



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

DHHS launches 2011 State Employees Combined Campaign

Approximately 200 DHHS employees gathered Sept. 14 at the Dix Grill on the Hill to open this year's pledging season for the State Employees Combined Campaign.

The event was the forerunner of multiple kick offs that will launch campaigns for the annual fund raiser within divisional offices, facilities and offices across the department.

At the Grill, the lunch-time crowd enjoyed rock 'n roll decorations, a pizza lunch, a drawing for door prizes, live entertainment by 'Midlife Groove' featuring George Johnston from the Division of Medical Assistance, and free ice cream sundaes courtesy of the State Employees' Credit Union.



At the Division of Public Health, employees Barbara Sanders Clark, Juanita Green and Janet Dail enjoy browsing at the bake sale.
- Photo by Julie Henry

Department of Administration Secretary Moses Cary Jr., who also chairs the State Employees Combined Campaign Board of Directors, welcomed the crowd and encouraged their continued generosity this year. He acknowledged that taking care of people is what DHHS is all about, and that the level of DHHS employee participation is critical to the overall success of the campaign. Even though the economy is bad, it is especially important to give generously this year because there are more North Carolinians in need than ever before, he said.

continued on page 2

INSIDE TOP FEATURES

- DHHS Excels Outreach, "Anticipatory" newly defined ➡ Page 3
- PHP&R, 10 years after 9/11 ➡ Page 5
- Governor's Award for Excellence ➡ Page 19



Irene 'wasn't a dud' ➡ Pages 7-10

SECC combined campaign, continued from page 1

Also present were representatives of charities supported by the campaign who answered questions about their operations and the populations they serve: The Masonic Home for Children at Oxford; Meals on Wheels; North Carolina Conservation Network; LUPUS Foundation of America; Girl Scouts; Cornucopia Cancer Support Center; The Carolinas Center for Hospice and End of Life Care; Autism Society of North Carolina; Global Impact; Make a Wish; and Boys and Girls Clubs.

Every year, DHHS and the Department of Correction (DOC) log the campaign's highest contribution totals among state agencies. In 2010, DOC raised approximately \$8,000 more than DHHS. This year, according to Sandra Trivett, 2011 SECC department execu-

continued on page 3



Sandra Trivett and Jim Williams drew for door prizes at the SECC kick off. Some of the crowd attending the event (below).
– Photos by Jim Jones



SECC combined campaign continued from page 2

tive for DHHS, “we want to turn that around. And, more important, we want to increase our participation rate. The amount of the individual contribution is not as important as increasing the percent of employees who participate in this year’s campaign.”

At the Division of Public Health, the division’s annual bake sale got under way and raised \$450.

In addition to local, divisional fundraisers and kick-off events and the paper contribution forms, this year employees with computers can make their donation on line through a new ePledge system. If you have questions about this year’s campaign or want to know how to make a contribution, contact your division/office/unit/facility SECC volunteer for more information. The campaign runs through November. ■



Above, Philip Woodward of DVRS, collects a bowl of ice cream.



Below and right, at the Dix Grill, hundreds of employees turned out for pizza and ice cream. SECC Board Chair Moses Carey helps launch the kick off.



Second round of Excels Outreach sessions planned

DHHS Deputy Secretary of Long Term Care and Family Services Maria Spaulding is the Excels Executive Sponsor responsible for Outreach to employees all over the state. A second round of sessions is planned from mid-October until the end of November and will be held in locations from Asheville to Wilmington.

There are two purposes for these sessions: to inform employees who may not have had the opportunity to attend one of the earlier Excels Outreach sessions and also to provide an update on the change initiative. If you are interested in attending one of these sessions, please let your supervisor know.

Details are still being worked out, but the current schedule is:

October 24	Greensboro/afternoon
October 25	Asheville/morning
October 25	Morganton/afternoon
October 31	Raleigh/afternoon
November 1	Raleigh/morning
November 1	Raleigh/afternoon
November 9	Charlotte/morning
November 17	Wilmington/morning
November 30	Greenville/afternoon

New definition of 'Anticipatory'

Did you know that the Excels Steering Committee recently changed the definition of one of our five core values? Anticipatory is now defined as:

DHHS actively monitors changes in the needs of its customers and the impact of its services and applies new and innovative approaches in a timely, targeted and effective manner.

So why did we do that? We felt that the earlier definition implied we were waiting for feedback; and while we want feedback, we also intend to look to the future and identify trends in needs, demand or service techniques that suggest change is necessary. DHHS wants to be ahead of the change curve, not only responding to it once it has arrived. To achieve this, we must be willing to make changes.

Excels is all about management and cultural change. As time goes on, other things will change; that's what Excels is about – developing a work environment that is flexible, responsive, future-thinking, and willing to make important changes to make things better.

If you have Excels information on a bulletin board or any Excels materials in your office, please make sure they reflect the new definition of Anticipatory. The latest materials are posted on the Excels web site link, which is located on the DHHS home page. ■

– Sandra Trivett, DHHS Special Projects Office



What a difference a decade makes for public health

September was National Preparedness Month and it served as a reminder of how much our lives have changed in the past 10 years. From anthrax to H1N1, public health has risen to each challenge and expanded its preparedness capacity through the decade. The CDC's latest State-by-State Report on Preparedness examines every state's capacity to respond to public health emergencies; North Carolina continues to have high scores for overall readiness. But what does that mean for the people of our state?

