition, many retail chain pharmacies have ordered vaccine directly from the Centers for Disease Control and Prevention (CDC).

The N.C. Division of Public Health and local health departments across the state are working to increase the number of vaccinations by taking free vaccine clinics out into their communities. In Wake County, public health nurses are visiting child care centers, while Cumberland County is reaching out to the faith community, even holding clinics at churches on Sundays.

In Mecklenburg County, public health officials are partnering with the Old North State Medical Society to offer H1N1 vaccinations during this week’s CIAA Basketball Tournament. Eight

colleges across the state are participating in a targeted public health campaign to immunize young people.

“Our goal is to make vaccine as accessible as possible to anyone who wants it,” Engel said. “I applaud our local health departments and student health providers for their creativity and stamina in meeting the challenge of H1N1.”

For information on H1N1, including the latest statistics on flu incidence rates, visit www.flu.nc.gov. ■



– Julie Henry, H1N1 Communications,
Division of Public Health

State Health Plan helps members quit tobacco use

If you are covered by the State Health Plan for Teachers and State Employees, you now have additional help available for quitting tobacco, (then pickup) thanks to a cooperative effort by the N.C. Division of Public Health, the N.C. Health and Wellness Trust Fund Commission, the State Health Plan and QuitlineNC, the state's free telephone tobacco-use cessation service.

Tobacco use is a leading cause of a number of chronic diseases – such as cancer, lung disease and heart disease – that are life-threatening and costly to residents and to the state. Helping tobacco users quit is not only essential for employees' health, it is also one way to reduce costs by preventing some of the adverse health consequences that result from tobacco use.

“State Health Plan members can now receive at least eight weeks of free nicotine replacement therapy patches by calling QuitlineNC at 1-800-QUIT-NOW,” said State Health Director Jeff Engel, M.D. “This combination of telephone coaching and medication can more than triple a tobacco user's chance of quitting successfully, compared to trying to quit on his or her own.”

www.quitline.com webpage

These cessation services will make quitting both easier and less expensive. The savings will ultimately also extend to the State Health Plan and taxpayers. The plan provides health care coverage for more than 661,000 state employees, teachers, state university and community college personnel, retirees and their dependents.

Any North Carolina resident can call QuitlineNC toll-free at 1-800-QUIT-NOW (1-800-784-8669) 24 hours

a day, seven days a week. Services are free and available in Spanish and English, with other translation services provided as needed. Quit Coaches are trained to help people of all ages who are ready to quit cigarettes or other tobacco products. Learn more at www.quitlinenc.com. ■

– Carol Schriber,
DHHS Public Affairs

Public Health receives funds for worksite wellness, tobacco cessation

The Division of Public Health has been awarded \$5.4 million by the U.S. Department of Health and Human Services to support statewide public health efforts to reduce obesity, increase physical activity, improve nutrition, and decrease smoking — the four most important actions for combating chronic diseases and promoting health.

The award to North Carolina is part of \$119.5 million going to the states as the first of several initiatives that make up the comprehensive prevention and wellness initiative, Communities Putting Prevention to Work, which is funded under the American Recovery and Reinvestment Act.

North Carolina will be allotted \$3.8 million over two years to reduce and prevent obesity across the state by improving opportunities for physical activity and access to healthy foods. Another \$1.6 million is to be used to help people quit tobacco through the N.C. Quitline telephone service, tobacco use prevention programs and worksite wellness programs.

The funding is aimed at supporting healthy lifestyles through sustainable changes in work and community environments. North Carolina's efforts will involve many public and private partners at the state and local levels. For example, wellness experts from the public and private sectors will be part of a statewide Worksite Wellness Collaborative that promotes best practices and supports North Carolina employers in implementing comprehensive wellness programs.

The grants couldn't have come at a more critical time. In North Carolina, more than half of all deaths occur earlier than expected. Many of these premature deaths are related to chronic diseases that can be prevented or managed through physical activity, healthy eating, and avoiding tobacco use and exposure.

Tobacco use is the leading cause of preventable death in North Carolina. An estimated 13,000 North Carolinians ages 35 years or older die each

year from smoking-related causes. Poor nutrition and lack of adequate physical activity comprise the second leading preventable cause of death in the state. Two-thirds of North Carolina adults and one-third of our children are overweight or obese, putting them at increased risk of illness and death from coronary heart disease, type II diabetes, stroke, and several forms of cancer.

