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

New Broughton Hospital construction begins

Governor Bev Perdue joined Acting Secretary Al Delia, Broughton Hospital and DHHS leadership and state and local officials on April 25 to mark the beginning of construction on the new Broughton Hospital in Morganton. Broughton serves patients in the 37 westernmost counties of the state and is the largest of the three hospitals operated by DHHS to provide inpatient psychiatric care.

Many of the hospital's 1,135 employees attended the ceremony at Lippard Chapel on the Broughton campus, which faces the new construction site. The new 475,000 square foot building, expected to be fully operational by mid-2015, will be on the hospital campus, but will replace the facility that has operated since 1883.

As she addressed the audience, Gov. Perdue talked about the change in society's attitude about treatment for people with mental illness, moving from hospitals created to isolate the sick to facilities and programs focused on returning people to productive lives.

"Today, we know that healing happens when people are integrated into the community," Perdue said, "when we focus on getting better, not just on getting by."

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Shovels at the ready

At the Broughton Hospital groundbreaking ceremony, several dignitaries turned a spade of dirt to commemorate the start of construction for the $154-million project: (Left to right) State Sen. Warren Daniel; Bruce Hawkins, vice chair of Burke County Board of Commissioners and former social worker at Broughton Hospital; Kathy Winebarger, CNA, Broughton Hospital; DHHS Acting Secretary Al Delia; Gov. Bev Perdue; Tom Mahle, director of Broughton Hospital; State Rep. Hugh Blackwell; and Director of State Operated Healthcare Facilities Luckey Welsh.
- photos by Julie Henry, DHHS Public Affairs

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The open and light-filled design of the new Broughton will resemble Central Regional Hospital in Butner and the soon-to-be completed new Cherry Hospital in Goldsboro. But Broughton Director Tom Mahle said staff input was welcomed and incorporated by the architects as they finalized plans for Broughton Hospital.

Secretary Delia praised the progress that has been made in improving patient care and safety in all of the state operated facilities over the past three years, including training and mentoring programs for staff, advanced training in non-violent crisis intervention, and improved business practices to help the facilities operate more efficiently.

"All of these accomplishments are the result of hard work and dedication from our employees – from the technicians and support staff that touch our patients every day here at Broughton, to the supervisors and managers who oversee patient care, and finally to the administrators here and back in Raleigh that have tackled all of these challenges head on," Delia said. ■

– Julie Henry, DHHS Public Affairs

Acting Secretary Delia, Gov. Perdue, and Mahle share a moment during groundbreaking

Facts about New Broughton Hospital

***The total construction cost is $154.7 million and comes from special indebtedness bonds approved by the N.C. General Assembly**

***The new state of the art facility will be four stories tall and have nearly 11 acres of floor space.**

***The facility will continue to be known as Broughton Hospital, named after former North Carolina Governor and U.S. Senator J. Melville Broughton.**

Secretary issues challenge during Employee Appreciation Week

Recently, Governor Perdue issued a proclamation designating May 6-12 as State Employees Appreciation Week and specifically named May 9 as State Employees Appreciation Day. In that proclamation, the Governor urges all citizens to express their appreciation to state employees "for their commendable service" in a wide variety of jobs that meet virtually every need of the people of the State.

As a citizen of North Carolina and particularly as Secretary of the Department of Health and Human Services, I want to thank you for the dedication you show on the job every day. The people of North Carolina count on your commitment and your caring and I am very proud of the outstanding work you do.

I am privileged to work alongside such dedicated workers as you, and most North Carolinians may not understand the challenges we face and overcome every day on the job – I do. And, I want you to know I greatly appreciate it and that I take every opportunity I can to highlight your hard work and dedication.

Having said that, let me issue an Internal Appreciation Challenge to all DHHS employees. Let us lead by example. Please take the time to thank someone who lends a hand, answers a question or provides information; compliment a co-worker on a job well done; recognize the good work we do and continue to be dedicated to it.

During my time as Secretary, I want you to never doubt that you are valued, and appreciated. Together we are changing the lives of North Carolinians for the better every day. ■

– Al Delia

Drills in Greenville, Fayetteville

State response teams test shelters

The first mock patients began arriving in Fayetteville on May 3 at a special Medical Support Shelter (MSS) for evacuated, homebound, medically fragile people in a pre-hurricane season exercise to test the readiness of North Carolina's State Medical Response System.

