



# EmployeeUPDATE

*Our Mission: The North Carolina Department of Health and Human Services, in collaboration with its partners, protects the health and safety of all North Carolinians and provides essential human services.*

A monthly publication for employees of the North Carolina Department of Health and Human Services

## Leadership Team, Secretary keen on DHHS Excels

DHHS Excels is taking shape through a process that involves more than 60 members of the department's Leadership Team and Secretary Lanier Cansler. At the kick-off of the initiative in October, the group established August 2012 as the date by which DHHS will achieve positive, measurable results.

On April 8, the Secretary reconvened the group at the Governor Morehead School to review progress, identify critical change initiatives that must occur, and develop a time line for accomplishing important next steps.

Several major accomplishments of DHHS Excels were shared: A logo, the new mission and vision statements, new values statements (shared in last month's DHHS Employee UPDATE). Also, several members of the goals subcommittee presented the depart-



Secretary Cansler addresses Leadership Team at April 8, 2010 meeting

ment's five new performance goals and explained how every DHHS service falls within one of the goals.

The bottom line: Whether you work directly with a particular population, or for a particular service, or provide

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Photos from left: Secretary Cansler listens to discussion; Assistant Secretary Dan Stewart shares an idea, Sharnese Ransome listens

support operationally and indirectly, all DHHS employees play a role in the achievement of one or more of the five goals to deliver DHHS services to the people of North Carolina.

Major next steps include formation of two sets of cross-divisional work groups to identify strategies and measures for the performance goals and to further define how the values will be reflected in our work place.

On April 9, Secretary Cansler, his Executive Leadership Team and members of the DHHS Excels Steering Committee met in a half-day session to further define time frames and accountability for outcomes. At the end of the session, there was agreement that substantial work has been accomplished and that a good foundation has been laid for moving forward and achieving success with DHHS Excels. ■

– Sandra K. Trivett,  
Special Projects Office



Dennis Streets presents to the group

Photos by Jim Jones, DHHS Public Affairs

## DHHS Excels Mailbox

Do you have questions, comments or suggestions about DHHS Excels? A special e-mail has been established for your questions. Selected questions and responses will be shared via future editions of the DHHS Employee UPDATE.

The email is:  
**DHHSExcels@DHHS.nc.gov**

The most frequently asked question to the DHHS Excels mailbox is: "How can I become involved?"

**Answer:** This is a great question because it shows a real desire to play a role in DHHS Excels. Crucial to the successful implementation of any major performance change initiative is the involvement of all employees of the department. It is important for each DHHS division and office to make sure that the message is shared with their staff and throughout the organization.

If you have not heard about DHHS Excels in your specific section or unit, talk to your supervisor about the initiative and express an interest in learning more.

Some questions about specific programs may require research before they can be answered. But all inquiries and comments are welcome and every attempt will be made to respond to them all.



**Vision Statement**

All North Carolinians will enjoy optimal health and well-being.

**Mission Statement**

The North Carolina Department of Health and Human Services, in collaboration with its partners, protects the health and safety of all North Carolinians and provides essential human services.

**Values**

When all DHHS employees adhere to the following values, all North Carolinians will view DHHS as the best managed agency in state government:

- **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.

**Goals**

**Goal 1:** Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians.

**Goal 2:** Expand understanding and use of information to enhance the health and safety of North Carolinians.

**Goal 3:** Offer outreach and services to individuals and families identified as being at risk of compromised health and safety.

**Goal 4:** Provide services to individuals and families experiencing health and safety needs.

**Goal 5:** Provide services and protection to individuals and families experiencing serious health and safety needs who are not, at least temporarily, able to assist themselves.

## Long-time chief medical examiner announces retirement

Dr. John D. Butts Jr., chief medical examiner for North Carolina since 1987, announced he plans to retire July 1. Department of Health and Human Services Secretary Lanier M. Cansler announced the appointment of Dr. Deborah Radisch to replace Butts. Radisch has been associate chief medical examiner since 2001.

“Serving as North Carolina’s chief medical examiner for the past 23 years has been both an honor and a privilege,” Butts said. “I wish to thank all my medical colleagues who have tirelessly and selflessly given their time and expertise to assist our office and provide the citizens of North Carolina with exemplary quality of service through their contributions to the medical examiner’s system.”