“Poor eating habits and inactive lifestyles are at the root of so many of our health issues, including high blood pressure, diabetes, cancer – even arthritis and injuries,” said State Health Director Jeff Engel, MD. “These problems are largely preventable. We as a state must make it easier for people to eat smart and move more. The ARRA grants will allow North Carolina to continue its momentum in addressing tobacco use and exposure to second-hand smoke, and reducing obesity.” ■

*– Carol Schriber,
DHHS Public Affairs*

Longtime volunteer pens book about Dix Hospital

Signing event set for March 17

Haven on the Hill: A History of North Carolina's Dorothea Dix Hospital, has been published. Author Marge O'Rorke, a volunteer at Dix since 1961, traces the history Dix Hospital from its founding in the mid-nineteenth century to the present.

There will be an author's signing at 2 p.m. on March 17 at the House of Many Porches on the Dorothea Dix Campus. The history was published by the Office of Archives and History at the N.C. Department of Cultural Resources and sells for \$18 with a 10 percent discount for state employees.

Dorothea Lynde Dix, teacher, nurse, humanitarian and social reformer, visited North Carolina for a few months in late 1848 and early 1849 before returning to her native Massachusetts. In that brief period she investigated the conditions and treatment of the state's mentally ill residents. Shocked by what she discovered, Dix quietly influenced the right people in the General Assembly and legislation quickly passed authorizing the creation of the state's first mental hospital.

"At her request, Dix Hill was named after her grandfather," said Faye McArthur, director of community relations at Dix. "We opened our doors in 1856 and for a century and a half, the simple three-letter word 'Dix' has represented the care and treatment of the mentally ill for all North Carolinians. It wasn't until 1959 that Dix Hill was renamed as Dorothea Dix Hospital."

For more information contact Faye McArthur at (919) 733-5454. ■

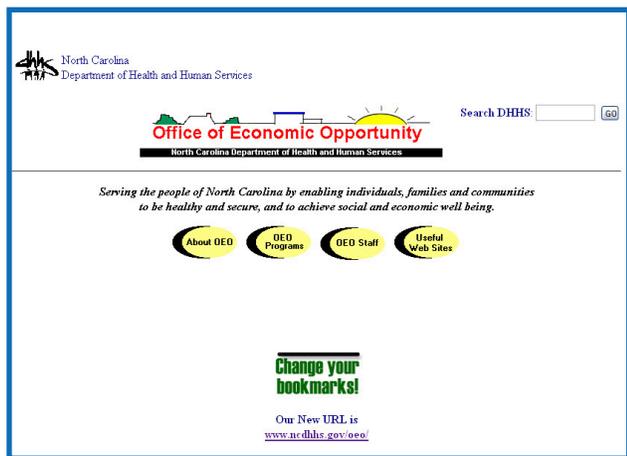
— Mark Van Sciver,
DHHS Public Affairs

Website Redesign Update

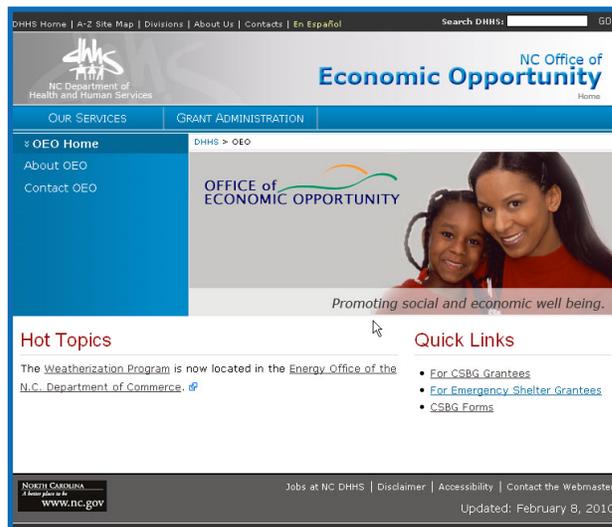
The fourth annual “State of the Web” report is now available at www.ncdhhs.gov/redesignproject. This document gives a quick rundown of recent accomplishments and what is on the horizon.

The latest office website to be redesigned site is the Office of Economic Opportunity: www.ncdhhs.gov/oeo.

Verna Best, director of OEO, said, “The new and improved OEO website is more attractive and user friendly for the people we serve, our sub-grantee agencies, and our other partners. We agree with the comments of one of our sub-grantees....’its impressive!’” ■



Old website design



Website re-design

– Lois Nilsen,
DHHS Web Manager