Attendants wheel a mock patient into the medical support shelter set up in the visitor center of the Walter B. Jones Treatment Center in Greenville.

The Fayetteville component of the exercise was based at Smith Recreation Center. On May 1, equipment and participants filled the visitor center on the campus of the Walter B. Jones Alcohol and Drug Abuse Treatment Center in Greenville where mock evacuees/patients role-played and complained of assorted medical symptoms.

The drills were held in advance of hurricane season which runs from June 1 through Nov. 30. A similar setup was in place last August in Greenville and provided shelter for 17 evacuees when Hurricane Irene flooded part of eastern North Carolina. Evaluations of this month's exercise will help planners to improve processes.

Participants included healthcare professionals, all eight State Medical Response Teams, community hospitals, human services agencies, local emergency management, public health, animal control, emergency medical services, local law enforcement, fire service agencies and staff from the host facilities. Evaluators assessed performance during the drills.

The MSS is a shelter of last resort and is meant to serve people who have nowhere else to go after all other community resources have become overwhelmed. The MSS is a partnership between the host community and state and local emergency management and emergency medical services.

"We could not do this without the support of the local emergency and human services agencies," said Regina Godette-Crawford, chief of the N.C. Office of Emergency Medical Services. "We all work together for the safety of our citizens. It is important to hold these drills to make sure all the pieces will be in place when the real need arises."

In the shelters, healthcare professionals assess and triage each new arrival. Arrivals may range from homebound elderly and adult care home residents who cannot be managed in the mass shelters, to ailing children. Typical shelter candidates have medical problems that do not rise to the level that would require admission to an acute care hospital.

The shelters were set up in a scenario that focused on preparation for an imaginary "Hurricane Lew" approaching North Carolina. Shelters include areas for admitting, acute care treatment and pediatrics.

Two major concerns are at play whenever planning on where and when to open a medical support shelter:

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Drills, continued from page 5

- Setting up early before the traffic from mass evacuations clogs the highways and keeps medically fragile people from reaching the safety of the MSS.

- Establishing a safe place for pets. Experience shows that nearly 70 percent of homebound people won't leave pets in harm's way. Sheltering of animals is addressed at the local level and with assistance from state agriculture officials and local animal control.

In the scenario, "Hurricane Lew" approaches as shelter preparations are under way in Greenville. The storm changes direction. The storms new path results in a decision to open a medical support shelter in Cumberland County.

"We want this to reflect real conditions, because hurricanes are unpredictable. Just when you think you know where it'll come ashore, you'd better think again," Godette-Crawford said. "A slight turn when it is approaching our coast can make a big difference on where the worst wind and water impacts will hit inland. So we're building that into our drill. We do not want to put one of these shelters in harm's way."

Once notified, it typically takes responders 24 hours to activate and move equipment and personnel and set up the shelter to receive patients. Shelter teams follow meticulous protocols for assessing and tracking the arrivals and departures of patients, and verifying that patients' homes are safe and habitable for their return. ■

– Jim Jones, DHHS Public Affairs

Above, mock patients fill in an isolation ward set up at the Walter B. Jones Treatment Center in Greenville.
Below, an 'evacuee' in Fayetteville, is checked by an evaluation team.
- photos by Jim Jones, Public Affairs

N.C. On The Road To Resilience one year after tornadoes

One year after devastating tornadoes tore through central and eastern North Carolina, a state program designed to help survivors cope is now in its second phase.

"NC on the Road to Resilience," a crisis counseling program in the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), continues to operate as a resource for people in storm ravaged areas. The program, funded through a $635,000 grant from the Federal Emergency Management Agency, helped some 30,000 North Carolinians in the first 60 days following the disaster. Today, the free counseling services continue through a toll-free telephone hotline, 1-866-279-6279, which operates from 8 a.m. to midnight, seven days a week. Counselors who operate the hotline provide free counseling services and information about recovery agencies to survivors in areas affected by the storms.

"The hotline could include referrals to support groups or other services," said Steve Hairston, operations support section chief at the DMH/DD/SAS. "Planning for future disasters is also available and might take place in a formal setting or brief meetings at a shopping center or grocery store."