As chief of state’s Medical Examiner’s Office, Butts oversees a network of more than 600 medical doctors throughout North Carolina who voluntarily devote their time, energy, and medical and legal expertise to see that deaths of a suspicious, unusual or unnatural nature are adequately investigated.

“Dr. Butts’ leadership has been paramount in establishing North Carolina as a national model for the study and



Dr. John D. Butts

application of forensic medicine,” said State Health Director Jeffrey Engel. “A great strength of the North Carolina medical examiner system is the assemblage of data that allows surveillance of deaths in the state, often leading to the discovery of existing and potential public health hazards.”

Butts began his state service in 1975 when he was appointed assistant chief medical examiner. In 1977, he was named associate chief medical ex-

aminer prior to his appointment as chief medical examiner in 1987. He also served as acting chief medical examiner from December 1986 to November 1987.

He is a member of the American Academy of Forensic Sciences; the National Association of Medical Examiners, where he also served on its board of directors; and the N.C. State Medical Society. He has chaired the Child Fatality Review Team since his appointment to the N.C. State Child Fatality Task Force in 1991. Butts also serves on the faculty of the University of North Carolina School of Medicine as clinical professor of pathology and as adjunct assistant professor of pathology at the Duke University School of Medicine.

Radisch has served since 1999 as medical director of the N.C. Child Fatality Prevention Team. She is currently a clinical associate professor of pathology at the University Of North Carolina School of Medicine. She previously served as associate chief medical examiner from 1986-94. She received her medical training from the Bowman Gray School of Medicine of Wake Forest University and her Master’s in Public Health in health policy and administration from UNC-CH School of Public Health. ■

## Study: Smoke-free = cleaner air

North Carolina's new smoke-free law for restaurants and bars, which went into effect on Jan. 2, has resulted in an 89 percent improvement in air quality in the state's venues, according to study results released last month at a North Carolina Public Health Association meeting in Research Triangle Park in Durham.

"These results show that North Carolinians are already reaping the benefits of our smoke-free air law – by breathing healthier air in restaurants and bars," said State Public Health Director Dr. Jeffrey Engel. "Secondhand smoke is a very serious health threat. Exposing adults to secondhand smoke causes immediate adverse effects on the heart and blood vessels, increasing the risk of heart disease and, over time, lung cancer."

Air quality was measured using a small machine, called a Personal Aerosol Monitor (PAM) for this research. PAM's measure the amount of particles smaller than 2.5 micrograms in the air. The U.S. Environmental Protection Agency (EPA) measures these particles in outdoor air because particles of this size are known to cause breathing problems, and contribute to premature deaths. Burning tobacco releases significant amounts of this smaller sized particle, so the machine offers a proven measure of how toxic indoor air becomes when it is tainted by tobacco smoke.

The original study was conducted in six North Carolina counties from 2005 to 2007, when the air in 152 restaurants and bars was tested prior to the smoke free law's passage. This new data was

collected from 78 restaurants and bars from January to March, 2010 in seven North Carolina counties.

State and local health department staff and volunteers participated in both sets of data collection. Restaurants and bars were not aware of the air collection and the names of the restaurants and bars visited were not released.

Compliance with the new law continues to be strong, with health officials receiving only 18 complaints for 17 businesses out of approximately 24,000 businesses by the week ending April 11.

For more information about the smoke-free law, and other issues around secondhand smoke, visit [www.tobacco-preventionandcontrol.ncdhhs.gov](http://www.tobacco-preventionandcontrol.ncdhhs.gov). ■

*– Ann Houston Staples,  
Division of Public Health*

## Weaver named director of Division of Services for the Blind

The Division of Services for the Blind receives a new director effective May 5. DHHS Deputy Secretary Maria Spaulding announced that Donald Edward "Eddie" Weaver will join the DHHS leadership team at the DSB post.

"We are indeed fortunate to have someone of Eddie's caliber bringing his talents and skills and vision for the future of services for the blind and visually impaired in North Carolina to this critical position," Spaulding said.

Weaver has worked more than 26 years within DSB, serving first as a social worker and rehabilitation counselor, and for the past 15 years as district rehabilitation supervisor in DSB's Wilmington office.