While September 11, 2001, challenged our nation's disaster response system, it was a month later that public health was faced with responding to a terrorist attack of a different sort. In October 2001, North Carolina became directly involved in the nation's first anthrax investigation after the initial victim was thought to have contracted the disease while hunting in our state. State and local resources were quickly consumed investigating the possible link. While authorities ultimately determined that the exposure was through a letter the victim received in Florida, the resulting response introduced our public health system to a new challenge.

North Carolina lawmakers wasted no time in responding. In November 2001, more than \$3 million from the state's 'Rainy Day Fund' was made available to jump start the Division of Public Health's mission to revitalize its disease prevention and detection infrastructure. When federal grant money arrived in spring 2002, the state was able to retain



\$2.5 million of its original investment. Having access to the state funds, however, gave North Carolina a jump-start over most other states and gave our preparedness efforts momentum that carries on today.

To date, our state's preparedness efforts include training regional staff that provide support and response capacity to local health agencies serving all 100 counties; NC DETECT, a disease tracking tool connected to hospital emergency departments and other medical facilities throughout the state; and a secure Internet-based alert system that connects public health, hospitals and law enforcement. Thanks to the support of Gov. Bev Perdue and the General Assembly, the State Laboratory of Public Health will soon relocate to a new and larger facility, allowing for additional capacity for biological and chemical terrorism testing.

The past 10 years have given us opportunities to test, evaluate and improve our state's public health response capabilities. In 2002, intelligence reports suggested that missing stockpiles of smallpox might be used in attacks in the United States. North Carolina joined an unprecedented mandatory campaign to

implement a mass vaccination plan to immunize emergency workers against an attack. Hundreds of North Carolina responders at the state and local level were vaccinated.

In 2003, the SARS outbreak illustrated that, just as in the days of polio, naturally occurring diseases could still require large-scale responses and test public health systems. The rapid spread from China to 37 countries, including one patient in North Carolina, illustrated the mobility of modern society and the need for globalization of public health.



Dr. Julie Casani

Outbreaks of bird flu in 2004 shifted our focus to pandemic influenza planning. Because of its high fatality rate, public health officials began watching for signs of human-to-human transmission. Plans were enhanced to provide for the societal impact of mass illness and deaths and ensure rapid large-scale production of an effective vaccine.

continued on page 6

What a difference a decade makes, continued from page 5

In 2009-2010, the H1N1 influenza pandemic validated the preparations that were built and that are now routine. The new virus was identified by the laboratory response system. Epidemiologic investigation characterized the outbreak and allowed leaders to generate prevention messages. Countermeasures and personal protective equipment were distributed from national to local levels effectively and rapidly. Vaccine

was developed and targeted vaccination began within seven months of identification of the virus.

While Hollywood may be effective in depicting the drama of a global disease outbreak, the reality is that in North Carolina public health is working every day, using every experience, to improve. Public investment in preparedness - more than \$5 billion nationally

and \$223 million to North Carolina over the past 11 years – has yielded a significant return.

We are better prepared in 2011 than we were in 2001. Given the state of the economy and competing priorities, we must ask if we can sustain this level of preparedness into 2021. ■

*– Julie Casani, MD, MPH
Director, North Carolina Public
Health Preparedness*

We want to know

If you suspect fraud within any of DHHS' programs and services, immediately contact DHHS Internal Auditor Eddie Berryman at Eddie.Berryman@dhhs.nc.gov or 919-715-4791.

The State Auditor Office is also available for reporting such concerns at 1-800-730-TIPS or by going to www.ncauditor.net and clicking on a link on the right side of the home page.

We all know resources are limited and there is an increased demand for services; therefore, it is important that we continue to be good stewards of funds allocated to support critical services to the citizens of the State. Stamping out fraud, waste and abuse helps assure that all of our limited resources are used as prescribed by law.

Thank you for employing the values and goals of DHHS Excels. ■

'It wasn't a dud,' a personal account



The neighborhood of Charles Batson in Tyrrell County – Photos by Dennis Streets

'It wasn't a dud...it truly wasn't a dud' – was one of the many messages shared by those affected by Hurricane Irene. Some were clearly bothered that a few national broadcasters had characterized the storm as such.

It was not a 'dud' to Al and Jo Sonye, who in their late 80's had to be evacuated by boat from their flooded home by the local fire department.

It was not a 'dud' to Charles Batson whose home was first struck by the force of a tornado and then hurricane winds and sustained rains. He considered himself fortunate, compared with his neighbors whose homes were leveled.

It was not a 'dud' to Mr. Wilmer Lewis, who at 86-plus years of life sat on an ice cooler – one of the few dry items at his house – after watching a surge of nearly six feet of water climb his back steps and enter his house. Swiping at mosquitoes that were landing constantly on all uncovered areas he shared, "I don't

think I've ever seen this much trouble."

I'm not sure what called me to arrange visits to three Area Agencies on Aging (regions P, Q and R), as we have certainly had other storms and tragic events. I am always adamant that DAAS should do what it can to assist but also stay out of the way of our local partners as they busily prepare, respond and recover. I had been told that my visits would not only be welcomed but could make a positive statement to our aging and adult services network in eastern North Carolina.

