

the health advisor

DOH Mission:

To promote & protect the health & safety of all people in Florida.

Jan/Feb 2006

Office of Performance Improvement

Step Up, Florida!™

On Our Way To Healthy Living!

Florida Department of Health

It's shoe-lacing time for Florida!

Step Up, Florida!™, a statewide relay event that involves all 67 counties, is a physical activity intervention designed to promote awareness about the importance of physical activity, highlight local opportunities to be physically active, and foster partnerships on a state and local level among physical activity stakeholders.

In 2005, more than 110,000 participants joined more than 1,300 partners across the state to participate in this annual event. The Tallahassee kickoff for the 2006 Step Up Florida is planned for Feb. 16. Be on the lookout for the February date(s) in your county. Contact your local county health department to get involved.

Results from the 2004 and 2005 Step Up, Florida! events were included in the poster session at this year's National Prevention Summit, presented by the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion. The summit featured innovative prevention programs that are making a difference in communities across the country. Alice Jaglowski, MSH, CHES, of Florida's Bureau of Chronic Disease Prevention and Health Promotion, Obesity Prevention Program presented information on Step Up, Florida. For more information contact Alice at (850) 245-4330 ext. 3801. ■

The Florida Department of Health (DOH) Bureau of HIV/AIDS acknowledged World AIDS Day with an event and press conference on Dec. 1 in the Capitol. The theme this year was "Stop AIDS. Keep the Promise."

The DOH's HIV/AIDS division's goal toward "keeping the promise" is to reduce the number of new HIV infections in the state from an estimated 4,000 to 2,000 per year.

In addition to the press conference by state and local officials, and DOH leadership staff, four winning displays from Florida's statewide campaign were highlighted. A display of the National AIDS Memorial Quilt, handmade quilt panels made by family members and friends for deceased HIV/AIDS individuals from the community, were showcased around the Capitol Rotunda balcony. Local prevention and client service providers and community organizations were actively



involved with table displays of the local services provided to the community.

More than 50 participants were present for the press conference that presented the first World AIDS Day Proclamation issued by the State of Florida and signed by the governor. Many people visited the display tables to talk with the local vendors and recall the names from the quilt panels draped from the third floor balcony. World AIDS Day was initiated in 1988. It has been held each year thereafter on December 1 to commemorate the individuals who have died from HIV/AIDS in Florida, the U.S. and around the world. As we begin the third decade of the AIDS pandemic, World AIDS Day provides Floridians affected by the disease with a time to formally remember those who have died. The recognition of World AIDS Day gives us

an opportunity to recognize new advances in treatment and pledge to continue with important prevention efforts.

The HIV/AIDS epidemic has heavily impacted our state with 100,000 cumulative AIDS cases through September 2005. Florida ranks third in the U. S. for cumulative AIDS cases and second in pediatric AIDS cases.

Since 1981, HIV/AIDS has affected Floridians of every county, racial and ethnic background and socioeconomic class. The Florida Department of Health's commemoration of World AIDS Day strived to raise awareness, educate and give hope to fight against prejudice in our community. It also was a call to leaders and citizens to remember those who have died and to keep our promise to those living with HIV by advocating prevention, as well as treatment and support services for those infected or affected by HIV/AIDS.

For more information, visit www.doh.state.fl.us and select AIDS/HIV from the drop box. ■

Can I get avian flu from my cat?

DOH Bureau of Epidemiology answers questions you haven't thought to ask

Is the avian influenza information in the mainstream media too frightening, or too repetitive, to be of use to you? Are you embarrassed to ask basic questions because everyone else seems already to know? Consider these clear answers from the Bureau of Epidemiology:

What is avian influenza, and is it something new? Avian influenza, or bird flu, was first identified in Italy over 100 years ago. It is a contagious viral flu that occurs in wild birds. Although these birds may not exhibit symptoms of illness, they can transmit it to other birds through infected feces, saliva, or contaminated surfaces where they have rested. Domestic fowl such as chickens don't have a natural immunity to the disease, so they're highly susceptible to it.