He will be assuming the top job at the division, whose mission is to enable people who are blind or visually impaired to reach their goals of independence and employment. The division provides services through seven district offices across the state and through social workers for the blind based in all 100 North Carolina counties.

Weaver serves as co-chair of the Wilmington Mayor's Committee for People with Disabilities. He has served on the Commission for the Blind and on various committees on the commission. He was past chair of the Cape Fear Eastern Area Reading Service and currently serves as a member.

Weaver received his Bachelor's degree in business from Wingate University and Master's degree in rehabilitation counseling from San Diego State University. ■

# Miniature horses visit Class at Governor Morehead School

Middle school students of Governor Morehead School teacher Lori Blake enjoyed a visit April 22 from Sassy and Tank, two miniature horses.

Sassy was rescued by the United States Equine Rescue League (USERL-Triangle Region) in 2007. She suffered from starvation, dehydration, and dog bites. In addition, she was blind from eye infections caused by insect bites. She was adopted by Lisa Godwin, a USERL member from Wendell.

In 2009, USERL volunteer Barbara N. Stewart wrote the book “A Horse’s Tale: The True Story of Sassy,” detailing Sassy’s rescue and rehabilitation. Blake, who is also a volunteer for USERL, bought a copy of the book, and the author donated a copy in Microsoft Word so that she could have the book published in Braille for her students to read.

Blake invited Sassy to visit the campus to help her students make the connection between reading and the “real world.” Students got to pet miniature horses Sassy and Tank. They also learned about what is needed to take care of a horse, and how natural events like the drought of 2007 can make caring for a horse expensive and difficult.

Sassy also signed the Braille copy of the book with her inked hoof.



Governor Morehead School sophomore Dominique Gilchrest meets “Tank.”

– Lori Blake,  
Governor Morehead School



Sassy autographs the Braille version of her book with the assistance of her owner Lisa Godwin and GMS science teacher Lori Blake.



Lori Blake holds the autographed Braille copy of Sassy’s story.

# Hearing screening of newborns marks 10 years in N.C.

May is Better Hearing and Speech month, and North Carolina is celebrating its tenth year of providing free hearing screenings for North Carolina babies.

More than one million infants born in North Carolina have been screened for hearing loss before leaving the hospital since a law was passed in 2000 requiring all medical facilities that provide birthing or inpatient neonatal services to provide hearing screening as part of their routine care for infants.

Screening newborns for hearing loss is now the standard of care in all hospitals in the United States. Modern technology has created procedures that are painless, simple, fast and easy, especially when a baby is sleeping. The 87 birthing facilities in North Carolina screen infants for hearing loss before the child goes home, resulting in a screening rate of more than 98 percent of all babies born in the state.

In 2008, 210 babies born in North Carolina were identified with hearing loss through the Newborn Hearing Screening program, which is administered by individual hospitals and overseen by the Children and Youth Branch in the Division of Public Health. Federal funding for the program is provided by

grants from Health Resources and Services Administration and the Centers for Disease Control and Prevention.

Hearing loss is the most frequently occurring congenital condition in newborns, but may also be acquired later during childhood. When left undetected, hearing loss in infants can negatively impact speech and language acquisition, academic achievement, and social and emotional development. If detected, however, these negative impacts can be diminished and even eliminated through early intervention.

For most babies, the initial screen in the hospital is the end of the process. However, some babies may need further follow-up. If so, the parents are asked to bring the baby back to the hospital or to a doctor's office for further testing.

National goals for early hearing detection and intervention include the following:

- That infants complete screening by one month of age;
- That infants needing a diagnostic test have it by three months of age; and
- That infants with hearing loss begin intervention by six months of age.

When these goals are met, children with hearing loss have better speech, language and listening outcomes whether the child learns to communicate orally or through sign language.

Even when a child passes the newborn hearing screening, it is important for parents to be aware of normal speech and hearing development and to talk to their doctor or primary care provider about any concerns they have about their child's hearing or development.

Progressive and late-onset hearing losses occur as frequently as congenital hearing loss. Any hearing loss needs to be identified and receive intervention as soon as possible in order to maximize a child's development.