Even though there was plenty to be done in Raleigh (issues, meetings,



Wilmer Lewis speaks from his back porch

reports, requests for assistance), there was a gut feeling that prompted me to leave my home in the Pittsboro area around 5 a.m. on three recent mornings so that I could be in Kinston, Columbia and Greenville to begin my tours of affected counties. On my first trip – to

continued on page 8

'It wasn't a dud', continued from page 7



Al and Jo Sonye were evacuated, by boat, from their home

Kinston – it wasn't too long, as the sun was rising to highlight the sky, before I began to see piles of brush debris and an occasional downed tree. Soon I was seeing the effect of Irene on farmland – the corn, soybean, cotton and tobacco and then on residential and commercial structures.

My first official stop was the Lenoir County Council on Aging where I unloaded 20 donated fans (from our Operation Fan-Heat Relief service) for use by elder residents of Martin County and took a 9 a.m. phone call from U.S. Assistant Secretary on Aging Kathy Greenlee. She offered her concern and support to me and Tonya Cedars, director of the Eastern Carolina Area Agency on Aging.

After examining the damage that the Senior Center incurred as a result of the large fallen oak, Tonya took me on a tour of damaged neighborhoods in Kinston and New Bern. We then proceeded to Pamlico Senior Services where we met with participants, the center Director Linda Potter and staff, and Ann Holton, the chair of the Pamlico County Board of Commissioners. While personally affected themselves by Hurricane Irene, they had worked tirelessly to reach and assist others.

We then traveled to Lowland – appropriately named – where house after house, family and friends were still busy removing furniture, appliances, clothes, and other possessions from their flooded homes. The mountains of debris, neatly organized at the edge of the two-lane road, represented much of the material loss these families experienced but also showed their industriousness and strong community pride and spirit. After asking permission, I couldn't resist photographing the sign in one yard: "Irene Yard sale – Everything in the pile 50-cents."

My most lasting memory from Lowland, though, was that of a home without a pile of debris out front. The only obvious sign of something unusual was a mail box post lying on the ground – apparently the water surge had literally lifted the post from its anchorage in the ground to then lay it gently by the side of the road. This house belonged to Mr.

continued on page 9



Debris awaits pick up at a lowland area home

'It wasn't a dud' continued from page 8

Debris during cleanup in Tyrrell County

Wilbur Lewis, a home-delivered meals recipient of Pamlico Senior Services. After Ms. Potter first checked on Mr. Lewis and cleared that it was okay for Tonya and me to visit – we went around to the back of the house to find him sitting on an ice cooler within his elevated screened porch. I was immediately struck by his appearance – a handsome white-haired man. As we were overtaken by mosquitoes, he seemed resolute – occasionally brushing away those that would venture too close to his blue eyes. He told us of how the water had risen higher than he had ever witnessed in his many years of living in Lowland – how it had covered the old car in his backyard and crept up his back steps. The water mark on the back door of his house showed evidence that several feet of soiled water must have entered his house – but he told us of his son and nephew who had come by to check on him, and the food that he had received from the faith-based volunteers in the area.

On my second visit to the area – this time starting in Columbia – I was struck by one scene of near devastation.

I would revisit that area to learn more about what had happened.

As I searched for my rendezvous point, I passed the middle school that was in the process of being sanitized – I learned later that it was not expected to reopen soon. After meeting with Susan Scurria, director of the Albemarle Commission Area Agency on Aging, and Bert Banks, executive director of the Albemarle Commission Board of Delegates, at the Disaster Recovery Center, we accompanied Tyrrell County Department of Social Services Director Sandra Walker to see the damage that Irene had inflicted on the DSS building. While it will be a long time before they can resume their work at their former offices, it was again inspiring to see the way in which Sandra and her staff

What looked like former houses or small businesses was now marked only by scattered and twisted debris – still marked by an unfurled American flag, extending from what was left of a possible carport, waving with the slight breeze. I promised myself that

had literally picked up their work and continued helping others. It was also moving to hear at the Senior Center how agencies had worked together to resolve a difficult and risky situation with a senior who was refusing to leave her home despite the hazards staying there presented.

From the Columbia area, we ventured into the more rural areas of Tyrrell and Hyde counties, making our way to the Mattamuskeet Senior Center, which has closed because of the extensive damage. It was Hyde County Public Health Director Wesley Smith who explained to us how serious a problem the mosquitoes had become – citing that the landing of mosquitoes had increased from about 40 times per minute to nearly 400. One of his priorities was trying to arrange and pay for an aerial spray.

My third visit – that began in Greenville – was no less compelling in terms of the evident destruction and the resilient spirit of those affected. Mid-East Commission Area Agency on Aging



Sign points the way to assistance in Tyrrell County

continued on page 10

**'It wasn't a dud'
continued from page 9**

Director Cynthia Davis was my primary escort through Pitt and Beaufort counties. Beaufort County is the home of Pat Capehart Brown, chair of the Governor's Advisory Council on Aging. Pat would later report to the council members that Irene was "the perfect Category I storm as the hurricane force winds were sustained for 17 hours and we got the effects from both sides of the storm. Trees and other structures were so weakened by the time the backside of the storm battered us, they just collapsed. Let me just say that it has been a very challenging time."