Avian influenza is also referred to as H5N1, because that is its genetic subtype. Flu viruses are grouped into three types: A, B and C. Type A viruses are the only type that can cause pandemics. H subtypes give a virus the ability to cling to and enter cells, which is where the virus multiplies. The N subtype is what governs the release of a newly formed virus from the cells. There are up to 16 H types of influenza in birds. The H7N7 subtype caused widespread illness in birds and a few infections in people in the Netherlands a few years ago.

What are the signs that a bird has avian influenza? A loss of appetite or energy; coughing and sneezing; swelling in the eyelids, head, wattle and legs; diarrhea; sudden death.

How do humans get it? Humans, like domestic fowl, do not have the natural immunity to avian flu that wild birds do. We can become infected from the droppings of infected birds or by touching contaminated surfaces where they have rested, or by handling infected birds or eating uncooked portions of infected birds. It is not passed on to us through their eggs or cooked meat.

There have been a few reports of humans getting avian flu from other persons. These are isolated events which have not been fully documented.

There are many types and subtypes of viruses and as they spread, they change (mutate). This is why the flu vaccine may change from year to year. When we receive our annual flu shot, it gives us a certain amount of immunity to whatever strain of flu the experts believe will surface that particular year. Avian flu is highly contagious, however, and it can mix and match with human influenza viruses. If a person who is already ill becomes infected with both an avian influenza strain and a human strain at the same time, the result can be a new virus for which

none of us has immunity. This could be transmitted from person to person through air droplets (sneezes) and since there's no immunity or protection and no time to make a vaccine, a widespread outbreak would be quite dangerous.

Can I get avian flu from my cat or dog? Are they in danger of catching it? No to both questions.

What is an epidemic? What is a pandemic? An epidemic is a widespread outbreak of disease. A pandemic is an epidemic that affects the world.

What would happen if I got avian flu? So far, avian flu has been difficult to catch. The people who have gotten it have spent time in very close contact with fowl, and cared for them or slaughtered them without taking proper precautions such as using masks and gloves. The symptoms are a little different in everyone. In general:

- There are about 10 days between exposure and appearance of symptoms
- sudden high fever
- cough, sore throat, body aches, chills
- eye infections have been reported in H7N7 cases
- severe breathing problems

Is there a vaccine that can prevent avian influenza? Not yet, but several laboratories are working on it. Vaccines, like medicines, must go through laboratory experimentation, evaluations and then animal trials followed by human testing. Their effectiveness, safety and other issues must be thoroughly examined before they are released for use by the general public. Occasionally, drug approval can be placed on what's called a "fast track" by the Food and Drug Administration (FDA) when an emergency need is perceived.

Is there a medicine that can cure it? No. There are two prescriptions that can treat flu symptoms, but they must first be taken within 48 hours. ■
see AVIAN FLU p. 4



When the next ill wind blows... Project Ready will make a difference

Each time a hurricane blew into the Sunshine State during the past two years, we all wondered if our planning and preparations would protect us from the fury of the storms. All of our county health departments responded to impacts across Florida and, during Katrina and Rita, into Mississippi, Louisiana and Texas. While our efforts have been heroic in the face of unprecedented natural violence, we have always found ways to improve our systems to better prepare for the next challenge. "Project Public Health Ready" (PPHR) is one of the ways we attempt to improve on our ability to promote and protect the health and safety of all people in Florida on very, very bad days.

When the National Association of City and County Health Officials (NACCHO) first broached the idea of a "Plan, Train, Exercise & Evaluate" process focused on public health preparedness, Florida was at the front of the line. Seminole County Health Department was one of 13 counties nationally to participate in the original PPHR in 2003-2004. Last year Alachua, Okeechobee, Orange, Palm Beach, Sarasota and Volusia CHDs joined the "Ready" ranks. Each of the participating CHDs reported that PPHR was a challenge, but the process made a positive difference. As each CHD completes PPHR, they report experiencing enhanced relationships with community partners, and increased competence in disaster preparedness among their staff.