For more information, see the program website at [www.ncnewbornhearing.org](http://www.ncnewbornhearing.org) or contact Kathleen Watts, program manager for the N.C. Early Hearing Detection and Intervention Program, at 919-707-5632. ■

*– Jude Williams,  
Division of Public Health*

# Better Hearing and Speech Month

## 75 years of raising awareness

For more than 75 years May has been designated as Better Hearing and Speech Month – a time to raise public awareness, knowledge, and understanding of the various forms of communication disabilities to include those of hearing, speech, language, and voice.

Communication disabilities, particularly hearing loss, can have impact upon our entire society. Hearing loss affects people of any age - children, youth, older adults alike and their families.

For the 2010 observance, the American Speech-Language Association (ASHA) chose “Helping People Communicate” as the theme. People have many resources available to help them with overcoming any barriers to communication being experienced. The Division of Services for the Deaf and the Hard of Hearing focuses on being a leading resource for more than one million individuals in North Carolina faced with hearing loss.

One important fact to remember – most of the time the person does not recognize hearing loss in his or her own life. Hearing loss is normally pointed out by family and friends who surround the individual. Studies have shown that the average time it takes a person to react to seeking assistance with hearing loss issues once recognized is seven years. Reasons people cite for not seeking assistance are: denial of hearing loss, vanity or the cost of hearing aids.

A simple self-test can be one of the most important things a person can do in order to determine if hearing loss is being experienced.

### You may have a hearing loss if you:

- frequently ask people to repeat themselves
- often turn your ear toward a sound to hear it better
- understand people better when you wear glasses or look directly at their faces
- lose your place in group conversations
- keep the volume on your radio or TV at a level that others say is too loud
- have pain or ringing in your ears

Other available resources for individuals are through the Internet. National organizations can provide a wealth of information on hearing loss through fact sheets, brochures and other forms of information. Some suggested resources are as follows:

### Suggested Resources:

- **Hearing Loss Association of America – [www.hearingloss.org](http://www.hearingloss.org)**
- **National Institute on Deafness and Other Communication Disorders – [www.nidcd.nih.gov](http://www.nidcd.nih.gov)**
- **American Speech-Language Hearing Association – [www.asha.org](http://www.asha.org)**
- **Better Hearing Institute – [www.betterhearing.org](http://www.betterhearing.org)**

DSDHH Regional Centers have planned activities in association with the May emphasis. Check out the Better Hearing and Speech Month Activities in NC close to you.

For more information on hearing loss and resources available in North Carolina, contact a DSDHH regional center. ■

– Jeff Mobley,  
Manager of Hard of Hearing Services, DSDHH

# Vital Records Website a finalist in national award

The Vital Records website was honored as a finalist in the national Clearmark Awards, which recognizes writing that is clear and uncluttered.

The Clearmark Awards are a product of the Center for Plain Language, whose goal is to promote clear writing so people can find what they need and understand what they find.

“The website redesign project is all about clarity and customer service,” said Lois Nilsen, Web manager for DHHS. “The staff at Vital Records worked very hard to help me understand their processes, so I could rewrite their web copy. The goal was to make the complex seem easy. With this recognition, I guess we did just that!”

## Redesigned Website Goes Live

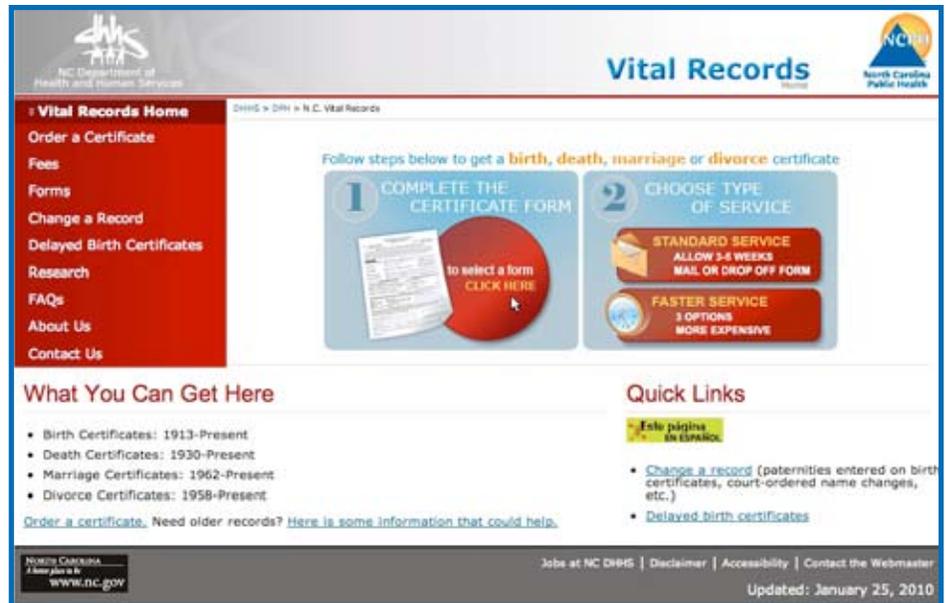
The Division of Services for the Blind has a redesigned website. Check it out at [www.ncdhhs.gov/dsb](http://www.ncdhhs.gov/dsb) ■