Cynthia first took me to the Bethel Senior Center, which was heavily damaged. I felt uncomfortable as we surveyed the hanging ceiling tiles and exposed wires. Then we made our way to Pamlico Beach, with the assistance of the Belhaven Senior Center director – whose building sustained extensive flooding. The scene looked reminiscent of Lowland. The Pamlico and Pungo rivers brought all of their force, along with that of the Pamlico Sound, to bury many of these outlying communities in mud. Again piles of debris were in front of people's homes and the occasional boat at a place where boats don't normally dock, like in the middle of a farm field, at a crossroad stop sign. As I left little Washington late that afternoon, I saw a road sign upside down. I can still see the irony and symbolism of how Irene has affected small communities, neighborhoods, families and our service system across eastern North Carolina.

As I met with the health and human services personnel across the three regions, I was most impressed with

how they had responded to this tragedy – I recognized that they had put into practice what we have defined as our DHHS Excels values. They were clearly focused on helping people (the customer) and getting meaningful and tangible results; they were transparent in discussing issues and lessons learned as well as what had gone well; they were already thinking about how they could prepare and respond more effectively in the future (how they could better coordinate and automate their

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**Hurricane Irene
Updates**

CLICK LINK BELOW FOR WEB:
**Hurricane Irene
Donations,
Volunteering**

special needs registries, how they could streamline contacts with long-term care facilities); and most importantly, they were collaborative in ways that we can only imagine. Their established partnerships brought immediate strength and their new partnerships promised a brighter future. The rallying of our service agencies with the faith communities, civic organizations, local businesses, and neighbors helping neighbors showed once again what can happen when we share a common vision and purpose.

Now back in Raleigh tackling issues, completing reports and information requests, and attending a myriad of meetings, my attention still strays to Mr. Lewis, the Sonye's, Mr. Batson and the many others who survived Irene's wrath and showed again the faith and resiliency that should reassure us all. I am pleased to report that many responded to the plight of Mr. Lewis and have been actively working to provide assistance. Many also have responded to help Al and Jo Sonye, but clearly their emotional, physical and financial well-being is not the same. Still, they are an amazing couple.

My ride home those three days was long – the radio did not seem appropriate and was not soothing. I could not help but sing in my head the American folk tune, "Goodnight, Irene," first recorded in 1932 by American blues musician Huddie 'Lead Belly' Ledbetter. While the lyrics tell of the singer's troubled past with his love, Irene, and express his sadness and frustration, they do not represent the whole story of Hurricane Irene. For Mr. Batson, I can only imagine that he is doing okay. It was his house in the Columbia area that was badly damaged by the twister. When I went back to the site of the unfurled American flag, I also discovered that Mr. Batson had also reestablished his hummingbird feeders. As he put it, "they need someone to help them too."

Irene was not a "dud." We must continue to do all we can to support the people of eastern North Carolina. Many still need our help. ■

*– Dennis Streets,
Division of Aging and Adult Services*

Accolades abound at Disability Determination Services



(left to right) Sarah Baylor, Vanessa Sullivan, Donnie Hayes, Jennifer Pounds and Rob Englander display award plaques after ceremony.
– Photo by Jim Jones

It was a day for celebrating at the North Carolina Disability Determination Services offices in Raleigh on Sept. 27. Three employees received recognition from their national professional organization, another received an annual award from the local office and state organization, another received individual recognition from the Social Security Commissioner – and the DDS office as a whole received a citation for outstanding annual performance from the Social Security Commissioner.

“It takes dedication, individual effort and teamwork to achieve what you

have achieved this past year,” said a delighted Michael Kaess, state DDS administrator. “And let me tell you, you have achieved much.”

There were several good reasons for Kaess’ jubilation: The state office received a commissioner’s citation once in 2003 and again in 2008. “So, this is the third time in recent years”, said Kaess, “for such a high-level award recognizing the entire state office”. And, occasionally a commissioner’s citation is awarded to a single state employee to recognize contributions that had a program-wide impact. This

employee – Sarah Baylor – had a lot to do with rolling out a new system that electronically documents analysis and rationale for either allowing or denying a claim. Then there are the four other employees who won recognition from their peers.

The National Association of Disability Examiners (NADE) awards nine national level awards for significant contributions. Three of those nine went to employees at the North Carolina DDS office:

continued on page 12

- Donnie Hayes received the organization's highest national award – the Lewis Buckingham Award, for consistently demonstrating initiative and humanitarian efforts to advance professionalism and goals of NADE. Hayes has been a member for more than 10 years, and has served on the NADE board of directors.
- Jennifer Pounds received the Charles O. Blalock Award, given to an individual who made extended efforts and major contributions toward the organizational advancement of NADE by providing leadership in the development and expansion of the state chapter, regional and national organization.
- Rob Englander received the national Rookie of the Year award, in recognition of a junior member of NADE who has made significant contributions to the organization.

Vanessa Sullivan was recognized by the NC DDS office and the North Carolina Association of Disability Examiners for exceeding expectations by the quality of her work, and also for her handling of a difficult situation that involved a treating physician, a claimant's family members, and the claimant to ensure the safety of all involved. She was presented the North Carolina Ann Bidby Memorial Award, which recognizes employees who demonstrate exceptional and caring professionalism.

Kaess lauded the DDS employees who were recognized, as well as the couple hundred who took time away from their work stations to honor their fellow workers. "During the last 52 weeks you have exceeded all your targeted workloads," Kaess said to the group.

He said the office finished the year by closing 182,074 federal claims. "That's 21,000 more than last year." All this was accomplished, he said, while maintaining a 95 percent quality rating, which matches the national average.

"Without a doubt, you have done most excellent work. You have much to be proud of."