For 2005-2006 the list of PPHR aspirants has increased to 12 CHDs. Brevard, Broward, Escambia, Glades, Hendry, Indian River, Lee, Leon, Martin,

Nassau, Osceola, and St. Lucie CHDs are taking up the challenge. For this round of PPHR, Florida is again leading the nation by becoming NACCHO's first state specific PPHR site. NACCHO and DOH will collaborate throughout the project period, and will form a joint oversight review committee to assure that participating counties have achieved and documented all of the required criteria.

While the "Plan, Train, Exercise & Evaluate" loop is a standard quality practice, applying the PPHR Criteria takes a team approach. Some of the gaps identified during the PPHR process included, a lack of familiarity with the incident command system (ICS), some folks weren't aware of their role in hurricane response, or could not locate their emergency operations or continuity of operations plans. In some cases, CHD plans were in pretty good shape, but the plans had not been shared with community response partners or other critical stakeholders in local county

preparedness. While most CHDs have participated in a number of exercises and have responded to one or more of our recent storms, the lessons learned from these activities had not been systematically evaluated and applied to updating plans and training needs. These identified weaknesses reinforced the need for a comprehensive approach to disaster preparedness for all county health departments.

PPHR sites submit documented evidence and other data in the following three goal areas: Emergency Preparedness and Response Planning, Workforce Competency Development and Exercise Simulations. The Office of Performance Improvement has assisted all PPHR sites to date by providing resources, including funding, and coordination of activities and liaison with NACCHO, HPI and the FDOH are committed to expanding this project to all Florida counties over the next five years. ■

For more information on Project Public Health Ready, visit the NACCHO website: <http://www.naccho.org/topics/emergency/pphr.cfm>
Questions or comments? Contact Shannon Hughes, 850/245-4007.

Miami has a "Big MAC" that's healthy for residents

It may not be the popular hamburger, but Miami-Dade County Health Department's (MDCHD) new Medical Advisory Committee (MAC) is already showing its value to the MDCHD and will potentially benefit the overall health community in the Miami-Dade area. Established in February 2005, the committee wasted no time addressing important medical issues. The purpose of the committee is to provide advice to the chief physician and to be an integral part of the overall performance improvement team at MDCHD.

The committee began with the inspiration and encouragement of Lillian Rivera, Administrator of the CHD. Dr. Fermin Leguen chairs the committee with enthusiasm. MDCHD performance improvement gurus JoAnne Kroesen and Carol Wright-Tanner (MDCHD Nursing Director) were instrumental in bringing the committee together. The MAC is a unique group as it consists of MDCHD employed physicians, University of Miami physicians whose work is essential to public health, the director of the Miami branch of the State Lab and physicians or representatives of other important clinical services. TB, STD, HIV, Refugee Health, Women's Health and other clinical services are all regularly represented on the MAC.

The MAC's first task was to conduct a survey to determine medical issues of greatest concern. One major policy issue the group is working on involves local protocols and resources to address non-occupational HIV Post-exposure Prophylaxis.

The Performance Management Team at the Tallahassee Office of Performance Improvement is encouraged by the early progress of the MAC. They see the group as a model for future quality improvement efforts by other County Health Departments around the state. Donna Marshall, Performance Management Program administrator, noted that our Florida physicians represent a rich resource for community health improvement.

Congratulations to the MDCHD and their new MAC. Even though it is not yet as legendary as the hamburger, all involved expect it to be a "big" success. ■



Orange County families get delicious "Five a Day" message

MARY STICKNEY, PUBLIC HEALTH NUTRITIONIST SUPERVISOR FOR THE ORANGE COUNTY WIC AND NUTRITION PROGRAM, RECENTLY PRESENTED NUTRITIOUS STORY TIME TO A STANDING ROOM ONLY CROWD AT THE NATIONAL FOOD AND NUTRITION SERVICE CONFERENCE IN WASHINGTON, D.C.