Residents in 10 North Carolina counties are eligible for the hotline service. Those counties are: Bladen, Cumberland, Halifax, Harnett, Hoke, Johnston, Lee, Onslow, Robeson, and Sampson. Residents in Cumberland and Sampson counties have access to additional services in their communities, including support groups and disaster recovery teams that can help residents plan for future disasters.

The second phase of the NC on the Road to Resilience program is working toward rebuilding communities by providing support groups, working with schools and churches and providing motivational speakers to help empower the affected communities. This part of the program has had contact with over 17,000 people and will continue until June 25.

Resilience team members
(Left to right) Karen Lively and Nikki Brown, crisis program supervisors; Alexandria Bryant, Shayla Watson, Laurine LeBlanc and Jessica Laub, crisis program counselors; Vince Wagner, provider relations director; and Amber Upchurch, crisis program counselor. – Photo by Lee Artis

Weather and other disasters can be difficult to predict, but being prepared can be simple. Here are some things to remember:

- Have a disaster kit prepared that includes food, water, medicine, and important papers.
- Have a plan to take shelter.
- Be aware of potentially dangerous situations such as falling debris, live power lines, unsafe drinking water, etc.
- Follow the advice of emergency workers who speak on the radio, television and other media.

For more information on how to prepare for a disaster, visit **www.ncdhhs.gov/mhddsas/services/disasterpreparedness**. ■

– Chris Pfitzer, Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

Sample disaster kit
Some of the items that should be kept on hand in case of an emergency are displayed. For details, check: www.ncdhhs.gov/mhddsas/services/disasterpreparedness/ .
– Photo by Dana Lucas

Home left inhabitable
Homes like this one in the LaGrange neighborhood of Cumberland County were among the many that were heavily damaged by last spring's storm.
– Photo by Shayla Watson

Long to lead Environmental Health Section

L.L. Long Jr.

Lloyd Layton Long Jr. has been appointed to lead the Environmental Health Section in the Division of Public Health starting June 1. State Health Director Laura Gerald made the announcement on April 16.

"I am looking forward to Layton's demonstrated leadership abilities and talents as we continue to acclimate and integrate the duties and role of Environmental Health into the Division of Public Health," Dr. Gerald said. "His insights and knowledge of environmental health issues as well as seven years leading a local health department are invaluable assets to our Division and the Department of Health and Human Services."

Long succeeds Bart Campbell who is retiring as of May 1.

"I am looking forward to the challenges in my new role and beginning the work of fully integrating environmental health into the Division of Public Health," Long said. "Environmental health has always been a core function of public health in North Carolina and I see the merger of environmental health with the division as an opportunity to strengthen relationships with our public health colleagues as we work together to address existing and emerging public health issues."

Prior to his service as Davidson County Health director, Long had more than 15 years direct experience in the field of environmental health at the local level. He served as environmental health director in Buncombe County for three years and was an environmental health supervisor in Transylvania County from 1993-2001. He began his career as an environmental health specialist from 1988-93 in Union County after completing service in the United States Air Force.

Long is a graduate of North Carolina Wesleyan College with a degree in business administration and completed a master's degree in administration from Central Michigan University. ■

– Mark Van Sciver, DHHS Public Affairs

North Carolina wins $1.5 million grant to improve how low-income families receive services

DHHS Secretary Al Delia announced April 25 that North Carolina is one of six states awarded a three-year grant for improving delivery of social services to individuals and families in need. The department will receive $1.5 million from the Ford Foundation and its partners.

The North Carolina system for delivering social services is county-administered and state-supervised, and can at times be difficult for clients to navigate and cumbersome for the staff administering the programs. Historically, applicants were required to talk to numerous people for each service they sought. And the various work support programs such as Medicaid, food stamps, and child care subsidy each had different eligibility requirements and certification periods.

During the grant's planning year, state and county leaders identified as major issues: lack of communication between programs, high levels of clients exiting and entering the system, and slow application review.

In an effort to streamline the application process, DHHS has aligned the eligibility and certification requirements for these programs and is implementing a new system dubbed NC-FAST —North Carolina Families Accessing Services through Technology. The Ford Foundation grant will build upon the NC-FAST rollout, with the goals of improving service delivery in local offices, reducing counties' workloads and enabling families to "tell their story once only" to receive the services they qualify for. NC-FAST begins its rollout with pilot counties next month.