Kaess concluded by sharing with his employees that the North Carolina DDS office has one of the lowest per case costs in the nation, yet the budget has been squeezed to allow for improvements to the work environment.

"Be proud of the work each of you do every day to show the SSA community and the citizens of North Carolina that the NC DDS can meet not only the challenge of targeted work load but that you can do it and still achieve envious high quality marks.

"These aren't just my words. Your regional commissioner, Michael Grochowski, said these very words to DHHS Secretary Lanier Cansler and the SSA Area Director Richard Love during his visit to North Carolina a few months ago. Mr. Grochowski expressed both his thanks and his admiration of the work done by the NC DDS and confidently stated to Secretary Cansler that this DDS models a work volume and quality success mix that he would like to see duplicated in all DDSs." ■

– Jim Jones, DHHS Public Affairs

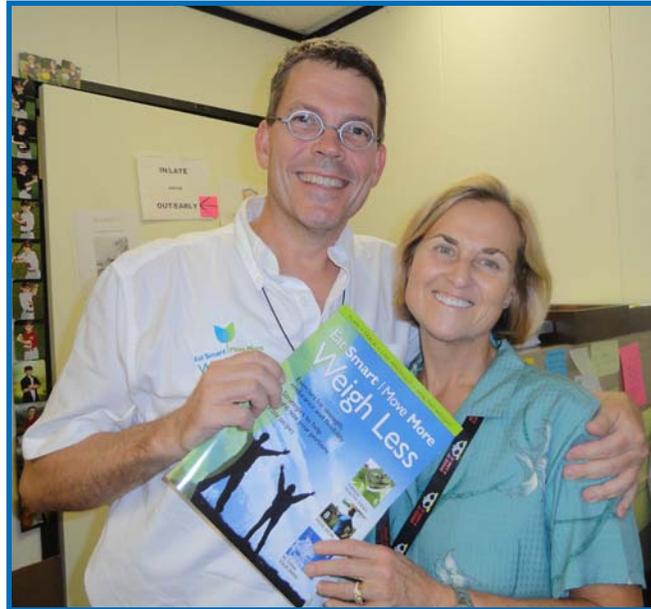
Thanks to health program

State employees moving more, weighing less

In just over two years, more than 4,000 State Employees Health Plan members have participated in Eat Smart, Move More, Weigh Less (ESMMWL), a 15-week weight management program developed through a partnership between the N.C. Cooperative Extension Service and N.C. Division of Public Health.

The program helps people eat smart, move more, and achieve a healthy weight by attending weekly classes and keeping a journal of healthy eating and physical activity behaviors. Thanks to a subsidy from the State Health Plan, participants pay a \$30 registration fee at the beginning of the program and receive a \$25 refund for completing the program, defined as attending 10 of the 15 weekly sessions.

To date, 217 onsite classes have been conducted at state worksites (including public schools) in counties with high numbers of state employees includ-



Lead instructor Greg Moore, left, congratulates Division of Public Health employee Dale Farley on her progress in the latest Eat Smart Move More Weigh Less sessions held in Raleigh.

– Photo by Julie Henry

ing, Guilford, Mecklenburg, Orange, Pitt, and Wake. In January 2011, the ESMMWL program was pilot-tested using synchronous, distance-education technology and classes were conducted in real-time with a live instructor. One-hundred forty eight participants enrolled in five pilot classes which were as successful as the onsite classes.

Most participants who join the program enroll to lose weight. Data analysis from the first 141 onsite classes indicates that 71 percent of participants completed the program, with an average weight loss of 6 pounds. Among completers, 95 percent lost from 1 to 9.9 percent of their total body weight. Participants also lowered their blood pressure and BMI. They also leave with new skills - being more mindful of what and how much they eat, eating fewer calories, eating smaller portions, and working to get physical activity each day,

Many DHHS employees across the state have participated in ESMMWL classes in both the onsite and online formats. As of August 2011, 15 onsite classes

have been conducted at various DHHS facilities; the two most recent classes were at the Bath Building and the Division of Public Health's Six Forks Campus.

To be inspired by more success stories or to find class options please visit www.ESMMWeighLess.com. ■

– Julie Henry, DHHS Public Affairs

'It's all about the residents'

Editor's note: Becky Wertz, a facility survey consultant in the Division of Health Service Regulation, Nursing Home Licensure and Certification Section, accepted a national award earlier this month – the 2011 Promising Practices award – from the Association of Health Facility Survey Agencies. The award was presented by Division Director Drexdal Pratt at the DHSR Employee Appreciation Event on Sept. 12. Pratt said the award is an indication of the high level of dedication of section employees. Wertz says the State of North Carolina won this award in the 'open category. "Our program was called 'It's all about the resident,' and it was about how we have distributed civil monetary penalty funds to benefit the lives of nursing home residents." Her written explanation about the program follows:

Reality is that nursing home staff and state survey agency staff are after the same thing, and that is improved quality of a resident's life during the nursing home stay, the realization that the resident comes first.

Sixteen years ago a staff member from the Nursing Home Licensure & Certification Section and a nursing home administrator joined hands and came up with an idea to develop a coalition with goals to enhance the quality of life of nursing home residents through culture change and deinstitutionalizing efforts.