Nutritious Story Time teaches preschoolers and their parents the importance of eating five fruits and vegetables every day, while promoting literacy in a fun way. Stickney often reads aloud to the children from the book *Give Me 5 A Day!* which features colorful fruit and vegetable characters that play, jump, sing and count.

During the story's opening lines, she "high fives" each child, enthusiastically saying, "Give me 5! Give me 5! Give me 5 a day!"

After the story, the children and their parents are able to make a craft featuring their favorite characters from the *Give Me 5 a Day!* book. When it is time to leave, the children get another treat. Not only can they take their art projects home, they each get their very own copy of *Give Me 5 a Day!*

The Orange County WIC and Nutrition Program received an infrastructure grant to help offset the cost of travel and expenses for those interested in being trained to implement Nutritious Story Time in their own county. Request more information by e-mailing Mary_Stickney@doh.state.fl.us. ■

Tell Us What You Think!

2006 Satisfaction Survey for All Employees Approaching

A DEPARTMENT-WIDE EMPLOYEE SATISFACTION SURVEY WILL BE ADMINISTERED ONLINE, MARCH 1-31. This will complete the fourth such survey since 1999. Your anonymous responses, reflecting strengths and opportunities for improvement will be an invaluable tool for management. Performance improvement planning with the results of the survey can bring significant change to the workplace at the Department of Health.

- The results of the survey will provide managers with:
- Important trend data for assessing changes that have occurred over time (from 2002-2006)
 - Data that verifies progress made in improving work conditions
 - Data that indicates opportunities for improvement both at the work unit level and department level

While participation is voluntary, all personnel are encouraged to respond to the survey to provide the most accurate data for the department. This is an opportunity for every employee (including OPS and contracted personnel located at DOH) to provide important feedback on such areas as leadership; rewards and recognition; and treatment of employees.

As in past years, the survey will be conducted by Dr. Bill Blackwood of DWB & Associates. Utilizing an outside vendor assures anonymity of completed surveys. The results will be available in June 2006 and posted on the Office of Performance Improvement intranet website.

More information will follow as the survey nears. In the meantime, if you have questions or need additional information about the survey, please contact Jeanne Lane in the Office of Performance Improvement, at (850) 245-4007 or SunCom 205-4007. ■



Office of Minority Health gets grant from U.S. Dept. of Health & Human Services

The Florida Department of Health (DOH) announced in October its award of \$175,000 for a five-year project from the U.S. Department of Health and Human Services. The project is a State Partnership Grant Program to Improve Minority Health titled "Transforming the Health of People for the Good of the Community."

"This support for the Department's Office of Minority Health allows us to further our dedication to closing the gap between health disparities and advancing the health care of minorities in Florida," said DOH Secretary M. Rony François, M.D., M.S.P.H., Ph.D. "This grant helps to ensure that our state's minority health organizations receive the best possible training in order to provide Florida's minorities with the highest quality of care."

Over the next five years, the Office of Minority Health (OMH) will enhance its infrastructure and achieve the following goals:

- Provide organizational development to funded and non-funded organizations;
- Develop a statewide health disparities strategic plan;
- Develop partnerships with identified organizations and coalitions or associations to address

health needs and eliminate disparities in minority populations;

- Train DOH's minority health management and staff in culturally and linguistically appropriate services in health care;

- Create a web-based resource directory that identifies potential partners and available educational training services; and

- Conduct best practices workshops that focus on high risk behaviors that exhibit high incidence and mortality rates in health disparities.