– Lois Nilsen,  
DHHS Public Affairs



From left to right: Victoria Godwin and Vickie Pearce, Vital Records; Lois Nilsen, DHHS Web manager, Public Affairs Office; Sharon Austin and Patty Raper, Vital Records; Linda Brinkley, director of Vital Records.

Photos by Jim Jones, DHHS Public Affairs



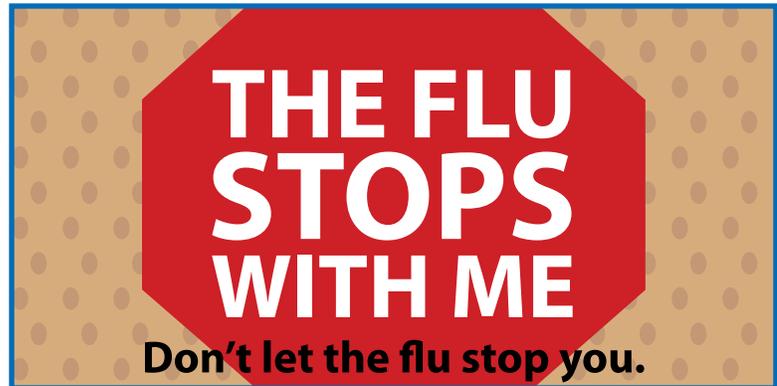
Vital Records website

# H1N1 flu puts Public Health to the test

Years of preparedness planning paid off in North Carolina's and in the nation's response to H1N1 influenza.

It was May 2009 when State Health Director Jeffrey Engel confirmed the state's first case of H1N1 flu, setting in motion a well organized statewide response. In the months since, more than 1.7 million immunizations have been given and millions of North Carolinians have been made more aware of what they can do to prevent the flu. Some highlights of the past year:

- More than 637,000 North Carolinians were immunized against H1N1 in a seven-week period during October and November 2009. By March 2010, 1.7 million people in our state were vaccinated.
- A total of 1,851 providers aided in the immunization effort, including local health departments, physicians, hospitals, long-term care facilities, businesses, schools and government agencies.



- From April 1, 2009 to March 30, 2010, the State Lab processed more than 7,139 specimens for influenza testing. During a typical flu season, the Lab receives between 500 and 800 samples.
- The N.C. Division of Public Health launched a website, [flu.nc.gov](http://flu.nc.gov), as a resource for the public and healthcare providers.

H1N1 continues to be the dominant influenza strain in circulation, with 106 deaths attributed to influenza in our state since the pandemic began. Of those who died, 88 percent have been people under 65 years old.

Immunization is still recommended, especially if you are at risk for complications from the flu - if you are pregnant, have underlying medical illnesses such as heart, lung or kidney problems, or have immune deficiencies. ■

– Julie Henry, H1N1 Communications,  
Division of Public Health

# ADD STEPS TO YOUR DAY

Staying well requires more than a good diet. It also requires purposeful exercise. Try stepping up your heart rate while walking, or just increasing your walking opportunities.

DHHS Wellness Director Suzanna Young reports that 1,497 DHHS employees from 17 agencies and facilities formed 150 walking teams and are participating in the Office of State Personnel 60 Day Walk to San Diego Challenge that started April 1.