"With this initiative, we are building a visionary, forward-thinking service delivery system from the ground up for the more than 2.1 million individuals who receive a social service each year in North Carolina," said Secretary Delia. "These programs are essential for helping low-income families stay in the workforce, and ultimately, helping them move from poverty to a self-sustaining life."

The Ford Foundation and its partners, the Urban Institute and the Center on Budget and Policy Priorities, are investing $15 million over a five-year period in their Work Support Strategies: Streamlining Access, Strengthening Families initiative. The funding will build on recent state and federal innovations by providing states with expert technical assistance, peer support and financial backing to take their efforts to the next level.

"The partnership between DHHS and the county departments of social services in working on this grant has been a tremendous asset," said Nancy Coston, president of the North Carolina Association of County Directors of Social Services. "Counties have realized that we will need to do business differently in the future as we strive to provide excellent customer service to a steadily increasing number of clients. NC-FAST will serve as a great tool for helping manage caseloads, while this grant will work to change the business culture in our local offices."

North Carolina was one of nine states that received a $250,000 planning grant in February 2011. These states had the option to apply for additional grant funding to implement the action plans created during their planning year. ■

–Lori Walston,
DHHS Public Affairs

What's Happening in May?

May is National Foster Care Month

National Foster Care Month is an opportunity to remind us of the 8,600 children and youth in North Carolina who are currently in foster care.

Foster care is a temporary solution. Social workers and child advocates work to safely reunite families, place children in relative's homes or in adoptive homes. Still every year in the United States, approximately 30,000 youth leave foster care without lifelong families.

The focus of this year's National Foster Care Month is Change a Lifetime. Please help create permanent, lifelong connections for these children.

To learn more about foster care in North Carolina, visit: **www.dhhs.state.nc.us/dss/fostercare/** ■

-- Teresa Strom and Danielle McConaga, Division of Social Services

Vulnerable Adult and Elder Abuse Awareness Month: May 11 – June 18

In 2011, there were nearly 20,000 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. 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.

Each year, more than two million vulnerable and older adult Americans are victims of abuse, neglect, and exploitation. But according to testimony given at the U.S. Senate Special Committee on Aging in March 2011 (http://aging.senate.gov/hearing_detail.cfm?id=331550&), elder abuse is grossly underreported 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. Just ask the actor, Mickey Rooney, who gave his personal testimony at the Senate hearing and ended by saying "If elder abuse can happen to me, Mickey Rooney, it can happen to anyone." (http://aging.senate.gov/events/hr230mr.pdf)

Governor Bev Perdue has proclaimed May 11 through June 18 as Vulnerable Adult 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 YOU CARE.** Wear something purple to observe World Elder Abuse Awareness Day on June 15, 2012.
- **SPEAK OUT.** Don't ignore this problem. It's not going away. Advocate for funding of the Elder Justice Act passed in March 2010 and passage of the Elder Abuse Victims Act of 2011.
- **REPORT.** 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
- **VOLUNTEER.** Volunteer in local programs that provide assistance and support for vulnerable and older adults in your community and long-term care facilities.
- **EDUCATE.** Educate yourself, family, and community about Elder Abuse by visiting the following websites:
  1. Elder Justice Coalition website *http://www.elderjusticecoalition.com/*
  2. National Center on Elder Abuse website *www.ncea.aoa.gov*
  3. National Adult Protective Services Association website *www.apsnetwork.org*
  4. National Long Term Care Ombudsman Association website *www.ltcombudsman.org*
  5. North Carolina Division of Aging and Adult Services at *www.ncdhhs.gov/aging* ■

Communication disabilities a focus for May

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. Governor Beverly Perdue has proclaimed May as "Better Hearing and Speech Month" in North Carolina for the year 2012.

As part of the celebration, DSDHH will begin distribution of a new brochure titled "North Carolina Consumers' Guide on Hearing Aids." This brochure is the culmination of work completed by a task force established by the General Assembly – Session Law 2010-121, House Bill 1705 which brought together professionals from the hearing aid industry, consumer protection, consumer advocates and grassroots consumer organizations to develop this guide for North Carolinians.

Hearing loss affects people of any age – children, youth, older adults alike and their families. For the older adult population, here in North Carolina and elsewhere, hearing loss is the third most cited chronic condition, preceded only by heart disease and diabetes. When it is untreated, hearing loss can lead to both physical and mental health issues because of the impact on quality of life. Feelings of depression and isolation, statistically, can be found in high numbers of older adults whose hearing loss has gone untreated.