The Office Minority Health seeks to improve the health of racial and ethnic minority populations through the development of health programs that address disparities and gaps in health care. For more information, visit the DOH Web site at www.doh.state.fl.us and choose "Closing the Gap" from the drop box. ■

Quest for Quality

Synchronize strategic and action plans for strongest results

There are different types of planning. The best of planning is like synchronized swimming, it is timed perfectly and all actions are interrelated with one step seamlessly moving to the next. Here's a look at *strategic* plans versus *action* plans.

Strategic planning is the process by which an organization envisions its future and identifies the necessary strategies and operations to achieve that future. The basic steps of the strategic planning process include information gathering and analysis, identification of critical issues facing the organization, reaching consensus on a strategic vision and mission, and the development of strategic goals and the critical few objectives that will drive the priorities of the organization for the next three to five years. The critical link between agency past and current status is acknowledged in a strategic plan.

Strategies become the basis for developing an annual action plan. All actions should drive the organization toward achieving the strategic plan. Action planning, sometimes known as the operational plan, focuses on setting concrete, time-specific objectives and establishing specific tasks or "actions" and persons responsible to meet these objectives. Action planning drives activities within a work unit. An action plan is typically developed for one year and the progress toward achieving short term objectives are measured at least quarterly.

The action plan relates to the agency's mission and strategic vision. All activities are directed to achieving short term and long term strategic objectives. At the foundation of action and strategic planning are data and tangible benchmarks, which drive decisions. Measurable results that reflect the agency's commitment to quality will be the basis of evaluating the action plan.

Staff involvement in strategic planning and action planning is critical. Staff members involved in the process will understand the strategic plan and be ready to do their part in implementing the action plan.

Resource used for this article: The Non-Profit Manager Education Center, @ www.uwex.edu/li/learner/q-a-l.htm ■

Quest for Quality is a regular feature in Health Advisor. Quest will help translate the Sterling Criteria for Organizational Excellence into everyday strategies that we can use. If you would like to see certain topics addressed in future editions, contact Bonnie Gaughan-Bailey, with the Office of Performance Improvement, via email or by calling Suncom 205-4007.

The Crohn's and Colitis Disease Research Act

Inflammatory Bowel Disease (IBD) is a group of chronic gastrointestinal disorders, including Crohn's disease and ulcerative colitis. IBD represents a major cause of morbidity from digestive illness and, although it is rarely fatal, IBD is often devastating.

The 2005 Florida legislature passed House Bill 869, known as "Crohn's and Colitis Disease Research Act." The Act requires the DOH Bureau of Epidemiology to conduct an IBD epidemiology study. The goal is to gain a better understanding of the prevalence of the disease in the state, the unique demographic characteristics of the patient population, and the role that environmental factors and family history play in the development of the disease. A report of findings was delivered to Florida Department of Health, the governor, the president of the Senate, and the speaker of the House of Representatives on Feb. 1.

The Bureau of Epidemiology is working with the University of Florida College of Public Health and Health Professions and has finalized an advisory committee to guide the study. The committee consists of representatives from DOH, Agency for Health Care Administration, Crohn's and Colitis Foundation of America, the House of Representatives, the Senate, medical providers and other interested groups.

Data collection points included Blue Cross Blue Shield of Florida, Medicaid (analyzing inpatient and outpatient data) as well as statewide hospital discharge records.

Three questions were added to the Florida Behavioral Risk Factor Surveillance System (BRFSS) survey to address IBD in the general population. A short survey was administered to all active gastroenterologist physicians in Florida. The results of the study were presented at the Fourth Annual Advances in IBD conference in December 2005.

For more information about this study, contact Regan Glover, Crohn's and Colitis Research Coordinator, (850) 245-4444, extension 2424, or visit the Bureau of Epidemiology web site http://www.doh.state.fl.us/disease_ctrl/epi/ ■

New performance report card piloted in County Health Departments

The Office of Performance Improvement is redesigning the quality improvement (QI) process to help County Health Departments (CHDs) assess their performance and manage their improvement efforts. With the assistance of a QI Advisory Council, made up of county health department representatives (including business managers, nurses, administrators/directors and peer reviewers), central office program staff and public health experts, a performance improvement process was created which includes a performance report card. This report card is a resource tool and includes standards and measures linked to health outcomes, employee and customer satisfaction, business processes, administration, strategic planning and partnerships.