All DHHS employees can benefit by walking more. Here are some suggestions from OSP to easily add extra steps each day.



DHHS Wellness Walkers

## Increase Your Opportunities. Walk:

- to the furthest photocopier, bin or restroom
- with friends or colleagues before or after work
- all or some of the way to work
- at lunchtime
- take the stairs
- pass on a message in person to a colleague, rather than sending email
- after the evening meal and avoid sitting for long periods of time
- the long way to the shops
- to talk to a friend or colleague
- from the furthest end of the parking lot
- as you meet with a colleague - a 'walking meeting'
- the dog
- a loop inside the nearest shopping mall when the weather is bad
- 10,000 steps per day, about five miles
- and add an extra push by walking at a brisk rate as often as possible.

# Vulnerable Adult and Elder Abuse Awareness Month: May 10 – June 18

Each year, more than two million vulnerable and older adults are victims of abuse, neglect, and exploitation. Research has shown that older adults who are abused, neglected and exploited are three times more likely to die within 10 years than those who are not.

According to national statistics, elder abuse is grossly under reported because vulnerable and older adults who are being abused find it difficult to tell anyone due to shame and fear. Elder abuse affects men and women of all ethnic backgrounds and social status; it occurs in private residences and in facilities.

In 2009 there were more than 17,000 reports of abuse, neglect or exploitation of vulnerable and older adults made to North Carolina's 100 county departments of social services. Reports are made by doctors and other professionals and by family members and concerned citizens in our communities.

Anyone who suspects that a vulnerable or older adult is in need of protection is required by North Carolina General Statute (GS 108A-102) to report this information to the department of social services in the county where the adult resides.

Governor Bev Perdue has proclaimed May 10 through June 18 as Vulnerable and Elder Abuse Awareness Month in North Carolina. This timeframe ties the awareness period to both the Mother's Day and Father's Day weekends, in the hopes of reinforcing the spirit of respecting and valuing not just parents, but all elders.

## Take an active role in protecting vulnerable and older adults

- Show the world that you care. Wear something purple to observe World Elder Abuse Awareness Day on June 15, 2010.
- **SPEAK OUT** – Don't ignore this problem-it's not going away. Advocate for the passage of legislation like the Elder Justice Act/Patient Safety and Abuse Prevention Act, that is now law.
- **REPORT** – suspected abuse, neglect, or exploitation to Adult Protective Services in the North Carolina county where the adult lives. Contact information for County Departments of Social Services is at this website: [www.ncdhhs.gov/dss/local](http://www.ncdhhs.gov/dss/local)

- **VOLUNTEER** – in local programs that provide assistance and support for vulnerable and older adults in your community and long term care facilities
- **EDUCATE** – yourself, family, and community about Elder Abuse by visiting the following websites:

Elder Justice Coalition website  
[www.elderjusticecoalition.com](http://www.elderjusticecoalition.com)

National Center on Elder Abuse website  
[www.ncea.aoa.gov](http://www.ncea.aoa.gov)

National Adult Protective Services Association website  
[www.apsnetwork.org](http://www.apsnetwork.org)

National Long Term Care Ombudsman Association website  
[www.ltombudsman.org](http://www.ltombudsman.org)

North Carolina Division of Aging and Adult Services at  
[www.ncdhhs.gov/aging](http://www.ncdhhs.gov/aging) ■

# Good News!

## Health Plan Enrollment Re-opens

*The State Health Plan Annual Enrollment ended on Friday, April 9, 2010. All members were asked to take action if interested in enrolling in the 80/20 plan during the Annual Enrollment Period due to the fact that effective 7/1/10, all members will be enrolled in the 70/30 plan if no action was taken to enroll in the 80/20 plan. All members must have completed the Tobacco Attestation Form in order to enroll in the 80/20 plan stating that they do not use tobacco or they are actively trying to quit smoking.*

You have another CHANCE to enroll in the 80/20 plan if you did not enroll during Annual Enrollment during BEACON's Review Period that will begin on Monday, April 26th- Friday, May 7th!

In order to enroll in the 80/20 plan, all members must:

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

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

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

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 keep in mind that this will be your LAST chance to enroll for this next plan year until next Annual Enrollment Period next year!

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