For the 2012 celebration, the American Speech-Language Association (ASHA) chose "Connecting People through Communication" as the theme. There are many resources available to help with overcoming communication barriers. The Division of Services for the Deaf and the Hard of Hearing (DSDHH) 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 between recognizing hearing loss issues and seeking assistance can be from seven to 15 years. People typically don't seek assistance because of denial of their hearing loss, vanity or the cost of hearing aids.

A simple self-test can help determine if you have a hearing loss. 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

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,
Division of Services for the Deaf and Hard of Hearing

Division of Public Health celebrates Public Health Month

For 34 years, the Division of Public Health and local health departments have celebrated how public health has improved the quality of life for all North Carolinians. To mark this event, Governor Bev Perdue signed a proclamation citing the advances in the states' health and well-being from public health initiatives. Local heath departments are engaging in a variety of activities to celebrate the role public health plays in their communities:

- Both Martin-Tyrrell-Washington District Health Department and Beaufort County Health Department hosted a series of Healthy Living in 2012 Health Fairs. They partnered with The N.C. Farm Bureau to offer free health screenings.

- New Hanover County Health Director David Rice offered a Public Health Walking Tour of Oakdale Cemetery and downtown Wilmington.

- Macon County Health Department offered free health screenings, along with tours of its Hazmat Response Unit and Drunk Driving Simulator, all topped off with free food and souvenir giveaways.

- Chatham County Health Department's activities included blog posts about preventing communicable diseases, such as rabies.

For additional information on Public Health Month in North Carolina, visit **http://publichealth.nc.gov/publichealthmonth/**. ■

– Mike Newton-Ward, Division of Public Health

"It wasn't a dud," a Hurricane Irene postscript

By Dennis Streets, DAAS Director

In the October 2011 issue of the DHHS EmployeeUPDATE, I shared my perspective based on visiting several eastern counties in the aftermath of Hurricane Irene with the help of three Area Agencies on Aging (AAAs, located with the Council of Governments in regions P, Q and R). I chose the title, "It wasn't a dud," to convey the frustration and distress of many who were bothered by how some in the national media had portrayed North Carolina's encounter with this tropical storm – especially as compared with the publicity given other affected states. I highlighted the personal stories of several eastern residents who had welcomed me by sharing their harrowing experience, devastating losses and efforts to recover.

Now, about seven months after Hurricane Irene inflicted its wrath on these counties, I was curious about what had taken place. I had recently learned, for example, that the staff members of the Tyrrell County Department of Social Services were finally able to return to their flooded offices. But what had happened to Al and Jo Sonye of the New Bern area, who in their late 80s had to be evacuated from their flooded home? According to John Pack, Emergency Management Director in Beaufort County, the average age of his displaced residents was 63.

What about Charles Batson of Columbia whose home was first struck by a twister and then battered by the hurricane's sustained winds and rain? And where was Wilmer Lewis – was he able to stay in his Lowland home? As I talked on Mr. Lewis' back porch – continually swiping at the swarming mosquitoes – I had promised to return one day so we could sit under the one remaining shade tree in his in back yard to discuss more pleasant things. He was one of our home-delivered meals recipients in Pamlico County.

People Helping People

My first update was about 87-year-old Wilmer Lewis, who died March 11. He had shared with me the somewhat recent loss of his wife and daughter and that he too had a plot waiting for him at the local Lowland Community Cemetery. He is survived by his son, five grandchildren and several great-grandchildren.

The Sonyes' house is in the process of being elevated. While the home is hopefully now out of harm's way in terms of any future flooding, the higher elevation may very well cause significant problems with access. There will be many stairs to climb when entering or exiting the home. Eventually it may be necessary to build a ramp, but as Tonya Cedars, director at the Eastern Carolina AAA notes, "the ramps that are necessary for these newly elevated homes are unbelievable." Still, she shares that the Sonyes are thrilled to know that they will be back in their home soon. Based on her experience with the Sonyes and others, Tonya remarks that she is "continually amazed at how resilient we are. Many have lost everything and yet they've picked themselves up, wrung out the water, and started to rebuild again with determination and strength and a resolve that tomorrow will be better than yesterday."