In addition to assisting the individual CHDs in monitoring their performance continuously, the process also provides a statewide performance snapshot of the CHDs on an annual basis. This data can be used to identify critical resources that may be needed across the state, allowing a more unified approach to public health action planning.

The participating CHDs are:

Alachua	Bay	Brevard	Collier	Clay	Dade
Duval	Flagler	Franklin	Gadsden	Gulf	Hernando
Highlands	Jackson	Lafayette	Lee	Monroe	Orange
Palm Beach	Seminole	St. Johns	Taylor	Volusia	Wakulla
Walton	Washington				

All 26 counties participating in the pilot process are receiving technical assistance. Performance improvement teams (consisting of DOH staff experts in areas requested by the CHD) are providing on-site technical assistance for 10 of the counties. This differs from the previous QI process in that each team will be tailored to meet the needs of the specific CHD. The visits focus on opportunities for improvement identified in the report card as well as needs identified by the CHD and DOH leadership. The sites not receiving on-site visits are provided technical assistance from DOH staff via conference calls, live meeting technology and written correspondence.

In addition to providing assistance with opportunities for improvement, the team also actively seeks processes, systems or practices within the CHD that are outstanding and may be identified as best or promising practices. These outstanding quality examples will be highlighted on the DOH website via the Best Practices Compendium, in the Health Advisor and at the Quality Showcase scheduled for November of this year.

The Office of Performance Improvement wishes to express its appreciation to the county health departments that participated in the Pilot CHD Performance Improvement Process. Your willingness to devote time to improve our departmental quality improvement processes by pioneering the pilot process is clear evidence of the commitment you have to the customers we serve.

People in Public Health

Cassandra Pasley named new chief of Bureau of Health Care Practitioner Regulation

FLORIDA DOH SECRETARY M. RONY FRANÇOIS, M.D., M.S.P.H., PH.D., HAS ANNOUNCED THE SELECTION OF CASSANDRA G. PASLEY, B.S.N., ESQUIRE, AS CHIEF OF THE BUREAU OF HEALTH CARE PRACTITIONER REGULATION OF DOH'S DIVISION OF MEDICAL QUALITY ASSURANCE (MQA). In her new position she manages a bureau of 150 employees, including eight executive directors who serve as administrators for all of the state's health care boards and councils.



Pasley

"I am pleased to welcome Cassandra to the Department of Health," said Dr. François. "I am confident that her legal expertise and her experience as a licensed nurse will benefit not only the Division of Medical Quality Assurance but the entire department."

Pasley's professional experience includes more than seven years in legal counseling, including two years as senior attorney for DOH and four years as an arbitrator with the Florida Department of Business & Professional Regulation. Pasley has held registered nurse licenses in Florida and Maryland. She has also served in the United States Army.

As bureau chief, Pasley manages the bureau's strategic plan and drafts legislation and policy analyses. She also is responsible for giving presentations to members of the legislature, senior management, and local, state and national professional associations.

Pasley earned her bachelor's of science in nursing from the University of Maryland in 1993. She received her law degree in 1998 and a graduate certificate in public administration in 2004 from Florida State University. In 1989, Pasley completed the U. S. Army Licensed Practical Nurse Course in Fort Gordon, Georgia.

medical therapies unit gets new executive director

SUSAN "SUSIE" LOVE HAS BEEN NAMED EXECUTIVE DIRECTOR OF THE MEDICAL THERAPIES UNIT. In this role, she will serve as executive director of the Electrolysis Council, the Dietetics and Nutrition Practice Council, the Boards of Physical Therapy Practice, Occupational Therapy Practice, Respiratory Care, and Psychology and the School Psychology profession.