That became the North Carolina Coalition for Long-Term Care Enhancement and it grew in membership and today its members include nursing home state agency staff, staff from several other divisions within DHHS, regional and state long-term care ombudsmen, the state quality improvement organization, several area universities, both state nursing home associations, Friends of Residents in Long-Term Care, physicians, family members that are resident advocates, and long-term care staff including administrators, social workers, directors of nursing, staff development coordinators, activities personnel and consultants. There are 61 members. From its conception, the coalition



Becky Wertz accepted national award for her section. – Photo by Jim Jones

represented both the state's regulatory interest in long-term care and reformers hoping to move that care toward more home-like environments.

The mission statement reads, "A growing network dedicated to transforming care settings into vibrant and vigorous environments, thereby improving the quality of life for those residents and staff." The goals are: to bring together a diverse group dedicated to improving the quality of life in care settings;

to educate people on philosophies of cultural and environmental enhancements in long term care settings; to support those organizations that choose to adopt cultural and environmental enhancements; and to advocate change which promotes human growth in care giving environments.

Each year the coalition collects culture change and enhancement data from the nursing home license renewal applications. The ultimate goal is for 100 percent of the homes to claim enhancements. When the data was first collected, the state was at 21 percent. To date 65 percent of our homes claim culture change enhancements.

The coalition analyzes which facilities and which parts of the state do not claim to promote culture change or provide any enhancements, and from there, plans ways to reach out and educate. This is done through newsletters, monthly bulletins, public appearances and educational workshops.

The planning for the 2012 workshops is centered on being able to afford to make changes "Dime on a Dollar" and addressing the barriers that nursing

continued on page 15

'It's all about the residents', continued from page 14

home staff face in trying to implement changes. The workshops are being planned to attract all levels of staff, both front line and administrative staff.

The most rewarding and effective coalition activity is the culture change grants. Through the state agency representative and contract process, the coalition is able to use civil money penalty funds to award facilities funds to help promote their culture change enhancements.

Qualified applicants must describe how they provide education in their facility, and the culture change concept they have chosen, endorsed, promoted, and implemented. They are expected to educate staff, residents, and families. The applicant has to explain how the grant funds will help them attain their goals of culture change and satisfaction for residents, staff and families.

Each applicant must submit evidence of how they plan to measure satisfaction and other outcomes. Facilities choose their measures, such as reduction in bruises and skin tears, depression, hydration, pressure ulcers, restraint use, increased activity participation, coming

out of their rooms, going outdoors. A plan for sustainability must be included in the application as well as endorsements from staff, physicians, families and residents.

Over the years, interest in the awards – which are given every two to three years – has grown. Grants have been made to 125 homes ranging from \$15,000 each to \$25,000.

Here is a look at the number of grants awarded and their approximate value.

To date coalition awards are near \$2 million. The coalition has supported projects that provide resident-centered computer systems that allow residents to visit other countries, play games, enhance dexterity, and keep up with world news and events. Also among improvements funded through the grants: automatic door openers to allow increased independence to go outdoors. Outdoor wheelchair swings, horticultural therapy, decks, vegetable and plant gardens, courtyards, awnings, playgrounds, pergolas, greenhouses, picnic areas, and outdoor recreation areas. This increases resident participation, resident, family and staff sat-

isfaction, socialization, opportunities to enjoy life and have fun. Friends and families visit more. Grandchildren even want to visit the nursing homes so they can play on the playground equipment. Nursing home residents enjoy going outdoors to watch children play.

Other culture change enhancement projects include sensory rooms, renovating shower rooms, dining enhancements, theater rooms, activity rooms, games, pets, plants, ice cream parlors, and residents deciding on interior décor.

All grant contracts are monitored. Each nursing home is required to submit a quarterly report which includes progress on their education for change, and measureable data. Also included is staff, resident and family satisfaction. The quarterly reports continue throughout the two-year contract period. An onsite supervisory visit is made yearly as well. ■

– Becky Wertz, Division of Health Service Regulation

Cyber security critical in digital age

Technology, healthcare and how consumers interact are all changing at a rapid pace. Apple's introduction of the iPhone and iPad forever changed how people consume information. Budget constraints and department initiatives have created a need for increased transparency of operations. It's an exciting time to say the least.

We, the Department of Health and Human Services (DHHS), must face all these challenges in order to provide the services that the citizens of North Carolina have come to depend on. As a healthcare organization we must be interoperable and as a state agency we must be open. However, this increase in collaborative information sharing and transparency can create an increase in organizational vulnerability; specifically data breaches.

As workforce members there are things we can do that will greatly reduce the chance of data breaches occurring.

1.

Know where and how your information is being accessed. Assigning data stewards and appropriately classifying information is an excellent first step in protecting the department from data breaches. This can be furthered by educating system users as to how the data is utilized by applications; including how the system notifies users of changes. This allows for the workforce to aid in the identification of possible data loss, system abnormalities or targeted phishing attacks.

2.

Protect your files as well as your systems. We are often vigilant about how we protect systems; however in some cases protection of the system may not be possible or is out of our control. In these instances, adding protection at the file level will increase the department's resistance to data breaches.

3.

Secure new systems to at least the standard of the old. Technology changes constantly, and sometimes upgrades and replacing systems come at the cost of reduced security. Prior to upgrading or replacing a system, conduct a review to insure the security posture of the system is at least that of the old.

4.

Avoid sending confidential information by email. One of the most common technologies for data breaches to occur through is email. If at all possible avoid sending confidential information in email. In cases where this cannot be avoided at a minimum the file must be password protected and encrypted in compliance with Statewide Security Manual Chapter 3 Section 2 030203 Controlling Data Distribution and Transmission.