Clearly there are a lot of thanks to go around to the many individuals and public and private organizations who have helped people get back on their feet and into their homes. For example, our state's AAAs and the local aging and adult services network have helped numerous seniors and their families navigate the complex insurance and FEMA system. They have spent time making phone calls to insurance companies, adjusters and FEMA on behalf of older adults who were lost in the system or received information that they did not understand. And they have effectively leveraged the limited recovery funds that we were able to secure from the U.S. Administration on Aging by working effectively with faith and civic groups as well as local non-profit organizations.

As Laura Alvarico, Aging Specialist at the Albemarle AAA, said, "aside from the financial assistance provided by many private and public organizations, a major contributing factor to the speedy recovery of Region R is undeniably the volunteerism. … .The reports that we received of individuals helping neighbors and strangers alike have been, to say the least, heartwarming and inspiring."

Lessons Learned

Not knowing what the future holds, we must be prepared to apply any lessons learned. Will we be better able to reach and serve those with special needs in a well coordinated way? How many of us will take time to visit our state's

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It wasn't a dud, continued from page 13

outstanding emergency preparedness website ReadyNC.org and share this information with our families, service networks, and communities? As Ms. Cedars cautioned, "[While] personal preparation is foremost … many of those affected were protected to the best of their ability and still it wasn't enough. Many of those hit hardest have the least ability to financially be prepared with proper insurance, or live in homes that are substandard. Thinking particularly of Pamlico County, it was absolutely amazing to see just how quickly the citizens were able to mobilize to begin the response and recovery stages of the storm." In Pamlico County, there is a newly developed coalition to oversee recovery efforts. The local senior center is the hub for the coalition's work. This is a community whose preparedness has been heightened by its adversity.

While I have a few photographs showing the positive results of the tireless recovery efforts of our eastern communities, I especially hope you can imagine the laughter and energy among participants at the reopened senior centers in Belhaven, Bethel and Mattamuskeet; the help being offered by the Tyrrell County DSS workers now back in their offices; and the new structures for Mr. Batson and his wife Joan and their neighbors.

Still Work to be Done

But we all need to remember that the recovery from Hurricane Irene is not complete. Our friends and colleagues down east remind us that "People are still displaced; lives are still interrupted." For example, in Beaufort County, 14 residents remain in temporary FEMA housing. Lack of funding, a drop in donations, a shortage of contractors, and the occurrence of other disasters have presented barriers to the rebuilding of homes and communities.

Our AAA in the Outer Banks region reports that Dare County is still recovering from damages sustained during the storm. While the northern portion of the Outer Banks recovered relatively quickly, the county's southern portion – especially Hatteras Island – is still struggling physically and financially to rebuild. While the island is accessible, the residents still long for reconstruction of a permanent bridge. A number of businesses throughout Dare County remain closed, many of which have no plans to reopen or rebuild. Still, the residents are optimistic and hopeful for a full recovery. Once again a resilient spirit shines through any dark days.

Many seniors have served as models for people of all ages in their patience and through what they have done themselves in pursuing the restoration of normalcy. "Miss Gladys" – who at the age of 87 hung her own drywall – provides one example of this determination and personal fortitude. So does the perspective of Pat Capehart Brown, chair of the Governor's Advisory Council on Aging, who also experienced considerable loss but has maintained a positive attitude throughout her family's ordeal. Under the shelter of new roofing shingles that should withstand winds up to 130 miles per hour, she and her husband Charlie "continue to miss things that floated away and certainly the yard is different with fewer trees, but compared to [others], we feel blessed. Irene was costly, physically and emotionally stressful but thankfully, we can deal with the damage. [Our loss is] not worth mentioning compared to losing one's home."

As many North Carolinians and out-of-state visitors travel east this summer to vacation on our wonderful coastline, I hope we will stop along the way to listen to the stories of our eastern neighbors and offer encouragement and support for their continued recovery efforts. You could even build into your vacation plans some extra days to give a helping hand to those areas still striving to return to their pre-Hurricane Irene status.