As head of the Medical Therapies Unit, Love will serve as the administrative officer responsible for staff management and evaluation of the applications of candidates, ensuring that only qualified candidates are authorized to take the licensure examinations. She will also be involved in making recommendations to her boards, councils, and the department regarding proposed statutory revisions, legislation and new programs.

"I congratulate Susie on her appointment, and welcome her to the Department of Health family," said DOH Secretary François in his Nov. 4 announcement. "I am certain that her varied human resource experience will prove to be advantageous for the department and the professions she will serve."

Love's professional experience includes more than 22 years in private and public management, including 11 years as manager of the Consumer Services Unit of the Florida Department of Business & Professional Regulation (DBPR). She has also served as a program administrator for DBPR's Boards of Veterinary Medicine, Pilot Commissioners, Funeral Directors and Embalmers, Auctioneers, and Hearing Aids Specialists.

Love earned her bachelor's of science in business administration from Florida State University in 2002. She is currently pursuing her master of science in instructional design from Florida State University. In 2003, Love became a certified senior professional in human resources. She is a member of numerous professional organizations, such as the Phi Kappa Phi National Honor Society and the Florida Board of Veterinary Medicine, and is president-elect of the Big Bend Society of Human Resource Management.

Florida Board of Massage Therapy selects two professionals for inaugural recognition awards

THE FLORIDA BOARD OF MASSAGE THERAPY RECENTLY RECOGNIZED IRIS BURMAN, L.M.T., AS THE INAUGURAL RECIPIENT OF THE BOARD'S CHAIR AWARD. The board established this award to recognize and commend massage therapists who exemplify the high standards of the profession and a dedication to public service.

Dave Quiring, L.M.T., chair of the Florida Board of Massage Therapy, said, "By presenting the Chair Award to Ms. Burman, we pay homage to a therapist dedicated to the advancement of ethical and quality health care services. Not only does she provide a foundation for future massage therapists through her education work," Quiring continued, "she is always present at board meetings to ensure she is aware of forecasted trends in massage."

On the same date, Michael Garcia was also recognized by the Florida Board of Massage Therapy as the inaugural recipient of the board's Recognition Award. The board established this award to recognize a therapist or massage entity who has made outstanding contributions to the massage therapy profession.

When Burman and Garcia began their careers in massage therapy over 20 years ago, the massage profession had not yet been recognized for its benefit in improving health. Today many people use massage therapy to promote relaxation and alleviate the perception of pain and anxiety. This is in no small part due to the work that Burman and Garcia have done in educating others about massage therapy and the work of the Florida Board of Massage Therapy.

Both Burman and Garcia received their awards at the Board's late October meeting in Tallahassee. The Florida Board of Massage Therapy protects the health and safety of Florida's residents and visitors by establishing requirements for licensure and through diligent discipline of practitioners who violate practice acts defined in the Florida Statutes and the Florida Administrative Code. For more information, visit the Board's Web site at www.doh.state.fl.us/mqa/massage/.

Renda Broadcasting Corporation Woman of the Year Jill Turner

JILL TURNER, CHIEF EXECUTIVE OFFICER OF THE CHILDREN'S ADVOCACY CENTER OF SW FLORIDA, INC. (CAC) AND TEAM COORDINATOR OF THE CHILD PROTECTION TEAM, LOCATED AT THE CAC IN FT. MYERS, WAS HONORED AS THE WOMAN OF THE YEAR BY RENDA BROADCASTING ON SEPT. 7, 2005. Turner is the vice president of the Florida Network of Children's Advocacy Centers and co-chairs the Quality Assurance Committee for the statewide Child Protection Team program.

Renda Broadcasting owns and operates 24 radio stations in seven markets, including Ft. Myers and Naples, Fla.