Governments, educational institutions, and organizations are increasing data sharing initiatives. Every day, more and more people consume and create in-



Pyreddy Reddy

formation. In 2010 Google CEO Eric Schmidt said "Every two days now we create as much information as we did from the dawn of civilization up until 2003." And while there is no security silver bullet or impervious network, if we all work together we can help prevent many data breaches from occurring.

October 2011 marks the eighth annual National Cyber Security Awareness Month. The month highlights the importance of empowering citizens, businesses, government, and schools to improve their cyber security preparedness. In this digital age, we are all connected; the actions of one can impact many. Thus, it is essential that each of us understands our important role in securing cyberspace.

Cyber security is our shared responsibility.

Report any suspected IT Security Incidents or Privacy Incidents to the DHHS Privacy and Security Office. ■

– Pyreddy Reddy,
DHHS Privacy and Security Office

11 from DHHS complete training

Eleven employees of the Department of Health and Human Services graduated Oct. 3 from the Certified Public Managers' program, operated by the Office of State Personnel.

The program provides developmental training aimed at middle managers employed by state agencies and universities. It increases general managerial competence and ability.

Evelyn Foust, branch head of the Communicable Disease Branch of the Division of Public Health, was keynote speaker for the event that presented certificates to 78 state employees from 19 different state agencies. Foust completed the program in 1992. She had a piece of advice for the graduates when it comes to doing their jobs. "It takes heart," she said. "Whatever you do, I hope your heart is in it. That's very important."

DHHS Deputy Secretary for Long-Term Care and Family Services Maria Spaulding was unable to attend the graduation, but offered praise and encouragement for the graduates' accomplishments. "Through their hard work they have equipped themselves with the tools they need to help DHHS excel in its provision of services to the people of North Carolina," she said. "We look forward to seeing their contributions in the coming years."



Keynote speaker, Evelyn Foust from Public Health



CPM Graduates

DHHS Certified Public Manager graduates are, left to right, front row, Elizabeth Brown, Jai Robinson, Andrea Lewis, Regina Bell and Leigh Cox Cutler; back row, Chloe Hudson, Kim Miller, Antonio Jones, Constance Jones and Patti K. Delbridge. Not pictured, Carlotta Dixon.

– Photos by Katy Warner, N.C. Department of Transportation

Graduates and their divisions: Regina Watkins Bell, Andrea Odom Lewis and Kim Liebhart Miller, Child Development; Elizabeth R. Brown, Chloe H. Hudson and Jai Susan Robinson, Vocational Rehabilitation Services; Leigh Cox Cutler, Antonio Bernard Jones and Constance S. Jones, Public Health; Patti K. Delbridge, Medical Assistance; and Carlotta Andrea Dixon, Social Services.

The CPM is accredited by the National Certified Public Manager Consortium. Through compliance with the national organization the state program is able to award successful participants the designation "Certified Public Manager," which is reflected on the graduate's employment record. ■

– Jim Jones,
DHHS Public Affairs

Deaf-Blind counselor's message is about fall and fire safety

In these tight economic times if you want to raise your game, it may help to be resourceful and to seek additional training.

When Rowan Lischerelli wanted to raise her game last fall, she looked for outside money to get the job done, and it paid off. She saw an opportunity to attend a conference on fire safety at no expense to the state, so she sought and won a scholarship.

Lischerelli was among 30 professionals from across the U.S. who took advantage of the expense-paid opportunity to attend fire safety sessions held in Boston, Mass. by the National Fire Protection Association (NFPA).

Lischerelli, a Deaf-Blind specialist, works out of the Asheville District Office of the Division of Services for the Blind (DSB). She serves clients in a 24-county region who have partial or complete loss of sight and hearing. In her scholarship application, she wrote about how the people she serves would benefit if she could share the skills she would acquire through the NFPA training. The training aligns with one of her passions. She is on the Fall-Prevention Coalition in WNC.



Melissa Fugitt, left, from Asheville communicates using tactile American Sign Language with Deaf-Blind Specialist Rowan Lischerelli during a lunch hosted this summer by the Deaf-Blind Team at Lake Julian. The lunch was part of the Division of Services for the Blind's celebration of 35 years of exceptional service for the Deaf-Blind community.
— Photo by Deidre Dockery, Division of Services for the Blind

Lischerelli's day-to-day duties include working one-on-one with consumers, providing assessments and information about DSB's services. She has the qualities and skill sets to meet her clients' communication and information needs. Now she brings the added bonus of teaching groups and individuals the skills that may save their lives when it comes to fire and fall prevention.

The program she attended was co-designed by NFPA and the federal Centers for Disease Control (CDC) in collaboration with experts in the fields of aging, fire and fall prevention.

Lischerelli partners with the Asheville Fire Department and other local fire officials in presentations to groups of people across the western part of the state.

While in a consumer's home to conduct a Deaf-Blind assessment, and while at community centers, she takes the opportunity to do outreach by sharing tips for preventing fires and falls. It is these discussions and interactions about fall and fire risks that engage consumers to consider how this may affect them.

Since all of her clients are dual sensory loss consumers, she shares critical information to help prevent falls. "Everyone is at risk of falling," Lischerelli says. "I fell last winter on the ice. But a lot of consumers fall because of vestibular issues and because their depth perception is off because of vision loss."