Here are a few of the resources you can contact to learn about how you can volunteer or make a donation:

Cliff Harvell, Disaster Relief Superintendent, Conference of United Methodist Church
252-341-7008
cliffharvell@nccumc.org

UMCDR (United Methodist Church Disaster Relief), PO Box 386, Aurora, NC 27806 Attn: Donna Brander

As we are on the verge of Elder Abuse Awareness Month—running from Mother's Day through Father's Day, we also want to warn against those who seek to commit fraud or scams against those who are most vulnerable. For a list of the many and diverse consumer fraud alerts, go to **http://www.ncdhhs.gov/aging/fraud/cfalert.htm**. ■

DHHS secretary visits pregnancy medical homes

DHHS Acting Secretary Al Delia visited obstetric-gynecology offices in Raleigh and Charlotte last month to spotlight the one-year anniversary of the Pregnancy Medical Home initiative.

A collaboration among the Division of Medical Assistance (DMA), the Division of Public Health (DPH) and the Community Care of North Carolina (CCNC) regional health-care networks, Pregnancy Medical Homes are an extension of the "medical home" concept for N.C. Medicaid recipients. Combining case management with focused primary care, medical homes produce both healthier patients and cost savings.

In a Pregnancy Medical Home, the patient undergoes screening for risk factors that could lead to preterm, low-weight birth – from physical health conditions such as gestational diabetes, to lifestyle issues such as smoking or substance abuse. A pregnancy care manager within the practice works with the patient to eliminate or reduce the risk factors, connecting the patient with available services. Medical practices that sign up with the CCNC networks to be a Pregnancy Medical Home receive financial incentives for screening pregnant Medicaid recipients, for delivering a full-term, non-cesarean baby, and for providing postpartum checkups.

The goal of Pregnancy Medical Homes is to produce healthier birth outcomes for babies born to North Carolina Medicaid recipients. Medicaid pays for more than half of all deliveries in the state – 56 percent in 2009 (71,067 of 126,785 total). Full-term, normal-weight newborns are cheaper to care for than those born prematurely. North Carolina Medicaid pays an average of $74,000 in costs during the first year of a preemie's life, about 25 times more than the $2,900 average Medicaid pays for a full-term baby's first year of health-care costs.

Babies born prematurely also are at higher risk of having health or development problems that require lifelong treatment. Secretary Delia, while touring the Wake County Human Services Neonatal Clinic in Raleigh, and the Carmel OB-GYN practice in Charlotte, said the Department avoids tens of millions of dollars in additional costs by reducing the rate of premature, low-birth-weight births.

"Every 1 percent reduction in preterm births equates to $50 million in savings, and you're getting healthier birth outcomes in the process," Delia explained to media representatives during the visits.

– Brad Deen, DHHS Public Affairs

DHHS Acting Secretary Al Delia listens as Dr. Cathi Weatherly-Jones, an obstetrician at Wake County Human Services' Neonatal Clinic, explains benefits of enrollment into a Pregnancy Medical Home for pregnant N.C. Medicaid recipients.
- photo by Brad Deen

Secretary Delia speaks with new mother Karima Elqari, whose son Diyaa El-Din was born full-term and healthy despite a high-risk gestation.
- photo by Brad Deen

Bunnies set new record

Recession? Who knew? Apparently not the DHHS employees whose generosity resulted in more bunnies collected this year than in previous years.

For the 19th annual collection there were 1,612 bunnies, chicks and other furry critters collected, and the furry friends were distributed to young and not so young patients and residents of the following facilities in the Triangle area: Veteran's Hospital, Fayetteville; WakeMed Children's ER; WakeMed Pediatric Unit; WakeMed Rehab; WakeMed Children's Same Day Surgery; Rex Rehab; Rex Pediatric Unit; Johnston Memorial Hospital; WakeMed Cary Hospital; Magnolia Living Center; Liberty Commons Nursing and Rehab Center; Betsy Johnson Hospital; Britthaven of Smithfield; Brian Center Health and Rehab of Clayton; Universal Health Care/North Raleigh; and Oak Hill Assisted Living.

Beverly Godwin, who coordinates the DHHS response in Raleigh, offers special thanks to the following building coordinators and helpers for their efforts this year: Katie Berndt, Sheri Wilder, Connie Rhynes, Deborah Monday, Shanda Snead, Helen Wilkins, Brenda Scott, Laura Honeycutt, Roxanne Daniels, Marcia Golden, Diana Bower, Janice Donaldson, Brenda Richardson and Chris Nobling. ■

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