Turner has devoted a large part of her life for the past 25 years to helping abused children. She started the CAC in a small room with two people, two chairs, a card table and a vision to offer a safe place for children and their families to deal with the trauma associated with child abuse. Today the CAC is one of the largest children's advocacy centers in Florida and offers numerous services and programs, which include family assessments, forensic video taped interviews, court testimony, medical examinations, therapy in both individual and group settings and parenting classes. The CAC, through its prevention programs, is present in the community in at-risk neighborhoods and runs an after school program, prevention and substance abuse programs and a nurturing fathers program.

Turner is recognized by her staff to be an understanding leader who promotes teamwork and ownership within the agency. "A strong desire to help our kids permeates the center 24 hours a day, seven days a week" said the staff person who nominated Turner.



Turner

the advisor

Florida Department of Health
4052 Bald Cypress Way, Bin #C-24
Tallahassee, FL 32399-1711

Please send stories & information for the next issue by e-mail to Leslie Knight in the Office of Performance Improvement.

The Health Advisor is available on the DOH Intranet & Internet websites.

Phone: (850) 245-4444, ext. 2163 Fax: (850) 922-0462 e-mail: performanceimprovement@doh.state.fl.us

Suncom: 205-4007 Suncom Fax: 292-0462

AVIAN FLU from cover

hours of the appearance of symptoms and taken continuously over a period of 10 days. Experts are not in agreement concerning the effectiveness of these medications, however. One medicine is called Tamiflu and the second, a nasal spray, is called Relenza. They are known as antivirals, drugs that stop the replication of a virus. It is generally believed that they can halt the spread of influenza by making the patient non-infectious, but no one knows for sure that they would be effective against avian flu.

What causes a pandemic?

A pandemic starts when three things happen:

- a new influenza virus subtype emerges
- it infects humans, causing them to be seriously ill
- it spreads easily and rapidly from human to human

The reason experts are concerned is that the first two conditions have already been met. The H5N1 is a new virus for which humans have no immunity. It has infected over 100 people and over half of them have died, which means it is a particularly virulent disease. As the disease spreads, there are more opportunities for the virus to mutate into a strain that is easily transmissible between people.

What happens in a pandemic? What could I expect to see?

First, there would be warning signs. You would see clusters of patients with avian flu symptoms in different parts of the country. Health workers caring for these patients would start to show the same symptoms, indicating that the third criteria for a pandemic had been met: person to person transmission was taking place.

Because the flu can be transmitted by coughing or sneezing even before you know you have it yourself, avian influenza would spread very rapidly because of travel, the close proximity of schools, jails, nursing care facilities and other facets of modern life.

Hospitals could be overwhelmed by the number of people seeking care, and there may be high rates of worker absenteeism which could interrupt the flow of services such as police, fire and rescue. Transportation and communications could suffer if there was a quarantine order; and leisure activities such as dining, movies and concerts would be discouraged, thereby affecting the economy. Medicine and medical equipment could be in short supply. Pandemics last from 6-24 months.

What is isolation and quarantine?

Isolation is the separation of sick people with a specific infectious disease from those who are healthy. It is a standard practice when patients have TB and other infectious diseases and usually takes place in the patient's home or a medical facility like a hospital. In many cases, isolation is voluntary.

Quarantine is the separation and restriction of persons who have been exposed to an infectious agent but may not necessarily have acquired the disease. The reason for the quarantine is to stop the spread of the infectious disease and monitor symptoms to assess whether infection has or has not occurred. Quarantine also can be voluntary, although the Secretary of the Florida Department of Health has the authority to declare a public health emergency and issue a quarantine.

Can we protect ourselves from avian flu?

We can be cautious. When traveling, avoid visiting places where avian influenza is more likely to be transmitted, such as where poultry is raised or birds are sold. Wash hands frequently using soap and water or alcohol-based hand sanitizers that can be carried with you. And, as always, stay home if ill with symptoms suggesting influenza, and make sure your family members do, too. ■