For a client with advanced Usher syndrome – a genetic disorder that leads to Deaf-Blindness – she uses tactile communications – touching and signing into a hand. For those with limited vision she uses American Sign Language (ASL) if they communicate in

continued on page 19

Deaf-Blind', continued from page 18

ASL. For others with less severe vision and/or hearing loss, communication is often accomplished with groups or individuals at a faster pace.

Teaching aids for groups include quizzes with questions that range from 'Whose cow was blamed for the Great Chicago Fire?' to questions about movie stars from forty or fifty years ago. They work well with older Deaf-

Blind consumers when she visits in their homes or with groups. "I use them as ice breakers, and also to explore solutions with them to problems they may be having, or to problems that may pop up as their vision or hearing diminish, causing them to miss cues to potential dangers, such as stumbling in the dark," she said.

Simple questions sometimes receive quick responses. "I ask, 'Your brother gets up in the night to go to the bathroom, but he stumbles in the dark. What should you do?'" This elicits an answer from the crowd, 'Install night lights to brighten the path.'

"This is a fun learning experience for them, and for me," Lischerelli says. ■

– Jim Jones, DHHS Public Affairs

Two selected from 14 DHHS nominees for Governor's Award

Two DHHS employees have been selected for the Governor's Award of Excellence. They are among 14 employees nominated for the recognition. The winners will receive the awards on Nov. 29.

Please join us in congratulating Roeshyon Ward from the O'Berry Neuromedical Treatment Center and Cindy Whitley from the Longleaf Neuromedical Treatment Center, winners of the 2011 awards from DHHS.

Of the 14 nominated for awards, five were forwarded for state level consideration. All 14 nominees will receive a letter from Secretary Lanier Cansler.

Here are the other 12 nominees from DHHS for the Governor's Awards for Excellence:

- Caswell Development Center – Lolita Reid
- Central Regional Hospital – Spencer Baldwin, Medicus Brown and Bobby Johnson
- Disability Determination Services – Dakota Cox
- Division of Mental Health/Developmental Disabilities/Substance Abuse Services – Suzanne Thompson
- Division of Services for the Blind – Debbie Williams
- Division of State Operated Healthcare Facilities – Vivian Leon
- Murdoch Developmental Center, William Brodie, Tina Howerton and Vikki Williams
- O'Berry Neuro-Medical Treatment Center – Fessor McCoy

Congratulations to the nominees and to the winners. ■

– Jim Jones, DHHS Public Affairs

Cabarrus County paramedics selected as North Carolina's best

Following a competition that pitted regional champions against each other and the previous year's state champs, a pair of first responders from Cabarrus County Emergency Medical Services was named Oct. 4 as North Carolina's top paramedic team.

The team of Mark Kirk and Jeffery Penninger out-performed the previous year's defending champions from Surry County and teams from Eastern Wake, Forsyth, Lincoln and Stokes counties during a judged and graded competition. The contest was held Oct. 2 during the Emergency Medicine Today Conference at the Joseph S. Koury Convention Center in Greensboro. The competitors were winners of regional contests held in July involving 36 teams from 24 counties.

"Each year the state's best of the best paramedics come together from all across our state to compete for this championship," said Regina Godette-Crawford, chief of the N.C. Office of Emergency Medical Services. "It is a learning experience for all – the teams, the paramedics who watch each team intensely, and for us. We congratulate all the teams. They are all winners."



Cabarrus team wins

Cabarrus EMS Director David Hampton, left, joins his winning team (blue shirts) of Mark Kirk, left, and Jeffery Penninger. Center, Eddie Jordan and far right, Ann Marie Brown, of the N.C. Office of Emergency Medical Services Central Regional Office. Dr. Jason Stopyra, medical advisor for the North Carolina Paramedic Competition, is standing behind Jordan and Penninger.

– Photo by Jim Jones

The winning team was announced at the award banquet to a loud cheer from hundreds of EMS professionals.

The Cabarrus County champions were among six teams sequestered and called out separately to face the same mock emergency scenario in front of the watchful eyes of judges and an audience of hundreds of their peers, county EMS medical directors and families filling bleachers and seats set up in a ballroom.

The competition requires each team to rapidly assess and appropriately treat victims of the mock accident that may

include bystander injuries as well.

In the competition scenario, set in a remote wooded area, a hunter has fallen from a deer stand. He's about to die from anaphylactic shock after an allergic reaction to food. While the paramedics are treating him, a gunshot sounds, and two minutes later a 'hunter' helps his best friend into the scene with arterial bleeding from a leg wound. As the paramedics shift their attention to the gunshot victim the hunter, bereft over shooting his friend, collapses and

may be having a heart attack. The timed competition lasts 13 minutes.

Teams are judged on professionalism; communication with each other, the patients and bystanders who may share important information; patient rapport, conduct, attitude, appearance and attire.

This year's competition was the 21st annual paramedic contest. A team of four seasoned judges from South Carolina helps to ensure impartiality. ■

– Jim Jones, DHHS Public Affairs

photos continued on page 21

Paramedic Competition

Teams assess and administer care during the mock emergency staged at the North Carolina Paramedic Competition held Oct. 2 in Greensboro.



Top, team from Stokes County; center left, eastern Wake County team and center right, defending champions from Surry County. Below, the competition was watched closely by hundreds of peers as each team took its turn.

– Photos by Jim Jones



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